

Assessing the State of Your CJR Preparation: 4 Keys to Success



The Dawn Of Mandatory Episode Bundles

The Comprehensive Care for Joint Replacement Model (CJR) has been underway in 67 US markets since April 1, 2016. The program is designed to incentivize providers based on outcomes, quality, and care coordination, with the goal of decreasing the roughly \$7B annual Medicare cost for total hip and knee replacements. Included in the structure are allowances for greater flexibility and adaptability in how payments and bonuses are allocated, as well as a focus on consistently achieving a target cost Medicare sets based on historic data.

CJR is just one of many value-based payment

programs, and not all are Medicare-driven. Private payors like Aetna, Blue Cross Blue Shield, and Cigna are initiating their own bundled payment programs, as well as partnering with Medicare in joint bundle programs like the Oncology Care Model.* Regardless of program, the challenge of value-based care is looming large, and programs will see the most success by learning from market leaders and adapting based on the latest insights. Read on to learn what the first several months of CJR has shown, and the four key takeaways you can use to drive success in your value based care programs.

*[source <https://innovation.cms.gov/initiatives/Oncology-Care/>]



So, How Is It Going?

As with any bundled payment program, one of the main concerns with early CJR programs has been controlling cost while keeping patients – sometimes large volumes of patients – informed, engaged and coordinated in care. CJR participants aim to follow documented evidence-based care guidelines, while still tailoring the care plan to patients’ unique needs. They need to ensure every patient is engaged and informed throughout the 90-day episode, while taking extra care and effort to ensure high-risk patients get the care they need. They must focus on their most important and time-sensitive tasks at hand, while coordinating transitions of care across facilities and teams and ensuring handoffs elsewhere happen efficiently. Balance in these areas must be achieved under time constraints, within the episode timeframe and budget constraints, and below the target cost.

The tools to implement these requirements do not exist within most of today’s EMRs, which often means that more staff members are required to complete inefficient workarounds,

paper-based documentation and traditional case management. Because of this, some hospitals are still in “wait-and-see” mode, or still determining changes to implement. This is expected to change in 2017, though, when hospitals begin to downsize risk under the CJR program.

Industry experts caution inaction in light of early financial performance analysis. Based on Avalere’s estimates, 60% of the 800 hospitals affected by the CJR ruling have current costs higher than regional and historic benchmarks – meaning they could be in for an abrupt wake-up call when performance does affect reimbursement. These initial months should be used to implement new products and workflow innovations that can pay off down the line, they argue. Implementing simple changes in key areas now and measuring results in real-time can mean more payoff down line when successful measures are implemented more broadly within organizations.

(<http://www.beckersspine.com/orthopedic-spine-practices-improving-profits/item/30556-cjr-bundles-to-pay-25k-per-episode-8-statistics-on-cost-breakdown.html>)



CJR Checkup: Is Your Organization Doing These Four Things to Implement Change and Measure Success?

1. Acquire and Develop Multidisciplinary Care Teams

CJR is designed to reform not only payments, but also staffing and operations. **Stakeholders are expected to find innovative and effective ways to align on issues of patient care and coordination.** Care teams should be multidisciplinary in nature to leverage the specialty knowledge of different roles – which means that communication is key. With the concept of bundled payments, pre- and post-surgical care providers share a stake in the outcomes of each patient and are encouraged to partner with reputable colleagues to ensure all parties are contributing to the patient's success.

Tracking the performance of the care team, as well as individual members' productivity, ensures the care process continues running like a well-oiled machine. With workflow automation tools like Sequence, teams can manage their own task lists, set reminders, and easily see when patients are scheduled for their next outreach or in need of intervention.

These tools help create workflow efficiencies that result in:

- better adherence to detailed, evidence-based care plans
- real-time risk management and care plan adjustments communicated to all stakeholders through a single method
- fewer human errors
- better patient satisfaction and outcomes throughout the patient experience

A shared platform that aggregates program data and surfaces trends about variations in care, bottlenecks in throughput, or overwhelmed care teams enables efficiency of multidisciplinary models, providing detailed insight for program leaders looking to improve patient and business outcomes.

2. Manage Patients Along Care Pathways To Ensure Adherence To The Care Plan

Defining and adhering to evidence-based care pathways allows organizations to observe, document, and monitor patient and care team performance for every patient as well as the entire patient population. A strong CJR care pathway will include:

- pre-surgical patient risk assessment
- patient and caregiver education
- tools to collect Patient Reported Outcomes for potential CMS bonus payments

Patient-provided information is used to craft a specialized care plan based on the patient's specific medical, social and lifestyle needs, which guides all members of the care

team in exactly when and how to provide the most appropriate care.

The best care pathways, like the configurable ones within Sequence, leverage a program's existing IT investments, automatically updating care plans and task lists in real time as updates are made in the EMR. This decreases clinician time spent on data entry, and ensures that care plans remain up-to-the-minute with accurate information. Smart, time-saving decision support helps care providers make the best decisions for the patient. The patient is engaged and throughout the episode, with regular communications delivered at times that work best for them, using the form of communication they prefer.



3. Improve The End-To-End Patient Experience To Encourage Optimal Outcomes For All Stakeholders

Another vital aspect of CJR's value-based approach is the shared responsibility of providers to deliver a cohesive, streamlined experience for the patient with the goal of improving outcomes and satisfaction for all stakeholder. The objective is to seamlessly nurture patients through preparatory steps as part of a concierge-style patient experience and stay connected throughout the care plan to ensure continued success, including the documentation of positive patient reported outcomes. Solutions like the Sequence platform streamline referral relationships and

“close the loop” between referring providers, surgical care teams, and post-surgical care providers by documenting and sending automated updates on patients' care progress.

When an organization can align all aspects of patient

Solutions like the Sequence platform streamline referral relationships and “close the loop.”

coordination – from risk assessments and care plans to education, engagement and outcomes management – into a unified platform, care teams can manage the

end-to-end experience and surface meaningful trends in performance data. The most effective programs also partner with referring providers and post-acute care facilities to share data, ensuring top-notch care coordination and performance

metric tracking. Care teams can deliver patient summaries back to referring providers via secure email, ensuring provider satisfaction and coordination of care.



4. Manage Readmission Risk By Improving Patient Engagement

Since roughly 40% of Medicare episode payments (or around \$10,000 per episode!) will be tied to post-discharge care, managing patients post-surgically remains the single most financially impactful focus within the care continuum for a CJR hospital. Understanding and mitigating the risks starts early – pre-surgery – with a proactive risk assessment designed to determine the patient’s current condition, needs, and likelihood of readmission. That requires patient education from the initial stages of the patient/provider relationship as well as detailed information during the onboarding process to accurately assess needs and risks. That also requires patient engagement throughout

the care plan to accurately, and in real time, evaluate the patient’s progress and update the steps of care accordingly. Educated patients are able to manage their own recovery better, preventing complications and recognizing and reporting potential symptoms at their onset.

Innovation meets intervention: throughout the episode, patients deemed high-risk should be targeted with specific interventions. In the days and weeks post-surgery, patients should report any symptoms at regular intervals throughout the recovery period in order to recognize and prevent adverse conditions that may lead to readmission. With the automated post-discharge Care Transition

Systems (CTS) survey module from Sequence Health, algorithms rank each patient’s risk level daily based upon their feedback to evidence-based surveys designed to keep patients engaged and in constant contact with their care team throughout the recovery process. The Care Transition module delivers real-time updates to care teams who use this information to target their efforts to the highest-risk patients. This results in well-documented patient outcomes, higher satisfaction scores from patients and referring providers who are engaged throughout the entire care continuum, and decreased instances of complications, including readmission, to post-surgical care.

Patient outreach and engagement through Sequence allows care teams to control costs and achieve quality results with patient management strategies, including:

1. Patient education, reminders and outreach
2. Risk assessment/stratification assigns patients to the most appropriate care plan and alerts care teams to which patients will likely need intervention
3. Care plan development, upkeep and modification in real time based on engagements and data collected in the EMR
4. Care coordination tools for care team members to manage their daily task lists and patient volumes
5. Collection of Patient Reported Outcomes PROs
6. Integration with EMR platforms, practice management tools, and other IT investments
7. Care transition module supports post-discharge communication, education and risk mitigation, encouraging best outcomes throughout transition from hospital to post-acute care
8. Analytics to surface trends easily and proactively manage patient care



Benefits of these strategies include:

- Patient engagements encourage adherence to the care plan throughout the patient experience and promote loyalty to the organization
- Early intervention and management of operational inefficiencies allow modification of the care plan, care team, and internal processes
- Care transition module provides early intervention at the first signs of post-discharge complication, allowing providers to manage the risk of readmissions
- Seamless quality and real-time practice data sharing for accurate assessment of a patient's total health
- Higher patient satisfaction and HCAHPS, HOOS and KOOS scores
- One-click reports provide clear snapshots of patient progress as well as high level views of trends across the patient population for documenting continual progress and year-over-year improvements



As CMS continues to influence the way healthcare providers deliver, document, and assess patient care, the principles guiding CJR mandates for orthopedic organizations will influence providers in service areas across the board. With the goal of improving the patient experience and documenting the value delivered by each provider, it is more important than ever to focus on communication, workflow management, and the realization of optimal results. Existing EMR and patient management technology falls short in relieving the burdens of these widely-imposed mandates without adding responsibility to an organization's staff.

Contact Sequence Health today to learn more about our smart solutions featuring the intuitive Sequence patient relationship and workflow management platform and our support services designed to help you balance the demands of growing your business in a new outcomes-driven healthcare landscape.





About Sequence Health

Headquartered in Atlanta, Georgia, Sequence Health is a cloud-based technology and services company that improves profitability and patient outcomes for hospitals and practices through end-to-end patient engagement solutions backed by clinical and non-clinical teams. Its HIPAA-compliant, SaaS platform improves care team workflows, automates patient communication and tracks patient progress to optimize the patient journey. Since 2004, leading healthcare providers have trusted Sequence Health to help acquire, manage and engage patients through complex episodes of care.

To learn more about Sequence Health's services, please contact us at **888.986.3638** or contact us online at **[sequencehealth.com](https://www.sequencehealth.com)**.