

## **Implementation of an Outpatient Total Knee Arthroplasty Program in Underserved Populations Outside the US: The Post-Pandemic Chilean Experience**

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**INTRODUCTION:** Outpatient surgery can increase value by decreasing costs in the episode of care related to total knee arthroplasty (TKA). The success of outpatient joint replacement programs in underserved populations outside the United States has rarely been described. This study aims to report the results of a structured TKA outpatient program in underserved Chilean patients.

**METHODS:** Employing an official institutional database, 446 patients managed between 2020 and 2023 under a structured outpatient program implemented during the COVID-19 pandemic were compared to a control group of 465 patients managed at the same hospital between 2016 and 2019, with no particular program for rapid recovery and early discharge. The condition of being underserved was defined as those patients with limited healthcare access, manifested by being on a surgical waiting list for more than six months. Mean hospital stay, the proportion of stays < 23 hours, and readmissions during the first 90 days were compared between groups.

**RESULTS:** Both groups were comparable in age and DRG severity of illness index. The post-pandemic group presented shorter hospital stays (1.44 vs. 4.4 days,  $p>0.01$ ) and a significantly higher proportion of stays >23 hours: 65% vs. 0%,  $p>0.01$ ) than the control group. Analyzing patients who participated in the outpatient program, we observed the rate of stays.

**DISCUSSION AND CONCLUSION:** A structured outpatient program applied in an underserved population in a public hospital in Latin America significantly improved the length of stay and the proportion of patients discharged in less than 23 hours after TKA without influencing the risk of readmission. Our data shows that outpatient programs may be successfully applied in underserved populations outside the United States.