# JOINT REPLACEMENT & OUTPATIENT BUNDLED PAYMENTS

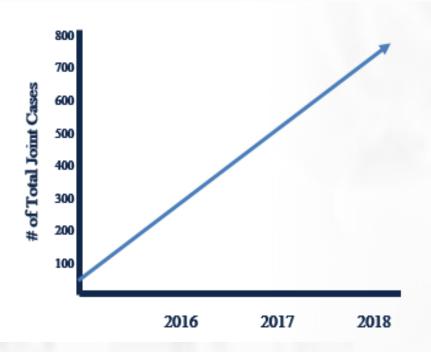
Chris Bishop, CEO Regent Surgical Health

## HISTORY OF JOINTS IN THE OUTPATIENT SETTING



- Initial Headwinds to Change
  - > Payors
  - > Surgeons
  - ➤ Clinical Staff
- Strong leadership was required to overcome challenges

#### RESULTS OF THE CHANGE



- Quick change in attitudes and volumes
- Regent: 300+% Increase in Total Joints from 2015 to 2016 – Similar growth expected for 2017 and beyond

### WHAT DROVE THE CHANGE?

- Clinical Benefits Ex) ASC A
- Advancements In Technology
- Professional Influence
- Financial Benefits

REGENT PARTNER AMBULATORY SURGERY CENTER					
Year	# of TJ Procedures	# of Transfers	# of Readmissions	# of SSIs	
2015	27	0	0	0	
2016	63	1	0	0	

<sup>\*</sup>Expected to exceed 100 Total Joint Procedures in 2017



# DEVELOPING CLINICAL PROTOCOLS FOR OUTPATIENT JOINTS

- PATIENT PROTOCOLS:
  - > Patient selection criteria
    - ASA I or II
    - BMI < 35
    - No diabetes, cardiac history, or sleep apnea
  - > Patient Home Assessment
  - ➤ Pre-Admission visit, education, and testing
  - ➤ Standardized post-operative follow-up protocols



# DEVELOPING CLINICAL PROTOCOLS FOR OUTPATIENT JOINTS

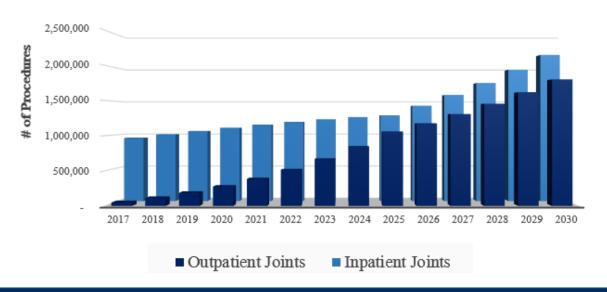
- PAIN MANAGEMENT PROTOCOLS:
  - ASCs are at an advantage relative to hospitals because teams collaborate & create a seamless process for patients

Phase	Strategy	
Pre-operative	Preemptive analgesia (non-opioid)	
Intra-operative	Nerve conductor block (Adductor canal block)	$\neg$
	Standard intravenous medicine	
	• Fentanyl	
	Hydromorphone	
	Optional: Ketamine	
Post-operative	Standard intravenous and oral medications	
	• Fentanyl	
	Hydromorphone	
	Percocet	



#### PROJECTED GROWTH IN THE OUTPATIENT SPACE

- By 2030, annual total hip and knee joint replacements are expected to grow from \$1M to \$4M
- 45% of procedures could be outpatient by 2025





#### **OUTPATIENT JOINTS & BUNDLED PAYMENTS**

- Outpatient surgery will play an integral role in a value based healthcare system
  - ASCs provide equal or better outcomes at a lower cost
    - ➤ ASCA study ASCs = \$38B in Commercial Payor Savings
    - ➤ US Berkeley Study ASCs = \$2.5B in Medicare Savings

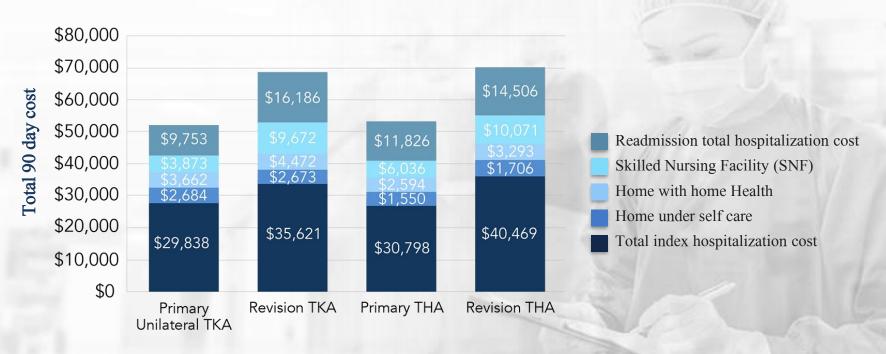


#### COST DRIVERS OF A 90 DAY TOTAL JOINT EPISODE

- Pre-Operative Cost Drivers
  - > Patient decides in-network (\$\$) v. out-of-network (\$\$\$\$)
  - ➤ Surgeon/Patient Decide Hospital (\$\$\$) v. ASC (\$)
- Intra-Operative Cost Driver: Surgeon decides implant
- Post-Operative Cost Drivers
  - > Surgeon/Patient decide post-discharge care
    - SNF (\$\$\$\$)
    - Home with home care (\$\$\$)
    - Home under self care w/ PT (\$\$)
    - Home under self care w/ digital PT (\$)
  - Readmission



#### 90 DAY COST BREAKDOWN



<sup>\*</sup> Source: Journal of Arthroplasty



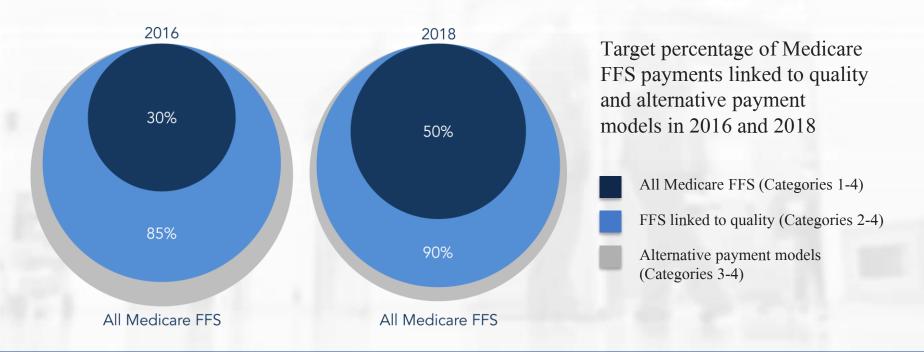


## DEVELOPING A BUNDLED PAYMENT STRATEGY

- There is no Surgeon-Centric model that is one size fits all
- Developing the proper strategy for a market requires a detailed analysis of the following:
  - 1. Relevant overall market
  - 2. Key Stakeholders: ASC, Surgeons, Hospital, Other Surgeon Partners
  - 3. Effectively align incentives of key stakeholders
- Success depends on the ability to align incentives so key decision makers make the value driven choice

#### MACRO ENVIRONMENT

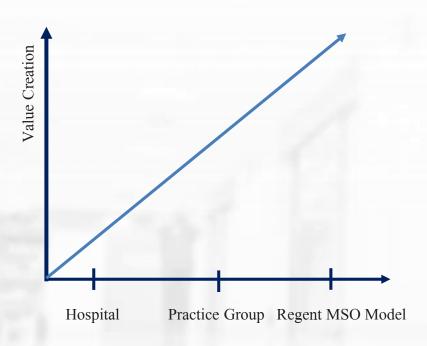
CMS is aggressively pushing to have "Value" replace "Volume"



#### DEVELOPING A BUNDLED PAYMENT STRATEGY

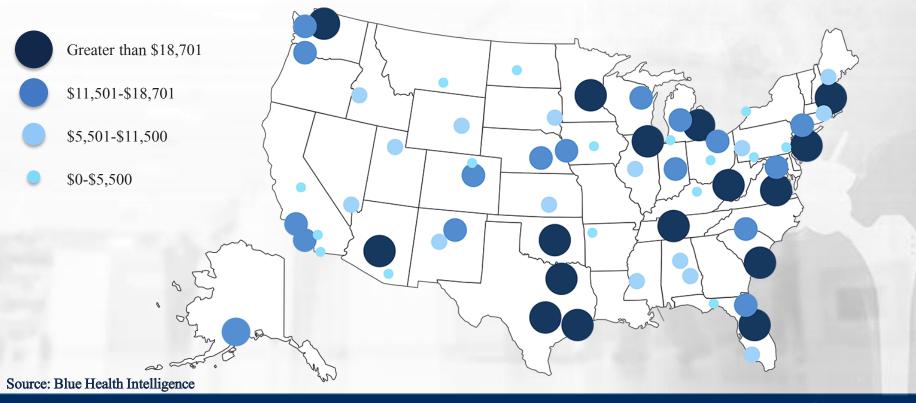


### VALUE CREATION BY STRATEGY



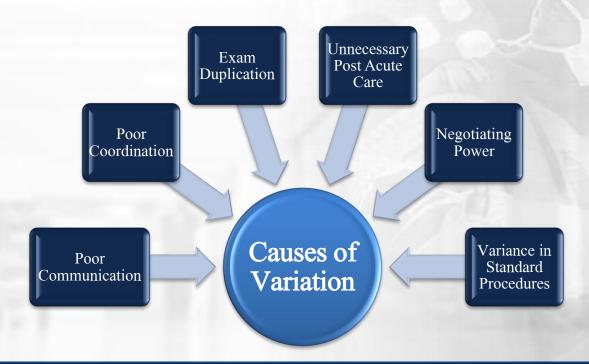
- Key behind value creation is a surgeon centered model – surgeons take risk, and benefit from the upside reward
- Alignment of incentives!

#### COST VARIATIONS FOR TOTAL KNEE/HIP REPLACEMENT



#### CAUSES OF VARIATION

A Bundled Payment Strategy Can Address these Issues





### WHAT'S INCLUDED IN THE BUNDLE





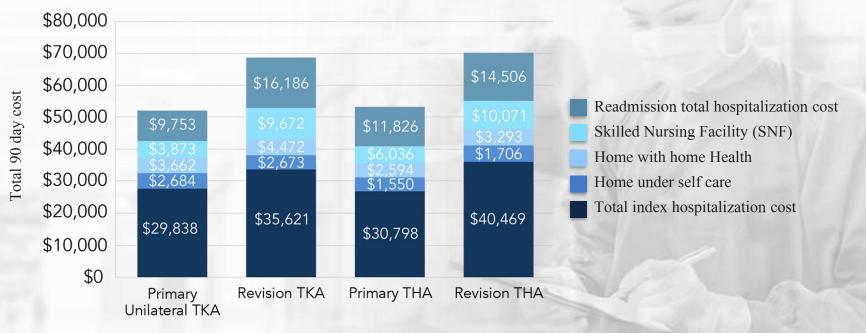
## 4 KEYS TO BUNDLED PAYMENT STRATEGY SUCCESS

- 1. Cost Containment
- 2. Risk Mitigation
- 3. Effective Patient Coordination/Communication
- 4. Surgeon Leadership



#### KEYS TO SUCCESS: COST CONTAINMENT

90 Day Cost Breakdown



\* Source: Journal of Arthroplasty



#### KEYS TO SUCCESS: COST CONTAINMENT

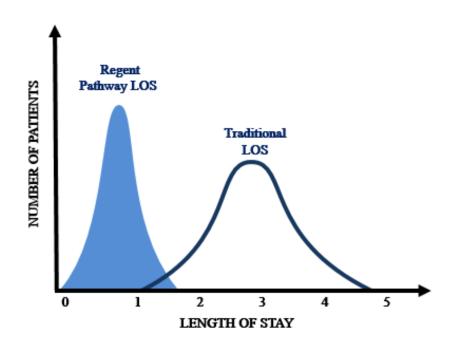
#### Hospitalization = High Cost Option

- Traditional Procedure has an average LOS of 3-4 Days
- Redundant & Unnecessary Testing
- Lower Patient Satisfaction

#### Regent Pathway

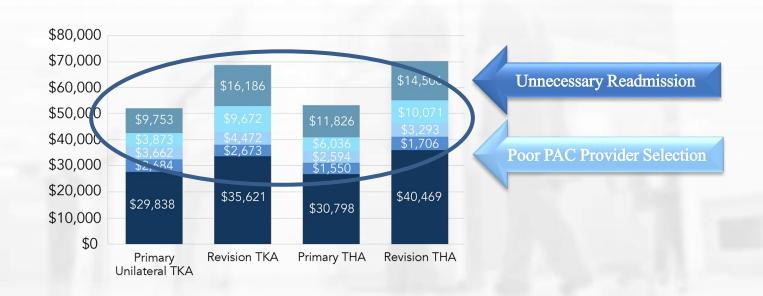
- Good Patient Selection for Same Day Procedures
- Operational efficiencies that lower cost
- Early and Effective Patient Education
- Higher Patient Satisfaction

Result = Average LOS < 1 day / No Cost Redundancies



### KEYS TO SUCCESS: COST CONTAINMENT

#### 90 Day Episode Cost Drivers



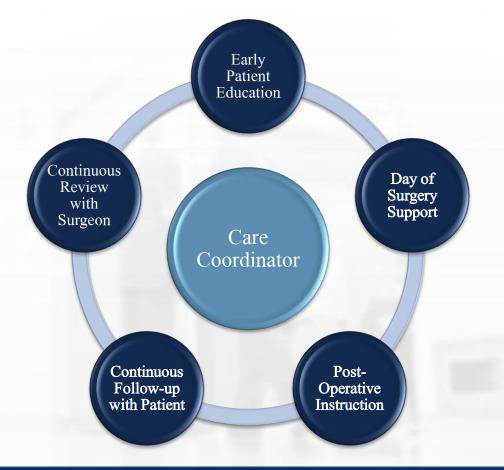
## KEYS TO SUCCESS: RISK MITIGATION

- Re-Insurance
- Negotiated Stop Loss or Risk Corridor with Payers
- Inclusion/Exclusion Criteria for the Episode



# KEYS TO SUCCESS: PATIENT COORDINATION/ COMMUNICATION

Dedicated Care Coordinator to Guide the Patient through the Episode





# KEYS TO SUCCESS: PATIENT COORDINATION/COMMUNICATION

Technology Based Communication System to Connect Patient, Surgeon, & Care Coordinator







## KEYS TO SUCCESS: SURGEON LEADERSHIP

Surgeon involvement & leadership through entire process



#### PRE-OP

- Patient Education
- Surgeon Visits
- Care Coordinator Visits



#### INTRA-OP

- Payor Negotiations
- Anesthesia
- Supply & Implant Standardization



#### POST-OP

- PT, Home Health
- Care Coordination
- Patient Communication & Compliance



#### **KEYS TO SUCCESS: CONCLUSION**

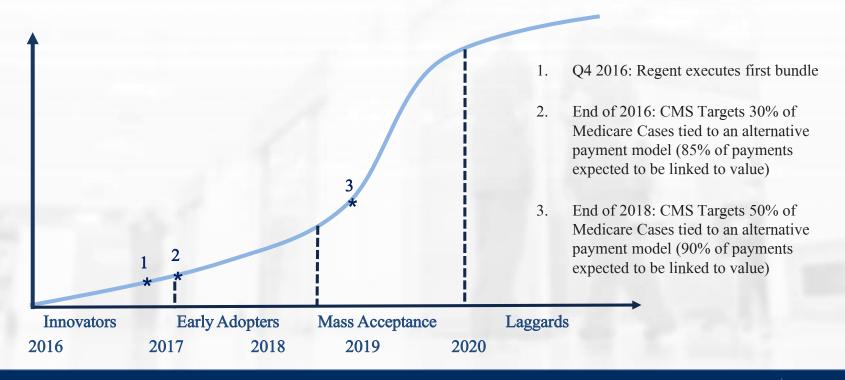
Bundled Payments align incentives the way they should be – it is truly a win-win-win!

- 1. Patients: Receive better more involved care at a good value. Increased involvement and coordination by providers. Increased outcomes and patient satisfaction
- 2. Regent/Physician Partners: Greater financial returns through increased success, higher patient volumes being funneled to the bundle, and higher payers contract rates. First Mover Advantage!
- 3. Payors: Decreased overall payments per patient



#### **BUNDLED PAYMENTS: EARLY ADOPTION**

#### = FUTURE MARKET LEADER



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