

A Concerning Trend: Total Joint Arthroplasty Surgeons to Earn Less than Current Hourly Minimum Wage by 2030

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INTRODUCTION: While multiple studies have assessed the trends of Medicare reimbursement for orthopaedic total joint arthroplasty (TJA) surgeries, none have forecasted reimbursement in relatable per-hour figures. The purposes of this study are to examine trends of reimbursement for primary and revision TJA and translate forecasted primary TJA reimbursement to relatable per-hour compensation.

METHODS: The Center for Medicare and Medicaid Services (CMS) reimbursement data from 1992-2023 was used to create a historical view of reimbursement for primary and revision TJA. All monetary values were converted to 2023 USD to account for inflation. Polynomial forecast equations were used to predict the future of the TJA reimbursement to 2030. RUC standard times for procedures were used with the forecasts to establish per-hour rates for both total hip arthroplasty (THA) and total knee arthroplasty (TKA).

RESULTS: Total reimbursement for primary total hip arthroplasty (THA)/total knee arthroplasty (TKA) dropped 64.61%/66.97% since 1992, with forecasted decreases of 82.78%/84.21% by 2030. Physician specific reimbursement for primary and revision THAs fell 45.43% and 39.45% from 2007 to present. In the same period, primary and revision TKA reimbursement fell 48.81% and 39.27%, respectively. Revision procedures are predicted to reimburse less than \$200.00 per Medicare case by 2029. Moreover, TJA surgeons are forecasted to earn \$10.86 per-hour for THA and \$18.5 per-hour for TKA by 2030.

DISCUSSION AND CONCLUSION: This study highlights the concerning trends for both primary and revision arthroplasties as TJA surgeons are on a path to earn below minimum wage for primary TJAs by 2030. Mathematical models forecast a bleak future for orthopaedic TJA reimbursement. We forecast that as early as 2030, orthopaedic surgeons will be reimbursed \$10.86 per-hour for primary THA and \$18.51 per-hour for primary TKA in 2023 USD, with current minimum wage of \$15 per-hour in many states. Without any corrections to these trends, there are significant risks to access to quality TJA care going forward. It is our hope that this study serves as a reference for decision makers and stakeholders when evaluating Medicare reimbursement and the future of TJA care as a whole.

