Outpatient TJA

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Disclosures

- Consulting
  - *Depuy*
  - *Smith & Nephew*
  - *Zimmer-Biomet*
- Research Support
  - *Smith & Nephew*
  - *Stryker*
  - *Zimmer-Biomet*
- Royalties
  - *Zimmer-Biomet*
  - *Smith & Nephew*

Shares in Munster Specialty Surgery Center and North Shore Surgical Suites

Introduction

- Hip and knee arthropasty volumes continue to grow with a desire to control costs…
- Improve perioperative protocols and techniques have lead to
  - *Reduction in the risk of many complications*
  - *Reduced length of hospital stay*
  - *Outpatient surgery in some selected centers*

Introduction

But outpatient TJA raises many questions…

- *Can it be done safely?*
- *Can be done with high patient satisfaction?*
- *Can be associated with cost savings?*

Patient Selection

Critical to select the appropriate patients

- *Patient safety is paramount!*
- *Healthy patients with minimal comorbities*
- *Straightforward orthopaedic problems*
- *Patients whom you can trust to call you if they are having an issue*

Surgeon Selection

Self Assessment of Your Own Skill Set

- Delivery of a consistent “product” to the recovery room
  - *Brief operative times*
  - *Reasonable blood loss*
  - *Low rate of intra-operative complications*

You will not have the same back up you have at a full service hospital

Follow-up Care

- Careful and frequent follow-up care
  - *Personal telephone call from MD*
    - *Evening of and day after surgery*
    - *At 1 week postoperatively*
  - *Frequent calls from physician extenders*

Access to you/your physician extender at all times should questions/problems arise

Outpatient surgery will lead to MORE work for you and your team…NOT less!

But is it safe?

- ACS NSQIP Data Base 2005-2014
  - *177,818 primary TJA; 1,236 outpatient (0.7%)*
  - *Outpatients matched to inpatients 1:1 using propensity scores*
  - *30 Day complications/readmissions compared*
- No difference in overall 30 day complications
  - *Inpatients increased risk VTE (0.048)*
  - *Outpatients increased reoperation rate (0.016)*

Basques, Della Valle et. Al JBJS 2017

My Own Experience

243 Outpatient Procedures: Free Standing ASC

- 1:1 Nearest neighbor matching with inpatients
- Matched based on Age, Sex, Procedure, ASA, BMI
  - *89 UKA*
  - *73 THA*
  - *46 TKA*
  - *35 Hip Resurfacings*
- 90 Day complications/readmissions compared

Darrith, Della Valle et. Al JOA 2018

My Own Experience

- *Readmission Rate: 2.1% for both cohorts (p=1.0)*
- *Major Complications: 2.1% vs. 2.5% (p=1.0)*
- *Minor Complications: 7.0 vs. 7.8% (p=0.86)*
- *Re-Operations: 0.4% vs. 2.1% (p=0.22)*

However while unplanned ER visits were similar (1.6% vs. 2.5%), there was a trend towards unplanned office visits being higher (3.3% vs. 5.8%; p=0.19)

Patient Satisfaction

- 174 Consecutive Patients Surveyed
  - *8 Non-responders (5%)*
  - *Leaving 102 inpatients and 64 outpatients*
- Portions of the HCAHPS survey
  - *Friends and family test*
  - *(8) Additional questions asked*

Kelly, Della Valle et. Al JOA 2018

Patient Satisfaction

- Patients operated on in the ASC responded with more *top* responses when asked about
  - *Staff explanation of medications (91% vs. 77%; p=0.026)*
  - *Staff assistance w/pain management (98% vs. 88%; p=0.02)*
  - *Written information at discharge (98% vs. 90%; p=0.05)*
  - *Courtesy and respect from nurses (100% vs. 92%; p=0.02)*

Patient Satisfaction

- Patients operated on in the hospital responded with more *bottom* responses when asked about
  - *How prepared they felt for discharge (9% vs. 0%; p=0.014)*
- Top responses in overall satisfaction with the facility were similar but favored the ASC (93% vs. 87%; p=0.2)
- Overall experience was similar but favored the ASC (95% vs. 89%; p=0.177)

Cost and Surgeon Satisfaction

- Costs in general are lower
  - *Patients do not go to rehabilitation facilities*
  - *Lower payments to ASC vs. Hospital facilites*
  - *Assumes a similar rate of readmission*
- Physician satisfaction is high
  - *More control over the anesthesia and staff you work with*
  - *Smaller environment where it is easier to affect change*
  - *Share in the facility fee in addition to professional fees*

Economic Opportunities

- Facility fees are obviously higher than professional fees
  - *Allows the surgeon/practice to share in this revenue*
  - *Will this save private practice in the US?*
- The logistics are critical and can be complex
  - *Surgeon/practice do it themselves?*
    - Challenging…particularly contracting but many other issues
  - *Who should you partner with?*
    - Hospital? Development company?
  - *How do you share the profits and risks?*

Take Home Points

- We must proceed with caution keeping *patient safety* at the forefront of our efforts
- Pick your patients carefully
  - *Healthy, Aware, Adequate support; Straightforward problems*
- Surgeons must be self aware

Data suggests it can be done with equivalent safety to a traditional inpatient stay with higher patient satisfaction

- Economics can be favorable but the details of how you set up and run the center are critical

Thank You

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