

## **No Differences in Clinically Meaningful Improvement in PROMs Between Traditional Medicare and Medicare Advantage THA Patients**

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**INTRODUCTION:** Patient-reported outcome measures (PROMs) are increasingly prioritized by the Centers for Medicare & Medicaid Services (CMS) to assess quality and value in joint arthroplasty. At the same time, Medicare Advantage (MA) enrollment now exceeds 50% of the Medicare population. Despite this growth, little is known about how PROMs compare between traditional Medicare (TM) and MA beneficiaries undergoing primary total hip arthroplasty (THA). We aimed to compare clinically meaningful improvements in PROMs after THA between TM and MA patients.

**METHODS:** A prospective cohort of 4762 Medicare patients (2700 TM and 2062 MA) who underwent primary THA between 2016–2023 from a single healthcare system was analyzed. Multivariable logistic regression models were used to compare improvement in 1-year PROMs using odds ratio (OR) and 95% confidence interval (CI). The included PROMs were the Hip disability and Osteoarthritis Outcome Score (HOOS) Pain, Physical function Shortform (PS), and Joint Replacement (JR). Clinically relevant improvements were assessed through minimal clinically important difference (MCID), substantial clinical benefit (SCB), and Patient Acceptable Symptom State (PASS) threshold achievement. One-year satisfaction using the PASS question was also compared. The models were controlled for pre-specified demographics, baseline PROMS, and surgical confounding variables. Failure to reach the threshold was modeled and considered as the event of interest in all the models.

**RESULTS:** Upon multivariate analyses, we found no differences between TM and MA patients in failure to reach MCID for pain (OR=0.77, p=0.11), PS (OR=1, p=0.88), and JR (OR=0.93, p=0.61), and PASS for pain (OR=0.95, p=0.51), PS (OR=1, p=0.9), and JR (OR=0.97, p=0.6). Similarly, no difference was observed in failure to achieve SCB for HOOS-JR between the two groups (OR=0.88, p=0.12). There was no difference in risk of dissatisfaction between TM and MA patients (OR=1, p=0.5).

**DISCUSSION AND CONCLUSION:** In this large cohort of Medicare beneficiaries undergoing primary THA, no significant differences in clinically meaningful PROM improvement or satisfaction were observed between TM and MA patients. As CMS continues to emphasize PROMs in value-based payment models, these findings provide important evidence that PROM-based quality assessments are comparable across TM and MA patients.