

# Developing and Enhancing Relationships with Independent Surgeons



## *Comprehensive Care for Joint Replacement Model*

*July 20, 2017*

**Audio available through device speakers OR  
by dialing 1(800)832-0736  
Conference Room:\*8713107#  
Access Code: 072017#**

# Welcome



**Isaac Burrows, MPH**

Learning and Diffusion Group  
Center for Medicare & Medicaid  
Innovation



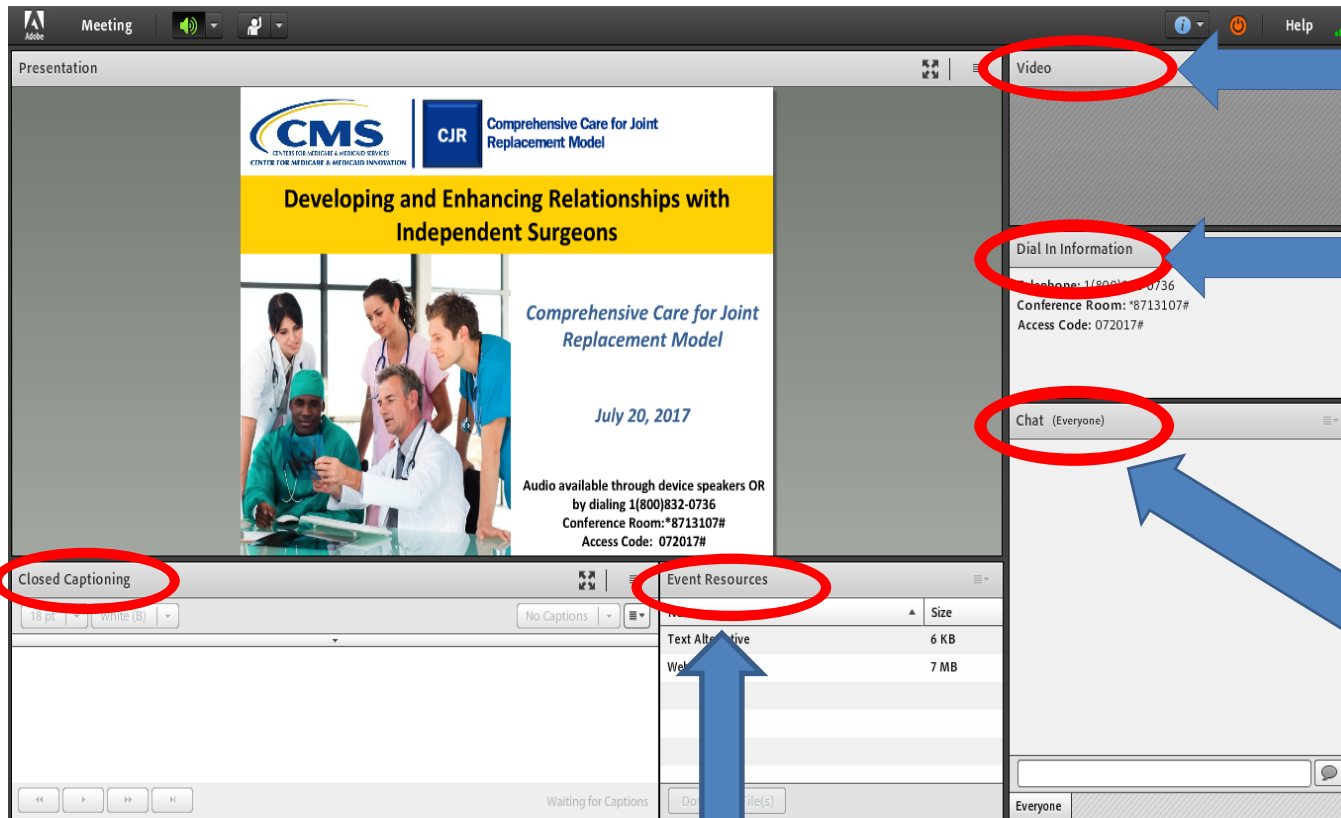
**Laura Maynard, M.Div.**

CJR Learning System Team  
The Lewin Group

# Webinar Agenda

- Welcome
- Announcements & Logistics
- Panel
- Questions & Discussion
- Updates & Next Steps

# Introduction to Adobe Connect



To View the Video

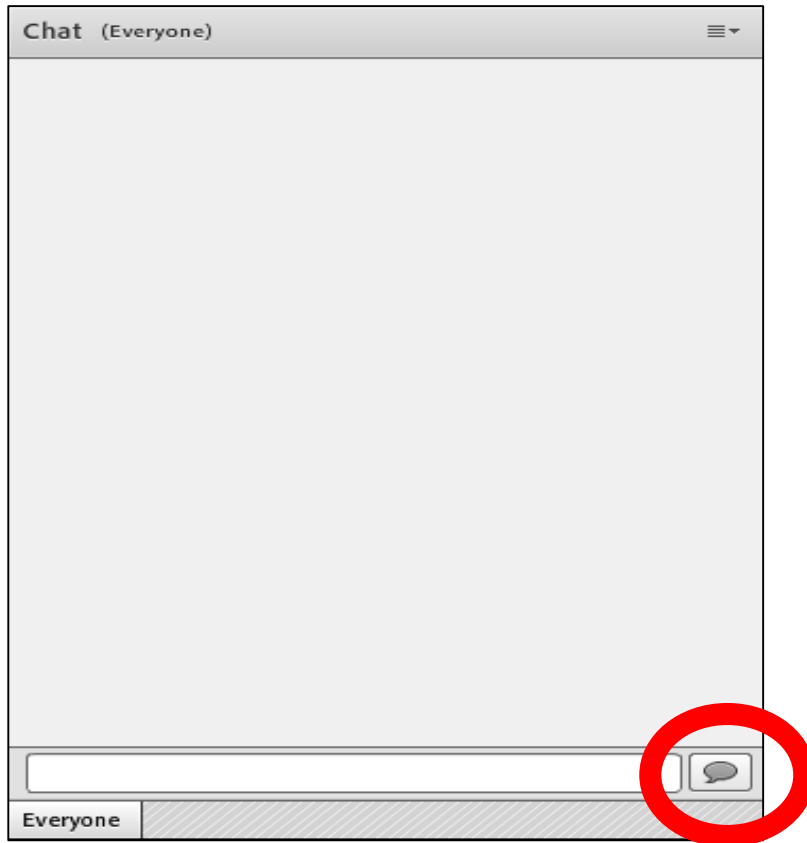
To Access Audio via Telephone

To Ask Questions or Send Messages

Closed Captioning

Download Available Resources

# Introduction to Adobe Connect (Cont.)



- Use the Chat pod to submit any questions or comments
- Please use “@” if your question/comment is directed to a specific presenter
- Submit your question/comment by clicking the chat bubble icon

# Poll 1

**What percentage of your surgeons are NOT employed by your hospital? *[select one option]***

- 100%
- 50% - 99%
- 25% - 49%
- None, all are employed
- I don't know

# Chat

**What has been your most successful strategy in engaging independent surgeons?**

*(Please type into the chat pod)*



# Panel

**Jacqueline Strinden**

Director of Organizational Quality,  
*CHI St. Alexius Health Bismarck*

**Denise Addis**

Director of Value Based Quality,  
*Excelsa Health*

**Amy Sailor**

Director of Rehabilitation and JointWorks,  
*Excelsa Health*





**CHI St. Alexius  
Health**

*Imagine better health.<sup>SM</sup>*

## ***Comprehensive Joint Replacement Program***

*Jacqueline Strinden, RN BSN MHA*

Director of Clinical Educational and Organizational Quality

# CHI St. Alexius Health Bismarck

Our hospital was founded in 1885 by the Benedictine Sisters and has provided care to the region for over 130 years

- Aligned as a system with CHI
- 286 bed tertiary medical center
- ER Trauma II
- Joint Commission Accredited
- Gold Plus Certified Stroke Center
- Bariatric Certified
- Comprehensive Total Joint Certified
- Commission on Cancer Certified

*“Let all be received as Christ”*



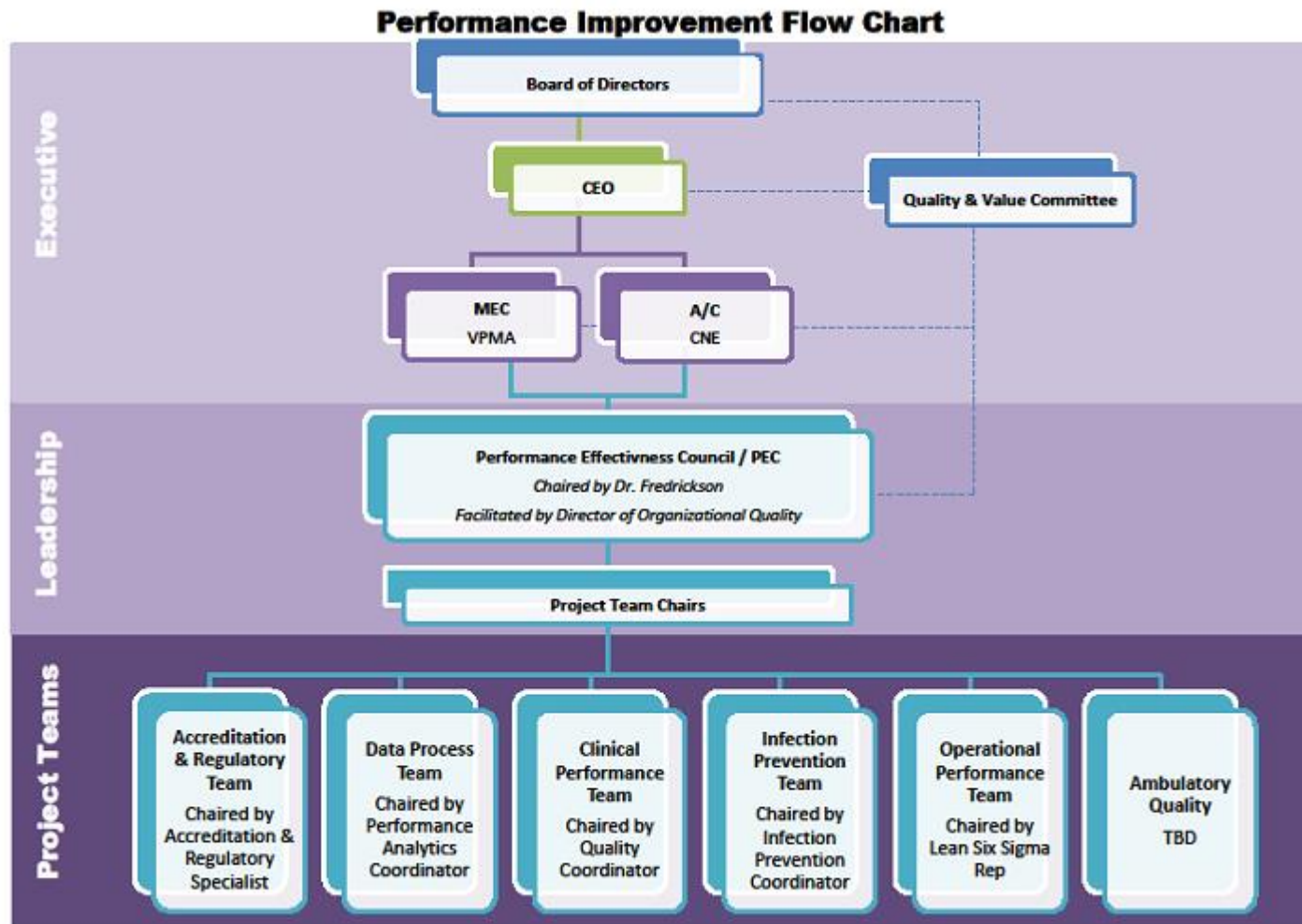
# Our Quality Team

## Quality Department:

- Infection Prevention
- OPPE/FPPE Physician Management
- Physician Data Management
- Employee Health
- Quality Review/Management
- Performance Analytics
- Decision Support
- Meaningful Use
- Commission on Cancer Certification
- Lean Six Sigma/Performance Improvement
- Patient Advocacy
- Clinical Organizational Education
- Accreditation and Regulatory Service
- Data Governance
- Bundled Payment/ACO Data Management



# Quality Communication Structure

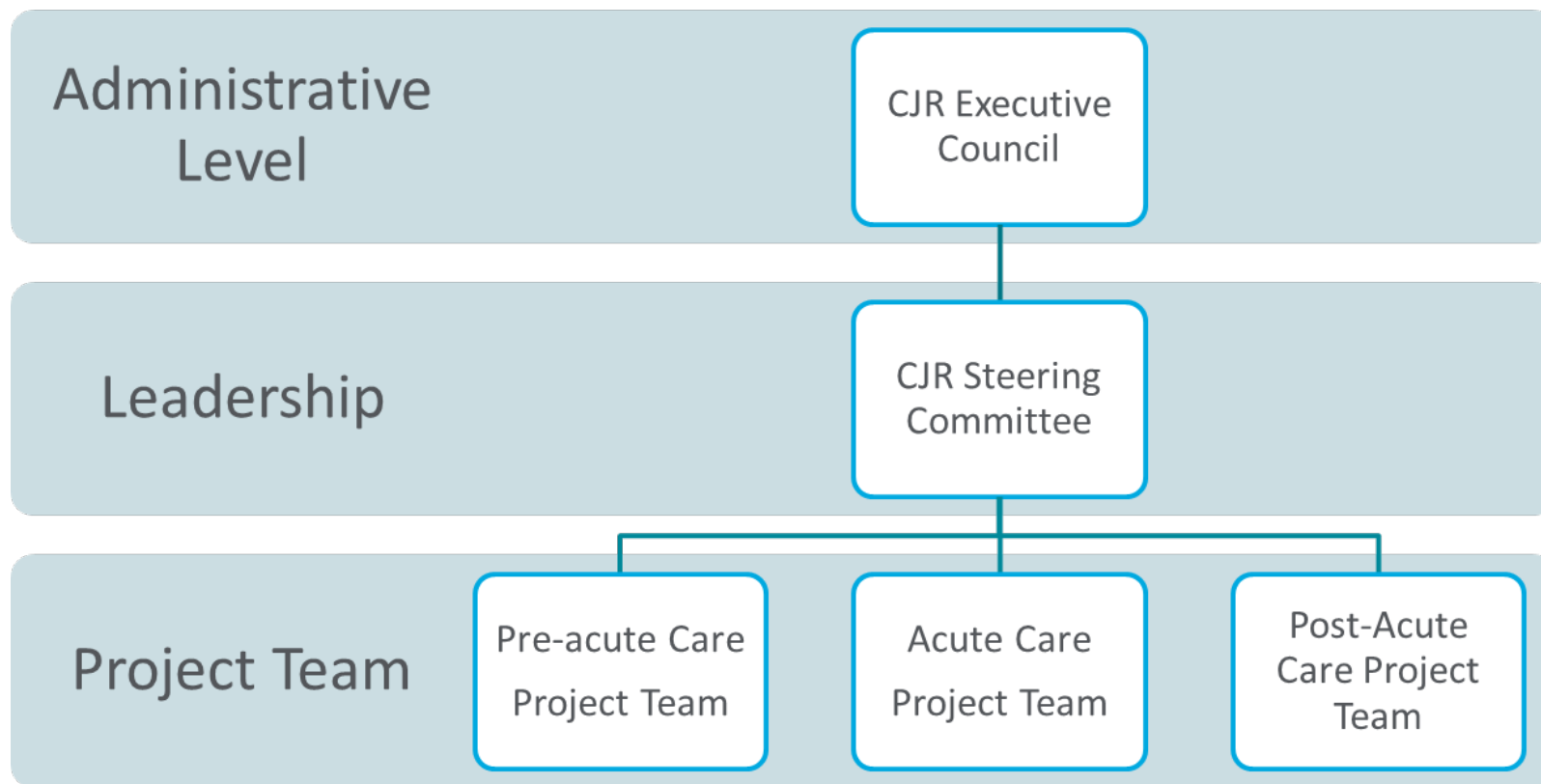


# *Kick-Off Presentation and Design*

- 3 Day Workshop
  - Executive Sessions
  - Leadership Sessions
  - Breakout Sessions
  - Project Team Development
  - Best Practice Review/Evaluation
- Goal 1: Educate the stakeholders
- Goal 2: Define deliverables
- Goal 3: Build highly effective teams
- Goal 4: Encompass TJC Comprehensive Joint Accreditation
- Goal 5: Leverage existing strengths/technology



# Performance Year 1 Design



# Timelines Defined for Each Project Group

## CCJR 13-Week Timeline: Acute Care Team

### Focus Critical Interventions (CI's):

ID	Description	Score	Score Definition:
12	Acute Floor Plan of Care: Day of OR, Post-Op Days	2	1 = Already in place & requires little-to-no change 2 = Already in place but still requires some work
14	Post-Op Pain Management/Response	2	3 = Already in place but requires major changes
17	Patient Med Rec	2	4 = Completely new (i.e. no process in place)

Week Start: ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●●																										
Week End: ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●● ●●●																										
CI ID	L	Activities	Schedule Start Date	Est. Duration (Wk Days)	Timeline in Weeks																		Status	As of Date	Owner (1 person/activity)	
					This will auto-populate based on the Scheduled Start Date & Est. Duration you enter																					
					Wk1	Wk2	Wk3	Wk4	Wk5	Wk6	Wk7	Wk8	Wk9	Wk10	Wk11	Wk12	Wk13	Wk14	Wk15	Wk16	Wk17	Wk18				
12	a	Put in place plan for PT to see pts held in PACU	Tue 09/08	4	■																		Pending			
	b	Pts sitting on bed or stood POD#0	Mon 08/31	30	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	In-Progress			
	c	Pts arriving to floor after 1630 POD#0: put in place plan to sit on edge of bed or stand	Tue 09/08	20	■																			Complete		
	d	Develop plan with PT & nursing for pts after 1630	Tue 09/08	20	■																			Complete		
	e	Plan for enhanced services @ home to avoid SNF/NH placement. OP PT or HHC/PT	Mon 10/12	35							■	■	■	■	■	■	■	■	■	■	■	■	■	Complete		
	f	Set-up 7-10 day post-op surgeon/therapy visit once in place by Post-Acute team	Mon 11/02	20																				Complete		
	g	Set-up post-op PCP visit (PCP & timeframe TBD by Post-Acute team)	Mon 11/02	20																				Complete		
	h	Develop post-op std.'s of care for activity (standing/eating/bathing/etc.)	Tue 09/08	20	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	Complete		
14	a	Identify best practices for anesthesia & post-op pain & nausea mgmt	Tue 09/08	25	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	Complete			
	b	Write a recommended anesthesia post-op pain & nausea mgmt protocol	Thu 10/15	10																				Complete		
	c	Present protocol to surgeons, anesthesia group, RX, & care givers	Mon 11/02	10																				Complete		
	d	Implement the protocol	Mon 11/16	10																				Complete		
	e	Develop a process to monitor success/performance/barriers	Mon 11/02	20																				Complete		

# Nurse Navigation

## Critical Intervention (CI):

### Approval & Hiring of Nurse Navigators

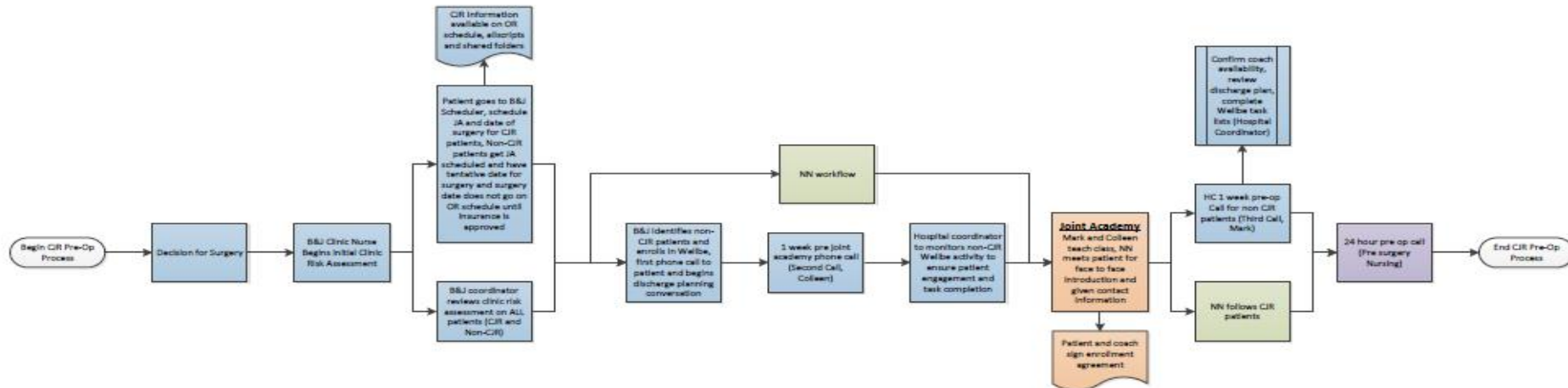
Week Start: 08-31 09-07 09-14 09-21 09-28 10-05 10-12 10-19 10-26 11-02 11-09 11-16 11-23 11-30 12-07 12-14 12-21 12-28






Week End: 09-04 09-11 09-18 09-25 10-02 10-09 10-16 10-23 10-30 11-06 11-13 11-20 11-27 12-04 12-11 12-18 12-25 01-01

Activities Tasks required to achieve objectives prior to January 1st, 2016	Scheduled Start Date	Est. Duration (Wrk Days; 1 wk = 5 d)	Scheduled Completion Date	Timeline in Weeks														Status P = Pending I = In-Progress C = Complete	As of Date	Owner (1 person/activity)		
				This will auto-populate based on the Scheduled Start Date & Est. Duration you enter																		
				Wk1	Wk2	Wk3	Wk4	Wk5	Wk6	Wk7	Wk8	Wk9	Wk10	Wk11	Wk12	Wk13	Wk14				Wk15	Wk16
Job description – done per CHI	Mon 09/07	5	Fri 09/11		■																	
Position control requirements	Mon 09/07	5	Fri 09/11		■																	
Positions posted	Mon 09/07	5	Fri 09/11		■																	
Recruitment of experienced nurses	Mon 09/14	5	Fri 09/18			■																
Position posted for 2 weeks	Mon 09/14	5	Fri 09/18			■																
Determine space and set up needs, IT needs, etc.	Mon 09/14	5	Fri 09/18			■																
Continue recruitment efforts	Mon 09/21	5	Fri 09/25				■															
Begin to gather equipment	Mon 09/21	5	Fri 09/25				■															
Formulate training plans for navigators	Mon 09/21	5	Fri 09/25				■															
Schedule interviews for potential applicants	Mon 09/28	5	Fri 10/02					■														
Interviews for potential applicants	Mon 10/05	5	Fri 10/09						■													
Offer to potential applicants, reference checks, etc.	Mon 10/12	5	Fri 10/16							■												
Notice period for nurse navigator	Mon 10/19	20	Fri 11/13								■											
NURSE NAVIGATORS START	Mon 11/16	5	Fri 11/20									■										
Training	Mon 11/23	30	Fri 01/01											■								
Attend joint classes	Mon 11/23	5	Fri 11/27											■								
Epic training	Mon 11/23	5	Fri 11/27											■								
General orientation	Mon 11/23	5	Fri 11/27											■								
Prepare to reinforce what is being taught in class	Mon 11/23	5	Fri 11/27											■								
Motivational interviewing	Mon 11/30	5	Fri 12/04												■							



# Lean Six Sigma Maps and Tools



-  = Beginning or end of a process
-  = Bone & Joint/Mark
-  = Nurse Navigator
-  = PSE Nurse
-  = Joint Academy (B&J, NN)

# Pre-Op Team

CI ID	L t r	Activities Tasks required to enhance and/or operationalize CI's prior to January 1st, 2016	Pre-req.	Scheduled Start Date	Est. Duration (Wks)	Actual Start Date	Actual Completion Date	Week End: 09-04 09-11 09-18 09-25 10-02 10-09 10-16 10-23 10-30 11-06 11-13 11-20 11-27 12-04 12-11 12-18 12-25 01-01																		Status P = Pending I = In-Progress C = Complete X = Cancelled	Est. % Complete	As of Date	Owner (1 person/activity)
								Timeline in Weeks																					
								Wk1	Wk2	Wk3	Wk4	Wk5	Wk6	Wk7	Wk8	Wk9	Wk10	Wk11	Wk12	Wk13	Wk14	Wk15	Wk16	Wk17	Wk18				
04	a	Identify stations/personnel		Mon 09/14	5	Mon 09/14																		I	70%	09/28	Mark/Coleen		
	b	Update education materials/contract		Wed 09/09	9	Wed 09/09																		I	80%	09/21	Mark/Coleen		
	c	Establish Pre-Op risk assessment thresholds for Hospitalists		Wed 09/09	13	Mon 09/07																		I	10%	09/03	Coleen		
	d	Establish Pre-Op risk assessment thresholds for B&J surgeons		Wed 09/09	6	Mon 09/07																		I	80%	09/14	Coleen		
	e	Develop algorithm for risk assessment		Mon 09/14	12	Mon 09/21																		I	10%	09/21	Mark/Coleen		
	f	Decide on process for Pre-Op optimization by hospitalist		Fri 09/04	3	Mon 09/14																		I	80%	09/28	[Hospitalist]		
	g	Establish start-date of hospitalist performing Pre-Op		Mon 10/19	1	Wed 09/09																		C	100%	09/28	Operations		
	h	Implement process for Pre-Op optimization by hospitalist		Tue 12/01	1																			P		09/28	Hospitalist		
	i	Update Joint academy-refer to 4A		Fri 09/04	9	Wed 09/09																		I		09/03	Mark/Coleen		
	j	Determine stations format		Fri 09/04	3	Fri 09/04	Mon 09/14																	C	100%	09/21	team		
	k	Identify what stations are going to be present	04-j	Mon 09/21	3	Mon 09/21																		I	50%	09/28	Mark/Coleen		
	l	Identify, train, and get approval for personnel	04-k	Mon 10/12	4																			P		09/28	Mark/Coleen		
	m	Implement new format for Joint Academy	04-l	Tue 12/01	1																			P		09/28	Mark/Coleen		
	n	Well-Be development & Kick-off		Wed 09/23	2	Mon 09/14	Wed 09/23																	C	100%	09/28	Mark		
	o	Develop care path cards		Wed 09/02	5	Wed 09/02																		I	20%	09/28	Mark/Coleen		
	p	Educate staff/navigator	04-o	Mon 10/05	2																			P		09/28	Mark Coleen		
	q	Implement Well-Be		Tue 12/01	1																			P		09/28	Mark/Coleen		
05	r	Forward draft to physician		Wed 09/09	4	Wed 09/09	Mon 09/21																	C	100%	09/21	Coleen		
	s	Define & add the line items		Wed 09/09	5	Wed 09/09	Mon 09/21																	C	100%	09/21	Coleen		
	t	Capture best practices		Mon 09/14	5	Mon 09/14																		I	75%	09/28	team		
	u	Standardize processes	05-t	Mon 10/19	2																			P		09/21	Dr. B Dahl		
	v	Once approved, will go to Hospitalist & Team	05-u	Mon 11/02	2																			P		09/28	Dr Dahl		
	w	Determine acceptable rules/thresholds w/ surgeons-refer to 4D	05-u	Mon 11/02	2																								
	x	Implement processes		Tue 12/01	1																			P					
06	y	Hospitalist program development		Fri 09/04	14	Fri 09/04																		I	90%	09/28	Operations/hospitalist		
	z	Identify location		Fri 10/02	5	Mon 09/14																		I	90%	09/28	Steering		
	aa	Determine staffing		Fri 10/02	5	Mon 09/21																		I	90%	09/28	Steering/hospitalist		
	ab	Determine what equipment is needed		Fri 10/02	5																			P	90%	09/28	Steering		
	ac	Assessment forms/guideline development	06-z	Mon 11/02	5	Fri 09/11																		I	10%	09/28	Heather/Dr. Datz		

Pending	In-Progress	Complete	Cancelled	Requires Update	Not Yet Started/ Behind Sched.
31%	48%	17%	0%	3%	0%



# Pre-Op Team

- Accomplishments/Completed Activities
  - Risk assessment standards have been identified by surgeons and hospitalists. Further research of these standards and comparisons to best practice models is still ongoing.
  - Decision to change Joint academy to a multi-disciplinary format has been made.
- Next Steps/Upcoming Activities
  - Risk assessment standards will receive final proofing along with discussion on specifics of implementation.
  - Will determine what resources are needed to change joint academy from its current format.
- Discussion/Approval Items
  - Will need administrative approval for resources needed for hospitalist to do pre-op's , and new joint academy structure. The pre-op team will be making assessments of estimated resources needed and bring this to the next operation team meeting.
- Barriers
  - Space availability for new joint academy structure.
  - The specific role of the patient navigator in the pre-op phase needs to be determined so the pre-op team can plan accordingly.

# Integration of Workflow and Data

Use your existing data sources... no need to replicate data!

My Score Card | My Indicators | My Home | My...

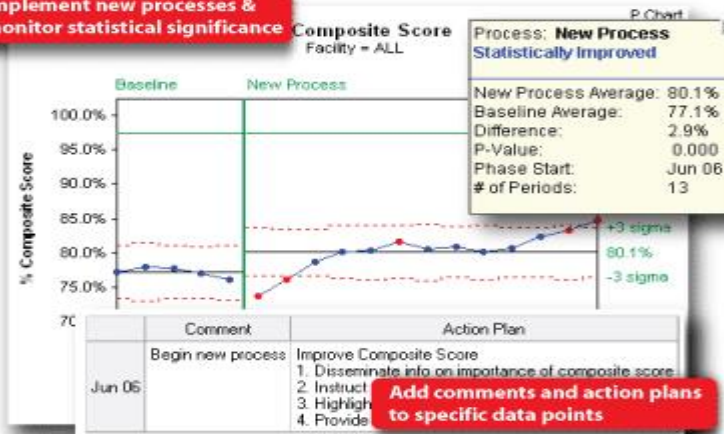
**All Indicators** View: My Indicators

Status	Indicator	Current Value	Target	Last Update	Action
<b>Quality</b>					
▲	HF Composite Score	84.6%	97.4%	Jun 07	
▼	HF3 - ACEI/ARB for LVSD	85.0%	100.0%	Jun 07	
▲	HF1 - Discharge Instructions	70.5%	75.0%	Jun 07	
▲	HF4 - Smoking Cessation	98.7%	100.0%	Jun 07	
▼	HF2 - LVF Assessment	94.1%	90.0%	Jun 07	

Group Count Status  
**Finance** 4  
**Operations** 8  
**Performance** 4  
**Quality** 5

Create custom dashboards & scorecards specific to your indicator responsibilities

Implement new processes & monitor statistical significance



Receive automated email notifications when user-defined triggers take place

From: Best pMD Reporter (usata.pmd@bmc.com)  
 Sent: Monday, July 08, 2007 11:43 AM  
 To: torres@bmc.com  
 Subject: My Indicator Activity

2008 pMD Leads

**My Indicator Activity**

Indicator	Activity
HF3 - ACEI/ARB for LVSD	Comment Added for Jun 07 Comment Schedule Pt Team Meeting Action
HF4 - Smoking Cessation	Validated 93.7% for Jun 07
HF Composite Score	Comment Added for Jun 06 Comment Begin new process Action Improve Composite Score 1 Disseminate info on importance of composite score 2. Instruct staff recording info 3. Highlight successes of weekly meetings 4. Provide educational opportunities to care providers

# Questions?

# Poll 2

**Surgeons at our hospital are well integrated into our quality improvement processes and structure, and participate fully. *[select one option]***

- Yes
- No
- I don't know

# Type into Chat

- If yes, surgeons are well integrated into QI processes and structure, please type in how they participate.
- If no, they are not well integrated into QI processes and structure, please type in why they are not.

# Questions & Discussion

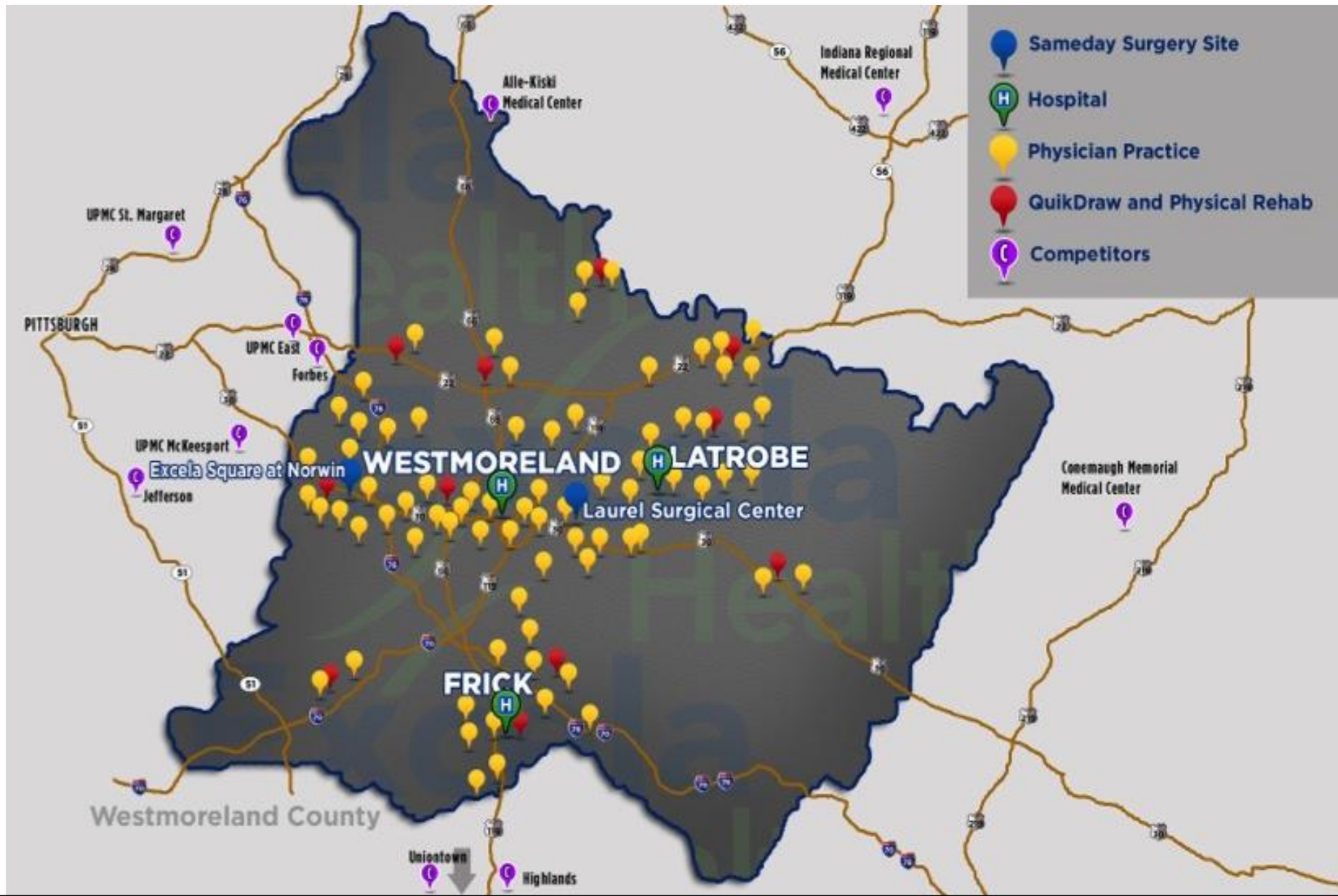
- Use the Chat pod to submit any questions
- Please use “@” if question is directed to a specific presenter or participant



# Engaging Independent Physicians in Excelsior Joint Works Program

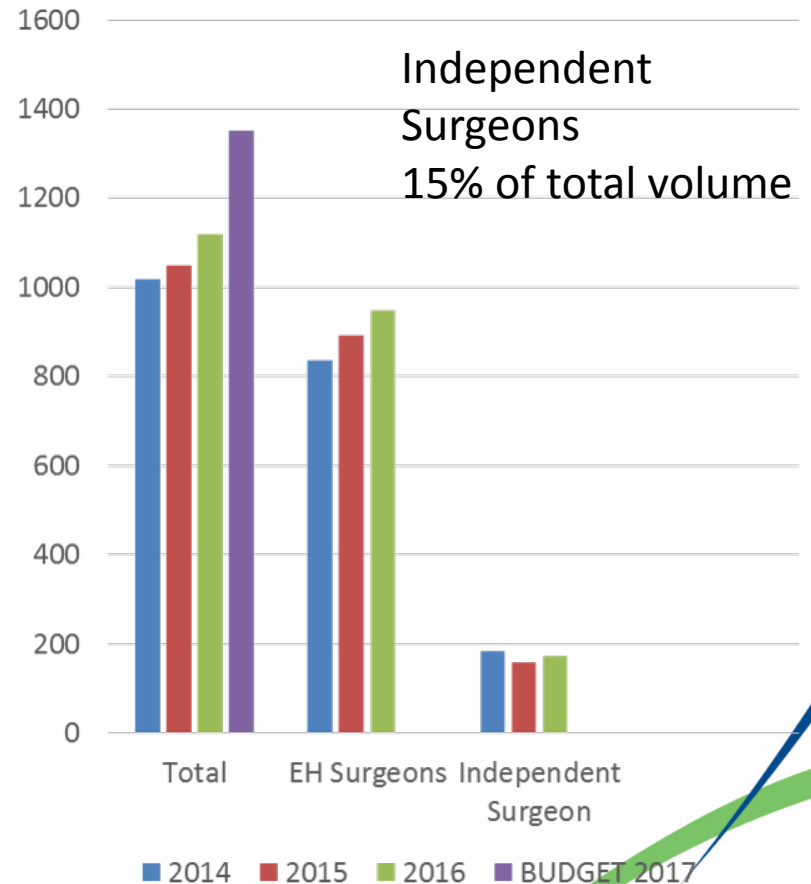
CMS Webinar  
July 2017

# Excela Health Service Profile



# Joint Works Program

- 2012
  - 3 Hospital Locations
  - 7 Physician offices
  - 5 Excela Health orthopedic surgeons (85%)
  - 2 independent Orthopedic Surgeons (15%)



# Joint Works Program (Cont.)

- **Pursue Center of Excellence Designation**
- Engage and include **ALL** physicians in work and process re-design
- **Programmatic Priorities:**
  - Establish a Joint Works Committee
  - Streamline intake process
  - Improve Joint Works Class Attendance
  - Implement Infection Control Standard Work
    - CHG pre-op scrub
    - MRSA Screening
  - Develop communication strategies
  - Develop standardized order sets and protocols

# Challenges for Independent Surgeons

- Current State:
  - No EMR
  - No staff email accounts
  - Protective of staff time and resource
  - Limited personnel resources
  - Not supportive of best practice SSI prevention bundle
- Strategies:
  - Develop paper process for administrative / operations functions
  - Design alternate communication process
  - Allowed pt.'s to self-scheduled for class
  - Developed alternate intake process
  - Provided CHG to office

# Joint Works Journey to 2017 included....

- Treating all physicians as equal stakeholders in process and outcomes.
- All orthopods participate in Joint Works Program and Committee.
  - Equal decision makers
  - Transparent sharing of data / outcomes
- Spring / Summer 2017:
  - Involved in hiring and interview of 2 nurse navigators – located in physician office practices (July 2017)
  - Selection of navigation software
  - Revision of care pathways for:
    - Pain management
    - Inpt and outpatient care order sets
    - Home care pathways
    - Skill care pathways



2017 (May 2017)

- Budgeted total joints procedures 1,300
- 2 Hospital Locations
- 6 Physician offices
- 5 Excela Health Orthopedic surgeons

# Questions & Discussion

- Use the Chat pod to submit any questions
- Please use “@” if question is directed to a specific presenter or participant



# CJR Connect

The screenshot shows the CJR Connect web application interface. At the top, there is a navigation bar with the text "CJR Connect" on the left and "CJR Learning System" on the right. Below this is a header section with the CMS logo (Centers for Medicare & Medicaid Services) and the text "CJR Comprehensive Care for Joint Replacement Model". A search bar is located on the right side of the header. Below the header is a secondary navigation bar with tabs for "Chatter", "People", "Groups", "Calendar", "Libraries", "Reports", and "Help". The main content area is titled "CJR All" and features a large blue square with the text "CJR" on the left. To the right of this is a post creation area with a text input field, a "Share" button, and a "To" field set to "CJR All". Below the post creation area is a "Description" section. The main content area also displays a post by Jayanti Ingle (University Medical Center of Princeton at Plainsboro) with the text: "@CJR All Hi all, If you are getting a recon payment- how and when is it being distributed? Jayanti". The post includes a "Comment" section with a like from Patricia Richards (Saint Peter's University Hospital) and a reply from Althea Oenga (Orange Regional Medical Center) with the text: "Hi @Jayanti Ingle (University Medical Center of Princeton at Plainsboro), Please see CJR BiWeekly Update for May 4th 2017 that outlines July 2017 as the date and EFT as the method of reconciliation payments. This should be available in the libraries. (See Q&A below). Thanks." On the right side of the main content area, there are sections for "Members" (1,570 members), "Group Records" (No records yet), and "Group Files" (37 files, including ccjr-exclusions, PRO Data Collection, Joint Program Coordi..., CJR Overlap with Oth..., and Denom Table). At the bottom right, there is a "Recently Talked About" section with links to PROs Data Collection, Episode Definitions, Reconciliation, and CJR.



**Comprehensive Care for  
Joint Replacement Model**

# Getting Started on CJR Connect

To request a CJR Connect account, go to:  
<https://app.innovation.cms.gov/CJRConnect/CommunityLogin> and click “New User? Click Here.”

# Upcoming Events

<b>Quality Office Hours</b>	<b>Thursday, July 27, 2017 2:00 – 3:00PM EDT</b>
<b>CJR Patient Reported Outcomes (PROs) and Risk Variable Data Submission for Performance Year 2</b>	<b>Wednesday, September 13, 2017 2:00 – 3:00PM EDT</b>

If you have any questions about these events, send an email to [LS-CJR@lewin.com](mailto:LS-CJR@lewin.com)

# Next Steps

- Send any questions to [CJRSupport@cms.hhs.gov](mailto:CJRSupport@cms.hhs.gov)
- *Please take a few minutes to complete the Post-Event Survey*