## Direct Variable Cost Comparison of Endoscopic versus Open Carpal Tunnel Release: A Time-Driven Activity-Based Costing Analysis

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INTRODUCTION:

To improve the delivery of value-based health care, a deeper understanding of the cost drivers in hand surgery is warranted. Time-driven activity-based costing (TDABC) offers a more accurate estimation of resource utilization compared to traditional accounting methods. This study utilized TDABC to compare the facility costs of open carpal tunnel release (OCTR) and endoscopic carpal tunnel release (ECTR). METHODS:

We identified 845 consecutive, unilateral CTR (516 open, 329 endoscopic) performed at an orthopaedic specialty hospital between 2015 and 2021. An established TDABC algorithm was developed by a third-party vendor and utilized TDABC to calculate direct variable facility costs, which included supply and personnel costs (Figure 1). Patient demographics, comorbidities, surgical characteristics, and itemized costs were compared between OCTR and ECTR. Multivariate regression was performed to determine the independent effect of endoscopic surgery on true facility costs. RESULTS:

Endoscopic CTR patients were younger (57  $\pm$  10 vs. 66  $\pm$  14 years, P<0.001), had a higher BMI (32  $\pm$  6 vs. 31  $\pm$  7 kg/m², P<0.001), and were more likely to be male (52% vs. 41%, P<0.001) and Hispanic (16% vs. 11%, P=0.029) (Table 1). Surgery-related personnel cost was the primary cost driver for OCTR (38%), while other supply cost was the main driver of total facility cost for ECTR (41%) (Figure 2). Total facility costs were \$352 higher in ECTR compared to OCTR (\$882 vs. \$530) (Table 2). ECTR cases had higher personnel costs (\$499 vs. \$420), likely due to longer surgical (15 vs. 11 mins) and total operating room time (35 vs. 27 mins). ECTR cases also had higher supply costs (\$383 vs. \$110). Controlling for demographics and comorbidities, ECTR was associated with an increase in personnel costs of \$35.74 (95% CI, \$26.32–\$45.15), supply costs of \$230.28 (95% CI, \$205.17–\$255.39), and total facility costs of \$265.99 (95% CI, \$237.01–\$294.97) per case (Table 3).

## DISCUSSION AND CONCLUSION:

To deliver value-based care amidst declining reimbursement rates for elective hand procedures, more cost-conscious approaches for surgical management have become increasingly essential for maintaining practice sustainability. Using TDABC, ECTR was found to be 66% more costly to the facility compared to OCTR. Additionally, ECTR was independently associated with a \$230.28 increase in total supply costs. To reduce the costs related to endoscopic surgery, efforts to utilize cheaper, single-use disposable ECTR blade systems, implants, and single-use arthroscopes are warranted.









