Racial Disparities in the Utilization of Ankle Arthroplasty and Arthrodesis in the United States: National Trends from 2002 to 2017

Kevin Xavier Farley, Jannat Khan, Megan Audet, Michael Brandon Gottschalk, Eric R Wagner INTRODUCTION:

Recent reports have highlighted unimproved and potentially worsening racial disparities in orthopaedic care. This study aims to thoroughly examine racial disparities in the utilization of total ankle arthroplasty (TAA) and arthrodesis. METHODS:

From 2002 to 2017, the National Inpatient Sample was queried for all patients undergoing total ankle arthroplasty and ankle arthrodesis. White, black, and Hispanic patients were identified. Yearly crude and standardized incidence rates were calculated and stratified by race. For patients undergoing primary TAA, binomial logistic regression was performed to assess the relationship between race and perioperative resource utilization. RESULTS:

Age-and-sex standardized utilization rates of primary TAA in white patients increased from 4.44 per 1,000,000 in 2002 to 17.88 in 2017, a 303% increase. Black patients saw an increase from 2.52 to 4.79 in 2017, a 90% increase. Hispanic patients saw a 96% increase, rising from 2.43 in 2002 to 4.78 in 2017. When compared to white patients, this represented a 76% disparity in 2002 and a 273% disparity in 2017 for black patients and an 82% disparity in 2002 and a 274% disparity in 2017 for Hispanic patients (**Table 1**). Differences in utilization of arthrodesis between white and black or Hispanic patients were less pronounced compared to TAA, with disparities ranging from 16%-73% and from 40%-111%, respectively (**Table 2**). Black patients undergoing TAA had an increased risk of both non-home discharge (OR: 1.92, CI: 1.31-2.81, p<0.001) and an extended hospital length of stay (>2 days, OR: 1.38, CI: 1.10-1.74, p<0.001) when compared to white patients (**Table 3**, **Table 4**).

DISCUSSION AND CONCLUSION:

Persistent and worsening racial disparities were present for black and Hispanic patients, indicating that access to TAA is inequitable. In addition, the observed racial disparities in utilization of arthrodesis versus primary arthroplasty were disproportionate, suggesting that minority groups may have reduced access to novel therapeutic technologies such as TAA. Orthopaedic leadership should continue to support initiatives for increasing access to care for minority patients.



 Characteristic
 White
 Black
 Hispanic
 P-Value

 Total (n (%)
 37244 (91.92)
 1522 (3.76)
 1750 (4.32)

 Cott (>20,000 USD)
 19449 (55.10)
 749 (4.78)
 845 (51.82)
 0.033

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 High (51.0)
 749 (4.78)
 845 (51.82)
 0.033

 Devideored
 L21 (52.12)
 2241 (65.00 (50.21)
 584 (38.34)
 570 (32.57)
 <0.001</td>

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 L31 (53.01)
 584 (38.34)
 570 (32.57)
 <0.001</td>

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