Patient journey: Total joint replacement (TJR) episode

Patient suffers from limited joint functionality

Initial assessment by surgeon or other orthopedic physician
- Appropriateness (e.g., medical, social, BMI, suitability of risk, timing)
- Objective evidence (e.g., x-ray imaging)

Pre-surgical care
- Patient receives further diagnostic testing/labs, medications, and consultation (e.g., cardiologist, PCP, comorbidity management, rehab planning, education) as needed

Surgery
- Patient receives a hip or knee implant to replace non-functioning joint
- Surgery is performed in either an outpatient or inpatient setting
  - Factors influencing quality include: surgery time, anesthesia and wound closure (e.g., staples, stitches, glue)
  - Sources of variation include: implant choice, length of stay, medications prescribed

Follow-up care
- Patient receives rehabilitation support in a skilled nursing facility or at home with physical therapy and home health
- Medications to alleviate pain are prescribed

Potential complications (e.g., revision, DVT, PE, infection, mechanical complications)
Sources of value: Total joint replacement (TJR) episode

Patient suffers from limited joint functionality

Initial assessment by surgeon or other orthopedic physician
- Appropriate pre-surgical care (e.g., imaging utilization, cardiac and other surgical risk assessment)
- Patient receives further diagnostic testing/labs, medications, and consultation (e.g., cardiologist, PCP, comorbidity management, rehab planning, education) as needed

Follow-up care
- Proper recovery / rehabilitation treatment
- Patient receives rehabilitation support in a skilled nursing facility or at home with physical therapy and home health
- Medications to alleviate pain are prescribed

Surgery
- Patient receives a hip or knee implant to replace non-functioning joint
- Surgery is performed in either an outpatient or inpatient setting

Decisions related to procedure (e.g., facility choice, anesthesia, implant selection)
- Factors influencing quality include: surgery time, anesthesia and wound closure (e.g., staples, stitches, glue)
- Sources of variation include: implant choice, length of stay, medications prescribed

Appropriate length of inpatient stay

Potential complications (e.g., revision, DVT, PE, infection, mechanical complications)

Factors influencing quality include: surgery time, anesthesia and wound closure (e.g., staples, stitches, glue)

Sources of variation include: implant choice, length of stay, medications prescribed

Reduction of readmissions and complications

Premature pre-decisional working draft; subject to change

Confidential and Proprietary
### Total joint replacement (TJR) episode definition (1/2)

<table>
<thead>
<tr>
<th>Area</th>
<th>Episode base definition</th>
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<tbody>
<tr>
<td><strong>Episode triggers</strong></td>
<td>- <strong>Professional claim</strong> and <strong>an ED or inpatient facility claim</strong> for a set of TJR-specific Px without any Dx in a set of non-elective procedure or revision Dx</td>
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| **Episode window**               | - Episodes begin **90 days** before the date of the triggering total joint replacement  
                                         - Episodes end **90 days** after completion of the triggering total joint replacement  
                                         - Bilateral clean period spans 180 days before and after the trigger window                                                                                     |
| **Claims included**              | - **During the pre-trigger window:** Relevant outpatient and professional less any occurring during inpatient admissions (e.g. hip/knee radiology, pre-surgical testing/assessment, etc.)  
                                         - **During the trigger window:** All inpatient, outpatient, long term care, professional, and pharmacy claims  
                                         - **During post-trigger window:** Relevant diagnoses and complications, relevant imaging and testing procedures, relevant medications (e.g. osteoarthritis, revisions, dislocations, analgesics, etc.) and relevant inpatient admissions less BPCI exclusions  
                                         - If hospitalizations occur during post-trigger window 2 (e.g. days 30-90 after the end of the trigger window), associated claims must have relevant Dx for inclusion |
| **Principal accountable provider**| - The PAP is the **physician** or **physician group** that performs the TJR  
                                         - The billing provider ID on the triggering professional claim will be used to identify the PAP  
                                         - Payers may alternatively choose to identify the PAP based on the contracting entity responsible for the triggering claim |

1 A full list is available in the detailed business requirements
### Total joint replacement (TJR) episode definition (2/2)

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| Risk adjustment and episode exclusion     | ▪ **Risk adjustment**: 7 factors for use in risk adjustment including anemia, obesity, and cerebrovascular disease<sup>1</sup>  
▪ **Episode exclusion**: There are three types of exclusions:  
  ▪ Business exclusions: (i) Members above 64 years old  
    ▪ Others: Multiple payers, third party liability, inconsistent enrollment, PAP out of State, no PAP, dual eligibility, long-term care, long hospitalization, missing APR-DRG, and incomplete episodes  
  ▪ Clinical exclusions:  
    ▪ Members with any of 6 clinical factors<sup>1</sup>  
    ▪ Members with an unusually large number of comorbidities<sup>1</sup>  
    ▪ Members who left treatment against medical advice or died  
  ▪ High cost outlier exclusions: Episode’s risk adjusted spend is 3 standard deviations above the mean (after business and clinical exclusions)                                                                                                                                                        |
| Quality metrics                           | ▪ **Quality metrics linked to gain-sharing**:  
  ▪ Percent of episodes with 2+ hospitalizations in post-trigger window 1, excluding those occurring in acute rehabilitation facilities  
  ▪ Percent of episodes with a fracture, dislocation, or wound infection during the post-trigger window  
▪ **Quality metrics for reporting only**:  
  ▪ Percent of episodes with a pulmonary embolism in the trigger window or post-trigger window  
  ▪ Percent of episodes with 1+ blood transfusions during the trigger window                                                                                                                                                                                                     |

<sup>1</sup> A full list is available in the detailed business requirements