



# Bulletin

February 2017: Edition 6

## Upcoming Events

[Register Here](#)

***Advancing Care Coordination through Episode Payment Models (EPMs) – Introduction***  
***Wednesday, February 22, 2017***  
***12-1 pm EST***

During this webinar, CMS will discuss various aspects of the Advancing Care Coordination through Episode Payment Models (EPMs); Cardiac Rehabilitation Incentive Payment Model; and Changes to the Comprehensive Care for Joint Replacement Model final rule.

### Care Coordination and Management Series

***Developing Community Partnerships***  
***Thursday, March 9, 2017***  
***2-3 pm EST***

Ensuring the most effective and clinically appropriate care for patients throughout the entire CJR episode of care requires communication and collaboration with post-acute care providers and community support services. In the first webinar of the Care Coordination and Management Series, we will discuss strategies for building stronger community partnerships. Future webinars in this series will focus on discharge planning and the effective use of care navigators and will occur in April and May 2017, respectively. Registration link coming soon.

## CJR Connect Libraries: What's New

Here is what's new in the [CJR Connect](#) Library:

- *PRO Data Dictionary User Guide PY2 01 31 17* (Note: This is the 508-compliant version of the previously uploaded User Guide.)
- *PRO Data Collection Template User Guide PY2 01 31 17* (Note: This is the 508-compliant version of the previously uploaded User Guide.)
- *CJR Biweekly Updates* (Note: This content pack was updated January 27, 2017.)
- *CJR Model Design Updated 01 17 17*

Use the content bar to search for the file names.

## Participant Spotlight:

### Mother Frances Hospital Using Data to Drive Change

The CJR Data Affinity Group is for participant hospitals interested in exchanging promising practices and ideas related to using data to succeed in CJR. Below is an excerpt from an interview with Cathy Newman, Clinical Director, Mother Frances Hospital, about her experiences with the CJR Data Affinity Group.

**Q: What interested you in participating in the Data Affinity Group (DAG)?**

A: Data drives improvement. If you are seeking behavioral change, having the data to “back up” the change you are proposing makes the process of changing more acceptable to practitioners and other stakeholders.

**Q: You indicated that your team uses scorecards. Tell us about how these evolved as a result of participating in the DAG.**

A: We use scorecards for our other programs. When we began CJR, we originally used the template we were using for these other programs. The original scorecard contained basic measures such as volumes, per beneficiary costs, target prices, patient reported outcomes and risk variable data collection participation, and discharge dispositions. Based on what we were hearing in the CJR Data Affinity Group, we realized that the biggest opportunity for improvement in our scorecard was to include post-acute care costs. We believed that breaking the data down into each of the different types of post-acute care costs would improve our ability to identify where to focus when trying to reduce costs.

**Q: With whom do you share the data?**

A: Transparency is the key to driving change. First, we share the data with two members of our CJR implementation team: the surgeon-peer champion and the clinician administrator in the hospital who oversees the surgeons. Then we roll out the data to the surgeons during their monthly meetings; discussion of the scorecard is a standing agenda item for those meetings.

**Q: Have you identified additional scorecard improvements you will be testing?**

A: Our next step is to begin sharing data with post-acute care providers—this is important! The post-acute care providers with whom we collaborate are already tracking quality measures, such as length of stay and readmissions, internally. Our plan is to require these partners to report these data to us so that we can share with our entire preferred provider network.

We are also converting to a system that will allow us to track surgical supply costs per surgeon and will include these data in our scorecard. This will allow us to look at whether there are equally or more effective supplies our surgeons can use that will lower costs.

To download the full interview, search for “Participant Spotlight: Using Data to Drive Change” in the [CJR Connect](#) Libraries.

## CMMI Updates

The CMS Innovation Center website contains useful resources and announcements about CMS's innovative health care payment and service delivery models. Below are some recent noteworthy updates.

**Beneficiary Engagement and Incentive Direct Decision Support Model: Overview and Letter of Intent Webinar Materials Posted [Here](#).** This model will test a specific, structured four step process for shared decision making in clinical practices that are participating in Accountable Care Organizations (ACOs). CMS plans to operate the model among a select number of ACOs participating in the Medicare Shared Savings Program or Next Generation ACO Model.

**CMS Announces New Opportunity to Apply for 2018 Next Generation ACO Model: Register for the February 14 Webinar [Here](#).** Launched in 2016, the Next Generation ACO Model allows for ACOs experienced in coordinating care for populations of patients to assume higher levels of financial risk and reward than those available under the Pioneer Model and Shared Savings Program.

**Third CMS Innovation Center Report to Congress Posted [Here](#).** Under section 1115A of the Social Security Act, the Secretary of Health and Human Services is required to submit a report on the CMS Innovation Center's activities at least once every other year beginning in 2012. The third Report to Congress describes activities between October 1, 2014 and December 31, 2016.

**CMS is currently accepting comments on the Medicare Program; Establishment of Special Payment Provisions and Requirements for Qualified Practitioners and Qualified Suppliers of Prosthetics and Custom-Fabricated Orthotics Proposed Rule [Here](#).** This proposed rule would implement statutory requirements and specify: qualifications related to furnishing and fabricating prosthetics and custom-fabricated orthotics; requirements related to billing for prosthetics and custom-fabricated orthotics; and a timeframe by which qualified practitioners and qualified suppliers must meet the applicable licensure, certification, and accreditation requirements. Comments must be submitted by March 13, 2017.

## Relevant Reads

### **Cost of Joint Replacement Using Bundled Payment Models (January 3, 2017)**

This peer-reviewed article published by the University of Pennsylvania in *JAMA Internal Medicine* presents the "changes in quality, internal hospital costs, and post-acute care (PAC) spending for lower extremity joint replacement" before and after implementation of the Bundled Payments for Care Improvement (BPCI) initiative at Baptist Health System. The authors report that for the more than 3,700 episodes of joint replacement without complications analyzed, Medicare episode expenditures declined from \$26,785 to \$21,208 ( $p < 0.001$ ). About half of the savings were attributed to PAC cost reduction; the other half were attributed to internal savings, including an average of about \$1,900 savings in implant costs. No statistically significant changes in readmissions or emergency department visits were observed.

### **The Use of the Risk Assessment and Prediction Tool in Surgical Patients in a Bundled Payment Program (December 26, 2016)**

This peer-reviewed article published in the *International Journal of Surgery* by New York University describes the use of a risk prediction tool to stratify surgical patients in the total joint arthroplasty ( $n=535$ ), cardiac valve replacement ( $n=150$ ), or spinal fusions ( $n=82$ ) episodes bundles. The authors report that the score on the Risk Assessment and Predictor Tool (RAPT) was predictive of discharge to a facility vs. home among patients with joint replacement and spinal fusion surgeries. They conclude that the "ability to identify discharge disposition pre-operatively is valuable for improving care coordination, directing care resources, and establishing and maintaining patient and family expectations."

### **Improvement in Total Joint Replacement Quality Metrics: Year One Versus Year Three of the Bundled Payments for Care Improvement Initiative (December 7, 2016)**

This peer-reviewed article by New York University (NYU) in the *Journal of Bone & Joint Surgery* reports findings from the implementation of the total joint replacement episode within the BPCI initiative. It compares more than 700 patients undergoing surgery the first year of BPCI to a similar number of patients undergoing surgery the third year of BPCI. As part of their participation in BPCI, NYU implemented the following changes: a preoperative risk-factor optimization program; enhanced care coordination; a change in venous thromboembolic disease prophylaxis; infection-prevention measures; and a continued emphasis on discharge to home. Hospital length of stay decreased from 3.58 to 2.96 days, the 30-day all cause readmission rate decreased from 7% to 5%, and the 90-day episode cost decreased by 20%.

## In Case You Missed It

CJR Webinar Title	Webinar Date	Webinar Materials Available on CJR Connect through the Libraries Tab
The Patient Journey Series: Strategies for Utilizing Clinical Risk Stratification to Achieve Better Outcomes for CJR Beneficiaries	February 9, 2017	Webinar Strategies for Utilizing Clinical Risk Stratification to Achieve Better Outcomes for CJR Beneficiaries Materials
Review of CJR Monitoring Reports	January 24, 2017	Webinar Review of CJR Monitoring Reports 01 24 17 Materials
The Patient Journey Series: Strategies for Engaging CJR Beneficiaries and Their Families Throughout the Episode	January 12, 2017	Webinar The Patient Journey Series: Strategies for Engaging CJR Beneficiaries and Their Families Throughout the Episode 01 12 17 Materials

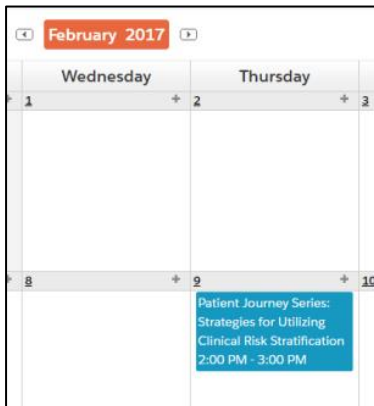
## Fast Facts about CJR Connect

### ***Access CJR Learning System Materials Via the CJR Connect Calendar***

Did you know that the [CJR Connect](#) Calendar contains the following materials for each CJR Learning System webinar: title, date, time, description, registration link, presentation slides, and link to audio recording? To access this information:

1. Log on to CJR Connect.
2. Click on the Calendar tab.
3. Click on the Calendar entry associated with the webinar of interest.
4. The webinar description will be located in the field titled "Description."
5. The registration link will be in the field titled "WebEx."
6. The presentation slides will be a file listed under "Attachments."
7. The link to the audio recording will be embedded within the text in the field titled "Description."

Note that presentation slides are generally available the day of the webinar. The link to the audio recording is typically available two weeks after the webinar.

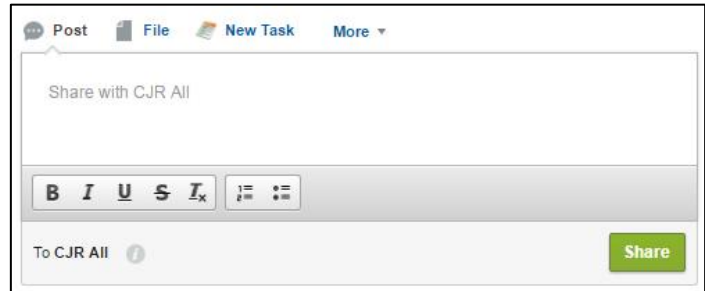


### ***Share Your Posts with All CJR Connect Users***

The default setting for [CJR Connect](#) Chatter is to post only to a user's followers. If you do not change this setting, only your followers will be able to see and respond to your posts. The CJR Learning System team is identifying posts that are inadvertently shared with followers only, and sharing them with all CJR Connect users. Help us make sure that all CJR Connect users are able to view your questions, comments, or links. There are two ways to share your posts with all users:

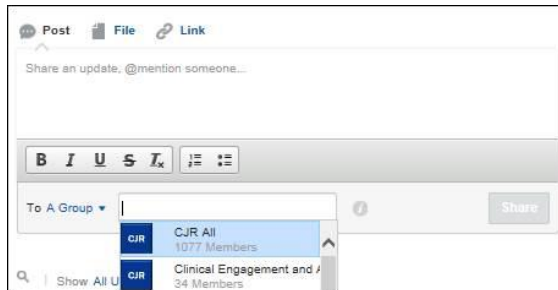
#### **Using the Groups Tab**

1. Click on the Groups tab.
2. Select CJR All.
3. Enter your post into the field.
4. Click on Share.



#### **Using the Chatter Tab**

1. Click on the Chatter tab.
2. Enter your post into the field.
3. Select "A Group" from the dropdown menu for "To."
4. Click on the open text field adjacent to "A Group."
5. Select "CJR All" from the dropdown menu.
6. Click on Share.



For questions, assistance, suggestions for Learning System events or to be added to the CJR Bulletin distribution list, please contact [CJRSupport@cms.hhs.gov](mailto:CJRSupport@cms.hhs.gov).