



Comprehensive Care for Joint Replacement Model

August 24, 2017 | Biweekly Update

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Model Updates

On August 15, the Centers for Medicare & Medicaid Services (CMS) released a proposed rule entitled “Cancellation of Advancing Care Coordination through Episode Payment and Cardiac Rehabilitation Incentive Payment Models; Changes to Comprehensive Care for Joint Replacement Payment Model (CMS-5524-P).”

In this rule, CMS proposes to revise certain aspects of the CJR model, including: giving certain hospitals selected for participation in the CJR model a one-time option to choose whether to continue their participation in the model; technical refinements and clarifications for certain payment, reconciliation and quality provisions; and a change to increase the pool of eligible clinicians that qualify as affiliated practitioners under the Advanced Alternative Payment Model track. The rule also contains proposals to cancel the Episode Payment Models and Cardiac Rehabilitation Incentive Payment Model and to rescind the regulations governing the models. The proposed rule is available [here](#). Comments may be submitted until 11:59 p.m. EDT on October 16, 2017.

Reminder: Evaluation Team’s Survey due September 19, 2017.

The CJR model team is working with evaluation contractors - The Lewin Group and Abt Associates - to conduct a brief, 5-minute web-based survey of all hospitals participating in the CJR model. CMS is very interested in how the CJR model has impacted your hospital and your patients. Without your insight, CMS will have an incomplete picture of how the CJR model has been implemented on the ground. You should have received an invitation to participate in the web-based survey last week. We are asking for your feedback by September 19. If you have any questions or need the link to the survey, please email CJRHospitalSurvey@abtassoc.com. We are looking forward to representing your hospital’s experience in the evaluation!

August 31, 2017 is the last day that post-operative patient-reported outcomes (PRO) data collection can occur for patients eligible for Performance Year (PY) 1 PRO data collection.

Hospitals should have collected the pre-operative PRO data between 0 to 90 days prior to the eligible elective surgery. The post-operative data should be collected between 270 to 365 days (9-12 months) after the patient’s procedure. For additional information about PRO data collection and submission, please see the “PRO Data Collection” content pack in the Libraries tab on [CJR Connect](#). Email CJRSupport@cms.hhs.gov if you have any questions about PRO data submission.

CMS has released an updated PRO Data Collection Template.

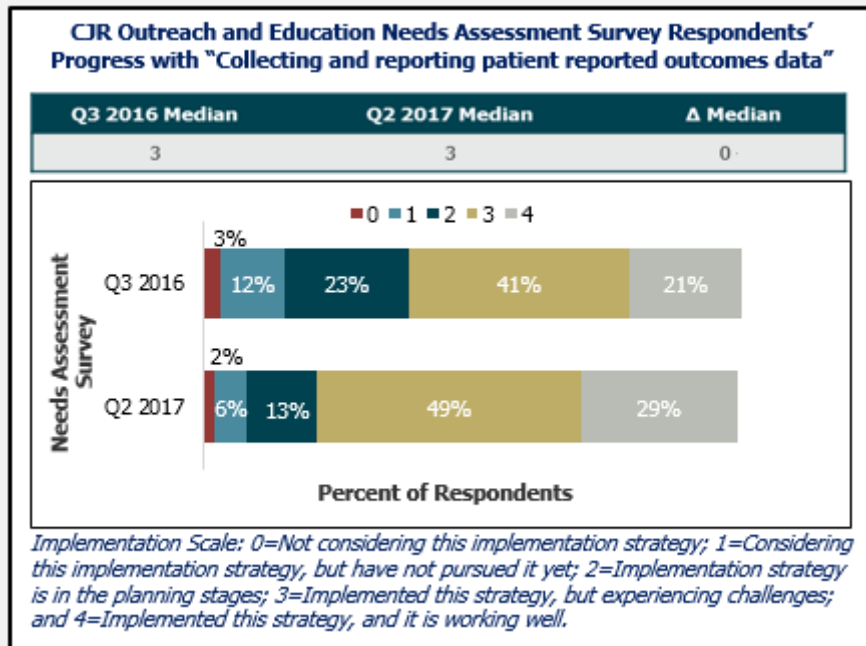
An updated PRO Data Collection template for PYs 2-5 is now available. This PRO Data Collection template includes new format and input requirements for several variables, and a new variable, 'PERF_YR' (performance year), with valid values 2, 3, 4, 5. A list of all updates is included in the PRO Data Dictionary PY 2 v2.1 Excel file. Hospitals will need to transfer the data collected in the PRO Data Collection template to the External Files Online Tool, which will be available in October 2017. For additional information about the PRO Data Collection template, please see the "PRO Data Collection" content pack in the Libraries tab on [CJR Connect](#). Email CJRSupport@cms.hhs.gov if you have any questions about PRO data submission.

Reminder: Participants cannot submit PRO and Risk Variable data until the External Files Online Tool is available in October 2017.

The new External Files Online Tool scans PRO data files for errors and provides a detailed error log to help ensure your data meet submission requirements. The External Files Online Tool will be added to QualityNet in October 2017. Please join CMMI for a webinar on CJR PROs and Risk Variable Data Submission for PY 2 on September 13, 2017 from 2pm to 3pm EDT. We will be providing a detailed overview of the External Files Online Tool on the QualityNet Secure Portal and the PRO data submission process for CJR in PY 2. To register for this webinar, click [here](#).

CJR Implementation Spotlight: Approaches to PRO and Risk Variable Data Collection

One hundred and sixty-five hospitals successfully submitted pre-operative PRO and risk variable data for PY 1. However, quarter 3 (Q3) 2016 and quarter 2 (Q2) 2017 CJR Outreach and Education Needs Assessment Survey data suggest that collecting and reporting PRO data is a persistent challenge for hospitals who have opted to pursue this activity. Out of all the implementation strategies assessed on the Q2 2017 survey, the highest proportion (49%) of respondents implementing this strategy indicated that they were experiencing challenges in the collection and reporting of PRO data. This reflects an 8% increase from Q3 2016.



Semi-annual interview data and [CJR Connect](#) Chatter discussions suggest that hospitals are collecting PRO data using a variety of methods, including:

- Electronically via electronic health record patient-facing portals;
- Electronically via email;
- Face-to-face at the surgeon's office;
- Face-to-face at the joint surgery education class;
- Over the phone; and
- Mail.

Frequently Asked Questions: Quality Office Hours

The CJR Learning System hosted the webinar, “Quality Office Hours” on July 27, 2017. Below are a few of the questions and responses related to CJR’s pay-for-performance methodology. To access the recording, slides, and transcript from the webinar, log on to [CJR Connect](#) and search for “Webinar Quality Office Hours 07 27 17 Materials.”

Q: What are the timelines for Complications and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey scores as related to PY Two, Three, Four and Five?

A: Both Complications and HCAHPS Survey measure results are already collected through the Hospital Inpatient Quality Reporting (HIQR) Program. CJR participant hospitals do not need to submit additional data for the application of Complications and HCAHPS for the pay-for-performance methodology of the model.

For a summary of quality measures performance and public reporting periods, see the table below.

| CJR Model Timeline | | Total Hip Arthroplasty/Total Knee Arthroplasty Complications Measure | | HCAHPS Survey Measure | |
|--------------------|----------------|--|-----------------------|-----------------------|-----------------------|
| Performance Year | Reporting Year | Performance Period | HIQR Public Reporting | Performance Period | HIQR Public Reporting |
| 1 | 2017 | 4/1/13 – 3/31/16 | Annually - July | 7/1/15 – 6/30/16 | Quarterly – April |
| 2 | 2018 | 4/1/14 – 3/31/17 | Annually - July | 7/1/16 – 6/30/17 | Quarterly – April |
| 3 | 2019 | 4/1/15 – 3/31/18 | Annually - July | 7/1/17 – 6/30/18 | Quarterly – April |
| 4 | 2020 | 4/1/16 – 3/31/19 | Annually - July | 7/1/18 – 6/30/19 | Quarterly – April |
| 5 | 2021 | 4/1/17 – 3/31/20 | Annually - July | 7/1/19 – 6/30/20 | Quarterly – April |

Additional information on the timeline can be found in the CJR Quality Supplement, which is available on the public [CJR website](#), as well as on [CJR Connect](#) under the Libraries tab by searching for “Overview of CJR Quality Measures (Quality Supplement) 01 17 17”.

Q: What should hospitals do if they cannot reach a patient who should complete the post-operative PRO survey?

A: In anticipation of potential challenges that may result from collecting post-operative data on all patients for whom pre-operative data were collected, hospitals should consider collecting data for more than the minimum requirement of cases during the pre-operative data collection timeframe. If a hospital is not able to submit the required number of matched pre- and post-operative data for the same patients, the hospital will not meet the successful criteria for a given PY. Throughout the subsequent years of the CJR model, CMS encourages hospitals to account for potential changes in the response rates when setting internal pre-operative PRO survey response goals, as well as to plan for the gradual increase in a minimum case requirement for successful PRO collection across PYs Three, Four, and Five.

CJR Connect: What's New

New Resources In Libraries

The following resources are now available in the [CJR Connect](#) Libraries. To access these resources directly, log in to [CJR Connect](#), then copy and paste the link into your browser:

- [Notice of Proposed Rulemaking CMS-5524-P Fact Sheet](#) (This webpage is a fact sheet that summarizes the NPRM CMS-5524-P)
- [CJR FAQs](#) (Content pack updated to include PRO Data Collection FAQs V2.0)
- [PRO Data Collection](#) (Content pack updated to include updated PRO Data Collection template materials)
- [Participant Uploaded Resources](#) (Content pack updated to include Indian River Medical Center Joint Replacement Handbook)
- [CJR Learning System Upcoming Events](#) (Content pack updated to include the August 17, 2017 CJR Learning System Upcoming Events)

Chatter Post Highlight: Care Coordination and Management

Below is a [CJR Connect](#) Chatter post about care coordination and management. To participate in the discussion, select "Topics" from the top left sidebar on your Chatter feed and enter "Care Coordination and Management" in the Search bar.

@CJR All How do you all initially make contact with patients scheduled for joint replacements? Are you in the physician offices, are you making calls from a list, are you meeting them first in the education class??

Topics: Care Coordination And Management

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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.