



Leveraging Emergency Room Data to Guide the Post-Acute Management of Patients Undergoing Joint Replacement

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Study design

Data sources

CMS MEDPAR
(Inpatient, SNF)
research
identifiable claims
data (RIF) for **Texas**
(2011-2012)

CMS Outpatient
RIF data for **Texas**
(2011-2012)

Methodology

Eligible cases discharged
with **MS-DRG 466-470**,
and 90 days of claims post-
discharge

Qualifying inpatient claims
linked to outpatient claims
to identify **ED visits within**
90 days

The **frequency**,
distribution, diagnoses,
and disposition for ED
visits were identified and
stratified by timing

Why administrative data?

CMS data provides **volume**
(>49,000) necessary to
determine overall practice
trends

CMS data allows for study
of **(out-of-network)** ED
visits occurring at facilities
other than the index
hospital

CMS data will be used in
the **future design of**
bundled payments, and in
setting target prices for
those services

Results: Frequency of 90-day Post-discharge ED Visits

Total Hip Replacement

Total eligible patients	18,719
Patients discharged live*	18,473
Patients with an ED visit	4,167 (22.6%)
Total ED visits	5,775

* 246 patients (1.3%) died during inpatient stay

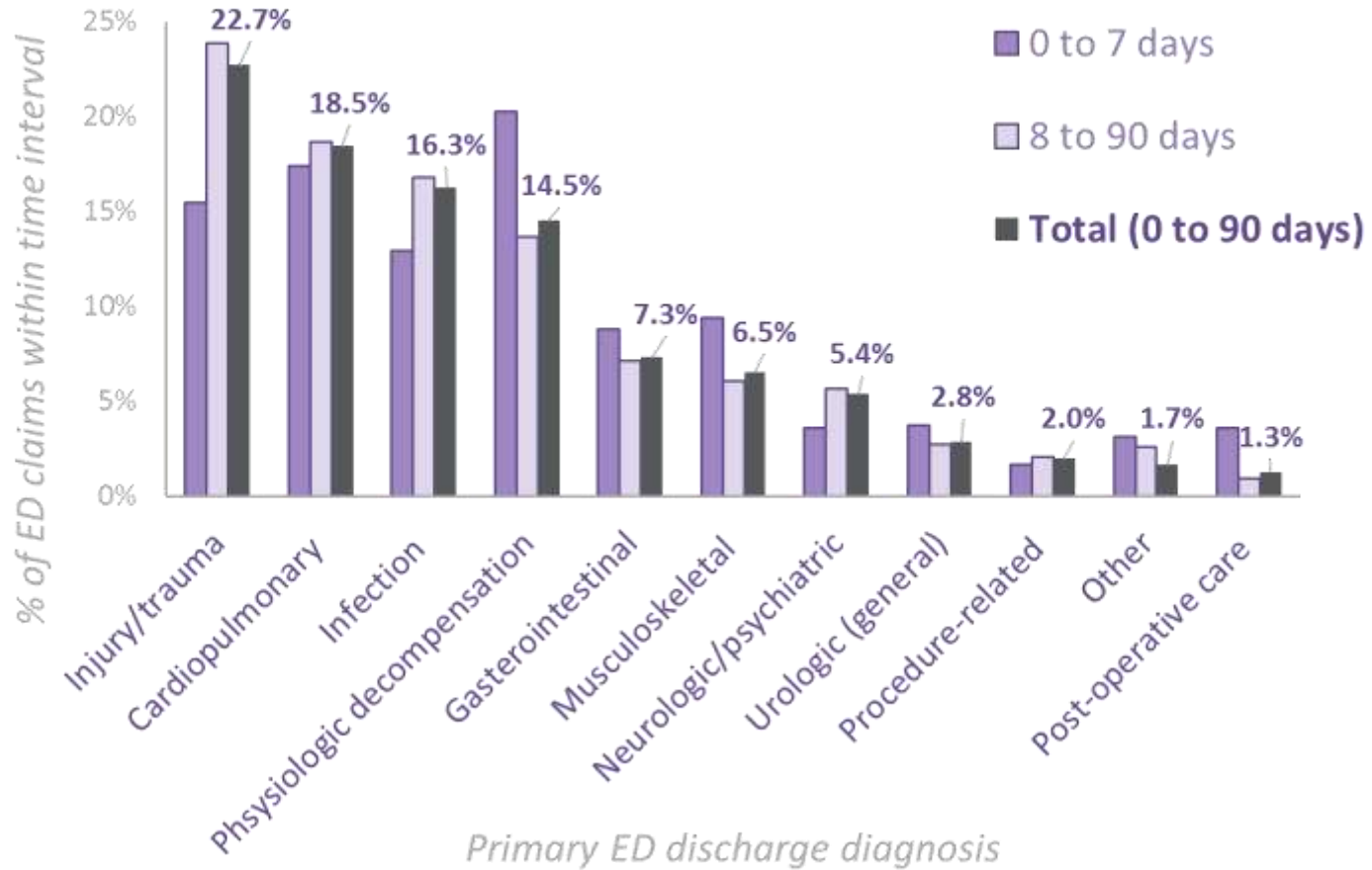
Total Knee Replacement

Total eligible patients	30,386
Patients discharged live*	30,361
Patients with an ED visit	4,653 (15.3%)
Total ED visits	6,044

* 25 patients (0.01%) died during inpatient stay

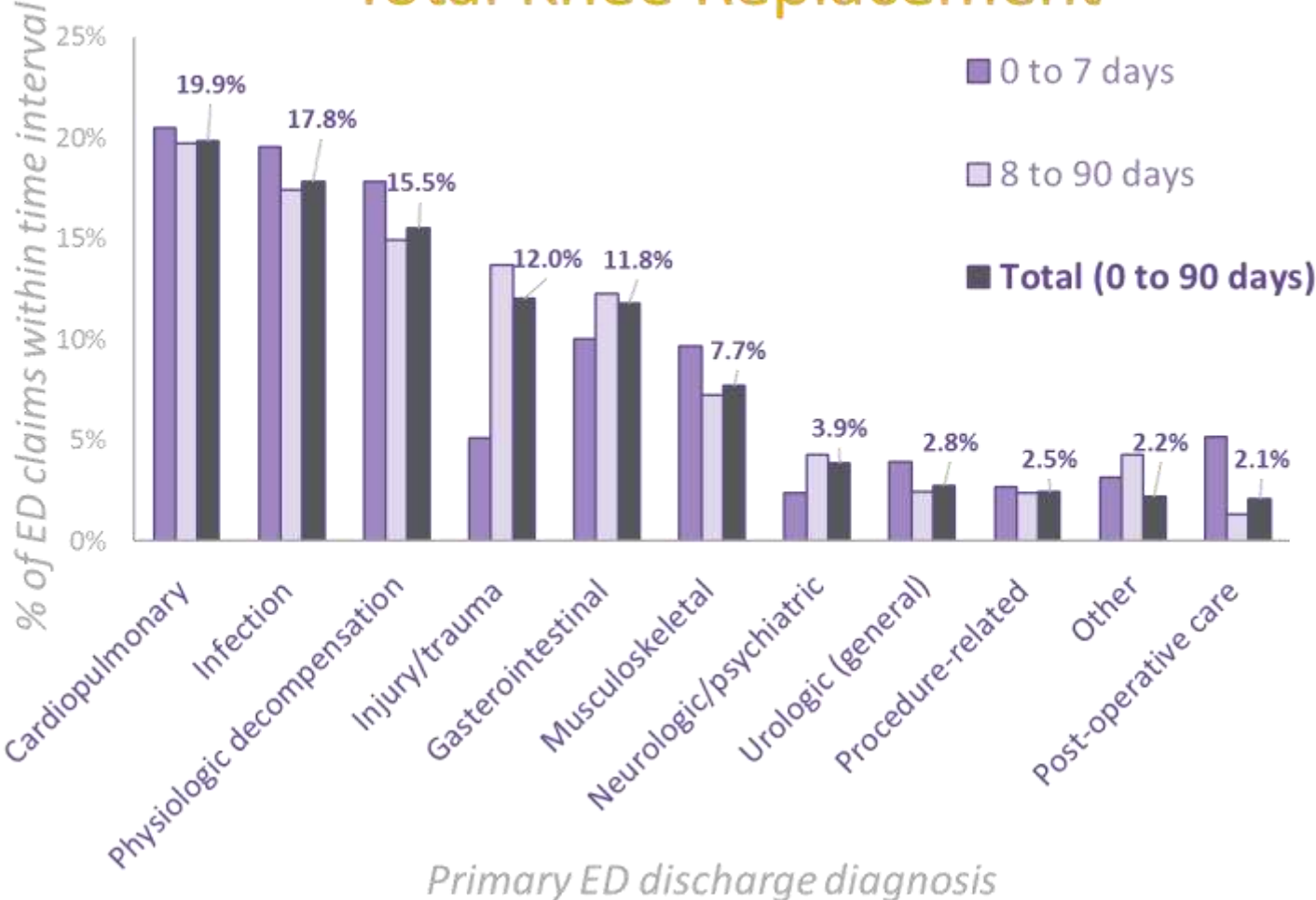
Results: Variation in Frequency of Primary Discharge Diagnosis, by Procedure and Time Interval

Total Hip Replacement



Results: Variation in Frequency of Primary Discharge Diagnosis, by Procedure and Time Interval

Total Knee Replacement



Conclusions

Administrative data can:

- be utilized to identify utilization of ED services within a bundled payment scenario
- provide policy makers with insight into adverse events that result in ED visits (beyond readmissions and death)
- provide population and procedure specific quality improvement targets.

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