



# **Engaging consumers** to drive value in **joint replacement episode payment**

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# About us



**The National Partnership for Women & Families** is a nonprofit, nonpartisan advocacy group dedicated to promoting access to quality health care, fairness in the workplace, and policies that help women and men meet the dual demands of work and family.

More information is available at  
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# Distinctive contribution of LAN joint paper

- ▶ **National Quality Strategy priority: “Ensure that each person and family is engaged as partners in their care.”**
- ▶ **Existing joint episode models do not realize potential for person and family engagement to drive value at individual and system levels**
- ▶ **Our work group integrated this throughout the episode**

# Require two steps for entry into episode

## **To address appropriateness, person with osteoarthritis**

- ▶ **completes standardized, validated functional status assessment tool and discusses with clinician**
  - ▶ Many options available, some nationally endorsed
  - ▶ If enter into episode, provides pre-episode score to be compared with post-episode score
- ▶ **works through highly-rated decision aid and discusses with clinician**
  - ▶ Healthwise has highly rated hip and knee decision aids
  - ▶ Person receives balanced information about options and their pros and cons; considers values and preferences
  - ▶ Some will benefit from working through tool with a decision coach

# Use reported comparative quality data

**For quality care within episode and to foster quality-based competition, connect person planning joint replacement to**

- ▶ **comparative quality data about surgeons**
  - ▶ ProPublica has surgeon hip and knee complication rates at Surgeon Scorecard
- ▶ **comparative quality data about acute and post-acute care**
  - ▶ Hospital Compare has hospital hip-knee complication rates
  - ▶ Nursing Home Compare has rehab facility quality data
  - ▶ Home Health Compare has home health agency quality data
- ▶ **quality navigator as needed to help find and interpret relevant information**
  - ▶ support person should not have conflict of interest

# Provide transparency about model

**Inform person entering episode that care is being provided within new model, and expected implications for patient and family for their**

- ▶ **participation**
- ▶ **quality of care**
- ▶ **outcomes**
- ▶ **cost-sharing**

# Implement shared care planning

**Core elements include involvement person/family and others on care team in**

- ▶ **goal setting**
- ▶ **care coordination and monitoring of plan across episode**
- ▶ **modifying plan as needed as episode evolves**
- ▶ **electronic access to care plan by all members of team across episode, including patient and family**

**This requires enabling data infrastructure**

# Coordinate care across across episode

## **Accountable entity monitors, supports and guides**

- ▶ **person with osteoarthritis**
- ▶ **care plan**
- ▶ **care team and care settings**
- ▶ **care transitions**

**This requires enabling data infrastructure**



# Provide access to health records, supports

**Support patient and family engagement through their access to**

- ▶ **complete health record**
- ▶ **portal with educational and support resources, communication capacity**

**This requires enabling data infrastructure**

# Use patient-reported quality measures

## **Crucial measures for assessing the episode include**

- ▶ **Patient-reported outcome measure of functional status**
  - ▶ Compare at end of episode with score on entry to episode
- ▶ **Patient-reported experience of care measure**
  - ▶ For example, Surgical-CAHPS

**Other engagement role for metrics: use publicly reported comparative quality data at beginning of episode**

# Opportunity for episode and other APMs

**To what extent can consistent involvement of patients and families add value by improving**

- ▶ **Experience of receiving care**
- ▶ **Experience of providing care**
- ▶ **Outcomes of care**
- ▶ **Use of resources**
- ▶ **Market/system performance**

For more **information**



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