Boston University School of Public Health, Medical Campus

Department of Health Law, Policy and Management

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June 15, 2016

Dear Comprehensive Care for Joint Replacement (CJR) participant hospitals:

Subject: Use of the Veterans RAND 12 Item Health Survey (VR-12) in the Comprehensive Care for Joint Replacement (CJR) Model

The "Veterans RAND 36-Item Health Survey (VR-36)" and the "Veterans RAND 12 Item Health Survey (VR-12)" (formerly called the Veterans SF-36 and Veterans SF-12) were developed and modified from the original RAND Version of the 36-item Health Survey version 1.0 (also known as the Medical Outcomes Study [MOS] SF-36 version 1.0.). The Veterans RAND 12 item health survey is a subset of items from the identical items from the VR-36. The Veterans version of the 36 item health survey and 12 item health survey were fully developed with support from the Veterans Health Study SDR 91006.S (Principal Investigator: Dr. Lewis E. Kazis) by the Veterans Administration (VA) Health Services Research and Development Service Washington D.C. and the VA Health Services Research and Development (HSR&D) Field Program also known as the Center for Health Quality, Outcomes and Economic Research (CHQOER) now known as CHOIR. The VR-36 and VR-12 were developed with the use of federal funds and were modifications of the original RAND version. Information about the RAND 36-Item Health Survey is given at the following web site: http://www.rand.org/health/surveys_tools/mos/mos_core_36item.html.

We request that the user obtain permission for the use of the VR-36 and VR-12 (formerly called the Veterans SF-36 and SF-12) from the developer (Dr. Lewis E. Kazis) and adhere to the stipulations and process for obtaining the VR-36 and VR-12 given on the RAND Web site and the VR website.

There is no cost for the use of the assessments to CJR participant hospitals and we request permission only to keep track of its use.

CMS has requested and received permission to use these instruments as part of the CJR model. CJR participant hospitals that elect to use the VR-12 as their generic patient-reported outcome (PRO) survey of choice for the CJR voluntary PRO data collection can request access to the VR-12 (at no cost) through the following website: http://www.bu.edu/sph/research/research-landing-page/vr-36-vr-12-and-vr-6d/. On this website, hospitals should navigate to the *Request Access* webpage and provide the following information: name (first, last), institution, and email address.

Following the provision of this information, hospitals will receive an email and memorandum link from a research assistant, on behalf of Dr. Lewis E. Kazis, the VR-12 developer, at Boston University School of Public Health (BUSPH). The email and memorandum outline further details

for requesting access to the VR-12 questionnaire, the scoring algorithms, and other documentations. To request access to the VR-12 questionnaire, hospitals must submit the following materials:

- A letter on your institution's letterhead requesting to use the questionnaire and stating you will abide by the guidelines as noted in the memorandum; and
- An abstract of the proposed project.

To facilitate the process of CJR hospitals' request for the VR-12, we are providing a template letter and abstract for hospitals to update and submit.

The template letter is found on page 3 of this document. Hospitals can copy and paste this letter onto their institution's letterhead and provide information where indicated (that is, highlighted in yellow). The abstract is found on page 4 of this document. Hospitals will not need to modify or add additional information to the content. Hospitals can use the abstract as is and provide this along with the institution letter as application materials for submission to BU.

Lastly, the letter and abstract that are provided to CJR participant hospitals are intended for the sole use of those requesting the VR-12 questionnaire and relevant scoring methodology. Hospitals interested in other documentations should request these items separately, and not as part of the CJR model voluntary PRO data collection.

Sincerely,

Lewis E. Kazis, Sc.D.

Professor and Director
Center for the Assessment of Pharmaceutical Practices (CAPP)
Department of Health Law, Policy & Management
Boston University School of Public Health
715 Albany Street (Talbot 119W)
Boston, MA 02118

Enclosures:

1. Template letter
2. Abstract

[Insert Date] [Insert Hospital Letterhead]

Dear Dr. Kazis,

[Insert Hospital Name] would like to request the Veterans RAND 12 Item Health Survey (VR-12) and relevant scoring methodology for the purpose of submitting voluntary patient-reported outcome (PRO) data to the Centers for Medicare & Medicaid Services (CMS) as part of the Comprehensive Care for Joint Replacement (CJR) model. We will be using the VR-12 to improve patient care quality and satisfy the submission criteria of CJR's voluntary PRO data collection. We have reviewed the guidelines outlined in your memorandum and will abide by these stipulations. To review, these conditions are:

- Changes to the MOS SF-36 Health Survey version 1.0 may be made without the written permission of RAND. However, all such changes shall be clearly identified as having been made by the recipient.
- The user of this MOS SF-36 Health Survey version 1.0 Health Survey accepts full responsibility, and agrees to indemnify and hold RAND harmless, for the accuracy of any translations of the Health Survey into another language and for any errors, omissions, misinterpretations, or consequences thereof.
- The user of this MOS SF-36 Health Survey version 1.0 Survey accepts full responsibility, and agrees to indemnify and hold RAND harmless, for any consequences resulting from the use of the Health Survey.
- The user of the MOS 36 Health Survey version 1.0 will provide a credit line when printing and distributing this document acknowledging that it was developed at RAND as part of the Medical Outcomes Study.
- The use of the VR-12 (Veterans RAND 12 Item Health Survey) assessment means that there will be no modifications to the questionnaire itself including the wording of the instructions, wording of the items (stem and response choices), formatting of items and response choices and ordering of the items.
- The original developers of the VR-12 (Veterans RAND 12 Item Health Survey) will receive credit for the assessment should there be any publications or technical reports that come from this assessment. The original developers include: Lewis E. Kazis, Sc.D., William Rogers, PhD, Alfredo Selim, MD, MPH, and Shirley Qian, MA.
- No further written permission is needed for use of this Health Survey.

Thank you for your assistance

Sincerely,

[Insert Signature/Signatory]

Voluntary PRO Data Collection Abstract

On November 16, 2015, the Centers for Medicare & Medicaid Services (CMS) finalized regulations regarding the CJR model, a retrospective bundled payment model for episodes of care for lower extremity joint replacement (LEJR) procedures in selected metropolitan statistical areas (MSAs). CMS is implementing the CJR model in hospitals in 67 MSAs.

The 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. A CJR episode is defined by the admission of an eligible Medicare fee-for-service beneficiary to a hospital paid under the Inpatient Prospective Payment System (IPPS) that eventually results in a discharge paid under MS-DRG 469 (Major joint replacement or reattachment of lower extremity with major complications or comorbidities) or 470 (Major joint replacement or reattachment of lower extremity without major complications or comorbidities).

To link quality to payment, CMS adopted a composite quality score methodology**.** The composite quality score is a hospital-level summary quality score reflecting performance and improvement on the two quality measures finalized for this model (THA/TKA Complications measure [NQF #1550] and the HCAHPS patient experience survey measure [NQF #0166]), and successful reporting of THA/TKA patient-reported outcomes and limited risk variable data. CMS adopted a composite quality score methodology to determine: 1) the eligibility of a hospital for reconciliation payments if savings are achieved beyond the target price; and 2) the effective discount percentage experienced at reconciliation. The successful submission of PRO and limited risk variable data can enable hospitals to earn an additional two points towards their composite quality scores.

Eligible patients for the voluntary PRO data collection are those Medicare beneficiaries aged 65 or over, undergoing elective, primary THA/TKA procedure(s). This excludes patients with hip or pelvic fractures, bony metastases, and those undergoing revision, resurfacing, or partial hip replacement procedures. Before each eligible elective, primary THA/TKA procedure, pre-operative PRO and risk variable data must be collected. The pre-operative PRO data to be collected between 90 to 0 days prior to surgery consist of the Patient Reported Outcomes Measurement Information Systems (PROMIS)-Global or the Veterans Rand 12 Item Health Survey (VR- 12) generic survey, and the Hip dysfunction and Osteoarthritis Outcome Score or Knee injury and Osteoarthritis Outcome Score (HOOS/KOOS subscales or junior) survey, as well as risk variables identified by orthopedists. After each eligible elective, primary THA/TKA procedure (9 to 12 months post-operatively), the post-operative PRO data to be collected include one generic and one THA/TKA-specific PRO survey, both of which must match with the survey selected and submitted for the patient pre-operatively. The submission of PRO data for the CJR model will allow CMS to investigate how to best use the survey data to evaluate patient outcomes and care quality.