

Comprehensive Care Joint Replacement Proposed Rule: AHCA Requests

1. Test a post-acute bundle

- Most of the cost savings potential in Medicare is on the post-acute side.
 - 2013 Institute of Medicine study examining the cause of variation in Medicare spending found that 73 percent was in post-acute care services.
- Post-acute providers are ready and willing partners.
 - Skilled nursing facilities treat more than 2.3 million residents each year on a short stay basis.
 - Skilled nursing facilities have stepped up in the current HHS voluntary BPCI. Of the 1,906 providers in the program, more than half (56 percent) are within skilled nursing.
- CCJR is only testing a hospital-dominated model. CMS should use multiple demonstration projects and test other models to determine the best possible policy.
 - There are multiple ACO models and multiple bundling models. A demonstration program is meant to test multiple models and determine which is most effective.

2. Require functional outcome measures at implementation

- The proposed rule does not focus enough on outcomes relevant to hip and knee surgery such as functional outcomes.
- Align with the IMPACT Act and use the CARE mobility and self-care assessment tools developed by CMS and required for all post-acute providers.
- Use AHCA-developed outcome measure that is NQF-endorsed based on mobility and self-care sections of the CARE tool.

3. Modify the use of 5-Star for waiver of the three-day stay requirement

- Don't use 5-Star at all.
 - It is not an accurate measure of post-acute care, especially hip and knee replacements.
 - Current proposal will limit a large number of SNFs (>40%) in many of the 75 MSAs from participation, which will limit beneficiary choice and access (see data handout).
- Alternatively, utilize measures that do relate to post-acute care for hip and knee replacement:
 - Improved mobility and self-care
 - Rehospitalization
 - Discharge to community
 - Satisfaction rankings
- If compelled to use 5-Star, the alternative is to require facilities to EITHER have at least a 3-star overall rating OR at least a 3-star rating on staffing and quality measures.
 - This is a more accurate measure and mitigates access issues.