

Bundled Payments for Hip Fracture: Is it Possible? Should hemiarthroplasty included in a total hip bundle?

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Bundled payment models give one payment of the entire 90 day period around surgery. They include costs of hospitalization, providers and all postoperative care including readmission. Current arthroplasty bundles including the elective BPCA and the mandatory CCJR include hip arthroplasty when used to treat fracture (both hemiarthroplasty and total hip. The SHFFT model is a mandatory bundle that includes fractures of the hip and femur. This will be started in July in areas already participating in CCJR. Care of fracture patients undergoing arthroplasty has been shown to be 82% more that for elective patients. Savings for elective bundles include care reorganization, preoperative patient selection and maximization, decrease length of hospital stay, less readmissions, decreased use of post discharge facilities and home care. Most of these care improvement methods are impossible in the non-elective hip fracture patient.

Care improvement for the fracture patient includes the use of a hip fracture service and co-management to decrease costs of care during the hospitalization. This approach has been shown to reduce readmissions and complications. In a few cases, the healthy arthroplasty patient may be discharged home.

In conclusion, not only is it possible, but bundled payment models for hip fracture are mandatory in areas of the country. These patients are more expensive than elective patients even with the best of care. In order to limit losses, centers will need a well-functioning hip fracture program and will need to work with SNF facilities to redesign post discharge care. While hemiarthroplasty is different than elective arthroplasty, its inclusion in current bundled payment models is unlikely to change. Hopefully the new administration will reconsider that risk stratification approaches are necessary for hip fracture patients.

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