CJR Hospital Highlights – July 2021

This month's case study comes from the CJR Performance Year (PY) 3 Evaluation Report. If you want to read the full case study, please refer to page 45 of Provider Experiences Under the CMS Comprehensive Care for Joint Replacement Model: Case Studies from Three Mandatory Markets.

Hospital B is an independent, not-for-profit, locally-owned academic hospital. They were previously owned by a for-profit national health system until 2016. Hospital B has 659 beds and performs an average of 104 Medicare lower extremity joint replacement (LEJR) procedures annually. Hospital B is the only Level 1 trauma center in the state and is a safety net hospital that serves a wide catchment area. The patient mix at Hospital B is considered unhealthy with high rates of tobacco use and obesity.

How did Hospital B respond to the CJR model?

In response to the CJR model, Hospital B implemented a variety of different activities. The two activities described below were reported as being particularly successful.

> **Creating pre-operative joint class curriculum.** Members of Hospital B's patient care staff and surgeons developed a standardized approach to their pre-operative joint class. The joint class is offered two weeks prior to surgery and includes additional information for patients around surgery expectations and goals for recovery. The joint class includes having patients complete a preoperative clinic visit and pre-admission testing, as well as gives staff an opportunity to identify and address patients with comorbidities.
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> At this time joint class attendance is not mandatory for patients as it would be a barrier for patients who travel long distances to the hospital.
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> **Emphasizing the importance of a caregiver.** Hospital B encourages caregivers to attend the pre-operative joint class and physical therapy sessions. The hospital noted that caring for a patient following their LEJR can be overwhelming, particularly for older patients with dementia. With the start of the CJR model, the hospital began communicating the need for a caregiver more clearly during the joint class. Caregiver attendance in the class has improved, with an estimated nine in 10 patients having a caregiver.

What was the impact of the hospital's efforts?

> **Decrease in the rate of readmissions.** Hospital B was able to reduce the readmission rate by improving communication between post-acute care providers and care coordinators.
>
> **Improved quality scores.** Hospital B's quality scores improved from "acceptable" in PY 1 to "good" in PY 2 and PY 3.

What are your thoughts on Hospital B's experience? *Is your hospital doing anything similar? Please share your reactions with your peers by posting to the* CJR Connect *Chatter feed in the "CJR All" group!*

This hospital's tactics and approaches align with the CJR "driver" or implementation strategy *Right Care, Right Time.* Want to learn more about the specific CJR drivers? Check out the CJR Toolkit!