

Cost of Orthopaedic Trauma Surgery Is Not Meaningfully Associated With Industry Payments to Surgeons

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Purpose: The purpose of this study is to examine the relationship between industry payments and total cost of orthopaedic trauma surgery. The secondary purpose is to investigate the relationship among industry payments and operating room cost, length of stay, 30-day mortality, and 30-day readmission.

Methods: Open Payments data was matched across a 20% sample of Medicare beneficiaries undergoing orthopaedic trauma surgery (n = 110,242) with 9036 surgeons, from January 2006 to December 2015. Total and operating room costs, length of stay, mortality, and re

admissions were recorded. Multivariable linear and logistic regression models were used to identify the risk-adjusted relationship between industry payments and primary and secondary outcomes.

Results: Industry payments were received by 99.9% of orthopaedic trauma surgeons. After multivariable risk adjustment, for each \$1000 increase in industry payments, total and operating room cost of cases increased by \$2.25 and \$1.26 (0.003% and 0.008% of total cost) respectively. Industry payments were not associated with length of stay, 30-day mortality, or readmission after orthopaedic trauma surgery. Total and operating room cost was approximately \$8920; it was \$1481 higher for surgeons receiving the highest 5% of industry payments.

These surgeons generally practiced in large urban areas, in hospitals with a higher number of beds, and with a higher wage index.

Conclusion: Although most orthopaedic trauma surgeons receive industry payments, a minority of surgeons receive the majority of payments. Although industry payments may lead to conflicts for some surgeons, these conflicts do not meaningfully affect the cost of fracture care.