CJR Participant Monitoring Reports Performance Year 5 Update[i]
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Laura Maynard: Greetings, I am Laura Maynard with the CJR model learning system and I welcome you to the CJR Participant Monitoring Reports Performance Year Five Update Webinar. First, we acknowledge that this is a challenging time for the entire healthcare system and we thank you for your time and attention. We are grateful for your dedication, and for your ongoing efforts.

In this recorded session we will review the logistics of viewing the presentation, we will share the goals of the monitoring reports, provide an overview of a new feature added since performance year 4, and review potential features of future reports. We will close out with reminders and next steps. Including ways to share any follow-up questions through CJRSupport@CMS.HHS.gov. And any feedback on the monitoring report either through that address or through the post event survey available following your viewing of this recording.

Through the presentation you may want to enlarge the slides to full screen in order to view the details. To do that, hover your cursor at the top of the slides and in the far right-hand corner you will see four outward pointing arrows. Click that to enlarge the slides. To return to the original view click again on those four arrows in the upper right hand corner, they will now be facing inwards.

Download the materials for this session from the event resources pod, it's in the upper right-hand corner just beside the slides. To download a file, select the file and click the download files button. It's located under the list of files. This will open a pop-up window and that will allow you to save the document to your computer. For our presentation I'm pleased to introduce Dhany Tjiptarto, from Mathematica Policy Research. Dhany?

Dhany Tjiptarto: Thank you Laura. Hello, my name is Dhany Tjiptarto. I am with the Mathematica Policy Research team; we are the monitoring contractor for Comprehensive Care for Joint Replacement Model. I'll be introducing you to the features that were added to the CJR Quarterly Report since Performance Year 4.

The goal of the monitoring report is to provide you, the CJR participant hospitals with information that is relevant, intuitive, and accessible. It is also meant to alert you of any compliance issues you may have.

To refresh our memory since the last webinar, which was around this time last year, we proposed showing patient complexity in future reports. For this report and the reports going forward, we have added the Charlson Comorbidity Index or Charlson score as an additional way to capture patient complexity.

For today's webinar I'll start off by introducing the Charlson score. I'll then explain how we've integrated it into the reports by showing examples of where to find it and what we intend for you to take away from the graphs. I will then go into potential features for the future. After that, I will conclude the presentation.

The Charlson score is a well-known metric used to measure comorbidity. Shown here are the 19 conditions used to calculate the Charlson score along with their corresponding weights. Using diagnostics code at the anchor stay of an episode, the code determines which condition the patient has.

Based on the condition, a weighted index of comorbidity is assigned. We then sum these weighted indexes for the episode and eventually discretizing them into the 0, 1, 2+ bins that you see in the report.

In addition to gaining insight to the range of complexities within the episodes you're serving, the Charlson score also provides you a more granular understanding as to why certain episodes are costing more than others. Shown here is a graph comparing the cost of 470 no fracture episodes versus Charlson scores from 2017Q3 – 2020Q1. Prior to adding the Charlson score, you were able to use case mix alone to determine approximately if an episode would cost more or less relative to the other case mixes. With the Charlson score you are given another dimension into understanding the price of episodes based on the complexity as defined by the Charlson score. Naturally the trend you see here is the more complex an episode is, the more the episode total will cost.

For more information on the original study and further readings, you can find links in your hospital reports under the new Charlson Comorbidity Index Section. Now that you have an understanding of what the Charlson score is and how it's calculated, I'm going to move onto where you can find them in the report.

The Charlson score was added to two places in the report. Because they are meant to provide you more insight to who has been accessing CJR services, they're placed under the Access header. First, there's a new subsection within the Access header called Charlson Comorbidity Index, which I previously mentioned. Here you'll find two new graphs followed by a table. The second place you'll find the Charlson Score is in the Skilled Nursing Facilities Length of Stay section. In addition to the DRG/Fracture combinations, you are able to understand the relationship between Skilled Nursing Facilities Length of Stay with the Charlson score as well as DRG/Fracture Combinations. Let's take a look at the new Charlson Comorbidity Index section first.

The first graph in this section shows the average Charlson score of episodes serviced by your hospital starting from 2017Q3 until 2020Q1 for all DRG/Fracture combinations. The purpose of this graph is show the trend of complex patients, as calculated by the Charlson score over time. I'd like to point out that the maximum Charlson score on this graph is 5 – this is because the distribution of Charlson scores shows to us that on average a hospital's Charlson score throughout the years tends to be less than 5.

To further prove this point, this graph shows all CJR episodes that occurred between 2017Q3 and 2020Q1. As you can see, about 50% of these episodes have a score of 0, 25% have a score of 1, and the remaining scores that are greater than or equal to 2 make up 25% of the data. This is important to note because the second graph in the Charlson Comorbidity Index section as well as the graphs found in the skilled nursing facilities length of stay section discretizes the Charlson score those three bins: 0, 1, and 2+.

To show you what I mean, here is the second graph you will find in the new section. This graph is meant to show given a Charlson score bin of 0, 1 or 2+, the percentage of your episodes that fall into these bins over time. This is different from the first graph because while the first graph shows average Charlson score over time, this graph is meant to show you the volume of episodes given a Charlson bin – it is meant be a more granular understanding of the complexity of your episodes measured by the Charlson score. The table underneath provides counts of episodes per quarter to further contextualize the percentages show in the graph.

The other section in which you can view the Charlson score is in relation to length of stay in a skilled nursing facility.

Here you'll find 3 graphs, 1 for each Charlson bin. These graphs are meant to display the average length of stay at a skilled nursing facility over time for episodes that fall into the respective Charlson bins. Periods in which there are less than 5 episodes will be indicated with a nonfilled circle – this is similar to the DRG/Fracture graphs of this section. Something to note about these graphs is that there are differences between these and their DRG/Fracture counterparts. Although the counterparts provide a Baseline Average, the Charlson bin graphs do not. They only display your performance period data. They also do not provide the ability to compare your performance period average to peer groups—these are potential features to implement in upcoming reports.

As for future reports, we believe it's worth integrating peer group comparisons for Charlson bins in understanding where you compare for average skilled nursing facility length of stay. It is also worth showing the relationships between readmission rates and the Charlson score. We're also open to feedback that you may for future improvements.

That is all the material I prepared today so thank your time and attention. And please let us know if you have any improvements you'd like to see in the reports going forward!

Laura Maynard: Thank you Dhany. We will wrap up with reminders and next steps. Slides from this recording are available on CJR Connect in the Libraries. If you do not have a Connect account, we encourage you to join Connect so you can access these and other relevant materials and resources, as well as converse and interact with your CJR peers. To request an account go to https://app.innovation.cms.gov/CJRConnect/CommunityLogin as noted there on the slide. Click the button that says "new user, click here". A recent change to CJR connect means that users who have not been active for 60 days or more will have their account suspended. To avoid suspension, users must log in at least once every 60 days. If your CJR connect account has been suspended and you want to regain access, follow the instructions that are posted here on slide 21.

The post event survey that is connected with this recording provides you an opportunity to give feedback on the monitoring reports. As well as feedback on this event. Please complete the survey to share your perspective on these reports. Send any follow-up or unanswered questions from this recording or regarding your CJR participant monitoring report to CJRSupport@CMS.HHS.gov. If your organization has made any changes to your Points of Contact for the CJR Model, please email CJR Support with the changes and your CCN. This concludes the recording. We thank you very much for your time and attention and for all of the good work that you do in the CJR model.

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has been made to assure the accuracy of the information, the ultimate responsibility for compliance with the regulations associated with the CJR model lies with the provider of services.