Medicaid Insurance Is Associated with More Complications and Emergency Department Visits but Equivalent Five-Year Secondary Surgery Rate after Primary Hip Arthroscopy

Stephen M. Gillinov, AB[1], David N. Kim, BS[1], Wasif Islam, BS[1], Michael S. Lee, BA[2], Jay Moran, BS[1], Scott Fong, BA[3], Ronak J. Mahatme, BS[4], Jonathan N. Grauer, MD[1], Andrew E. Jimenez, MD[1]

[1]Department of Orthopaedics and Rehabilitation, Yale School of Medicine, New Haven, CT, USA
[2]Medical College of Wisconsin, Milwaukee, WI, USA
[3]Advanced Orthopedics and Sports Medicine, San Francisco, CA, USA
[4]University of Connecticut School of Medicine, Farmington, CT, USA

ISAKOS CONGRESS 2023

INTRODUCTION

Insurance status has been implicated as one of the most important predictors of outcomes for several orthopaedic procedures, including THA, total shoulder arthroplasty, and ankle fracture fixation. However, there is a dearth of literature on the relationship between insurance status and outcomes following primary hip arthroscopy for FAIS or labral tears.

AIM

To compare 90-day complications, 30-day emergency department (ED) visits, and five-year rate of secondary surgeries for patients with Medicaid versus commercial insurance undergoing primary hip arthroscopy for FAIS and/or labral tears using a large national dataset.

METHOD

The PearlDiver Mariner151 database was used to identify patients with International Classification of Diseases (ICD)-10 diagnosis codes for FAIS and/or labral tear who underwent primary hip arthroscopy with femoroplasty, acetabuloplasty, and/or labral repair between 2015 and 2021. Patients with Medicaid were matched 1:4 to a control group of commercially insured patients based on age, sex, body mass index, and Elixhauser Comorbidity Index (ECI) score. Rates of 90-day complications and 30-day ED visits were compared using multivariate regression models. Five-year rate of secondary surgeries—revision arthroscopy or conversion to total hip arthroplasty (THA)—were compared between cohorts by Kaplan-Meier survivorship analysis.

Figure 1. Rates of Complications

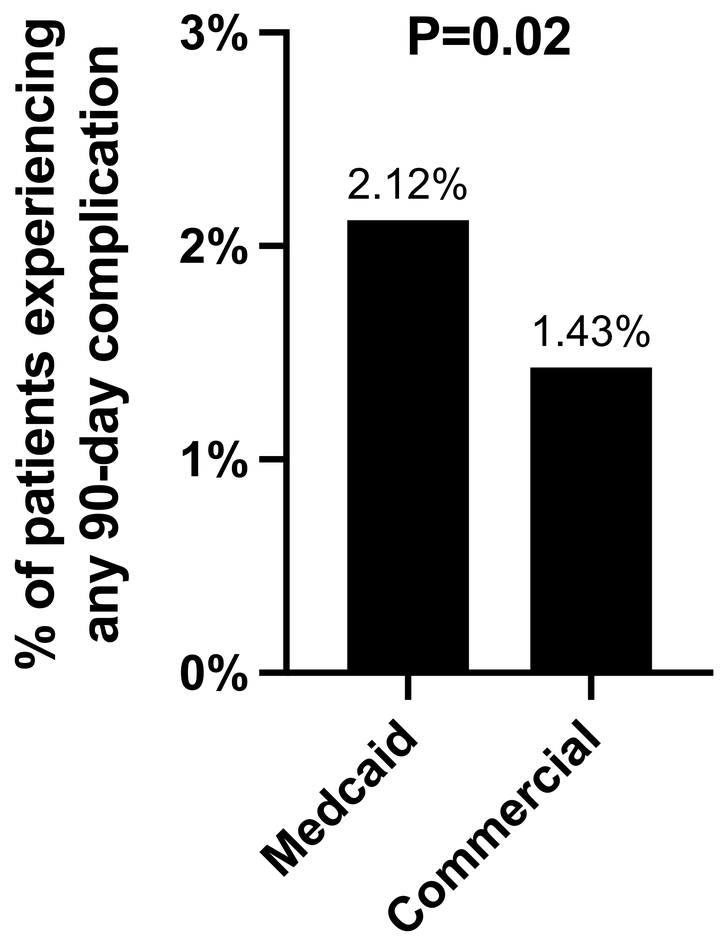
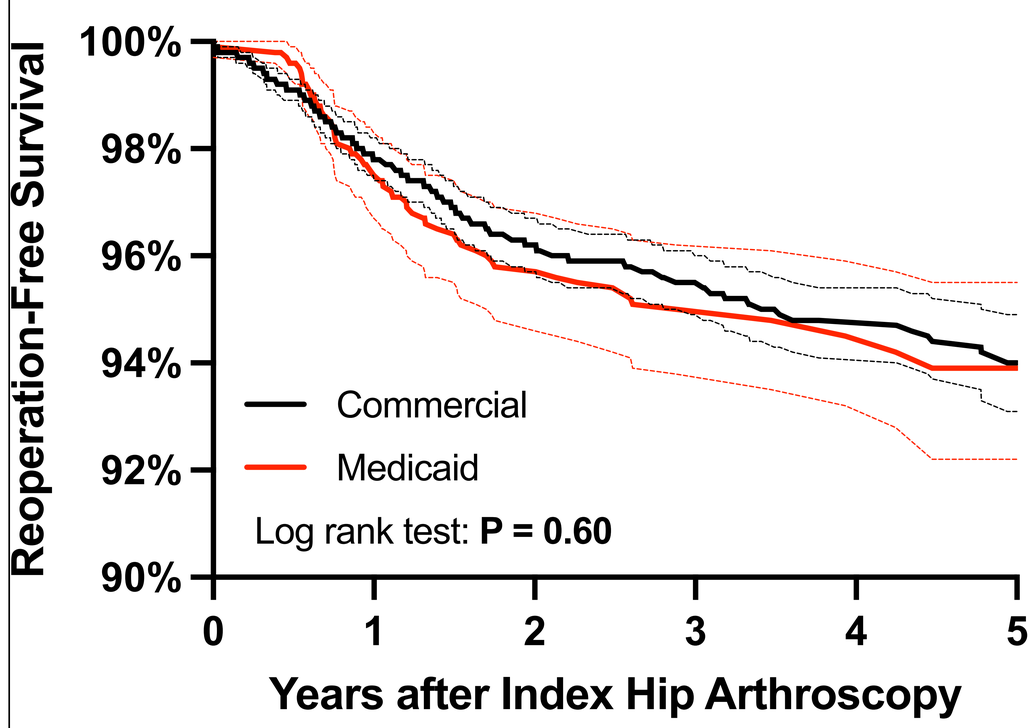


Figure 2. Survivorship Curve



RESULTS

A total of 2,033 Medicaid patients were matched with 8,056 commercially insured patients

Rates of adverse events were low; however, Medicaid patients were significantly more likely than commercially insured patients to experience any 90-day complication (2.12% vs. 1.43%; odds ratio [OR]=1.2, P=0.02)

Medicaid patients also experienced more 30-day ED visits than commercially insured patients (8.61% vs. 4.28%), and on multivariate logistic regression, insurance status was the strongest determinant of 30-day ED visits (relative to commercial, Medicaid OR = 2.02; P<0.001)

Despite these differences, five-year rates of secondary surgeries were comparable between groups (6.1% vs 6.0%; P=0.6).

CONCLUSIONS

In this large national study, Medicaid patients undergoing primary hip arthroscopy demonstrated significantly greater odds of experiencing 90-day postoperative complications and 30-day ED visits compared to commercially insured patients. Nevertheless, both groups had similar survivorship rates at five-year follow-up. While these findings suggest that Medicaid patients may benefit from more focused management in the perioperative period, these results document encouraging mid-term outcomes in this patient population.

Disclosures

- Nothing to disclose.