Adapting and Updating Part Three[i]

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Laura Maynard: Hello everyone, and welcome to this CJR webinar, Adapting and Updating Part Three. Welcome, we're glad you have joined us today. I'm Laura Maynard, and I'll be facilitating our session today. Let me run through our agenda. First, we're going to share some logistics information. Then we will share some resources on collaborating with Post-Acute Care Providers, on Pain Management, and where you can find those resources in the toolkit.

We will then have a presentation from St. Clair Hospital. We will then have some time for Q&A and open discussion. We'll close out with announcements and reminders.

Our slide says that all telephone lines are muted, but we're having a few small issues with our audio today. So it's possible that lines will be unmuted. I would like to let you know that your phone line is probably unmuted. If you would mute your line on your end, unless you're asking a question or speaking up in the discussion, we would appreciate it. That would tone down any background noise that we've got. So we just encourage all participants, please put your own line on mute. Thank you. Appreciate that.

We encourage you to participate with comments, questions and reactions through the Chat pod today. We'll be giving a little more information on how to access that Chat pod in just a moment.

We want to begin with our disclaimer announcement. The Centers for Medicare & Medicaid Services, CMS, its employees, agents and staff assume no responsibility for any errors or omissions in the content of this webinar. CMS makes no guarantees of completeness, accuracy or reliability for any data contained or not contained herein. CMS shall not be held liable for any use of the information described or contained herein, and assumes no responsibility for anyone's use of the information. CMS does not endorse any strategies, tactics or vendors referred to in this webinar. The views and opinions expressed in this webinar are those of the participants and do not represent the official policy or position of CMS.

A little introduction to the webinar platform. Some of you are very familiar with this platform, and those of you that are, may notice that it looks a little different today. We've had an update, we've got some very interesting new features, some are very similar, some are a little different.

To begin, I'll draw your attention to the Closed Captioning, which is just underneath the slides. It's a Black box with White print on it. If you are following the Closed Captioning and you want to make it full screen, there is just to the upper right-hand corner of that pod, a rectangle with little arrows pointing out. If you click that, the Closed Captioning will become full screen.

We're also going to post a link in Chat for Closed Captioning, if you would prefer to following Closed Captioning in a separate window. So we'll be posting that link into the Chat pod.

The telephone dial-in information is to the upper right-hand side of the slides, if you need to call in by phone. So if you're listening over your computer speakers and are having any audio difficulties, you can always call in by telephone.

The Chat pod is just below that to ask questions or send messages to us. Beside that is Event Resources. You'll see there the CJR Toolkit Version 2.1. and its dependencies, the slides for today, and a couple of resources that are going to be referenced in our presentation today that you may wish to download.

I'm going to go over here to download the resources, click on File, and then click the downward facing arrow. It opens a pop-up window that'll allow you to save that document to your computer. To download all the files that are there, click on the three dots and select Download All.

Throughout the presentation, you may want to make the slides larger. To do that, if you hover your cursor at the top of the slides to the right. There's a little rectangle there with arrows pointing outward. Click on that and the slides will be full screen size. Click it again and the slides will return to this size and you'll be able to see this view.

So I hope everyone's familiar with those logistics. Let's chat. The Chat pod is just to the right of the slides underneath the dial-in information. And we would encourage you to share in Chat now and introduce yourselves. So if you could just put in your organization, your hospital and your location, where are you, that will give us a way of seeing who's here, and get to familiar using that Chat pod. We want you to use that to submit your questions for our speaker today and also to submit any comments that you may have. So use that Chat pod, type in at the very bottom where it says Type Here and click the little arrow to submit and introduce yourself there in the Chat pod. Excellent. Thank you. Thanks, everyone who's beginning to do that, we appreciate it.

I'm going to share a little bit now about some resources that are available for collaborating with post-acute care providers. These are resources that you'll find in the CJR Model Toolkit 2.1. you'll find these particular resources on page 38. The toolkit is available for download in that Resources pod that I mentioned if you don't already have access to it. It shares information about that collaboration with post-acute care.

I'm going to ask you now to tell us a little bit about how you have updated your strategies for using post-acute care collaboration. So we'll have a poll launch, we'll be launching a poll. We want you to share with us, how have you modified your post-acute care collaboration strategies overtime. So you may well have started with one approach when you began in CJR, and then over time, you've changed the way you collaborate with your post-acute care providers. So we'd like you to just type in how you have made that modification. We want to see if we can launch our poll.

For answering this poll, you go down under the question, how have you modified your post-acute care collaboration strategies overtime. And you type in your answer here. You can type lots of words in there, as many or as few as you like. Then click the little arrow and it will post, and we'll be able to see those results. So just let us know what changes have you made, and the ways that you collaborate with post-acute care overtime.

I'll give you a minute to do that. And thanks to everyone who's introducing yourselves in the Chat. We appreciate that.

Ah, yet to see how you're going to adjust that. That's a very valid response to this question. TBD, To Be Determined. You may get some ideas today both from the presentation and from the conversation that we'll be having, things that you might want to try to update your post-acute care collaborations. Others feel free to type into there, how have you modified your strategies for collaborating with post-acute care?

Yeah. Use the Approved SNF List. Allow patients to choose the SNF of their choice, other than that not a lot of collaboration. Yeah. Alert the post-acute facilities prior to the patient's arrival. Having an orthopedic navigator follow-up, meeting with rehab and the nursing home liaisons monthly. Great.

Any other approaches that you want to share on how you are collaborating with your post-acute care providers?

Joined in the post-acute cares weekly, UR meetings. That's great. Invite facilities to attend the monthly CJR meeting, that's good collaboration. That's great.

There'll be lots of opportunities in future for you'll to share more and more about this, and of course to have some ongoing discussions about it. Excellent. Making sure that patients are evaluated as soon as possible after surgery. That's helpful.

Alright, we're going to close the poll. But as I say, we'll be able to talk about this even more going forward. The other topic that we're going to be talking about today, besides post-acute care, collaboration, is also Pain Management. And you will find that in the CJR Model Toolkit 2.1, there's a section on a primary driver, Right Care, Right Time. Within that, there's a secondary driver – Standardized, Evidenced-Informed Clinical Protocols. Among the specific tactics, there is pain management. There are other tactics in there as well.

The detailed driver diagram is on pages 7 through 13 of the toolkit. This particular page that you're seeing with the pain management tactics listed is on pages 23 and 24. Specific reference to pain management and some potential process and outcome measures are on page 9 of the toolkit.

Here's another chance to share a little bit and give us some initial thoughts. I'll launch another poll on how have you updated your pain management strategies over the past year. So just thinking about over the last year or so, what changes have you made in your pain management protocols, in your approaches and strategies to pain management? What have you done that's a little different? How have you updated that? We'll be sharing some information about how St. Clair Hospital has done that. And we'll have the opportunity to ask some questions and to have some dialogue with each other about it. We're going to see if you can respond to the poll here.

Same thing, in the bottom type here to edit your answer, type here to submit your answer. How have you updated your pain management strategies over the past year? Just type in there and click the arrow. Let us know what are you doing in terms of your pain management protocols?

Early mobility, modalities for pain relief. Yes. That multimodal approach, we talked about that in a prior webinar. A lot of you are using that. Iovera, interesting. Thank you. Thanks for sharing that.

Other Responses, type there at the bottom of that box. Updated order sets to minimize opioids and early PT evaluation. Multimodal options, NSAIDS, ice, PT etc. So various options and approaches.

Alright, I'll give it one more moment, see if anybody else is typing in. The ERAS meds in pre-op, yeah. Others may be doing that as well. Scheduled pain medication, first 24 hours post-op, yes.

Alright. Well, thank you for sharing those. Again, we'll have more opportunities for discussion a little later on in the webinar, but we'll close out that poll. At this time, I am happy to introduce our speaker, Molly Keller from St. Clair Hospital. She is the Orthopedic Nurse Navigator there, and she's got a presentation to share with us. So at this time, I'll turn it over to Molly.

Molly Keller: Okay. Hi everybody. I'm really excited to share with you what we're doing here at St. Clair. It was great to see all those answers on the poll, because it sounds like we're all doing a lot of the same things that are going on here at St. Clair as well. Hopefully, we'll be able to make this really practical for everybody and sharing some of our strategies about Adapting and Updating Part Three.

So this is St. Clair Hospital, Center for Orthopedics, Total Hip and Knee Program. I'm going to tell you about what we're doing. We are a Center of Excellence for Hip and Knee Program of Blue Cross Blue Shield, Blue Distinction Center. This is a topnotch program, and I'm excited to let you know what we're doing here.

Just tell you a little bit about St. Clair. We are a 329 bed independent hospital here in Southwestern PA just outside of Pittsburgh. So on the other side of the state of PA from Philadelphia, over here in Western Pennsylvania. We have one main campus, two outpatient centers and one very large outpatient building that is about to open up in a couple of months. It's six stories and 289,000 square feet. That is kind of the wave of the future with the outpatient focus. We're constructing and building that new center, I'm very excited about that.

We are part of the Mayo Clinic Care Network, grade "A", safety with the LeapFrog Group. We are a CMS five-star hospital and we have for the past six years been part of the Watson Health, 100 top hospitals. So lots of accolades and awards and very happy about the grade of excellence that we've received with all of those awards.

Just to let you know what kind of area we're in. We do have a large proportion of elderly, only Palm Beach County, Florida has a higher proportion of elderly. So almost 20% of the people here in Allegheny County, which is our county, are over 65. That is only expected to go up as the baby-boomers fall more and more into that category. So a lot of older people here, and it is relatively middle-class. The climate, the affordable housing, access to jobs, quality of life in general is all taken into consideration as we get that most livable city over the past 10 years label. And that is good, it's a nice place to live here in Pittsburgh.

So when talking about CJR, we know all of us know that we get that pressure to keep our costs down after they go down every year while our quality really has to go up every year. This is a snapshot here of the Milliman database that we use to keep us on track with CJR and you can see our costs have to go down. This is performance year 1, 2, 3, 4, 5 and those costs are going down, but our quality really has to go up. So how do we do this? I'm going to talk about our program elements here so you can see what we're doing at St. Clair.

This is our program overview. We have five different surgeon offices and eight different surgeons that are performing total hips and knees here. We have about a 25 bed unit here at St. Clair. And we average about 80 to 100 totals per month, about 25% of them are falling into that CJR category. You can see by this graph over to the right, this is what happened to our volume with COVID. I'm sure everybody has kind of looked like that to about March, April, May last year took big dip down as our electives were put on hold. But we like to say with COVID, in chaos there is also opportunities. So we're looking to see how we can adapt, how we can innovate, how we can keep pace with this ever changing COVID landscape. So here are some of the things that we have done. We continue to have our quarterly Ortho Clinical leadership meetings and they've gone virtual to promote that collaboration, follow those protocols, encourage innovation, keep everything on track.

If you're looking for something simple to do, this is something that I started, the St. Clair Ortho Newsletter, just to keep communication going with the surgeons and the staff. One of the things that we noticed was, you know, there is nothing like COVID to make people feel separated, make that morale go way down. But communication is something that really helps to get that morale back up, make people feel like they're connected again, and a simple newsletter can really help. People

feel like they're on the same page with protocols, what's happening, CJR News, what's next, what we're all working on together. So the newsletter has been something simple that has really helped.

Daily collaboration at noon, we call them noon rounds, focused on discharge, barriers to discharge, keeping that length of stay under control and ready for patients to go home in a safe, timely manner. So keeping those going every day, and physical therapy, nursing care management, social workers, and the navigators are together on the same page at the noon rounds.

One big thing that we've done in the past year, is streamlined Home Health. We're using a single preferred agency, Concordia. There is still patient preference on which agency they use, but we're presenting the hospital's Home Health as a preferred agency. We're only sending out one person, so no RN, just a PT who is trained in everything that is needed, total-body assessment, vital signs, wound care management, all done by a single person.

We're using this patient MedTracker, which has been a wonderful tool to get into the patient's hands, so that they can manage all of their medications using this piece of paper. I know it's really hard to see, it's a very small picture here. But we did include it in the Event Resources, if you want to take a look at a full sized picture of it, listing all of the meds that they are going home on, and then they can keep track of it at home. It's really just an Excel Spreadsheet, and it's fully customizable. So we really felt like that helped the patient not to be overwhelmed, with everything they had to take at home. For Home Health, right now we're averaging about five to six visits until they go home to see or go back to see their doctor or their PA for the follow up.

Continuing to describe the program elements, we do a Patient Education Binder, getting some hardcopy materials for each patient. It's everything they would want to know about their total hip or knee, all together in one binder. We used to give those out in the in-person pre-op class. But since we're doing those virtual now, the navigator gives out in the face-to-face visit in the hospitals.

Educational materials about the nutrition for post-operative healing, side effects of medication, interesting information that they would want about physical therapy, a lot of really good presentations about the operation and recovery.

Speaking of the class, we're continuing to do that virtually. It is taught by the navigator and also PT/OT presentation, and that is done via Zoom. We do present it as required the surgeon promotes it as required. At the pre-op visit, we have a great brochure that explains how the patient's going to log on virtually. I'm really surprised at the level of participation we've been able to get from these 60, 70 and 80 year olds, really willing to tackle the technology of getting on Zoom. So that's been really wonderful to continue to have near 100% patient on a virtual class.

Moving on, we do continue to require the CHG pre-op scrub, both the night before and morning of surgery, to continue to keep our SSIs down. That's just part of it. And as everyone was talking about before this, multimodal pain management has been a real focus. I'm going to zoom-in on that in a minute here we're going to talk about our Exparel usage, and our digital care management platform that we've been using to communicate with our PACT sites, the role of the navigator.

So our navigator, that's me, calling every patient pre-op for counselling, making sure they have all their ducks in a row, ready to go for surgery, face-to-face visits in the hospital, calling the hospital or calling each patient post-op from the hospital follow up, making sure that they're going to participate in their physical therapy, getting their feedback, making sure they don't have any issues

that are going to keep them from full participation. So just really enhancing that communication seems to help get the best possible outcome from the surgery.

And then last year, we have developed a SNF collaborative with our ARIA partnered SNF. That's going to come into play more when I talk about our digital care management platform.

Okay, so let's focus on the Exparel. It's really a key feature of our multimodal pain control, which sounds like most of you are probably already using, but I'm just going to tell you how it became part of our protocol for all our total hip and knee surgeries back in 2017.

So in 2014, our Chief Ortho Surgeon here, Dr. Perricelli, really pioneered this new approach for us using this liposomal bupivacaine as the Intra-articular injection. Probably most of you know that in about 12 hours, it really peaks and as the body heat dissolves the medication from the fat cells, and it keeps working for up to 72 hours. So we really see that happening and that really helps the patient get through that first really tough physical therapy, and really helps them wake up, do really well, and able to discharge from the hospital in a timely manner.

The supplemental Marcaine is also injected, it's the immediate release and helps patients be almost pain free for the first six hours. It is technique driven, it has to be correctly administered with a very small gauge needle. And he will say there is art behind the science so you can't just kind of squirt it in there and hope for the best. There's a real technique to how it is administered. It has, for us, put an end to the femoral nerve blocks, and all the associated side effects, quad weakness, foot drop, having to use straight leg braces, things like that. It has also really put an end to the need for any narcotic PCA pumps, a lot of things like that.

We have found a significant decrease in the overall need for opioids. We found a direct correlation when Exparel was used to an overall decreased episode cost. And that's been a real significant thing because the cost of Exparel was the real push back for a lot of the surgeons at first when we started to be introduced. They said, "Well, this is too expensive for us to use." But then when it was able to be proven that there was a decrease overall episode cost, that's when everyone was willing to adopt it. Now we see that it's being adopted for a lot of other surgeries like other Ortho surgeries, gyne surgeries, spinal surgeries, the abdominal surgery. So it's really become widely used throughout the hospital and not just our hospital, but really we see it across the country as well. All of this work was published in the Journal of Surgical Orthopaedic Advances in 2016 and that's how it became our protocol for the totals in 2017.

Two of our nurses went down to the NAON Conference in 2017. They were able to present this research in a three panel poster; this is just one of the panels here. They were able to win first place at the NAON conference and it happened to be in Puerto Rico so that was another bonus. They were pretty excited about winning first place, that was exciting.

This is just a summary of the benefits. So it really is better pain relief for the patient. The decreased opioid consumption, not just acutely, but really over the entire episodes. Many of our hip replacement patients are never taking an opioid at all, really only taking Tylenol. An improved range of motion, immediately following the surgery they're having this 90-degree bend, feeling good. And then really no associated side effects from the femoral nerve blocks so no foot drop, no quad weakness, no difficulty from that nerve block, because we're not using them.

Then all the side effects from the opioid usage were not a problem – no nausea, vomiting, lightheadedness, things like that. We also see an increased participation in physical therapy, because

patients are you know, not lethargic, not having all the difficulties from the other medication, so they are ready, raring to go in PT.

Then we saw a decreased length of stay, because they're ready to go, you know that next day after surgery. Also an increased likelihood of discharge to home, with homecare, really 95% or more of our patients are going home and then decrease overall cost. All of these results in a decreased overall episode cost, and you can see why.

Now we're going to switch gears and talk about patient engagement and post-acute care collaboration platform. So this is a digital platform that we have chosen to adopt, we started using it a couple of years ago, and it has really been very successful for us. So why use digital platforms? Why use technology? Why not just use an Excel Spreadsheet or keep track of your patients on a desktop calendar or something like that? I would say the data show that works, and it does. So when you adopt a platform like this, they've done studies that show 45% reduction in readmission rates, thanks to this fully integrated patient communication and progress evaluation; a 35% reduction in 90-day cost; and a reduced length of stay in skilled nursing facilities by up to 30%. And as I explain what this is, you will see why this would be true.

So let's talk about the patient engagement factor part of it first. So this is something that a patient would use like download an app, or use it on their computer, their tablet or other device. It is education for the patient in bite sized pieces, exercise videos, videos from the surgeon, content pathways, reminders about discharge planning, making sure they did all their pre-op testing, things like that. So keeping them engaged making sure they're doing everything they have to do. And then there's also a communication, a connection element to it, where they're able to check into their navigator, and ask questions, tell about their pain levels, postoperatively. And then this one is really key, they can digitally fill out their HOOS and KOOS. Both pre-op and then of course, that's really hard one to get sometimes that post-op one, they can digitally fill that out in it and send some text reminders, email reminders. So that has been a really important one for us as well.

So then the Post-Acute Care Collaboration element of it is that it reaches out to either the Home Health Provider or the SNF Provider, and helps to link you up with that and communicate with the navigator by sending out these surveys to help keep on track for an appropriate length of stay, apprising the navigator of issues before they arise to the level of an ED visit or readmission, and notifying of barriers to discharge.

Let me show you what this looks like. So this is what it looks like on the provider side. I notice it’s a little bit hard to see. This is what as the navigator or the coordinator, whoever's running the program can see helping to keep the patient organized, and what your tasks are, the calls you have to make, the surveys that are coming due. It’s all organized and in different categories, and the communication that you have coming up with your patients, if they're asking you questions or wanting to chat with you, things like that. So that's all categorized, and this is your dashboard. And that's all separated out for you there.

This is the patient's view here. So if they're using it on a smartphone, this is what they would be seeing here. Patients can also, as I said, can also use a platform on a laptop or tablet, or whatever device they would like. So they don't have to use a smartphone if they don't want to or they don't have a smartphone. This comes into play with an older population who you know, maybe they're a little bit technophobic, they don’t want to download an app or they don't know what an app is, sometimes that does happen with patients that are more in their 70s and 80s.

We can also set up an advocate for them, meaning like a daughter or a son, whoever's planning on helping them through their total hip or knee replacement. If they still are interested in benefiting from the content, we can set it up through an advocate, and it still works really well.

This is the Home Health Survey. We use a coordinator at the Home Health, and then these surveys would be filled out by that coordinator for the actual physical therapist, sometimes it's the actual therapist that's filling them out. And it's functional, so you can see that we're asking questions about how the patient's doing in Home Health. Sometimes you'll see a patient kind of lingering in Home Health, maybe they have been in Home Health for weeks and weeks or something and that's a little bit too long and we're not happy about that. So this kind of keeps you apprised of how they're doing. So how are they doing stuff? How are they ambulating? How is the patient progressing? This keeps the person who is in-charge of that Home Health on their toes, they have to report back to you. And this is a great way to keep everything on track. And then the last question is very important. Is the patient on track for a timely discharge? Yes or No, and why or why not.

Here's a survey example. Who fills the survey out – a Designated Director of Rehab or Case Manager. They've agreed to that ahead of time with that SNF collaborative, those aids that we have signed up to partner with us, at daily intervals during the length of stay. It's functional, as well, so asking how they're doing, what are the, how are they walking? How are they progressing through their physical therapy basically, all these kinds of questions. And are they on track for a timely discharge? And why or why not?

Okay, so there are our goals. We want to continue to work within these COVID restraints. So we kind of thought maybe by now we would be done with COVID. I think everybody kind of thought that. But you know, that is going to be for the foreseeable future. So continuing to work with COVID for these maximum patient satisfaction scores, decreasing readmissions, complications, and length of stay, keep doing our virtual pre-op classes and Ortho CRG meetings. And really we're looking at expanding the use of our care management platform technology, incorporating that into our EMR. Right now, we have to rely on our surgeon offices, to set up the patient profiles. But if we could incorporate the EMR, then that would be more automatic and save everybody some time. So we want to continue to connect with our PAC sites and communicate with our patients that way.

We're also looking into continuing develop our FastTrack Program or Rapid Recovery for Outpatient Joints and sending patients directly to outpatient. I'm sure that's a focus for all of you as well. We have an older demographic like I mentioned at the beginning, so we don't have as many patients that qualify for this, but it is something that we're developing. Then of course, getting that Joint Commission, Hip and Knee Accreditation, we're getting started with that as well. We think we have an excellent program. We are just up and running with AJRR, the American Joint Replacement Program Data Registry, very excited about that. And we are getting started with getting that accreditation, so we'd love to get that gold seal. So that's some of our goals for the next year or two. And that's it, so any questions?

Laura Maynard: Thank you so much, Molly. And I'll encourage folks that if you have not yet asked your question, feel free to type it into the Chat pod. And we'll read it out and see about getting an answer. We did have a few questions come through, one is context. So wondering if you could let us know approximately, what's the ratio at your hospital of inpatient to outpatient for your elective hips and knees?

Molly Keller: Well, right now, we are not doing any outpatient joints. As I explained we just don't have the demographics for outpatient joints. I mean, probably are some that will qualify for that. But we don't have the program designed for it yet. So we are doing all in-patient joints right now.

Laura Maynard: Right. Thank you. A follow up a question on that one related to that older demographic that you predominantly have at your hospital. You had mentioned that you work with an advocate for the smartphone app, if needed you have a family member or someone who can help the person. But you also mentioned that for your virtual pre-op classes, you've had really good uptake with the Zoom meetings with going to virtual platform for those classes. I'm wondering if you could share a little bit about, how you got that to happen, did that take any particular training or communication with your patients, to be able to get them to participate virtually?

Molly Keller: I think it's not so much training as it's a lot of communication. I find myself doing a lot of explanation, being very patient with helping patients. I think the brochure that we developed that gets handed out to all of the patients at their pre-op visit, does help with some explanation. And then we reach out to every patient to follow-up, to make sure, "Hey did you, you know schedule that?" Then also, the digital care management platform that we use, also reaches out to the patients automatically. So they get a lot of communications, you know but with that with a brochure and then with the care management platform, and then a phone call from me. So there is a lot of contact happening. And then when I'm reaching out to them in-person I realized I should probably do this, since it's like the third time I'm being asked about this. So then a lot of the time, I will say to them, do you know what Zoom is? And I try to really help them through the process step-by-step. So it's coaching and counseling.

Laura Maynard: Yes.

Molly Keller: Yes.

Laura Maynard: A lot of those same approaches that you use, when you're teaching them about their surgery and what to expect and it's sort of a similar coaching and teaching process. Right. We've had several questions come in, folks wanting to know what digital care management platform you're using.

Molly Keller: Okay, I know that, the CMS is not allowed to endorse any specific product, so that's how we haven't said the actual name of it. But I'll go ahead and say it, with that disclaimer, it is called Aria, A-R-I-A, it's a Smith and Nephew product. It's been excellent for us; we've really thought that it's been topnotch for us. We really like it a lot.

Laura Maynard: Great. Thank you. Thanks for sharing that and thanks for reminding folks that this in no-way constitutes the CMS endorsement of any particular vendor. So thanks.

Okay, folks can keep typing in your questions, but I've one other question going back to your pain management protocol. You had mentioned that the Exparel is technique driven, that is very precise technique. And I was wondering how that was taught as it was spread to the other surgeons, something that's that technical and that technique driven. What process did you use to get the other surgeons to agree to use it and to learn how to do it?

Molly Keller: That was something that was Dr. Perricelli's baby, and he is our chief Ortho surgeon here. I will say, he is still the best at it when we can really see, a difference in his patients. There was quite a fuss about him when he first came out with it. A lot of articles written about him and his protocols. He even got an unwanted nickname out of all of it and he was called "Painless Perricelli."

And it got a lot of patients you know accepting to come out of the hip or a knee surgery without any pain. And that expectation was a little bit too high, because patients went wait a minute, why am I having pain, I thought you're “Painless Perricelli?” And we had to clarify no it’s not painless, it’s less pain. So we do have to be careful that patient’s expectations aren’t too high. And he does try to really downplay that nickname a lot.

But he did a lot of work to try to, to train physicians. But I think that it’s a special thing when you've a collaborative atmosphere with your surgeons, and not a competitive atmosphere and that is something that we're really working on. When surgeons want to learn from each other, rather than you know everyone competing for a certain position. So that’s something that is definitely something we're going after more and more.

Laura Maynard: Yeah, that’s great. It sounds like you've a really good start towards that collaborative teamwork with your surgeons. And that’s something that you can continue to build on, so really appreciate that. The other questions have had to do mainly with wanting the PowerPoint, the slides and the resources mentioned are in the Event Resources pod. We're also going to be a little later in the webinar posting, the webinar, the web link for the article that Molly referenced she mentioned that an article had been published about this pain management technique. And we have a link to the abstract of that article that we'll share with you before the end of the webinar.

But we'll encourage if there are any others who have questions for Molly, to go ahead and type those into the Chat pod, and we'll go ahead and ask them. I see another question starting to come in, so we'll give it just another moment to see. Then I'm going to be asking a few questions of you participants, give you all a chance to share as well.

Be thinking about your comments in regard to pain management and in regard to how you work with your post-acute care providers. Think about the ways that Molly Keller mentioned that St. Clair Hospital was communicating with those PAC providers, sharing information with them, getting information from them, with them and with Home Health. Also be thinking about your protocols and strategies for pain management. We would love to have you all share some of that.

So as you’ve got other questions, we got one more question to come in and then we're going to go into a group sharing. Is the education on your care management platform able to be edited?

Molly Keller: Oh absolutely, actually it’s fully editable. You're able to say the number of content pathways you want on there. We actually based ours more along the lines of what we're presenting in our class, putting the class into bite size pieces for the patients. So yes, absolutely, totally editable.

Laura Maynard: Great. Thanks for sharing that, I appreciate it. So I'm going to move forward here and talk about pain management protocols. I want you all to share in the Chat, what pain management protocols are you using that you're finding to be effective? You all mentioned some in the poll earlier, what else? What other things are you as participants doing for pain management?

So I’m seeing some people typing into the Chat. I'll give you a moment to get that in there. Very interested in this, as our CJR participant hospitals have showed a lot of interest, you all have shared that you're interested in hearing about pain management protocols. So we wanted to give you a chance to share with one another and talk a little bit about what you're using and what you're doing.

If particularly if you're called in over the phone and you want to share verbally, just raise your hand and we can unmute your line. There is a little Raise Hand button above the slides to the right. If you

click the arrow beside that, you could raise your hand. And if you do that we can unmute your line and you can speak out loud.

So Charlene has typed in, yeah, using Exparel, scheduled Tylenol, Toradol, Tramadol, so you've got your whole protocol there, that's what you're using. Others want to share what you use, that works for you, works for the folks at your hospital.

Looking to see if anybody has got your hand raised, anybody wants to talk out loud. I'm not seeing anybody. Alright, I'm going to give you a chance to ask about other post-acute care. Do you meet with your post-acute care providers and how do you best coordinate with post-acute care? What's working for you currently? And again if you'd rather speak verbally, just raise your hand. Feel free to type on and share. Charlene wants to share.

Charlene Burkholder: Hello.

Laura Maynard: Hi, there.

Charlene Burkholder: Okay, great. Okay, so I'm Charlene Burkholder, I'm Ortho Nurse Practitioner at Phoenixville Hospital. And I'm delighted, I'm very anxious to share some of the things we do here. We were just recertified for Advanced Certification, for Joint Commission just about two or three weeks ago. But I just wanted to share a couple of things. So I was trained about maybe 15, maybe 18 years ago by Marshall Steele. Have you ever heard of the Marshall Steele Program?

Laura Maynard: I've not, but I'll bet a lot of the others have.

Charlene: Okay. So Marshall Steele was an older surgeon who practiced for 30 some years and he decided to go into consulting. He really brought this comprehensive program to my hospital and taught me everything I really know. And so much of this 15, 18 years ago he did a lot of this. So he taught us Exparel and so we have a scheduled routine of what the patients do. I'm still meeting my patients in class, but I'm working on this virtual class. So I'll be putting my class online. My concern was, when the surveyor came, I've four documents that each patients fills out in my pre-op class. It's the HOOS KOOS, it's the promise. It's a required form that it's a joint replacement questionnaire, and I added goals on there for the patient.

Some of the standards that I was not able to meet, I actually put those on this form. So my worry was that when I do virtual for the class, which I plan to within the next month, I'm worried about how I get these forms completed. Because the surveyor checked every single charts for these forms. She wanted to know about their goals, she wanted to know when the class was offered. There were a lot of things. We had a really flawless survey, and we had deficiency. That was because our consent form was signed in November and the patient had a surgery in February 8th, and it was passed in 60-day. But other than that we really had a flawless survey and we really have a great program here at Phoenixville for Total Knee and Total Hip.

But I wanted to share a couple of things. I know the Exparel is wonderful. In order to really have a good outcome with that, you have to be specially trained to administer that. Our surgeons have been, and our patients do so well. Many, many of our patients, I mean our hip replacements anterior approach, many of them are going home day of surgery. So they have their surgery, they come up to the floor, they eat, they drink their Ensure, they get up, PT walks them to the gym, they go up and downstairs and then they come back. And I have them eat a dinner as well, because you know I just think it's important to have their nutrients and they go home the same day.

Now not everyone is a candidate for that. But our pain control is really pretty good. I've worked, I've been practicing in this area about 38 years, so you might know how old I am now. But OxyContin 10 was a big one that we used to use, and that is forbidden, we would never use anything like that. So as I mentioned, you know we do the scheduled Tylenol, the scheduled Toradol, of course so we've to check the creatinine to make sure that their creatinine is not elevated and if it is than we do not give the Toradol. But Tramadol or Oxycodone is really what I send them home with. Sometimes we use Meloxicam as well. But we just have such a great program and such great outcomes. What is it that I can share with you, I really feel like I want to share like anything you ask me, I could speak to.

Laura Maynard: Well, I'll tell you what Charlene, we're running a little close on time now for the end of the webinar. But we're going to follow up with you and we'll see about a couple of things. One is trying to get you on CJR Connect, so that you can share some information there and talk with your peers. We'll follow up with you on finding some ways for you to share some of your good ideas, because we would be really happy to hear that. But we're going to need to wrap-up in a few minutes.

Charlene: Sure.

Laura Maynard: So we had a response to your question about when to fill out the forms, so that's in Chat, you can go take a peek at that. I'm going to move on through into the close out of our webinar. But thanks Charlene so much for sharing, and we'll follow up with you on that.

Charlene: Sure, it would be my pleasure.

Laura Maynard: Alright, thanks.

Charlene: Okay.

Molly Keller: You could also use that digital care management platform to have patients digitally fill out the forms, if you ever wanted to look into that.

Charlene: Yes, I did write that down, digital care management platform.

Molly Keller: Yes.

Charlene: Okay.

Laura Maynard: Terrific.

Charlene: Aria, okay, thank you. Thanks very much.

Laura Maynard: Thank you, thanks everybody. So as we close now, if you wouldn't mind typing into Chat, something you learned today, that you think you might be able to use. Going to remind you of our disclaimer that nothing said today indicates an endorsement by CMS, CMS does not endorse any strategies, tactics or vendors, and nothing expressed in this webinar is representing official policy or position of CMS.

So quick announcements. There are new spotlights available. They are available for download in the Event Resources pod. There is one on pain management that shares what some of your peers are doing. There is another one on virtual patient education and engagement, so very relevant to the topics we've discussed. Download those in the Event Resources pod or you can find them on CJR Connect.

CJR News is the newsletter for the CJR Model. If you're not receiving it, reach out to us at LS-CJR@lewin.com and we'll get you on the distribution list for that. You'll need to check your Spam folder to make sure that it's not going there, if think you should be getting the newsletter and you're not.

CJR Connect is a great place virtually to share with one another, talk back and forth, ask questions, answer questions. This slide which is in the slide deck that you can download, tells you how to get on to CJR Connect. And reminders that if you've got questions or follow up from the webinar, send those to LS-CJR@lewin.com. If you have programmatic questions or technical questions, send those to CJRSupport@cms.hhs.gov. And please take a few minutes to fill out that post-event survey that will have popped up for you. Really appreciate your feedback on that. That helps us very much with future planning. Thank you all for your participation. Thanks for all the good sharing, we appreciate it. And thanks very much Molly from St. Clair Hospital. We really appreciate your sharing of the great work that's happening there at St. Clair. Thank you everybody, have a great day.

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