



Comprehensive Care for Joint Replacement Model

April 20, 2017 | Biweekly Update

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Upcoming Events

April 21, 2017

11 am-12 pm EDT

[Register](#)

Small Group Discussion: Overlap Between the CJR Model and Other Alternative Payment Models

The CJR Learning System is convening small group discussions on topics that CJR participant hospitals express interest in talking with their peers about. Based on [CJR Connect](#) Chatter, this first small group discussion will focus on overlap between the CJR model and other alternative payment models. In the session, participants will discuss challenges and strategies related to participating in alternative payment models in addition to CJR, such as the Bundled Payments for Care Improvement (BPCI) initiative, Accountable Care Organizations (ACOs), and the Surgical Hip and Femur Fracture Treatment (SHFFT) model.

April 26, 2017

2-3 pm EDT

[Register](#)

Patient Engagement Affinity Group Kick-Off

In April, a new affinity group will be launched for CJR participant hospitals interested in exchanging promising practices and ideas related to engaging CJR patients and their families to improve care outcomes. The Patient Engagement Affinity Group will meet four times between April and July 2017 to collaborate and help identify opportunities for success. Each meeting will focus on a specific topic area, with the group engaging in a high level of interactive peer-to-peer discussion. Optional action groups will be developed to test or implement specific interventions or practices based on these topics, and to share learnings and support for these activities.

The kick-off session for the Patient Engagement Affinity Group will feature presentations by two subject matter experts in shared decision making and patient engagement - Glyn Elwyn, MD, MSc, FRCGP, PhD, from The Dartmouth Institute for Health Policy & Clinical Practice and Dominick Frosch, PhD, from the Department of Medicine at the University of California, Los Angeles.

May 4, 2017

2-3 pm EDT

[Register](#)

Care Coordination and Management Series: Discharge Planning

Ensuring the most effective and clinically appropriate care for patients throughout the entire CJR episode of care requires communication and collaboration with patients and providers across the continuum of care. In the second webinar of the Care Coordination and Management Series, we will discuss strategies for effective discharge planning, which often begins prior to admission and involves all care team members.

May 17, 2017

2-3 pm EDT

[Register](#)

Patient Engagement Affinity Group Session #2

This is the second webinar for the CJR Patient Engagement Affinity Group.

June 1, 2017

2-3 pm EDT

[Register](#)

Care Coordination and Management Series: Effective Use of Care Navigators

Ensuring the most effective and clinically appropriate care for patients throughout the entire CJR episode requires communication and collaboration with patients and providers across the continuum of care. In the third webinar of the Care Coordination and Management Series, we will explore the role of care navigators in ensuring the most appropriate and highest quality care throughout the CJR episode.

Model Updates

April 1, 2017 was the start of post-operative data collection for patient-reported outcomes (PRO) and risk variable data for patients in the PRO Performance Year 1 (PY1) pre-operative data submission.

Hospitals can voluntarily collect post-operative data 9 to 12 months following eligible procedures performed during the period of July 1-August 31, 2016, and included in the PY1 pre-operative data submission. The collection window for the post-operative data closes on August 31, 2017. For more information, see the "PRO Data Collection" content pack, which is available through the Libraries tab on [CJR Connect](#). Email CJRSupport@cms.hhs.gov if you have any questions about PRO data submission.

Participant-specific Monitoring Reports and CJR Model Performance Year One Reconciliation Reports will be available the week of April 24, 2017.

The first CJR Monitoring Report will be available for review via the [CJR Data Portal](#); subsequent reports will be released quarterly. The first monitoring report will include CJR performance year 1 data, and all reports afterwards will be updated with the most recent CJR data for your hospital. A sample CJR Participant Monitoring Report (with artificial data) and a README file explaining the contents of the report and instructions for opening the report in a web browser is available in the [CJR Connect](#) Libraries. To find these files, search for "Example Hospital Monitoring Report 03 10 17 Materials" in the [CJR Connect](#) Libraries tab. Email CJRSupport@cms.hhs.gov if you have any questions about the Participant-specific Monitoring Reports.

The CJR Model Reconciliation Reports for performance year one will also be available for review via the [CJR Data Portal](#). Reconciliation is the process of comparing actual episode spending to quality-adjusted target spending to determine potential reconciliation payments (or repayment in future performance years) for CJR episodes. The reconciliation report will include the hospital's composite quality score, measure results and performance percentiles for the total hip arthroplasty/total knee arthroplasty (THA/TKA) Complications measure and the HCAHPS Survey measure, and whether or not the hospital successfully submitted voluntary patient-reported outcomes and limited risk variable data. For more information, see "Webinar CJR Model Performance Year One Reconciliation 04 20 17" via the [CJR Connect](#) Libraries tab. Email CJRreconciliation@cms.hhs.gov if you have any questions about the CJR Model Performance Year One Reconciliation Reports.

A new CJR data feed will be available by Friday, April 28, 2017.

You will be able to access the monthly data feed via the [CJR Data Portal](#). Instructions about how to access the portal are available in the Libraries tab on [CJR Connect](#) within the "CJR Data Portal" content pack. Email CJRSupport@cms.hhs.gov if you have any questions regarding the monthly data feed.

Frequently Asked Questions: Data

Q: What types of data can be requested in the CJR model?

A: Participant hospitals may request the minimum necessary data to carry out healthcare operations in the CJR model. The data options include:

- Target prices
- Historical claims (includes enrollment, raw claim, and episode summary information) *Please note: These files contain personally-identifiable information (PII)
- Historical claim summaries (statistics on episodes for your hospital and region)

In addition, all hospitals will receive:

- File layouts that describe the variables in each data file
- README files containing CJR episode and target pricing methodology

Q: Is a participant hospital responsible for safeguarding all of the CJR data it receives (including data that are disseminated to Business Associates of the hospital)?

A: Yes. By signing the CJR Data Request and Attestation Form, the Data Requestor attests that the hospital will protect the requested data as required by applicable law, including the establishment of appropriate administrative, technical, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized use or access to it.

CJR Connect: What's New

New Resources In Libraries

The following resources are now available in the Libraries:

- CJR Learning System Upcoming Events (Content pack updated to include the April 13, 2017 CJR Learning System Upcoming Events)
- Webinar Identifying and Communicating High Cost and Low Quality Drivers: Learnings from the Data Affinity Group 04 13 17 Materials (Content pack includes webinar slides, recording, and transcript)
- CJR Bulletins (Content pack updated to include the April 2017 Bulletin)

Chatter Post Highlight: Beneficiary Notification

Below is a [CJR Connect](#) Chatter post about a common discussion topic, beneficiary notification. To participate in the discussion, select "Topics" from the top left sidebar on your Chatter feed and enter "Beneficiary Notification" in the Search bar.

I just wanted to see how other facilities were planning to have the patient receive the beneficiary notification at the time the admission is scheduled.

Our current process includes the patient being educated on all the required criteria in Joint Academy, which is (2) weeks pre-op and is technically when their admission is scheduled. They complete all hospital consents, pre-op testing, and are actually pre-admitted during this time.

Those who do not attend class are caught by the pre-admission clinic.

For questions, assistance, suggestions for Learning System events or to be added to the CJR Biweekly Update distribution list, please contact CJRsupport@cms.hhs.gov.