

# Getting Started Guide for Ambulatory Surgery Centers

ENDORSED BY

**ASCA**

Ambulatory Surgery  
Center Association

Improving orthopaedic  
care through **data.**

**AJRR** American  
Joint Replacement  
Registry  
*Improving Orthopaedic Care Through Data*

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# We Care About Orthopaedics. Just Like You.

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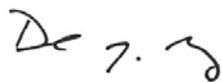
Jeffrey P. Knezovich, CAE

**Thanks** for your interest in learning more about joining the American Joint Replacement Registry (AJRR). If you're reading this document, you are curious how you can improve orthopaedic care through your data. We are dedicated to helping the Ambulatory Surgery Center Association's (ASCA's) continued efforts to move total joint replacements to Medicare's ASC-payable list, and expand the number of private payers willing to reimburse ASC facilities for these procedures.

I became involved with this organization because I believe in its mission: to improve orthopaedic care through the collection, analysis, and reporting of actionable data. It's our vision to be the National Registry for orthopaedics through comprehensive data and technology resulting in optimal patient outcomes.

Established in 2009 as a not-for-profit organization, we have seen tremendous growth. We currently collect data on total hip and knee procedures in 50 states and D.C. and have more than one million procedures within our system.

We'd like to see that growth continue and look forward to counting your surgery center as one of our many participants.



Daniel J. Berry, MD  
AJRR Chair

## Joint Replacement by the Numbers

Hip and knee devices account for more than 85% of the joint reconstruction and replacement market

More than 7 million people in the US have had a knee or hip replacement surgery

Joint registries demonstrate up to a 50% reduction in revision rates after Registry initiation and identification of best practices

If the US revision rates were cut by just 2%, Medicare could realize savings of over \$65 million

# We've Made it Easy for You to Join.

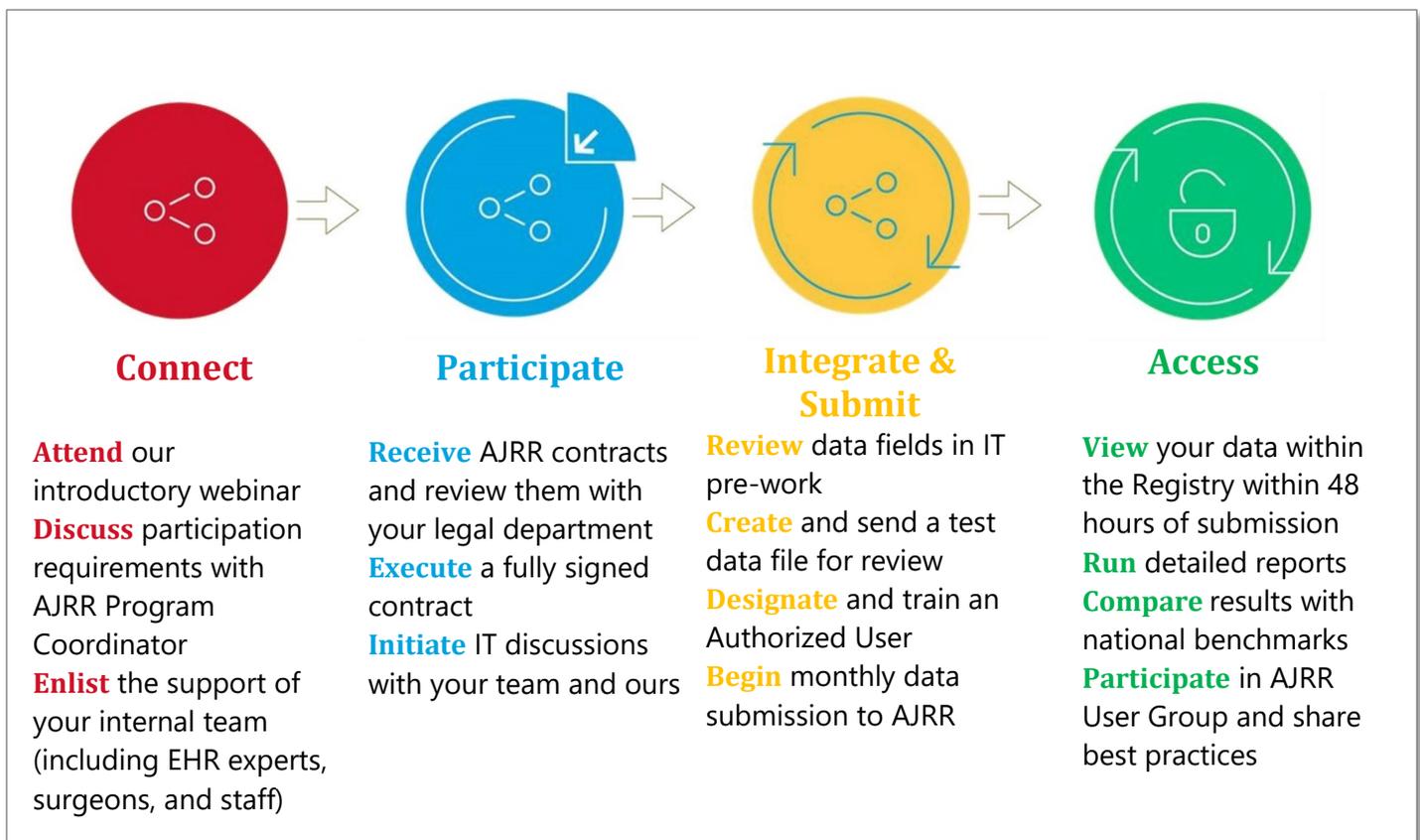
**You're in Good Company.** AJRR was developed by leaders in the orthopaedic community – from renowned surgeons, to organizations involved in setting policy and influencing federal legislative and regulatory developments. AJRR is the official Registry of the American Association of Hip and Knee Surgeons (AAHKS). We're proud to call the additional organizations supporters:

- The Ambulatory Surgery Center Association
- American Academy of Orthopaedic Surgeons
- The Hip Society
- The Knee Society
- Prominent hospital organizations
- Top device and industry representatives
- Payer organizations
- And the many hospitals, ambulatory surgery centers, and surgeons who make up the AJRR community. For a current count of participants, visit our website's homepage at [www.ajrr.net](http://www.ajrr.net).

*"The data collected by the AJRR will be used by ASCA and our members to support efforts to educate government and commercial payors of the safety, efficiency, and good outcomes that result when ASCs perform hip and knee replacement procedures, and will foster greater use of ASCs by patients."*

ASCA CEO William Prentice

**Enrollment Process.** Our Program Coordinators will take you through the simple enrollment process, as detailed below.



# It's All About the Data.

**Submitting Data** to the Registry is simple. The process involves extracting procedures from your organization's electronic health record (EHR) system, then submitting data through AJRR's secure electronic site.

AJRR converts and compiles data into its own aggregate format, and produces numerous options of comparative reports individualized by facility site, surgeon, procedure, implant, manufacturer, or other value-added criteria. AJRR data elements are listed below.

**Level I:** Patient-related data: name (last, first), DOB, SSN, diagnosis (ICD-10\*), gender, race/ethnicity; address; hospital-related data: name, hospital name and NPI; surgeon-related data: surgeon name and NPI; procedure-related data: type (ICD-10\*, CPT), date of surgery, laterality, implants (catalog number and lot number or UDI device identifier and production identifier)

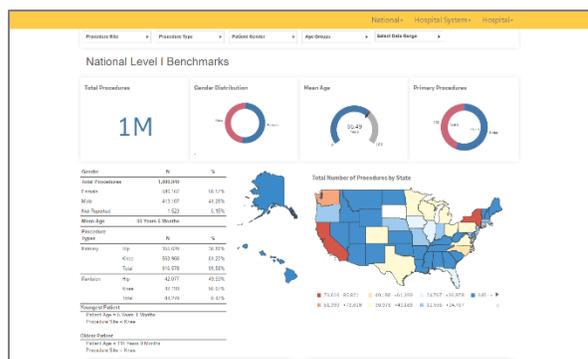
**Level II:** Patient risk factors and comorbidities (ICD-10\*), American Society of Anesthesiologists Score, operative and post-operative complications

**Level III:** Patient-reported outcomes Recommended Measures: VR-12, PROMIS-10 Global Health, HOOS, JR. and KOOS, JR. We also accept: SF-36, HOOS/modified WOMAC, KOOS/modified WOMAC, Oxford Hip and Knee Scores, Knee Society Knee Scoring System, Harris Hip Score, and only final scores for WOMAC, SF-12, EQ-5D (3L-5L)

*\*We can collect ICD-9 retrospective data as well. Additional information on our Data Levels can be found on our website at <http://ajrr.net/enroll-with-us/all-about-the-data>.*

**What Happens to Your Data?** We take security very seriously so you can be assured that our system is protected to the highest standards. When we receive your data, it is securely uploaded into the AJRR database. When you subscribe to our RegistryInsights® dashboards, your Authorized User will be provided the necessary information to log into the system, access the data, and run reports and comparisons.

We've upgraded our dashboard with details toward enhanced performance and improved analyses. We've redesigned the navigation and utilized drag and drop features to create powerful visualizations of the data that now include widgets from a central spot to better understand what's happening at your institution and to compare against national benchmarks. With more than one million procedures in the database, you can analyze and drill down on individual data points that matter most to you. These national benchmarks are created within the system using de-identified, aggregate data from all participating facilities in the Registry. Additionally, you can bookmark and save filters for the data points you use most frequently. And best of all, you can get access to your data within 48 hours of submission.



# What's the Value?

**Participating has Value.** Designated as a Qualified Clinical Data Registry (QCDR) by the Centers for Medicare & Medicaid Services (CMS) every year since 2014, we are dedicated to helping you participate in quality improvement initiatives and adopt tools to enhance clinical practice.

The best part of participation in the AJRR is it meets many federal quality initiatives, insurers' distinction programs, and state collaboratives. These programs provide reimbursements and other incentives for displaying improvement in the quality of patient care, prompting medical institutions to use clinical data registries like AJRR to compare outcomes success. *To learn more, visit our website at <http://ajrr.net/quality-initiatives-tools>.*

## **Value for Surgery Centers:**

- Validate your ASC's effectiveness by comparing your institution against hospitals in the entire United States - from large cities to rural towns in [all 50 states and the District of Columbia](#)
- License subscription to RegistryInsights includes a patient-reported outcome (PRO) platform for you to administer and manage your PRO program
- Track and monitor joint arthroplasty outcomes within your institution
- Access to your data within 48 hours of submission
- Receive Food and Drug Administration (FDA) or manufacturer surveillance alerts on components for improved patient safety
- Have increased leverage with payers (for example, can help attain distinction in insurers' quality programs)
- Support federal quality initiatives

## **Value for Surgeons:**

- Make informed decisions by utilizing AJRR metrics
- Support federal quality initiatives (i.e., PQRS, Meaningful Use, MACRA-MIPS)
- Improve patient follow up and intervention, and screen for those who may not need a revision following visit
- Reduce complications and revision rates



## **Value for Site Administrators:**

- Participate in the AJRR User Group Network to share ideas with other users, discuss best practices, and learn ways to optimize and promote your Registry participation
- Receive support on how to optimally submit data and utilize the system

## **Additional Value:**

- Receive free *Annual Report* of national and local data collection statistics
- Legal and business agreements were developed and executed by a preeminent health care attorney who specializes in Registry development and deployment
- AJRR collaborates with a consortium of orthopaedic registries to help develop and maintain a worldwide component reference data set of orthopaedic implant information

## **Value for Patients:**

- Better hip and knee arthroplasty outcomes in the U.S.
- Provides early detection capabilities for identifying poorly performing implants
- AJRR has a Public Advisory Board that helps ensure that the patient voice is always represented
- AJRR will never reveal individual patient medical records ensuring patient privacy at all times

# How Much Does it Cost?

**All This Data at Your Fingertips.** Access to the Registry dashboard requires a small annual subscription fee. AJRR offers multiple-year and multiple-institution discounts.

## Subscription Fee Includes:

- One Authorized User per license which includes access to unlimited reporting and national comparison and benchmarking of your submitted data to AJRR
- Access within 48 hours of submission
- Patient-reported outcome platform usage for survey deployment, collection, and viewing

*All participants must have a signed Participation and Business Associate Agreement in place, regardless of the fee structure model you choose.*

Type	# of Sites	Configuration Fee (one-time)	Discount	Base Fee	Total Fee
1-Year Subscription (1) Authorized User	1	\$750		\$2,850	\$3,600
3-Year Subscription (1) Authorized User	1	\$714	4.75%	\$8,286	\$9,000

If you'd like to participate without accessing your data on the dashboards, then Registry participation is free. **However, a new pricing structure will be in place starting January 2018.**

PRICES  
INCREASE IN  
2018  
so act now!

## Participation Without a Subscription Includes:

- A standard yearly report on your data, including national benchmarks

Type	# of Sites	Configuration Fee (one-time)	Discount	Base Fee	Total Fee
Participation With No Subscription	ANY	\$0		\$0	\$0

## Extras that All Registry Participants Receive:

- A hard copy of the *AJRR Annual Report* with national data collection statistics
- Your facility's name published within the *Annual Report*
- Inclusion on our website as a facility participant
- Participation in the AJRR User Group Network and online community
- Toolkit to promote participation in the Registry, including logo, press release, and custom marketing and communications assistance

**There is no minimum amount of procedures that a participant must submit!**

# What are the Resources Required?

**Time and Resources** are important to our participants. We understand that planning for the workload is essential for any institution, so we have provided some guidelines that may help to clarify what is required to implement Registry participation.

## **Time Estimate for the Enrollment Process:**

An average AJRR participant can take anywhere from one to six months to fully enroll in the Registry. This is largely due to legal negotiations and security concerns. Of course, there are outliers and we'll do everything possible to speed the process along.



## **Employee Resources for Registry Participation:**

The number of full-time employees (FTEs) needed for Registry data submission varies greatly from institution to institution. Small, low-volume hospitals may perform only a few hip and knee procedures a year, requiring minimal employee time to input these procedures on our recommended monthly basis. Large institutions in major cities may perform hundreds of procedures a year, warranting a full-time employee to be dedicated exclusively to Registry submission. EHR systems and collaboration with patient-reported outcome (PRO) vendors will also impact employee workload. As your institution progresses through the enrollment process, the staff requirements will become more clear.

**Developing a PRO Program** may be an involved process for your institution. Whether you are utilizing our PRO system or another, there are still steps you must plan. It may take months to design and implement, therefore taking time to discuss each category below will hopefully streamline the process and guide you to a successful program.

Most likely, within your institution a core group of colleagues (i.e., orthopaedic group, quality department, or hospital administration) has decided that including PROs in your practice of care for total joint arthroplasty may provide important information to improve patient outcomes. Beyond this core group, you may need to bring in other disciplines to help drive this initiative and development. Below is a list of potential key stakeholders who may assist in developing and capturing patient-reported outcome measures (PROMs) for your institution:

- Orthopaedic Department
- Quality Department
- Information Technology
- Orthopaedic Service Line
- Research
- Rehabilitation
- Hospital Administration
- Orthopaedic Practice Groups and Clinics (not only physicians and nurses, but front desk staff may need to be involved)
- Patient Advocate/Patient Representative
- Institutional Review Board (Guidance/Review)

As you begin to design your protocol for data collection, the appropriate stakeholders will become apparent. We're happy to walk you through the steps. *To view our 24-page PRO Guide, visit our website here <http://ajrr.net/enroll-with-us/all-about-the-data/data-elements-we-collect-2>.*

## Sign Me Up!

Are You Ready to Join? If so, getting started is easy. Contact Jerry Manning at the phone number or email address below:

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