

Large Integrated Delivery Network (“IDN”)

East Coast

A large integrated delivery network sought to plan and implement a system-wide episodes of care program for orthopedics to meet the requirements of the mandated, risk-based Comprehensive Care for Joint Replacement initiative impacting all of its acute-care hospitals.

Background

The IDN was formed in 2016 after the merger of two large healthcare systems. It consists of 13 hospital campuses, more than 200 ambulatory care centers, home health and rehabilitation services, and skilled nursing facilities. Two of its flagship facilities are academic medical centers.

In 2015, prior to the merger of the entities, the Centers for Medicare and Medicaid Services (“CMS”) finalized new legislation impacting select acute care hospitals across the country, called the Comprehensive Care for Joint Replacement (“CJR”) initiative. Specifically, certain hospitals that offer hip and knee replacement surgeries to Medicare fee-for-service beneficiaries were mandated to participate in this risk-based program to control costs and improve quality. All the acute care hospitals in the IDN were impacted by the mandate.

Our Approach

The IDN engaged GE Healthcare Camden Group to assist with the planning and implementation of the CJR program for its seven hospital campuses. Being new to episodes of care, the IDN used this initiative as a test case for system-wide standardization of care across its orthopedic service line. This required the development of a robust program infrastructure to support the activities that would be carried out under CJR, including:

- Identifying and garnering commitment from key stakeholders at the corporate and leadership levels, as well as across its hospital campuses
- Establishing a governance and work group structure to support decision making and the development and approval of work products
- Creating an environment in which stakeholders consistently communicate and collaborate
- Conducting quantitative and qualitative analyses to drive programmatic decision-making
- Evaluating gaps in operational, administrative, and clinical methods and processes related to total hip and knee replacements
- Developing and/or redesigning interventions, tools, and resources to address identified gaps
- Establishing data-driven performance reporting and program monitoring processes to support accountability, transparency, and continual performance improvement

In the first two performance quarters of the program, the IDN began to see a favorable shift in cost and utilization of post-acute care services for its Medicare hip and knee replacement patients—which was a targeted focus area across the network. Many of the new programmatic features that were developed for this initiative involved improving patient education and engagement, including setting discharge expectations after the acute hospital stay, as well as monitoring patients in the 90-day post-discharge period to ensure optimal recovery. Key performance metrics for the IDN’s CJR program include acute and post-acute length of stay, overall utilization of post-acute care services, and readmissions.



Results



Increased Cross-Continuum Accountability for Patients

Developed programs to improve patient education and engagement, including setting discharge expectations

Reduced Unnecessary Costs and Variation in Care

Saw favorable shift in cost and utilization of post-acute care services for its Medicare hip and knee replacement patients after first two performance quarters



Improved Patient Outcomes

Standardized care across orthopedics service line, by evaluating gaps and implementing appropriate interventions

Imagination at work

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