Partnerships: Developing an Elective Joint Replacement Program

Amy R. Ehrlich, MD
Angela Schonberg, MPT
Wojciech Rymarowicz, MPT

Overview Session

• Overview: Montefiore network
• Program Development
• Data and Outcomes
• Questions
Elective Joint Replacement Program
Overview: Montefiore Network

Amy Ehrlich, MD
Medical Director, Montefiore Home Care
Associate Chief, Division of Geriatrics
Professor of Clinical Medicine
Albert Einstein College of Medicine

Learning Objectives
By the end of the session, participants will be able to:
• Discuss the need to implement specialized programs for elective joint replacement patients
• Describe how to develop a program
• Illustrate a collaborative approach in the hospital setting
Montefiore Medical Center

Who We Are

- Children’s Hospital at Montefiore
- Montefiore Einstein Center for Cancer Care
- Montefiore Einstein Center for Heart and Vascular Care
- Montefiore Einstein Center for Transplantation

- ~1,323 Residents & Fellows
- ~420 Allied Health Students
- ~1,950 Graduate & Undergraduate Nursing
- ~200 Home Health Aides
- ~100 Social Workers

- Home Health Programs
- Primary Care
- House Call Program

- 6 Hospitals
- 1,930 Beds
- 150 Skilled Nursing Beds
- 1 Freestanding ED

- Clinical
- Translational
- Health Services

- Clinical support
- Network applications

- Finance
- Legal
- Purchasing
- Compliance
- Marketing
- Human Resources

- CMO
- Care Management
- Disease Management
- Information Technology

- ~31,370 Employees
- ~3,250 Medical Staff
- ~3,430 Integrated Provider Association Physicians
- ~1,800 Employed MDs
- ~4,270 RN/LPN
- ~3,300 NYSNA RNs
- ~10,280 SEIU/1199

Notable Centers of Excellence

- Health Education
- Community Advocacy
- Wellness
- Disease Mgmt.
- Nutrition
- Obesity Prevention
- Physical Activity
- Reduces Teen Pregnancy
- Lead Poisoning Prevention

Academic

Population Health

Corporate Functions

Information Technology

CMO

8/24/2015
Magnitude of the Problem: Elective Joints

Projected Numbers of Total Knee and Total Hip Arthroplasty

Kurtz
Jl Bone & Jt Surgery
2007

Magnitude of the Problem: Elective Joints

Projected Number of Revision: Knees and Hips

Kurtz
Jl Bone & Jt Surgery
2007
### Orthopedics at Montefiore

#### Snapshot

**Orthopedics at Montefiore:**
- Orthopedic surgeons: 27
- Podiatric surgeons: 5
- Orthopedic residents: 30
- Podiatry residents: 18
- PA/RNPs: 22

**Target Surgery**
- Elective joint replacement: 1,077
- Projected 2015 > 1,400

### Sweeping Changes in Health Care

- Centers for Medicare & Medicaid Services (CMS)
  - Pioneer Accountable Care Organization (ACO)
  - Bundled Payments Care Improvement Initiative (BPCI)
- New York Medicaid reform
  - Managed Long Term Care (MLTC)
  - Delivery System Reform Incentive Program (DSRIP)
Sweeping Changes in Health Care

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Background: Bundled Payments

- Traditionally, Medicare makes separate payments to providers for each individual service
  - Fragmented care
  - Poor coordination across providers and health care settings
- Payment rewards:
  - Quantity of services rather than the quality of care
Bundled Payments Initiative

- New initiative from the Centers for Medicare & Medicaid Services (CMS) in 2013
- Innovative payment model
- Organizations enter into payment arrangements that include financial and performance accountability for episodes of care
- Goal:
  - Align incentives for providers: hospitals, PAC providers, physicians
  - Provide higher quality, more coordinated care at a lower cost

4 Models

- Model 1:
  - Retrospective Acute Care Hospital Stay Only
    - Episode of care is defined as the inpatient stay in the acute care hospital. Physicians are paid separately. Includes all Medicare FFS discharges
- Model 2:
  - Retrospective Acute Care Hospital Stay Plus Post-Acute Care
    - Episode includes the inpatient stay in the acute care hospital and all related services during the post-acute period and readmissions
    - Episodes ends either 30, 60, 90 days after hospital discharge
    - Participants select up to 48 different clinical episodes
4 Models

- Model 3:
  - Retrospective Post-Acute Care Only
    - Episode of care triggered by an acute care hospital stay and begins at start of post acute care services with a participating SNF, inpatient rehab facility, LTC Hospital or HHA
    - Begins 30, 60, 90 days after initiation
    - Participants select up to 48 different clinical episodes
- Model 4:
  - Acute Care Hospital Stay Only
    - Single payment to the hospital for all services furnished during stay by hospital, physicians and others
    - Includes readmissions for 30 days
    - Participants select up to 48 different clinical episodes

Montefiore’s Bundled Payments

- Model 2:
  - Retrospective Acute Care Hospital Stay Plus Post-Acute Care
    - Episode includes the inpatient stay in the acute care hospital and all related services during the post-acute period and readmissions
    - Episodes 90 days after hospital discharge
- Participating Conditions:
  - Cardiac: Valves, Heart Failure, CABG
  - Stroke
  - Major Joint Replacement of the Lower Extremity
Impact of Montefiore’s Bundled Payments

• Montefiore is at risk for 90 days after hospital discharge
• The post-acute care setting is critical for the success of the program
• Future directions include bundled payments for hip fractures

Elective Joint Replacement Program
Program Development

Wojciech Rymarowicz, MPT
Director of Rehabilitation
Montefiore Home Health Agency
Montefiore Home Care

- Established in 1947 as the nation’s first hospital-based home care agency
- Comprehensive in-home skilled and supportive care to patients of all ages
- Joint Commission Accreditation (JCAHO)
- 385 Home Care Associates
  - Clinical = 57%
    - RNs
    - Rehabilitation (PT/OT/ST)
    - MSW

Montefiore Home Care-Snapshot

- 13,728 admissions
- Average daily census: 2,735
- Skilled visits annually:
  - Nursing: 124,347
  - Rehabilitation Therapy: 43,159
  - Social Work: 8,328
MHC Specialty Programs

- Elective Joint Replacement
- Behavioral Health
- Heart Failure
- Infusion Therapy
- Palliative Care Program
- Telehealth
- Wound Care
  - Surgical Wound Collaborative
  - Vascular Program
  - C-section Staple Removal
  - Breast Reconstruction

Montefiore Home Care
Elective Joint Replacement Program

- First Step
  - Identifying the problem
    - Large volume operation:
      - 2011: 621  ➔  2014: >1,400 projected
    - Majority patients being discharged to SNF after EJR
    - Reasons:
      - Socio-economic factors
      - Housing stock Bronx
  - Increased urgency to find a solution
    - ACO
    - Bundled payments
Program Development: Establish Partnerships

- Department of Orthopedics and MHC
  - Looking at a new model of care: Patient Family Centered Care (PFCC)
    - Create patient and family experience
    - Interdisciplinary collaborative approach
- Who was at the table?
  - Chair of Orthopedics
  - Director of Nursing
  - Executive team at Montefiore Home Care
  - Director of Social Work
  - Chair of Anesthesia
  - Director of Inpatient Rehabilitation
  - Discharge Planning Team
  - Nutrition Services
  - Peri-operative Services
  - Pharmacy

Governance

EGC
Senior Leadership
Meets: quarterly

IGC
Interdisciplinary Team
Meets: monthly

WORKING TEAMS
Hospital Staff
Meets: monthly
The Journey of a JRC Patient

Working Teams’ Implementation Cycle

- Call Center
- MD Office
- Pre-Op Ed/P.A.T.
- Pre-op Day of Surgery
- Inpatient Stay
- Discharge

HOME

- An Ideal Hospital Experience
- Shadowing, Interviews, Letters, Surveys
- Information Gathering
- Team Presentation
- Review & Discussion
- Seek Approval from IGC & EGC
- Implementation
- Finalization

PFCC Team
Montefiore Home Care
Elective Joint Replacement Program

• Program Goals:
  ▪ Increase discharges to home
  ▪ Decrease hospital length of stay
  ▪ Improve pre-operative teaching
  ▪ Achieve functional outcomes
  ▪ Improve patient satisfaction

Montefiore Home Care Program
Develop Clinical Protocols

• Pain management
• Anticoagulation
• Restrictions and precautions related to activity
• Home exercise program
• Functional mobility
Program Development: *Education*

- **Clinical staff:**
  - MHC rehabilitation staff
  - MHC nursing staff

- **Educate Patients and Families**
  - Created patient education materials

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Program Development: *Education*

- **Pre-Operative Education:**
  - Mandatory 2 hour preoperative course
  - Collaboration:
    - Orthopedics
    - MHC
    - Discharge team
    - “Speaking One Voice”
Program Development:  
**Education**

- Home Health Aide Education
- How did we set this up?
  - Approach vendors regarding new program
  - Shared MHC/Orthopedic protocols to develop educational manuals for HHAs
  - Develop competencies
  - “Train the trainer”

Home Care Clinical Pathways

- Post-Operative Week 1
  - Daily PT visits
    - Range of Motion
    - Transfers
    - Gait training
  - RN visits
    - Medication reconciliation
    - Anticoagulant administration
    - Patient education
Home Care Clinical Pathways

- Post-Operative Week 2
  - PT becomes case manager
  - Decreased visit frequency as patient progresses
- First post-operative orthopedic visit
  - Staples removed
  - Initiate transfer to outpatient rehabilitation services as needed

Elective Joint Replacement Program
Data and Outcomes

Angela Schonberg, MPT
Assistant Director of Business Development
Montefiore Home Care
Results: Average Utilization

• Utilization:
  ▪ 4 RN visits
  ▪ 10 PT visits
  ▪ < 1 OT and MSW visits
  ▪ 10 hours of HHA
• Average LOS on program: 22 days

Outcome Data

• Virtually all residents meet their goals
  ▪ ROM >90° TKR’s
  ▪ Stairs - Able to manage stairs in home environment
  ▪ Ambulation - Independent >100’ with device
Results: Discharge Disposition

Results: Hospital Length of Stay

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<tr>
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<th>D/C Home</th>
<th>D/C SNF</th>
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<tr>
<td>LOS before Program</td>
<td>4.1 +/- 2.3 days</td>
<td>4.0 +/- 2.2 days</td>
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<tr>
<td>LOS after Program</td>
<td>3.2* +/-1.1 days</td>
<td>3.6* +/- 2.6 days</td>
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<td>P value</td>
<td>&lt;.001</td>
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Readmission Rate

• 30 day readmission rate:
  ▪ Discharged to home: 2% (15/760)
  ▪ Discharged to SNF: 7% (21/317)

Results: Finances

Estimate
• Average cost for SNF- $8,000/pt
• Average cost for Home Health-$3,200/pt
• Total savings for patients discharged home rather than to SNF is $4,800 per patient.
Results: Finances

- Health Plan Claims Data (n=500)
- Average cost for SNF - $8,981/pt
- Average cost for Home Health - $3,819/pt
- Total savings for patients discharged home rather than to SNF is $6,162/pt.

Results: Finances for 2013

- Prior to EJRP 31% of patients were discharged home
- In 2013 - 51% of patients were discharged home
- This translated into an additional 191 patients discharged home
- This represented an estimated savings of $917,000/yr
- Using claims data estimated savings of $1,177,000/yr
- In 2014-70% of patients were discharge home leading to additional savings and revenue
CMS Initiative: Post-Acute Costs

• Comprehensive Care for Joint Replacement Model
  ▪ New CMS initiative for post-acute cost
  ▪ Will retrospectively add or subtract to a hospital’s current reimbursement level in the year following a patient’s surgery.
  ▪ 5 year payment model (75 geographic areas)
  ▪ Hospital held accountable for the quality and care costs from surgery to 90 days post discharge
  ▪ If costs in the 90 day period are less than Medicare target costs, hospitals will be reimbursed up to 20%

CMS Initiative: Marketing Your Agency

• New model will incentivize hospitals to work with Home Health Agencies and other providers
• Agencies need to collect data on:
  ▪ Readmission rates
  ▪ Length of stay
  ▪ Return on Investment
• Market this to hospitals, insurance plans
• Illustrate how your programs can transition patients from hospital to home