Developing a Successful **Total Joint Replacement Program** in an Ambulatory Surgery Center

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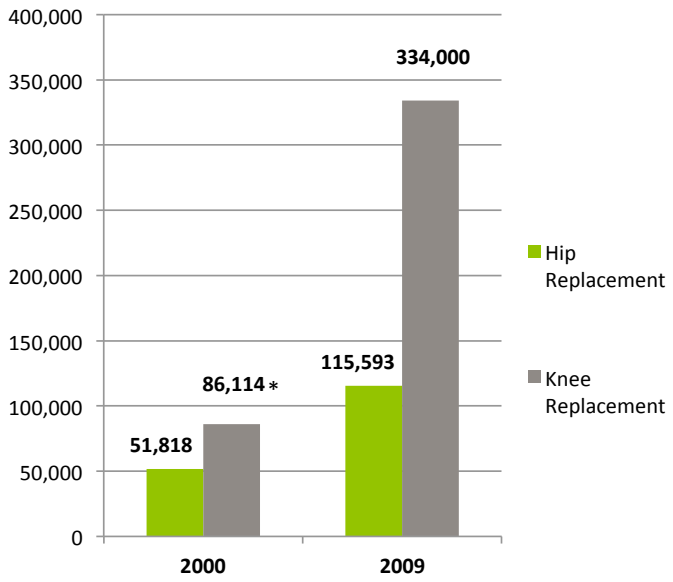
Total Joint Procedures in Patients 45-64



*Estimate based on CDC/NCHS Data

Developing a Successful Total Joint Replacement Program in an Ambulatory Surgery Center

There may be no better time than now to launch a total joint replacement program in an ambulatory surgery center (ASC), says Robert Carrera, President and CEO of PINNACLE III, a national ASC management and development company with a history of overseeing development of such programs in surgery centers.

"The healthcare industry is changing, and higher acuity procedures are moving to the outpatient setting," he says. "The Centers for Medicare & Medicaid Services (CMS), in its 2015 proposed payment rule for ASCs, recommended the addition of 10 spine procedures to the ASC-payable list. As with spine, CMS has looked at whether to add total joints to this list. It appears it is now just a matter of time before total joint procedures for clinically appropriate patients are added to the ASC list of Medicare-approved procedures and even more of these cases are driven to the outpatient setting."

According to the Centers for Disease Control (CDC), there were more than one million total knee and total hip replacement procedures performed in the United States in 2010.[1] This number is expected to rise dramatically with the demand for total knee replacements alone projected to exceed three million in 2030.[2] The aging population in the U.S. is a factor in the escalating demand for these procedures. In 2000, nearly 52,000 total hip replacements[3] and 87,000 total knee replacements[4] were performed on patients between the ages of 45-64. In 2009, nearly 116,000 total hip[5] and 334,000 total knee replacement[6] procedures were performed on patients in that same age range.

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Surgeons performing total joint replacement procedures in the ASC setting isn't a new concept. In fact, total joint replacement procedures have been performed in surgery centers for more than 15 years. Despite this history, many surgeons may not have transitioned these cases into ASCs or ASC leadership may not have actively promoted these cases as one of their service lines, Carrera notes. But this lack of familiarity should not deter physicians and ASC leadership from considering whether total joint replacement procedures make sense for their facility.

"From an outcomes, safety and cost containment perspective, the ASC is a more appropriate environment for total joint replacement procedures for a select population of healthy patients," he says. "However, there are quite a few pitfalls ASCs will likely encounter with establishing a successful total joint replacement program if they lack a clear plan and understanding of what they are doing."

[1] http://www.cdc.gov/nchs/data/nhds/4procedures/2010pro4_numberprocedureage.pdf
[2] http://www.ncbi.nlm.nih.gov/pubmed/17403800
[3] http://www.aaos.org/news/acadnews/2014/AAOS15_3_14.asp
[4] http://www.cdc.gov/nchs/data/hus/2010/fig08.pdf
[5] http://www.aaos.org/news/acadnews/2014/AAOS15_3_14.asp
[6] http://center4research.org/medical-care-for-adults/osteoporosis/obesity-and-knee-surgery/

SURGEON COMFORT

Before an ASC can begin taking steps to develop a program, it will need to identify surgeons who are capable of, and comfortable with, performing total joint replacement procedures in the outpatient setting. Not every orthopaedic surgeon is ready to move these procedures from the hospital to an ASC, says orthopaedic surgeon Thomas Eickmann, MD, who has performed more than 100 successful total joint replacement procedures at a surgery center in the Rocky Mountain region.

"It's an evolutionary process for surgeons," he says. "They need to be at a point in their practice where they are not using hospital services when they perform these procedures on their healthier patients at the hospital. For example, they are not calling on the assistance of an internal medicine physician and cardiologist, and they are not requiring CAT scans and EKGs."

Another important consideration is how long surgeons feel it is necessary to keep patients at the hospital. "Patients who underwent total joint replacement procedures used to stay in the hospital an entire week," Dr. Eickmann says. "Slowly, the length of stay shortened to just Monday through Friday. Even if surgeons are at a point where their total joint patients are only staying three to four days, they are still probably not quite ready to move these cases to the ASC."

He continues, "Surgeons need to have pared down the length of stay for healthy patients to under two days, have their pain control processes in place and not feel the need to use any other hospital services. If they can do this and find themselves starting to question why certain patients are in the hospital at all, they are likely ready to consider taking cases to the ASC."

"ASCs must take the time to develop a comprehensive screening process, and vigilantly adhere to that process. Careful patient selection helps ensure procedures are successful. It takes some extra effort to conduct the screening, make sure you have appropriate patients and ensure they are both physically and psychologically ready to participate in a program like this."

–Dr. Dorin Dougall, M.D., Medical Director

PATIENT SELECTION

A crucial element to a successful total joint replacement program is careful patient selection, says Dorin Dougall, MD, medical director and chief anesthesiologist at the ASC where Dr. Eickmann performs his total joint replacement procedures.

"We have a thorough pre-operative screening process for all ASC patients," she says. "However, we physically visit with the potential total joint patients the day they see the orthopaedic surgeon for their final pre-surgical visit. As medical director, I work closely with the perioperative team to ensure these patients are appropriate for the outpatient total joint program."

Patients must meet a number of requirements to be eligible to receive their joint replacement procedure in a surgery center. This includes limiting the patients the surgery center will admit to the total joint program to those with an American Society of Anesthesiologists (ASA) physical status score of one or two, which indicates they are not high-risk patients. In addition, for most cases at the ASC, anesthesia personnel do not usually conduct a preliminary review of a patient's chart prior to the day of surgery if the patient has an ASA score of one or two; that review is reserved for patients with an ASA score of three. But for total joint replacement patients, anesthesia reviews all of the charts regardless of the patient's ASA score.

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PATIENT EDUCATION

Preparing patients psychologically often requires extensive education. In an ASC total joint replacement program, patient education is an ongoing process and one that must begin the moment patients are informed they may be able to undergo their procedure in an ASC, Carrera says.

"Some patients previously had a total knee or hip done in the hospital, or know someone who did, and now their physician is suggesting an outpatient setting," he says. "ASCs need to determine how to provide education that will make patients comfortable with this change of venue."

Patient education should focus on the benefits of undergoing the procedure at the ASC — a message that should come from the physician, the physician's office support staff and ASC personnel, says Kelli McMahan, RN, CASC, vice president of operations for PINNACLE III.

"Patients need to hear that outpatient total joint replacement procedures are routine and well established in the surgery center," she says. "Patients need to understand there is an alternative to staying in a hospital for days. They can go home, sleep in their own bed and continue their recovery in the comfort of a familiar, supportive environment. That is an important perspective to convey to patients right away."

"Once patients are on board with undergoing their total joint replacement procedure at the ASC, there's much more education to be completed before the day of surgery. This typically includes holding a "joint class" similar to those offered by hospitals. During this class, patients learn about what they need to do to prepare for their procedure; what to expect before, during and after surgery; and what measures are taken to manage their pain."

—Dr. Thomas Eickmann, M.D., orthopaedic surgeon

While it is possible to conduct patient screening over the phone, in-person screening provides an enhanced educational opportunity, Dr. Dougall says. "Having the patient visit the ASC gives us a chance to answer their questions and allay any concerns," she says. "It also provides us with an opportunity to show them the ASC and walk them through the process. We want to make sure they understand they are part of an established, safe and very successful program."

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In addition, patients will meet with a physical therapist to find out about the therapy they will undergo following their procedure. "The goal is for patients to know their exercises and understand how to walk safely in advance of their surgery," Dr. Eickmann says. This education assists them in navigating safely in their home upon discharge.

Education should also address the discharge and recovery process, McMahan says. "Discuss how the patient's home is set up — the location of their bedroom and bathroom, the presence of rugs and other objects that could make moving around more difficult. The more preparation and planning you can provide upfront to patients, the better it is for their recovery."

STAFF EDUCATION

Some ASC staff members are likely going to be a little apprehensive when they learn about the launch of a total joint replacement program, but that should be expected, McMahan says. "Many staff who have worked at an ASC for an extended period of time may not have been involved with total joint replacement procedures for many years, if at all."

This lack of familiarity makes staff education critical, says Dr. Eickmann. "You have to educate staff. If you don't, they will be fearful of making a mistake, and that trepidation will transfer to patients," he says. "The surgeon needs to assume a leadership role, step up and clearly outline what is required to ensure a successful outcome."

McMahan adds, "Find people who have already put together a successful program and bring them in to help your staff walk through the processes and protocols. Conduct dry runs on cases, and walkthrough just about anything you can think of happening prior to, during and post procedure. If you educate everyone who is involved in any aspect of the program in advance, your program will succeed. There is no substitute for thorough preparation."

While education is vital, teamwork is also essential to ensuring learned processes are properly executed, Dr. Dougall says. "If you don't work as a team, the program is not going be successful," she says. "Periodically sit down with your team at the center, conduct a review, listen to input and concerns and make sure everyone is on board. When I have my all-staff meetings I tell everybody how grateful I am for their work in the program because it can't work without everybody's cooperation. They need to be proud of the fact that we are doing something that is truly cutting edge."

PHYSICIAN EDUCATION

Since total joint replacement programs in ASCs are still relatively new, the ASC will want to make sure referring physicians are not only aware of the program but understand why they should want their patients seeking care in this environment, McMahan says.

"If your surgeons are willing, hold total joint seminars for their referring physicians," she says. "This will give your surgeons an opportunity to provide an overview of the program and explain why the ASC is the best setting for most patients. These referring physicians often become the first source of patient education. They will tell patients that total joint replacement procedures can now be performed safely and effectively in the outpatient setting. When patients finally see the orthopaedic surgeon, they are already thinking they can bypass the hospital, have their total joint at an ASC and go home to recover."

PAYOR CONTRACTING

Even if an ASC is interested in establishing a total joint replacement program and effectively tackles all of the areas discussed thus far, failure to properly address payment for the procedures and accompanying implants will quickly doom a program, says Dan Connolly, MHS, ARM, vice president of payor contracting for PINNACLE III.

"If ASCs decide they are going to start offering total joint replacement procedures without performing reimbursement due diligence, they may not get paid for them or they are going to get paid very little under their existing agreements," he says.

> "You must be able to educate payors on the clinical and financial aspects. This includes carefully explaining how these procedures are safely done in the ASC and in a cost-effective manner that ensures positive patient outcome. Occasionally there is a disconnect at the payor level regarding whether these procedures can be performed safely in the ASC, which may require an ASC to gather and present research documentation and outcome studies."
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The good news is some payors are already recognizing the value of supporting total joint replacement programs in ASCs.

"The private insurance companies we have contracted with for these procedures in the surgery center are saving an average of forty-six percent over what they pay to the hospital for the same procedures," Dr. Eickmann says. "Once they realize you really can do this safely and deliver high-quality results, they are typically interested in coming on board."

But getting payors to realize and appreciate the benefits of total joint replacement procedures in the ASC setting isn't easy, Connolly notes. It requires assessing existing contracts to determine if these procedures are already covered and at what rate. Then it's a matter of educating payors on what they may not understand about outpatient total joint replacement procedures.

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Providing clinical education is only half of the challenge. ASCs must also have the ability to make a case for fair reimbursement during contract negotiations.

"You must have a strong understanding of the costs associated with these procedures, and what your ASC will need to be reimbursed to make building a program and adding these cases worthwhile financially," Connolly says. "It is also critical to learn what payors are currently paying for these procedures in other settings. If you don't know what hospitals or the competition down the street are being paid, you are in a compromised leverage and negotiation position."

He continues, "While the concept of a total joint replacement program in an ASC is not as novel as it was a couple of years ago, you are still going to have to roll up your sleeves and figure out how to ensure you receive adequate reimbursement rates and have carve outs added to your contracts. If you don't put forth significant effort, you are not going to get paid appropriately."

PROCEED CAREFULLY

While not all patients will be able to undergo their total joint replacement procedure in an ASC, there is still a considerable portion of the patient population who are terrific candidates, Dr. Eickmann says.

"This is the future," he says. "In another ten years, joint replacement surgery in an ASC is going to be like ACL reconstruction. With ACL reconstructions, patients are almost all young, healthy people, and almost all these procedures can take place in an ASC. It is only a matter of time before joint replacement surgery becomes commonplace in ASCs."

"But ASCs must be careful not to rush into launching a program. There are many processes that need to be lined up before you start a program, and each one is critical to the program's success. Surgery centers must be prepared to devote the time and resources to ensure all processes are effectively addressed. There is no room for error when it comes to providing quality patient care."

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When an ASC is able to establish a successful program and offer outpatient total joint replacement procedures to its community, everyone wins, Carrera says. "It is healthier for the appropriate patients, it's healthier for the payors and it's healthier for the economy. This is where the industry is going."

For more information on PINNACLE III contact Katharine Mongoven, Director of Marketing, Sales and Business Development at 720.359.2660 or kmongoven@pinnacleiii.com.