Reply to Letter to the Editor

Do “Premium” Joint Implants Add Value?

Analysis of High Cost Joint Implants in a Community Registry

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I read with interest the letter from Mr. McClure and Dr. Heeckt in reference to our recent article [1], and acknowledge the limitations of joint registry data when evaluating the value to be gained from newer (and inevitably) more expensive designs. Indeed, some of the concerns raised by Mr. McClure and Dr. Heeckt are inherent in any implant/explant registry such as the HEJR and may serve as either limitations or strengths, depending on one's point of view.

Selection bias was not controlled, and certainly activity level or rehabilitation potential is not captured in most implant/explant registry databases. However, age as a crude proxy for activity level was adjusted for as a confounder in the Cox regression analysis, as noted in the article. The fact that different surgeons select different implants for different patients for different reasons is exactly what makes analysis of these types of data so valuable; it mirrors the practice of orthopaedic surgery in a community setting. Similarly, the critique of surgeon volume as another potential contributor to device longevity, although accurate, may not reflect the current reality of arthroplasty practice in North America.

Mr. McClure and Dr. Heeckt point out that a “full economic cost analysis” would be more appropriate to assess the value of newer devices, and we fully agree. However, as we pointed out in the limitations section of the Discussion, an implant/explant registry database cannot provide that information. We disagree that the “premium implants” discussed in our article are implanted with instruments or techniques that are substantially different from the standard implants referenced, or that the former is somehow “fast, safe, simple, and flexible” compared with the latter. All innovation is not progress in the right direction, as the field of arthroplasty surgery has shown time and again. If Mr. McClure and Dr. Heeckt actually believe that “innovation inexorably adds to cost”, then I fear for innovation in our present global healthcare setting.

Finally, we previously reported (and referenced in our article) our 94% capture rate for followup, similar to the Scandinavian registries. Although this is a limitation for all such registries, this presumably would affect the premium and standard device recipients in a similar distribution, as we noted in the Discussion.

We thank Mr. McClure and Dr. Heeckt for their thoughtful review of our paper, agree with their conclusion that “assessment of value in healthcare is a very complex task”, and hope that the article has added to the debate in some small way.

(Re: Gioe TJ, Sharma A, Tatman P, Mehle S. Do “premium” joint implants add value?: Analysis of high cost joint implants in a community registry. *Clin Orthop Relat Res*. 2010 June 22. [Epub ahead of print].)

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Reference

1. Gioe TJ, Sharma A, Tatman P, Mehle S. Do “premium” joint implants add value?: Analysis of high cost joint implants in a community registry. *Clin Orthop Relat Res*. 2010 June 22. [Epub ahead of print]