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CJR

Comprehensive Care for
Joint Replacement Model

CJR Model Updates: Performance Years 1-4 PRO Results and QPP Financial Arrangement and Clinician Engagement Lists

Comprehensive Care for Joint Replacement Model

November 10, 2020

Audio will be broadcasted through device speakers

Webinar Agenda

- Welcome & Meeting Logistics
- CJR PRO Background
- Performance Year (PY) 1 to PY 4 CJR Risk Variable and PRO Results
- Future Directions of PRO Data: PRO Data in Measure Development
- Questions & Answers
- Financial Arrangement, Clinician Financial Arrangement and Clinician Engagement Lists
- Submission Upload Instructions for CJR Data Portal
- Questions & Answers
- Announcements & Reminders

Meeting Logistics

- Please listen through your computer speakers
- We encourage questions via the Q&A pod throughout the webinar

We acknowledge that there are many questions surrounding the CJR Model Three Year Extension and Changes to Episode Definition and Pricing Proposed Rule that was published on February 24, 2020. At this time, we are unable to provide additional details and we refer you to the May 14, 2020 webinar on the CJR Model Three Year Extension and Changes to Episode Definition and Pricing that many participants found helpful in answering their questions about the proposed rule. Those webinar materials are available on CJR Connect as well as during today's event in the Event Resources pod. The Final Rule has not yet been published and therefore, we are unable to comment on the timeline at this time.
An announcement will be sent out as soon as more information becomes available.

Introduction to Adobe Connect

Download Available Resources

Closed Captioning

Ask Questions

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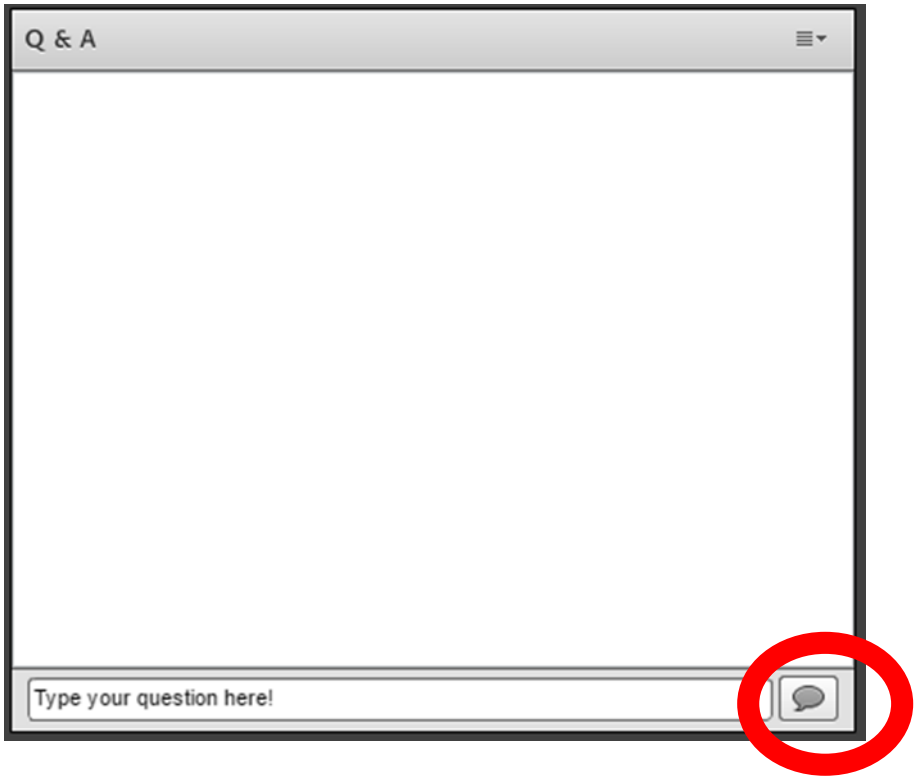
Introduction to Adobe Connect (Cont.)

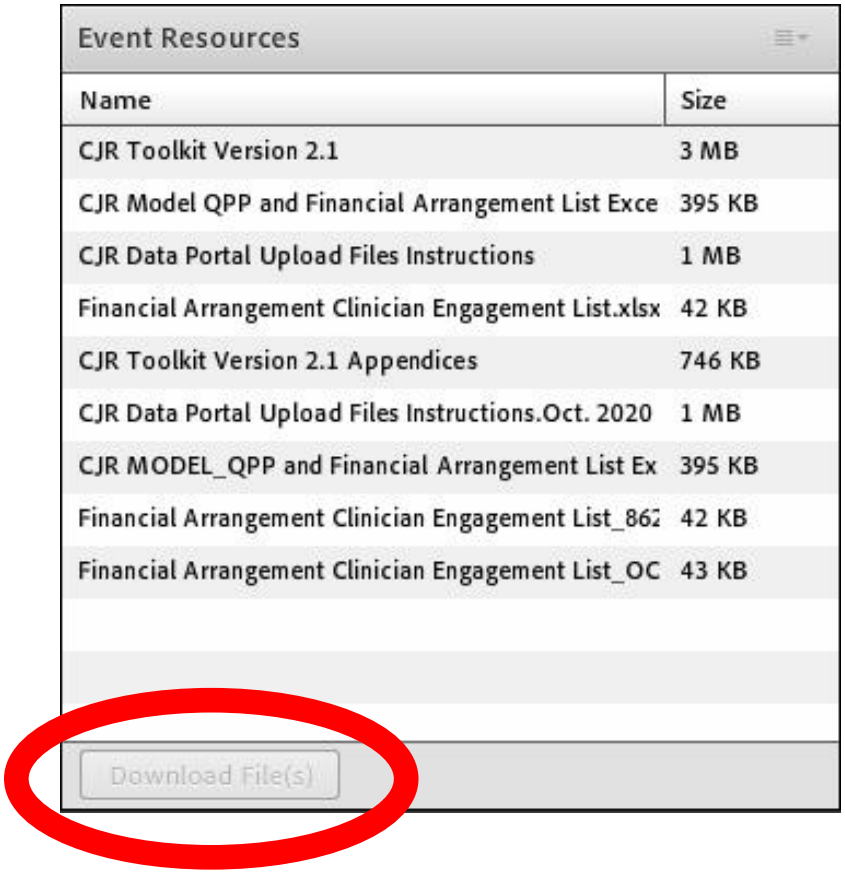


- Use the Q&A pod to submit any questions or comments
- Please use "@" if your question/comment is directed to a specific presenter
- Submit your question/comment by clicking the chat bubble icon

Enlarge the Slides

- Click on the four outward facing arrows to enlarge the slides.
- To return to the original view, click on the four arrows that will now be facing inward.

Download Resources



- Download the materials for today's session from the Event Resources Pod.
- To download a file, select the file and click the ***Download File(s)*** button which will open a pop-up window that will allow you to save the document to your computer.

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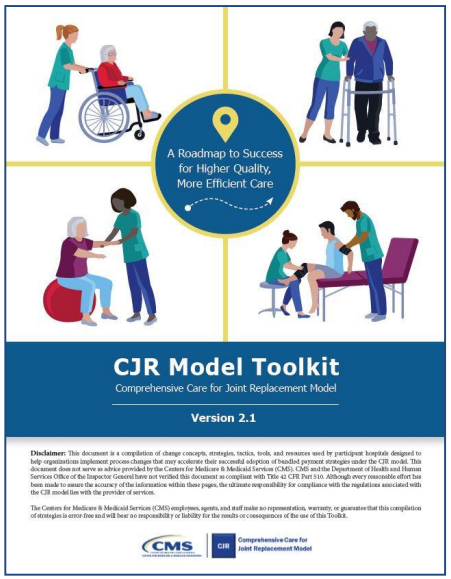
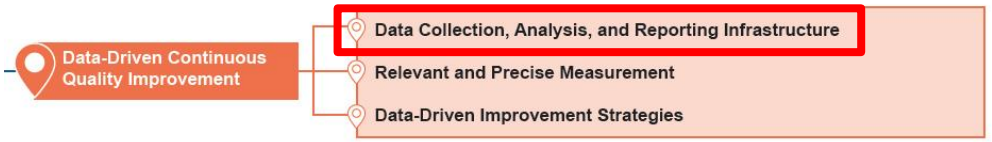
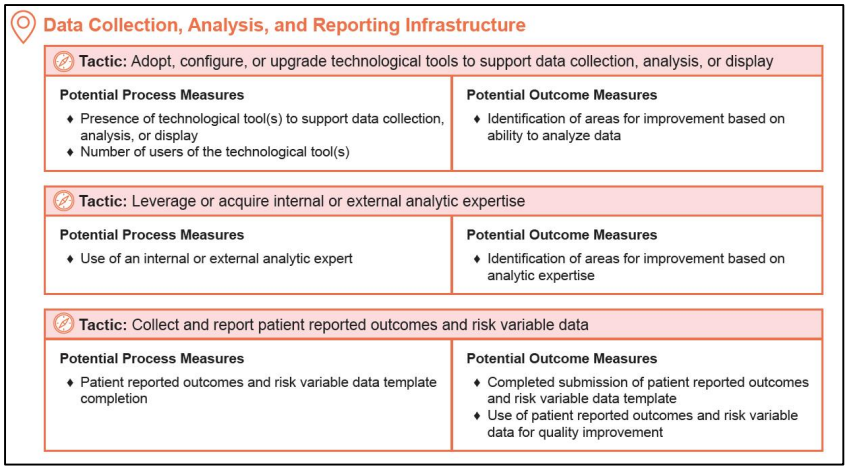
Patient Reported Outcomes in the CJR Model Toolkit 2.1



Patient Reported Outcomes

Information on patient reported outcomes can be found primarily under the primary driver **Data-Driven Continuous Quality Improvement**





Data Collection, Analysis, and Reporting Infrastructure

Tactic: Adopt, configure, or upgrade technological tools to support data collection, analysis, or display

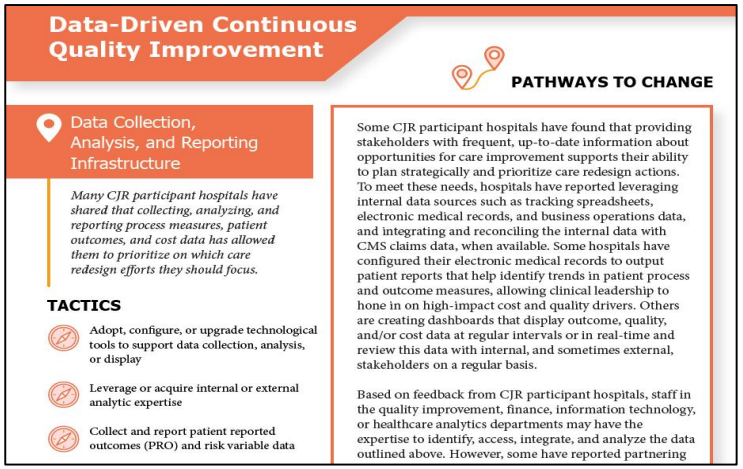
Potential Process Measures	Potential Outcome Measures
♦ Presence of technological tool(s) to support data collection, analysis, or display ♦ Number of users of the technological tool(s)	♦ Identification of areas for improvement based on ability to analyze data

Tactic: Leverage or acquire internal or external analytic expertise

Potential Process Measures	Potential Outcome Measures
♦ Use of an internal or external analytic expert	♦ Identification of areas for improvement based on analytic expertise

Tactic: Collect and report patient reported outcomes and risk variable data

Potential Process Measures	Potential Outcome Measures
♦ Patient reported outcomes and risk variable data template completion	♦ Completed submission of patient reported outcomes and risk variable data template ♦ Use of patient reported outcomes and risk variable data for quality improvement



Data-Driven Continuous Quality Improvement

PATHWAYS TO CHANGE

Data Collection, Analysis, and Reporting Infrastructure

Many CJR participant hospitals have shared that collecting, analyzing, and reporting process measures, patient outcomes, and cost data has allowed them to prioritize on which care redesign efforts they should focus.

TACTICS

- Adopt, configure, or upgrade technological tools to support data collection, analysis, or display
- Leverage or acquire internal or external analytic expertise
- Collect and report patient reported outcomes (PRO) and risk variable data

Some CJR participant hospitals have found that providing stakeholders with frequent, up-to-date information about opportunities for care improvement supports their ability to plan strategically and prioritize care redesign actions. To meet these needs, hospitals have reported leveraging internal data sources such as tracking spreadsheets, electronic medical records, and business operations data, and integrating and reconciling the internal data with CMS claims data, when available. Some hospitals have configured their electronic medical records to output patient reports that help identify trends in patient process and outcome measures, allowing clinical leadership to hone in on high-impact cost and quality drivers. Others are creating dashboards that display outcome, quality, and/or cost data at regular intervals or in real-time and review this data with internal, and sometimes external, stakeholders on a regular basis.

Based on feedback from CJR participant hospitals, staff in the quality improvement, finance, information technology, or healthcare analytics departments may have the expertise to identify, access, integrate, and analyze the data outlined above. However, some have reported partnering

CJR PRO Background

Demetri Goutos
Project Coordinator
Yale Center for Outcomes Research and Evaluation (CORE)

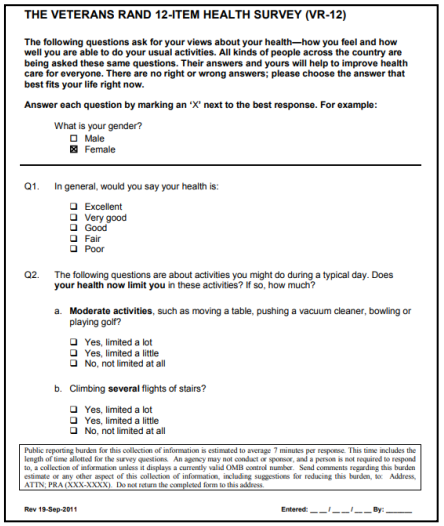
Background

- The CJR model aims to support better and more efficient care for beneficiaries undergoing the most common inpatient surgeries for Medicare beneficiaries: hip and knee replacements
  - CMMI calculates a quality score using data from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and the total hip arthroplasty and/or total knee arthroplasty (THA/TKA) complications measure
  - Patient-report outcome (PRO) data collection is voluntary and participants have the opportunity to receive two bonus points towards the quality score
- Data collected voluntarily as part of the CJR model was used to develop the Hospital-Level Performance Measure of Patient-Reported Outcomes Following Elective Primary THA/TKA measure
- This initiative supports CMS's goal to move towards outcome measures that assess patient-reported outcomes

PRO Instruments

Patient-reported outcome measure (PROM): Surveys to obtain information about health condition or status directly from the patient

VR-12 Survey



THE VETERANS RAND 12-ITEM HEALTH SURVEY (VR-12)

The following questions ask for your views about your health—how you feel and how well you are able to do your usual activities. All kinds of people across the country are being asked these same questions. Their answers and yours will help to improve health care for everyone. There are no right or wrong answers; please choose the answer that best fits your life right now.

Answer each question by marking an 'X' next to the best response. For example:

What is your gender?
- ☐ Male
- ☒ Female

Q1. In general, would you say your health is:
- ❑ Excellent
- ❑ Very good
- ❑ Good
- ❑ Fair
- ❑ Poor

Q2. The following questions are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

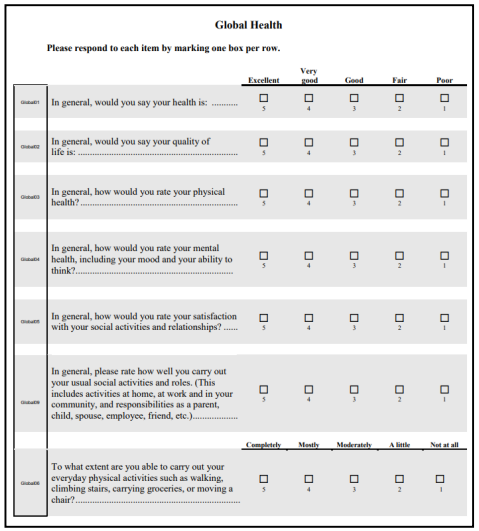
a. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?
- ❑ Yes, limited a lot
- ❑ Yes, limited a little
- ❑ No, not limited at all

b. Climbing **several** flights of stairs?
- ❑ Yes, limited a lot
- ❑ Yes, limited a little
- ❑ No, not limited at all

Public reporting burden for this collection of information is estimated to average 7 minutes per response. This time includes the length of time allotted for the survey questions. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Address, ATTN: PRA (XXX-XXXX). Do not return the completed form to this address.

Rev 19-Sep-2011 Entered: __ __ / __ __ / __ __ By: _____

PROMIS Global Survey



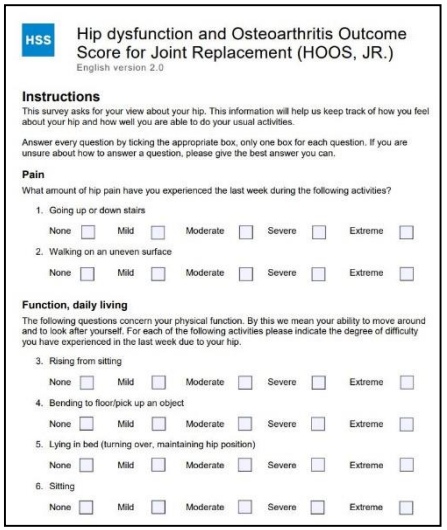
Global Health

Please respond to each item by marking one box per row.

		Excellent	Very good	Good	Fair	Poor
Global01	In general, would you say your health is:	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Global02	In general, would you say your quality of life is:	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Global03	In general, how would you rate your physical health?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Global04	In general, how would you rate your mental health, including your mood and your ability to think?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Global05	In general, how would you rate your satisfaction with your social activities and relationships?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
Global09	In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.).....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

		Completely	Mostly	Moderately	A little	Not at all
Global06	To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

HOOS, JR.



Hip dysfunction and Osteoarthritis Outcome Score for Joint Replacement (HOOS, JR.)

English version 2.0

Instructions

This survey asks for your view about your hip. This information will help us keep track of how you feel about your hip and how well you are able to do your usual activities.

Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Pain

What amount of hip pain have you experienced the last week during the following activities?

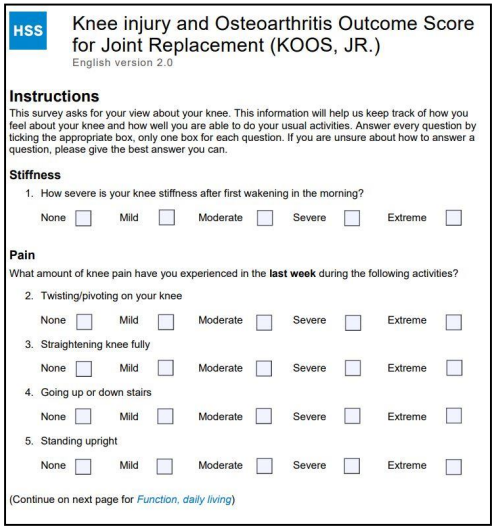
1. Going up or down stairs
   None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐
2. Walking on an uneven surface
   None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐

Function, daily living

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the last week due to your hip.

3. Rising from sitting
   None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐
4. Bending to floor/pick up an object
   None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐
5. Lying in bed (turning over, maintaining hip position)
   None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐
6. Sitting
   None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐

KOOS, JR.



Knee injury and Osteoarthritis Outcome Score for Joint Replacement (KOOS, JR.)

English version 2.0

Instructions

This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to do your usual activities. Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Stiffness

1. How severe is your knee stiffness after first wakening in the morning?
   None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐

Pain

What amount of knee pain have you experienced in the **last week** during the following activities?

2. Twisting/pivoting on your knee
   None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐
3. Straightening knee fully
   None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐
4. Going up or down stairs
   None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐
5. Standing upright
   None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐

(Continue on next page for *Function, daily living*)

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Variables Collected

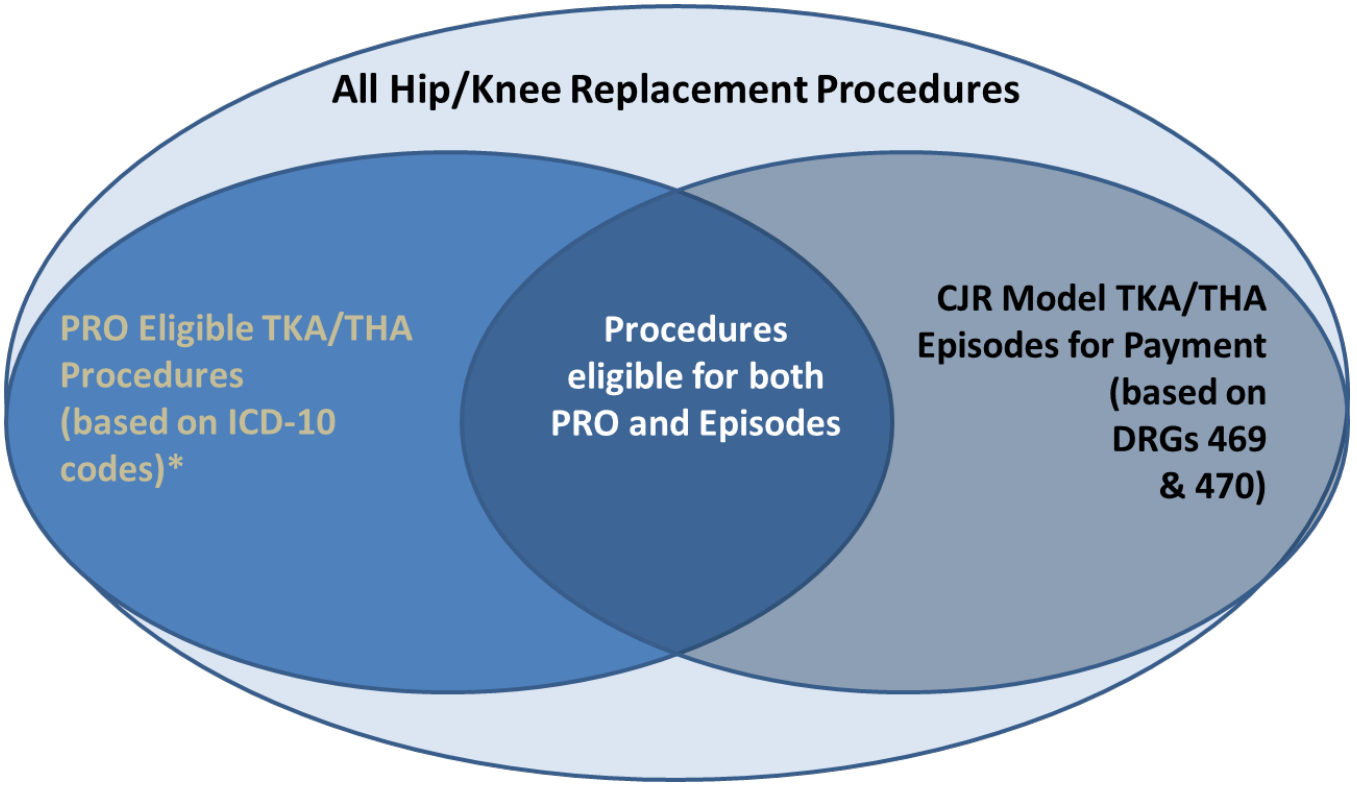
Required Pre- and Post-operative	
PRO Instruments	• VR-12 **OR** PROMIS Global PROMs; **AND** • HOOS/KOOS Jr. **OR** HOOS/KOOS subscales
Patient Identifiers	• Medicare Health Insurance Claim Number (HICN) and Medicare Billing Identifier (MBI) • Date of Birth

Required Pre-Operative Only	
Risk Variables	• Race and Ethnicity • Body mass index (BMI) or Height (cm) and Weight (kg) • Patient-reported Health Literacy Screening (SILS2) Questionnaire • Pre-operative Use of Narcotics • Patient-reported Pain in Non-operative Lower Extremity Joint • Patient-reported Back Pain (Oswestry Index Question)

Requested Variables (Pre- and Post-Operative)
• Medicare Provider Number (CMS Certification Number, or CCN) • Performance Year

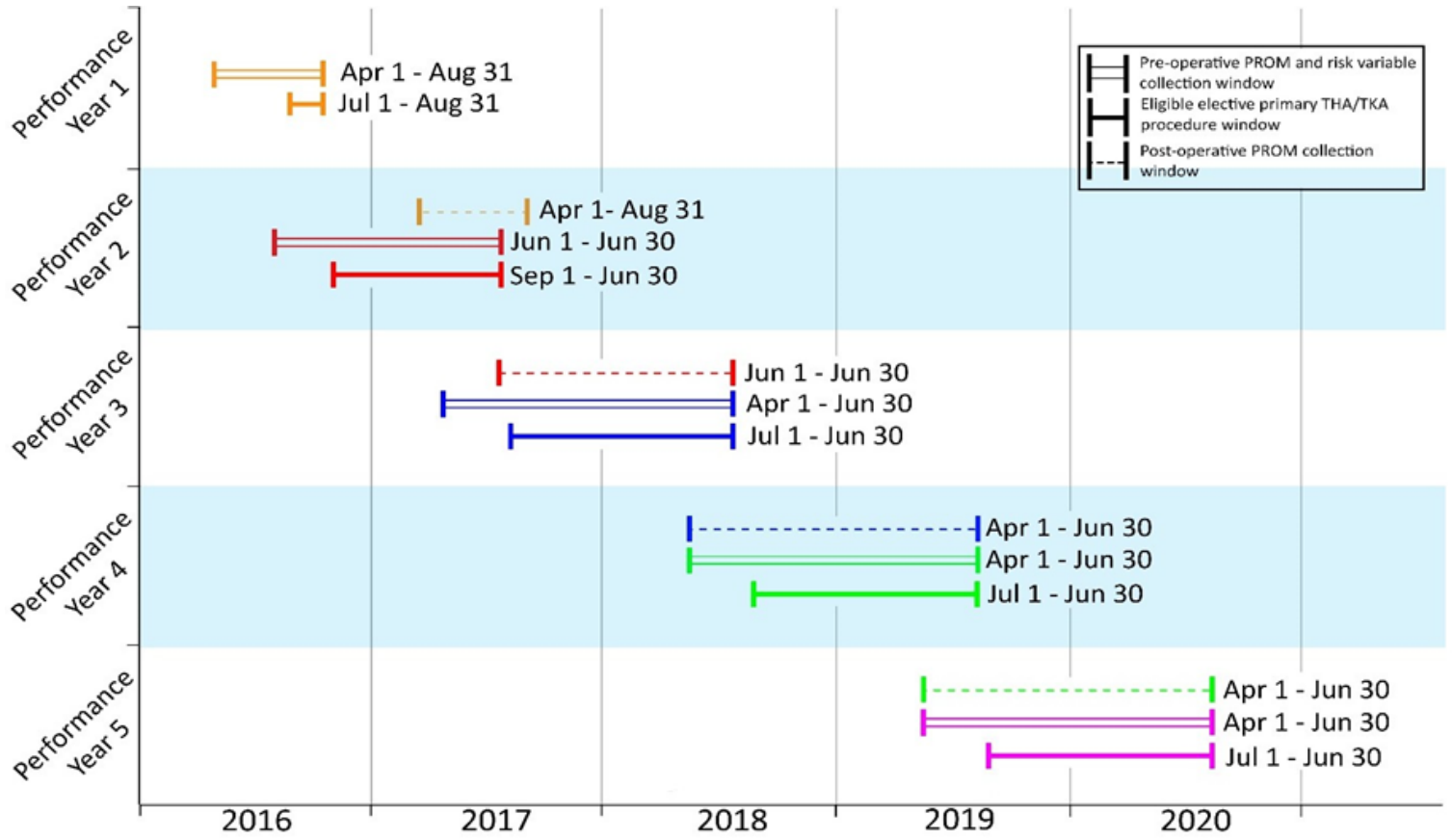
Required Post-Operative Only	
Patient Identifiers	• Date of Admission • Date of Procedure

Selecting Eligible Patients



Please note: These are the same patients in the THA/TKA Complications Measure Cohort. ICD-10 Codes can be found in Table 4 of the PY 5 CJR FAQs found on CJR Connect.

CJR Model Timeline



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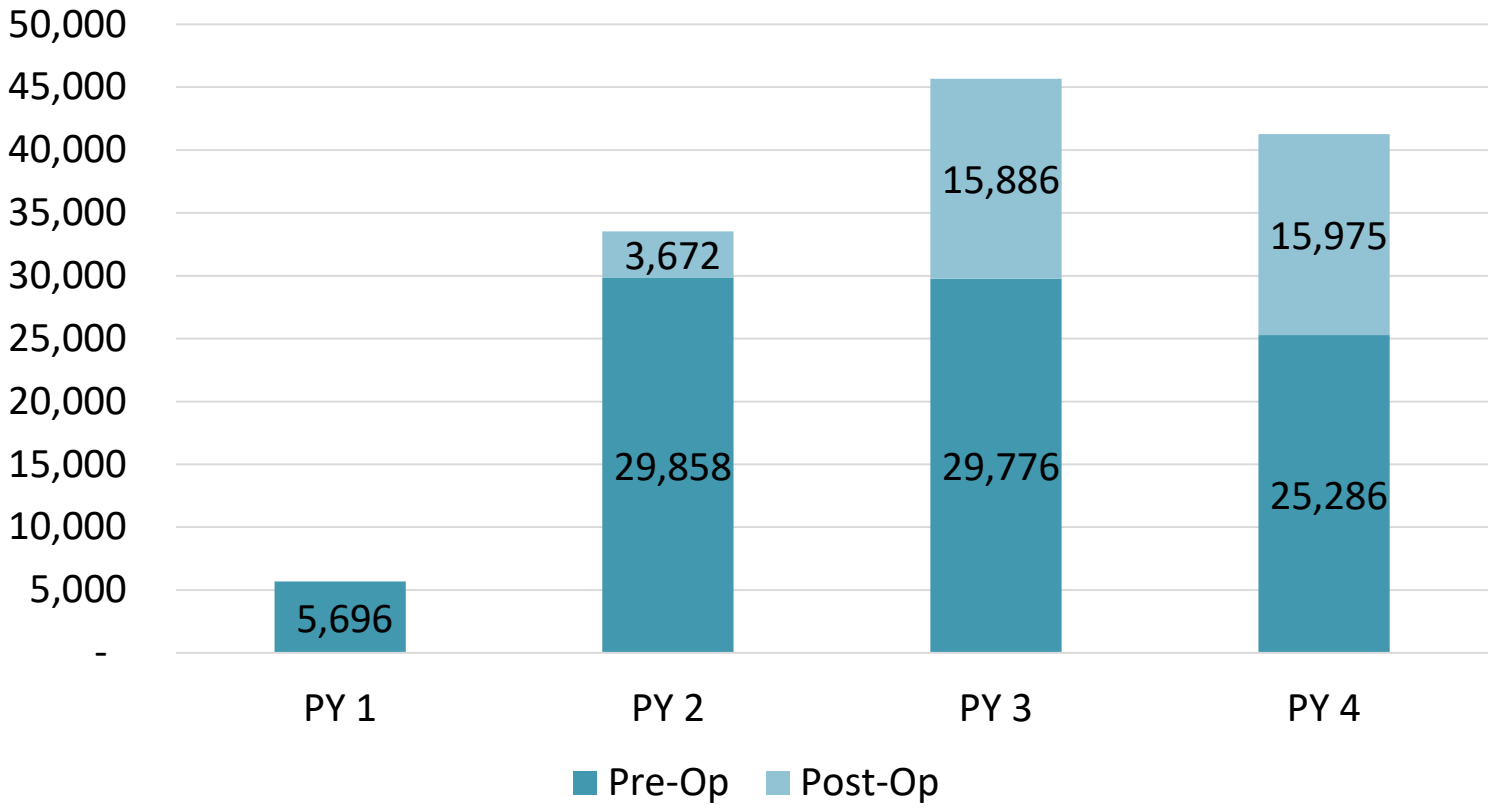
CJR PRO Results

Kristina Burkholder
Project Lead
Yale Center for Outcomes Research and Evaluation (CORE)

Number of PRO Submissions by Performance Year



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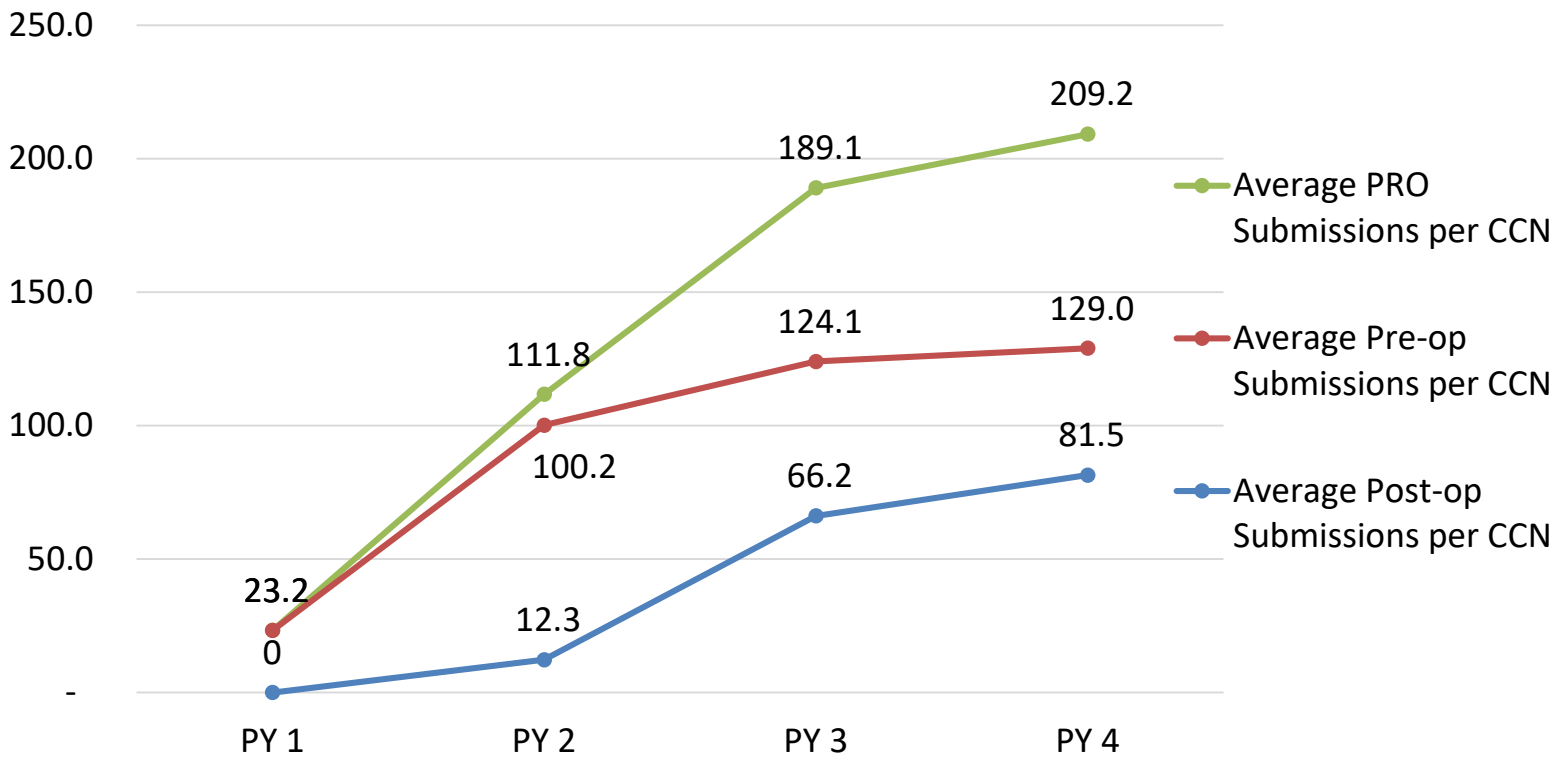
Average Number of PRO Submissions Per Hospital (CCN)



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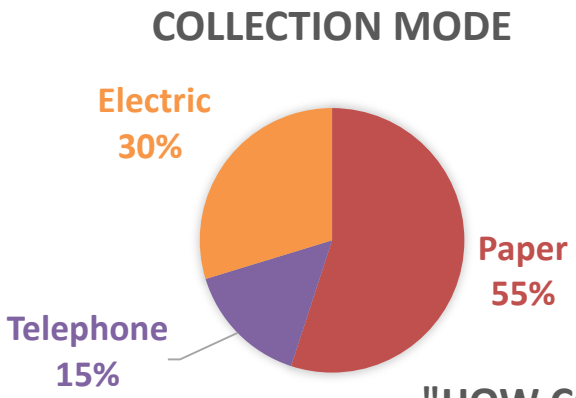
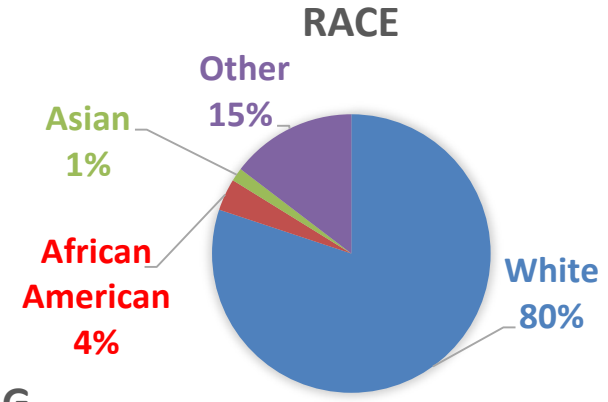
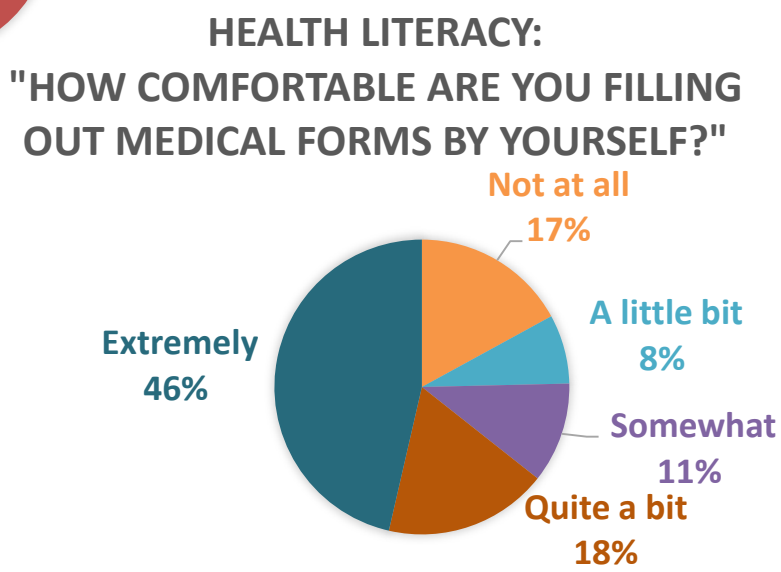
Collection Mode, Race, and Health Literacy (PY1 – PY4 combined)







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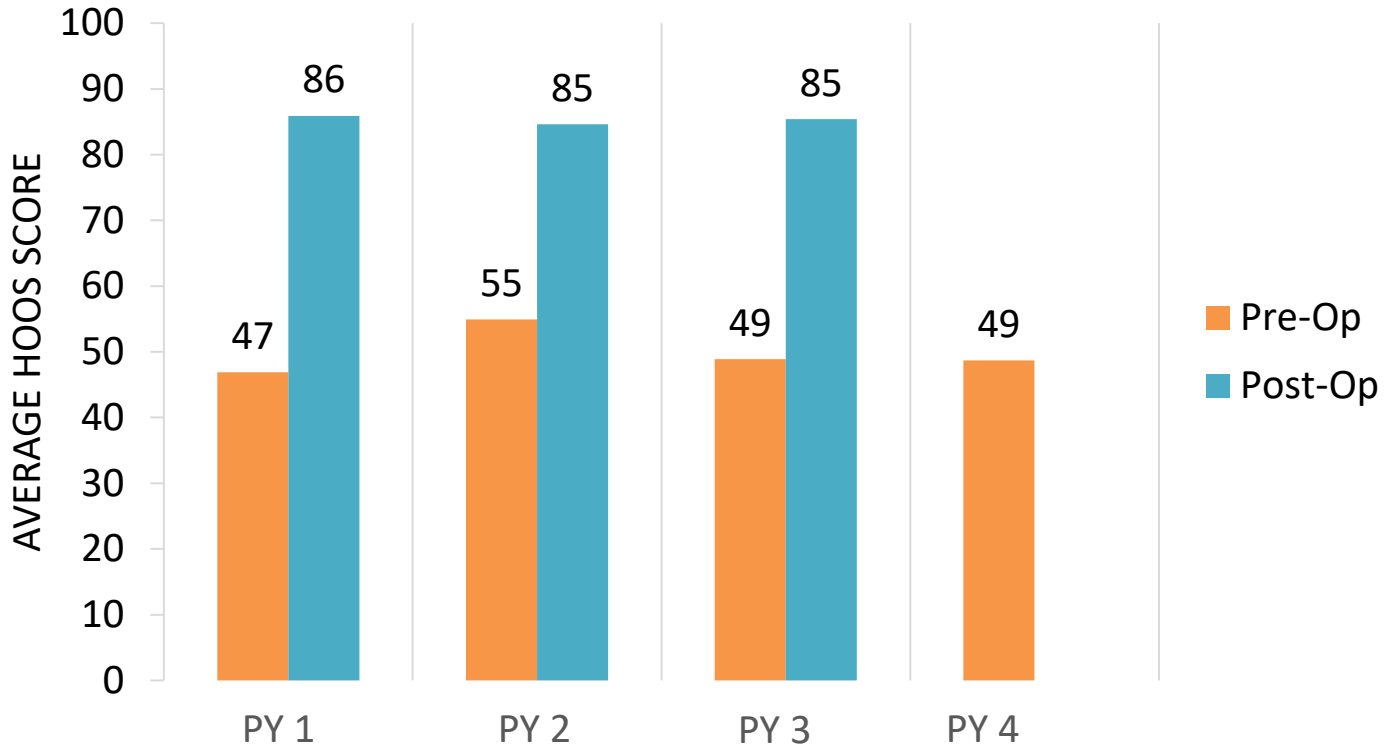
Average Pre- and Post-Op HOOS Scores Across Performance Years*



*Performance years represent the year the patients had surgery not collection/submission year

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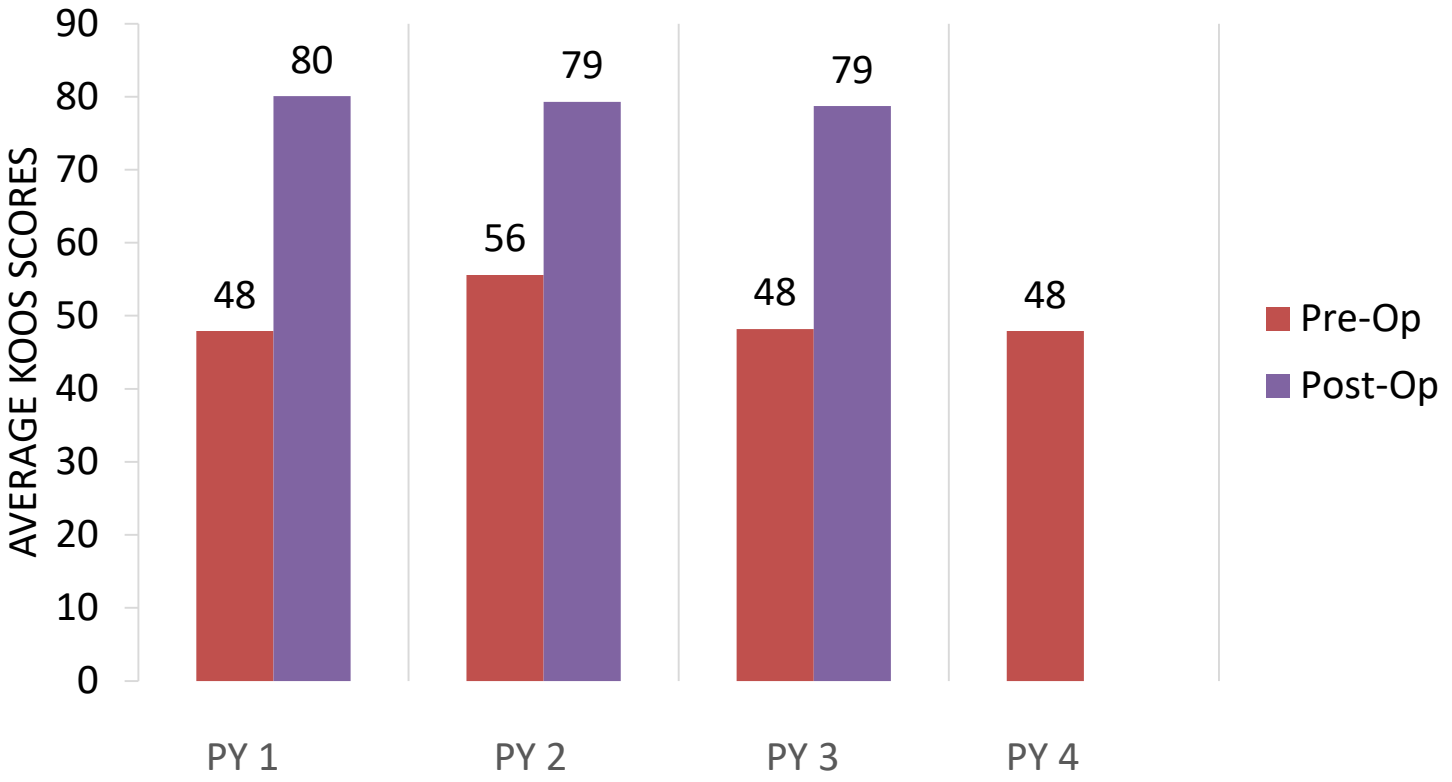
Average Pre- and Post-Op KOOS Scores Across Performance Years*



*Performance years represent the year the patients had surgery not collection/submission year

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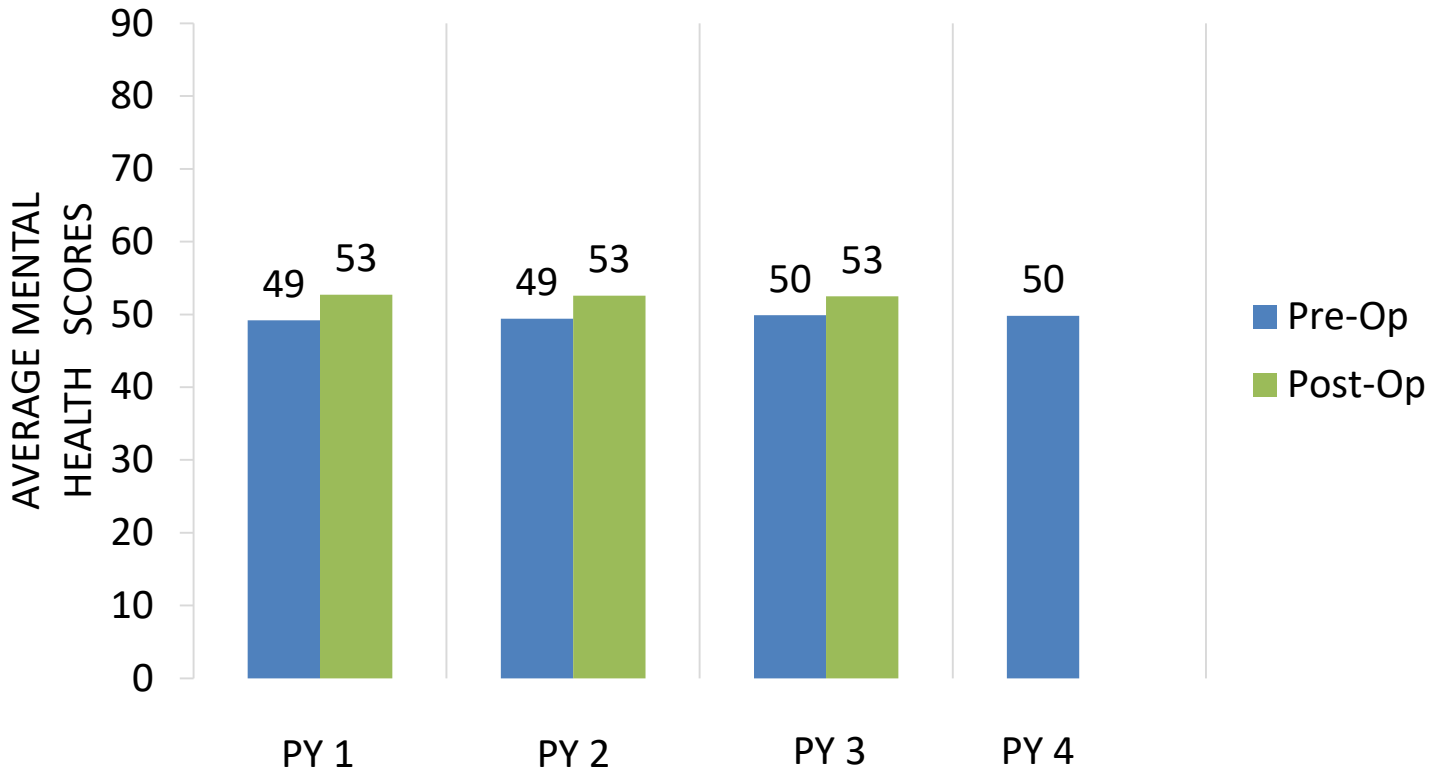
Average Pre- and Post-Op Mental Health Scores Across Performance Years*



*Performance years represent the year the patients had surgery not collection/submission year

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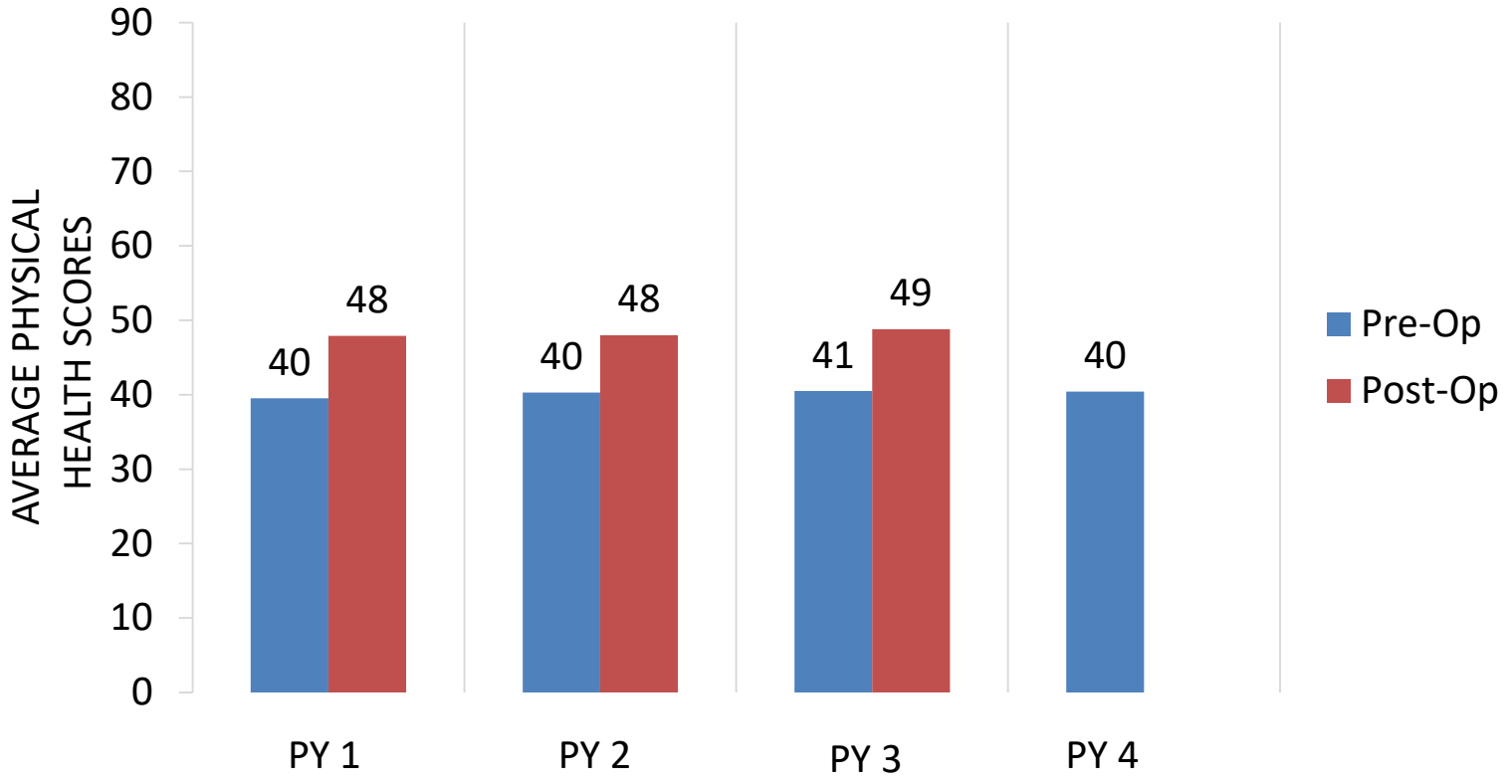
Average Pre- and Post-Op Physical Health Scores Across Performance Years*



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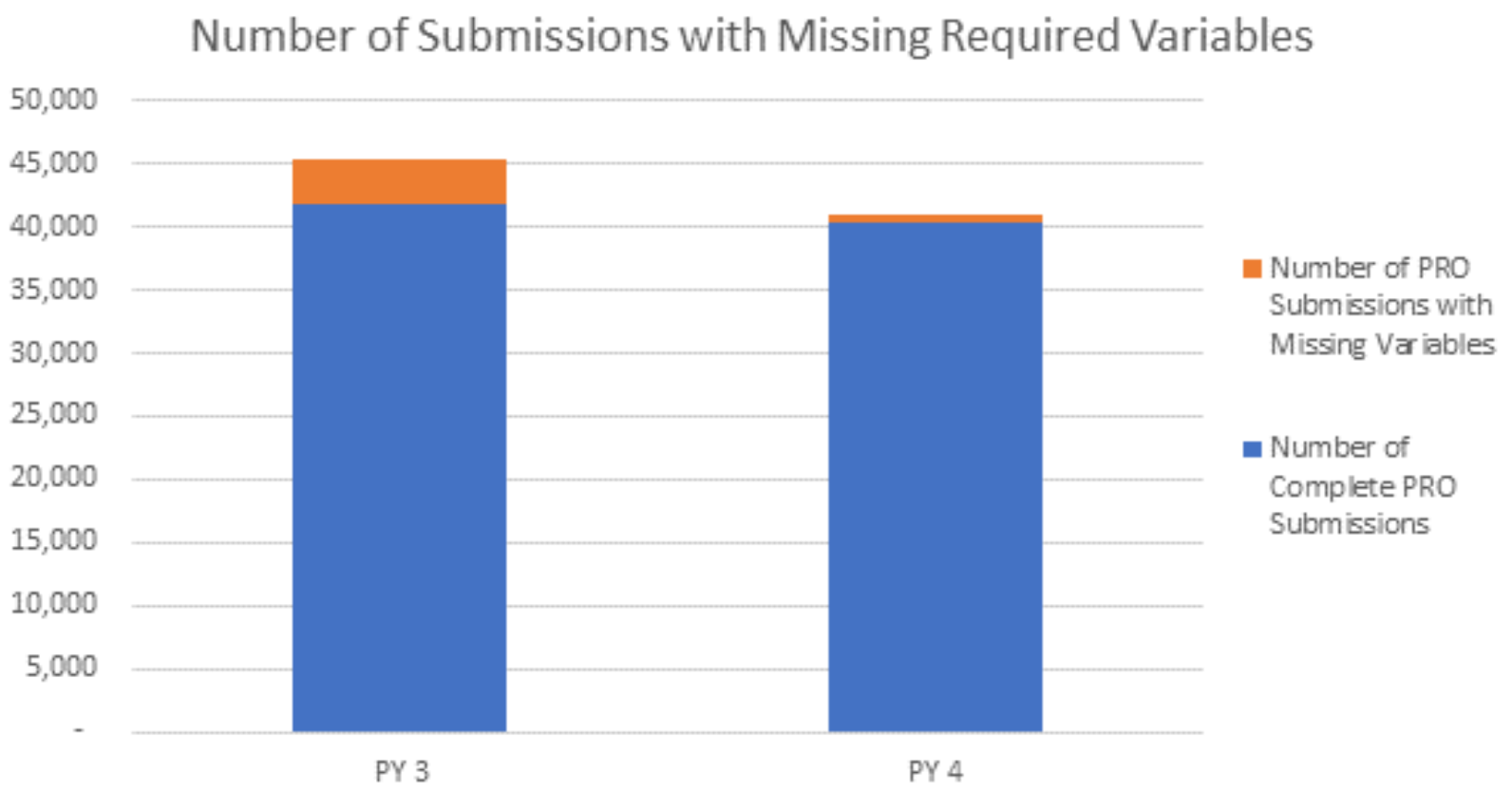
Missing Data



Common Reasons Data May be Missing/Unmatched

- Hospital did not submit all of the required variables
- Procedure not eligible for data submission
- Patient was under 65, or not a Medicare FFS beneficiary
- Post-operative procedure dates did not match to claims
- Pre-operative PRO data were collected after the procedure date

PRO Data in Measure Development

Background

- Over 600,000 THA/TKA procedures are performed on Medicare fee-for-service (FFS) patients each year
- THA/TKA procedures are specifically intended to improve function and reduce pain, making patient-reported outcomes the most meaningful outcome metric to assess for these common, costly procedures
- Patient-Reported Outcomes Data allows patients to have a voice in measure development
- Patients often experience significant improvements, but not all patients experience benefit
- There is variation in clinical practice in THA/TKA outcomes

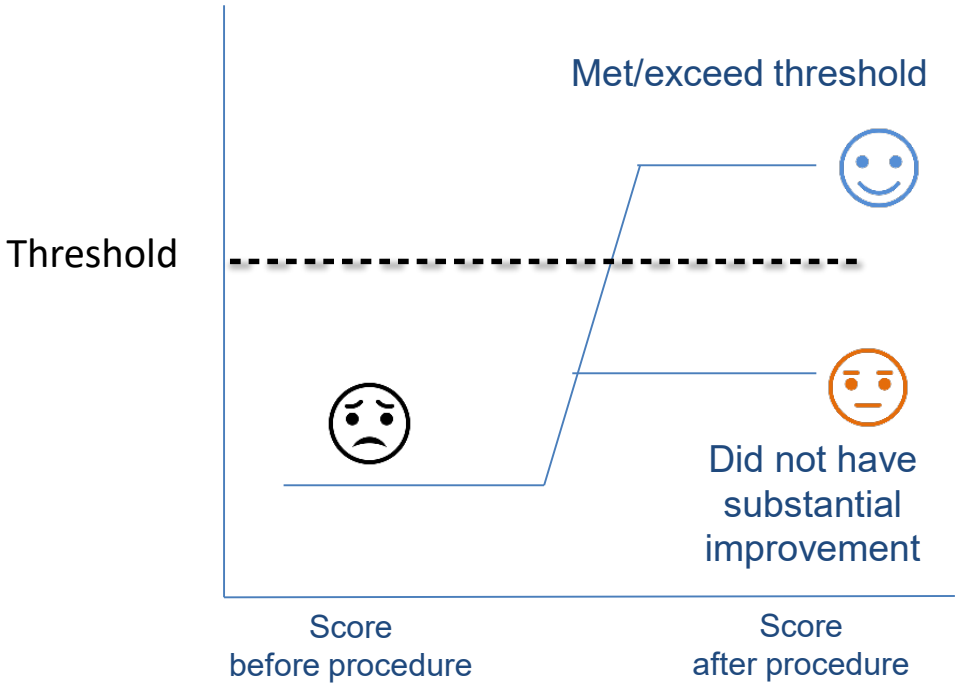
Use of PRO data

- In collaboration with both providers and patients, CMS developed a Hospital-Level THA/TKA PRO-based performance measure to:
  - Provide a concrete signal of quality of care for patients undergoing primary elective THA/TKA
  - Better inform consumers about quality of care
  - Increase transparency in healthcare quality
  - Incentivize efforts to practice patient-centered care by publicly reporting risk-adjusted THA/TKA PRO-PM scores

High Level Overview of PRO-PM

Patient-level Outcome

Patients who meet or exceed threshold



Hospital-level Outcome

Proportion of patients who meet or exceed the thresholds

Risk-standardized Improvement Rate = 60%

OR

60% of patients at this hospital had a substantial improvement after their procedure

Additional Measure Details

- **Cohort**: Medicare FFS beneficiaries ages 65+ undergoing primary elective THA/TKA procedures
- **Outcome**: Binary improvement in PROs following THA/TKAs (substantial clinical benefit, SCB) defined as:
  - For THA patients: improving 22 points on HOOS, JR
  - For TKA patients: improving 20 points on KOOS, JR
- **Risk adjustment**:
  - Pre-operative score from VR-12 and PROMIS-Global
  - Case mix differences between hospitals

Stakeholder Feedback

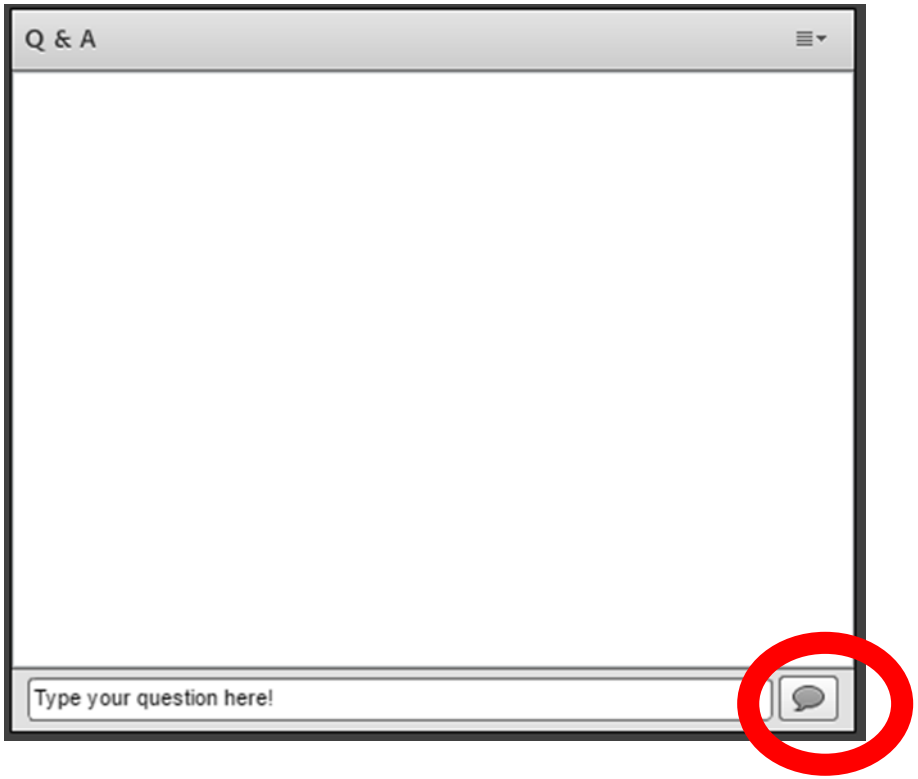
- General support for the measure by both patients and providers
- This measure was developed with extensive input from patients, who indicated strong support for a measure that utilizes patient reported outcomes
- Patients expected a significant amount of improvement in pain levels and functional status, which helped define improvement thresholds for the measure outcome

Support

- For technical support using HARP/MFT, please direct your inquiries to the QualityNet Service Desk:
  - Email: qnetsupport@hcqis.org
  - Phone: 1-866-288-8912 (TTY 1-877-715-6222) from 7:00 AM to 7:00 PM CT Monday through Friday
- For PRO or CJR model-related questions, please direct your inquiries to the CJR Model Support Team:
  - CJRSupport@cms.hhs.gov

Q&A

Questions - PRO



- Use the Q&A pod to submit any questions.
- Your question(s) will only be visible to you.

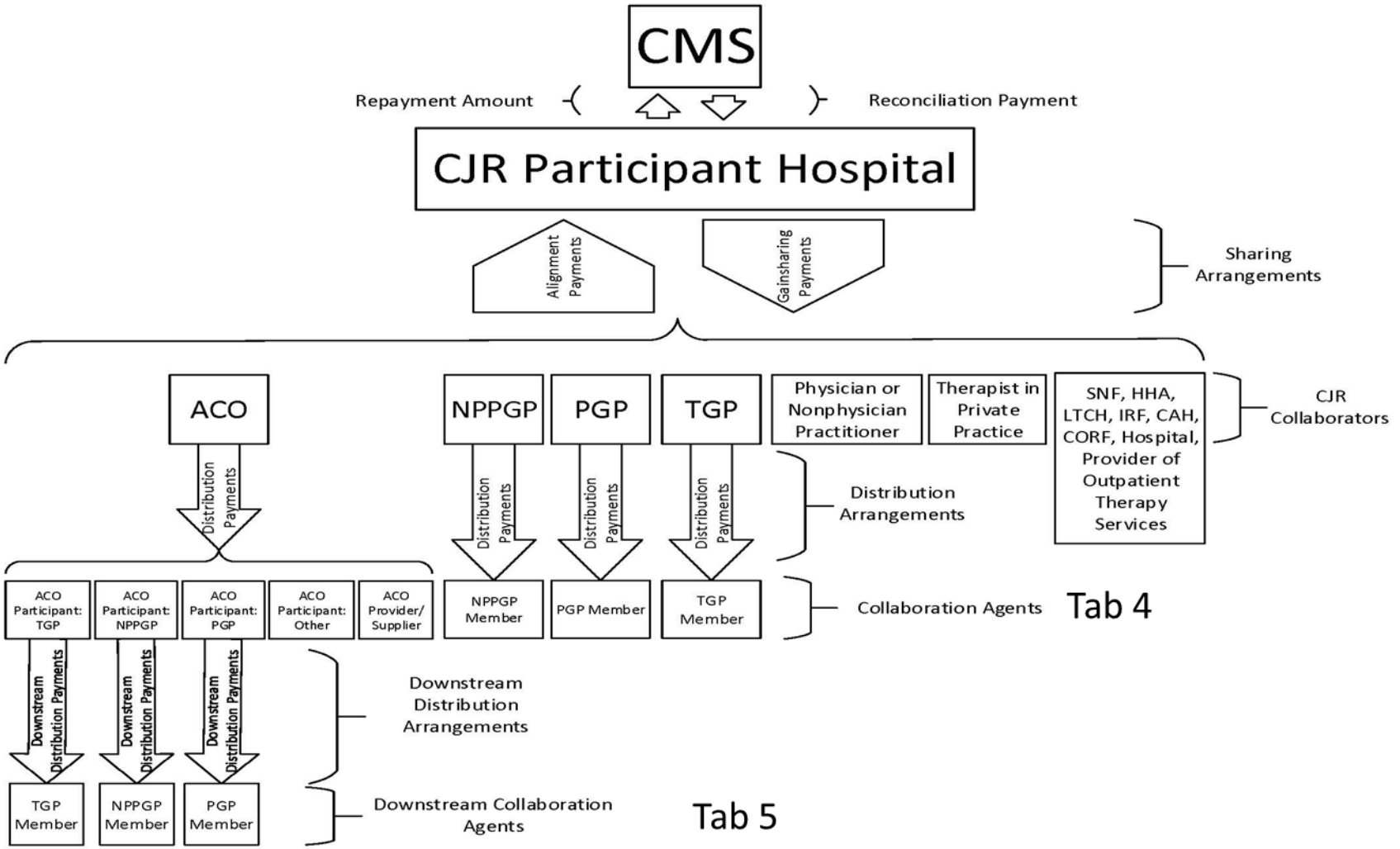
CJR Model as An Advanced Alternative Payment Model

Sarah Mioduski, JD
Heather Holsey, JD

Financial Arrangement List

- Under 42 CFR 510.110 participant hospitals must provide to CMS evidence sufficient to enable the audit, evaluation, inspection, or investigation of the individual's or entity's compliance with CJR requirements
  - CMS is requiring all previous and current financial arrangements must be reported
- The list must include specific information on hospitals affiliated collaborators, collaboration agents, and downstream collaboration agents.

Financial Arrangement Chart



Tab 3

CJR Model as an Advanced APM

- Hospitals must chose whether they want to participate in the CJR Model as an Advanced APM
- Choose either:
  - Track 1 = Advanced APM
  - Track 2 = Non Advanced APM
- Hospitals that elect to participate in Track 1 must attest to the use of Certified Electronic Health Record Technology (CEHRT) as defined in 42 CFR 414.1305 to document and communicate clinical care to their patients or other health care providers.
- Hospitals that do not select a Track will automatically be considered in Track 2.

CJR Model as an Advanced APM (2)

- Under 42 CFR 510.120(e), each participant hospital that chooses CEHRT use must maintain documentation of their attestation to CEHRT use, clinician financial arrangements lists, and clinician engagement lists. The participant hospital must retain and provide access to the required documentation in accordance with 42 CFR 510.110.
- The clinician engagement list and the clinician financial arrangement list will be considered together an Affiliated Practitioner List, which is used by CMS to identify eligible clinicians for the Qualified Practitioner (QP) or Partial QP determination under the Quality Payment Program.

Financial Arrangement List

- Hospitals that choose Track 1, must submit to CMS a clinician financial arrangement list or attest there are no individuals to report.
- CMS will use the information submitted on the Financial Arrangement List (excel document) for the financial arrangement list.
- Eligible Clinicians
  - Physician, Nonphysician Practitioner, or Therapist

Clinician Engagement List

- Hospitals that choose Track 1, must submit to CMS a clinician engagement list or attest there are no individuals to report
- This list must include information on individuals for the 2020 performance year for each physician, nonphysician practitioner, or therapist who is not a CJR collaborator during the 2020 performance but who does have a contractual relationship with the participant hospital based at least in part on supporting the participant hospital's quality or cost goals under the CJR model during the 2020.
- The term **contractual relationship** encompasses the wide range of relationships whereby a participant hospital engages a clinician to perform work that at least in part supports the cost and quality goals of the CJR model.

Examples

- Please open the excel document in the Resource document section.
- **Make sure to accept Macros in excel document to view all selections.**
- Examples:
  1. Track 1, No Financial Arrangements, and Clinician Engagement
  2. Track 1, PGP collaborator and physician collaboration agent,
  3. Track 2, Physician collaborator

Submission Information

- Submissions to CJR Data Portal are due **November 27, 2020 at 11:59PM ET**

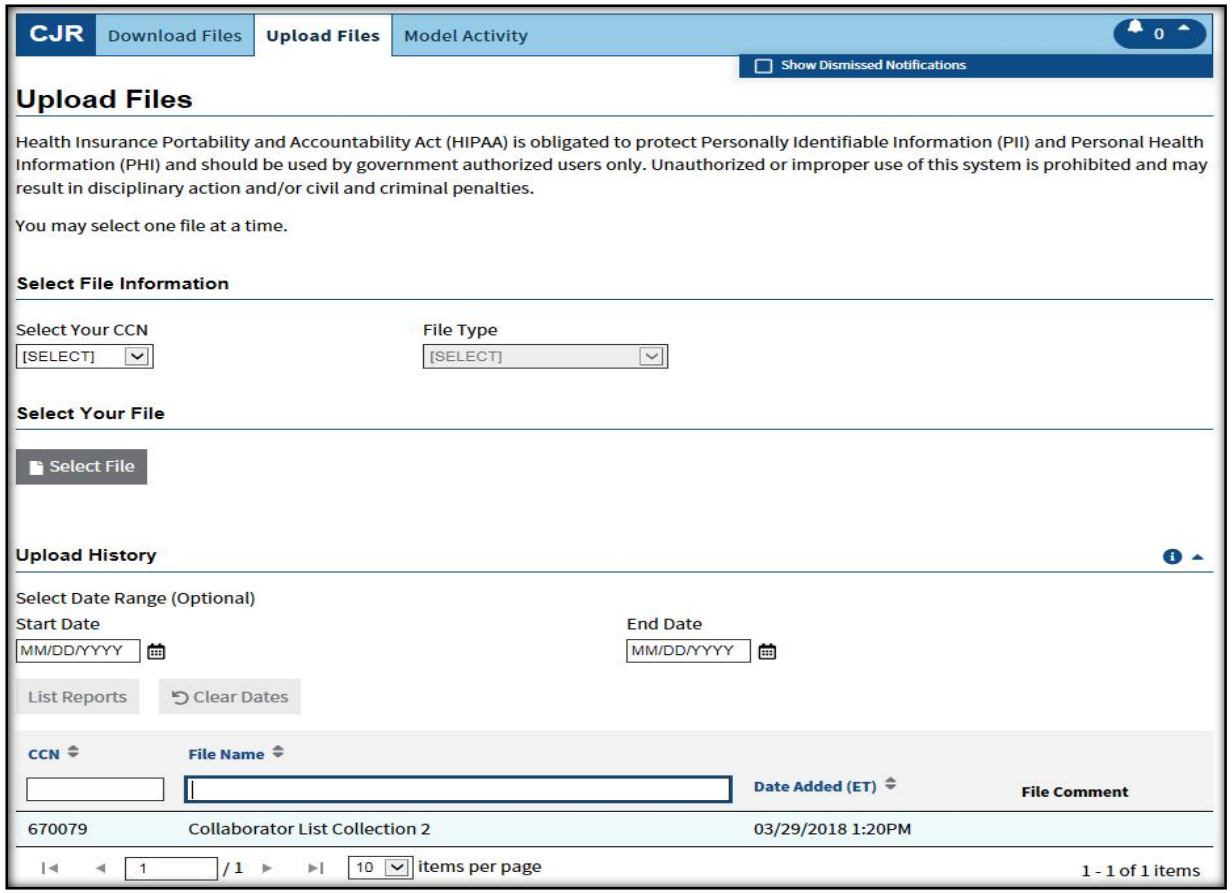
- No Submission to CMS
  - Results in Hospitals Selecting Track 2 and indicating No Financial Arrangements Established
- Hospital Uploads Lists (Excel Document) to CJR Data Portal
  - Hospitals Selecting Track 2 and Financial Arrangements Established.
  - Hospitals Selecting Track 1 Participation and No Financial Arrangements Established.
  - Hospitals Selecting Track 1 Participation and Financial Arrangements Established.

- **Excel document must be saved and uploaded as an .xls and .xlsx document.**

Submission Instructions for CJR Data Portal (1)

- Log into CJR Data Portal: https://portal.cms.gov/wps/portal/unauthportal/home
- CJR Data Portal Access

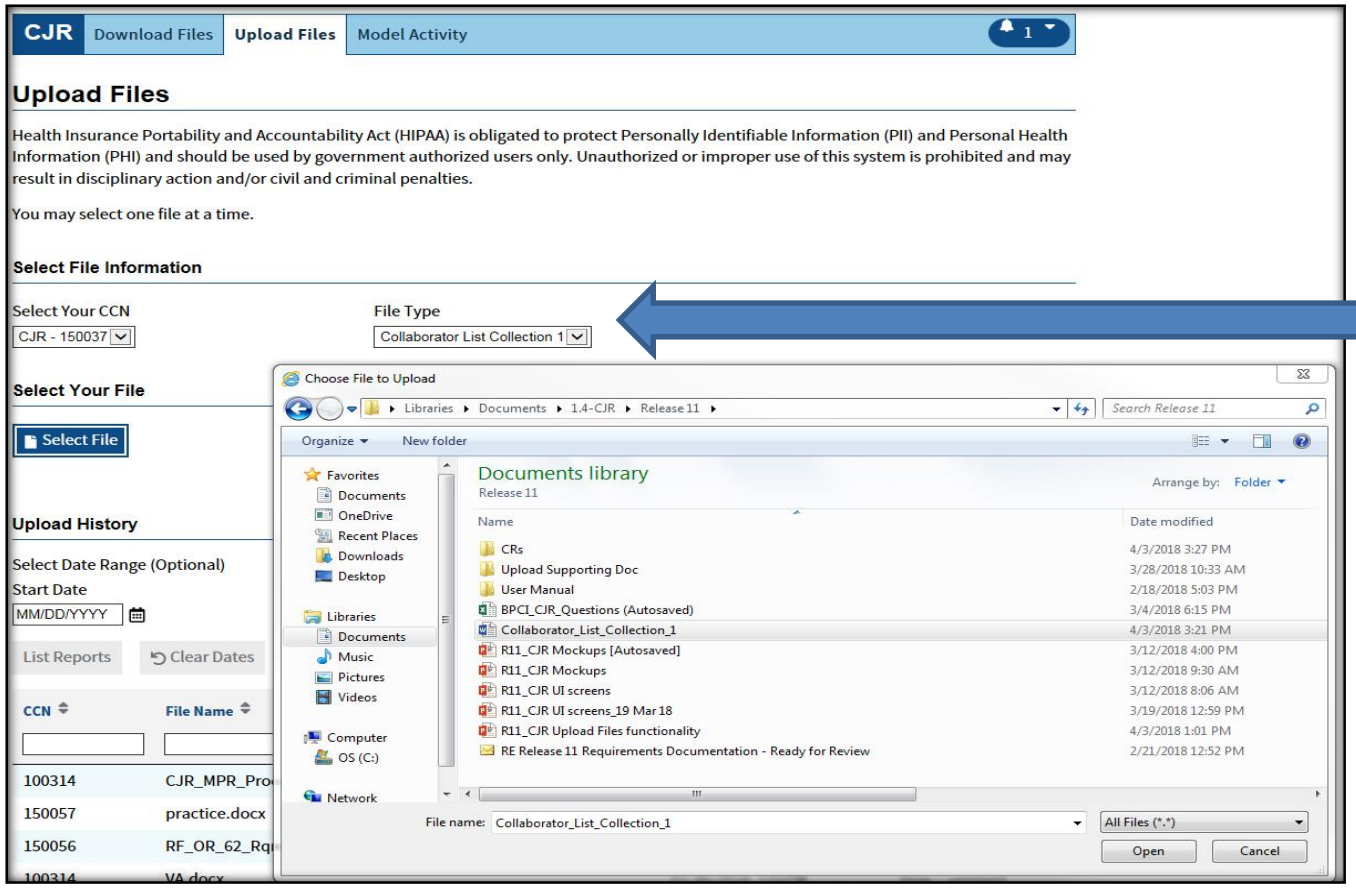
Submission Instructions for CJR Data Portal (2)



This is the default page when the **Upload Files** tab is selected.

The **Upload History** table will display the records that have previously been uploaded for your CCN.

Submission Instructions for CJR Data Portal (3)



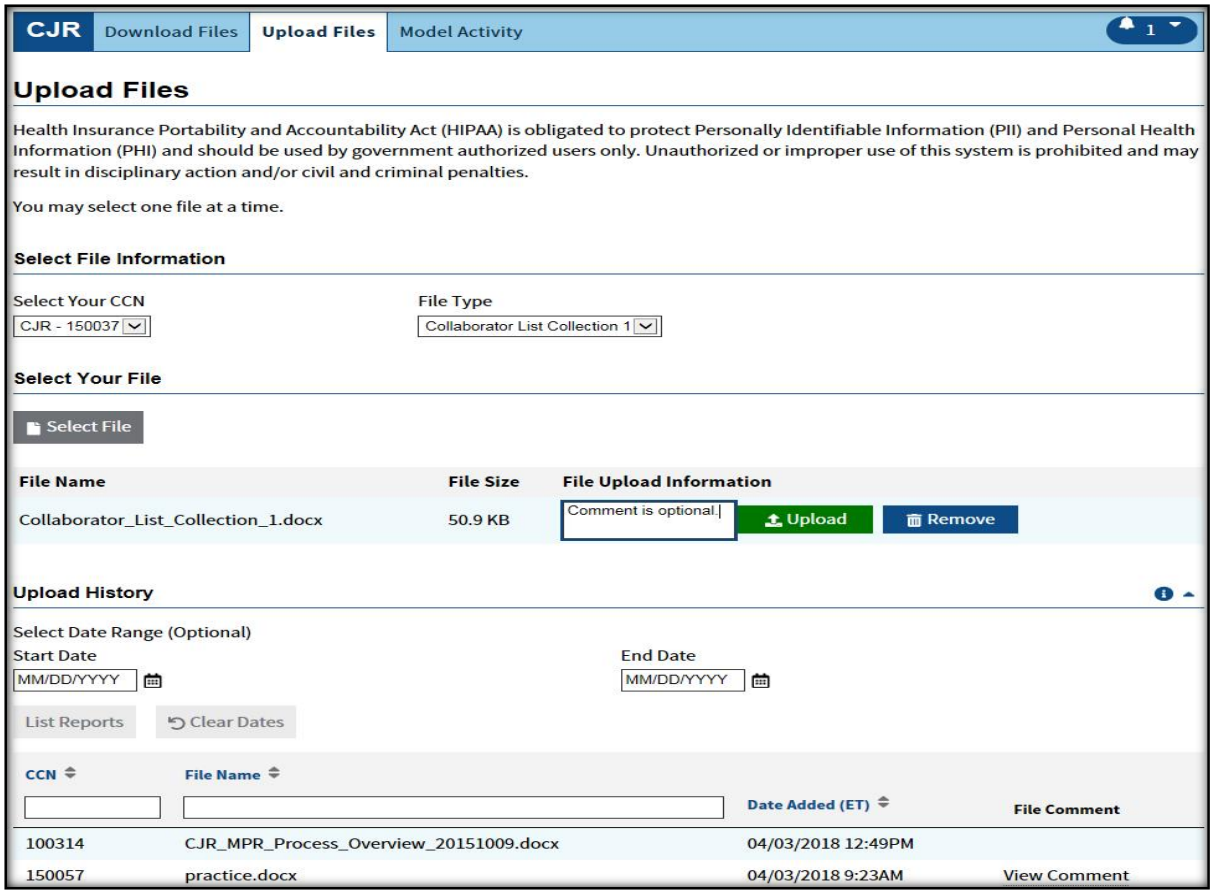
Use the **Select Your CCN** and **File Type** drop down menus to select your file information.

File Type must be **Collaborator List Collection 2 (We will look at both upload cells)**

Then click the **Select File** button to begin the upload process of the excel document.

Excel document must be saved as an .xls or .xlsx document, and no spaces allowed

Submission Instructions for CJR Data Portal (4)



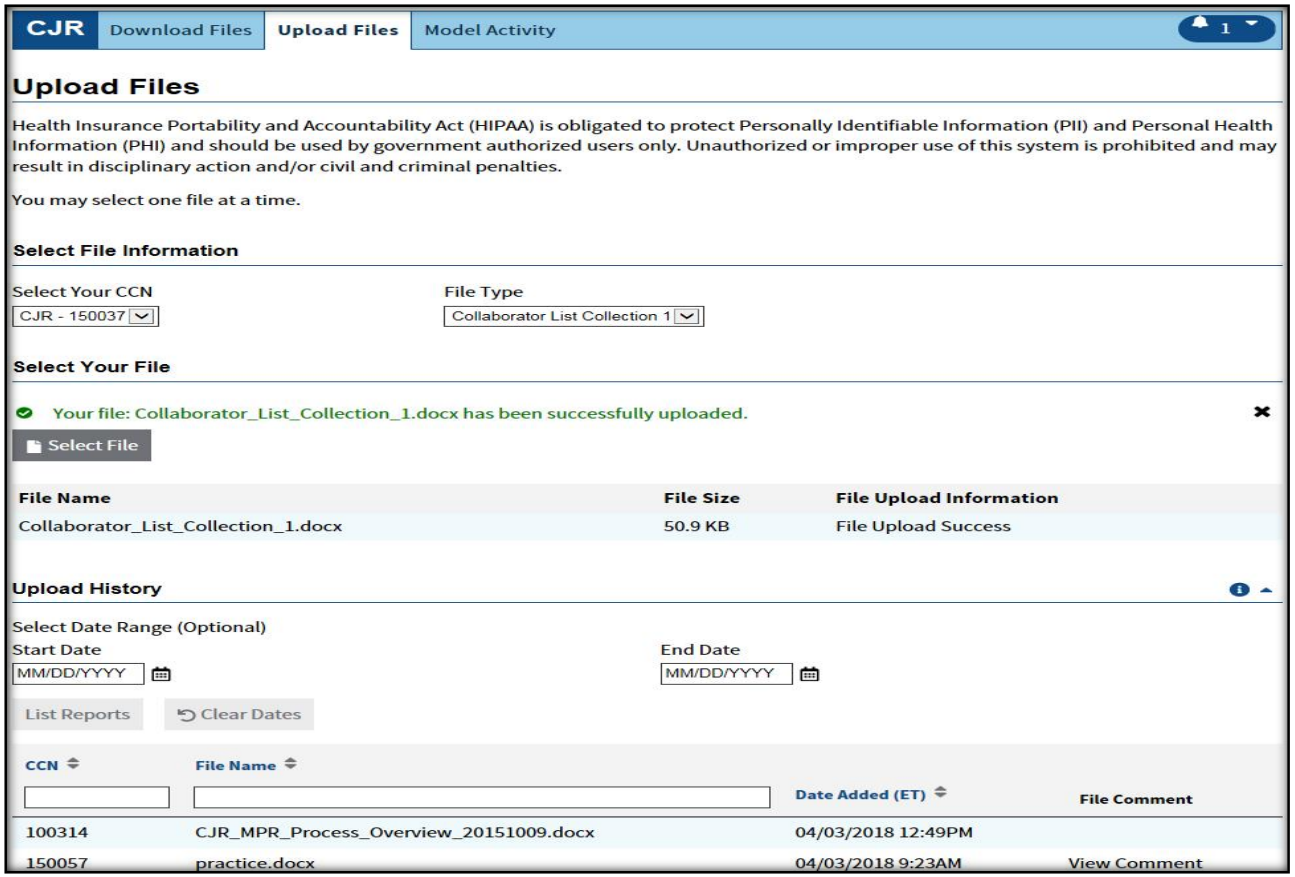
You have the option to enter a comment in the **File Upload Information** textbox.

If a comment is entered, it will be viewable in the **Upload History** table.

Select **Upload** to add the supporting document to the **Upload History** table.

Select **Remove** to clear the selected supporting document.

Submission Instructions for CJR Data Portal (5)

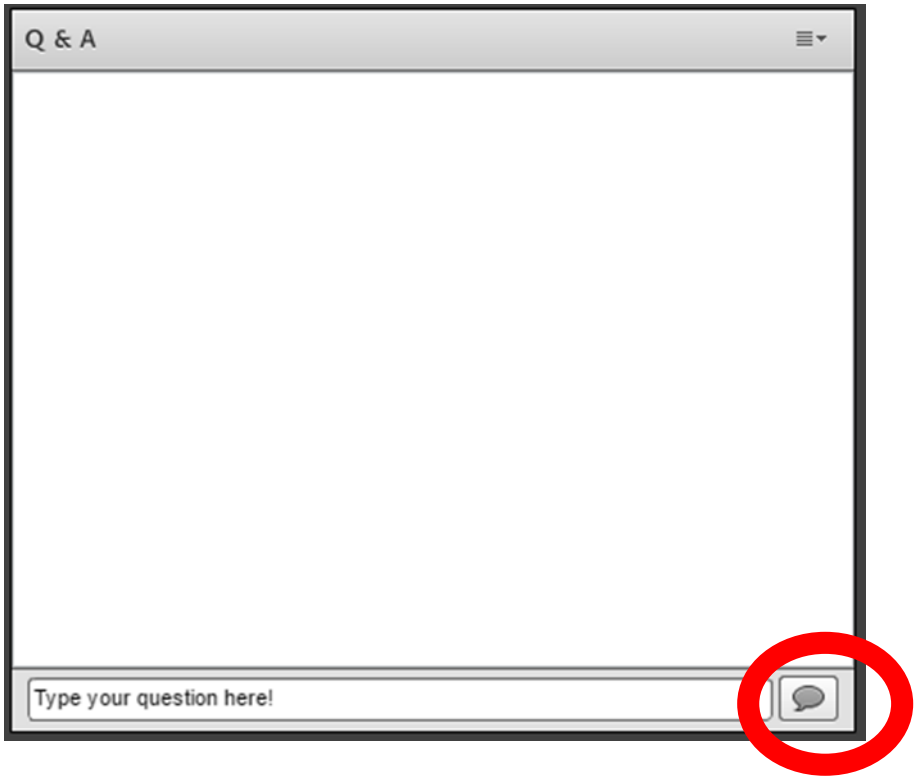


After the file is successfully uploaded, a confirmation message will display.

Select the Close icon (**X**) to close the confirmation message.

Q&A

Questions – FACE Lists



- Use the Q&A pod to submit any questions.
- Your question(s) will only be visible to you.

Announcements & Reminders

Upcoming Events

November 18, 2020 **2:00–3:00 p.m. ET**	**Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency**

Register here:
https://bpciandcjrls.adobeconnect.com/octifc/event/registration.html?campaign-id=CJRO and submit questions with your registration, or submit to CJRSupport@cms.hhs.gov

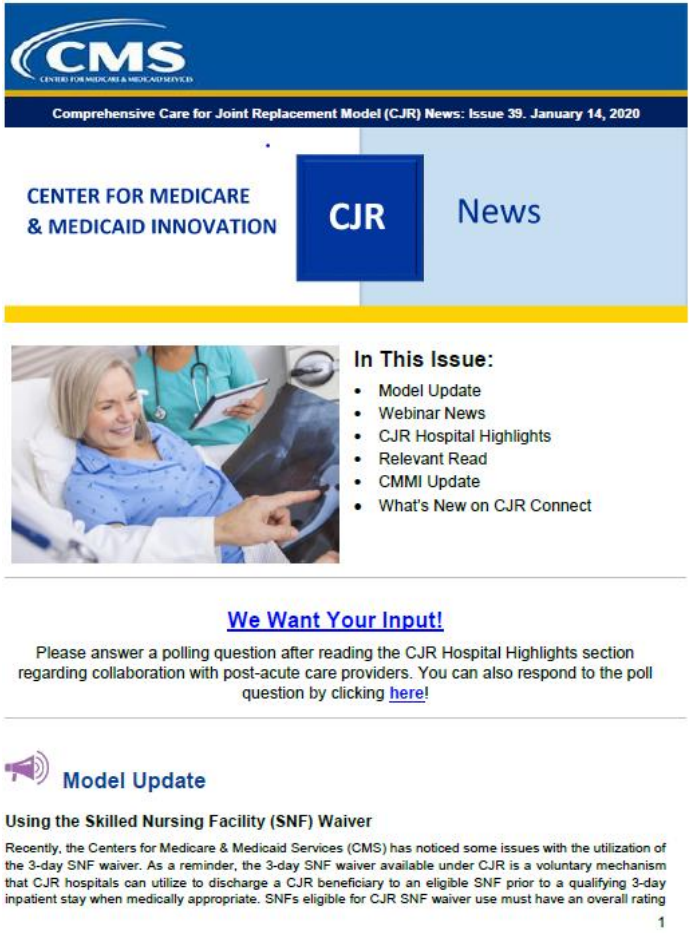
CJR Connect Security Update

On November 2nd, a CJR Connect security update was implemented for CMMI applications to improve security and efficiency for users.

- CMMI is introducing Single Sign On through OKTA Identify Management (OKTA IDM)
- CJR Connect users must use CMS credentials to access the Connect site. If you do not have compatible CMS credentials then you will be prompted to register for CMS IDM credentials by the Connect site when you attempt to log in after November 2nd
- Users will also be required to complete a one-time Remote Identify Proofing (RIDP) authentication
- In October Connect users should have received an email from LS-CJR@Lewin.com informing the user if they have an existing CMS credential or if they would need to create one through Connect
- **Are you a Connect user who did not receive an email about your CMS credential status? Please reach out to us at LS-CJR@lewin.com and we can assist you.**

CJR News

- As of July 2020, the CJR News is distributed on a bi-monthly basis. Look for the CJR News on the second Tuesday of every other month!
- The CJR News is your one-stop-shop for all things CJR! Specifically:
  - Model updates,
  - Webinar news,
  - CJR hospital highlights,
  - Relevant reads,
  - CMMI updates,
  - What's new on CJR Connect and more!
- Do you receive our newsletter?
  - If not, reach out to us at LS-CJR@lewin.com to be added to the CJR News distribution list!



CMS

Comprehensive Care for Joint Replacement Model (CJR) News: Issue 39. January 14, 2020

CENTER FOR MEDICARE & MEDICAID INNOVATION

CJR News

In This Issue:

- Model Update
- Webinar News
- CJR Hospital Highlights
- Relevant Read
- CMMI Update
- What's New on CJR Connect

We Want Your Input!

Please answer a polling question after reading the CJR Hospital Highlights section regarding collaboration with post-acute care providers. You can also respond to the poll question by clicking here!

Model Update

Using the Skilled Nursing Facility (SNF) Waiver

Recently, the Centers for Medicare & Medicaid Services (CMS) has noticed some issues with the utilization of the 3-day SNF waiver. As a reminder, the 3-day SNF waiver available under CJR is a voluntary mechanism that CJR hospitals can utilize to discharge a CJR beneficiary to an eligible SNF prior to a qualifying 3-day inpatient stay when medically appropriate. SNFs eligible for CJR SNF waiver use must have an overall rating

1

Not Receiving CJR News?

To ensure that you receive the CJR News from the CMS CJR Model Support Team, please add cmslists@subscriptions.cms.hhs.gov to your safe sender list if you have not done so already.

Reminders

- Send any follow-up or unanswered questions from today's webinar to LS-CJR@Lewin.com
- Contact CJRSupport@cms.hhs.gov for any technical or programmatic questions related to the CJR model
- If your organization has made any changes to your points of contact for the CJR model, please email CJRSupport@cms.hhs.gov to request a Data Request and Attestation (DRA) form which should be submitted through the Data Portal (preferred) or through encrypted email.
- To request a CJR Connect account, go to: https://app.innovation.cms.gov/CMMIConnect/IDMLogin and click "New User Registration".
- *Please take a few minutes to complete the Post-Event Survey*