BlueDistinction® Specialty Care

BlueCross BlueShield Association

Blue Distinction® Centers for Knee and Hip Replacement 2019 Evaluation Components

The Blue Distinction Specialty Care Program is a national designation program recognizing healthcare providers that demonstrate expertise in delivering quality specialty care – safely, effectively and cost-efficiently. The goal of the program is to help consumers find both quality and value for their specialty care needs, while offering a credible foundation for local Blue Cross and/or Blue Shield Plans to design benefits tailored to meet employers' quality and cost objectives[1].

The Blue Distinction Specialty Care Program includes two levels of designation:

- **Blue Distinction Centers:** Healthcare providers recognized for their expertise in delivering specialty care.
- **Blue Distinction Centers+:** Healthcare providers recognized for their expertise and cost-efficiency in delivering specialty care.

Quality is key: only those providers that first meet nationally established, objective quality measures for Blue Distinction Centers will be considered for designation as a Blue Distinction Center+.

Program Design

The 2019 Blue Distinction Centers for Knee and Hip Replacement program (this Program) is expanding to include additional sites of service. A Provider can apply to achieve the BDC or BDC+ designation, as either a Hospital (with or without an Intensive Care Unit [ICU]) or an Ambulatory Surgery Center (ASC).

- **Providers applying as a Hospital** (with or without an ICU) will be evaluated based on data sourced from the Provider Survey as 'self-reported,' publicly available Hospital Compare data (for the most recent timeframe available), and Blue Plan Healthcare Claims data.
- **Providers applying as an ASC** will be evaluated based on data sourced from the Provider Survey as 'self-reported.' This Program will also require ASCs to have one of the following advanced orthopedic certifications that confirms important structure and process features to successfully perform total knee and total hip replacement surgery in an outpatient setting:
  - Accreditation Association for Ambulatory Health Care (AAAHC) Advanced Orthopedic Certification
    -or-
  - The Joint Commission (TJC) Advanced Total Hip and Total Knee Replacement Certification.
- **Providers applying as either a Hospital without an ICU or as an ASC** will have additional evaluation components for transferring to an acute care comprehensive inpatient facility that is able to provide a higher level of care and is designated as a BDC or BDC+ for the 2019 Knee and Hip Replacement program.

The following information explains how quality, business, and cost evaluation components will be used to evaluate an applicant provider. Final selection criteria for quality, business, and cost, including specific scoring thresholds required for eligibility as a BDC and BDC+ for Knee and Hip Replacement, will be published separately and posted publicly at www.bcbs.com.

[1] Benefit design is determined independently by the local Blue Plan and is not a feature of any Blue Distinction program.

Blue Cross Blue Shield Association is an association of independent Blue Cross and Blue Shield companies.

Quality

Blue Distinction Centers for Specialty Care programs establish a nationally consistent approach to evaluating quality and safety, by incorporating quality measures with meaningful impact, with criteria that evolve over time with medical and quality measurement advances in that specialty area. Providers may be evaluated for Quality in the following domains for the Blue Distinction Centers for Knee and Hip Replacement program:

Hospitals with or without an Intensive Care Unit (ICU) – Evaluation Components:

Blue Distinction Centers for Knee and Hip Replacement – Hospitals (with or without an ICU)		
Domain	**Source**	**Metrics**
General Structure	Provider Survey	• National Accreditation
Knee and Hip Replacement Program Structure and Process	Provider Survey	• Shared Decision Making • Data Management and Patient Tracking • Functional Assessments/ Patient Reported Outcomes • Opioid Practices
Knee and Hip Replacement Procedure Volume*	Provider Survey	Provider reported procedure volumes for adults (≥ 18 years of age), including: • Total Knee Replacements • Total Hip Replacements • Revision Total Knee Replacements • Revision Total Hip Replacements
Knee and Hip Replacement Outcomes	Publicly available national data based on the CMS population will be downloaded from the Hospital Compare database (available from the Hospital Compare website at www.hospitalcompare.hhs.gov) for the most recently available reporting period at the time the Provider Survey is released to facilities. *No action is required on the part of the Provider to provide any of the foregoing information.*	Total Knee and total hip replacement patient outcomes for adults (≥ 18 years of age), including: • Hospital-level risk-standardized complications rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) • Hospital-level 30-day, all-cause risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)

Blue Distinction Centers for Knee and Hip Replacement – Hospitals (with or without an ICU)		
Domain	**Source**	**Metrics**
Knee and Hip Replacement Outcomes	Based on Blue Plan Healthcare Claims data, using Centers for Medicare & Medicaid Services (CMS) methodology for the commercial patient population (≤ 65 years of age) *No action is required on the part of the Provider to provide any of the foregoing information.*	Total Knee and total hip replacement patient outcomes for adults (≥ 18 years of age), including: • Hospital-level risk-standardized complications rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) • Hospital-level 30-day, all-cause risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)
Local Blue Plan Quality Criteria (if applicable)**	Plan Survey	Provider meets all Local Blue Plan Quality Criteria, if applicable

*The minimum number of cases needed will be determined after Provider responses are received. Analytic methodologies will be used to determine these minimums. These calculations are heavily influenced by statistical analysis factors such as event rates and distributions, which cannot be assessed until all data are available for proper analysis.
**Local Blue Plan Criteria may consist of additional quality criteria beyond the national criteria, at the discretion of the local Blue Plan.

Additional Evaluation Components for Hospitals without an ICU		
Domain	**Source**	**Metrics**
Acute Care Comprehensive Facility Transfers	Provider Survey	• Hospital (without an ICU) has written transfer agreement(s) in place to transfer total knee and hip replacement surgery patients needing a higher level of care to an accepting acute care comprehensive facility with ICU capabilities. • The accepting acute care comprehensive facility(ies) that provides a higher level of care is designated BDC or BDC+ for the 2019 Knee and Hip Replacement program. • Facility Reported Transfer Rates

Ambulatory Surgery Center (ASC) Evaluation Components:

Blue Distinction Centers for Knee and Hip Replacement – Ambulatory Surgery Center (ASC)		
Domain	**Source**	**Metrics**

General Facility	Provider Survey	• National Accreditation
		• Advanced Orthopedic Certification, by either:
		  ○ Accreditation Association for Ambulatory Health Care (AAAHC) Advanced Orthopedic Certification
		  -or-
		  ○ The Joint Commission (TJC) Advanced Total Hip and Total Knee Replacement Certification
		
		Advanced Orthopedic Certification is a new requirement for the 2019 Knee and Hip Replacement program.

Knee and Hip Replacement Program Structure and Process	Provider Survey	• Shared Decision Making • Data Management and Patient Tracking • Functional Assessments/ Patient Reported Outcomes • Opioid Practices • Routine Discharge Status
Knee and Hip Replacement Procedure Volume*	Provider Survey	Facility reported procedure volumes for adults (≥ 18 years of age), including: • Total Knee Replacements • Total Hip Replacements • Revision Total Knee Replacements • Revision Total Hip Replacements
Knee and Hip Replacement Outcomes	Provider Survey	Facility reported patient outcomes post primary total knee or primary total hip replacement surgery for adults (≥ 18 years of age), including: • Emergency Room and Observation Stays • Unplanned Inpatient Admission Rate • Acute Myocardial Infarction Rate (AMI) • Pneumonia Rate • Sepsis/Septicemia/Septic Shock Rate • Mortality Rate • Re-operation Rate • Surgical Site Bleeding Rate • Pulmonary Embolism Rate • Mechanical Complication Rate • Wound Infection/Periprosthetic Joint Infection Rate

Blue Distinction Centers for Knee and Hip Replacement – Ambulatory Surgery Center (ASC)		
Domain	**Source**	**Metrics**
Acute Care Comprehensive Facility Transfers	Self-Reported	• Ambulatory Surgery Center (ASC) has written transfer agreement(s) in place to transfer total knee and hip replacement surgery patients needing a higher level of care to an accepting acute care comprehensive facility with ICU capabilities. • The accepting acute care comprehensive facility(ies) that provides a higher level of care is designated BDC or BDC+ for the 2019 Knee and Hip Replacement program. • Facility Reported Transfer Rates
Local Blue Plan Quality Criteria (if applicable)**	Plan Survey	Facility meets all Local Blue Plan Quality Criteria, if applicable

*The minimum number of cases needed will be determined after provider responses are received. Analytic methodologies will be used to determine these minimums. These calculations are heavily influenced by statistical analysis factors such as event rates and distributions, which cannot be assessed until all data are available for proper analysis.
** Local Blue Plan Criteria may consist of additional quality criteria beyond the national criteria, at the discretion of the local Blue Plan.

Business

The following components are evaluated to determine if the Provider and its program meet the business selection criteria:

- Participation by Provider in the local Blue Plan's BlueCard Preferred Provider Organization (PPO) Network.
- Participation by surgeons who perform total knee and/or total hip replacement procedures in the local Blue Plan's BlueCard PPO network*.
- Provider and its corporate family meet BCBSA criteria for avoiding conflicts with BCBSA logos and trademarks.
- Local Blue Plan Business Criteria**, if applicable.

*Any de minimis exception will be considered on an individual case basis, through a nationally consistent approach.
**Local Blue Plan Criteria may consist of additional business criteria beyond the national criteria, at the discretion of the local Blue Plan.

Cost of Care

The process to incorporate cost of care measures into the selection criteria is designed to provide a nationally consistent, equitable, and objective evaluation. If a provider meets quality and business selection criteria, then the following components will be evaluated to determine if the provider meets the cost of care criteria. Additionally, a local Blue Plan may establish additional cost criteria beyond the national criteria, at the discretion of the local Blue Plan.

The cost of care evaluation is based on a nationally consistent analysis of Blue Plan claims data. The scope of this analysis includes:

Cost Data Source

Each Provider's cost of care is calculated using adjusted allowed amounts for specific knee and hip replacement episodes of care derived from Blue Plans' Healthcare Claims data. The methodology sums all costs incurred during an episode of care (including Provider, professional, and other costs related to the knee/hip replacement episode).

Adjustments

Knee and hip replacement episode costs may be adjusted for patient-level risk factors, including co-morbidities. Additionally, a geographic adjustment factor may be applied to each episode to account for geographic cost variations in delivering care. Other adjustments such as a site of service adjustment may be applied where appropriate to account for differences related to patient care settings or other factors.

Deriving a Cost Measure and Setting the Cost Threshold

Costs are aggregated and conformed to a facility cost index for each procedure type. In calculating facility costs, statistical outlier trimming or winsorizing may be applied to prevent facility costs from being skewed due to a few outlier cases. Each facility cost index is determined relative to national distribution of the facility measures. Facility level cost indices are then evaluated in comparison to a National Cost Threshold for each procedure type, which is established with consideration for both geographic accessibility and cost savings.

Use of Provider-level Cost Information

After the BDC Participation Agreement for an eligible Provider has been fully executed, information displayed on Blue Distinction's public website at www.bcbs.com will confirm that the Provider is designated as a BDC or BDC+ and that it met the Program's transparent national selection criteria. BCBSA may share a provider's individual Provider Survey responses (Raw Data) and results (Scores) with BCBSA's member Plans and, pursuant to a confidentiality agreement, Member Plans' current and prospective accounts, for purposes of evaluation, care management, quality improvement, and Member Plans' design of customized products and networks. BCBSA may combine a provider's Raw Data and Scores together with other providers' data to create aggregate information for public dissemination, provided that such aggregate information will not identify the provider by name, and will not contain any Protected Health Information (PHI).