

Service Line Strategy Advisor

Orthopedics and Spine

The following considerations can help orthopedics and spine leaders as they restart traditional elective procedures coming out of their COVID-19 curve and work through the backlog of cases that has accrued.

Top elective orthopedics and spine procedures by volumes^{1,2}

- OP general surgical orthopedics
- OP sports medicine
- IP joint replacement
- IP fusion
- OP pain pumps and stimulators
- OP other spine procedures
- OP decompression

Short term considerations for restarting elective services

Phasing of elective subservice lines based on clinical urgency



Barriers to clearing backlog of cases

- Working through backlog will require expanded OR hours, including weekends
- Willingness of surgeons and other staff to flex capacity beyond standard operating hours

Mid- to long-term demand impacts

- Mid-term reduction in sports medicine demand amid sporting event cancellations
- Orthopedic trauma suppressed during stay-at-home period
- ASCs may attract more elective, commercially-insured orthopedic and spine patients
- Outpatient shift of joint replacement and shift of TKAs to ASCs are likely to accelerate

1. All services shown are estimated to have 50% or greater elective volumes. Any services not shown SSLs not listed are ones considered non-elective because less than 50% of their volumes are estimated to be elective. The definition of elective used is on the following page.
2. Services are ranked from highest to lowest volume and include orthopedics and spine service lines with over 200,000 annual national volumes.

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Subservice line summary

Subservice line	Estimated percent elective	Phasing restart by clinical urgency	Estimated drop off in future demand
OP fusion	90%	Phase 2	High
OP vertebral compression fracture treatment	90%	Phase 2	Medium
OP pain pumps and stimulators	90%	Phase 2	Low
OP decompression	90%	Phase 2	High
OP excision/osteotomy	90%	Phase 2	High
OP other spine procedures	90%	Phase 2	Medium
OP foot and hand	90%	Phase 3	Medium
OP joint replacement	90%	Phase 2	Medium
IP joint replacement	80%	Phase 2	Low
IP fusion	80%	Phase 2	Low
IP other surgical spine	80%	Phase 2	Low
OP sports medicine	60%	Phase 2	Low
IP foot and hand	50%	Phase 3	Low
IP other surgical orthopedics	50%	Phase 2	Low
IP sports medicine	50%	Phase 2	Low
OP general surgical orthopedics	50%	Phase 3	Low



DEFINITIONS

- **Estimated percent elective:** estimated portion of each subservice line that is both scheduled in advance and may be delayed for a short period of time without significant worsening of the condition.
- **Phasing restart by clinical urgency:** recommended prioritization of restarting services based solely on clinical urgency or importance for identification of higher acuity services. Services in earlier phases are more urgent. Phase 1: immediate, Phase 2: 2-3 months, Phase 3: 3+ months
- **Estimated drop off in demand:** decrease in demand over the next 1-2 years due to lingering patient fear. Low: 5-15%, Medium: 16-30%, High: 30%+, None: 0%