

Harness the Power of Patient Reported Outcomes: Tell Your Practice's Story

Presented By

Lisa Pearson, CASC, CMPE, MBA, MSHA

Katie Bloyer, DPT, MBA

OAM Orthopaedic Associates
of MICHIGAN

CODE
TECHNOLOGY



Agenda

- Introduction to OAM
- Claims data context
- Collecting PRO data
- Looking at PRO data differently
- Putting PRO data to use in your practice



Introducing Orthopaedic Associates of Michigan

Delivering First-Class Orthopaedic Care Across West Michigan

- Orthopaedic Associates of Michigan (OAM) began from the merger of three successful West Michigan practices: Orthopaedic Associates of Grand Rapids, Orthopaedic and Spine Specialists of West Michigan, the Michigan Hand Center in 2007.
- OAM has “roots” in Grand Rapids dating back to 1935.



28 Physicians (24 surgeons & 4 PM/R)



Over 70 total Providers



4 locations (including ASC, PT and clinics)



Draw from all over west Michigan



Orthopaedic Associates of Michigan



Specialties



**Orthopedic
Trauma**



**Joint
Reconstruction**



**Foot &
Ankle**



**Hand & Upper
Extremity**



**Sports
Medicine**

**Physical Medicine &
Rehabilitation/Interventional Spine**



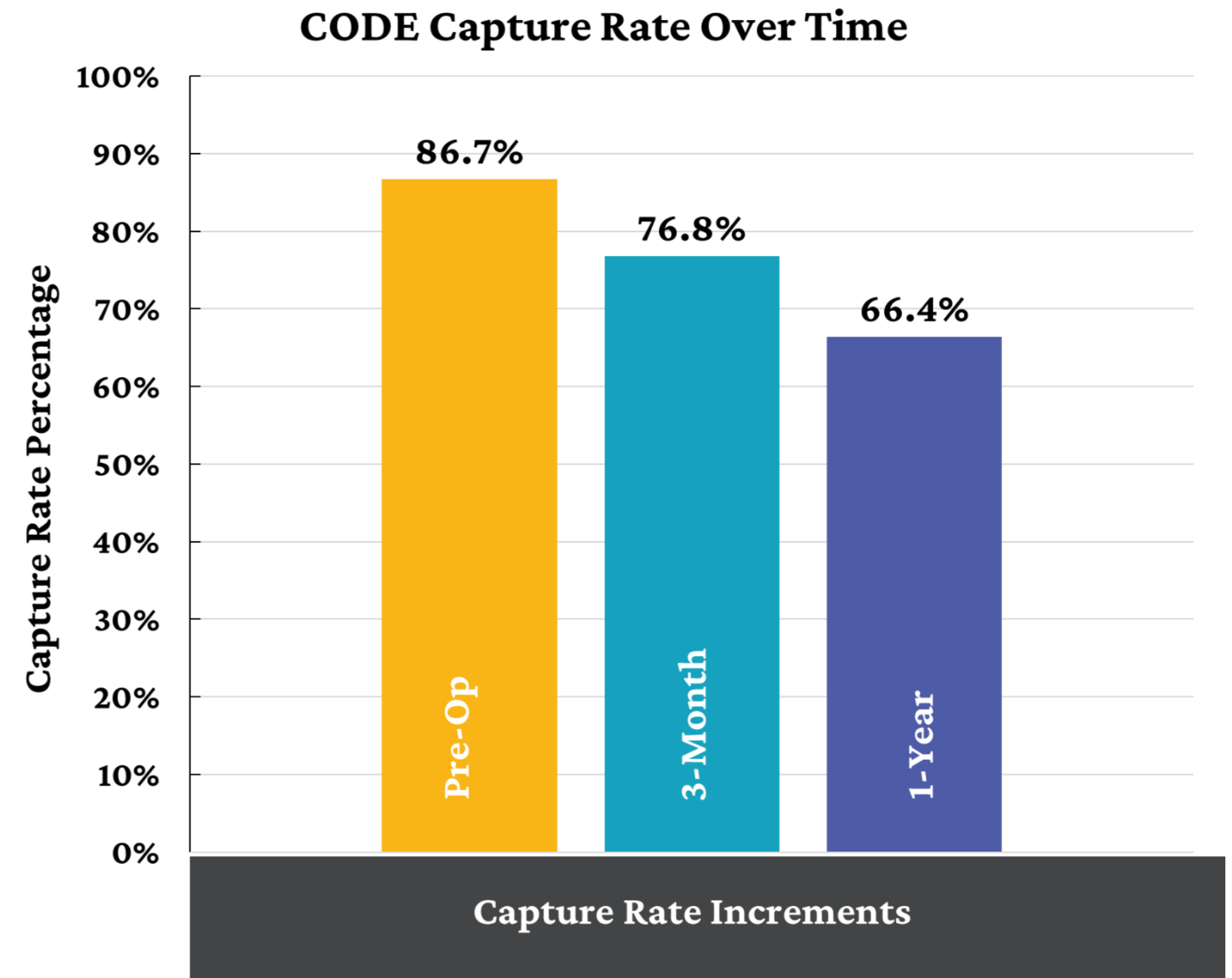
**Spine
Surgery**

Ancillaries

- Bone Health
- DME | Durable Medical Equipment/Orthotics
- Ideal Protein | Medical Weight Loss
- MRI
- OAM Now | Urgent Orthopaedic Care
- Radiology
- Physical Therapy
- Occupational Therapy (Hand)
- Work Center
- Mid Towne Surgery Center
- Research
- HURT! App
- Anderson Medical CCT

OAM Data Sources

	CODE Technology PROS On Surgical Cases
	Social Climb: Patient Experience
	Foto: Physical Therapy



How We Got Here

- OrthoForum 2024
- "What Can We Learn from Employers and Data" panel discussion
- CODE Technology, OAM, OrthoForum, Embold Health and CareJourney collaborated on a presentation focused on enabling practices to demonstrate value, improve outcomes, and use data to successfully navigate Employer payment reform



A Table Of Three Data Sets



CODE TECHNOLOGY

- Claims
- Data Each Year - set available for this project is 2022 procedures
- Measures through 90 day bundle
- Medicare Data

- Claims
- 4 years of data September 2018 to September 2022
- Metrics cover outcomes to 1 year at various intervals
- Private Insurance

- Patient-Reported Outcomes (PROs)
- Sent To All Patients
- Survey data out through 6 years (currently) but utilized 2020 to date data for this project
- Pre to post-op intervals





Doctor A

Care Journey		Embold Health		CODE Technology	
-	Complication By episode	+	Surgical Revision	+	Surgical Revision
-	ER Visits By 1,000 Episodes	+	Complication Rate After TJ	+	Other Complication
-	Average Episode Payment	+	SNF Admission	+	% Expectations Met Post-Op 1 Year
+	Average LOS (Days of Institutional Long Term)			+	% Recommend To Friends And Family
+	Unplanned Readmissions Per 1,000 Episodes				



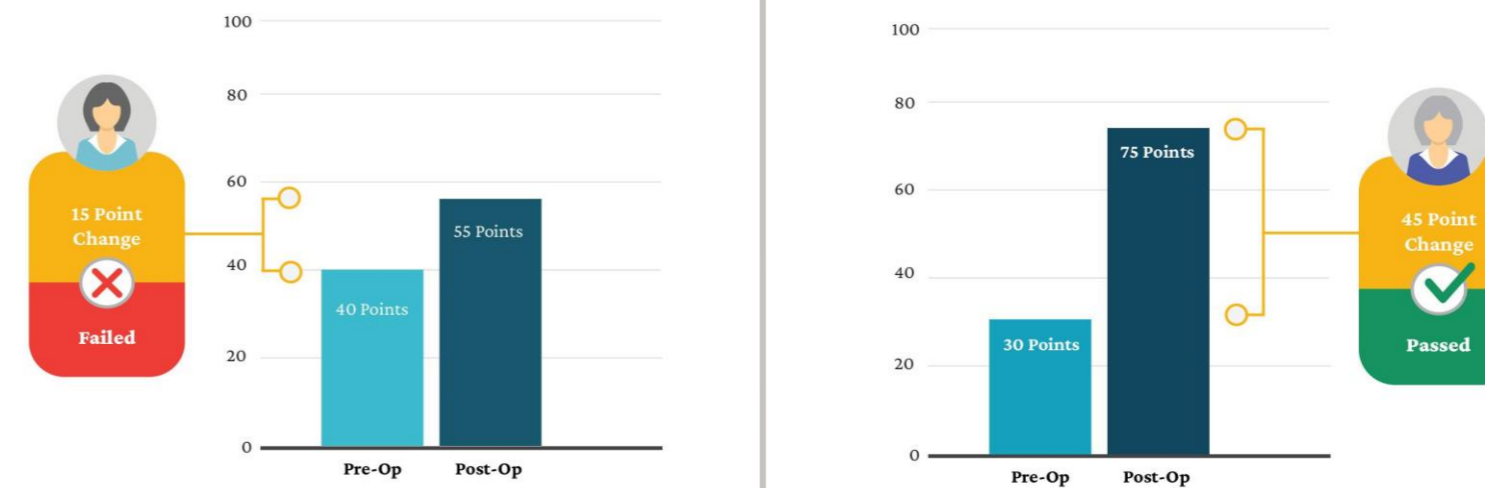
Doctor A

+	Complication By episode	=	Surgical Revision	+	Surgical Revision
+	ER Visits By 1,000 Episodes	-	Complication Rate After TJ	-	Other Complication
+	Average Episode Payment	=	SNF Admission	+	% Expectations Met Post-Op 1 Year
=	Average LOS (Days of Institutional Long Term)			+	% Recommend To Friends And Family
+	Unplanned Readmissions Per 1,000 Episodes				



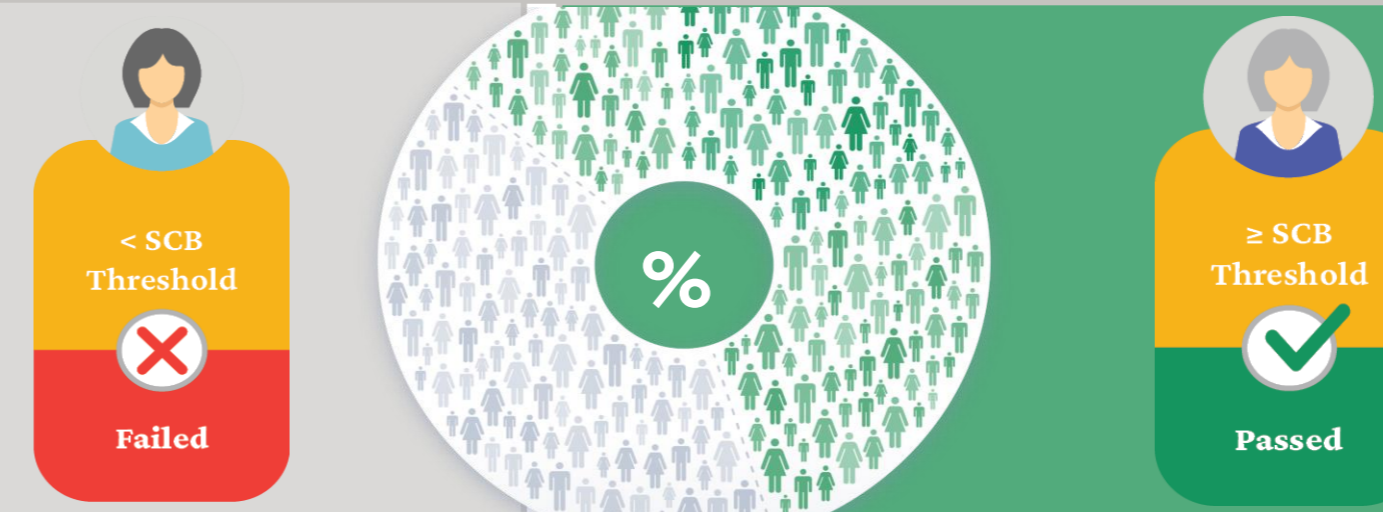
Failure to collect and report PROMs will result in a 1/4 reduction in annual APU.

Patient-Level Outcome | SCB



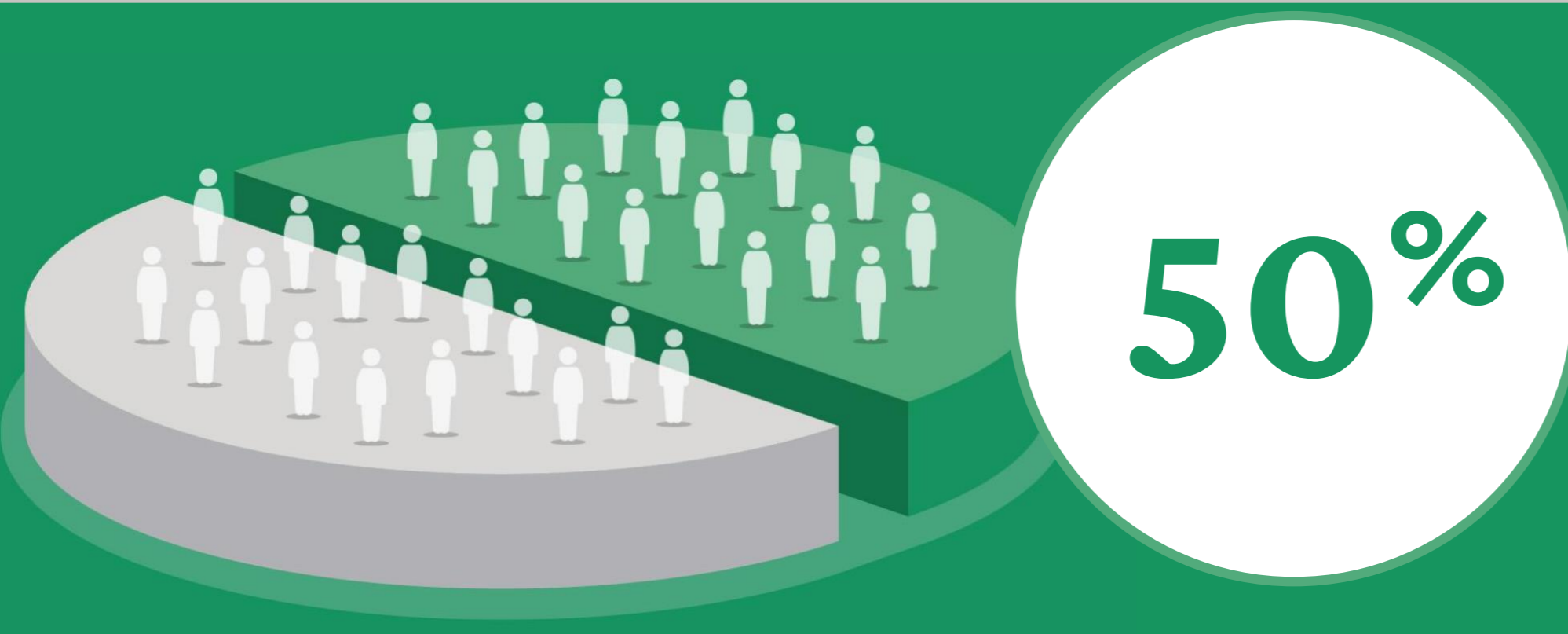
Functional improvement, or substantial clinical benefit (SCB), between patient's pre-op and post-op PRO scores: 22 points for the HOOS JR and 20 points for the KOOS JR.

Hospital-Level Outcome | RSIR



For this example, the Risk Standardized Improvement Rate (RSIR) is 60%. 60% of patients at the organization showed a substantial improvement after their procedure.

Measure Requirement | PRO Response Rate



50% of patients must have both the preoperative and 1-year postoperative PRO data collected.



Want to learn more. Scan Here



Why Collect PROMs?

Patient-reported outcome measurements (PROMs) are standardized and validated questionnaires. They provide healthcare providers with valuable insights into a patient's functional level, overall health, and post-surgery progress, directly from the patients themselves.

$$\text{Value} = \frac{\text{Outcome}}{\text{Cost}}$$



**Track Pain,
Function,
Quality of Life**



**Benchmarking &
Quality Tracking**



**Shared Decision
Making**



Research




**Alternative
Payment
Models**



**Talent
Recruitment**

Options For Collecting Data

1




Pen and Paper

2




SaaS Product

3



Service



Working with CODE is simple | SaaS + Service = Success

Choosing The Right PRO Partner

Implementation Timeframe | How long will it take to build, implement and kickoff a patient-reported outcomes program?

Accessibility Barrier | Are there any significant barriers to survey completion such as patient logins to health portals?

Capture Rate | What is the median capture rate for pre-op and post-op PROM surveys across all clients and customers? How is the capture rate calculated?

FTE Requirements | Who bears responsibility for ongoing PRO program maintenance? What full-time employee resources will be required to oversee survey completion and achieve capture rate goals?

Data Extraction | What is the time commitment to extract, format and submit raw data to meet many complex program specifications like the CMS' Patient-Reported Outcome Performance Measures?

Reporting | What are the product's aggregate-level reporting capabilities? How accessible are data reports, filtered by procedure type, by provider, and by benchmarking data? Is manual compilation of data necessary due to limitations in report accessibility?

CODE | Full-Service PROM Partnership



Vision | To revolutionize health care by giving the medical world the data they need to make health care better.



Mission | To help hospitals and private practices collect, use, and love outcome data.



Software + Service = Success

Collect

Score | Store | Share

Report

10+

Years CODE has spent a decade building an orthopedic registry



High Capture Rate



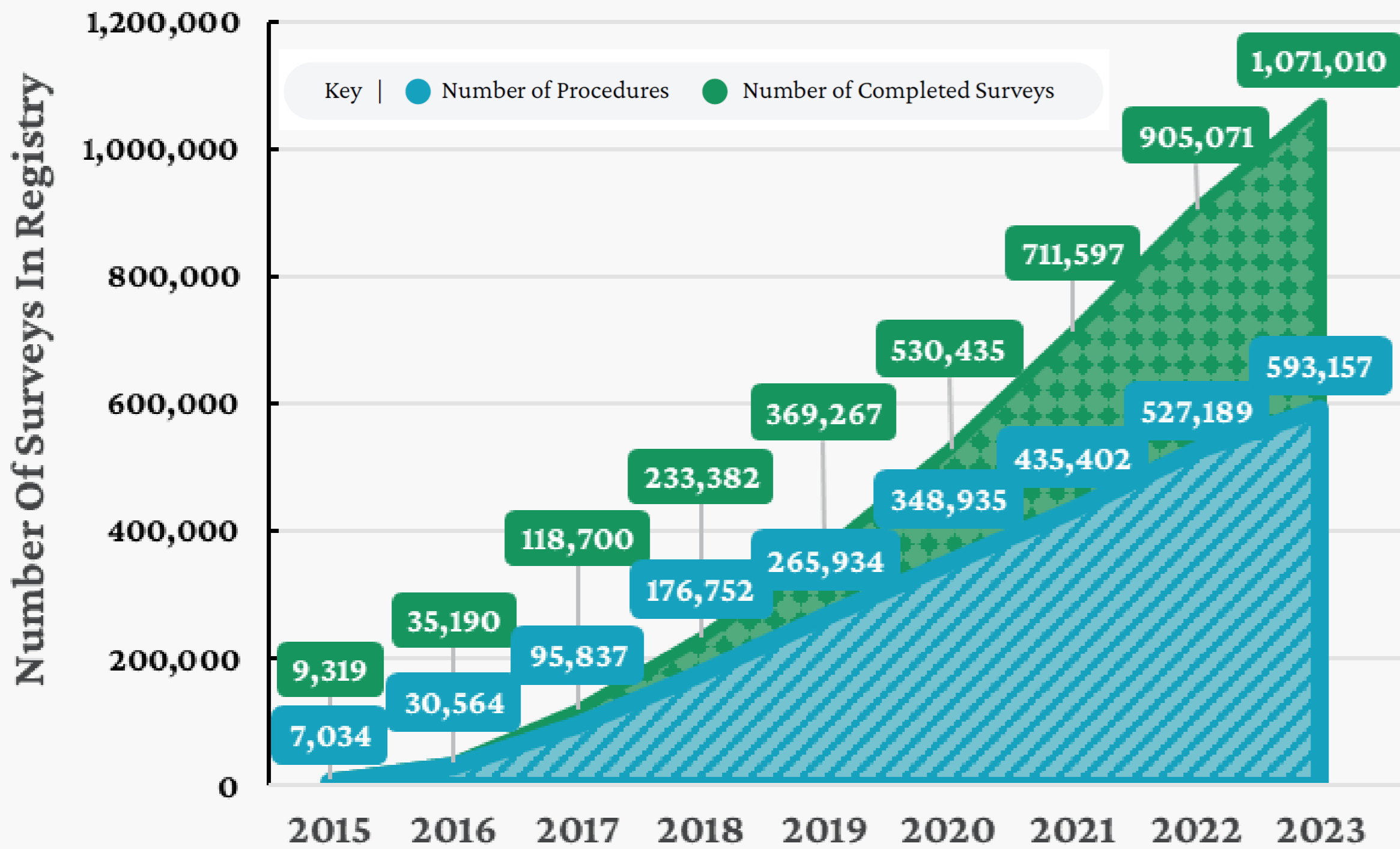
Zero Disruption To Workflow









Quality Data

CODE | A Powerhouse Registry

Procedures and Surveys Growth



CODE's PRO Registry | We've collected & analyzed data from:

- 
Report on 20,000 procedures to AAOS annually
- 
Over 600,000 Procedures
- 
Over 1 Million Completed Surveys
- 
68% Capture Rate Through 1-Year Post-op
- 
80% Pre-op Capture Rate
- 
Over 700 Surgeons

 Orthopedic Trauma
Adult and Pediatric

 Adult
Reconstruction

 Lower Extremity
Foot & Ankle

 Upper Extremity
and Hand

 Sports

 Orthopedic
Oncology

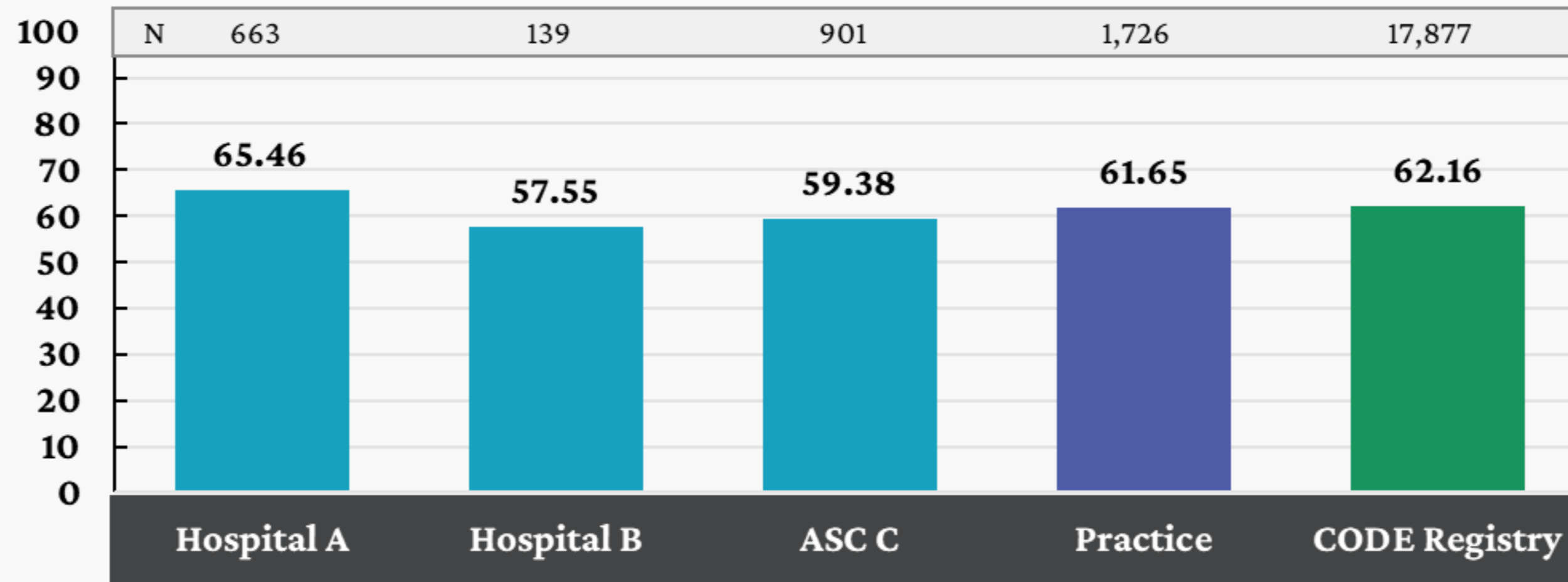
 Non-Operative
Intervention

CODE TECHNOLOGY

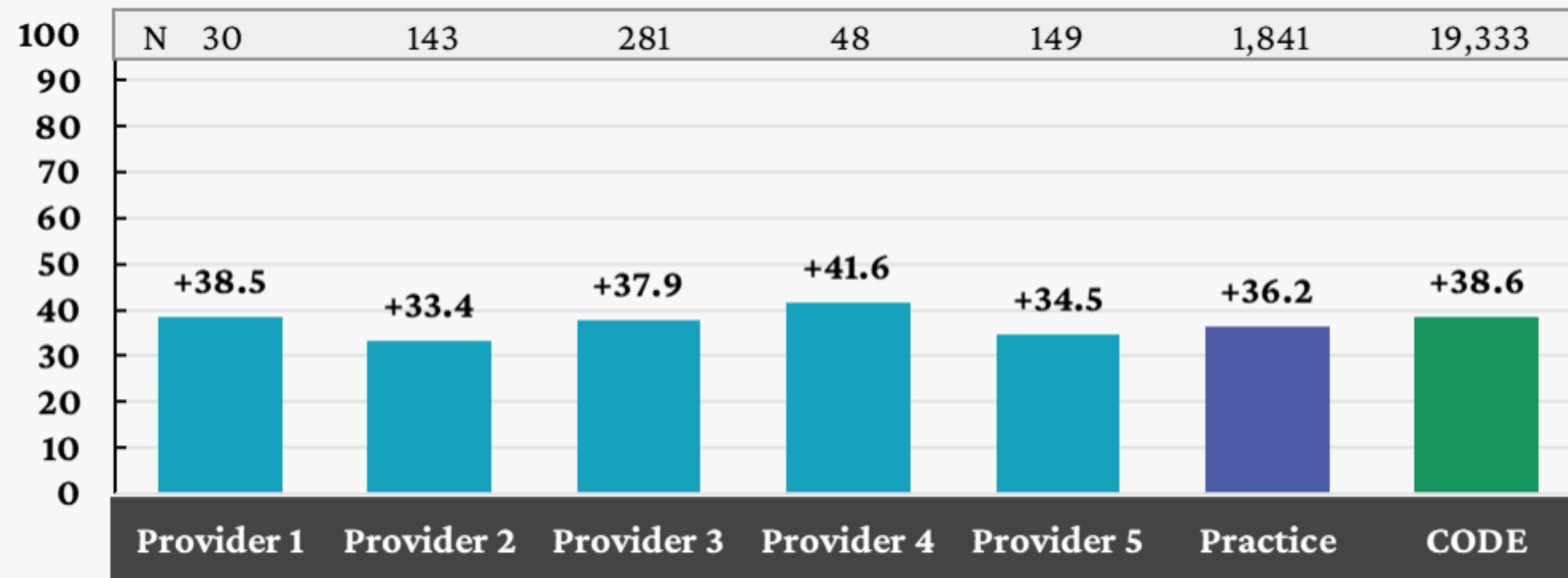
 Orthopaedic Associates
of MICHIGAN

CODE | Reporting And Benchmarking

After surgery, was your pain better or worse than expected?



KOOS Functional Improvement Pre-op versus 1-year



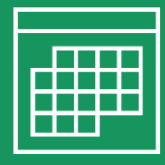
Types Of Data CODE Collects

- ✓ Risk Stratification
- ✓ Social Determinants Of Health
- ✓ Patient Experience
- ✓ Complications
- ✓ Readmissions



OAM Registry

OAM Registry | Breadth Of Data



Longevity

OAM has collected PROS for **over 6 years** with CODE



Cohorts

TKA, THA, Spine, Upper Extremity, Hand, Foot & Ankle, Sports



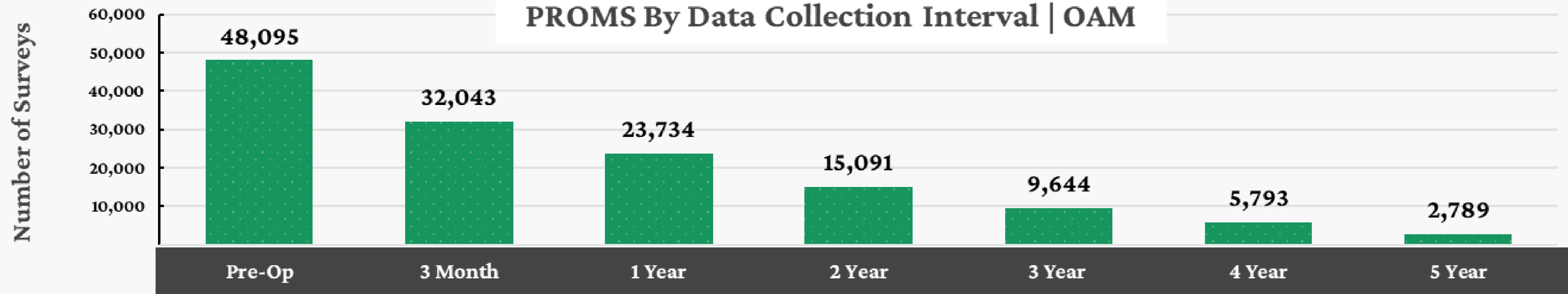
Surveys Functional PROMs, Global Health PROM, Patient-Reported Complications, Patient Experience



Collection Intervals

Pre-op, 3 month, 1 year, Annually

PROMS By Data Collection Interval | OAM





What Quantifies A Good TKA Outcome According To PROM Data?

PROMs, Value And The Score Threshold

Relevant Terms

$$\text{Value} = \frac{\text{Outcome}}{\text{Cost}}$$

We're collecting KOOS, PROMIS 10, Patient Experience, Patient-Reported Complication and more at pre-op, 3-month, 1-year, then annually.

Completed PROs 30,537 | Procedures 14,000

OAM Orthopaedic Associates of MICHIGAN



Our Questions | Is there a KOOS threshold at one-year post-op that correlates with a good outcome? What is that score threshold? *What are the barriers for achieving the target outcome?*

Method | We've analyzed OAM's KOOS data at 1 year to define a target KOOS score that correlates with results of TKA meeting expectations.

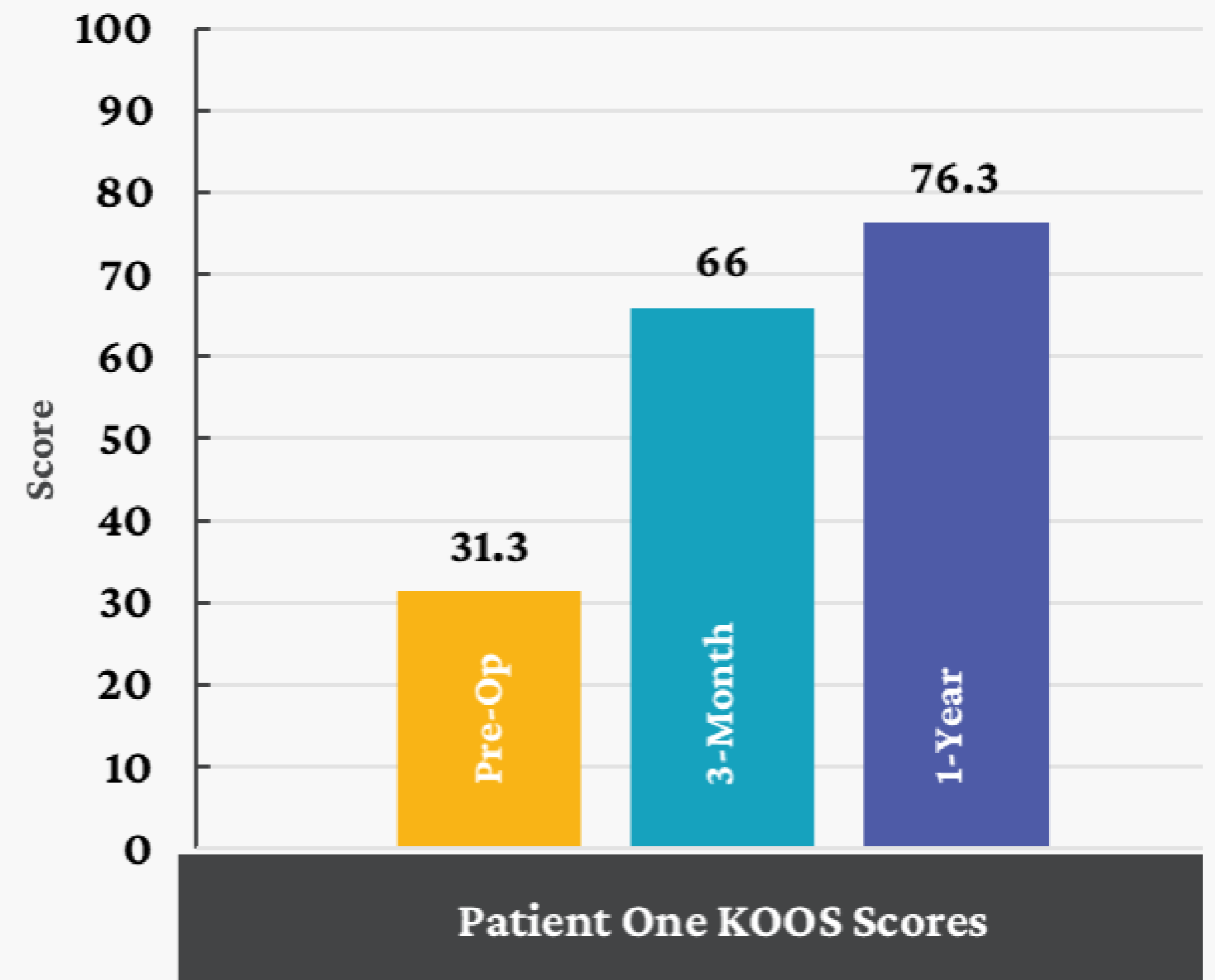
PROM Overview

KOOS | The Knee Injury and Osteoarthritis Outcome Score (KOOS) is a PROM used in both short-term and long-term patient outcome monitoring. It quantifies a pain, function and quality of life on a scale from 0-100.

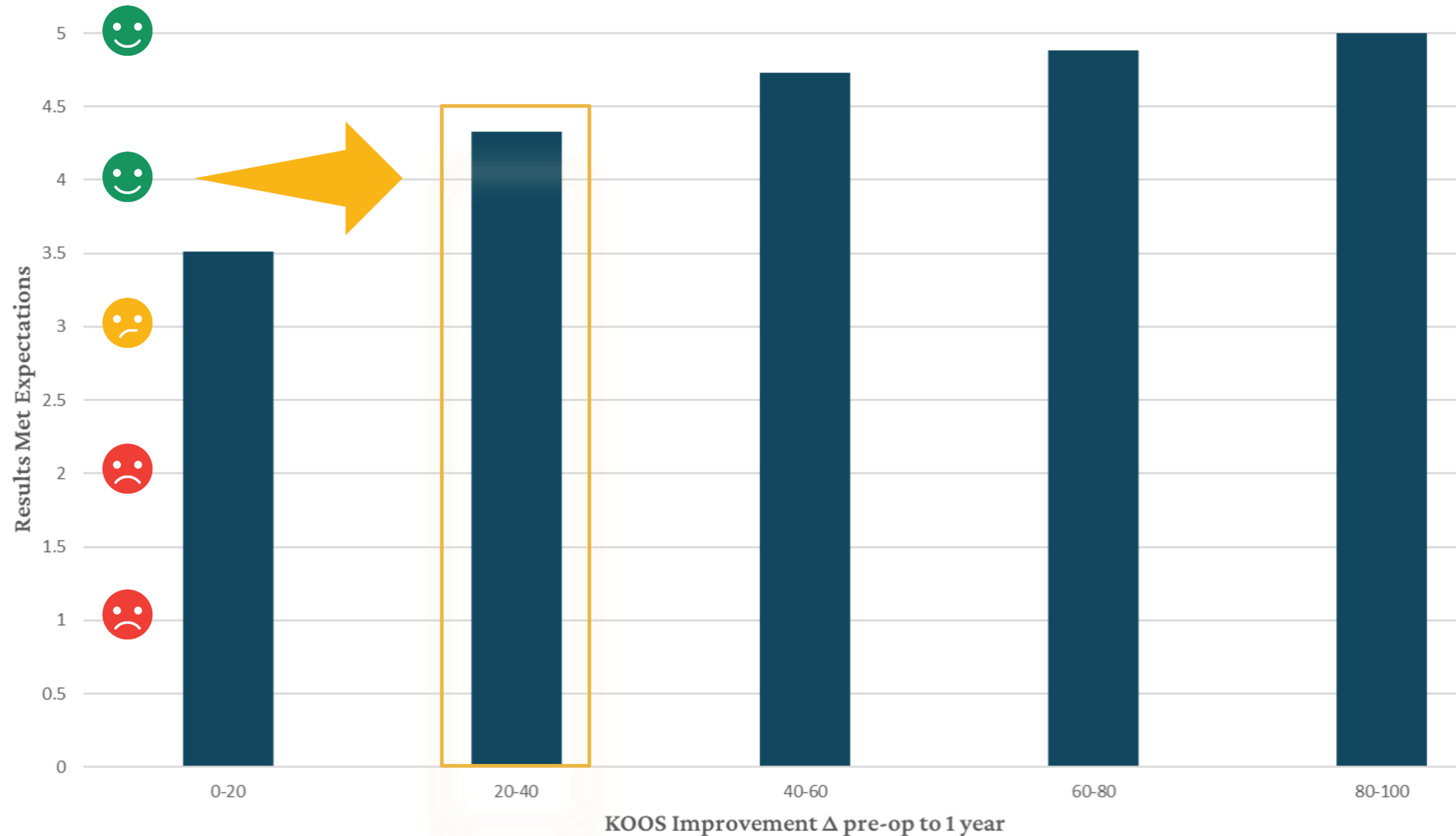
Patient Experience | A single question on the KOOS we use to benchmark by provider.

1. The results of the surgery have met my expectations.
Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree

KOOS Scores Over Time

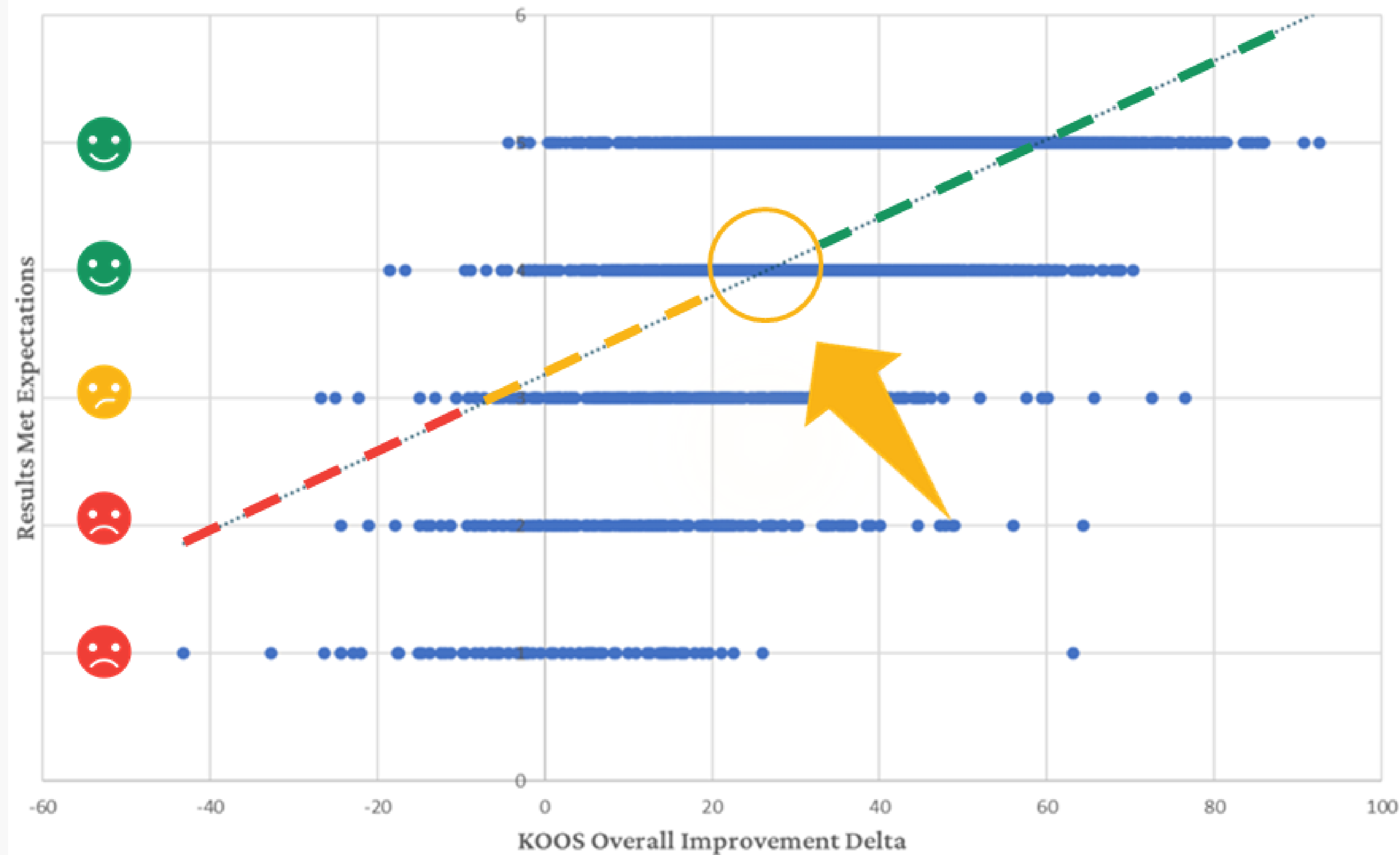


Average Response to Results Met Expectations
(1 = strongly disagree - 5 = strongly agree) by KOOS Improvement Δ group at 1 year post-op



As we look at how well patients' expectations were met 1-year post-op, a functional improvement delta (Δ) ranging between +40 points to +100 points correlates to strong agreeance to the procedure meeting their expectations. **Patients with a functional improvement delta (Δ) ranging between +0 points to +40 points are the population we're trying to better understand.**

Patient Experience: Results Met Expectations
(1 = strongly disagree - 5 = strongly agree)
driven by KOOS Overall Improvement Delta pre-op to 1 year post-op

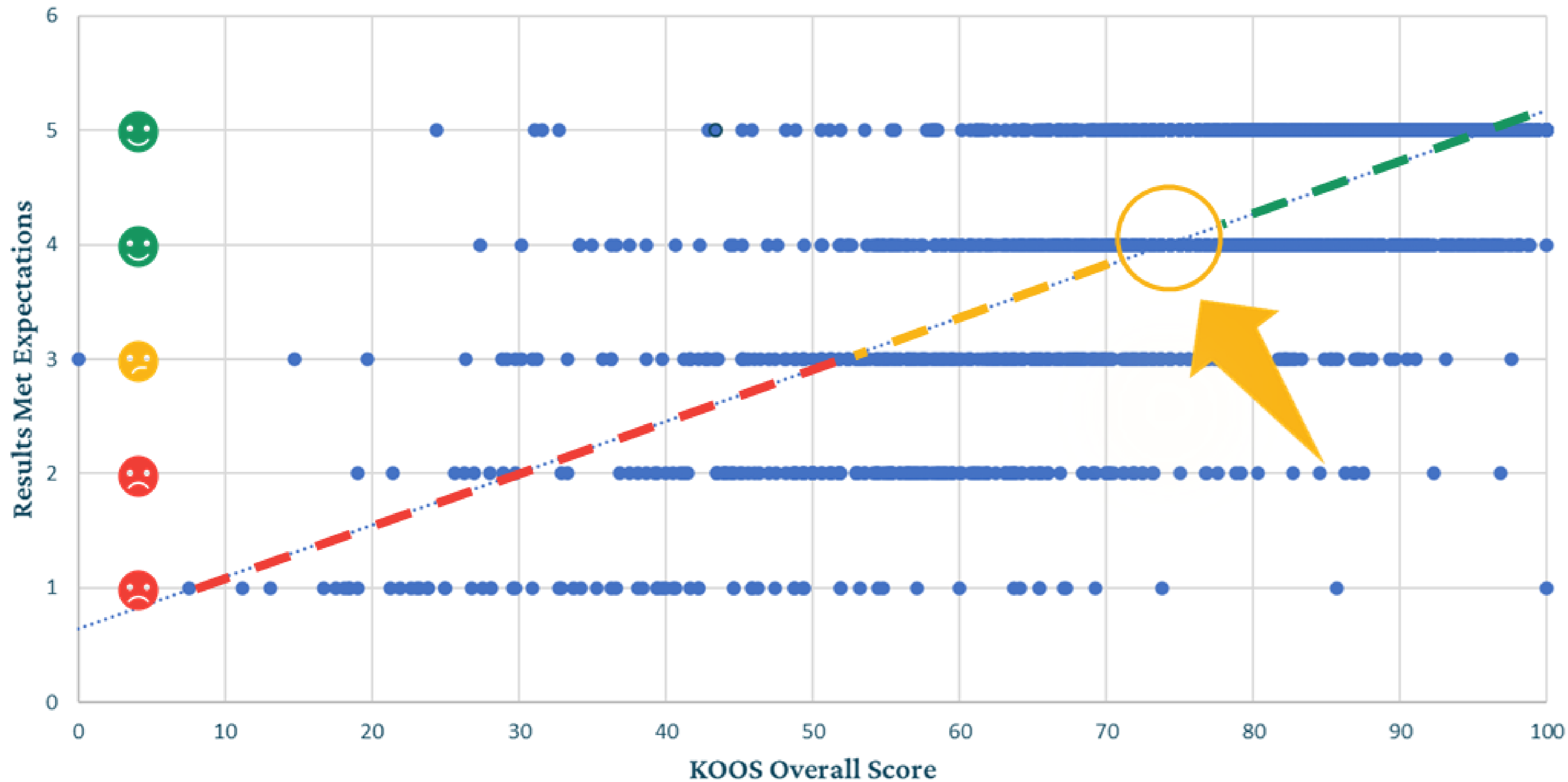


Let's find a more exact threshold target.

A delta (Δ) ranging from 20-24 points is the turning point between a patient **agreeing** that the results met expectations and being **neutral** towards the procedure results.

Based on the regression line, patients with improvement scores with a Δ less than 22 points do not agree that their procedure met expectations.

Patient Experience: Results Met Expectations
(1 = strongly disagree - 5 = strongly agree)
driven by KOOS Overall Score at 1 year post-op



We know the functional improvement target. Let's do the same with the overall functional score.

An overall score ranging from 72-77 points is the threshold between a patient **agreeing** that the results met expectations and being **neutral** towards the procedure results.

Based on the regression line, patients with scores less than 74 points do not agree that their procedure met expectations.



Quick Recap

Scope

KOOS Scores With
Patient Experience

Target Outcome

Δ of 22 points
or more

Target Outcome

Overall score of 74
points or more

What are the barriers for achieving these target outcomes?

What Are The Barriers For Achieving Target Outcomes?

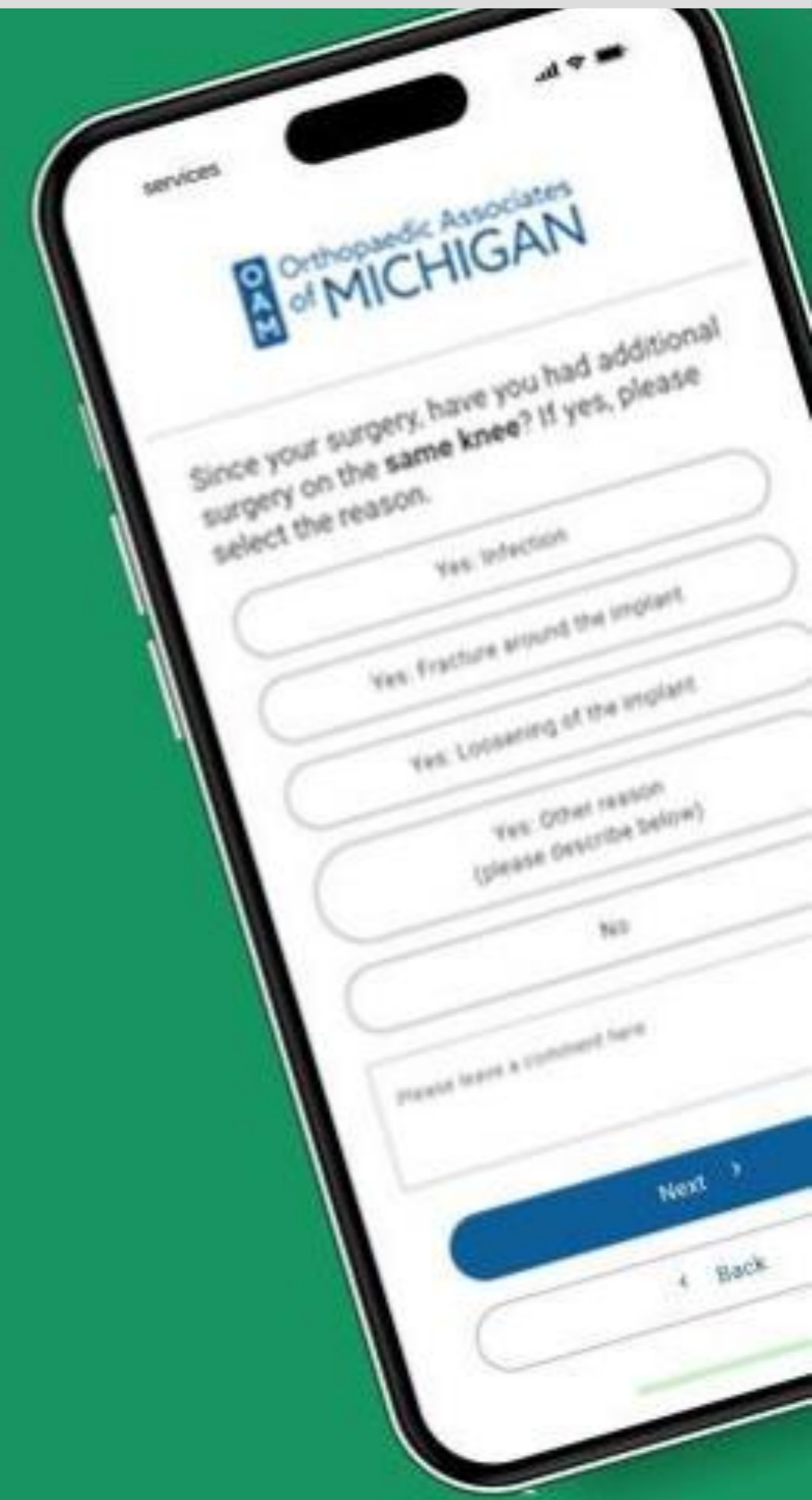
Complications | Three patient-reported complication questions administered at initial post-op survey.

1. Since your surgery, have you had additional surgery on the same knee? If yes, please select the reason.
Yes: Fracture around the implant | Yes: Loosening of the implant | Yes: Infection | Yes: Other reason (please describe below) | No
2. Since your surgery, have you had a blood clot?
Yes / No
3. Since your surgery, have you been readmitted to a hospital for an unexpected or unplanned reason? If yes, please describe below.
Yes / No

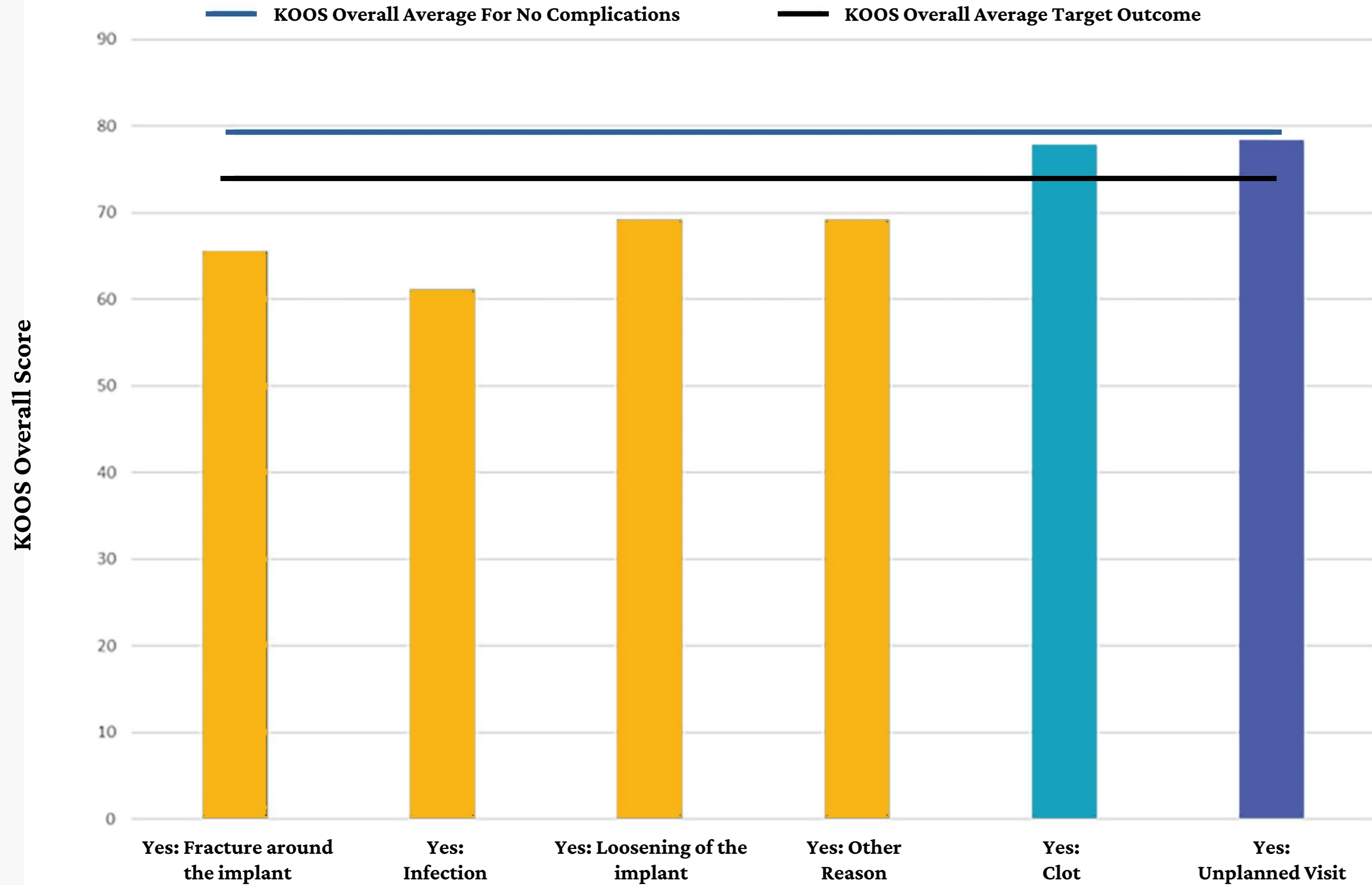
So, what complications impact outcomes?

Complications and PROMs

It has been validated in the literature in THA/TKA- patients can successfully report if they had a revision surgery. Our data supports that as well. While not formally validated, we ask patients questions regarding other types of complications, and we do see it match with claims data, while not perfect it is directionally accurate.



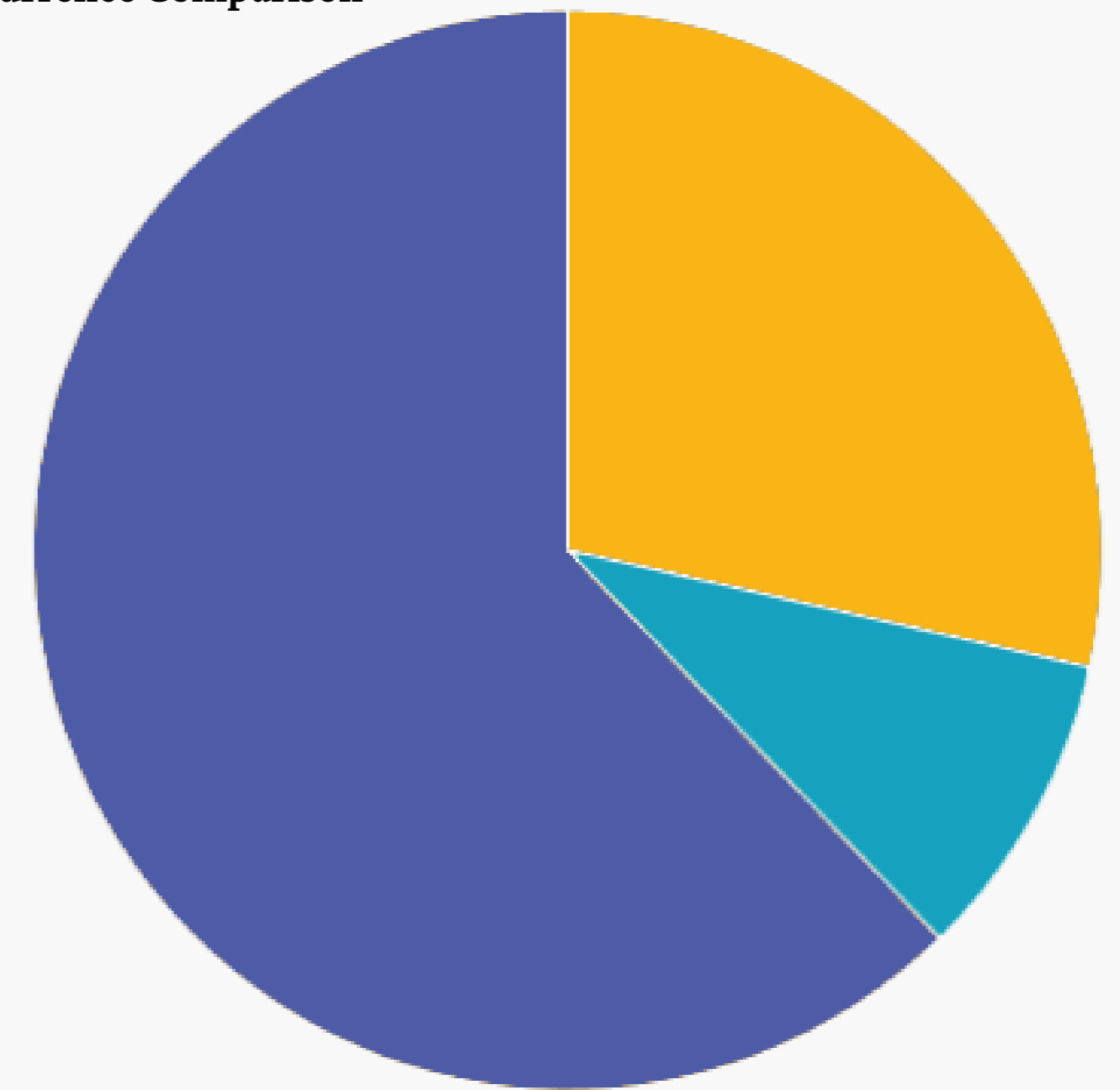
Complications vs. KOOS Overall Score



Complications defined as clots or unplanned visits do not significantly lower KOOS overall functional scores at one year—KOOS scores stay comparable to those with no complications whatsoever.

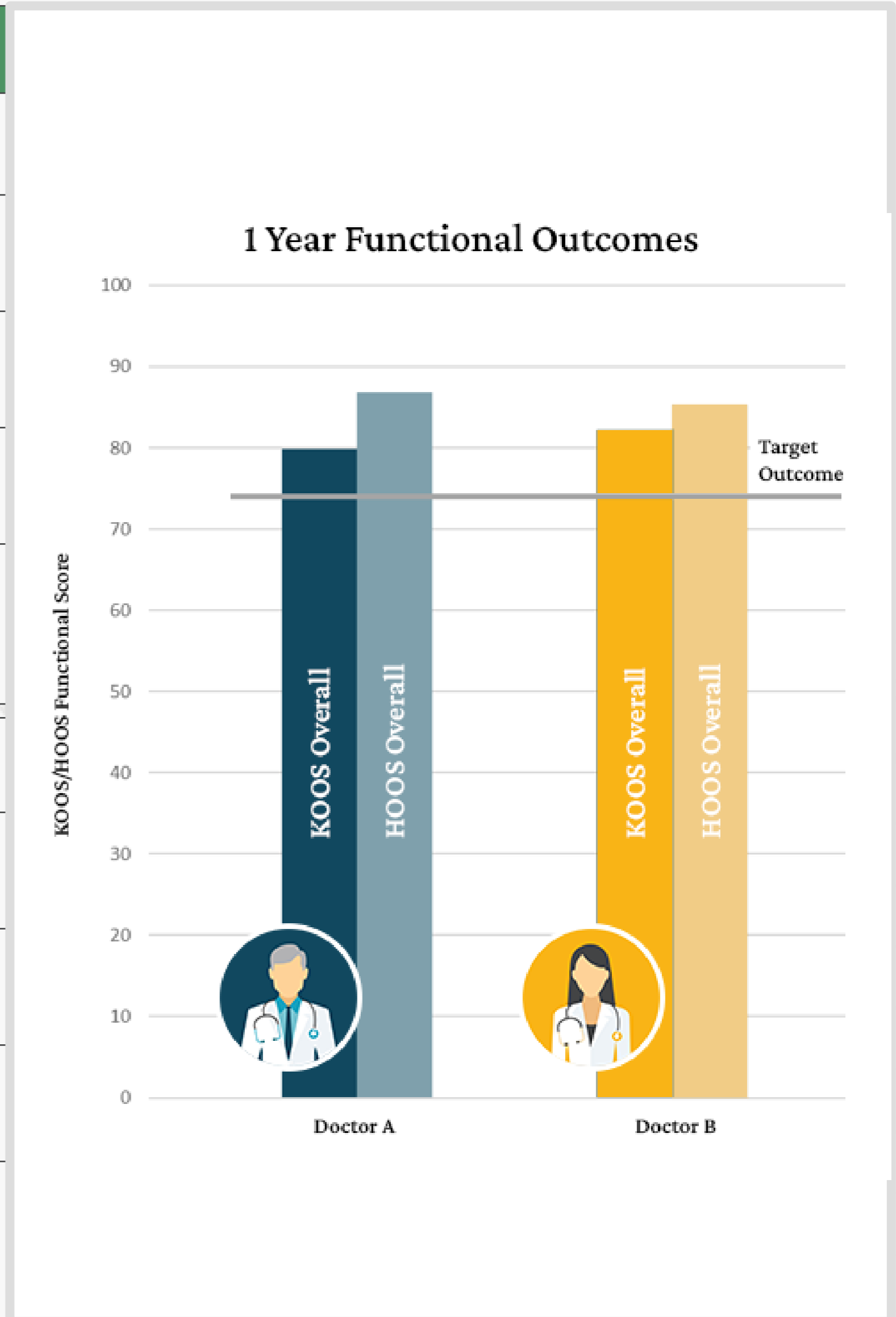
Complications Break Down

Occurrence Comparison





Care Journey		Embold Health		CODE Technology	
-	Complication By episode	+	Surgical Revision	+	Surgical Revision
-	ER Visits By 1,000 Episodes	+	Complication Rate After TJ	+	Other Complication
-	Average Episode Payment	+	SNF Admission	+	% Expectations Met Post-Op 1 Year
+	Average LOS (Days of Institutional Long Term)			+	% Recommend To Friends And Family
+	Unplanned Readmissions Per 1,000 Episodes				
+	Complication By episode	=	Surgical Revision	+	Surgical Revision
+	ER Visits By 1,000 Episodes	-	Complication Rate After TJ	-	Other Complication
+	Average Episode Payment	=	SNF Admission	+	% Expectations Met Post-Op 1 Year
=	Average LOS (Days of Institutional Long Term)			+	% Recommend To Friends And Family
+	Unplanned Readmissions Per 1,000 Episodes				



Value of PROs



Demonstrate Value And Quality Of A Surgical Procedure Independent Of Cost And Complications



Provide Real-time Actionable Data That Practices And Providers Can Utilize To Iterate And Improve



Define Value In A Language That Patients Themselves Understand



Give Oversight Of Items That Can Drive Up Cost And Drive Down Quality



Tell Your Practices' Story With A Patient-Inclusive Voice That Promotes The Goals Of Orthopedic Practice



Clinical & Operational Utilization of PROs



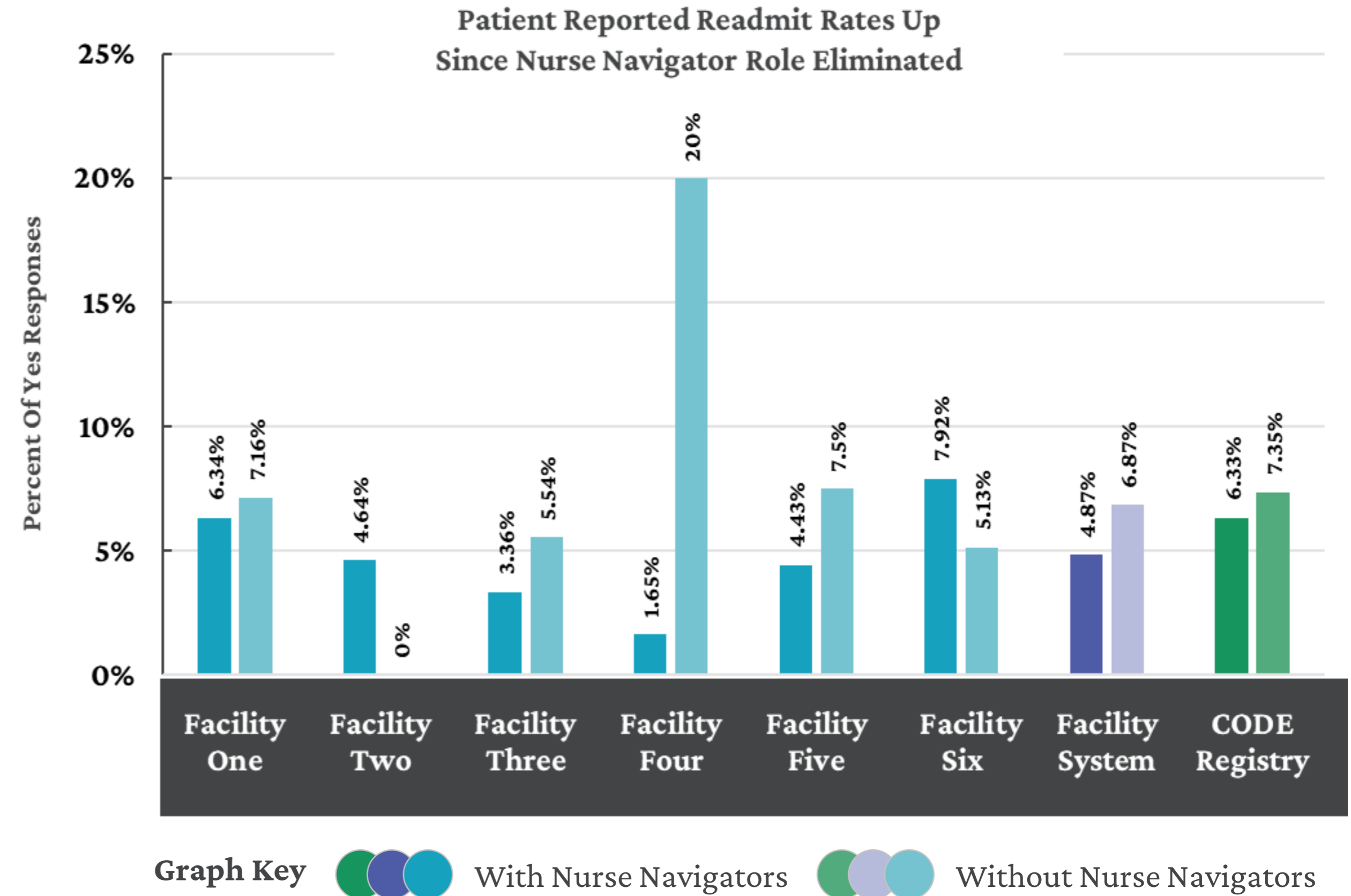
Understanding impact of change on your practice

Case study highlights:

- Care navigators
- Staff changes – patient expectations
- Opioid Rx

Comparison Of Readmissions Before And After Eliminating Nurse Navigators

Survey Question | Since your surgery, have you been readmitted to a hospital for an unexpected or unplanned reason?



How OAM Will Leverage PRO Data Moving Forward

- Quality and Peer Review Committee – improvement opportunities
 - Share data with individual physicians
 - Review workflows & opportunities for staff education
 - HCC coding – get credit for complex patients
 - “Canary in the coal mine”
- Payer conversations
- Employer conversations
- Marketing and PR

Setting the Standard for Total Hip Replacements Across the Country

At Orthopaedic Associates of Michigan (OAM), medical excellence is not just a goal—it's our proven reality. We prioritize patient-reported outcomes (PROs) to showcase our superior care. We benchmark our results against a national registry and consistently rank as one of the nation's top orthopedic centers. With a database of 6,179 procedures and 15,924 surveys since 2017, our commitment to quantifying expertise is evident. We invite you to further explore our proven track record with the outcome data below.

Leading With The Best Functional Improvement Scores In The Nation

We take pride in our extraordinary functional improvement scores after total hip replacement surgeries with the HOOS, consistently ranking among the best in the nation across all increments (1-year, 2-year, 3-year, 4-year). Our unwavering commitment to delivering superior outcomes is reflected in these impressive results.

Time Point	OAM	National Avg.
1-YEAR	+42.8	+42.5
2-YEAR	+44.4	+43.7
3-YEAR	+44.9	+43.0
4-YEAR	+46.9	+44.2

49% FEWER COMPLICATIONS
COMPARED TO THE NATIONAL AVERAGE THROUGH 2-YEARS POST-OP

Demonstrating Best Practices In Primary Surgical Care And Post-Op Recovery.

Patients report substantially fewer additional surgeries following total hip replacements by an impressive margin of 49% underscoring our relentless pursuit of exceptional outcomes.

86% OF PATIENTS REPORTED THEIR PAIN WAS AS EXPECTED OR BETTER AT 3 MONTHS

95% NET PROMOTER SCORE AT 1 YEAR

93% OF PATIENTS REPORTED THAT THEIR HIP SURGERY MET OR EXCEEDED THEIR EXPECTATIONS AT 3 YEARS

8% OF PATIENTS REPORTED THEY WERE ABLE TO NO LONGER ENJOY ANY ACTIVITIES EARLY POST-OP

"IF PAIN / DISCOMFORT IS AFFECTING YOUR LIFE, DON'T HESITATE TO GET YOUR HIP REPLACED."

*Powered by CODE TECHNOLOGY

The statistics presented are derived from patient-reported outcome data based on a sample of total hip replacement procedures performed at our surgical centers and partner hospitals. Individual results may vary. These statistics serve as general information and should not be interpreted as a guarantee of specific outcomes for any individual patient.

Moral of the Story...



Patients are being directed using your data

Collect your own PRO's data so you can
OWN YOUR STORY!

Get familiar with your data from all public sources

The data is out there and being used. Get in front of it, understand it and partner with companies like EMBOLD and Care Journey to help them understand the operations behind the data.



Let's Get In Touch



Lisa Pearson

CASC, CMPE, MBA, MSHA
Chief Operating Officer

406.396.1310

Lisa.Pearson@oamichigan.com

Oamichigan.com



Katie Bloyer

DPT, MBA
Manager of Client Services

hello@codetechnology.com

codetechnology.com

Thank You

CODE
TECHNOLOGY

Orthopaedic Associates
of MICHIGAN

Questions?

