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CORR Insights®: Surgery for Hip Fracture Yields Societal Benefits That Exceed the Direct Medical Costs

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Where Are We Now?

Hip fracture is one of the most common and costly diagnoses in American medicine today [3]. Many patients die after these injuries; one study found a 2.8% in-hospital and a 21% 1-year mortality. Many other patients survive, but with diminished function [1, 2]. Although surgery is commonly performed for patients with hip fractures, and the direct costs to the health system have been studied and reported [1], little has been done to demonstrate its societal

benefit. Although we assume the benefits are there, this in fact has not been well documented. Because hip fracture is costly to care for, it will likely be a target for future government attention.

Where Do We Need To Go?

The current study by Gu and colleagues uses a Markov model to estimate the long-term costs of surgical versus nonsurgical hip fracture care in the American medical system. Many assumptions were required to create

such a model, using plausible assumptions based on a systematic literature review and some contributions from an expert opinion panel. The model shows major cost-benefit to the US healthcare system, and society in general, for surgical care of hip fractures. Most of the savings are noted by avoidance of nursing-home utilization, which is one major cost driver of post hip fracture care. The other major cost driver is hospital readmission [4].

The Medicare database (5% sample) was used in this report. Looking at the big picture, development of a national registry effort clearly is needed to help provide long-term answers to many of the questions raised in this valuable manuscript.

How Do We Get There?

The American Academy of Orthopaedic Surgeons (AAOS) is in an ideal position to lead the efforts to develop national registries for diagnoses such as hip fracture. Such registries will provide the infrastructure for study and

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analysis of data about hip fracture diagnoses and enable orthopaedic surgeons to make better informed decisions about the value of care provided by orthopaedic surgeons. By transitioning to population-based research studies for diagnoses such as hip fracture, orthopaedic surgeons can lead the way on delivering highest value of care to our patients. The national hip fracture database in the United Kingdom is one highly successful example that has improved quality of care and costs at the same time [5].

Presently, the AAOS and Orthopaedic Trauma Association are working to develop one such focused registry using the highly successful American College of Surgeons National Surgical Quality Improvement Project (NSQIP)

platform, which collects approximately 150 parameters at baseline. The platform uses a rigorous proven methodology with well-trained RNs reviewing medical records for data. Approximately 16 new hip fracture related data fields will be added to NSQIP. This will encourage improved national quality management for hip fracture patients. The hip fracture NSQIP demonstration project will begin in 2015.

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