Outpatient Total Joint Replacement (TJR)

Improving The Patient Experience

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Questions

Due to time restraint please hold all questions for the end

Thank You

TJR Market Observations and Trends
Increasing Demand and Cost

For patients with osteoarthritis, total joint replacement (TJR) surgery can relieve pain and allow more active lifestyles.

Total hip arthroplasty (THA) volume will increase 174% by 2030.
Total knee arthroplasty (TKA) volume will increase 673% by 2030.

In 2011, greater than 50% of THA patients were < 65 years of age.
By 2016, greater than 50% of TKA patients will be < 65 years of age.

In 2008, the aggregate cost of TKA was >$9 Billion.

Volume, cost, and demand for TJR is growing exponentially.
**TJR National Trends**

**TJR** is increasingly being performed in ambulatory surgery centers across the country.

### Why?
- Patients are healthier and more active
- Patient preference to avoid hospitalization
- Lower risk of infection
- Fewer complications
- Efficiency of ASC setting

### Where?
- Minimally invasive surgical techniques
- Specialized clinical pathways
- Regional anesthesia approaches
- Advanced and accelerated rehabilitation protocols; early ambulation
- Patient selection
  - BMI
  - Medical history
  - Patient motivation
  - Family support

### How?
- Hospital-Free Joint Replacement
  - An integrated and coordinated approach to patient care achieves the highest quality outcomes, patient safety, an exceptional patient experience and cost savings.
  - Patients have TJR performed at ASC
  - Patient recovers at spa-like recovery suite staffed by round-the-clock medical staff, including personal visits from surgeon.
  - Immediate physical therapy performed at the Recovery Suite.

### What’s Needed to Get Started
- Physician Leadership
- Volume
- Higher volume equals more efficient surgery
- Work out the kinks at the hospital
  - Multimodal pain management
  - Rate of blood transfusion
- Put together your team
- Anesthesia involved early
- Payer readiness
What's Needed to Get Started Con't

- Identify capital requirements and Partners
  - Anesthesia
  - Implant cost
  - ASC
  - Therapy
  - OR Team
  - Nursing Care
  - Suite Rental
- Achieve an organized buy in and commitment
- Measure patient outcomes

Bundled Payment

- Are the Payers Ready. Remember that Health care is Local, especially among payers
- Define the episode of Care
  - Timeframe (Length of Stay)
  - What services are included / excluded in the bundle
- We ran all CPT codes used for total joint arthroplasty in the last 3 years
- Reviewed volume of procedures performed and what we received for the entire episode of care
- We reviewed what each payer reimbursed for each procedure and what we would take for each procedure
- Critical to know the current reimbursement to the hospitals and other providers to assess their opportunities for savings and negotiating leverage.
- Negotiate the bundles
Equipment and Planning

- Make sure you have all the equipment you would normally use in the Hospital OR if you will be doing these in a surgery center
- Drapes, leg holders, retractors, music, etc
- Take the time to reproduce the surgery with the new OR staff from start to finish
- Work with implant company to simplify trays
  - Size specific trays
  - Radlink pre op templating option to simplify trays
  - Keep one full master set available as back up.
- Simplify the variables
  - Don’t decide to try out something new just because of cost, i.e. implants, devices or equipment, use it in the hospital first.

Patient Selection

- BMI – generally less than 35
- Insurance Pending (we have negotiated contracts with 3 main carriers)
- Less than 65 or still working (can affect the insurance)
- Minimal past medical history
- My personal check list includes
  - No history of cardio-thoracic problems
  - DM must be Hgb A1C of less than 7.0 (DM not ideal due to no medical coverage)
  - No History of PE/DVT
  - Not on blood thinners
  - No RA typically due to medications and increased risk of infection
  - No History of MRSA
  - No History of Gastric bypass
  - No History of extended Narcotic use

Patient Selection

- Some people aren’t fit for a hair cut, let alone a TJA
- The most important variable in patient selection is the surgeon’s ability to look at a patient in the eyes and see if they have what it takes to get through without complications.
- Also if they have more than 3 cats at home the answer is “NO”
Advances in Procedure

- Anterior approach for hips
  - Less painful, less restrictions, quicker ability to ambulate and navigate stairs
- Multimodal pain management
  - Steroids
  - The Cocktail
  - Regional blocks
  - Anti-inflammatories
- Meticulous Hemostasis
  - TXA IV For hips
  - Careful dissection in hips and tie off small vessels
  - Tourniquet in knees
  - AquaMentis
- Aquacel Dressings
  - On for 7 days and water resistant

The “Cocktail” AKA the Hairy Buffalo

- Tranexamic Acid
  - 2 grams in hips (We give one gram IV)
  - 3 grams in knees
- Exparil
  - 20 mg (be sure to use 22 gauge needle)
- Morphine
  - 10 mg
- Bupivicane .25% with Epi
  - 10 mg
- NSS
  - 10 mL

- Total volume for hips
  - 80 CC
- Total volume for knees
  - 90 CC

Medications

- Extended Release narcotics
  - OxyContin 20 mg BID or MS Contin 50 mg BID
- Short acting narcotics
  - Percocet 5/305 mg or Norco 5/305 mg every 4 hours
- Antiinflammatory
  - Celebrex 200 mg BID or Motilic 15mg daily
- VTE Prophylaxis
  - Enteric Coated Aspirin 325 mg BID x 6 weeks
- Constipation
  - Senna 3.5 daily (softener and laxative) or Mag Citrate 150 mL BID
- Antibiotics
  - Keflex 500mg QID for 1 day
- Urinary Retention
  - Flomax 0.4 mg once
- Antiemetic
  - Zofran 4 mg every 8 hours
A surgical Experience like no other

- Avoid the hospital
- Is safe and effective
- Better manage pain
- Lower risk of post-operative infections & complications
- Direct access to surgeon
- Accelerated rehabilitation
- Quicker recovery
- Increases capacity
- Decreases costs by 30-40%

Recovery Suite

- 1 or 2 night stay in a spa-like suite with private bedroom and walk-in shower
- Round the clock attention and support from medical staff and 24/7 nursing care
- On-site physical therapy to get patients moving quickly
- Tempur-Pedic adjustable mattress with luxury linens
- Ample room for overnight guests
- Covered parking for patients and guests
- Flat screen TV equipped with Netflix and hi-def. cable; wireless Bluetooth speakers
- Personalized five star service
- Apple iPad for use in the suite and video calls with your surgeon (if desired)
- Complimentary high-speed wifi
- Gourmet meals prepared and delivered to your suite
FAQ’s

• Why not just send the patients home?
  – No 23 hour stay available for surgery centers in NYS
  – It is a stepwise fashion changing the landscape of medicine in the region
  – Up until about 2 years ago, 90 percent of all TJA patients in the greater Buffalo area went from the hospital directly into inpatient rehab rather than home.

• Can we give blood in an ASC or the recovery suite?
  – NO, we are not allowed to have an IV in the recovery suite

• Is this difficult to negotiate with Payers?
  – No, its cheaper for them, patients have great experience and no increase in cost for them

• What about Medicare or medicare packages with private back up?
  – Not yet, example Senior Blue or Encompass 65

• What about Workers Comp?
  – Not yet, we have not negotiated this yet.

• Foley’s?
  – NO
**Thank You**

Questions?