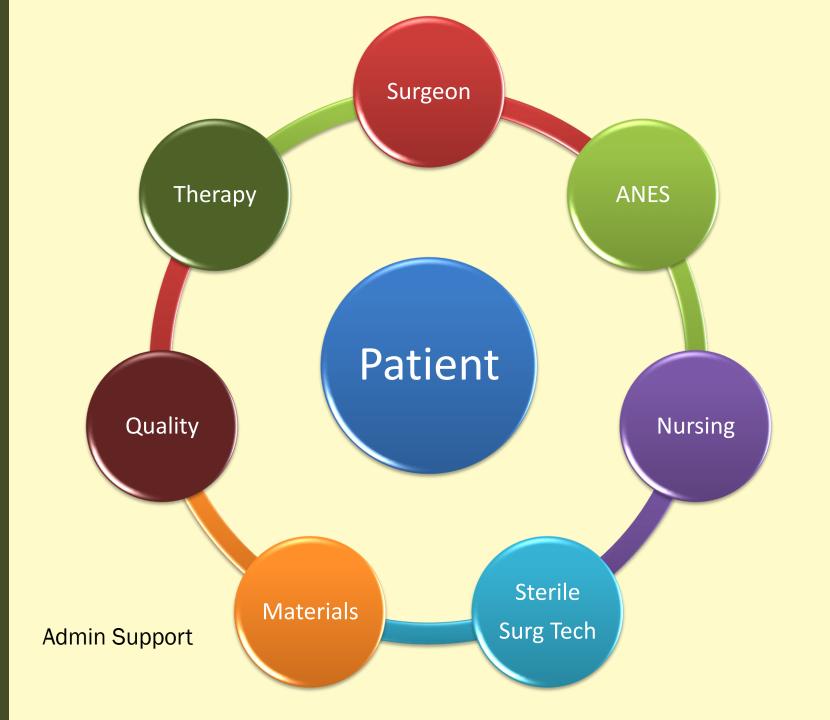
## IMPROVING PROTOCOL STANDARDS IN ORDER TO IMPROVE OUTCOMES AND HELP FRAME CO-MANAGEMENT AGREEMENTS

# Agenda

- Key Stakeholders
- Purpose
- Vision
- Build a Committee
- Manage Data
- Leverage the Work



# Why Standardize?

- Shifting to value based payments
- Outcomes gaining in importance
- Evidence based practices lead to better outcomes
- Reduction in variation leads to reduction in costs
- Consistent patient experience

#### **Clear Vision**

ASC Owners and/or Governing Body: Sets the vision or goal.

**Total Joint Committee:** Determines timelines, creates protocols, develops education/training plan, and outlines implementation process.

# **Physician Champions**

Owner (s) within the group with a vested interest

Decision maker

Sets clear expectations

Communication skills

# **Creating Your Committee**

- Identify Key Stakeholders-no more than 10 members
- Assign Roles- Leader, Process Checker, Time Keeper, and Note Taker

 Develop a Charter- outlines structure and commitment of committee members

## Standardization

- Where do we start?
- a. Quality
- b. Cost
- c. Volume
- What are we solving?
- How does this impact me?
- How will this impact the patient(s)?

#### Standards

Body Mass Index (BMI) Recommendations

- Total Hip Replacement  $\leq 40$
- Total Knee Replacement  $\leq 45$
- Standard labs (MRSA, A1C, CMP, etc.)
- Dental Care
- Therapy
- Durable Medical Equipment

### **Measure Your Performance**

Set Performance Metrics

Share the Data

Quality Assurance

Patient Reported Outcomes

## Outcomes

Patient Reported Outcomes	Preop (0-3 months)	Post Op 1-2 Yrs.
KOOS Jr (0 worst-100 best)	49.61	74.00
HOOS Jr (0 worst-100 best)	51.36	80.61
PROMIS-10 (0.33 worst-0.88 best)	0.64	0.72

# **Using Your Data**

Demonstrating Quality Performance

Patient Satisfaction

Patient Reported Outcomes

Infection rates/Hospital Transfers

## **Co-Management**

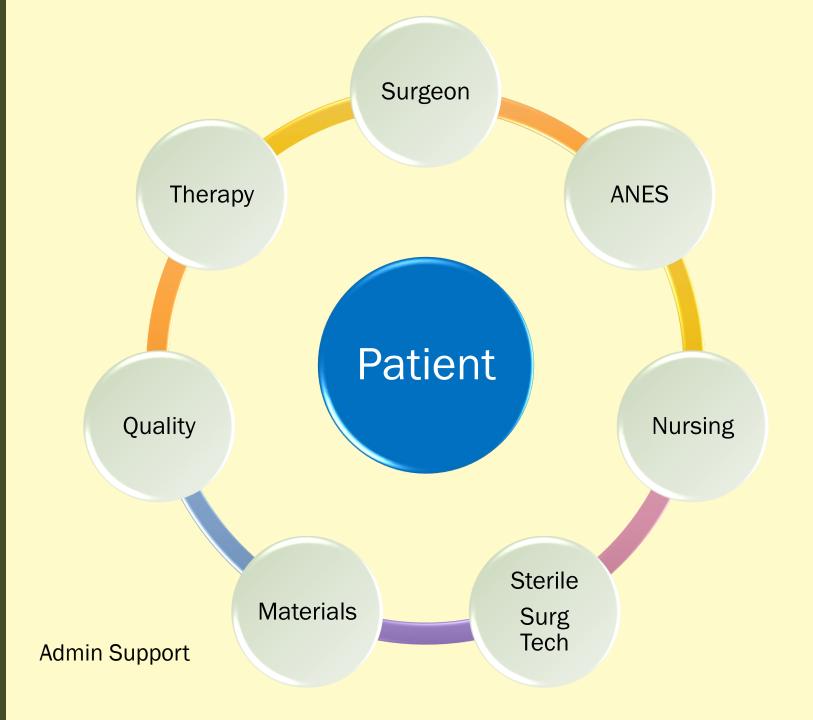
- Standards are for all patients, not just ASC
- Hospitals also looking towards value
- Leverage standards to implement at the hospital
- Financial incentives for improved quality and cost
- Inpatient bundles

# Aligning with Hospitals

Hospital Wanted	OOA Had
Best practice compliance	Best practice standards adopted
Reduction of variation	Committee structure to evaluate
Fitness for surgery	Best practice standards adopted
Return to function	Patient reported outcomes
Reduced cost	Engaged physicians to evaluate

### Result

- Group meeting 80-90% of all measures
- Direct contract with State of Washington for employee lumbar fusions (one of two in state)
- Hospital enjoying higher quality marks at a lower cost
- Physicians receive incentive compensation to help offset costs of quality programs
- Starting work on outpatient bundles that follow standards, which are being demanded by Insurers





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