

The Effectiveness of Rehabilitation after a Total Hip Arthroplasty (THA): A Comparison of Usual Care in the Netherlands Versus Germany

Förderphase

2015-I

Antragstellende

Gesine Seeber und Prof. Dr. Djordje Lazovic (Universitätsklinik für Orthopädie)

Zusammenfassung

Osteoarthritis is the most common joint disorder worldwide. Total hip arthroplasty (THA) is considered the most effective treatment for end-stage hip osteoarthritis. The number of THAs is expected to increase dramatically in the coming decades. Usual postoperative rehabilitation after primary THA differs significantly between Germany and the Netherlands. In the Netherlands, patients undergo fast-track surgery and are discharged into their home environment within a few days receiving none or limited aftercare depending on their health insurance. In Germany, patients stay in the hospital for about 12 days before being transferred to a rehabilitation centre for three weeks. The superficially more cost-effective Dutch system of usual care after THA is judged critically due to suboptimal rehabilitation outcomes. The aim of this study is to compare the medical and cost effectiveness of the Dutch versus the German rehabilitation approach following primary THA. It is hypothesized that the German procedure is more effective in terms of functional outcomes and patient satisfaction than the Dutch procedure, and that in the long run the German approach is more cost-effective than the Dutch system.

This transnational prospective trial aims to assess the medical effectiveness, functional status, and quality of life of primary THA patients. These outcomes are measured pre-operatively, four weeks, three months and six months postoperatively utilizing the Hip disability and Osteoarthritis Outcome Score (HOOS), Short Form 36 (SF-36), EuroQol 5 Dimensions 3 Level Questionnaire (EQ-5D-3L), and Patient Acceptable Symptom State (PASS) as patient self-reported questionnaires as well as the Timed Up & Go test (TUG) and Five Times Sit-to Stand Test (FTSST) as objective functional measurements. Additionally, long-term economic aspects in both countries are assessed from a societal perspective, to get a first impression on whether cutting costs for rehabilitation, as practiced in the Netherlands, really disburdens the healthcare system efficiently. Data collection of this three-year PhD project is still ongoing. It is estimated that all the measurements will be finished in April 2019. Currently, 86 German patients and 68 Dutch patients are included in the study. Preliminary results indicate a tendency of better hip function (TUG and FTSST), greater satisfaction (SF-36, EQ-5D-3L and PASS) and superior subjective perception (HOOS) in favour of the German patients and THA rehabilitation approach, respectively. However, since data collection is still ongoing, interpretation must be handled carefully. Should this study point out that a more intense post-THA aftercare as handled in Germany is both medically and economically advantageous this would be an argument for changing the current policy in the Netherlands. If the comparison reveals that the Dutch system is more cost-effective while achieving equal or even better functional levels and patient satisfaction, the German approach needs to be revisited.

Funding for this joint project with the University Medical Center Groningen was granted by the intramural research fund (Forschungspool) of Faculty VI – Medicine and Health Sciences, Carl von Ossietzky University of Oldenburg (year 1), from the Deutsche Rentenversicherung Oldenburg-Bremen (year 2 and 3) and from the University Medical Center Groningen (year 1-3).