

Similar Short-Term Outcomes Between Traditional Medicare and Medicare Advantage THA Patients

Khaled A Elmenawi, Shujaa T Khan, Ignacio Pasqualini, Yuxuan Jin, Lakshmi Spandana Gudapati, Carlos A Higuera Rueda, Nicolas Santiago Piuze

INTRODUCTION: Medicare Advantage (MA) is increasing in popularity among eligible beneficiaries. There is a paucity of data evaluating whether MA patients have similar healthcare utilization to Traditional Medicare (TM) patients following primary total hip arthroplasty (THA). The purpose of this study was to determine if there are differences in Length of Stay (LOS), discharge disposition (DD), 90-day readmissions, 90-day emergency department (ED) visits, and 1-year reoperations between TM and MA patients following primary THA.

METHODS: We conducted a prospective cohort analysis of 5741 Medicare patients who underwent primary THA between 2016-2023 within a single healthcare system. Among these, 3209 (55.8%) were TM and 2532 (44.1%) were MA. Multivariable logistic regression models were used to compare healthcare utilization between TM and MA patients using odds ratio (OR) and 95% confidence interval (CI). The models were controlled for pre-specified demographics, and surgical confounding variables. A p-value <0.05 was considered statistically significant.

RESULTS: On univariate analyses, TM and MA patients had similar rates of prolonged LOS ≥ 2 days (38.5% vs. 40%, $p=0.27$), non-home discharge (14.4% vs. 14.8%, $p=0.71$), 90-day readmission (6.9% vs. 7.5%, $p=0.44$), 90-day ED visits (10.9% vs. 12.2%, $p=0.14$), and 1-year reoperation (2.4% vs. 2%, $p=0.37$). Upon multivariate analyses, TM and MA patients had similar risks of prolonged LOS (OR=1, $p=0.28$), non-home discharge (OR=1.1, $p=0.06$), 90-day readmission (OR=0.95, $p=0.62$), and 90-day ED visits (OR=0.94, $p=0.44$). Multivariate analysis for the risk of 1-year reoperations was not possible due to the low event number.

DISCUSSION AND CONCLUSION: In this large, single-system cohort study, TM and MA patients demonstrated comparable healthcare utilization following primary THA. No significant differences were found in rates of prolonged hospital stay, non-home discharge, 90-day readmissions, or 90-day emergency department visits after adjusting for relevant demographic and surgical factors. These findings suggest that, despite differences in insurance structure, MA and TM patients experience similar short-term outcomes and resource utilization after THA. Further studies are warranted to explore long-term outcomes and cost-effectiveness between the two groups.