

## **Navigating the Orthopaedic Maze as a New Patient: A National Mystery Caller Study on Medicaid Coverage and Access to Specialized Orthopaedic Surgeons**

**Introduction:** Medicaid coverage is associated with longer appointment wait times, decreased access to care, and poorer health outcomes compared with private insurance across medical subspecialties. The purpose of this study was to evaluate new patient appointment wait times for subspecialty Orthopaedic care based on insurance type and to identify factors influencing these wait times.

**Methods:** Orthopaedic physicians were identified using the American Academy of Orthopaedic Surgeons patient-facing database in the fields of Adult Reconstruction, Foot and Ankle, Hand, Sports Medicine, Spine, Pediatric, and General Orthopaedic surgery. Mystery callers, posing as patients with either Medicaid or Blue Cross/Blue Shield (BCBS) insurance, contacted physicians to request the next available new patient appointment. The business days until the first available new patient appointment were recorded and analyzed using a linear mixed Poisson model.

**Results:** A total of 1,002 phone calls were made to 501 unique physicians in 47 states. Among the 349 physicians meeting inclusion criteria, 37% (n = 130) did not accept Medicaid. Medicaid patients experienced a 10% longer wait for a new patient appointment compared with patients with BCBS (incidence rate ratio: 1.10; CI: 1.05 to 1.15;  $P < 0.01$ ) with mean wait times of 24.9 business days (SD  $\pm$  24) and 19.6 business days (SD  $\pm$  23), respectively. Increased waiting times were also associated with academic institutions ( $P < 0.01$ ), prolonged call times ( $P < 0.01$ ), and specific geographic regions ( $P < 0.05$ ). Our model achieved an R-squared value of 0.94, demonstrating strong explanatory power.

**Conclusion:** Patients with Medicaid experience longer wait times and decreased access to care when scheduling an appointment with an Orthopaedic surgeon compared with patients with private insurance. This may be due to reimbursement structures in Medicaid that do not cover the full cost of treatment. Aside from advocating for higher reimbursement rates, telehealth initiatives may help bridge this gap to ensure accessibility to orthopaedic surgery for all patients.