

Quantifying Patient Expectations for Total Knee Arthroplasty (TKA): Is It Time to Rethink Minimal Clinically Important Difference (MCID) or Reset Expectations?

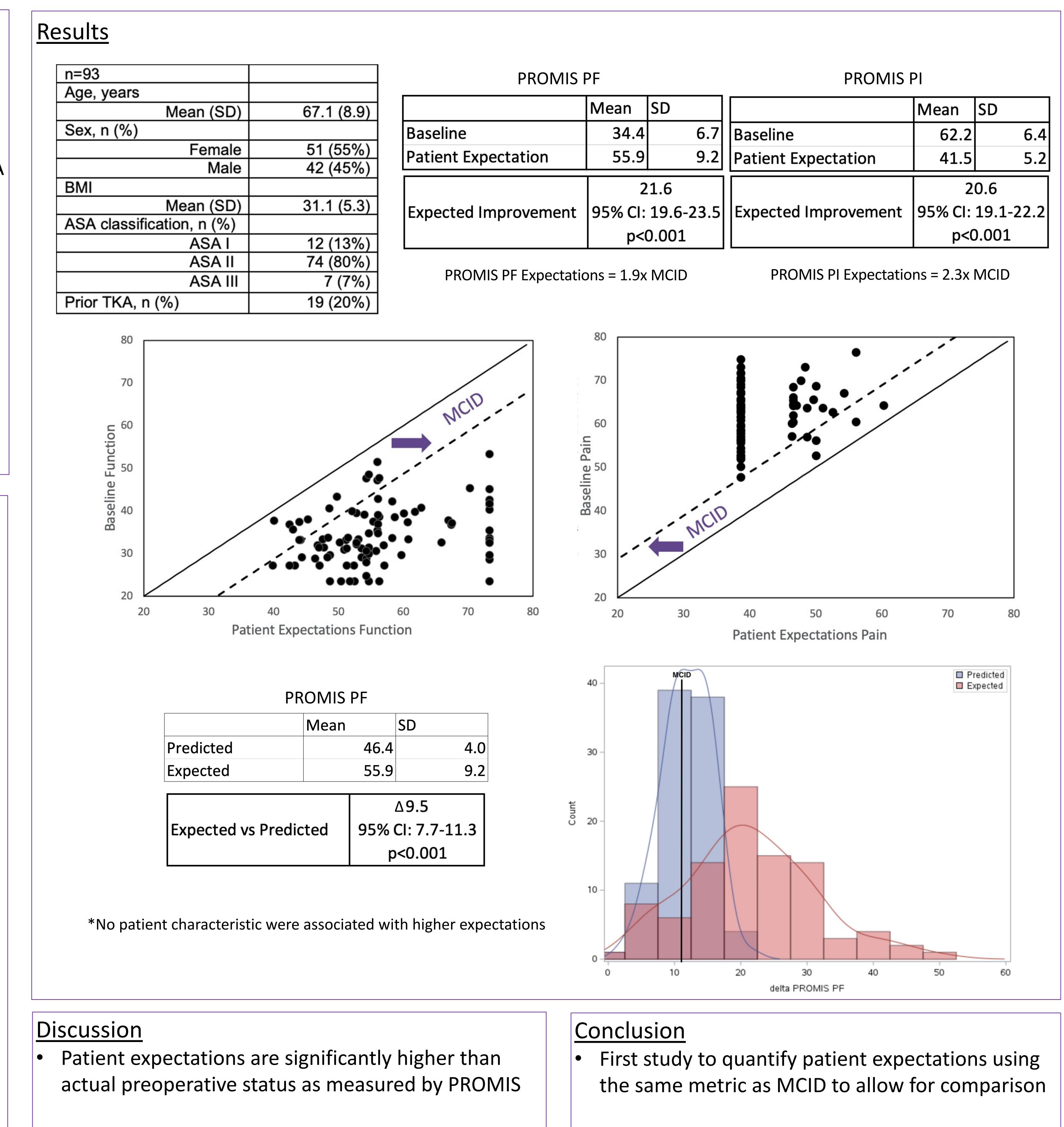
Introduction

- Achieving MCID in PROs following TKA is common, yet up to 20% patient dissatisfaction persists
- Unmet expectations may explain post-TKA dissatisfaction
- No prior studies have quantified patient expectations using the same PRO metric as is used for MCID to allow for direct comparison of the two
- The purpose of this study is to quantify patient expectations for TKA and compare these values to MCID

Methods

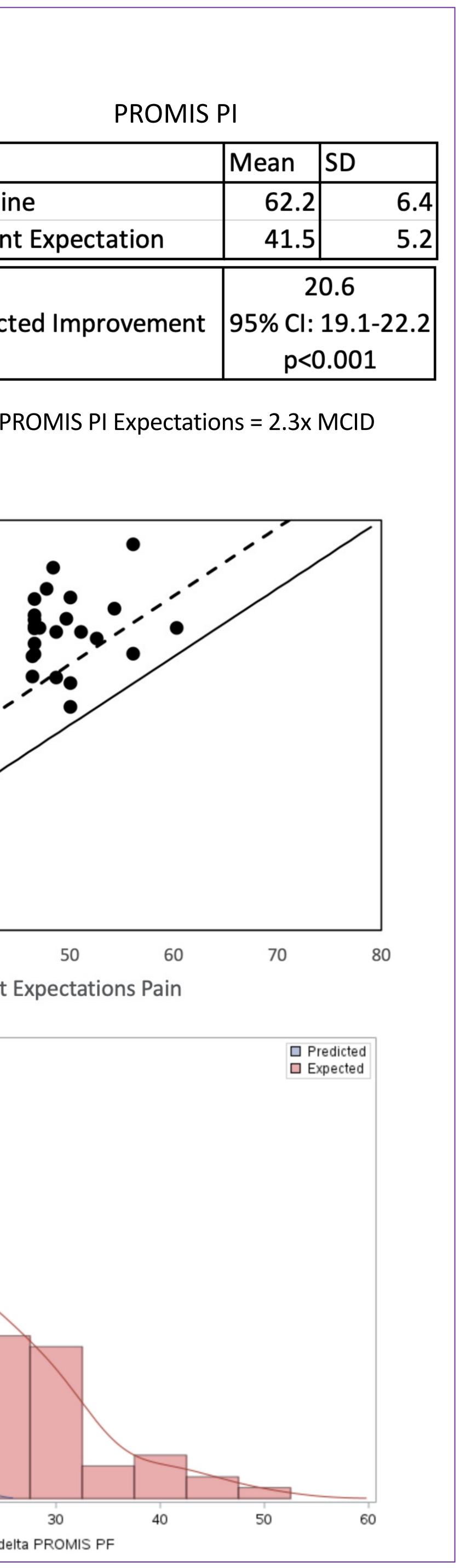
- 93 patients undergoing TKA were prospectively identified
- Baseline Patient-Reported Outcomes Measurement Information System (PROMIS) Physical Function (PF) and Pain Interference (PI) domains were assessed
- Expected PROMIS scores were determined by asking patients to indicate the outcomes they were expecting at 12 months postoperatively
- Predicted scores were generated from a predictive model validated in the Function and Outcomes Research for Comparative Effectiveness in Total Joint Replacement (FORCE-TJR) dataset
- T-tests were used to compare baseline, expected, and predicted PROMIS scores. Expected scores were compared to PROMIS MCID values obtained from the literature. Regression models were used to identify patient characteristics associated with high expectations

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- than MCID by approximately 2x on average
- Is MCID the best method to define surgical success?

PROMIS	۶F		
	Mean	SD	
Baseline	34.4	6.7	Baseline
Patient Expectation	55.9	9.2	Patient Expect
	21.6		
Expected Improvement	95% CI: 19.6-23.5		Expected Impr
	p<0.001		



Patient expectations for improvement are greater

Discrepancy challenges currently accepted standards of success after TKA and indicates a need for improved expectation setting pre-surgery

