Top 12 Things to Know About CJR as it Relates to Clinical Data Registries

Anyone in the joint replacement profession has heard about the Centers for Medicare & Medicaid's (CMS) final ruling on bundled payments, or the Comprehensive Care for Joint Replacement (CJR) model. The final ruling was released in November 2015 and the orthopaedic community is addressing the issues and figuring out how the ruling impacts them – especially when it comes to Clinical Data Registry participation. Utilizing the data from your participation with the American Joint Replacement Registry (AJRR) can be considered a quality initiative that can earn hospitals credit towards this CMS program.

Below is a list of top 12 things you need to know about CJR and clinical data registries:

1) **The CJR model is about bundled payments.** The CJR model aims to support better and more efficient care for CMS' beneficiaries undergoing the most common inpatient surgeries for hip and knee replacements (also called lower extremity joint replacements or LEJR). This model tests bundled payments and quality measurement for an episode of care associated with hip and knee replacements to encourage hospitals, physicians, and post-acute care providers to work together to improve the quality and coordination of care from the initial hospitalization through recovery.

2) **The program is mandatory for 794 hospitals.** The model is required for the 794 hospitals located in 67 Metropolitan Statistical Areas (MSAs) throughout the country. MSAs are counties associated with a core urban area that has a population of at least 50,000. The full list of MSAs in this program can be found here.

3) **AJRR can help these 794 hospitals.** AJRR currently collects LEJR data from at least one hospital in over 50% of the mandatory areas. We are committed to helping the rest of the hospitals meet CMS' mandate and will provide guidance and support to utilize our Registry to meet this model.

4) **The program begins on April 1, 2016.** The first performance period for the CJR model will begin on April 1, 2016. CMS extended this date in the final ruling from January 1, 2016. This performance period start date will provide hospitals with more time to prepare for participation by identifying care design opportunities, beginning to form financial and clinical partnerships with providers, and using data to assess financial opportunities under the model. The first end date for 2016 calendar year will be December 31, 2016. Performance years 2017, 2018, 2019, and 2020 will include episodes that occur from January 1 through December 31 of each year.

5) **CMS updated the quality-based payment method.** Instead of the proposed performance percentile thresholds for reconciliation payment eligibility, CMS is finalizing a composite quality score methodology. The composite quality score is a hospital-level summary quality score reflecting performance and improvement on the two quality measures finalized for this model [THA/TKA Complications measure (NQF #1550) and the HCAHPS patient experience Survey measure (NQF #0166)], and successful reporting of THA/TKA patient-reported outcomes (PROs) and limited risk variable data.

6) **PROMs are currently not a mandatory component of the model**. However, you can earn bonus points for voluntary PRO and risk variable submission. Hospitals can receive additional "points" towards earning reconciliation payments through voluntary submission of PRO and risk variable data. (See the full PRO and Risk variable Data Elements lists here.) In Year 1, to qualify for bonus "points" for voluntary PRO and risk variable submission, hospitals must submit data for 50% or 50 elective primary LEJR procedures performed between **July 1 and August 31, 2016**. For the first year of the program, PRO data must be collected -90 to 0 days prior to the LEJR procedure and submitted to CMS by October 30, 2016.

7) **You will be able to use AJRR's Level III platform to facilitate collection of PROs for your patients**. AJRR Meets CJR's Quality and Outcome Needs.
    - ✓ Measures for Quality and Outcome Assessment (AJRR's Level III data elements)
        - ✓ Generic Quality of Life PRO measure: VR-12 or PROMIS 10 Global
        - ✓ Hip-Specific PRO measure: HOOS, JR (Hip disability and Osteoarthritis Outcome Score)
        - ✓ Knee-Specific PRO measure: KOOS, JR (Knee injury and Osteoarthritis Outcome Score)
        - ✓ View our PROMs Guide here
    - ✓ Measures for Risk Adjustment (AJRR's Level II data elements)
        - ✓ AJRR is adding the following risk variable data elements, which are required by CJR: patient-reported pain in non-operative lower extremity joint; patient-reported back pain (Oswestry Disability Index); patient-reported health literacy.
    - ✓ AJRR can provide you with dashboard and benchmarks on comparative data from its Registry. You can use these reports to submit to CMS.

8) **Hospitals need to submit all of the data on their own behalf**. You do not need attestations or proof from us of your participation.

9) **The site where surgery was performed is held accountable.** In the CJR model, the acute care hospital i.e., the site of surgery will be held accountable for spending during the episode of care.

10) **The CJR is a retrospective bundled payment model**. CMS will provide participant hospitals with Medicare episode prices, called the target prices, prior to the start of each performance year. Target prices for episodes anchored by MS-DRG 469 vs. MS-DRG 470 and for episodes with hip fractures vs. without hip fractures will be provided to participant hospitals. The target price will include a discount over expected episode spending and combine a blend of historical hospital-specific spending and regional spending for LEJR episodes, with the regional component of the blend increasing over time. All providers and suppliers furnishing LEJR episodes of care to beneficiaries throughout the year will be paid under existing Medicare payment systems.

11) **Beneficiaries retain their freedom of choice to choose services and providers.** Physicians and hospitals are expected to continue to meet current standards required by the Medicare program. The rule also describes additional monitoring of claims data from participant hospitals to ensure that hospitals continue to provide all necessary services.

12) **Getting started in the AJRR Registry is easy**. For more information about using the AJRR to meet your mandated CJR requirements, contact the AJRR Program Coordinator in your area. You can find the contact information at www.AJRR.net or by calling 1-847-292-0531.

Additional Resources and Links:

You should get the most current facts and information directly from CMS. More information about CJR, including the final rule can be viewed here

CMS supplied Frequently Asked Questions can be found here

More information about the American Joint Replacement Registry can be found here

AJRR American Joint Replacement Registry
Improving Orthopaedic Care Through Data