



Risk Assessment and Stratification



Throughout the course of the CJR (Comprehensive Care for Joint Replacement) model, CJR participant hospitals have focused on implementing, adapting, and improving their processes for risk assessment and stratification. Engage with your peers and ask how they tackle risk stratification and assessment on [CJR Connect!](#)

Our physicians will talk to them about modifiable risk factors such as weight loss through nutrition changes. . . to try to help patients set themselves up for success. So there is a level of [patient] accountability...

– CJR participant hospital

According to several CJR participant hospitals, communication among stakeholders involved in the orthopedic service line is critical to successful risk stratification. Some hospitals have an Orthopedic Leadership Council, which meets on a regular basis. The council is comprised of staff across the orthopedic service line including administration, finance, nursing, care navigators, and surgeons. Representatives from these hospitals say that the multidisciplinary approach has helped fill gaps and meet patient needs. One CJR participant hospital shared that they view risk assessment as more than a tool. They stressed the idea that addressing risk stratification information has to do with providing individualized care and support to the patient.

Addressing Risk Throughout the Care Continuum in the CJR Model

★ Using Tools to Identify Risk

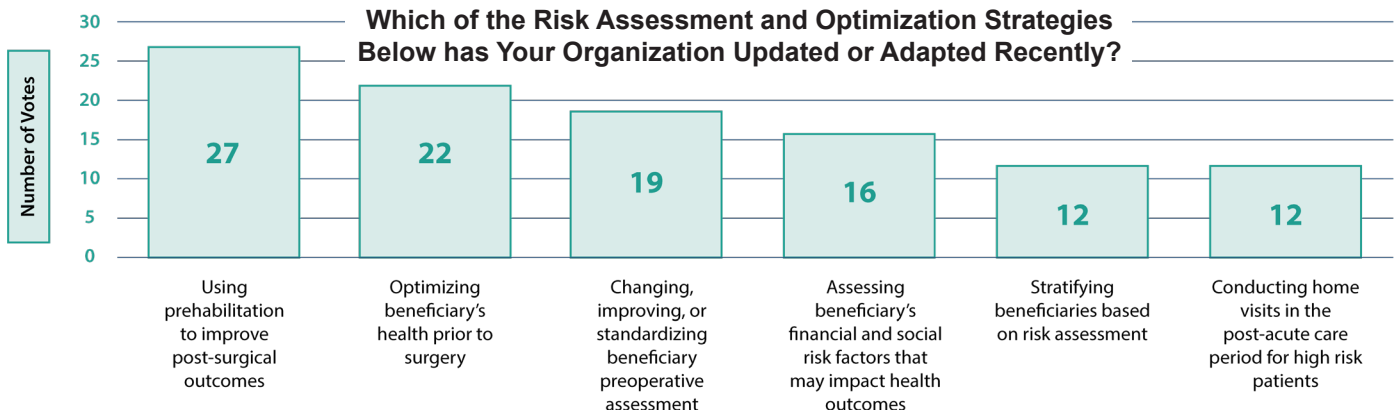
CJR participant hospitals have reported using tools such as the [RAPT](#), R-RAT, Sleep Apnea Questionnaire, Revised Cardiac Index, and BOOST 8P to assess patient risk prior to admission for surgery. Hospitals use these tools in a variety of settings. Some talk patients through these risk assessment questions in the pre-operative appointment. Others ask them during a pre-surgical patient education class or over the phone. Other CJR participant hospitals have worked to seamlessly integrate risk assessment into their electronic health records. To fill gaps, some hospitals have developed their own tools aimed at identifying social determinants of health or have started to use the LACE index. Others use a combination of several related tools.

★ Optimizing Patient Health Prior to Surgery

After using tools to identify and evaluate patient risk, CJR participant hospitals report focusing on certain health-related modifiable risk factors to optimize patient health before surgery. This optimization often involves smoking cessation, nutrition improvement/weight loss, and improving A1c levels. Some participant hospitals have established cut-off criteria for these metrics, which could result in rescheduling surgery if the patient cannot meet their goal. Other hospitals encourage pre-surgical optimization, but do not enforce strict criteria for delaying surgery. In both cases, care teams will work with patients in the weeks leading up to their surgery to address these modifiable risk factors. Some hospitals send patients to “optimization clinics” or “impact clinics”, which are centers where patients can receive comprehensive services such as lab tests, consultations, and coaching.

★ Addressing Risks Related to Social Determinants of Health

CJR participant hospitals have also noted the importance of assessing and addressing risk factors related to social determinants of health and other social, financial, and environmental risk factors. These can include access to healthy meals, reliable transportation, and internet/technology for post-surgical follow-up (such as teletherapy appointments), as well as availability of support from a caregiver or coach. Some participant hospitals help patients obtain referrals to food pantries, services like Meals on Wheels, and free transportation through community resources. Another hospital shared that when a patient does not have a designated caregiver, they perform outreach to community organizations for additional support (such as churches and community centers).



Risk Assessment and Optimization Strategy

This data was collected during polls from three CJR all-participant webinars from October 2020 – February 2021.