

NAVIGATING TODAY'S CJR BUNDLED PAYMENT PROGRAM

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2018



THE STRENGTH OF OUR CULTURE

1 of 18 Level 1 Trauma Facilities
in Texas

Regional Transfer Facility –
Service area with over 3.8 Million

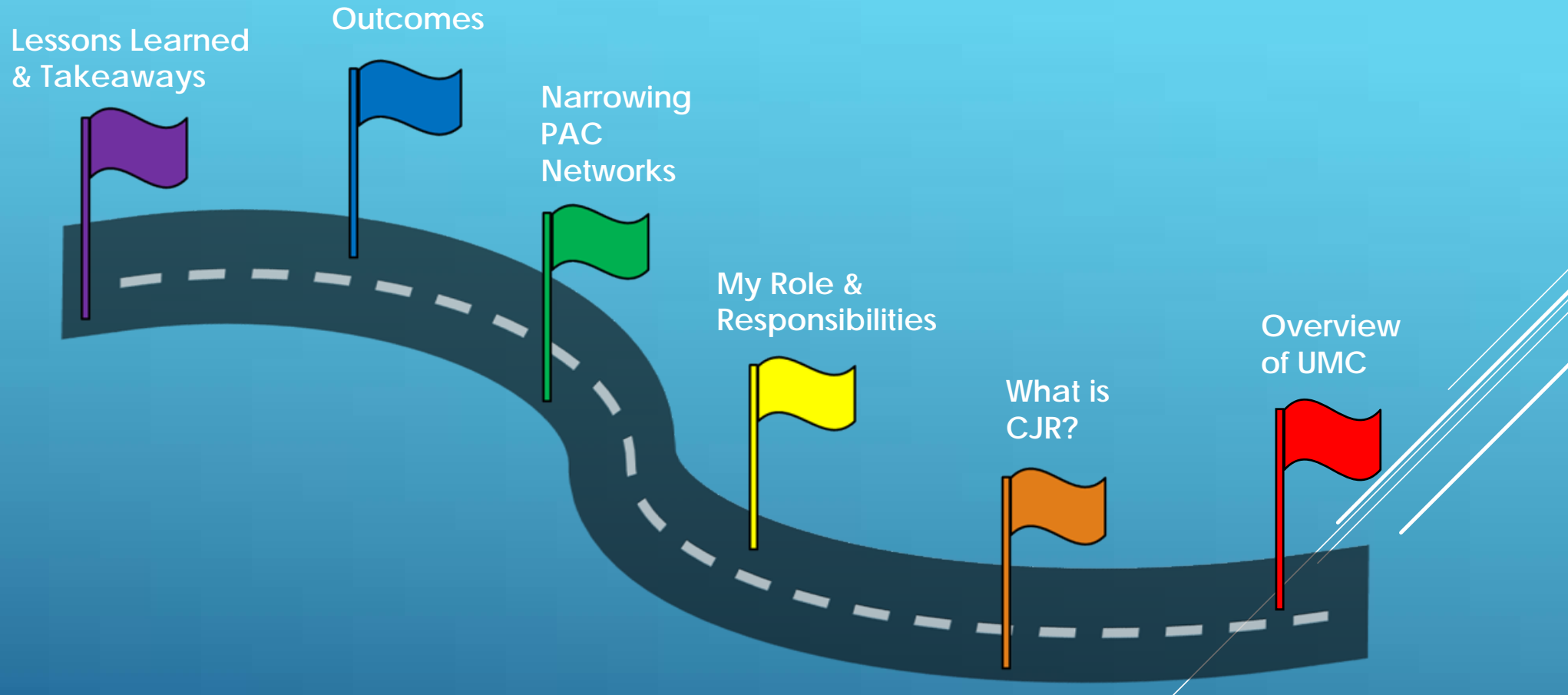
Located in Lubbock, TX

- Beds – 501
- Annual Admissions – 42,000+
- EC Visits – 88,000+
- Providers – 800+
- 700,000+ patients yearly in hospital and clinics
- Certified VAD facility and Primary Stroke Center
- Timothy J. Harnar Regional Burn Center
- Level 1 Trauma Certification
- Southwest Cancer Center
- Accredited Center for Bariatrics
- UMC Children's Hospital
- Employees 4600+
- Net Patient Revenue \$502M

RANKED
No.1 in TEXAS



OBJECTIVES



WHAT IS CJR?

Comprehensive Care for Joint Replacement (CJR) model

Why

- Support quality and efficiency for common inpatient surgeries (hip and knee replacements/TKA/THA) for Medicare beneficiaries

How

- Tests bundled payment and quality measurement for episode of care to encourage providers across the continuum to collaborate for quality care from hospitalization to recovery.

Who

- Medicare beneficiaries with both Medicare Part A and Part B for an elective TKA/THA or due to a fracture
 - *Exclusions: Medicare due to ESRD, managed Medicare, those who pass away during the 90 day episode*

PURPOSE OF CJR MODEL



Holds participant hospitals **financially accountable** for the quality and cost of a CJR episode of care and incentivizes increased coordination of care among hospitals, physicians, and post-acute care providers



The episode of care begins with an admission and who is discharged under **MS-DRG 469 or 470** and **ends 90 days post-discharge** in order to cover the **complete period of recovery for beneficiaries**



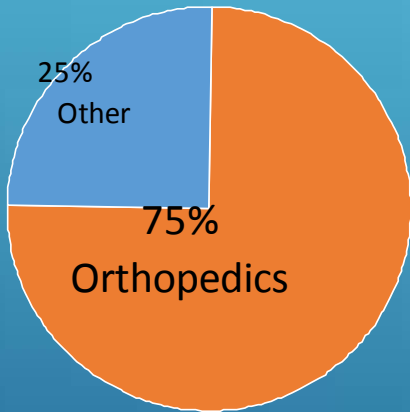
The episode **includes all related items and services paid under Medicare Part A and Part B** for all Medicare fee-for-service beneficiaries, with the exception of certain exclusions.

CJR CASES AT UMC

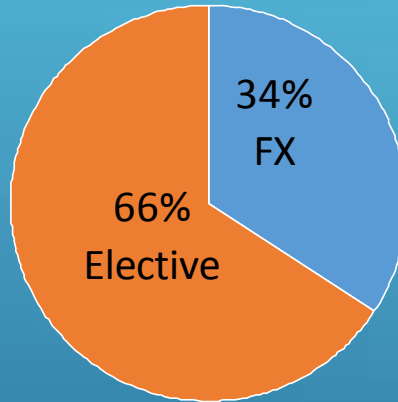


Who is involved?

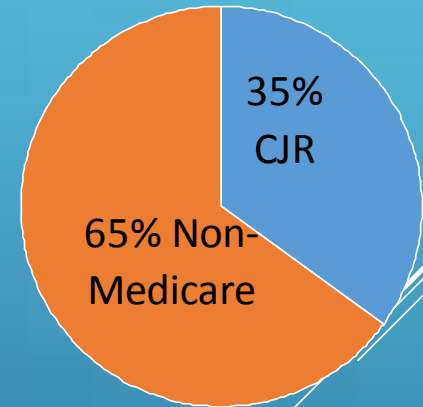
- 10 PTs 2 PTAs
- 6 ORTHOPEDIC SURGEONS



PT Caseload
2017



CJR Breakdown (n=129)
2017



CJR vs Non-CJR Caseload
2017

MY ROLE



Identify, follow, and coordinate



Work with multidisciplinary teams

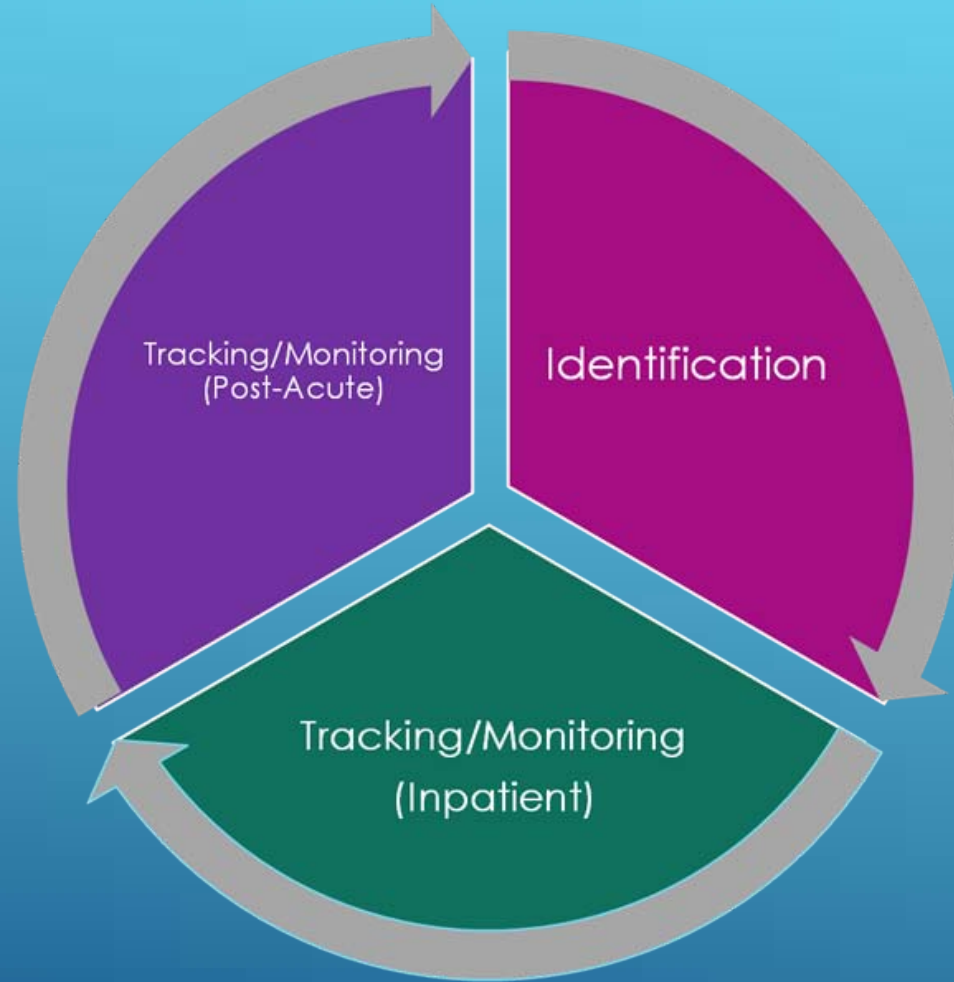


Understand CMS rules and guidelines

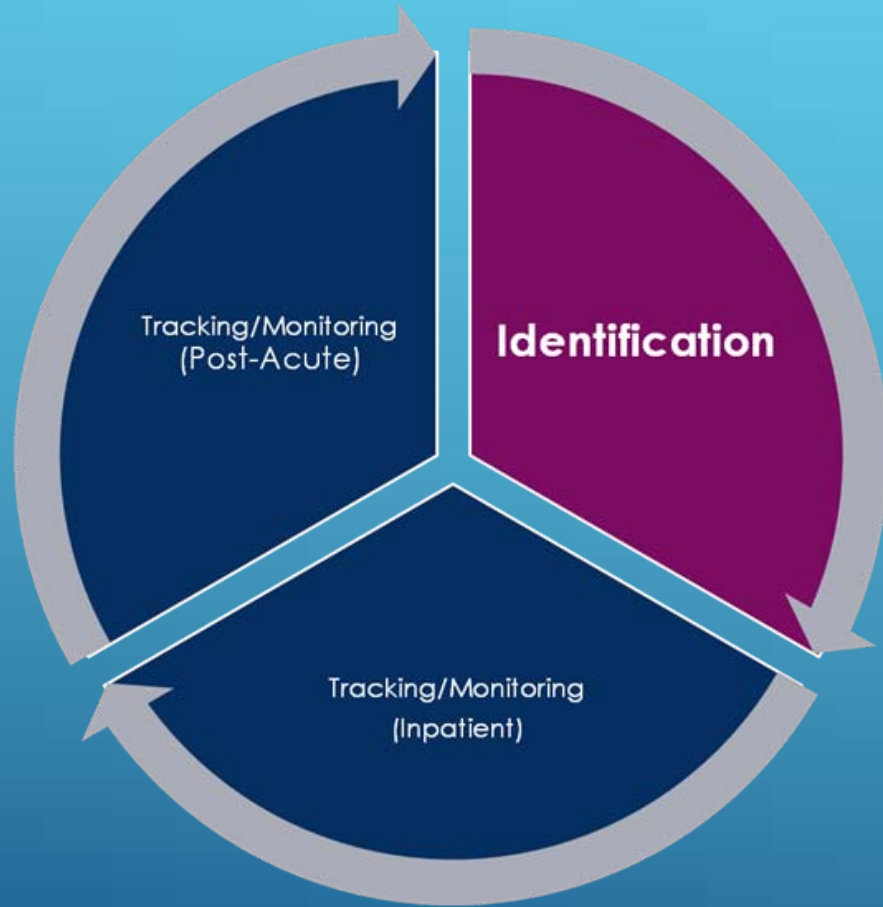


Manage and monitor patient outcomes
Pre-surgical to 90 days Post-op

CJR RESPONSIBILITIES:



MY RESPONSIBILITIES: IDENTIFICATION



DAILY

- List of hospital patient admits every morning
- Look for diagnosis of fall/fracture across patient charts
- Check surgery list
- Create patient list on paper and on spreadsheet for EVERY patient

MY RESPONSIBILITIES: TRACKING/MONITORING (INPATIENT)

ORTHO MASTER PATIENT LIST - Excel

FILE HOME INSERT PAGE LAYOUT FORMULAS DATA REVIEW VIEW

PivotTable Recommended Table
PivotTables Tables

Pictures Online Pictures
Illustrations

Store
My Apps Apps

Bing Maps People Graph

Recommended Charts
Charts

PivotChart
Reports

Power View

Line Column Win/Loss
Sparklines

Slicer Timeline
Filters

Hyperlink
Links

Text Box Header & Footer
Text

WordArt Signature Line
Object

Equation Symbol
Symbols

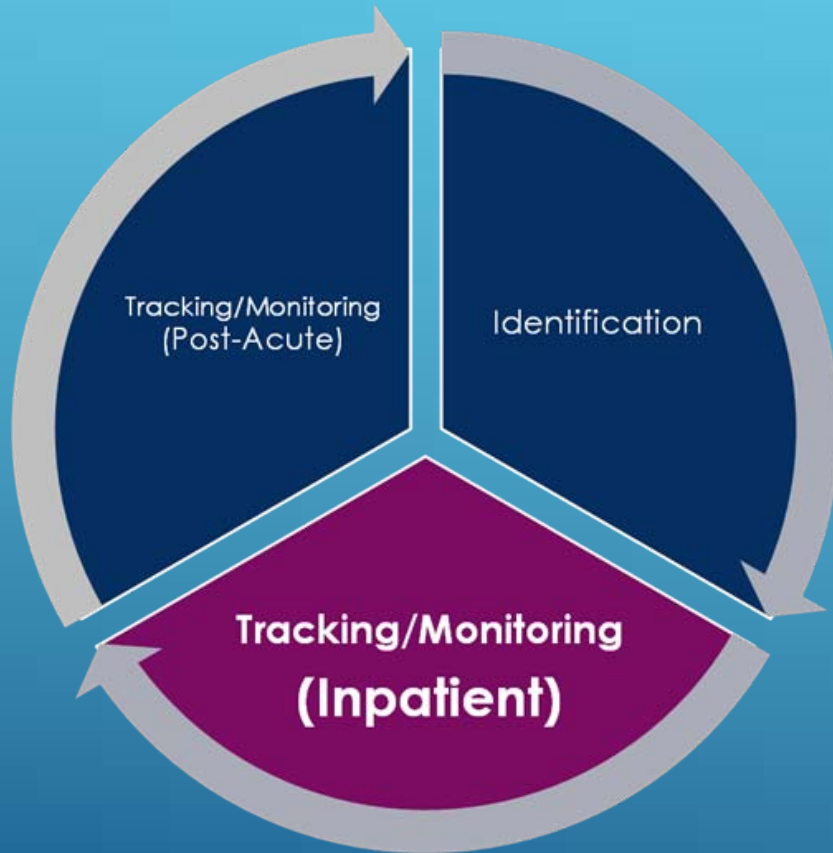
W8

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1	LAST NAME	FIRST NAME	MRN	FIN	CONTACT #	ADDRESS	INSURANCE	ADMIT	DC DATE	LOS	DC	SURGEON	PROCEDURE	FX	DRG	LOCATION	2ND LOCATION	3RD LOCATION	CLASS				
2							MEDICARE	1/3/17	1/5/17	2	HHPT	BRINDLEY	R TKA	NO	470	KINDRED	NONE	N/A	N/A				
3							LUBBOCK CO	1/4/17	1/12/17	8	HOSPICE	JENKINS	LTHA	YES	469 FX				N/A				
4							VA	1/6/17	1/10/17	4	HHPT	BRINDLEY	LTHA	NO	470				N/A				
5							MEDICAID	1/6/17	1/10/17	4	HHPT	BRINDLEY	LTHA	NO	470				N/A				
6							MEDICARE	1/8/17	1/11/17	3	SNF	CAROOM	L HEMI	YES	470 FX	CARILLON	CALVERT		N/A				
7							MEDICARE	1/10/17	1/12/17	2	OP PT	FERGUSON	R TKA	NO	470	ZACH'S II	N/A	N/A	N/A				
8							LCMI	1/11/17	1/13/17	2	HHPT	BRINDLEY	LTHA	NO	470	UMC HH			N/A				
9							LCMI	1/11/17	1/14/17	3	HHPT	BRINDLEY	LTHA	NO	470	UMC HH			N/A				
10							LCMI	1/13/15	1/15/17	2	HHPT	BRINDLEY	LTHA	NO	470	UMC HH			N/A				
11							MC MGD CARE	1/17/17	1/22/17	5	HHPT	BRINDLEY	R TKA	NO	470	INTERIM HH			N/A				
12							MEDICARE	1/17/17	1/19/17	2	HHPT	BRINDLEY	R TKA	NO	470	ENCOMPASS HH			YES				
13							MEDICARE	1/17/17	1/19/17	2	HHPT	FERGUSON	L TKA	NO	470	ENCOMPASS HH			NO				
14							WVC	1/17/17	1/19/17	2	HHPT	FERGUSON	R TKA	NO	470	CALVERT HH			YES				
15							MEDICARE	1/17/17	2/2/17	16	SNF	CAROOM	L HEMI	YES	470 FX	GOOD SAMARITAN			N/A				
16							MEDICARE	1/18/17	1/21/17	3	SNF	BRINDLEY	R TKA	NO	470	CARILLON	CALVERT HH		NO				
17							MEDICAID	1/18/17	1/20/17	2	HHPT	BRINDLEY	R TKA	NO	470	INTERIM HH			YES				
18							BCBS	1/20/17	1/23/17	3	HHPT	BRINDLEY	R TKA	NO	470	UMC HH			YES				
19							MEDICARE	1/20/17	1/23/17	3	HHPT	BRINDLEY	R TKA	NO	470	KINDRED HH			YES				
20							BCBS	1/23/17	1/25/17	2	HHPT	SIMPSON	LTHA	NO	470	BRIGHTSTAR HH			YES				
21							MC MGD CARE	1/24/17	1/28/17	4	HHPT	BRINDLEY	LTHA	NO	470	IN HOME CARE			NO				
22							UNITED HEALTH	1/24/17	1/26/17	2	OP PT	FERGUSON	L TKA	NO	470	ZACH'S I			NO				
23							MC MGD CARE	1/25/17	1/27/17	1	HHPT	BRINDLEY	LTHA	NO	470	INTERIM HH			NO				
24							MEDICARE	1/26/17	1/27/16	1	HHPT	SIMPSON	R TKA	NO	470	INTERIM HH			YES				
25							MEDICARE	1/26/17	1/30/17	4	IPR	SIMPSON	LTHA	YES	470	TRUSTPOINT	INTERIM		N/A				
26							MEDICARE	1/27/17	1/30/17	3	HHPT	BRINDLEY	L TKA	NO	470	UMC HH			YES				
27							TRICARE	1/27/17	1/30/17	3	HHPT	BRINDLEY	R TKA	NO	470				YES				
28							MEDICARE	1/30/17	1/31/17	1	HHPT	SIMPSON	R TKA	NO	470	CALVERT HH			YES				
29							MEDICARE	1/31/17	2/3/17	3	HHPT	BRINDLEY	R TKA	NO	470	KINDRED HH			YES				
30							MEDICARE	1/31/17	2/2/17	2	HHPT	BRINDLEY	LTHA	NO	470	ACCOLADE HH			NO				

2017 MASTER PATIENT LIST (2) 2016 MASTER PATIENT LIST 2017 MASTER PATIENT LIST CIR PATIENT POST-OP

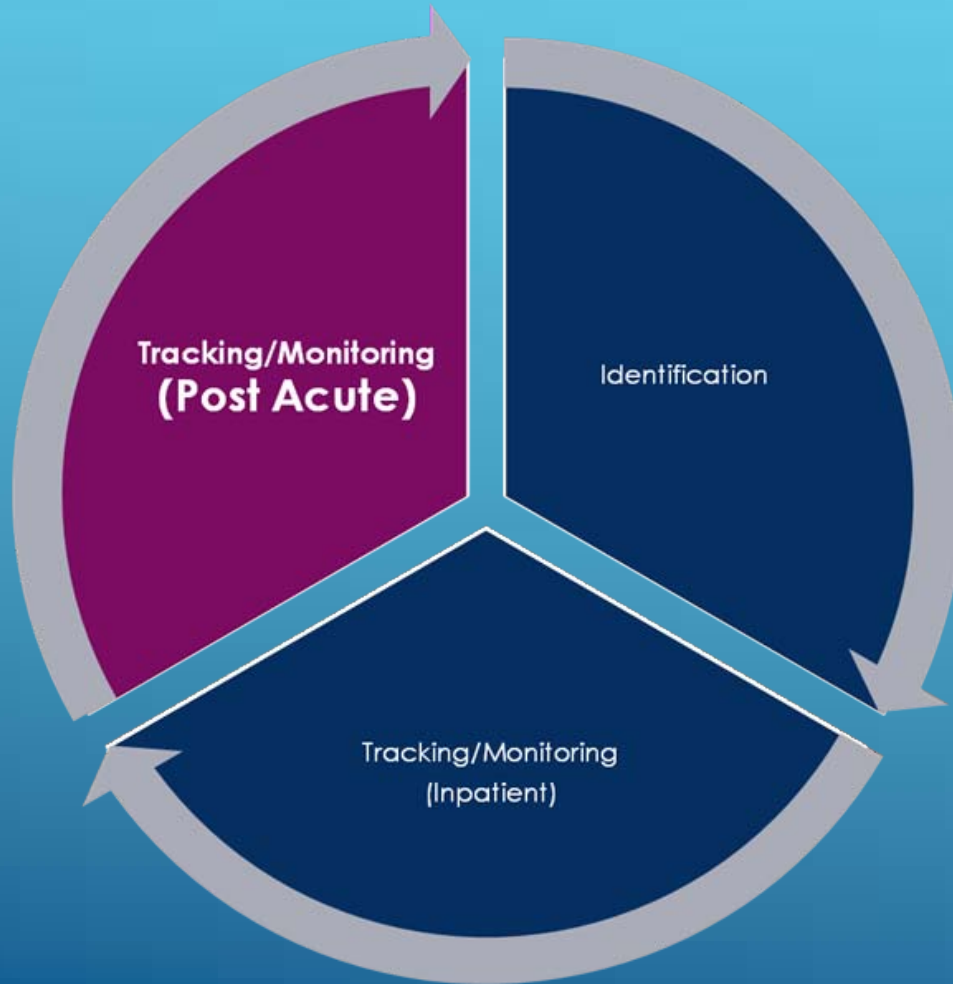
READY

MY RESPONSIBILITIES: TRACKING/MONITORING (INPATIENT)



- Use patient list to communicate/send to appropriate team
- Follow social services notes for post-discharge planning
- Track LOS in hospital and PAC
- Monitor and report to orthopedic physicians regarding patient attendance in pre-op class
- Deliver CJR beneficiary notices to fracture patients
- Work with social services to start DME and post-acute care discharge planning in pre-op joint class

MY RESPONSIBILITIES: TRACKING/MONITORING (POST-ACUTE)



- Track patients with spreadsheet and on paper
- Weekly calls to SNFs and HHAs
- SNF Barriers to patient tracking
- Hold bi-monthly meetings with SNFs and HHAs to provide dashboard assessments
- Patient charts flagged with CJR identification notice (SNF)

MY RESPONSIBILITIES: TRACKING/MONITORING (POST-ACUTE)

SNF PATIENTS - Excel

Rakiey, Dawn

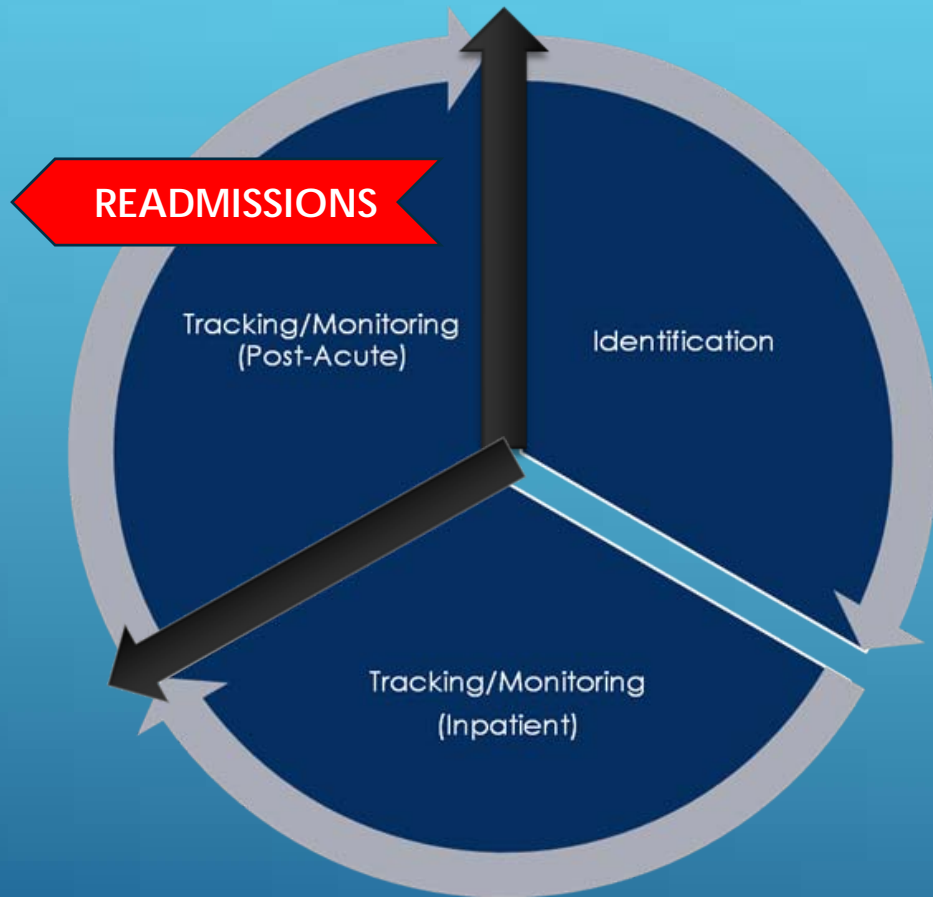
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1				SNF/IPR PATIENTS 2017															
2	NAME	MR#	FIN#	HOSP DATES	DRG	PROCEDURE	SNF	SNF DATES	SNF LOS	SNF PH #	SURGEON								
3				1/7/- 1/11	470 FX	L HEMI	LUBBOCK HEALTHCARE CENTER	1/11 - 1/31	20 Days	806-793-3252	CAROOM								
4				1/8 - 1/11	470 FX	L HEMI	CARILLON	1/11 - 2/1	21 Days	806-281-6200	CAROOM								
5				1/18 - 1/21	470 NO FX	R THA	CARILLON	1/21 - 2/4	14 Days	806-281-6200	BRINDLEY								
6				1/26 - 1/30	470 FX	L THA	TRUSTPOINT	1/30 - 2/9	10 Days	806-749-2222	SIMPSON								
7				1/17 - 2/2	470 FX	L HEMI	GOOD SAMARITAN	2/2 - 3/28	54 Days	575-396-5212	CAROOM								
8				2/1 - 2/8	470 FX	R HEMI	COGDELL MEMORIAL	2/8 - 2/25	17 Days	325-573-6374	SIMPSON								
9				2/4 - 2/7	470 FX	L HEMI	CARILLON	2/8 - 3/16	36 Days	806-281-6200	SIMPSON								
10				2/19 - 2/24	470 FX	L HEMI	TRUSTPOINT	2/24 - 3/10	14 Days	806-749-2222	SIMPSON								
11				2/21 - 2/25	470 FX	R THA	CROWNPOINT	2/25 - 3/17	20 Days	806-687-6640	BRINDLEY								
12				2/23 - 2/28	470 FX	R THA	CARILLON	2/28 - 3/11	11 Days	806-281-6200	SIMPSON								
13				3/18 - 3/21	470 FX	R HEMI	PARKVIEW SNF BIG SPRING	3/21 - 6/21	90 Days	432-263-4041	DIAB								
14				3/22 - 3/25	470 NO FX	L THA	TRUSTPOINT	3/25 - 4/3	9 Days	806-749-2222	SIMPSON								
15				3/27 - 4/5	470 FX	R HEMI	CROWNPOINT	4/5 - 4/24	19 Days	806-687-6640	CAROOM								
16				4/1 - 4/5	470 FX	R THA	TRUSTPOINT	4/5 - 4/15	10 Days	806-749-2222	SIMPSON								
17				4/28 - 5/1	470 FX	L THA	THE PLAZA	5/1 -		806-740-0800	BRINDLEY								
18				5/14 - 5/18	470 FX	L HEMI	CLOVIS REHAB	5/18 - 7/15	58 Days	575-762-3753	DIAB								
19				5/22 - 6/1	470 FX	L HEMI	TRUSTPOINT	6/1 - 6/9	8 Days	806-749-2222	JENKINS								
20				5/23 - 5/31	469 NO FX	L THA	MANGOLD SWINGBED	6/1 - 6/7	6 Days	806-652-3375	BRINDLEY								
21				5/28 - 6/2	470 FX	R THA	TRUSTPOINT	6/2 - 6/13	11 Days	806-749-2222	SIMPSON								
22				6/7 - 6/13	470 FX	L HEMI	TRUSTPOINT	6/13 - 6/28	15 Days	806-749-2222	JENKINS								
23				6/22 - 6/27	470 FX	R THA	MITCHELL CO SWING	6/22 - 7/21	29 Days	325-242-3202	SIMPSON								
24				7/10 - 7/14	470 FX	L HEMI	CARILLON	7/14 - 7/28	14 Days	806-281-6200	CAROOM								
25				7/12 - 7/15	470 FX	L THA	TRUSTPOINT	7/15 - 7/29	14 Days	806-749-2222	JENKINS								
26																			
27																			
28																			
29																			
30																			

SNF PATIENTS 2017 (2) | SNF PATIENTS 2016 | SNF PATIENTS 2017

READY

100%

MY RESPONSIBILITIES: READMISSIONS



- Accountable for readmissions within 90 days for CJR patients
- Get a weekly email for our Medicare Readmission Project
- Go through ER list several times a day looking for possible fracture patients or patient readmissions
- Weekly calls to SNFs or Home Health to see if a patient is being sent to ER or if physician readmitted a patient from post-op clinic

MY RESPONSIBILITIES: CREATING A MULTIDISCIPLINARY TEAM

Formed a CJR Steering Committee

- Various disciplines involved to bring multidisciplinary action team that can have great impacts and innovations to CJR
- CJR is part of our hospital's Stewardship Strategic Plan for 2018 to maximize financial strength in order to accomplish the mission of improving quality of care and reducing costs
- Team includes:
 - Lead orthopedic surgeon
 - Mid level ortho
 - Trauma
 - Social Services
 - PT/OT
 - Performance Improvement
 - Anesthesia
 - IT
 - Hospital Administration
 - Medical Director
 - Financial Director



CJR STEERING COMMITTEE:

- CJR DASHBOARD
- PAC SPENDING
- ORTHO SERVICE LINES
- SOCIAL SERVICES TOPICS
- STREAMLINING PRE-OP AND POST-OP PROCESSES
- MANDATORY PRE-OP TKA/THA CLASS
- PPAC FOR HHA AND SNF
- CJR PATIENT IMPROVEMENTS

CJR Dashboard																	
469 * Fracture	2014 Actual	2016 Actual	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Current Target	2017 YTD	ALOS Avoided Costs
Participants		N/A	1	0	0	1	0	0	0	0	1	0	1	0	N/A	4	
UMC ALOS	6.7	4.5	3.0			3.0					21.0		8.0		4.1	8.8	(\$3,148.80)
Discharged Home	27.00%	50.00%	100.0%			100.0%					100.0%		0.0%		55.0%	75.0%	
SNF ALOS	35	20.0											14.0		18.0	14.0	
DC To Regional SNF/SB	N/A	N/A											0		N/A		
Avg # of Therapy HH Visits		13.0											Pending		10.0	\$DIWOI	

CJR																	
470 * Fracture	2014 Actual	2016 Actual	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Current Target	2017 YTD	ALOS Avoided Costs
Participants		N/A	4	5	2	4	3	5	3	2	3	9	2	3	N/A	45	
UMC ALOS	6.7	4.6	6.50	4.80	5.00	4.8	7.5	4.6	4.3	5.0	4.3	4.9	6.5	7.3	4.1	5.5	\$20,016.00
Discharged Home	27.0%	14.30%	25.0%	0.0%	0.0%	66.7%	0.0%	40.0%	33.3%	50.0%	33.3%	44.4%	0.0%	0.0%	55.0%	24.4%	
SNF ALOS	35	38.4	26.3	19.6	54.5	10.0	25.7	22.0	14.0	29.0	27.5	34.0	Pending	Pending	14.0	26.3	
DC To Regional SNF/SB	N/A	N/A	1	3	1	0	1	1	0	0	0	2	2	2	N/A	7	
Avg # of Therapy HH Visits		13.4	22.0	3.0	12.0	7.0	17.0	28.0	17.0		12.0	12.0	Pending	Pending	10.0	14.2	

CJR																	
469 * No Fracture	2014 Actual	2016 Actual	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Current Target	2017 YTD	ALOS Avoided Costs
Participants		N/A	0	0	1	1	1	0	0	0	0	0	0	0	N/A	3	
UMC ALOS	3.9	7.0			3.0	4.0	8.0								6.3	5.0	\$2,304.00
Discharged Home	62.0%	0.0%			0.0%	0.0%	0.0%								55.0%	0.0%	
SNF ALOS	28.0	23.0			3.0	13.0	6.0								10.8	3.3	
DC To Regional SNF/SB	N/A	N/A			0	0	0								N/A	0	
Avg # of Therapy HH Visits		3.0			3.0										10.0	3.0	

CJR																	
470 * No Fracture	2014 Actual	2016 Actual	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Current Target	2017 YTD	ALOS Avoided Costs
Participants		N/A	11	2	5	11	6	2	9	7	7	7	6	6	N/A	79	
UMC ALOS	3.9	2.8	2.3	2.5	2.2	2.8	2.0	2.0	2.2	2.7	2.4	2.1	2.5	1.8	2.5	2.3	\$48,613.44
Discharged Home	62.0%	33.1%	31.0%	100.0%	80.0%	31.0%	100.0%	100.0%	100.0%	100.0%	86.0%	100.0%	100.0%	100.0%	100.0%	85.7%	
SNF ALOS	28.0	14.0	14.0		3.0	28.0					12.0				8.0	15.8	
DC To Regional SNF/SB	N/A	N/A			1	0					1				N/A	2	
Avg # of Therapy HH Visits		12.3	3.0	8.7	3.0	12.3	12.0	10.0	9.0	12.0	7.0	11.6	8.0	Pending	10.0	5.9	

NARROWING DOWN OUR POST ACUTE CARE NETWORK (SKILLED NURSING FACILITY)

MANDATORY CRITERIA:

Quality Measure Star Rating 4 or above
Must submit monthly MSPB data to hospital

NURSING HOME COMPARE:

% of short stay patients re-hospitalized after SNF stay
% of short stay patients who had an ER visit no hospitalization
% of short stay patients who made improvements in function
% of short stay patients with pressure ulcers that are new or worsened

SPECIFIC DATA FROM FACILITY:

ALOS



* COLLECT MONTHLY CASPER REPORTS (MDS 3.0 FACILITY LEVEL QUALITY MEASURE REPORT)

NARROWING DOWN POST ACUTE CARE NETWORK (HOME HEALTH AGENCY)

MANDATORY CRITERIA:

Star rating of 3 or above

Must turn in MSPB data monthly to UMC

HOME HEALTH COMPARE:

How often patients had an ER visit without hospitalization

How often patients had to be re-admitted to the hospital

How often patients got better at walking/moving around

How often patients had less pain when moving around

Home health began in a timely manner

Patients got better at taking medications by mouth



AVERAGE LENGTH OF STAY



2013-2015 (Baseline)

6.8 Days FX

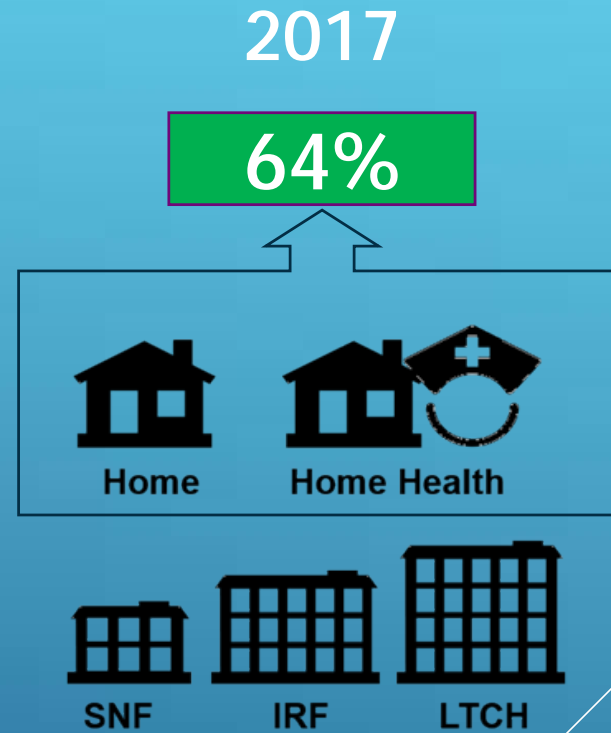
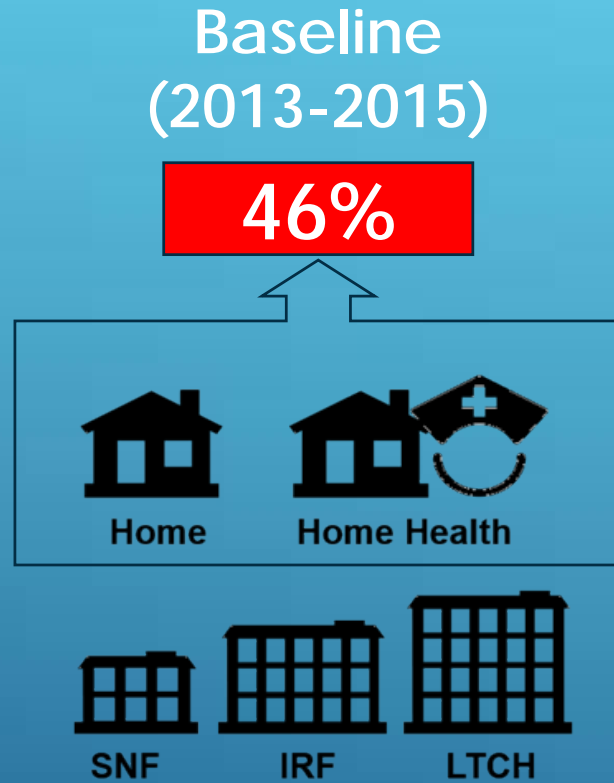
3.9 Days NO FX

2017

5.5 Days FX

2.3 Days NO FX

DISCHARGE HOME INSTEAD...



POST ACUTE CARE SPENDING OF TOTAL CJR EPISODES



Baseline
(2013-2015)

49%

2017

47%

TOTAL JOINT REPLACEMENT PRE-OP EDUCATION CLASS COMPLIANCE

2016

10%



2017

78%



LESSONS LEARNED



- ▶ Doing what's right for the patient is always the #1 goal of any change process
- ▶ Buy-in to "Culture"
- ▶ Be transparent and honest
- ▶ Pursue innovation
- ▶ Ensure buy-in from administration and physicians
- ▶ Practice makes perfect

TAKEAWAYS



- Coordinators can be interdisciplinary...



- Be intentional about your process
 - It may mean that you will have to create new interventions and/or training/education



- Being accountable to CJR has made us better at procedures, education, discharges, etc.



- You can connect this to other bundles (BPCI, ACO)

QUESTIONS??

