# **Analysis of Lumbar Interbody Fusion Procedural Costs and the Financial Impact of Graft Material Selection**

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### INTRODUCTION

- Lumbar fusion is the third most costly surgical expenditure in the Medicare system.¹
- Prior costs analyses suggest instrumentation and operating room costs drive procedural costs but fail to account for of all intraoperative supplies.<sup>2</sup>
- Commercial graft products are efficacious in promoting fusion but are accompanied by high unit costs.<sup>3</sup>
- Existing comparative analyses of cost-effectiveness between graft types are methodologically heterogeneous and inconclusive.<sup>4</sup>

## **AIMS**

- Identify modifiable drivers of procedural costs in lumbar interbody fusions.
- Compare procedural costs and postoperative outcomes between iliac crest autograft (ICBG), local autograft, and bone morphogenic protein (BMP), and viable cellular allograft (VCA)

#### **METHODS**

- Inclusion:
  - Ages 18-89 years old
  - March 2015 and July 2023
  - Degenerative pathology
- 955 1- and 2-level lumbar interbody fusions
  - 111 (11.6%) ICBG
  - 257 (26.9%) Local autograft
  - 263 (27.5%) VCA
  - **324 (33.9%) BMP**
- Pareto analysis to identify contributors to pooled cost of all fusions.
- Total Procedural Cost = (OR minutes × OR cost/minute, \$32.48) +  $\Sigma$ (item units × 2023 USD unit price)
- Postoperative Outcomes:
  - Inpatient: Opioid consumption, length of hospital stay
  - Post-discharge: complication, readmission, revision rates
  - Patient-reported outcomes: 90-day and 1-year ODI and EQ5D
- Outcomes assessed with multivariable regression adjusted for demographics, approach, spine levels, approach, concomitant laminectomy, and fixation instrumentation.

#### RESULTS

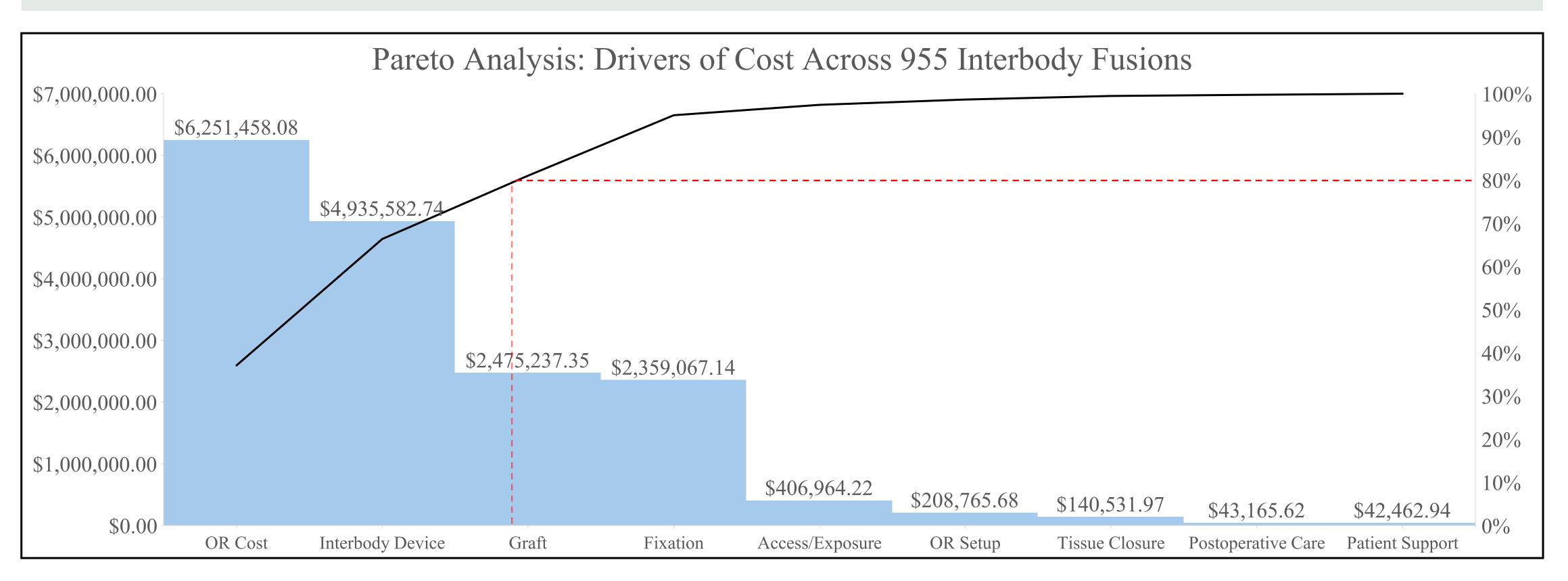
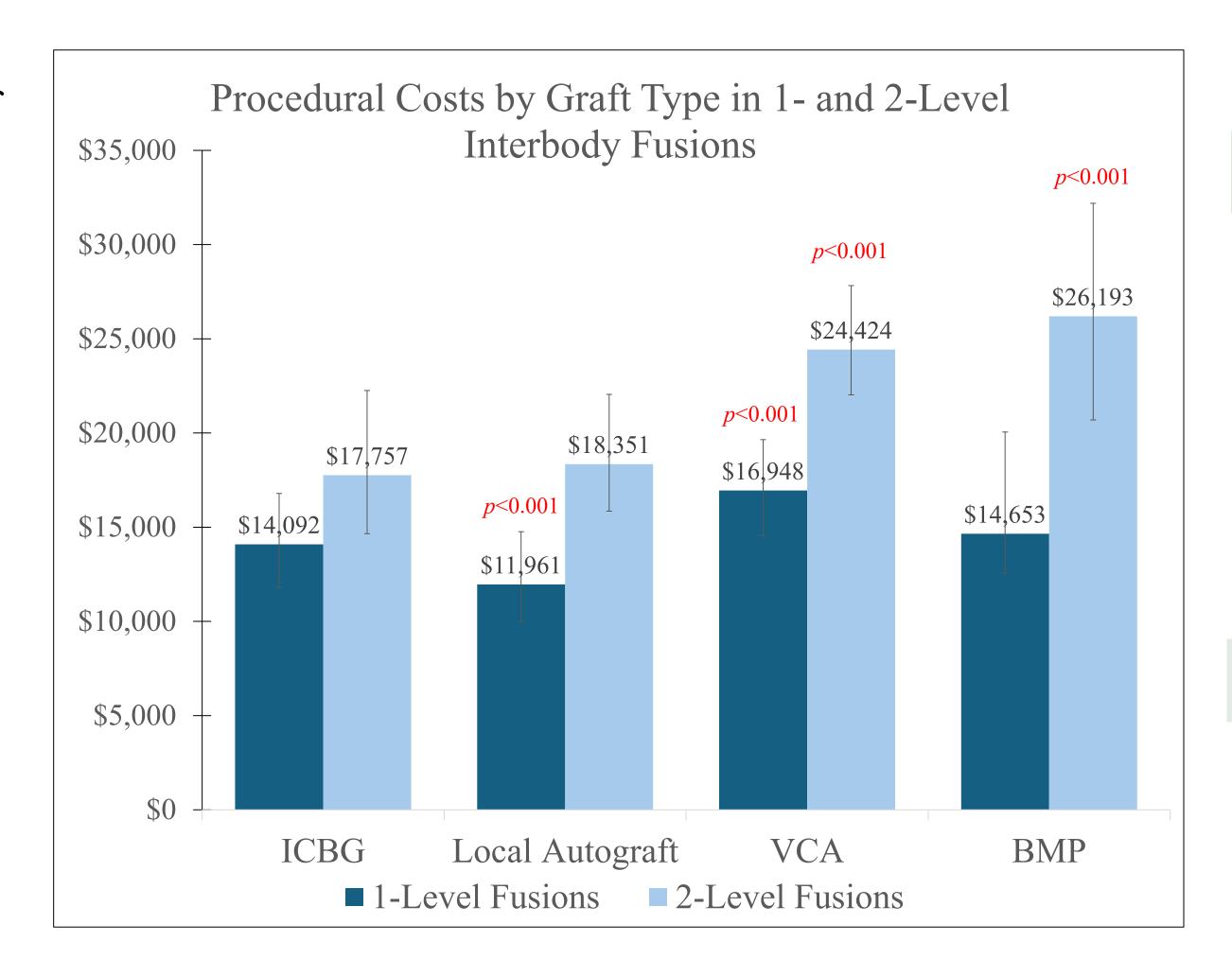
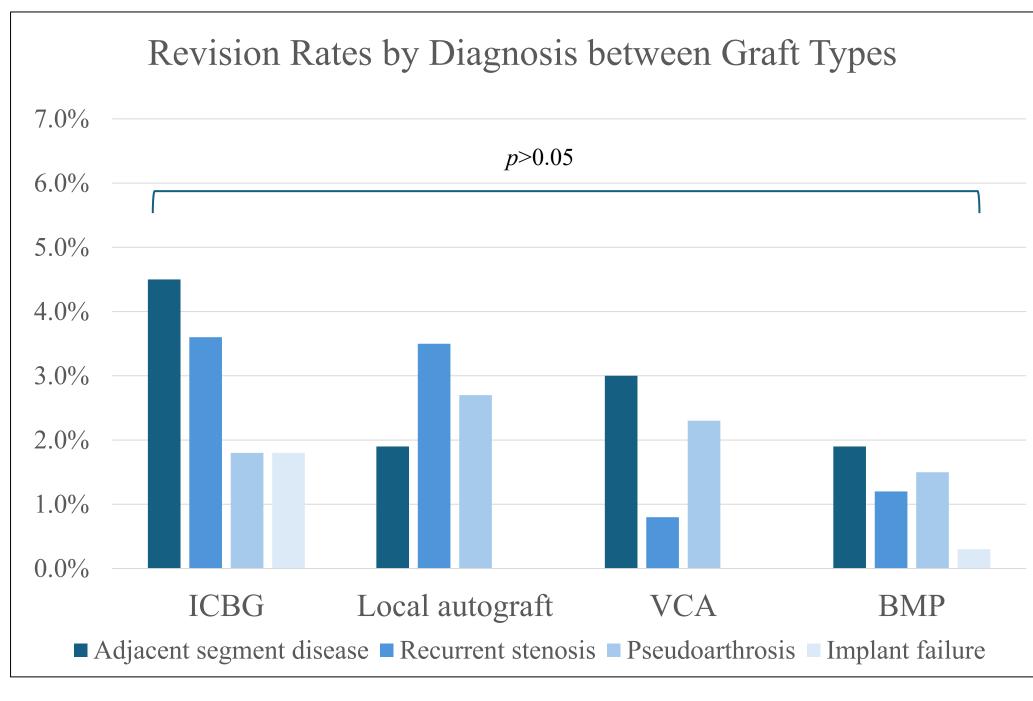


Table 1: Demographic and Procedural Variables

		Total (n=955)	ICBG (n=111)	Local Autograft (n=257)	VCA (n=263)	BMP (n=324)	Omnibus Sig. (p)
Age		57.00	60.00	60.00	56.00	55.00	<0.001
		[47.00-67.00]	[52.00-69.00] <sup>a</sup>	[52.00-68.00] <sup>a</sup>	[46.00-67.00] <sup>b</sup>	[44.00-63.25] <sup>b</sup>	
BMI (kg/m²)		29.30 [25.80–33.20]	30.30 [27.20-33.55]	29.50 [25.70-33.60]	29.40 [26.25-33.60]	28.60 [25.08-32.60]	
	Male	554 (47.5)	55 (49.5)	114 (44.4)	136 (51.7)	149 (46.0)	0.338
Sex	Female	601 (52.5)	56 (50.5)	143 (55.6)	127 (48.3)	175 (54.0)	
CCI		2.00	2.00	2.00	2.00	1.00	<0.001
		[1.00-3.00]	[1.00-3.00] <sup>a</sup>	[1.00-3.00] <sup>a</sup>	[1.00-3.00] <sup>a</sup>	[0.00-2.25] <sup>b</sup>	
Smoking Status	Never	407 (42.6)	43 (38.7)	109 (42.4)	115 (43.7)	140 (43.2)	0.760
	Former	404 (42.3)	55 (49.5)	109 (42.4)	105 (39.9)	135 (41.7)	
	Active	144 (15.1)	13 (11.7)	39 (15.2)	43 (16.3)	49 (15.1)	
Levels Fused	1	679 (71.1)	74 (66.7) <sup>b</sup>	209 (81.3) <sup>a</sup>	174 (66.2) <sup>b</sup>	222 (68.5) <sup>b</sup>	< 0.001
	2	276 (28.9)	37 (33.3) <sup>b</sup>	48 (18.7) <sup>a</sup>	89 (33.8) <sup>b</sup>	102 (31.5) <sup>b</sup>	
Concomitant Laminectomy		474 (49.6)	74 (66.7) <sup>a</sup>	150 (58.4) <sup>a</sup>	142 (54.0) <sup>a</sup>	108 (33.3) <sup>b</sup>	< 0.001
Approach	Posterior	33 (3.5)	16 (14.4) <sup>a</sup>	14 (5.4) <sup>b</sup>	2 (0.8)°	1 (0.3)°	<0.001
	Transforaminal	441 (46.2)	74 (66.7) <sup>b</sup>	181 (70.4) <sup>a</sup>	155 (58.9) <sup>c</sup>	31 (9.6) <sup>d</sup>	
	Anterior	369 (38.6)	18 (16.2) <sup>b</sup>	41 (16.0) <sup>b</sup>	81 (30.8) <sup>b</sup>	229 (70.7) <sup>a</sup>	
	Direct Lateral	112 (11.7)	3 (2.7) <sup>b</sup>	21 (8.2) <sup>b</sup>	25 (9.5) <sup>b</sup>	63 (19.4) <sup>a</sup>	
Pedicle Screw Fixation		709 (74.2)	103 (92.8) <sup>a</sup>	199 (77.4) <sup>c</sup>	224 (85.2) <sup>b</sup>	183 (56.5) <sup>d</sup>	< 0.001
Vertebral Plate		283 (29.6)	13 (11.7) <sup>b</sup>	44 (17.1) <sup>b</sup>	83 (31.6) <sup>a</sup>	143 (44.1) <sup>a</sup>	< 0.001
Integrated Interbody Screw		54 (5.7)	2 (1.8)	15 (5.8)	11 (4.2)	26 (8.0)	0.052
Supplement Graft	Local Autograft	293 (30.7)	95 (85.6) <sup>a</sup>	<u>-</u>	54 (20.5) <sup>b</sup>	27 (8.3)°	<0.001
	Cancellous Allograft	394 (42.3)	83 (74.8) <sup>a</sup>	73 (28.4)°	128 (48.7) <sup>b</sup>	110 (34.0)°	<0.001
	Cortical Bone Fiber Allograft	33 (3.5)	1 (0.9)°	18 (7.0) <sup>a</sup>	10 (3.8) <sup>b</sup>	4 (1.2)°	0.001
	Demineralized Bone Matrix	255 (26.7)	27 (24.3) <sup>b</sup>	102 (39.7) <sup>a</sup>	29 (11.0)°	97 (29.9) <sup>b</sup>	< 0.001

Note: Values displayed as median [IQR], or count (%)





- OR time, interbody devices, and graft selection comprised
   95% of the cost of 955 fusions
- Use of BMP and VCA significantly increased procedural cost
- All postoperative outcomes were comparable across graft type including:
- Opioid use (p=0.766)
- Length of stay (p=0.212)
- Complications (p=0.327)
- Readmissions (p=366)
- Revisions (p=0.392)
- Patient reported outcomes (ODI, p=0.806; EQ5D, p==0.746)

#### CONCLUSIONS

- Graft selection serves as a pragmatic procedural change in efforts to reduce cost.
- Autograft should be considered first, as the use of expensive commercial graft products is not clinically justified for routine spinal fusions.
- Graft selection should be evaluated on an individualized bases based on risk and practicality to maximize value-based care.

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