

Effect of 90-day Complications on Cost-utility following Lumbar Decompression with and without Fusion for Degenerative Spine Disease

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Introduction

Current healthcare system is transitioning from the "fee-for service" to "pay-for performance" model. With this paradigm shift, providers and payers are shifting from quantity to quality, focusing on cost-effective and high quality patient care. Understanding the effect of complications on cost and effectiveness of surgery is vital to understanding its overall impact. We evaluated the effect of complications on cost-utility after lumbar decompression with/ without fusion for degenerative spine disease.

Methods

407 consecutive patients undergoing elective surgery for degenerative lumbar pathology were enrolled into prospective longitudinal registry. PROs were recorded at baseline, 3months, 12-months, and 24-months post-operatively: ODI, NRS-back and leg pain(BP, LP), EQ-5D. Twoyear back-related medical resource utilization, missed work, and health state values(quality-adjusted life years[QALYs]) were assessed. Twoyear resource use(direct cost) and patient/caregiver workday losses(indirect cost) were calculated. Mean total(direct+indirect) 2-year cost/QALY gained was assessed. Patients were stratified into cohorts based on whether 90-day major

There was significant mean improvement in pain, disability, and quality of life for total cohort 2-years post-operatively(p<0.0001), Table 1. Total 24-month cost was significantly lower in patients without vs. with complication for decompression alone(\$16,133±8,008 vs. \$21,322±9,029, p=0.09) and decompression+fusion(\$37,674±11, 686 vs. \$40,825±11,570, p=0.03). QALY gained at 24-months was similar in patients without/with complication for decompression alone(0.68±0.70 vs. 0.72±0.63, p=0.81) and decompression+fusion(0.59±0.60 vs. 0.46±0.60, p=0.21). Cost/QALY gained was reduced in patients without vs. with complication for decompression alone(\$23,725/QALY vs. \$29,614/QALY, p=0.05) and decompression+fusion(\$63,854/QAL Y gain vs. \$88,750/QALY, p=0.11),Table 2. Conclusions Lumbar surgery provided significant

Results

Learning Objectives

By the conclusion of this session, participants should be able to:

 Describe the importance of complications on cost, effectiveness, and cost-utility following lumbar surgery

References

Table 1 PROS Baseline 24-month P-value No Com icatio OD 48.2 ±15.6 24.7 ±18 EQ-5D 0.53 ± 0.22 0.77 ± 0.20 <0.0001* NRS - BI 3.7 ± 3.1 <0.0001 $6.3 \pm 2.$ NRS - Li 6.7 ± 2.1 3.0 ± 3.3 <0.0001* <0.0001 SF-12 PCS 28.4 ± 9.1 39.8 ± 13.4 47.3 ± 11.8 52.2 ± 10.4 <0.0001* SF-12 MCS Complicatio. 51.5±14.3 29.6 ±18 <0.0001* ODI EO-5D 0.53 ± 0.19 < 0.0001 NRS - BP 7.4 ± 2.1 3.9 ± 2.8 <0.0001* NRS - LF 6.3 ±3.2 < 0.0001 SF-12 PCS 26.2 ± 7.6 36.2 ± 12.1 <0.0001* $49.4 \pm 12.$ 53.8 ± 12. 0.04* SF-12 MC.

Patient-reported Outcomes 24 month after

surgery for degenerative lumbar spine

disease

	No complications	Complications	p-value
Decompression alone	(n=155)	(n=12)	
ALY gain 24m	0.68±0.70	0.72 ±0.63	0.81
'otal Cost 24m	\$16133 ± \$8008	\$21322 ± \$9029	0.09
Direct cost 24m	\$11105±\$5685	\$14546 ± \$5397	0.04
Indirect cost 24m	\$5028 ±\$1319	\$6776± \$827	0.57
Cost-utility 24m total	\$23,725/QALY	\$29,614/QALY	0.05
Decompression and fusion	(n=197)	(n=43)	
ALY gain 24m	0.59 ± 0.60	0.46 ± 0.60	0.21
otal Cost 24m	\$37674 ± \$11686	\$40825 ± \$11570	0.03
Direct cost 24m	\$31539 ± \$9689	\$35249 ± \$10609	0.02
Indirect cost 24m	\$6135 ± \$6546	\$5576 ± \$5556	0.65

Comparison of QALYs gained, cost, and cost-utility after decompression alone and decompression with fusion for patients with and without complications.

Lumbar surgery provided significant improvement in pain, disability, and quality of life at 24-months regardless of occurrence of complication within 90-days postoperatively. Occurrence of complication resulted in significantly increased cost at 24-months. Cost-