**Minute to Win-It**

**Gerald J. Lang, MD**

**OTA Annual Meeting**

**October 7, 2016**

**“Crises in Health Policy”**

**CJR/SHFFT**

1. Introduction
   1. SGR was replaced by MACRA in April 2015for Medicare payment
   2. Change payments from volume (current) to value (future)
   3. Value = outcome/ cost. Pay more for quality
   4. Looking for Alternative Payment Methods (APMs)
   5. Offshoot of BPCI project (which was voluntary)
   6. This area targeted because of wide variation/ high costs to Medicare
2. **CJR** – **C**omprehensive Care for **J**oint **R**eplacement
   1. 5 year demonstration project
   2. Mandatory in 67 (randomly selected) Metropolitan Statistical Area (MSAs) See map below
   3. Start date 4/1/16
   4. Includes primary THA/TKA, TAA and THA/Hemi for hip fracture
   5. DRG 469 or 470
   6. Include hospitalization and all costs for 1st 90 days after D/C (including SNF)
   7. Quality will be measure with a composite quality measure
   8. Target Price (per hospital and region)
   9. Quality payments for good scores and risk of loss for bad
   10. Will eventually be an Episode Payment Model (EMPs)
   11. Does not qualify as an advanced Alternative Payment Method (could qualify for increased payment)
   12. Hospital owns the bundles payment
3. **SHFFT** – **S**urgical **H**ip/**F**emur **F**racture **T**reatment
   1. 5 year demonstration project proposed 7/25/16
   2. Start date 7/1/17
   3. Expansion of CJR program
      1. Same 67 MSAs included – Mandatory participation
      2. Hospital stay and 90 days post D/C
      3. Same quality measures (do they fit?)
      4. Hospital owns bundle
   4. DRG 480-82 Fractures of the femur treated without arthroplasty
   5. Does qualify as an advanced Alternative Payment Method (aAPM)
      1. Could qualify for increased payments
   6. Provides pathway for BPCI and CJR to qualify as an aAPM

67 Metropolitan Statistical Areas (MSAs) included in CJR

Roughly 1/3 of Medicare patients

