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The study, “Physician supply, treatment, and amputation rates for peripheral arterial disease”, appeared in the *Journal of Vascular Surgery*. The authors of the article are Vivian Ho, PhD (Baker Institute, Rice University, and the Department of Medicine, Baylor College of Medicine), Douglas Wirthlin, MD (Intermountain Health Care in Salt Lake City), Huifeng Yun, MS (Department of Health Care Organization and Policy, University of Alabama Birmingham), and Jeroan Allison, MD (Divisions of General Internal Medicine and Preventive Medicine, University of Alabama Birmingham).



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HEALTH POLICY research

James A. Baker III Institute for Public Policy-Baylor College of Medicine
Joint Program in Health Policy Research

Do Disparities in Access to Specialists Explain Regional Differences in Health Outcomes?

“Yes,” says Vivian Ho, fellow in health economics at the Baker Institute. “We found that areas of the country that had higher numbers of specialists who could aggressively treat peripheral arterial disease (PAD) had higher treatment rates and better outcomes.” PAD is a condition in which fatty deposits on the inner linings of arteries commonly lead to reduced circulation in the legs and feet. The disease accounts for half of all amputations among diabetics and is the major cause of amputation for nondiabetic patients. Ho and her colleagues identified more than 143,200 patients with PAD in Medicare claims data in 1994 and followed their progress through 1999. They found that a .30 increase in the number of vascular surgeons per 10,000 Medicare beneficiaries in a region resulted in almost a 1 percent increase in bypass surgery rates and a 1.6 percent reduction in amputation rates for PAD patients. Moreover, they found that the nation’s 1,500 vascular surgeons are more likely to live in locations with high rankings in the “Places Rated Almanac,” which compares cities in terms of quality of life factors such as recreation, education, cost of living, and climate.

To reduce regional disparities in treatment and amputation rates, policies should be aimed at increasing the supply of vascular surgeons in underserved areas, Ho said. “Specialists are distributed across the country based on where they prefer to live, rather than where their care is needed most. Policies can be implemented to remedy these disparities.” Increasing Medicare reimbursement rates in rural areas that tend to be less attractive to live in, offering loan-forgiveness programs to medical school graduates who agree to practice in regions with a low supply of specialists, and subsidizing teaching hospitals in low-supply areas are among the policy options that might resolve the disparity.

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This publication is provided to make research results accessible to regional and national health policymakers. The views expressed herein are those of the study authors and do not necessarily represent those of the Baker Institute or of the Baylor College of Medicine.

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