Managing Patients for Performance under BPCI
Total Hip and Knee Replacements

Kristen Daley, Group Director – Value Based Programs
Ryan Walker, Director – Lean Leadership Institute
 Porter Adventist Hospital

- Located in Denver, Colorado
- Founded in 1930 (87 years)
- 368-Bed Hospital Facility
- Magnet Recognition
- Level-3 Trauma

Employed Total Joint Replacement Practice
- Dr Doug Dennis, Dr Todd Miner, Dr Raymond Kim, Dr Charlie Yang, Dr Jason Jennings
- 2,200 Total Joint Replacement Cases per Year
- 85% Primary, 15% Revision
Our BPCI Program Roadmap...

How are we doing?
# of Episodes

Average Episode Cost

Source: Porter CMS Reconciliation Data; 1/1/2014 – 6/30/2016 (BPCI Patients Only)
Average Episode Cost

$1,412
$996

Average Episode Cost

Source: Porter CMS Reconciliation Data; 1/1/2014 – 6/30/2016 (BPCI Patients Only)

29% reduction in average SNF cost per episode

12 months prior to BPCI start

4.5% reduction in average total episode cost

Avg Spend by Category

$18,675

Apr 2014-Mar 2015

Source: Porter CMS Reconciliation Data; 1/1/2014 – 6/30/2016 (BPCI Patients Only)
Average NPRA per Patient

Source: Porter CMS Reconciliation Data; 1/1/2014 – 6/30/2016 (BPCI Patients Only)
Acute Length of Stay

Source: Porter CMS Reconciliation Data; 1/1/2013 – 3/31/2016; and Internally Collected Data; 4/1/2016 – 12/31/2016 (BPCI Patients Only)
% of Patients by LOS

Source: Porter CMS Reconciliation Data; 1/1/2014 – 6/30/2016; and Internally Collected Data; 7/1/2016 – 3/31/2017 (BPCI Patients Only)
Discharge Dispositions

Source: Porter CMS Reconciliation Data; 1/1/2014 – 6/30/2016; and Internally Collected Data; 7/1/2016 – 3/31/2017 (BPCI Patients Only)
% Discharged to SNF

Source: Porter CMS Reconciliation Data; 1/1/2014 – 6/30/2016; and Internally Collected Data; 7/1/2016 – 3/31/2017 (BPCI Patients Only)
% Discharged SNF by Surgeon

BPCI Patients Discharged to SNF
Colorado Joint Replacement Only

Source: Porter CMS Reconciliation Data; 1/1/2013 – 3/31/2016; (BPCI Patients Only)

Source: Porter CMS Reconciliation Data; 1/1/2013 – 3/31/2016; (BPCI Patients Only)
**SNF - Length of Stay**

**SNF Avg LOS**

Source: Porter CMS Reconciliation Data; 1/1/2014 – 6/30/2016; and Internally Collected Data; 7/1/2016 – 3/31/2017 (BPCI Patients Only)
SNF - Avg Cost Per Patient

Source: Porter CMS Reconciliation Data; 1/1/2014 – 6/30/2016 (BPCI Patients Only)
30-Day Readmissions

Source: Porter CMS Reconciliation Data; 1/1/2014 – 6/30/2016; and Internally Collected Data; 7/1/2016 – 3/31/2017 (BPCI Patients Only)
90-Day Readmissions

Source: Porter CMS Reconciliation Data; 1/1/2014 – 6/30/2016; and Internally Collected Data; 7/1/2016 – 3/31/2017 (BPCI Patients Only)
Readmission Trends

Readmission Rates
Finalized Claims Data Only

Source: Porter CMS Reconciliation Data; 4/1/2015 – 6/30/2016 (BPCI Patients Only)

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Our BPCI Program Roadmap...

How did we get there?
Key Elements Driving Results

- Established Care Coordination Program
- Alignment with Acute Care Stakeholders
- Developed Post-Acute Care Partnerships
- Improved Joint Education Coaching & Compliance
- Perioperative Clinic - Risk Assessment & Medical Optimization
- Standardized Pain Management & PT Protocols
- Employed Physicians Under Co-Management
• **Prepare** Patients for Efficient Discharge
• **Front-Load** Discharge Planning
• **Partner** with Acute Case Management Team
• **Promote** use of **Preferred Partners**
• **Extend** Patient Management Post-Discharge
Role of Transition Care Manager

Pre-Surgery
- Meet with patients to discuss expectations regarding hospital stay, discharge plan and rehabilitation needs. Establishes individualized care plan to address challenges and barriers that may impact quality of care and outcomes.

Acute Stay
- Work closely with surgeon and care team to track patient’s progress, monitor discharge transition plan and ensure a successful recovery.

Recovery
- Facilitate effective care coordination across care teams with specific focus on providing post acute transition planning; supervising and coordinating the delivery of services in these settings to ensure seamless transitions from hospital to next level of care.
Bending the Cost Curve

- Identify High Risk Patients
- Determine Customized Discharge Care Plan
- Set & Manage Patient Expectations
- Affect Patient's Choice of Post-Acute Provider
- Ensure Seamless Transitions from Hospital to Next Care Setting

Evaluation/Decision
- Perioperative Evaluation
- Surgery Planning

Pre-Admission
- Nutrition
- Surgery Education
- Decision Making

Inpatient Stay
- Discharge Planning
- Recovery

Post Discharge
- Pain Management
- Follow-Up Visits
- Rehab

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Cultivate Critical Partnerships

- **Transition** Acute Care Teams to think **Population Health**
- **Engage** with Post Acute Care Facilities (PAC)
- Develop **Metrics** to Track Partner Performance
- **Align and Share** Clinical Knowledge with PAC Providers
- Consistent **Presence of Care Coordinators** at Post Acute Care Facilities
# SNF Metrics

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Average Length of Stay</td>
<td>≤ 8 days / 90%</td>
</tr>
<tr>
<td>2) Patient Transfers before 3PM</td>
<td>≤ 20%</td>
</tr>
<tr>
<td>3) Nurse to Nurse Handoff</td>
<td>≥ 80%</td>
</tr>
<tr>
<td>4) RN to Patient Ratio</td>
<td>≤ 1:15 / 24/7</td>
</tr>
<tr>
<td>5) Therapy started within 24 hours</td>
<td>100%</td>
</tr>
<tr>
<td>6) Therapy provided twice a day, 7 days per week</td>
<td>≥ 85%</td>
</tr>
<tr>
<td>7) Therapy provided 6 days per week for patients in RUG categories from RH through RU</td>
<td>100%</td>
</tr>
<tr>
<td>8) Readmission from SNF within 30 days</td>
<td>≤ 10%</td>
</tr>
<tr>
<td>9) Return to ED within 72 hours of SNF admission</td>
<td>≤ 8%</td>
</tr>
<tr>
<td>10) Patient Willingness to Recommend</td>
<td>≥ 85%</td>
</tr>
</tbody>
</table>
What are our lessons learned?
LESSONS LEARNED

- Be Payer Agnostic
- Resources for Data Analysis
- Surgeon & Admin Champions are Critical
- Program Incentives vs. Compensation
- Embrace Process Improvement
- Have A Tolerance for Failure
- Be Innovative
- Engage Stakeholders Early
## Joint Replacement Bundle - Stakeholder Analysis

<table>
<thead>
<tr>
<th>Key Stakeholder (Name or Role)</th>
<th>Level of Support or Resistance</th>
<th>Reasons for Level of Support or Resistance</th>
<th>Goal for Level of Support</th>
<th>Strategy for Dealing with Resistance</th>
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<td>Strong Reservation</td>
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<td></td>
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</tr>
<tr>
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<td></td>
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**Stakeholder Analysis**

[Graphics and logos related to Centura Health]
## Joint Replacement Bundle - Stakeholder Analysis

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<tr>
<td>Director of Orthopedics</td>
<td>Strong Reservation</td>
<td>Understand this is the direction that healthcare is headed and we must learn to operate in a value-based world.</td>
<td>Strongly Supportive</td>
<td>N/A</td>
</tr>
<tr>
<td>Surgeon A</td>
<td>Moderate Reservation</td>
<td>Believes this program is all about money and asks clinicians to compromise care.</td>
<td>Strongly Supportive</td>
<td>Research and provide studies on best practice and effectiveness of bundled programs to positively influence patient outcomes.</td>
</tr>
<tr>
<td>Surgeon B</td>
<td>Neutral</td>
<td>Saw a presentation at a conference about the benefits of bundled programs resulting in better outcomes for patients!</td>
<td>Strongly Supportive</td>
<td>Leverage supportive attitude of Surgeon B to share findings with Surgeon A.</td>
</tr>
<tr>
<td>Physicians Assistants</td>
<td>Moderate Supportive</td>
<td>Don’t really understand what it’s all about – from what we hear this is a ‘flavor of the month initiative’.</td>
<td>Moderately Supportive</td>
<td>Provide education to staff in a format that addresses their questions, accommodates their schedule, and reinforces the reality that this is a mandatory initiative.</td>
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<tr>
<td>Medical Assistant</td>
<td>Strongly Supportive</td>
<td>Don’t really understand what it’s all about – from what we hear this is a ‘flavor of the month initiative’.</td>
<td>Moderately Supportive</td>
<td>Provide education to staff in a format that addresses their questions, accommodates their schedule, and reinforces the reality that this is a mandatory initiative.</td>
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Group Discussion

What questions would you ask your stakeholders to elicit feedback and understanding?
Other Stakeholder Questions

- What have you heard about CJR? (BPCI)
- What is your impression of the program?
- In your opinion, what does success look like for this program?
- What do you feel are the greatest opportunities?
- What are your greatest concerns regarding this program?
- Do you support moving forward with efforts to implement?
Thank You!

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