Medicare Advantage and Traditional Medicare Patients Have Different PROMs Completion Rates in TKA

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INTRODUCTION: The Centers for Medicare & Medicaid Services (CMS) now require the collection of patient-reported outcome measures (PROMs) under both the Patient-Reported Outcome Performance Measure (PRO-PM) policy and the Transforming Episode Accountability Model (TEAM) for Medicare fee-for-service beneficiaries. However, it remains unclear whether PROM completion rates and follow-up compliance differ between patients enrolled in Medicare Advantage (MA) and those in Traditional Medicare (TM) following primary total knee arthroplasty (TKA).

METHODS: We analyzed prospective data from a cohort of 7267 Medicare patients (3974 TM and 3293 MA) who underwent primary TKA between 2019 and 2023 within a single healthcare system. This study period was chosen due to having all CMS-mandated variables integrated within our PROMs collection system. Overall and per variable completion rates of CMS-mandated variables were investigated. Women comprised 62% of participants, and 86% identified as White. Baseline variables included body mass index (BMI), Single Item Literacy Screener (SILS), patient-reported pain in a non-operative lower extremity joint, back pain using an Oswestry Index item, chronic narcotic use, the Veterans RAND 12-Item Health Survey – Mental Component Summary (VR-12 MCS), and the Knee injury and Osteoarthritis Outcome Score for Joint Replacement (KOOS-JR). One-year variables included only KOOS-JR. Baseline PROMs were collected on the day of surgery through the dedicated website on a tablet at check-in to the surgery center. Methods of 1-year postoperative PROMs collection included passive electronic methods (email, text, patient portal) and active methods (phone calls, personalized emails/texts/letters). Multivariate regression was performed to compare the risk of requiring active follow-up between TM and MA patients.

RESULTS: Completion rates for CMS-mandated PROMs were significantly higher among TM patients compared to MA patients (61.8% vs. 53.4%, $p<0.001$). TM patients had significantly higher completion rates than MA patients both at baseline (80.3% vs. 74.2%, $p<0.001$) and 1-year (61.9% vs. 53.5%, $p<0.001$)**.** Upon multivariate analysis for the risk of requiring active follow-up, no significant difference was found between TM and MA patients (odds ratio [OR]=0.99, $p=0.79$). However, older age (OR=1.16, $p<0.001$), non-white race (OR=1.89, $p<0.01$), higher area deprivation index (OR=1.15, $p=0.004$), and baseline PROMs below median scores (OR=1.4, $p<0.001$) were associated with requiring active follow-up.

DISCUSSION: MA beneficiaries consistently demonstrated significantly lower completion rates at both baseline and 1-year follow-up compared to TM patients. However, there was no difference in needing more resources for PROMs collection between MA and TM patients. These findings highlight a persistent disparity in PROM data capture that may affect the accuracy of outcome assessments and quality reporting in value-based care models if CMS was to expand PROMs collection to the MA TKA population.

CLINICAL RELEVANCE: Medicare Advantage TKA patients are less likely than Traditional Medicare TKA patients to complete baseline and 1-year PROMs, which can skew outcome reporting. Treat MA coverage and other risk factors (older age, non-White race, higher ADI, low baseline scores) as triggers for targeted outreach and risk adjustment to improve PROM capture and fair CMS reporting.