



Current Trends in Joint Replacement

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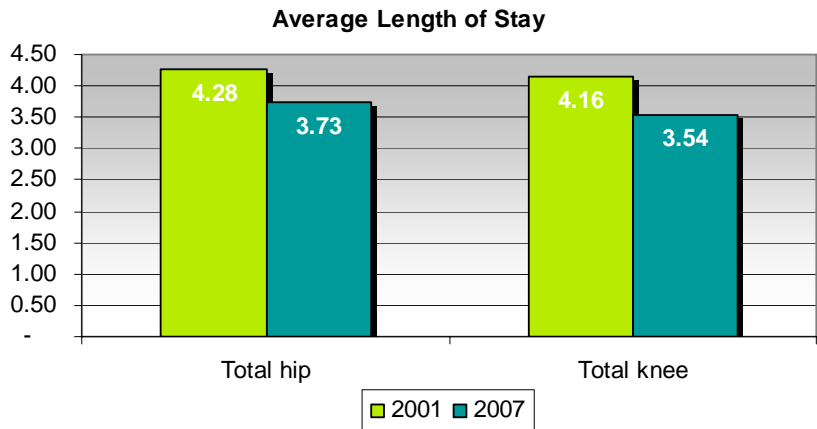
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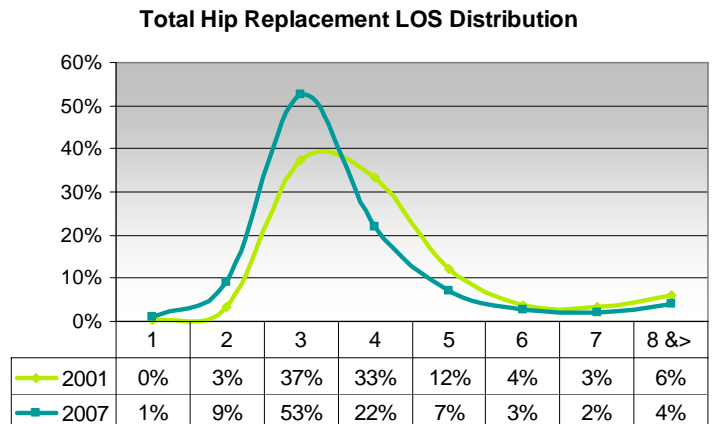
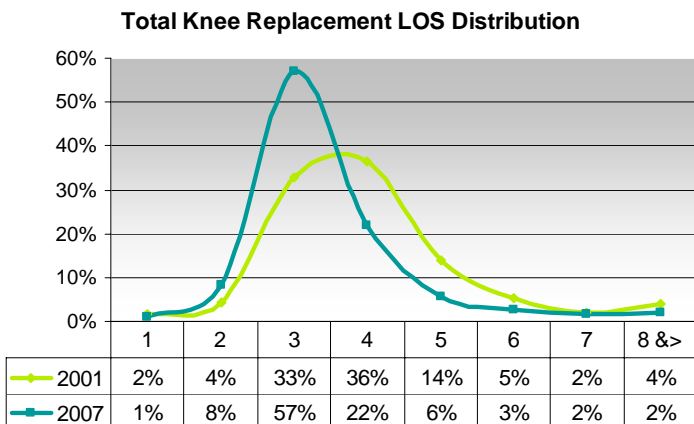
Total joint replacement is an important component of inpatient musculoskeletal care. It is considered to be the bellwether indicator with regard to a hospital's inpatient portion of their musculoskeletal service line. In 2007, total joint replacements represented 31% of the inpatient musculoskeletal cases and over 34% of the total inpatient musculoskeletal contribution margin. The importance of total joint replacement for the inpatient component of the musculoskeletal service line will continue to increase due to greater population demands for total joint replacement and continued migration of surgical spine and some surgical fracture care cases to outpatient settings. Therefore, an organized joint replacement program is an important first step in the management of the overall musculoskeletal service line.

The information below summarizes data from Accelero Health Partner's OrthoVal® database for total hip and total knee replacement patients from 2001 to 2007. Total hip replacements represented 35% of the cases while total knee replacements represented 65% of the cases. Revision joint replacements, bilateral joint replacements and partial hip replacements were not included in the data.

One of the most important factors in a successful joint replacement program is the effective management of the patient's length of stay. When comparing the 2001 and 2007 data, there have been significant decreases in both total hip and total knee replacement average length of stay (ALOS).



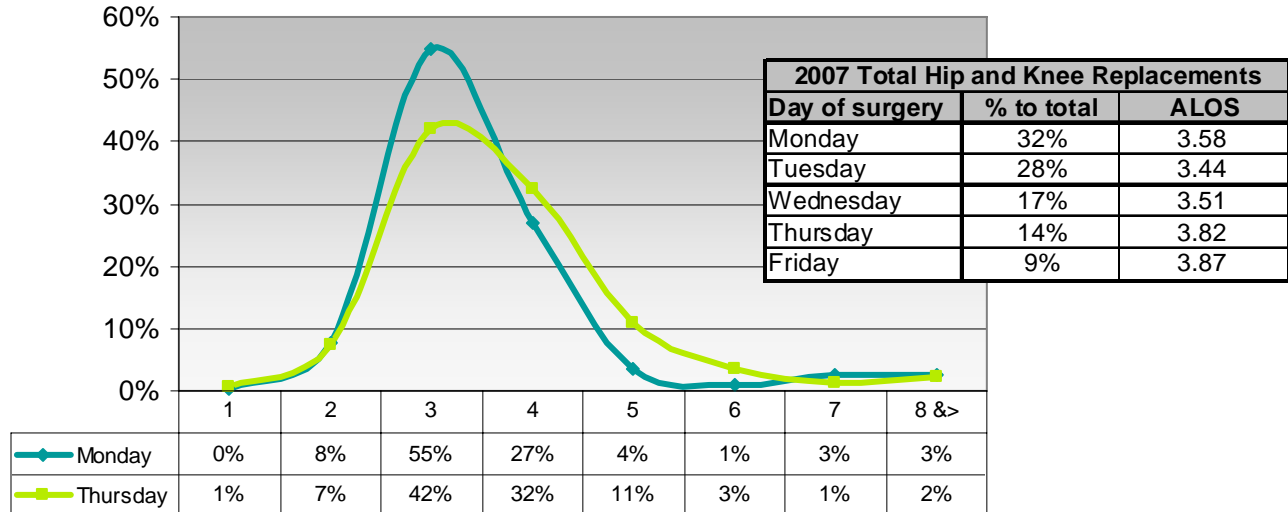
Even more important than understanding the average length of stay is the analysis of length of stay by day. The following charts displaying the length of stay by day distribution for both total hip and total knee replacement cases show a migration of more patients to a three day length of stay in 2007 as compared to 2001.



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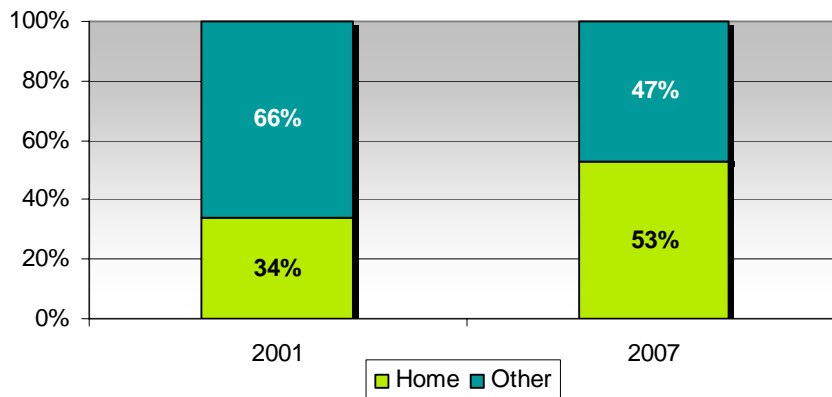
One of the important drivers of length of stay is the day on which the total hip and knee replacement surgery is performed. In 2007, 60% of the total hip and total knee replacement cases were performed on Monday or Tuesday. The average length of stay was higher on cases performed on Thursday and Friday as compared to those cases performed earlier in the week. The impact of this difference is even better represented when comparing the length of stay distribution for cases performed on Monday to those performed on Thursday.

2007 Length of Stay Distribution



Over the past six years, there continues to be a greater percent of patients being discharged to home (defined as either home with self care, home healthcare services or outpatient rehabilitation) following a total hip or total knee replacement. The table below displays the continued migration to home discharges over the past six years.

Total Hip and Total Knee Replacement Discharge



This continues to be a dynamic time in healthcare and the information above represents only a portion of the overall changes that have occurred in joint replacement care. With continued need for improved case margins, better outcomes and transparency of care, continuous attention should be paid to the management of this important musculoskeletal product line.