Background & Project Aim
Providence St. Joseph Health (PSJH) had 20 hospital sites mandated join in CMS’ first mandatory episodic bundled payment program, Comprehensive Care for Joint Replacement (known as “CJR”). For the first time, this retrospective bundled payment model required hospitals to accept accountability for the total cost throughout an episode of care, and the hospitals faced a short timeline to develop a model for success in this value-based payment model. Over time, the foundation for responding to this challenge has prepared PSJH for episodic bundles in other clinical condition areas and from other types of payers. A broad approach to delivering episodic care, leveraging the expertise of multiple subject matter experts, was vital to moving PSJH forward with this first step in the alternative payment model environment.

Project Design/Strategy
PSJH chose to work together across its geography to respond and succeed under this model. A system workgroup brought together clinicians and leaders from operations, post-acute care management, clinical data and analytics, finance, legal, and others. This collaborative approach allowed for synergy among common work streams across the sites, and that efficiency allowed for local hospitals to focus additional time on unique local clinical quality and financial needs. Additional benefits included shared accountability and scalable learning that were advanced in a more complete and sustainable fashion. Finally, this framework and the associated roadmap from the initial CJR model have been transferred to other clinical conditions to accelerate the PSJH journey to value-based care.

Outcome
Providence St. Joseph Health (PSJH) has experienced ongoing success under the CMS CJR model in subsequent years after the program’s launch. In fact, when given the opportunity for some hospitals to opt-out of the model with CMS administrative changes in early 2017, every participating hospital made the voluntary choice to remain in the model due to increases in clinician engagement and associated reductions in clinical variation.

PSJH continued to develop and spread competencies in the delivery of bundles of care in a variety of models, as well as a series of supporting work-streams that maximize both performance and clinician engagement in the work.

Model examples include:
• Prospective commercial bundles for total joint replacement and spine surgery, utilizing COE sites in multiple geographic regions
• Retrospective shared savings products that partner clinicians, the health system, and commercial payers
• Retrospective, voluntary government bundles (BPCI-A) with participation in orthopedic, cardiac, and neurosciences clinical conditions (with additional clinical conditions evaluated for Cohort 2 participation)

Supporting Work-streams include:
• Development of data ingestion and visualization tools to highlight performance improvement opportunities, in both financial and clinical quality metrics
• Development of gain-share opportunities, where allowed, to foster stronger clinician engagement

Current Status and Spread of PSJH Bundle Participation - 2020

Next Steps
The PSJH Bundle Team continues to monitor indicators for performance and opportunities to scale the highest-value patient outcomes. Entering the fourth year of this journey, the organization is sustaining improved financial and quality performance in CJR while also continuing to enter into new models. These include both voluntary and mandatory government models as well as a host of commercial payer agreements. Additionally, PSJH is experiencing an increase in both the number of hospitals participating in other episodic bundles and the number of clinical conditions in value-based arrangements. The spirit of collaborative discovery continues to drive improved performance, and PSJH remains committed to leading in the journey to value-based care delivery.