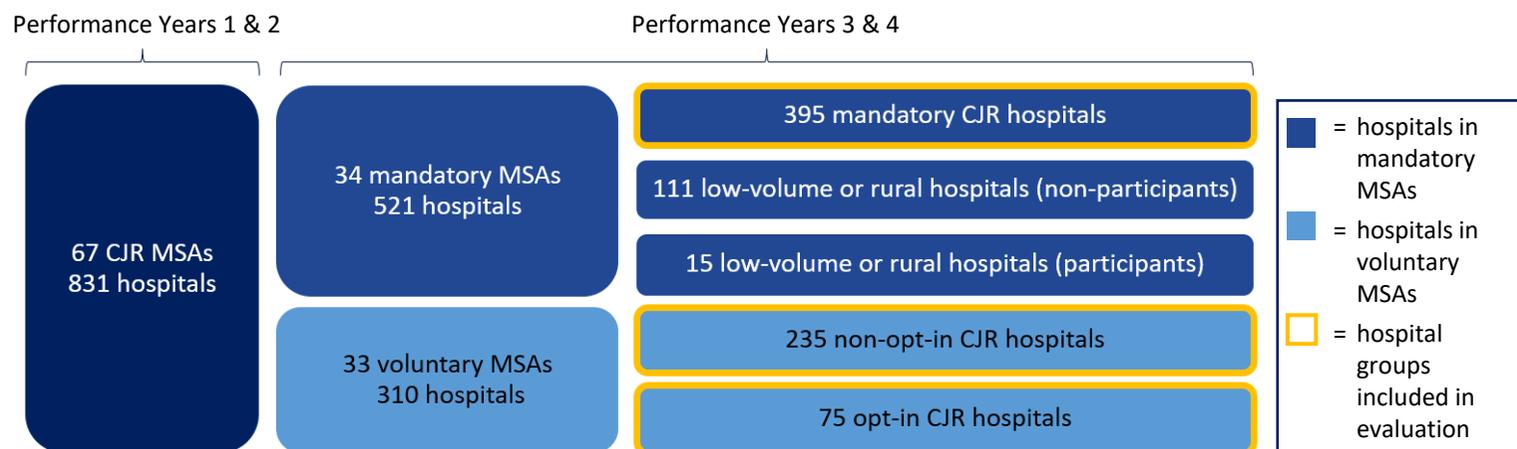


MODEL OVERVIEW

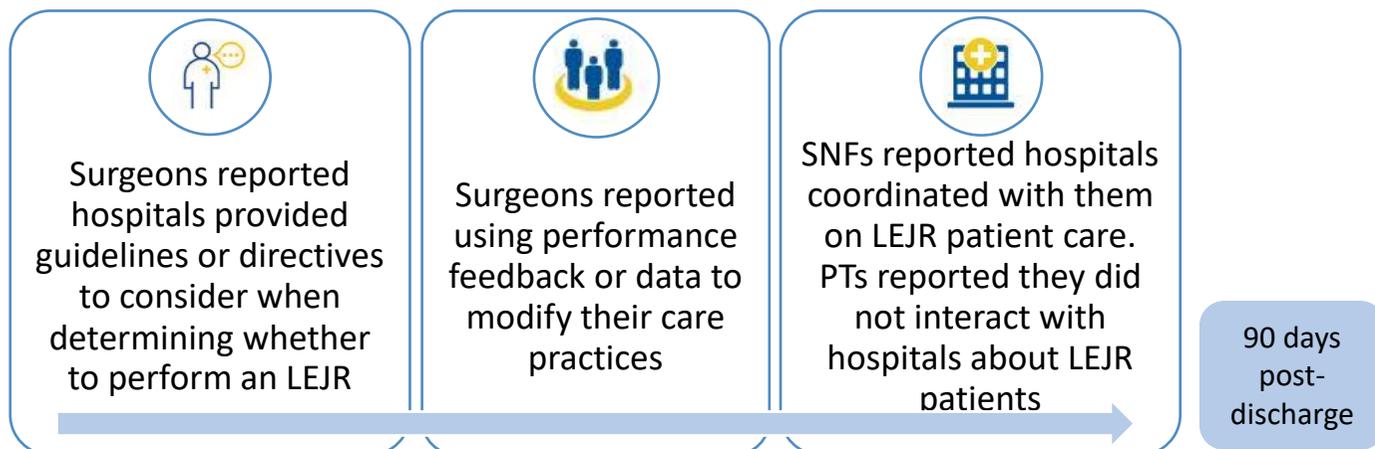
The Comprehensive Care for Joint Replacement (CJR) model is a mandatory model that launched on April 1, 2016 to test whether an episode-based payment approach for lower extremity joint replacements (LEJR) can lower payments while maintaining or improving quality. CJR participant hospitals are financially accountable for the cost and quality of health care services for an LEJR episode of care. Actual episode payments are compared to the hospital's quality-adjusted target price and hospitals can receive extra payments if their episode payments are below their target price. Starting in 2017, hospitals with episode payments above their target price repay the difference to Medicare.

PARTICIPANTS



HOSPITAL STRATEGIES

New information from telephone interviews with skilled nursing facility (SNF) and physical therapist (PT) representatives and a survey of orthopedic surgeons support previous model findings on hospital strategies under the model to influence care across the entire episode:



FINDINGS

Cannot conclude that Medicare realized savings across the entire CJR model



Mandatory CJR hospitals reduced average episode payments, resulting in an estimated \$76 million of Medicare savings (not statistically significant)



Hospitals in voluntary MSAs reduced payments, but contributed to Medicare losses

Opt-in hospitals: PY1-PY4 (losses statistically significant)



Non-opt-in hospitals: PY1-PY2 (losses not statistically significant)



Note: values shown in millions, *= statistically significant, p<0.05

KEY TAKEAWAYS

The CJR model remains a promising approach for reducing LEJR episode payments. Through the fourth year of the model, participating hospitals achieved reductions in episode payments relative to the control group. While we cannot conclude that Medicare realized savings overall, Medicare likely realized savings from mandatory hospitals (not statistically significant), opt-in hospitals contributed to losses (statistically significant), and non-opt-in hospitals likely contributed to losses (not statistically significant). Overall, measures of quality of care improved or were maintained under the CJR model, however patients with hip fracture reported less improvement in functional status and required more caregiver help. For patient populations with historically worse health outcomes, there was limited evidence of different impacts on quality of care, functional status, satisfaction, and caregiver help.

Overall, measures of quality of care improved or were maintained

Improved	Maintained
✓ Unplanned readmission rate	✓ Emergency department visits
✓ Complication rate* (elective LEJR episodes)	✓ Mortality

*includes readmissions

Patients with hip fractures self-reported poorer outcomes

CJR patients with hip fractures reported less improvement on three of the eight functional status measures and required more caregiver help.

For subpopulations with historically worse health outcomes, few outcomes indicated differential impacts of the CJR model on quality, functional status, satisfaction, or caregiver help

We analyzed three subpopulations of patients :



Claims-based analyses found larger payment reductions for patients who were Black or African American than for white patients, but no different impacts on quality of care. Patient survey analyses found limited evidence of different impacts on functional status, satisfaction, or caregiver help among the three subpopulations.