

## Spine and joint solution: promoting quality outcomes and efficiency for all stakeholders

Employers are facing a significant increase in spine and joint surgeries among their employees and asking a lot of questions. How do I ensure that the best care is provided to my employees? How will I help my employees recover and transition back to work quickly? How do I empower my employees to make sound decisions about their surgery? How will I manage the surgery costs? Such questions will be raised with increasing frequency, as the number of spine and joint procedures continues to rise.

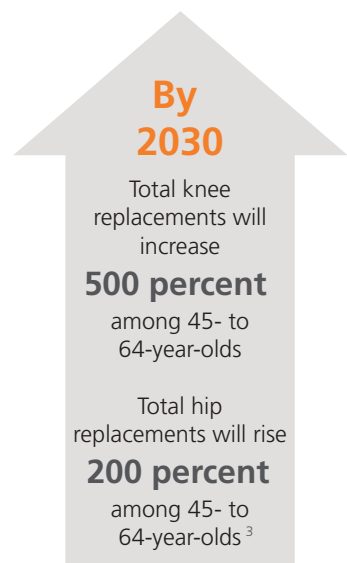
The predicted increases are primarily due to three factors: an aging population, obesity and medical advances that improve outcomes. By 2020, 25 percent of the workforce will be 55 or older.<sup>4</sup> At the same time, America's obesity epidemic is linked to increases in total knee replacements and total hip replacements.<sup>5</sup> In 1990, less than 15 percent of adults in the U.S. were obese. Today, more than one-third of adults are in that category.<sup>6</sup> Adding to the demographic challenge are substantial differences in medical costs among surgical programs, provider quality, patient experience, education and support. Without a comprehensive approach, the employer faces unpredictable costs with little assurance that their employees are getting appropriate and efficient care.

### Superior and cost-effective outcomes

According to National Business Group on Health, significant variations in price and quality for the same procedures keep high-performance networks and Centers of Excellence (COE) high on the list of employer strategies to improve health plan value.<sup>7</sup> For employers and employees, what's needed is transparency and consistency — in process, price and outcomes. One solution is to create a spine and joint Centers of Excellence network with a proven approach that identifies, qualifies and collaborates with specialty providers. To fulfill this combined clinical and financial objective, Optum® created the spine and joint Centers of Excellence.

Programs that qualify as Optum spine and joint COEs specialize in spine and joint surgeries. Comprised of nationally accredited surgeons and programs that perform a high volume of surgeries these programs have better outcomes than others in the region.<sup>8</sup> Optum spine and joint COEs typically achieve lower rates surgical complications and hospital readmissions than non-COEs.<sup>8</sup>

Qualifying as an Optum COE is a continuous and rigorous process managed by the Optum Clinical Sciences Institute (CSI). The Optum CSI relies on expert panels of non-Optum, board-certified physicians and surgeons — many leaders in their fields — who specialize in spine and joint procedures. The panel creates benchmarks based on the latest evidence-based medicine and peer-reviewed research.



The expert panel meets annually to review COE qualification criteria and clinical guidelines. Revisions ensure both the COE criteria and treatment guidelines remain consistent with best practices, quality parameters and key performance benchmarks. To verify that the COEs continue to perform beyond the norms, each program is also reviewed on a yearly basis.

Optum COEs embrace quality initiatives through comprehensive measurement and tracking — including patient satisfaction ratings — as well as a tight team of surgeons, nurses and rehabilitation professionals. And spine and joint COEs also employ dedicated care navigators who are in touch with patients before and after surgery, right through rehabilitation.

Like all Optum COE networks, the spine and joint program is overseen by a medical director and a dedicated staff of physicians, each with at least 15 years of clinical practice. Patients in the spine and joint program receive support and education from an Optum orthopedic nurse specialist. Education addresses the benefits of being treated at a COE — as well as what to expect before and after surgery.

### Transparency and consistency

As with all health care, patients, their families and their plan sponsors want the best possible experience and outcome. And cost, too, is a significant consideration. Unfortunately, a lack of transparency makes it difficult for patients to choose a provider.

“Patients don’t have access to meaningful information that can help them choose where to go for spine and joint surgery,” said Dr. David Fisher, director of the Total Joint Center of Excellence at OrthoIndy Hospital and president of the Orthopedic Research Foundation. Most people choose a provider based on word of mouth, said Dr. Fisher.

OrthoIndy collects data on quality of care, outcomes and patient experience, and publishes the data every year. In addition, Dr. Fisher tracks patients’ post-surgery recovery. Soon this will enable him to show patients where they are compared to the average in terms of pain level, range of motion and walking distance. “We can look at different types of patient populations,” said Dr. Fisher. “If people are having issues or problems, we study it more in depth.”

### Specialized care paths for high-risk patients

The obesity epidemic, as noted earlier, is linked to the rise in total knee and total hip replacements. Being obese also puts patients at higher risk for complications, said Dr. Fisher.

“I’ve looked at the obesity challenge,” he said. “Forty-eight percent of my patients are considered obese by classification. Maybe we can do a better job of taking care of these patients by changing their care path.” Several years ago, he and his colleagues began taking obese patients on a specialized care path. “We do a more intensive evaluation. We check their A1C. We check them for sleep apnea. We look at nutrition status ... to make sure they’re not malnourished because many obese patients are malnourished. We check to make sure they’re not a carrier for staph.... Lo and behold, by doing these things before surgery and then making a few changes interoperatively, we’ve reduced the risk of wound problems. We reduce the risk of infection and their risk of being readmitted for medical problems. It’s had a huge impact by simply looking at the problem and trying to take a different viewpoint on how to manage high-risk patients.”

### Annual COE performance reviews consider:

- Volume and outcomes
- Complication and readmission rates
- Best practices and clinical research
- Team credentials, stability and experience
- Support services for patient and family
- Follow-up care and costs

## Collaborating for better patient outcomes

The partnerships between Optum and its credentialed network providers are deeply collaborative and mutually beneficial. But the most important beneficiaries are the patients. Providers agree to follow standardized, evidence-based treatment protocols. In the case of orthopedic COEs, they offer bundled pricing — more on that later — that lowers the cost of care for patients, employers and health plans. In exchange, an increased volume of patients supports higher levels of growth and reinvestment in skills development, research, technology and specialized facilities. Optum shares access to the clinical data repository that aggregates treatment and outcome data from across the network. This contributes to expanded access to higher quality care at lower cost and a general elevation of clinical standards and outcomes.

Close analysis of outcomes from thousands of patients around the country shows that hospitals and ambulatory surgery centers qualifying for the Optum COE program have lower rates of complications and readmissions — a standard widely used for measuring quality in health care today. Compared to non-COE providers, Optum COE readmission rates are 2.4 percent versus 3.7 percent.<sup>8</sup>

### Optum spine and joint COE results are impressive:

- **30%** fewer complications and readmissions
- **\$10,000** or more average cost savings per surgery
- **25%** lower costs, on average, compared with median costs in the same metropolitan areas<sup>9</sup>

## Continuous quality improvement

Dr. Fisher is a strong believer in the Centers of Excellence team approach. “We do the same thing every day. We have the same nurses, the same therapists, same anesthesia — and we have consistent results,” he said. “This has made a huge difference in the quality of outcomes and the numbers bear that out.”

“My partners and I built a specialty hospital with the intent of improving quality, patient experience and cost,” said Dr. Fisher. “Everything we do is strictly controlled. We control the quality of the surgeons who are practicing here. We measure their outcomes and keep track of how they’re doing. It’s an ongoing quality control, quality assurance program. As part of that program, the Technology Committee, comprised of members of the OrthoIndy spine and joint team as well as their CFO, looks at new technologies and asks, “Is it something that’s going to improve the patients’ outcome? Is the cost justifiable and will it truly benefit patients?”

Optum COEs are required to collect data on a number of measures, including the quality of outcomes, whether patients’ pain was resolved or their function improved. Did they have complications and/or readmissions? Were they satisfied with the facility? Did they feel like it was a positive experience and were they able to return to work?

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“We are intent on improving quality, patient experience and cost.”

— **Dr. David Fisher**, director of the Total Joint Center of Excellence, OrthoIndy Hospital and president of the Orthopedic Research Foundation

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This level of self-scrutiny and diligence on the part of COEs is what sets them apart, said Robert De Haven, senior product director of the spine and joint program. “We’re contracting with providers who already have low readmission rates,” he said. “Providers are putting skin in the game and helping to double down on limiting risk.”

### **Bundled pricing: Aligning incentives**

Optum COEs put skin in the game by agreeing to charge a flat amount that covers costs related to the surgical episode, including readmission within 90 days of surgery. Consistency and transparency in pricing is not something employers or employees have historically counted on. It’s a way of quantifying patient outcomes in terms of safety, satisfaction and the ability to resume normal activities, including work.

Fixed prices cover facility, surgeon and ancillary costs, and provide 90-day warranties and discounts up to 25 percent in some geographic areas compared to regional average episode costs. One bundled payment covers facility and professional costs as well as patient support and education, including readmissions within 90 days for surgery-related care. Care navigators at the COEs work to ensure each patient has a good experience, too.

### **Reducing anxiety helps improve outcomes**

Well documented in medical journals is the fact that psychological distress among patients in the pre-operative period can influence the course and outcome of surgical procedures.<sup>10</sup> “Preparing patients before surgery is an important part of avoiding complications,” said Dr. Fisher, as is post-surgery support. “The transition to home is often related to socioeconomic issues,” he said. “If they have good family support and they understand their treatment plan, they will tend to have good outcomes. If they don’t have much support or have trouble understanding instructions, they may not do so well. That’s why it is very helpful to have the Optum nurse to follow up.”

As part of the care team, the navigator and an orthopedic nurse from Optum work with patients before and after surgery and as they recover. Patients know what to expect, so there are fewer surprises. That allows them to have more confidence and feel reassured on an ongoing basis that things are going according to plan.

### **Compassion and trust add value**

As an orthopedic nurse with the Optum Spine and Joint Solution, Nancy Kenefick, RN, provides education to members on the COE benefit. Some patients may have a long history with a non-COE provider and be reluctant to change. But patients are incentivized when they learn that COEs generate better outcomes, often at a lower cost.

Once members are enrolled in the Spine and Joint Solution, Nurse Kenefick and her colleagues guide them through the process, answer questions and concerns, and serve as a clinical resource.

“We’re always open for them to call us,” she said. “A lot of times people don’t want to bother their doctor. They think their problem is not important. So they’ll call us. We can help them with that. I’ve called patients’ doctors many times to clear things up. We’re their advocate. We want a positive result for them.”

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### **Our bundled-fee approach covers most facility and professional expenses:**

- Hospital and physician fees at COEs
- Implant fees
- Imaging and diagnostic tests
- Inpatient physical therapy
- Durable medical equipment
- Readmissions within 90 days of surgery
- Patient support and education
- Travel and lodging provided by the employer’s plan

When a company takes part in the spine and joint program, the Optum team receives culture training specific to that organization and its geographical location. Said Kenefick, “You have to base what you’re going to say and how you’re going to say it on the culture of the community and of the company. They have a comfort level with us that we’ve given them good information. We’re not trying to direct treatment. We’re just trying to make sure they’re getting the things they need.”

### Factoring in comorbidities and personal struggles

The Optum orthopedic nurses take into consideration the members’ health history and other conditions such as diabetes or heart issues. When available, they connect them with disease management programs. Sometimes the nurses become so close to the member, they learn about personal struggles that may affect the member’s recovery. The nurses work with the care navigator at the COE to make sure all of these factors are addressed. “We never hesitate to email or pick up the phone to [the care navigator]. “The members like the care navigator, too. She schedules appointments and works with the patients. Or she’ll call us to make sure the member has enrolled in the Spine and Joint Solution program.”

Complications are rare, but the team is prepared for the unexpected, as when a member fell before his surgery. What was supposed to be a relatively standard procedure became an emergency one.

“He’s one I’m following closely to make sure he’s getting what he needs. And he is. His surgeon is really good about the therapy and explaining what he can and can’t do,” said Kenefick.

### Follow-up throughout recovery

Throughout the process, the Optum nurses reiterate the need to follow through on physical therapy and their recovery plan. Ms. Kenefick cites back surgery as an example. “People start feeling better, and even though they have very strict restrictions — we call them the BLTs, no bending, lifting, twisting or turning — once they start feeling better, they overdo.” She reminds them not to second-guess their surgeons and to follow their rehab plan to the letter.

### Better together

“It’s an alignment of incentives where everyone wins,” said De Haven. “Employers win because they get a new measure of cost predictability. Providers win because they see additional patients and improve clinical quality in the process. And most importantly, patients and their families win because they have lower out-of-pocket costs and get healthier faster.” In addition, he added, patients have someone following them all the way through the process.

“If a provider can deliver great outcomes on a cost-efficient basis, why wouldn’t you want to go there as a patient? And why wouldn’t we want to help you get there, as a group of people dedicated to empowering people to take better care of their health?”

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“Understanding the client organization’s culture, regional preferences and values helps establish a rapport and trust with the members. “They have a comfort level with us that we’ve given them good information,” said Ms. Kenefick.

— **Nancy Kenefick, RN**,  
an Optum orthopedic nurse

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## Conclusion

In reviewing solutions to address the rising numbers of employee spine and joint surgeries, employers need to pay close attention to the design and outcomes of the specialty spine and joint network. Consider the following:

- Based on the demographics and job nature of your employees, what growth rate do you anticipate for spine and joint surgery over the next five years?
- Are you seeing a variation in the price and/or quality for the same spine and joint procedures in the regions where your employees are concentrated?
- What are you doing to help ensure your employees receive care from top-quality programs? Does the program you are considering include support by experienced spine and joint specialist nurse care managers?

Answering these questions will not only help your employees become more knowledgeable and empowered health care consumers, but can also lead to better personal health care decisions. The result is quality surgical care, faster recovery and return to work. And those are good outcomes for all.

The COE program does not provide direct health care services or practice medicine, and the COE providers and medical centers are solely responsible for medical judgments and related treatments. The COE program is not liable for any act or omission, including negligence, committed by any independent contracted health care professional or medical center. The information provided through the nurse support service is for informational purposes only as part of a member's health plan. Member health information is kept confidential in accordance with the law.

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