



**California Joint Replacement
Registry
May 2011**

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Chair, CJRR Executive Committee**

Disclosures/Conflicts of Interest

- **Research Support:**
 - AHRQ, NIH
- **Consulting Income:**
 - United Health Care, BCBSA, Integrated Healthcare Association, Pacific Business Group on Health, CMS (MedCAC), Ingenix
- **Governance/Leadership Roles:**
 - AAOS (HCSC)
 - AAHKS (Education, Health Policy, EBPC)
 - American Joint Replacement Registry (Board of Directors)
 - COA (Executive Committee)
 - OREF (Board of Trustees)
 - AHRQ (Effective Health Care Stakeholder Group)
 - UCSF Medical Center (HTAP)



CJRR: Multi-Stakeholder Collaboration



**California
Healthcare
Foundation**

**Pacific
Business
Group on
Health**

**California
Orthopedic
Association**



Goals: To Improve Value of TJA

- To inform surgical decision making regarding patient selection, surgical technique, processes of care, and device selection
- To inform patient, payer, and purchaser choice regarding where to seek TJA care
- To develop an infrastructure for data collection which leverages technology to minimize provider burden and workflow disruption
- To develop and test incentives for patient and provider participation in registries

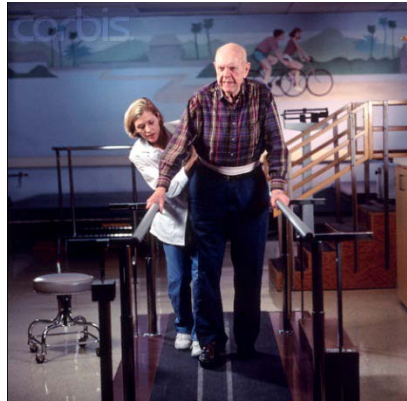


Guiding Principles

- **Focus on outcomes**
 - Level 3 data
 - Many factors influence outcomes
 - Patient, surgeon, hospital/health system, device
- **Transparency**
 - Inform better decision making (patients, surgeons, hospitals, payers, purchasers)
 - Importance of Risk-Adjustment
- **Need for incentives**
 - Patient
 - Provider
- **Workflow/efficiency**
 - Leverage IT solutions

Importance of Device Selection in TJA Outcomes?*

30-40%



Patient

20-30%



Surgeon

15-25%



Hospital

10%?



Device

*Katz JN, Malchau H, Bozic KJ, Kaiser, others

Pitfalls of Focusing on Device



INTERVIEW

Disruptive Innovation: Can Health Care Learn From Other Industries? A Conversation With Clayton M. Christensen

- ***“Take hip replacement surgery for example. Here much of the cost and “skill”, as it were, have moved from the surgeon to the device.”***



New Hip - New Life

Corin's Corset Hip Resurfacing -
The active person's alternative to a traditional hip replacement!

With David Scott, 68, president of money for other things and lives with the discomfort Corset Hip Resurfacing.

Diagnosed with arthritis of the hip, "he initially believed that the only solution to the problem would be a traditional hip replacement."

When she learned that Hip Resurfacing is allowing thousands of active older people to return to an active lifestyle, she wanted to find out more and called 01285 649230 for a free patient guide to Hip Resurfacing.

Following her operation, Scott has returned to the quality of life she always enjoyed and is demonstrating there is still control of her situation and look at the alternative Corset Hip Resurfacing. The active person's alternative to a traditional hip replacement.

CALL NOW! 01285 649230
For a Free Patient Guide to Hip Resurfacing or
01285 649230

CORIN

For your QIP for further details regarding Corset Hip Resurfacing and all
www.resurfacingofthehip.com
for more information, please visit our website, and a world wide patient decision group on Hip Resurfacing.



Some Metal Hip Replacements May Pose Problems

WorldViewUPDATE.com

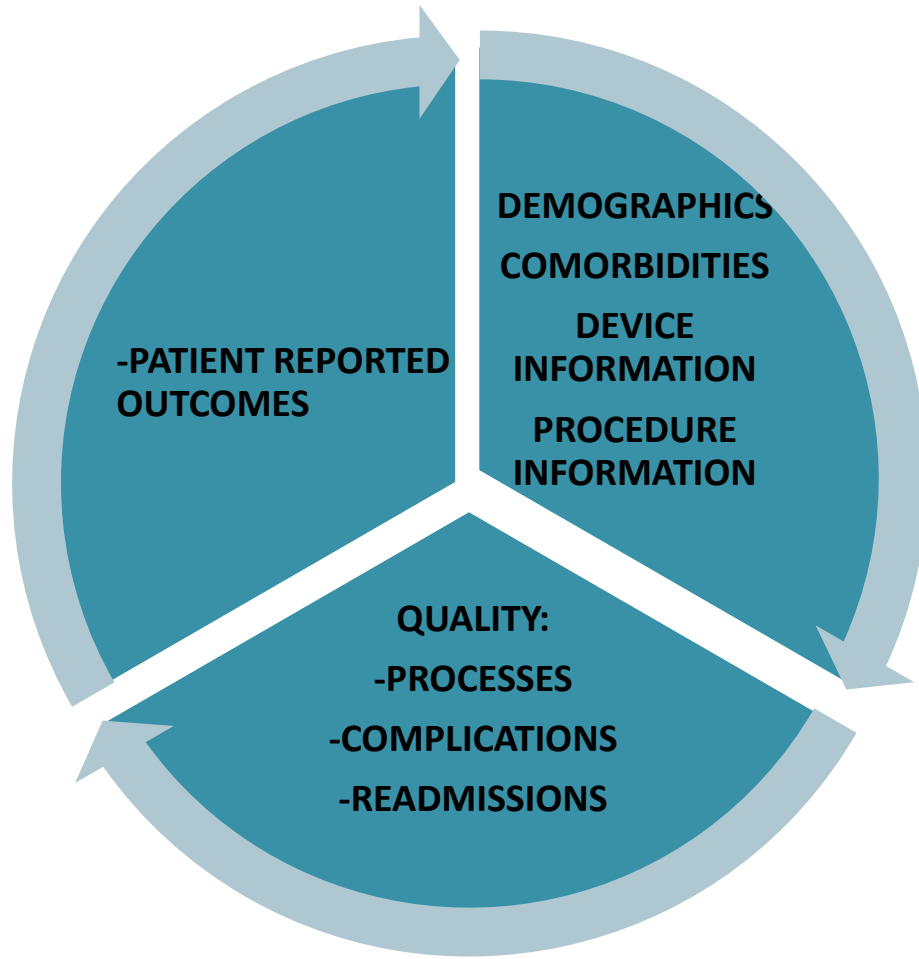
CJRR Pilot

- **3 months (May – August)**
- **Level 3 data**
- **3 hospitals**
- **11 surgeons**
- **500 estimated cases**





CJRR will be a “level 3” registry



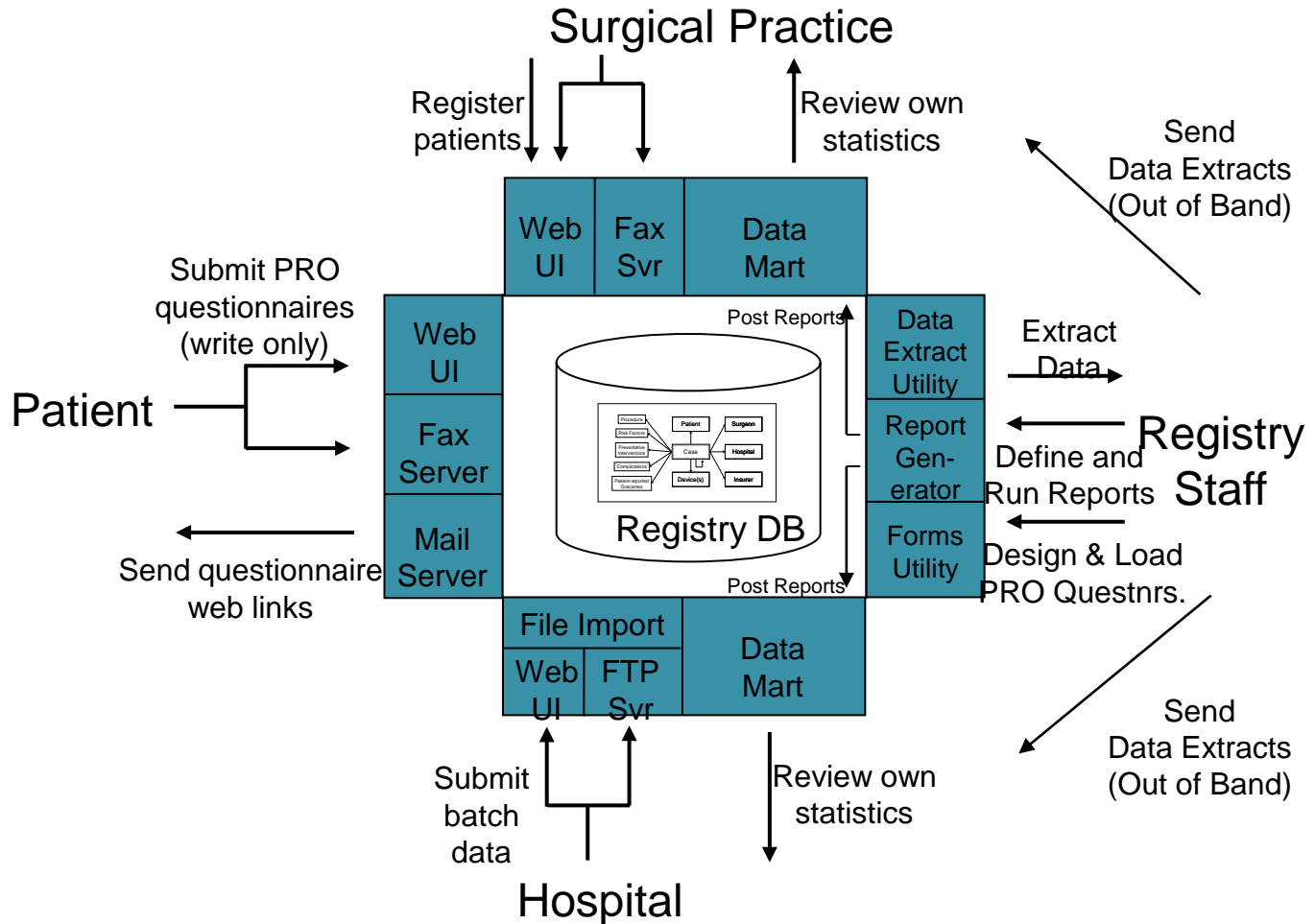


Comparison with AJRR

	CJRR	AJRR
Scope	<ul style="list-style-type: none"> • Level 3 data (120+ data elements) 	<ul style="list-style-type: none"> • Level 1 data (14 data elements)
Reach	<ul style="list-style-type: none"> • CA only • Pilot limited to 3 hospitals through 8/11 	<ul style="list-style-type: none"> • National • 15 hospitals in pilot • Aggressive expansion plans for 2011 and 2012
Timing	Pilot through 8/11; plans for expansion being formulated	Pilot now; expanding later in 2011
Funding	<ul style="list-style-type: none"> • CHCF • PBGH 	<ul style="list-style-type: none"> • AAOS • Device manufacturers • United HealthCare
Technology Model	Participants have committed to uniform file format and send weekly feeds via secure FTP.	Participants submit data via filling in form on web portal; currently developing RFP for vendor that may include more options.



Burden Minimized by Harvesting Data from Existing Systems & Patients





CJRR

What have we learned so far?

- Importance of physician leadership!
- Few incentives, many barriers to participation
- Challenges:
 - ? Value to hospitals
 - Data collection is expensive!
 - Need to identify least burdensome approach
 - HIPAA compliance/data security
 - Patient concerns regarding sharing SSN
 - Lack of consistent taxonomy/compatibility among EHR's
 - Revenue sources/business model for sustainability



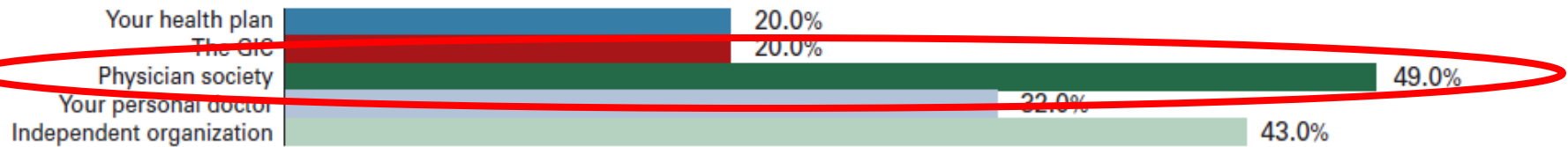
How Can I Help?

- **Participation**
- **Educate hospitals, payers, policymakers, device companies, patients on value of Registries**
- **Embrace transparency, competition based on value rather than volume**
- **Advocacy efforts**

Why Should I Care? Defining 'Value' in Orthopaedics



Which of the following would you trust to decide which doctors should be placed in tier 1 or tier 2 (please mark one or more)?^a



'Value' = Cost?

Service	Oakwood Healthcare	Spectrum Health
Vaginal Delivery	\$8,221	\$4,700
C-section Delivery	\$16,679	\$7,700
Colonoscopy	\$2,866	\$1,300
Hernia Repair	\$12,174	\$13,900
Total Knee Replacement	\$39,291	\$21,000
Catheterization, Left Side of Heart	\$7,154	\$10,100

Alternative to Value Based Competition

CalPERS preferred centers for
knee and hip replacement
2012 proposal

	Selected Prudent Buyer Hospital	In-Network Prudent Buyer	Non-Participating
Hospital Billed	\$60,000	\$60,000	\$60,000
Negotiated Rate/C&R	\$30,000	\$40,000	\$60,000
Provider Write Off	\$30,000	\$20,000	\$0
Member Coinsurance/ Out of pocket limit	\$3,000	\$3,000	N/A
Plan Obligation	\$27,000	\$27,000	\$30,000
Member Obligation	\$3,000	\$13,000	\$30,000

Summary

- **CJRR offers COA an opportunity to be at the forefront of Registry efforts**
- **Define value of TJR**
- **Stimulate competition based on value, not price**
- **Physician involvement, leadership is key to success!**

Questions?



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For more information:

www.caljrr.org

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