Analyzing Economics and Cost-Effectiveness of Robotic-Arm Assisted Total Knee Arthroplasty

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INTRODUCTION: Amidst a growing emphasis on cost-effectiveness in health care, this systematic review evaluates the economic implications of Computed Tomography (CT)-based robotic-arm assisted Total Knee Arthroplasty (TKA) and Uncompartmentalized Knee Arthroplasty (UKA), as compared to traditional surgical procedures. The primary aim is to analyze the 1) costs associated with these interventions, to understand their 2) economic impact, and to provide a comprehensive overview of the 3)cost-effectiveness of these robotic procedures.

METHODS: Twenty health economic studies comparing robotic-arm assisted (rJA) procedures with conventional techniques were reviewed. The evaluation thoroughly examined the methodologies of these studies, how they defined their economic impacts, which costs were included in their analysis, and from which stakeholder perspectives the costs were being analyzed.

RESULTS: In total, 83% of studies reported economic advantages with rJA. These include shorter stays (rTKA: 1.2 days versus 1.6 days, P < 0.0001; rUKA: 1.8 days versus 2 days, P = 0.0047), and 90-day care episode cost savings (rTKA: \$14,189 versus \$15,586. P < 0.001: rTKA 90-day EOC: \$15,630 versus \$17,721. P < 0.001). Lower 2-year revision rates for rUKA (0.81% versus 5.28%, P = 0.002) and fewer rTKA patients discharged to nursing facilities were noted.

DISCUSSION AND CONCLUSION: The review substantiates the cost-effectiveness of rJA in lower extremity arthroplasty. showcasing significant cost savings (P < 0.05) across care episodes, reduced length of hospital stays, decreased readmissions, and lower post-discharge service usage. This encourages future research to focus on cost mitigation strategies, enhanced patient outcomes, and the role of post-discharge cost impacts on rJA. Ultimately, the study highlights the potential for substantial payor benefits through the of CT-based robotic technology.

	Cool et al. 2019	Clement et al. 2019		
Analysis type	Commercial payor (US)	Markov model (UK Yes		
Robot Cost Inclusion	No			
CT-scan Cost Inclusion	No	Yes		
M Total (n)	492			
R Total (n)	246			
LOS-M	2			
LOS-R	1.8			
Index procedure costs - M	\$26,307			
Index procedure costs - R	\$25,786			
Post D/C costs - M				
Post D/C costs - R				
90 day EOC cost - M				
90 day EOC cost - R				
% use of HH services - M				
16 use of HH services - R				
# of HH visits - M				
# of HH visits - R				
cost of home health - M				
cost of home health - R				
outpatient rehab costs - M				
outpatient rehab costs - R				
revision % - M (1 year)	5.28%	1.10%		
revision % - R (1 year)	0.81%	0.50%		
Increase in QALYs - M		12.2		
Increase in QALYs - R		13.59		
		\$1.298		

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ity EDC out - M			\$9.50		\$40,326	
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in procedure costs - M.	\$1,26	\$15,229	512,005	90,95	\$10,294	
in prooders costs - R	223,410	\$20,046	201821	\$1,519	\$10,749	
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JA-DERESATING-R			12,90%		33.39%	
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race is QALY1 - M						
The six QALYs - R				136		0.04
3-X5Q43)				\$1,413		

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	Hospital and private payor (CS)	Hospital (AUS)	
Robot Cost Inclusion	Yes	Ye	
CT-scan Cost Inclusion	Yes	Tes	
M UKA Total (n)	6		
M TKA Tetal (s)	58	120	
R UKA Tetal (s)	19	120	
R TKA Tetal (s)	83		
LOS – MUKA	1.6		
LOS - R UKA	1.4		
LOS - M TKA	1.8		
LOS-R TKA	1.8		
Average Saving for Rabot		\$7,179	
In hospital costs - M UKA	\$3,297		
In hospital costs - R UKA	\$4,025	1.8	
In hospital costs - M TKA	\$4,087	45	
In hospital costs - R TKA	\$4,668		
93-day EOC cost - MUKA	\$1,239		
99-day EOC cost - R UKA	\$1,051		
93 day EOC cost - M TKA	\$1,602		
93-day EOC cost - R TKA	\$1,199		
% use of HH pervices - MUKA	83%		
% use of HH services - R UKA	17%		
% use of HH services - M TKA	29%		
% use of HH services - R TKA	6%		
E of HH visits - M UKA	5		
# of HILL vision - R.UNA	5		
f of HH visits - M TKA	17		
# of HH visits - R TKA	5		
Cert of home health - M	\$609		
Cost of home health - R	\$241		
Outpatient rehab cents - M	\$482		
Outpatient rehab costs - R	\$137		
Opinids - R UKA (MME)		125.0	
Opiaids- M TKA (MME)		522.1	