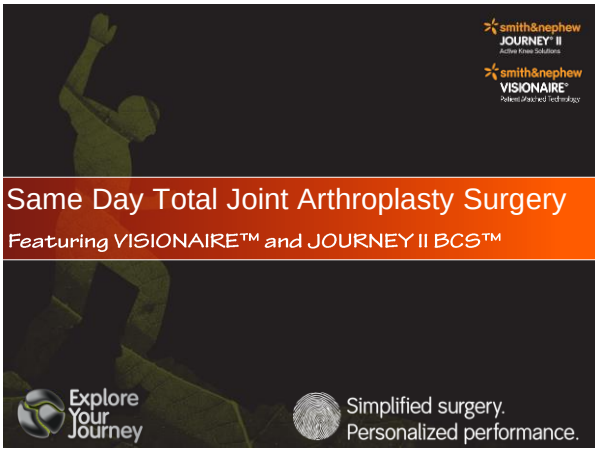

Overview

- History of Advanced Center for Surgery in Altoona, PA
- Establishing a Same Day Joint protocol
  - Getting Started
  - Aligning Goals across care teams
  - Preparing and Implementing protocols
- Care Pathway Assessments
  - Anesthesiologist
  - Home Health Services
- Surgery featuring VISIONAIRE and JOURNEY II BCS
  - Patient arrival
  - Intraoperative care
  - Patient discharge
- Patient Testimonial
- Panel of experts
  - CRNA: Dave Berkheimer
  - Home Health Care Services: Amy Hancock and Sheena Henry
  - Reimbursement expert, CEO UOC and Director of the ACS: Dave Davies

Disclosures

Dr. Kenneth Cherry
- Consultant, Smith & Nephew

Dr. Christopher McClellan
-Consultant, Smith & Nephew
-Consultant, Corentec Inc.
-Consultant, Pacira Pharmaceuticals

Dave Davies, CRNA
-Consultant, Bbraun Medical
-Consultant, Kimberly Clark Pain Management

Advanced Center for Surgery

- First TKA performed December 2012
  - 126 TJA performed with measured outcomes
  - 55 THA and 71 TKA
- FREESTANDING SURGICAL CENTER
  - 0.125 Stay – NOT 23hr program
  - Home in 3-4 hours from surgery
  - Highly advanced protocols
- Patient Demographics
  - Age 22-72
  - BMI less than 50
  - 68 Female and 58 Male
  - ASA Classification 1 and 2 only
  - 1st Revision
- Discharge
  - No OTHER option, all d/c straight home
  - Requires excellent communication between all providers
  - Care Pathway management

This is “accountable care” at its highest level

Where to start?

- Understand your Practice and Patient Demographics
  - Referral Base
- Assess team’s clinical capabilities
  - Surgical
  - Anesthesia
  - PT
- Evaluate service line resources
  - PT
  - Home Nursing
  - Home Pharmacy
- Negotiate payer contracts in advance
- Understand costs and necessary resources
  - Facilities
  - Instruments
  - Staffing
- Implement a Joint Coordinator
- Identify Team Leaders

Communication

- Communication begins with the first office visit
  - Patient Education
- Cloud Based Care Pathway
  - Multi-disciplinary contact
  - Direct and Rapid Electronic Communication
- Open communication amongst all providers
  - Vital to ensure safe and successful joint program
- Care is protocol driven
  - Changes in patient status, care or condition is communicated to all providers
  - Protocol changes are implemented at Joint Team Board level and communicated

Preparation

- Educate referral base of new improved patient options
- Educate office staff and care teams
  - Care Pathway and Implementation
  - Home Nursing
  - Physical Therapy
  - Home Pharmacy
- Educate surgical team
  - Anesthesia Protocol
  - Procedure
  - Care Pathway Implementation
- Train, Practice, Discuss!
  - Surgical Run Through
  - Equipment/Supplies
  - Pharmaceuticals
- Data collection
  - PI with Care Pathway Process in place

Implementation

- Office Visit
  - Patient Complaint- Pain/Arthritis/Avascular Necrosis
  - Alternatives to Total Joint Replacement have not aided patient complaints
  - Severity of Disease-Requires Surgical Intervention
- Patient
  - Surgical Candidate
  - Motivated
  - Wants to avoid inpatient stay
- Same Day Joint Replacement Candidate
  - Meets selection Criteria
- Patient Education
  - Identify and understand Home Care Needs
  - Patient Responsibilities
- Initiate Care Pathway through Joint Coordinator

Patient Arrival

Anesthesia and It's role in Accelerated Recovery

Healing at Home

Reimbursement – Same Day TJR

Payer Limitations
- Medicare Exclusions "Inpatient Only" procedure; ASC Covered procedures
- Commercial payers dependent on Medicare coverage policies

Licensing Restrictions
- Approved procedure exclusions of Total Joint Codes

Participating Payers
- Highmark Blue Cross/Blue Shield

ACS Facility Reimbursement
- Negotiated Fee for Service (Procedure Based) plus Cost carve outs for Implants

Physician Reimbursement
- Incentive Based Fee for Service (Procedure based payment increases based on Episode Quality and Cost Performance)

Under Development
- Retail Bundled Pricing

Cost Per Episode

- ASC v. Hospital
  - Clinical advancements and cost efficient protocols are generally portable and can be applied in a hospital based setting.
  - Hospitals conceptually recognize the need to adapt and share with consumers lower unit costs
  - Convincing Hospitals to pass cost savings to the consumer in terms of lower pricing or out of pocket expenses remains a challenge

	(A)	(B)	(C)	(D)
		Claims Payments Per Case ($)		
Surgical Location	Complication Rate (B) /(D)	Potentially Avoidable Complications	Typical Episode Cost	Total Episode Cost (B) + (C)
ASC	0.13%	$19	$14,309	$14,328
Hospital	6.14%	$2,073	$31,672	$33,745
Variance ($) Hospital V. ASC	[redacted]	$2,054	$17,363	$19,417
Variance (%) Hospital v. ASC			221.34%	235.52%

Partnering with Payers

"It's like bringing Moneyball to health care"- Brett Morris, President of Health Net of Arizona

- Health Insurers recognize that narrow networks improve cost and quality performance predictability
- Desirable networks include physicians who practice evidence based medicine AND utilize cost effective facilities
- The gateway to earning payment incentives for physicians is quality, and the means for insurance companies to fund the incentives is lower facility cost.
- Physicians practicing quality medicine in high cost venues will end up in those network tiers that will require the patient to pay an increased cost to access them
- Today, low costs and high value trump provider choice

VISIONAIRE & JOURNEY II Overview

[redacted]

Surgery & Patient Post-Op

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