

To Better Post-Discharge Results

Less Patients Readmitted Within 30 Days



The 30-day all-cause readmission rate was defined as the percentage of patients who had a subsequent hospital admission in the same or a different hospital within 30 days of their THA procedure for any reason.

More Patients Discharged Home



Discharge status indicated the disposition of the patient at discharge from the hospital (home, skilled nursing facility, home health care, inpatient rehabilitation facility).

Lower Blood Transfusion Rates



Transfusion rate was defined as the percentage of patients requiring a transfusion of any kind. Transfusion rates varied from 0.7 to 8.0% for the three centers. This was expected as each center had its own anticoagulation and transfusion protocols.

Shorter Length of Hospital Stay



Length of stay was defined as the number of nights the patient remained in the hospital. Length of stay was zero days if the patient was admitted and discharged on the same day.

◆ SuperPath®

◆ National Average

Individual results and activity levels after surgery vary and depend on many factors including age, weight and prior activity level. There are risks and recovery times associated with surgery and there are certain individuals who should not undergo surgery.

Lower Post-Discharge Costs With SuperPath®

Based upon average values reported in the United States, for a center performing 100 THAs annually these reductions would translate to cost savings of \$32,496.00 and \$280,647.60 due to reductions in readmission rates and discharge status, respectively. Assuming a high volume center performing 500 THAs annually, savings would increase to \$162,478.50 and \$1,403,238, respectively.

Estimated Annual Cost Savings Due To Reductions In Readmission Rate: 45.2%

Table 2³

Examples 30-day all-cause readmission cost comparisons for the SuperPath® procedure and average values reported in the United States assuming a centre that performs 100 THAs annually.

Direct cost per readmission (\$)	Current Study		Previously reported US values		Potential annual reductions	
	Readmissions rate (%)	Cost (\$)	Readmissions rate (%)	Cost (\$)	Readmissions rate (%)	Cost (\$)
\$17,203	2.3%	\$39,337	4.2	\$71,833	45.2%	\$32,496

Estimated Annual Cost Savings Due To Discharge Status: 69.9%

Table 3³

Examples discharge status cost comparisons for the SuperPath® procedure and average values reported in the United States assuming a centre that implants 100 THAs annually

Discharge Status	Average cost per discharge (\$)	Present study		Previously reported US values		Potential annual reductions	
Home (%)	\$733.00	91.5%	\$67,069.50	27.3%	\$20,010.90	-	-
SNF (%)	\$6,678.00	4.1%	\$27,379.80	31.8%*	\$212,360.40	-	-
HHC (%)	\$4,239.00	3.8%	\$16,108.20	39.8%	\$168,712.20	-	-
IRF (%)	\$16,464.00	0.6%	\$9,878.40	0.0%	\$0	-	-
Total	-	-	\$120,435.90	-	\$401,083.50	\$69.9%	\$280,647.60

IRF inpatient rehabilitation facility, SNF skilled nursing facility, HHC home health care

*As stated in study, it was assumed all 31.8% were discharged to SNFs

Conclusion

The authors concluded that:

- Results from SuperPath® literature highlight the potential for annual reductions of \$32,496 (readmissions) and \$280,647.60 (discharge status) per 100 patients. On average, this translates to a potential \$3,131.44 reduction per patient.³
- These results show use of this technique has the potential to significantly reduce post-discharge costs associated with THA.³
- Example calculations show the potential for combined post-discharge cost reductions of up to 66.2% due to discharge status and 30-day all-cause readmission rates with the SuperPath® technique.³

For a copy of the following clinical article or to find out more about the SuperPath® Hip Replacement technique, contact your MicroPort Orthopedics Representative today.

References

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3. As compared to traditional surgery. Gofton W, Chow J, Olsen KD, Fitch DA. Thirty-day readmission rate and discharge status following hip arthroplasty using the supercapsular percutaneously-assisted total hip surgical technique. *Int Orthop* 2015;39:847-51.
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011131 JAN2021