

CINELIN REPORT

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Title: Social determinants of health influence clinical outcomes of patients undergoing rotator cuff repair: a systematic review

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The Social Determinants of Health (SDOH) pose significant barriers to healthcare at all levels

- SDOH the collection of historical, institutional, and environmental conditions that influence an individual's access to healthcare and subsequent health-related outcomes
- Previous literature shows that SDOH influence outcomes following ACL tears, meniscal tears, and various orthopedic injuries





Rotator Cuff Tears Are Among The Leading Causes of Shoulder Joint Pain and Disorders of Mobility

- 25% of patients in their 60s have a rotator cuff tear this doubles to 50% of individuals 80+
- Despite advancements in the diagnosis and subsequent treatment of rotator cuff tears, rotator cuff injuries remain a prevalent issue for many patients





Purpose & Hypothesis



To investigate the influences that SDOH have on accessing appropriate orthopedic treatment, as well as its effects on surgical and patient-reported outcomes following surgical RCR.



Specific SDOH will contribute to impediments of access to orthopedic care for RCR and poor outcomes postoperatively.



32 Studies Were Included

- 102,372 patients, 669 physical therapy clinics, and 71 orthopedic surgery practices
 - 14 studies Gender
 - 10 studies Occupation & Worker's Compensation Status
 - 8 studies Comorbidities
 - 6 studies Smoking Status

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- 5 studies Insurance Status
- 5 studies Education Level
- 5 studies Race & Ethnicity
- studies Place of Residence & Region of Surgery
- 4 studies Preoperative Narcotic Use
- 3 studies Employment Status





SDOH Influence RCR Outcomes
Multivariate Analysis

- Female gender
- Labor-intensive
 occupation &
 Workers'
 compensation
 claims
- **Comorbidities**
- Tobacco use
- Federallysubsidized insurance

- Lower education level
- Racial/ethnic minority status
- Low-income place of residence & Low-volume surgery regions
- Unemployment
- Preoperative narcotic use

Boston

Massachusetts

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contribute to delays in access to healthcare and/or more severe disease state upon presentation.





Key Takeaways

Race/Ethnicity

Non-White patients experienced significant delays to surgical RCR. Black and Hispanic Patients were more likely to present to low-volume surgeons and facilities. Black race patients who were dual-eligible for Medicare and Medicaid had the lowest likelihood of receiving initial surgery and highest odds of watchful waiting

Education Level

Per Dalton et al., the current online literature on rotator cuff tears and RCR is of a low standard and is often written at too high a level for the general population to comprehend.

Insurance Status

It was found that patients with federally-subsidized insurance were nearly **10-times less likely than privately**insured patients to obtain an appointment at an orthopaedic practice, predisposing a more severe disease state upon presentation.



9

Limitations

- The PROGRESS-PLUS framework was used to guide the methodology of this study – this framework does not include social capital and it was therefore not accounted for in this study.
- Included studies employed various definitions of SDOH, precluding statistical pooling of results, primarily with regards to socioeconomic status.
- Although the majority of included studies were conducted in the United States, this review includes a variety of patient demographics, including data from 7 different countries
- This study is unable and does not attempt to determine the relative contribution of each, individual SDOH on studied outcomes. Rather it is a purview of SDOH represented within the literature and to which clinical outcomes they affect.



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