

2022



STRONGER

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Putting the Backbone in our Spine Program

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Learning Objectives

- Describe successful team-based strategies to improve patient outcomes.
- Identify strategies to reduce cost for spine surgery patients.



Changing What's Possible

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The Challenges of MUSC's Spine Program

- Increased volume of spine surgical procedures
 - Challenges with getting most patients through pre-op clinic for optimization
- Need for collaboration amongst departments (ortho/neurosurgery) and disciplines (Physicians, Nursing, Physical Therapy, Occupational Therapy, Speech-Language Therapy, etc.)
- Lacking care coordination after discharge
- Quality outcomes
 - Readmissions
 - Length of stay (LOS)

A remedy for MUSC's Spine Program: BPCI-A

- Stands for Bundled Payments for Care Improvement Advanced (BPCI-A)
- Voluntary model from the Centers for Medicare & Medicaid Services (CMS)
- Single retrospective bundled payment, 90-day clinical episode duration
- Overarching goals: **Improve quality of care, improve health outcomes, and reduce cost of care**

MUSC's Participation with BPCI-A

- Began participating in 2018
 - **Lower extremity joint replacement**
 - **Heart failure**
 - **Stroke**
 - **Upper extremity joint replacement**
- Work continues beyond the participation year

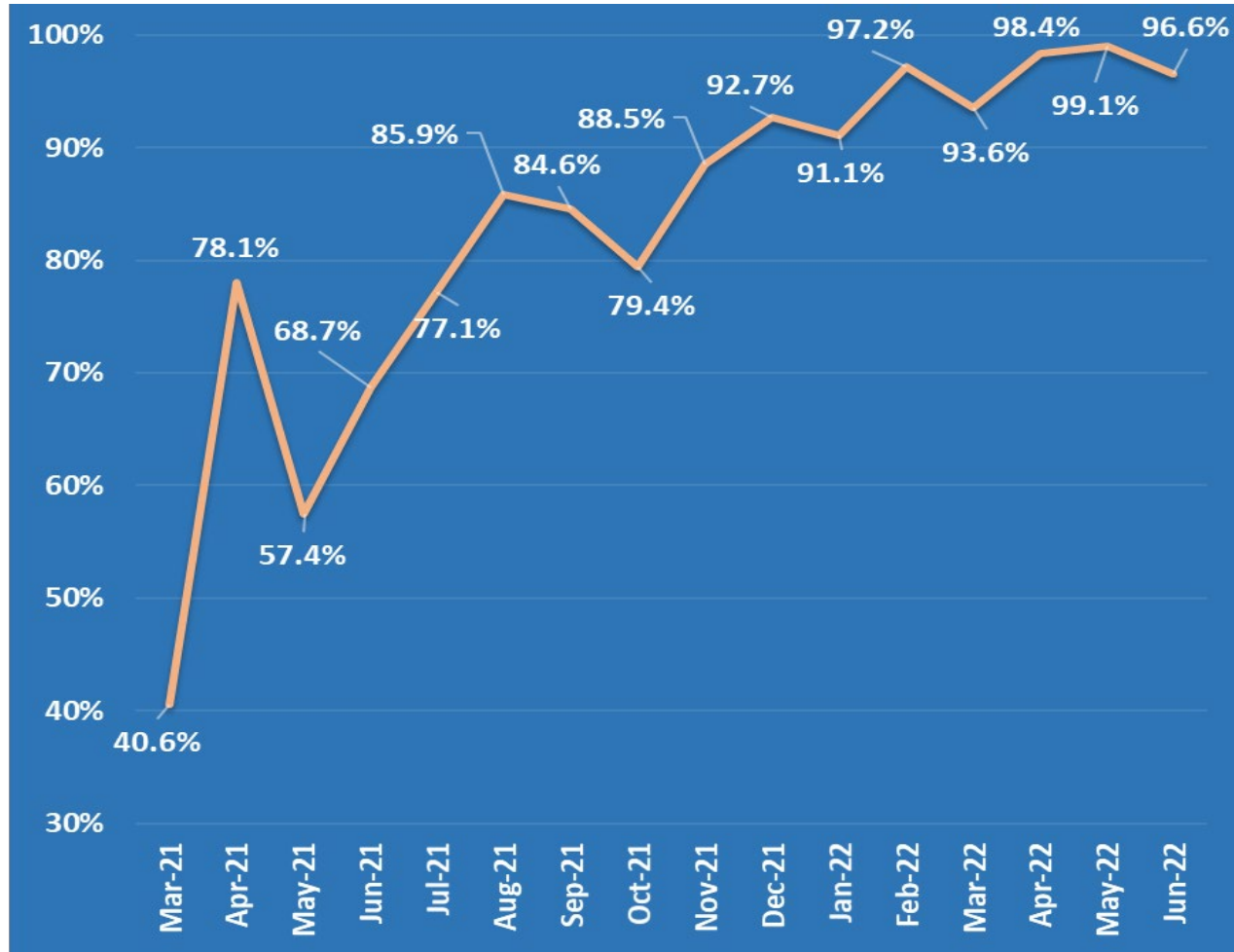
BPCI-A Best Practices and Gap Analysis

- CMS released a best practices tool-kit
- Gap analysis for MUSC's Spine Program's current state
- Findings: Primary drivers that had the largest risk
 - **Efficient and appropriate staffing models**
 - **Patient and family engagement throughout the care continuum**

Mitigating the Risk: Increased Collaboration

- Addition of **Nurse Navigator**
 - Primary focus in the pre-op clinic
 - Increased attendance to pre-op clinic
 - From 40.6% on first month of data to highest month 99.1%
 - Achieving 91.1% for FY22
 - Pre-op education
 - Optimization of patients for elective surgery

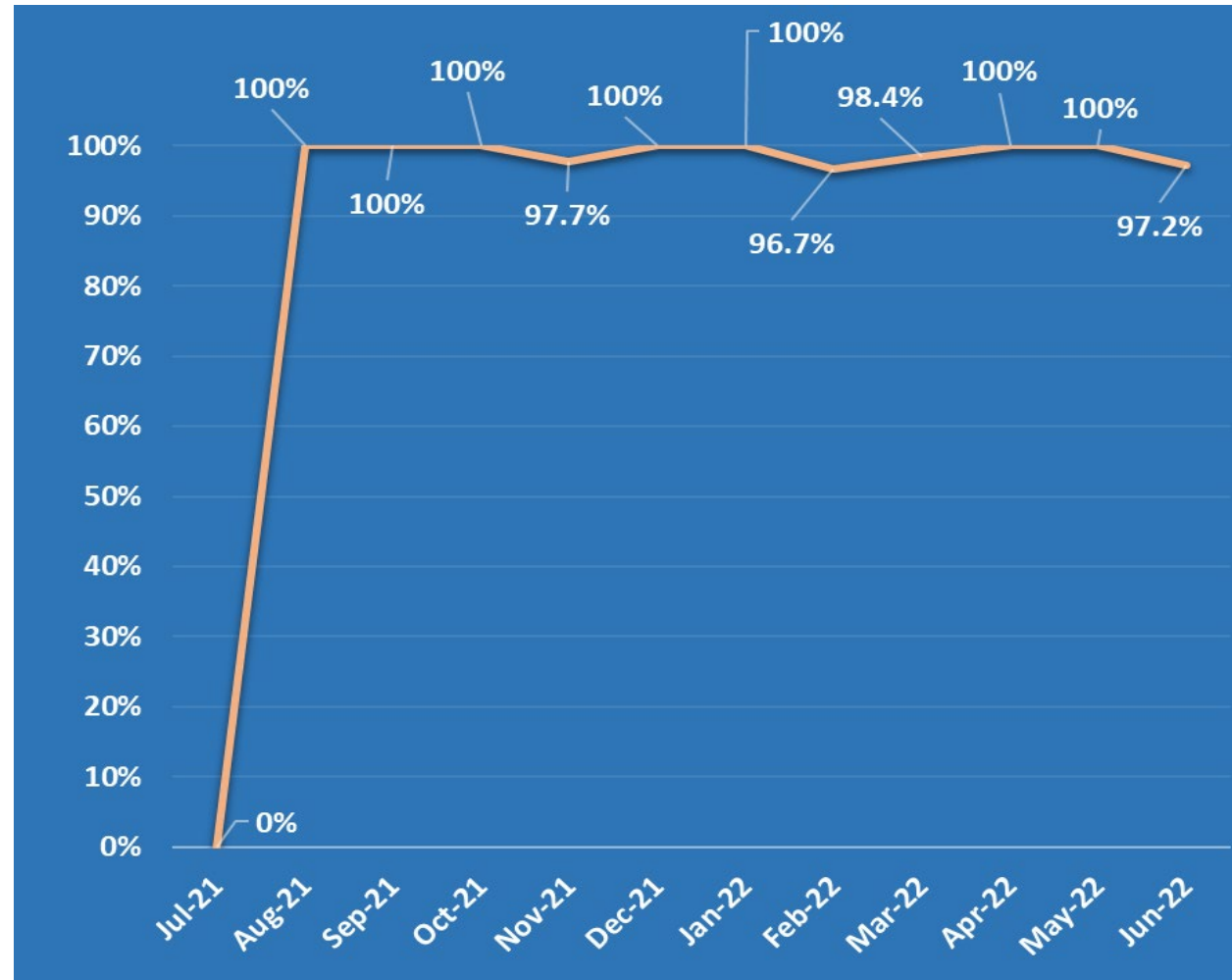
Pre-Op Clinic Attendance: Nurse Navigator



Mitigating the Risk: Increased Collaboration

- Addition of **Care Coordinator** in Cooperation with Population Health
 - Primary focus on post discharge contact and follow up
 - First contact with elective patients consists of welcome message introduction and contact information (Friday prior to surgery)
 - Communication of discharge needs, and plans identified through pre-op process to the inpatient case management and nursing teams
 - Post discharge contact and coordination of any outstanding Home Health or DME Referrals (From 0% Contact to 100% within first month)

Discharge Contact: Care Coordinator

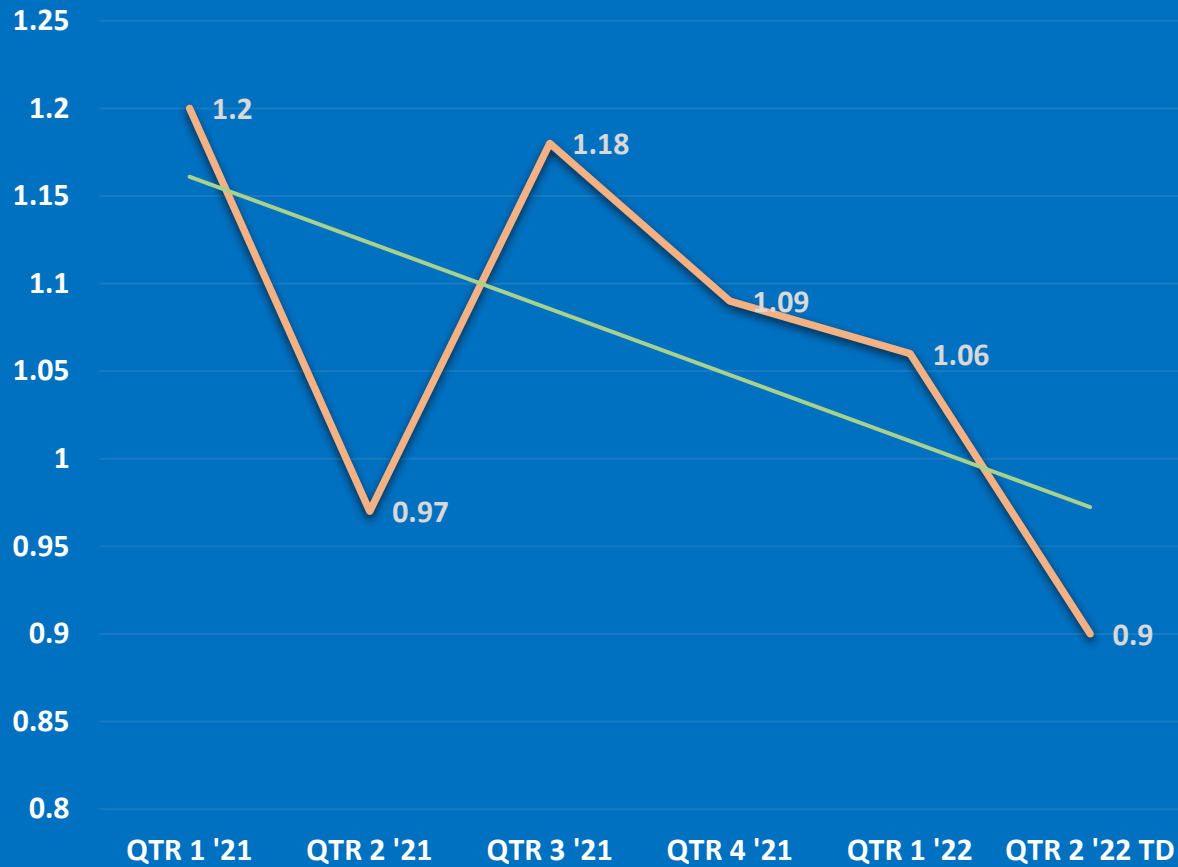


Data Driven Results

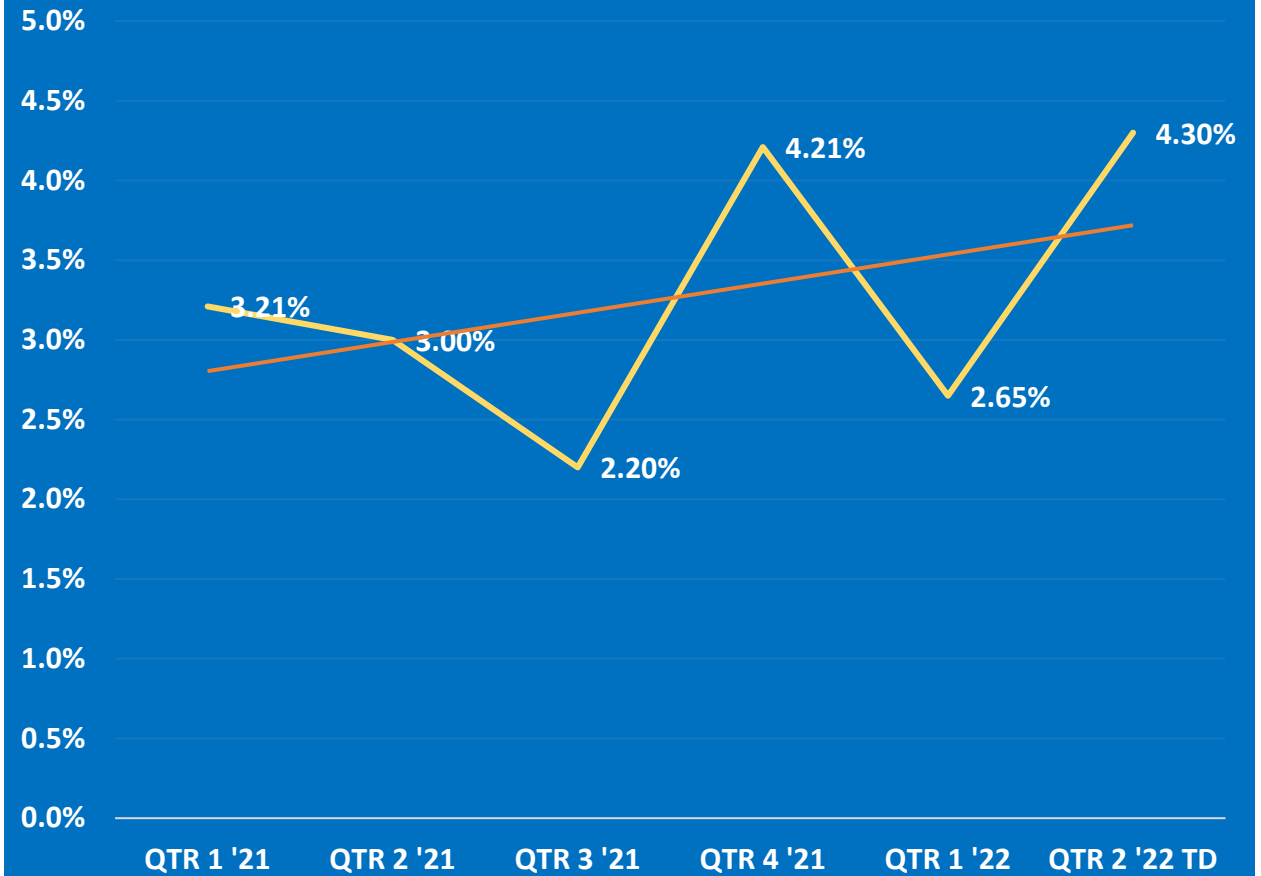
- Real time data reviewed by the Spine Leadership team
 - All spine patients
 - Spine pre-op attendance
 - Discharge contacts
 - Length of stay
 - Readmissions
- BPCI-A aka "Bundle Data" 6-month lag
 - Sample of Medicare patients
 - Cost of initial stay/surgical procedure and 90 days after
 - Readmissions

KPIs QTR 1, 2021 through QTR TD 2, 2022









LOS I



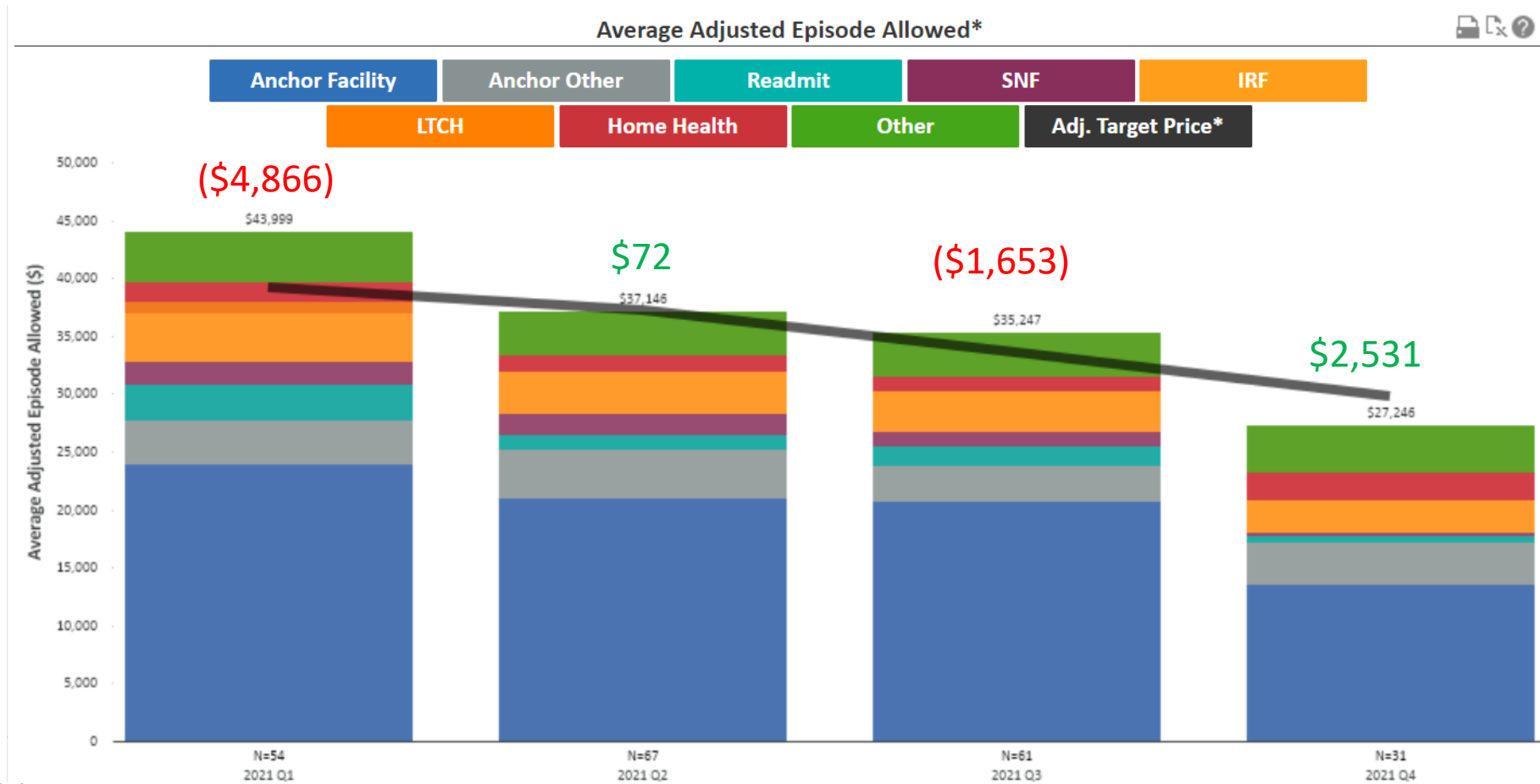
30-Day Readmissions



KPIs by Calendar Year 20, 21, and Quarter 2 To Date 22

Quality Summary CY20 Baseline Year	Length of Stay (LOS) LOS Index 1.08	Mortality Mortality Index 2.66	Readmissions 30 Day Readmit Rate 2.61 %	Complications % Encounters with any Complication 3.74 %
Quality Summary CY21 First Bundle Year	Length of Stay (LOS) LOS Index  1.11	Mortality Mortality Index  0.00	Readmissions 30 Day Readmit Rate  3.19 %	Complications % Encounters with any Complication  3.70 %
Quality Summary CYTD22 QTR 2 To Date	Length of Stay (LOS) LOS Index  0.99	Mortality Mortality Index  0.00	Readmissions 30 Day Readmit Rate  3.13 %	Complications % Encounters with any Complication  2.02 %

BPCI-A Claims Data: CY 2021



*From Milliman

Lessons Learned

- BPCI-A can help programs such as Spine to improve quality care, reduce costs, and increase buy-in from leadership
- Engaging physicians and multidisciplinary team members is essential to success
- Data lag can impact ability to make improvements in “real time.”
- Engage with patients early and proactively to set expectations for surgery and optimize health status

Key Takeaways

- If your organization is not currently participating in BPCI-A, evaluate readiness to participate or conduct assessment to determine current alignment with requirements
- Early identification of physician champions; Use data to drive engagement; Celebrate successes as well as share opportunities to improve
- Explore & evaluate a variety of data sources (in addition to claims) to ensure you can track progress in real time
- Utilize preoperative communications/interactions (email outreach, preop clinic, etc.)

Questions?



Changing What's Possible

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