

The Far-reaching Influence of the Costs of Materials and Implants Used in the Operating Room



Surgical costs contribute substantially to the overall price of health care in the United States, where \$3.5 trillion, or \$10,739 per person, or 17.9% of the gross domestic product, was spent on medical and surgical care in 2017 (1,2). During that time, approximately 30% of the monies spent on healthcare were used for surgery and surgery-related services (3). Currently, hospital administrators and department heads, as well as insurance companies, are scrutinizing surgeons more than ever based on our patient outcomes and the costs incurred to achieve those results. Yet health care expenditures continue to rise owing to a wide range of factors, including the costs of new medications and technologies, people living longer and requiring more interventions, administrative costs, treatment of the uninsured and underinsured, and defensive medical practices aimed at limiting malpractice claims, to name several variables that contribute to costs.

Although many factors are not under the surgeon's direct control, surgeons still have a crucial and noticeable influence on the cost of a procedure, because we select many of the items used in the operation. The decisions we make regarding procedure selection, and the implants and other materials that we select for use in the operating room (OR), are important because they affect not only our patients' outcomes and satisfaction, but also the costs of our services on a population, or societal, level. Surgeons can be assured that the Centers for Medicare and Medicaid Services, and other large payers, understand the effect that even small patient-level costs have on a population basis, when large numbers of patients are taken into consideration. Thus, it is important for surgeons to be acutely aware of the additional costs being incurred for the items that we choose to use in the OR.

Unfortunately, it can be difficult for surgeons to know precisely the costs paid by hospitals, and third-party payers, for the items used in the OR. In fact, one investigation into the accuracy with which surgeons could estimate the costs for the items used in their OR showed that most surgeons were unable to do so, despite the importance that the surgeons placed on costs (4). With these points in mind, I suggest that all of us take the time to learn the actual costs of the items that we choose to use in the OR, and that we select only those implants and items that the best evidence shows are indicated and likely to be beneficial for our patients.

D. Scot Malay, DPM, MSCE, FACFAS
Editor

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References

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