

American College of Foot and Ankle Surgeons Commentary on Surgeon Type and Outcomes After Inpatient Ankle Arthrodesis and Total Ankle Arthroplasty: Chan et al, *J Bone Joint Surg* 2019;101:127–135



We read with great interest the Chan et al article entitled “Surgeon Type and Outcomes After Inpatient Ankle Arthrodesis and Total Ankle Arthroplasty,” published in *The Journal of Bone and Joint Surgery* on January 16, 2019. The article concluded that ankle arthrodesis (AA) and total ankle arthroplasty (TAA) procedures performed by podiatrists were associated with increased length of hospital stay (LOS): TAA by 16.7% and AA by 14.2%, compared with procedures performed by orthopedic foot and ankle surgeons. Additionally, AA performed by podiatrists was associated with a 28.5% increase in the cost of hospitalization (\$19,236 compared with \$13,433). Although the 30- and 90-day readmission rates for TAA were similar for both podiatrists (1.3% and 2.2%, respectively) and orthopedic foot and ankle surgeons (1.1% and 2.3%), the 30- and 90-day readmission rates for AA differed for podiatrists (1.8% and 2.7%, respectively) and orthopedic foot and ankle surgeons (1.0% and 1.9%). The report also pointed out that podiatrists appeared to treat sicker and more obese patients than did orthopedic foot and ankle surgeons, in regard to AA.

The report highlighted the competitiveness of obtaining orthopedic residency training, which requires among the highest Step 1 and 2 United States Medical Licensing Examination scores of all medical specialties. It also contrasted the 5 years of standard orthopedic residency training after 4 years of medical school with the 3 years of residency training (standard mandated since 2013) after 4 years of podiatric medical school. Although the 5 years of orthopedic residency training is focused on musculoskeletal problems of the entire human body, the overall exposure to foot and ankle surgery is generally inconsistent. Approximately 20% of orthopedic residency training programs have no exposure to the foot and ankle, 30% have 12 weeks, and 10.7% have >20 weeks of dedicated foot ankle training (1). In comparison, the 3 or 4 years of podiatric residency surgical training is focused on foot, ankle, and lower extremity musculoskeletal problems, with 1 year of general medicine and general surgical training. Differences in the training of specialists that provide the same services are not uncommon. For instance, a number of reports document significant differences in case volume, case variety, subspecialty concentrations, and knowledge level between plastics, general surgery, and orthopedic hand services, and also between neurosurgery and orthopedic spine surgery (2–7).

We were struck by the emphasis that Chan et al placed on the associations of LOS and increased hospital costs with provider degree, and we questioned the relative absence of any emphasis on the sicker patients cared for by podiatrists. The association of longer and more costly hospitalization with a higher Charlson Comorbidity Index is well documented in the scientific literature (8–11), and in our opinion, nothing in the Chan et al report scientifically leads the unbiased reviewer to conclude that increased LOS and hospital costs are related to the care provided by podiatrists. Interestingly, and in accordance with the Center for Medicare Services Hospital Readmissions Reduction Program (12), a Medicare value-based purchasing program that aims to

reduce costly readmissions, surgeon type did not translate into differences in 30- and 90-day hospital readmissions for AA or TAA.

As health care practitioners, our primary aim is patient-centered outcomes, including patient safety and quality assurance. With the health care environment focus toward value-based care programs and reductions in complications resulting in costly readmission and reoperation, we continue to be active participants in this process.

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