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Practice Transformation Guide

Comprehensive Care for Joint Replacement (CJR) Model

Lessons Learned from the First 5 Years

MODEL OVERVIEW

The CJR model is a mandatory model that launched on April 1, 2016 to test whether an episode-based payment approach for lower extremity joint replacements (LEJR) can lower payments while maintaining or improving quality.

PARTICIPANTS

733
Hospitals

67
Metropolitan Statistical Areas

Mandatory participation was scaled back to 34 MSAs in year 3

PRIMARY DATA COLLECTION ACTIVITIES

Over the first 5 years of the CJR model, data were collected to assess care transformation strategies implemented by participant hospitals.

313
Phone Interviews

Provide insight into specific topics of interest, including care coordination efforts, relationships with surgeons and post-acute care providers (PAC), and hospital internal cost-saving.

40
Case Studies

Provide in-depth descriptions of participant experiences.

***250** interviews completed with **700+** hospital staff and PACs.*

3
Provider Surveys

Provide insight into care protocol changes made in response to the CJR model.

***644+** providers responded, including hospital administrators, orthopedic surgeons, and care coordinators.*

FINDINGS

Hospitals were driven to respond to the CJR model due to market and payment pressure and the opportunity to prepare for future bundled payment models.

The opportunity to **prepare for future bundled payment models** was a key driver in hospitals' decisions to respond to the CJR model. Interviewees at one hospital noted that "the future looked like bundles were going to be rolling out all over the place" and the CJR model was the "training wheels" to prepare for other models.

The **alignment of the financial incentives** with other market pressures influenced hospitals' choice of action in responding to the CJR model. Hospitals were able to react quickly to the CJR model by leveraging established partnerships and standardized care protocols. Hospitals refined their strategies based on Medicare and clinical data.

This document summarizes the evaluation reports prepared by an independent contractor. To learn more information about the CJR model and to download the evaluation reports and case studies, visit https://innovation.cms.gov/innovation-models/cjr

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Transformation Spotlight

Comprehensive Care for Joint Replacement (CJR) Model

Insights from the First 5 Years

CARE TRANSFORMATION STRATEGIES

Hospitals used a multifaceted approach across the entire episode of care to reduce institutional post-acute care and discharge patients directly home.

Pre-hospitalization

- **93%** provide pre-surgical education to patients*
- **97%** actively engage patients in discharge planning*
- **84%** perform risk assessment or stratification*

Hospital Stay

- **89%** implement same day ambulation or physical therapy+
- **92%** use pain management practices that aide early mobility+
- **81%** schedule follow-up appointments prior to discharge+

Post-discharge

- **88%** communicate with PACs regarding patient care*
- **93%** follow-up with patients after discharge*
- **88%** collect and analyze outcomes data*

* Findings from Year 4 Care Coordinator survey + Findings from Year 2 Hospital Administrator survey

Key transformation strategies used to achieve the goals of the CJR model

Patient education. Enhancing pre-surgical education to set patient and caregiver expectations for discharge destination, continue discharge planning, identify and mitigate risks to successful recovery, and build caregiver engagement.

Care coordination. Engaging interdisciplinary teams to coordinate care for patients. New staff hired with titles, such as care planner, case manager, or navigator. New or enhanced efforts included patient education, discharge planning, patient follow up, risk stratification, and data sharing.

Relationships. Enhancing relationships with orthopedic surgeons and PAC providers. Hospitals developed preferred PAC networks and enhanced communication, information sharing, and engagement between PAC staff, the hospital, and primary care providers. Sharing performance data was a critical strategy for engaging physicians in their hospital's activities related to the CJR model.

> "Patient families are happier – they are empowered and informed about what they are going through with the surgery – they are educated. It starts at the doctor's office as early as consult. The mindset has a lot to do with the outcomes."
>
> – Medical director