

Ventura Orthopedics Bundled Care/BPCI Experience

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2021 (Virtual)



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BPCI Program Since Inception

"Classic" Program Start 04/01/2015. 16 Physicians Participating
Total Joint Lower Extremity and Hip and Femur Fractures

No Co-mgmt. Agreement

4 Hospital Systems/6 Hospitals Geographically Spread

Collaboration

Early combative response from hospitals; Case Management improved collaboration

2 Hospitals Have IRF

Our Case Mgmt team Discharges our Patients

IRF Results

BPCI-Advanced = 0.1% IRF Rate

Home Health

Preferred Facilities only; Specific Orders/Visit Limits. Additional by approval only.



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BPCI Program Since Inception

Comorbidities/patient selection:

Prior to Pre-op

Assessment/clearance

Optimization Prior to Sx

Hard Stops for all cases

Violations of Hard Stops

PCPs/specialists perform medical assessments

Results reviewed by CM; Optimization discussed w/physician

Collaborate w/PCP prior to surgery

BMI, A1C, MRSA, Smoking, failed clearance

Surgeon accepts financial risk of bundle buster

STANDARDIZATION



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Standardization across the practice creates a consistency. Consistency leads to program compliance

STANDARDIZE SCHEDULING PROTOCOLS

Time from decision for surgery to surgery
Timing of the pre-op and post-op appointments

STANDARDIZE ORDERS

Eliminate processes such as CPM at home, daily dressing changes, weekly PT/INR that can lead to unnecessary extra expenses

STANDARDIZE DISCHARGE PROTOCOLS

Doctors should discharge their own patients.
When this is standard procedure, compliance at the hospital level increases



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BPCI Program Since Inception

2015 "Classic" Program Inception. 16 Physicians Participating
Total Joint Lower Extremity and Hip and Femur Fractures

BPCI-Classic 04/01/2015

307 Cases

2016

430 Cases

2017

459 Cases

2018

387 Cases-Classic; 111 Cases-BPCI Advanced

BUILD RELATIONSHIPS



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It is important to establish a working relationship with Post-acute Care Providers, Hospital Case Management, Hospitalists and residents.

ESTABLISH A NETWORK OF PREFERRED POST-ACUTE CARE PROVIDERS

Make Certain these providers understand that you have protocols that produce quality outcomes that need to be followed, including real-time communication

HOSPITAL CASE MANAGEMENT

Over time they realize that the protocols, collaboration and communication makes their jobs easier.

HOSPITALISTS AND RESIDENTS

Avoid conflicting orders



KNOW WHO YOUR PATIENTS ARE

Everyone in the practice needs to know about the program, who is in the program and the protocols that should be followed

- **PHYSICIANS AND ASSISTANTS**

Reduces the risk that a patient will fall through the cracks and incur extra expenses .

- **MEDICAL ASSISTANTS**

Appointment schedulers referring someone to Urgent Care because "there are no appointments today"

- **SURGERY SCHEDULERS**

- **APPOINTMENT SCHEDULERS**

Billing receiving a notification that a patient becomes Medicare days or weeks before surgery knows to notify someone as they will then qualify in the program

- **BILLING**

Patient being scheduled for an elective procedure during their Bundled time frame



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MANAGE THE PATIENTS

Make contact early and frequently

It is important that the practice's voice is the one they and their families trust and listen to

Throughout the process many outside entities will communicate with your patient Their agendas most likely are not inline with the program

Hospital Case management and discharge planners

Hospitalists

PAC Providers

Insurance Representatives



ANALYZE AND UNDERSTAND DATA

It is important to analyze data, identify trends and adjust behaviors.

- **PAC USE AND LENGTH OF USE**

Make certain that your preferred PAC Providers are performing well and following the practice protocols

- **WATCH FOR TRENDS AND IDENTIFY POSITIVE AND NEGATIVE CORRELATIONS**

When decreasing use of SNF is there a positive correlation of increase in a less expensive Home Health
OR

A negative correlation of an increase in Readmissions



Fundamental Data Points

DRG 470-Non-fx Improvements

Average Cost/Case

Q1 2015: \$27,224
Q4 2017: \$19,397

SNF Rate

2015: 18%
2018: 2.7%

Home Health Visits

2015: 10.7
2018: 6.5

Home Health Rate

2015: 92.2%
2018: 32.4%



The Next Mandate

Physicians Manage it Better!

The program gains nationally have been stronger when physicians are incentivized and manage the bundles.



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THANK YOU!

James Keil, CEO

Jill Platt, Dir Case Mgmt