

Introduction

Total Hip Arthroplasty (THA) is one of the most commonly performed surgical procedures annually in the United States. While disparities in THA outcomes have been extensively studied in terms of patient-level factors, there is limited research on the association between hospital-level factors such as hospital safety net burden (SNB) and THA outcomes on a large scale.

The sole previous multicenter analysis on disparities in THA outcomes included data only until 2014[1]. This study aims to augment previous work on the relationship between hospital safety net burden and THA outcomes by analyzing multicenter, multistate, multilevel data from 2015- 2020.

Methods

- A retrospective study analyzing admission records for inpatient primary THA using data from the Healthcare Cost and Utilization Project’s State Inpatient Databases[2] for Florida, Kentucky, Maryland, New York, Washington, New Jersey, and North Carolina from 2015 to 2020.
- Independent Variable: **Hospital safety net burden (defined as proportion of services billed to Medicaid and uninsured patients in an individual hospital; divided into tertiles).**
- We used descriptive statistics to assess demographic data, present-on-admission comorbidities and hospital characteristics across hospital safety net burden categories (low, medium, and high).
- Generalized linear mixed models (GLMMs) and multilevel negative binomial regression were estimated to assess the association between safety net burden status and the following THA outcomes: **in-hospital mortality** and **postoperative complications, length of stay**.
- Adjusted odds ratios (aOR) and adjusted incidence rate ratios (aIRR) along with 95% confidence intervals (95% CI) are reported.

Results

