

Outcomes and Cost-Effectiveness of Hospital Outpatient vs. Ambulatory Surgery Center Lumbar Decompression Surgery

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Background

Outpatient spinal surgeries in Ambulatory Surgery Centers (ASCs) have gained traction due to their potential cost efficiencies and improved perioperative processes.1-3 This study aims to compare the cost-effectiveness and patient outcomes of lumbar laminectomies performed in hospital settings versus ASCs.

Methods

- A retrospective analysis was conducted on 771 patients who underwent 1 or 2-level outpatient laminectomy between 2019 and 2023
- Patient demographics, 90-day and one-year clinical and patient reported outcomes (PROs), and one-year episode of care costs were compared between patients undergoing surgery in the hospital outpatient and ASC settings using univariate analyses
- A one-year cost-effectiveness analysis was performed using the EQ-5D to measure quality adjusted life years (QALYs)

Results

Patient Demographics, Levels Decompressed and Payor Information

Patient Demographics, Levels Decompressed and Payor Information						
	Hospital	ASC	P -Value			
	(n=354)	(n=417)				
Demographics						
Age	58.0 ±16.2	56.8 ±14.5	0.300			
Female	153 (43.2)	173 (41.5)	0.680			
BMI	30.9± 6.95	29.2 ±5.05	<0.001			
ASA	2.39 ±0.61	2.26 ±0.56	0.003			
Levels			<0.001			
% 1 Level	293 (82.8)	414 (99.3)				
% 2 Level	61 (17.2)	3 (0.7)				
Payor			0.656			
% Medicare	105 (29.7)	120 (28.8)				
% Commercial	241 (68.1)	291 (69.8)				
% Other	8 (2.3)	6 (1.4)				

Conclusion

The findings support the cost-effectiveness and safety of ASCs for selected patient populations undergoing lumbar laminectomy. ASCs offer substantial cost savings without compromising patient outcomes, making them a viable alternative for appropriately selected patients.

Surgical Cost and Postoperative Utilization and Cost

	Hocnital	ASC	P -Value
	Hospital (n=354)	(n=417)	r -value
Surgery Cost	\$8,060 ± 107	\$4,529 ± 41	<0.001
90-Day ED/Readmission	4	+ -,	
ED Return (%)	22 (6.2)	18 (4.3)	0.307
Readmission (%)	4 (1.1)	8 (1.9)	0.555
ED Return/Readmission Cost	\$2,515 ± 2,337	$$3,380 \pm 4,032$	0.399
1-Year Reoperation			
Reoperation (%)	25 (7.1)	24 (5.8)	0.553
Reoperation Cost	\$25,506 ± 23,583	\$13,709 ± 13,591	0.037
1-Year Spine Visit			
Spine Visits (%)	176 (49.7)	202 (48.4)	0.779
# Visits	1.72 ±1.12	1.54 ±0.93	0.099
Visit Cost	\$192 ± 130	\$167 ± 114	0.056
1-Year Imaging Encounter			
Imaging Encounters (%)	100 (28.2)	92 (22.1)	0.058
# Imaging Encounters	1.88 ±1.50	1.47± 0.83	0.019
Imaging Cost	\$235 ± 191	\$190 ± 141	0.060
1-Year Injections			
Injections (%)	26 (7.3)	31 (7.4)	1
# Injections	1.38 ±0.70	1.26± 0.51	0.447
Injection Cost	\$669 ± 436	\$681 ± 360	0.908
1-Year Postoperative Care Cost	\$2,168 ± 9,202	$1,133 \pm 4,747$	0.056
Total 1- Year Cost	$10,229 \pm 9,202$	$5,662 \pm 4,748$	<0.001

Cost Utility Analysis

	Hospital (n=41)	ASC (n=76)	P-Value
Surgery Cost	\$8,089 ±122	\$4,527± 37	<0.001
Postoperative Care Cost	\$7,174 ±18,371	$2,609 \pm 7,183$	0.133
Total Cost	\$15,263± 18,375	\$7,136 ±7,185	0.009
Baseline EQ-5D	0.58 ±0.10	0.59 ± 0.10	0.890
1-Year EQ-5D	0.68± 0.11	0.69± 0.11	0.557
ΔQALY	0.10± 0.13	0.11± 0.10	0.671
Total Cost/QALY Gained	\$152,630	\$64,873	

^{3.} Samuel AM, Langhans MT, Iyer S. Spine surgeon ownership of ambulatory surgery centers. Ann Transl Med. Sep 2019;7(Suppl 5):S161. doi:10.21037/atm.2019.05.89