

THE VALUE OF JOINT REPLACEMENT IN TREATING PATIENTS WITH OSTEOARTHRITIS

Total Joint Replacement is a valuable treatment option for many of the 27 million Americans who suffer from Osteoarthritis, a disease for which there is no cure.

Despite its proven personal and economic benefits, total joint replacement is severely underutilized.

life changing innovation

the disease

27 MILLION AMERICANS SUFFER FROM OSTEOARTHRITIS 1

Osteoarthritis (OA) is a progressive, destructive disease of the major joints for which there is no cure.² It is one of the leading causes of disability and functional limitation in the U.S.^{3,4} In fact, 19% of disabled adults report arthritis or rheumatism as their disability, compared to 16% that report back or spine problems and 6% that report heart trouble.⁵

OSTEOARTHRITIS IS ASSOCIATED WITH MORE SERIOUS HEALTH PROBLEMS

Patients with walking impairments from OA are reported to run a risk of early death that is 1.48 times higher than the general population. Risk factors for mortality include "a history of diabetes, cardiovascular disease, or cancer and increased walking disability."

In fact, 40% of men and 57% of women with knee OA are physically inactive? The CDC reports that 47% of adults with arthritis in the U.S. have one or more other serious health problems.

Common health issues and their rates in adults with arthritis include:

- Heart disease, 24%
- · Chronic respiratory conditions, 19%
- · Diabetes, 16%
- · Stroke, 7%8

OSTEOARTHRITIS IMPACTS THE ECONOMY BY DRIVING UP EMPLOYER AND HEALTH COSTS

Bone and joint disorders, including OA, account for 440 million lost days at work and \$110 billion in lost wages each year—**more than any other medical condition**. Workers with OA are one-third less productive than non-afflicted workers. 10

Though there is no "cure" for OA, total joint replacement can help patients return to work and their normal lives.

the treatment

TOTAL JOINT REPLACEMENT HELPS PATIENTS RETURN TO THEIR LIVES AND CONTRIBUTES TO IMPROVED GENERAL HEALTH

Total joint replacement is a surgical procedure in which certain parts of an arthritic joint or damaged bone are removed and replaced with an artificial joint to restore mobility and relieve pain. The most commonly performed total joint replacement surgeries are for the hip and knee, and in both cases, patients' physical function is shown to improve: 79% improvement after total hip replacement and 56% improvement in function after total knee replacement.

In fact, the most striking statistic could be that total joint replacement dramatically reduces risk of death. Medicare patients who receive total hip or knee replacement show nearly half the risk of death after seven years; 14,15 overall, patients are 40% less likely to suffer from heart complications including heart attack, stroke and heart failure. 16

ECONOMIC BENEFITS OF TOTAL JOINT REPLACEMENT

Total knee replacement surgery generates net societal savings of approximately \$19,000 per patient lifetime due to reduced disability costs and improved productivity. To all knee replacement surgeries performed in the U.S. in 2009, aggregate lifetime savings are estimated at \$12 billion. And, hip and knee implants have shown a dramatic decline in price over the past six years at 23% and 17% respectively.

Total joint replacement has proven successful in returning patients to their jobs. Studies have shown that 98% of working patients return to work following total knee replacement and 90% of working patients return to work after total hip replacement. 19,20

Reduction in hip and knee implant prices is adjusted for medical inflation.

the challenges

TOTAL JOINT REPLACEMENTS ARE UNDER-UTILIZED

Only 13% of candidates receive total knee replacements and less than 25% receive total hip replacements. A *New England Journal of Medicine* study reported that, although women are more likely to report hip or knee joint problems, they are less often put on a joint replacement waiting list and less likely than men to undergo joint replacement. Furthermore, wide racial disparities exist in the delivery of total joint replacement surgery. Despite similar disease prevalence, African Americans are 39% less likely to receive total knee replacement surgery.

WHY?

The vast majority of primary care physicians have been shown to inadequately understand the benefits of total joint replacement, and do not appropriately discuss total joint replacement as an option with many indicated patients.^{25,26}

- Only 17% of primary care physicians correctly identified total joint replacement success rates.²⁷
- Only 26% of primary care physicians discussed total joint replacement with elderly candidates.²⁸

Impending surgeon shortages may also result in further reductions in access to needed care. 29,30

- From 2005-2020, the supply of all orthopedic surgeons is expected to increase only 2%, while the demand for orthopedic surgeons' services is expected to increase 23%.³¹
- The number of orthopedic surgeons who perform total joint replacement surgery is projected to decline as much as 34% by 2016 as compared to 2008.³²

RISKS ASSOCIATED WITH TOTAL JOINT REPLACEMENT

Surgeons should explain all risks to their patients. For more information, please consult the information at the following websites:

- http://orthoinfo.aaos.org/topic.cfm?topic=Aoo375
- http://www.niams.nih.gov/Health_Info/Joint_Replacement/

Potential adverse outcomes associated with joint replacement [any of which may necessitate re-operation to revise or replace the implant(s)] include but are not limited to breakage of the device itself, loosening, intra-operative or post-operative fracture of the bone, infection, wear, and disassociation or migration of the implant. Risks may be affected by patient factors such as age, weight, activity level, rehabilitation compliance and the presence of co-morbidities, as well as by the surgical procedure.³³ Complications associated with the surgical procedure can include incorrect ligament balancing, poor cement technique and mal-rotation of implant parts.³⁴ Any of these can require revision surgery. Early, severe adverse events are reported in under 6% of patients and most often become manifest within four days following the implant procedure.^{35,36} These cannot be reliably predicted in nearly 60% of patients by preoperative risk evaluation.³⁷

references

- Lawrence RC, Felson DT, Helmick CG, et al., "Estimates of the Prevalence of Arthritis and Other Rheumatic Conditions in the United States, Part II," Arthritis &Rheumatism 2008; 58(1): 26-35. http://onlinelibrary.wiley.com/doi/10.1002/art.23176/full
- 2. "Osteoarthritis Risk Factors," Mayo Clinic, available at http://www.mayoclinic.com/health/osteoarthritis/DSooo19
- Murphy L, Helmick CG, "The Impact of Osteoarthritis in the United States: A Population-Health Perspective," American Journal of Nursing, March 2012, Vol. 112, No. 3. http://www.usbjd.org/projects/files/o2.Murphy-Helmick_AJN-v112-n3-S1%20(Yes).pdf
- 4. White DK, et al., "Reasons for Functional Decline Despite Reductions in Knee Pain: The Multicenter Osteoarthritis Study"
- 5. CDC. (2009, May 1). MMWR. Retrieved from cdc.gov: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5816a2.htm
- Nuesch E, et al., "All Cause and Disease Specific Mortality in Patients with Knee or Hip Osteoarthritis: Population Based Cohort Study," British Medical Journal 2011; 42:d1165doi:10.1136/bmj.d1165 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3050438/pdf/bmj.d1165.pdf
- Dunlop DD, et al., "Objective Physical Activity Measurement in the Osteoarthritis Initiative: Are Guidelines Being Met?" Arthritis & Rheumatism, Vol. 63, No. 11, November 2011, pp. 3372-3382. http://onlinelibrary.wiley.com/doi/10.1002/art.30562/pdf
- 8. CDC. Arthritis. http://www.cdc.gov/arthritis/index.htm. Accessed online August 7, 2013
- 9. Burden of Musculoskeletal Disease, U.S. Bone and Joint Initiative, 2011.http://www.boneandjointburden.org/
- 10. DiBonaventura M, et al., "Impact of Self-Rated Osteoarthritis Severity in an Employed Population: Cross-sectional Analysis of Data from the National Health and Wellness Survey," Health and Quality of Life Outcomes 2012, 10:30. http://www.biomedcentral.com/content/pdf/1477-7525-10-30.pdf
- 11. "Osteoarthritis Risk Factors," Mayo Clinic, available at http://www.mayoclinic.com/health/osteoarthritis/DS00019
- 12. London NJ, et al., "Clinical and Economic Consequences of the Treatment Gap in Knee Osteoarthritis Management," Medical Hypotheses 76 (2011) 887-892.
- 13. Cushner F, et al., "Complications and Functional Outcomes After Total Hip Arthroplasty and Total Knee Arthroplasty: Results From the Global Orthopaedic Registry (GLORY)," Am. J. Orthop 2010 Sep; 39(9 Suppl): 22-8. http://www.amjorthopedics.com/PDF/039090022s.pdf
- 14. Lovald ST, et al., "Mortality, Cost, and Health Outcomes of Total Knee Arthroplasty in Medicare Patients," Journal of Arthroplasty, November 12, 2012.
- 15. Lovald ST, et al., "Mortality, Cost, and Downstream Disease of Total Hip Arthroplasty Patients in the Medicare Population," Journal of Arthroplasty, May 2013
- Bakalar, N. (2013, November 14). Knee or Hip Replacement Cuts Heart Risks. Retrieved from nytimes.com: http://well.blogs.nytimes.com/2013/11/14/knee-or-hip-replacement-cuts-heart-risks/?_r=1
- 17. Ruiz D, et al., "The Direct and Indirect Costs to Society of Treatment for End-Stage Knee Osteoarthritis," Journal of Bone and Joint Surgery, 2013; 95: 1473-80.
- 18. Long G, Mortimer R, Sanzenbacher G, "Recent Average Price Trends for Implantable Medical Devices, 2007-2011," Analysis Group, Inc.
- 19. Nunley RM, et al., "Do Patients Return to Work After Hip Arthroplasty Surgery," Journal of Arthroplasty, Vol. 26 No. 6 Suppl. 1, 2011.
- 20. Lombardi AV, et al., "Do Patients Return to Work after Total Knee Arthroplasty," Clinical Orthopaedics and Related Research, June 13, 2013. http://www.ncbi.nlm.nih.gov/pubmed/23761175
- London NJ, Miller LE, Block JE. "Clinical and Economic Consequences of the Treatment Gap in Knee Osteoarthritis Management." Medical Hypotheses 2011;76:887-892.
- 22. George LK, et al., "The Effects of Total Hip Arthroplasty on Physical Functioning in the Older Population," Journal of the American Geriatric Society, 56: 1057-1062, 2008.
- 23. Hawker GA, Wright JG, Coyte PC et al. "Differences Between Men and Women in the Rate of Use of Hip and Knee Arthroplasty." New England Journal of Medicine 2000;342:1016-1022.
- 24. "Racial Disparities in Total Knee Replacement Among Medicare Enrollees United States, 2000-2006," Morbidity & Mortality Weekly Reports, Centers for Disease Control, February 20, 2009. http://www.cdc.gov/mmwr/preview/mmwrhtml/
- 25. Ang DC, et al., "An Exploratory Study of Primary Care Physician Decision Making Regarding Total Joint Arthroplasty," Journal of General Internal Medicine, January 9, 2007. http://www.torna.do/s/An-exploratory-study-of-primary-care-physician-decision-making-regarding-total-joint-arthroplasty/
- 26. Schonberg MA, et al., "Perceptions of Physician Recommendations for Joint Replacement Surgery by Older Patients with Severe Hip or Knee Osteoarthritis," Journal of the American Geriatric Society. 2009 January; 57(1): 82-88. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2631618/
- 27. Ang DC, et al., "An Exploratory Study of Primary Care Physician Decision Making Regarding Total Joint Arthroplasty," Journal of General Internal Medicine, January 9, 2007, http://www.torna.do/s/An-exploratory-study-of-primary-care-physician-decision-making-regarding-total-joint-arthroplasty/
- 28. Schonberg MA, et al., "Perceptions of Physician Recommendations for Joint Replacement Surgery by Older Patients with Severe Hip or Knee Osteoarthritis," Journal of the American Geriatric Society. 2009 January; 57(1): 82-88, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2631618/
- 29. "The Physician Workforce: Projections and Research into Current Issues Affecting Supply and Demand," U.S. Dept. of Health and Human Services, HRSA, December, 2008.http://bhpr.hrsa.gov/healthworkforce/reports/physwfissues.pdf
- 30. Fehring TK, et al., "Joint Replacement Access in 2016: A Supply Side Crisis," Journal of Arthroplasty, Vol. 25 No. 8, 2010. http://www6.aaos.org/news/PDFopen/PDFopen.cfm?page_url=http://www.aaos.org/news/acadnews/2013/AAOS16_3_22.asp
- 31. "The Physician Workforce: Projections and Research into Current Issues Affecting Supply and Demand," U.S. Dept. of Health and Human Services, HRSA, December, 2008, available at http://bhpr.hrsa.gov/healthworkforce/reports/physwfissues.pdf
- 32. Fehring TK, et al., "Joint Replacement Access in 2016: A Supply Side Crisis," Journal of Arthroplasty, Vol. 25 No. 8, 2010.
- 33. Goldberg VM, Buckwalter J, Halpin M et al. "Recommendations of the OARSI FDA Osteoarthritis Devices Working Group." Osteoarthritis Cartilage, 2011;19:509-514.
- 34. Ibid.
- 35. Ng VY, Lustenberger D, Hoang K, et al. "Preoperative Risk Stratification and Risk Reduction for Total Joint Reconstruction: AAOS Exhibit Selection." Journal of Bone & Joint Surgery 2013;95:e191-15.
- 36. Parvizi J, Mui A, Purtill JJ, Sharkey PF, Hozack WJ, Rothman RH. "Total Joint Arthroplasty: When Do Fatal or Near-fatal Complications Occur?" Journal of Bone & Joint Surgery 2007;89:27-32.
- 37. Ibid.

The Value of Joint Replacement for **Patients with Osteoarthritis**

Osteoarthritis is a progressive, destructive disease of the major joints for which there is no cure. It is a leading cause of disability in the U.S.

27 MILLION

Americans suffer from Osteoarthritis (OA).1





Osteoarthritis drives up employer health costs.

LOST WORK DAYS/YEAR

Due to bone & joint disorders including OA.2

\$110 BILLION/YEAR IN LOST WAGES

Bone and joint disorders drain more wages each year than any other medical condition.2



\$45.1













\$110.5

02-04

Total joint replacement has been shown to restore mobility, relieve pain, and help osteoarthritis patients return to normal life.



HEALTHIER HEARTS

Patients 40% less likely to suffer from heart complications including heart attack, stroke and heart failure.3



RISK OF DEATH CUT IN HALF

Medicare patients who receive total hip & knee replacement show nearly half the risk of death after seven years.4,5



RAPID **RECOVERY**

98% of patients return to work following total knee replacement and 90% following total hip replacement. 6,7

Total joint replacement is cost-saving and provides great value.



\$12 BILLION **IN SAVINGS**

Estimated lifetime savings from knee replacements performed in 2009.8



\$19,000 PER **PATIENT LIFETIME**

Amount saved over a patient lifetime due to reduced disability costs and improved productivity.8





PRICE DECLINE

Hip and knee replacements have shown a dramatic decline in price within the past six years.9*



LifeChangingInnovation.org

- * Reduction in hip and knee implant prices is adjusted for medical inflation. 1. Lawrence RC, Felson DT, Helmick CG, et al., "Estimates of the Prevalence of Arthritis and Other Rheumatic Conditions in the United States, Part II,"
- Arthritis & Rheumatism 2008; 58(1): 26-35. http://onlinelibrary.wiley.com/doi/10.1002/art.23176/full 2. Burden of Musculoskeletal Disease, U.S. Bone and Joint Initiative, 2011.http://www.boneandjointburden.org/
- 3. Bakalar, N. (2013, November 14). Knee or Hip Replacement Cuts Heart Risks. Retrieved from nytimes.com:
- http://well.blogs.nytimes.com/2013/11/14/knee-or-hip-replacement-cuts-heart-risks/?_r=1
- 4. Lovald ST, et al., "Mortality, Cost, and Health Outcomes of Total Knee Arthroplasty in Medicare Patients," Journal of Arthroplasty, November 12, 2012. 5. Lovald ST, et al., "Mortality, Cost, and Downstream Disease of Total Hip Arthroplasty Patients in the Medicare Population," Journal of Arthroplasty, May 2013.
- 6. Nunley RM, et al., "Do Patients Return to Work After Hip Arthroplasty Surgery," Journal of Arthroplasty, Vol. 26 No. 6 Suppl. 1, 2011. 7. Lombardi AV, et al., "Do Patients Return to Work after Total Knee Arthroplasty," Clinical Orthopaedics and Related Research, June 13, 2013.
- http://www.ncbi.nlm.nih.gov/pubmed/23761175 8. Ruiz D, et al., "The Direct and Indirect Costs to Society of Treatment for End-Stage Knee Osteoarthritis," Journal of Bone and Joint Surgery, 2013; 95: 1473-80.