

petition and choice. We have long cautioned about the negative consequences of large health insurers pursuing merger strategies to assume dominant positions in local markets. Recently proposed mergers threaten to increase health insurer concentration, reduce competition and decrease choice.”

“The AMA’s own study shows that there has been a serious decline in competition among health insurers with nearly 3 out of 4 metropolitan areas rated as ‘highly concentrated’ according to federal guidelines used to assess market competition. In fact, 41% of metropolitan areas had a single health insurer with a commercial market share of 50% or more.”

Health insurers have been unable to demonstrate that mergers create efficiency and lower health insurance premiums. An AMA study of the 2008 merger involving UnitedHealth Group and Sierra Health Services found that premiums increased after the merger by almost 14% relative to a control group.

Bypassing the Insurers

One possible outcome of these mergers will be some dis-intermediation of the health care system.

A couple years ago Wal-Mart, in collaboration with Home Depot, put in place a program that offered a hip or knee replacement surgery, plus transportation for the employee and one other person to and from the hospital, plus hotel rooms and food at no charge if they used one of three designated hospitals for their surgery.

No Aetna, Anthem, Humana or United required.

Last year, Boeing and some of the hospitals in the Seattle/Puget Sound area teamed up to provide healthcare ser-

vices—also without the benefit of an health insurer in the middle. The mechanism Boeing used to make this happen is the new system of accountable care organizations, or ACOs.

Under this new program, Boeing negotiated its own healthcare service contracts with ACOs in the Puget Sound-area. Their employees started using these providers in 2015. The three ACOs were set up by University of Washington Hospitals, Providence Health and Swedish Health Services.

Are there more insurance company mergers on the horizon? Odds are, yes. Could we have a system with fewer private insurance companies servicing a shrinking number of privately insured patients? Yes, again. — RRY

SPORTS MEDICINE

BTB Grafts: No Faster Healing Than Hamstring Grafts

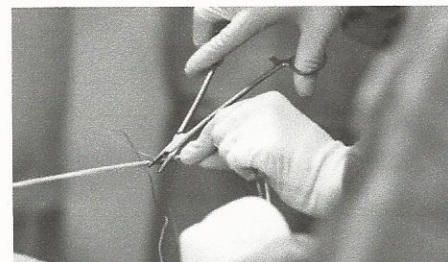
Potentially practice changing information regarding anterior cruciate ligament (ACL) reconstruction is coming out of the University of Pittsburgh Medical Center (UPMC). Surgeons treating patients with ACL injuries can now consider both bone-tendon-bone (BTB) grafts and hamstring autografts on an equal footing in terms of healing.

“We compared the graft-tunnel motion of patients receiving either kind of graft, and noted both groups had similar graft motion at six weeks and one year from surgery, both ranged between 1-2 mm,” commented Justin W. Arner, M.D., from the University of Pittsburgh Medical Center (UPMC), in the July 9, 2015 news release. “Often surgeons will recommend earlier return to play

in patients receiving a BTB graft, but with these findings we cannot support the commonly perceived assumption of earlier healing with BTB.”

In this pilot study, the researchers examined 12 patients with an average age of 24 undergoing anatomic single-bundle ACL reconstruction (with six receiving hamstring autograft and six receiving a BTB graft). All participants underwent a physical therapy (PT) program postoperatively.

Dr. Arner told OTW, “The assumption that patients with BTB grafts can return to sport more quickly is brought into question. In this study, BTB and hamstring grafts seemed to have similar incorporation into bone tunnels and showed 1-3 mm of motion at both 6 weeks and 1 year. These patients are doing well clinically and have returned to sport and regular activities.”



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Asked for details about the possible ramifications on PT protocols and timing of return to sport, Dr. Arner commented to OTW, “Currently, it is believed BTB grafts heal more quickly than hamstring grafts, and therefore physical therapy is often initiated sooner and more aggressively. Further, surgeons historically have allowed patients with BTB grafts to return to sport sooner. With our results, we question if BTB grafts really do heal faster than hamstring and if those patients should return to sport sooner. Further studies must be conducted to investigate graft healing. We plan to use quantitative MRI to evaluate bone tunnel and mid substance healing.” — EH