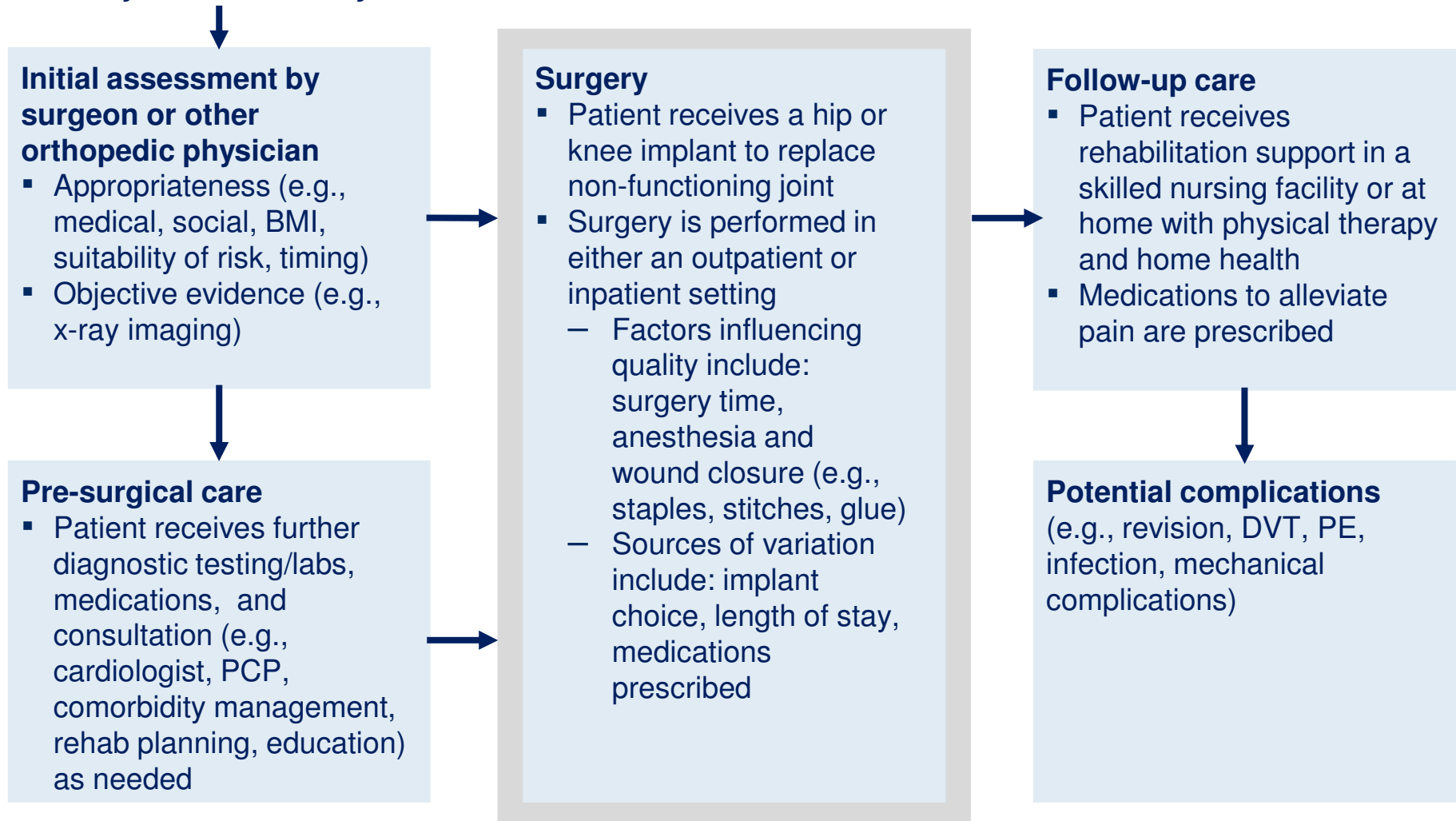


Patient journey: Total joint replacement (TJR) episode

TJR

■ Potential episode trigger event

Patient suffers from limited joint functionality



Sources of value: Total joint replacement (TJR) episode

TJR

■ Potential episode trigger event

Patient suffers from limited joint functionality



Initial assessment by surgeon or other orthopedic physician

- Appropriateness (e.g., medical, social, BMI, suitability of risk, timing)

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



Surgery

- Patient receives a hip or knee replacement

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

Appropriate length of inpatient stay



Follow-up care

- Patient receives

Proper recovery / rehabilitation treatment

- and home health care
- Medications to alleviate pain are prescribed



Potential complications

- (e.g., revision, DVT, PE, infection, mechanical loosening)

Reduction of readmissions and complications

Total joint replacement (TJR) episode definition (1/2)

TJR

| Area | Episode base definition |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Episode triggers | <ul style="list-style-type: none"> Professional claim and an ED or inpatient facility claim for a set of TJR-specific Px without any Dx in a set of non-elective procedure or revision Dx |
| 2 Episode window | <ul style="list-style-type: none"> 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 |
| 3 Claims included ¹ | <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 |
| 4 Principal accountable provider | <ul style="list-style-type: none"> 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)

TJR

| Area | Episode base definition |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>5 Risk adjustment and episode exclusion</p> | <ul style="list-style-type: none"> ▪ Risk adjustment: 7 factors for use in risk adjustment including anemia, obesity, and cerebrovascular disease¹ ▪ Episode exclusion: There are three types of exclusions: <ul style="list-style-type: none"> — Business exclusions: <ul style="list-style-type: none"> ▫ 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: <ul style="list-style-type: none"> ▫ Members with any of 6 clinical factors¹ ▫ Members with an unusually large number of comorbidities¹ ▫ 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) |
| <p>6 Quality metrics</p> | <ul style="list-style-type: none"> ▪ Quality metrics linked to gain-sharing: <ul style="list-style-type: none"> — 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: <ul style="list-style-type: none"> — 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 |

¹ A full list is available in the detailed business requirements