

Postoperative hospital costs after anatomic and reverse total shoulder arthroplasty: A retrospective, United States hospital billing database analysis

Katherine Corso¹, Caroline Smith², Mari Vanderkarr¹, Laura Goldstein², Biju Varughese², James Wood³, Matthew Putnam⁴:

1: Epidemiology & Real-world Data Science, Johnson & Johnson MedTech, New Brunswick, NJ – USA;

2: Global Health Economics and Market Access, DePuy Synthes, Raynham, MA – USA;

3: INTEGRATED LEADER, PRE-CLINICAL AND MEDICAL (INCLUDING SHOULDERS), DEPUY SYNTHES, Raynham, Massachusetts, United States

4: FRANCISE MEDICAL DIRECTOR MITEK FOR MEDICAL TECHNOLOGY BUSINESS, DEPUY SYNTHES, Raynham, Massachusetts, United States

OBJECTIVES

- To estimate hospital cost of post-operative revisits, revision, and complications by type of total shoulder arthroplasty (TSA).
- To evaluate patient characteristics associated with hospital cost of post-operative revisits, revision, and complications by type of TSA.

METHODS

Study Design: Retrospective, noncomparative cohort study of Anatomic TSA (ATSA) and Reverse TSA (RTSA) patients.

Data Source: Premier Healthcare Database, a US-based hospital database, October 1, 2015 to December 31, 2021.

Study Population:

- Inclusion:** Adult (18+ years) primary, elective ATSA or RTSA cases, with primary diagnosis of shoulder osteoarthritis or rotator cuff tear
- Exclusion:** Fracture/trauma, infection or cancer of the upper arm/shoulder at index; OR evidence of shoulder revision one-year prior or at index; OR contralateral TSA, both RTSA/ATSA concurrently or bilateral surgery at index/follow-up

Outcomes: One-year post-operative hospital costs of all-cause revisits, complications (including infection, mechanical failure, cardiac, respiratory, neural injury), and revision procedures - inflation adjusted to year 2022.

Statistical Analysis:

- RTSA and ATSA cohorts were analyzed separately.
- Generalized linear models (GLM) with gamma distribution and log link were used to evaluate associations between patient characteristics and hospital cost such as age, gender, comorbidities; this model also included surgical and hospital characteristics as covariates.

RESULTS

- Table 1** presents patient characteristics of the ATSA and RTSA cohorts.

Table 1. Baseline characteristics of patients undergoing TSA

Patient Characteristic	Overall	RTSA	ATSA
N	86,237 (100.0%)	51,557 (100.0%)	34,680 (100.0%)
Age, n (%)			
Age 18 to 54	4,274 (5.0%)	1,240 (2.4%)	3,034 (8.8%)
Age 55 to 64	18,121 (21.0%)	8,284 (16.1%)	9,837 (28.4%)
Age 65 to 74	37,933 (44.0%)	22,935 (44.5%)	14,998 (43.2%)
Age 75 Plus	25,909 (30.0%)	19,098 (37.0%)	6,811 (19.6%)
Gender, n (%)			
Female	46,368 (53.8%)	29,431 (57.1%)	16,937 (48.8%)
Race, n (%)			
Asian	374 (0.4%)	234 (0.5%)	140 (0.4%)
Black	4,572 (5.3%)	2,903 (5.6%)	1,669 (4.8%)
Other	3,445 (4.0%)	1,969 (3.8%)	1,476 (4.3%)
Unable to Determine	915 (1.1%)	536 (1.0%)	379 (1.1%)
White	76,931 (89.2%)	45,915 (89.1%)	31,016 (89.4%)
Payor Category, n (%)			
Medicare	63,035 (73.1%)	41,046 (79.6%)	21,989 (63.4%)
Commercial	16,326 (18.9%)	6,621 (12.8%)	9,705 (28.0%)
Medicaid	2,559 (3.0%)	1,291 (2.5%)	1,268 (3.7%)
Other	4,317 (5.0%)	2,599 (5.0%)	1,718 (5.0%)
Elixhauser Comorbidity Index, mean (SD)	2.5 (1.9)	2.7 (1.9)	2.3 (1.8)
Select Comorbidities, n (%)			
Hypertension	62,484 (72.5%)	38,909 (75.5%)	23,575 (68.0%)
Diabetes	20,188 (23.4%)	13,085 (25.4%)	7,103 (20.5%)
Rheumatoid Arthritis	5,763 (6.7%)	4,011 (7.8%)	1,752 (5.1%)
Tobacco Use	34,618 (40.1%)	21,270 (41.3%)	13,348 (38.5%)
Indication, n (%)			
Osteoarthritis (OA)	73,033 (84.7%)	38,517 (74.4%)	34,516 (99.5%)
Rotator Cuff Tear (RC)	13,204 (15.3%)	13,040 (25.3%)	164 (0.5%)
Index Hospital Costs, mean (SD) / median	\$19,843 (\$18,617)	\$20,956 (\$18,632)	\$18,188 (\$15,555)

- Table 2** presents one-year adjusted incidences (95% confidence intervals) of all-cause revisits, revisions, and complication-related readmissions.

Revisit		Revision		Complications	
ATSA	RTSA	ATSA	RTSA	ATSA	RTSA
42.3% (41.8%, 42.9%)	45.0% (44.6%, 45.5%)	2.1% (2.0%, 2.3%)	2.3% (2.1%, 2.4%)	10.1% (9.8%, 10.5%)	12.4% (12.1%, 12.7%)

- Figure 1** presents outcome hospital costs for only patients with the outcome.
- Figure 2** presents outcome hospital costs on a per patient basis for the entire cohort.

Figure 1. One-year mean (SD), median post-operative hospital costs of patients that had all-cause revisits, revisions or complications outcomes.

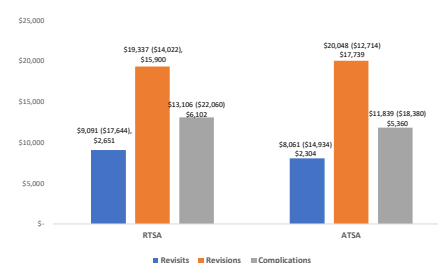
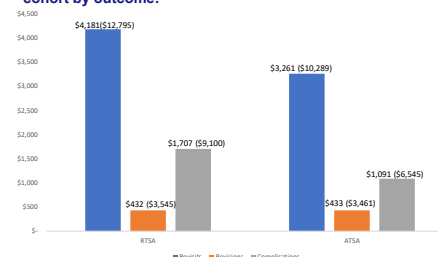


Figure 2. One-year mean (SD) post-operative hospital costs of the entire cohort by outcome.



- The significant associations with hospital cost of outcomes related to shoulder arthroplasty were noncommercial insurance, diabetes, and rheumatoid arthritis. **Table 3** presents the significant and nonsignificant predictors of higher or lower hospital cost.

Table 3. GLM output indicating associations between patient variables and outcome costs expressed as a percent with 95% confidence intervals. Significant costs in orange. (+) indicates higher cost and (-) lower costs versus the reference category.

Characteristic	Revisit	Revision	Complications
Age 55 to 64 vs. 18 to 54	(+1.0%)	(+12.3%)	(+18.6%)
Age 65 to 74 vs. 18 to 54	(-4.8%, -27.2%)	(-9.3%, -39.6%)	(-31.3%, -17.5%)
Age 75 Plus vs. 18 to 54	(+7.5%)	(+2.4%)	(+18.5%)
Male vs. Female	(-8.8%, -26.4%)	(-12.2%, -27.0%)	(-4.4%, -48.7%)
White vs. Black	(+3.1%)	(+5.1%)	(+25.6%)
Other vs. Black	(-15.3%, -25.7%)	(-24.8%, -18.7%)	(-1.2%, -58.8%)
Medicaid vs. Commercial	(+3.3%)	(+2.0%)	(+10.7%)
Medicare vs. Commercial	(+5.5%, +13.5%)	(+10.3%, +7.0%)	(+10.5%, +10.3%)
Other vs. Commercial	(+3.0%)	(+16.8%)	(+10.4%)
Diabetes Yes vs. No	(-15.0%, +23.6%)	(-3.2%, +39.7%)	(-28.0%, +10.2%)
Hypertension Yes vs. No	(+1.8%)	(+1.6%)	(+1.5%)
Rheumatoid Arthritis Yes vs. No	(-25.3%, -24.7%)	(-10.4%, +56.1%)	(-15.6%, +62.2%)
Tobacco use Yes vs. No	(+12.9%)	(+1.4%)	(+12.2%)
OA vs. RC tear	(-0.2%, -29.2%)	(+6.8%, +21.1%)	(+5.7%, +44.9%)
Other vs. Commercial	(+9.7%)	(+14.3%)	(+20.3%)
Diabetes Yes vs. No	(-9.3%, +31.5%)	(-4.9%, +37.0%)	(-3.3%, +62.6%)
Hypertension Yes vs. No	(+1.0%)	(+0.3%)	(+1.2%)
Rheumatoid Arthritis Yes vs. No	(-10.2%, +11.7%)	(-8.5%, +10.9%)	(-0.0%, +26.9%)
Tobacco use Yes vs. No	(+1.8%)	(+2.1%)	(+1.1%)
OA vs. RC tear	(-7.8%, +22.2%)	(-8.0%, +13.1%)	(-7.1%, +18.7%)
Other vs. Commercial	(+10.3%)	(+3.2%)	(+1.5%)
Diabetes Yes vs. No	(-5.8%, +30.1%)	(-20.2%, +10.9%)	(-3.7%, +40.6%)
Hypertension Yes vs. No	(+1.9%)	(+0.2%)	(+1.9%)
Rheumatoid Arthritis Yes vs. No	(-14.9%, +1.5%)	(-7.8%, +9.0%)	(-12.5%, +6.7%)
Tobacco use Yes vs. No	(+11.3%)	(+2.7%)	(+1.9%)
OA vs. RC tear	(-29.2%, +65.3%)	(-6.1%, +12.2%)	(-33.5%, +96.8%)

CONCLUSIONS

- Postoperatively, the most expensive revisits to the hospital after TSA were for revision procedures, generating mean hospital costs of approximately \$20,000 per patient.
- As the demand for TSA rises, there is a need for surgical approaches/techniques that minimize post-surgical complications.