



Wyoming BCE Knee and Hip Center Provider Survey

PART 1: PROVIDER SURVEY

Instructions: Please review the information to gather your answers. Once you can answer all the questions, enter the information at <https://6g8l6lg1rrk.typeform.com/WYBCE>. **This must be completed online during a single session.**

Providers must submit Part 1: Provider Survey **AND** Part 2: Team Table. Please ensure your application is complete before submitting it.

This Provider Survey (Part 1) is the Quality-based Selection Criteria dimension for evaluating your current and active knee and hip replacement program for **adults** (18 years and older) for the Wyoming Blue Circle of Excellence Knee and Hip Center designation.

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PROVIDER INFORMATION

FACILITY NAME:

ADDRESS:

CITY:

STATE:

ZIP:

1. Please provide the following information for the person responsible for completing and submitting this Provider Survey:

Primary Contact

Name:

Title:

Phone:

Email:

2. Please provide your facility's legal contact. This individual may be contacted in the event there are questions related to potential brand conflicts that need to be addressed.

Facility Legal Counsel/Representative Contact:

Name:

Title:

Phone:

Email:

The BCBSWY Knee and Hip WY Blue Circle of Excellence Center designation will only be given to individual facilities (i.e. unique brick-and-mortar facilities with unique addresses). Any facility with multiple locations (different addresses) must complete a separate *Provider Survey* for each location. Health systems and other groups of multiple facilities will not be designated collectively.

3. Is the Quality information submitted in this Survey (e.g. accreditations, volume, outcomes) only for the single facility whose name and address are listed in the Provider Information Section above and for no other facilities or locations?

YES NO If NO, please explain:

4. Evaluating Blue Plans' health care claims data requires distinct provider identifiers to be present on submitted claims in order to match them back to your facility's application. Are claims submitted by your facility clearly distinguished from other facilities by using a **specific** facility name, **distinct** Tax ID, and **distinct** NPI? If you do not have insight on this Question, simply answer DO NOT KNOW. *This is for informational purposes only.*

YES NO DO NOT KNOW

If NO or DO NOT KNOW, please provide guidance on the best method of distinguishing your facility's claims:

AMBULATORY SURGERY CENTERS

Questions in this section that refer to “my,” “your,” “my ambulatory surgery center’s,” or “your ambulatory surgery center’s program” all refer to **your ambulatory surgery center’s own knee and hip replacement program** (not the BCBSWY BCE program). **Please refer to the Supplemental Instructions for guidance in completing the Provider Survey.**

5. Please indicate which of the following statements describes your ASC's current accreditation status. *Check ALL that apply.*

My ASC is fully accredited (without provision or condition) by **The Joint Commission (TJC)** in the **Ambulatory Care Accredited Program** www.jointcommission.org

My ASC is fully accredited by **Healthcare Facilities Accreditation Program (HFAP)** of the Accreditation Association for Hospitals and Health Systems (AAHHS) as an **Ambulatory Surgical Center**. www.hfap.org

My ASC is fully accredited by the **American Association for Accreditation of Ambulatory Surgery Facilities--Surgical (AAAASF)**. www.aaaasf.org

My ASC is fully accredited by the **Accreditation Association for Ambulatory Health Care (AAHC)** as an **Ambulatory Surgery Center**. www.aaahc.org

My ASC is fully accredited by the **Institute for Medical Quality (IMQ)** in the **Ambulatory Accreditation Program**. www.imq.org

My ASC is **not** fully accredited by any of the above organizations.

Other, please list and provide website information

6. Please indicate which of the following statements describes your ASC's current advanced orthopedic certification status. *Check ALL that apply.*

My ASC has obtained the **Accreditation Association for Ambulatory Health Care (AAHC)** Advanced Orthopaedic Certification. www.aaahc.org

My ASC has obtained **The Joint Commission’s (TJC)** Advanced Certification for Total Hip and Total Knee Replacement. www.jointcommission.org

My ASC does not have an advanced orthopedic certification from either of the above organizations.

Other, please list and provide website information

7. Does your ASC utilize written Patient Selection Criteria for total knee and total hip replacement procedures, developed by a multi-disciplinary team of physicians and staff specific to your service site and the types of patients accepted? Please provide a copy of your selection criteria.

YES NO

8. Does your ASC have a written transfer agreement with a facility equipped to provide a higher level of care (that includes an ICU), with the appropriate resources for your total knee and total hip replacement patients? Please provide a copy of your agreement.

YES NO

9. Enter all your ASC's 30-day, post-operative total knee and total hip replacement patient transfers from your ASC to a transfer facility equipped to provide a higher level of care (that includes an ICU), with the appropriate resources for your total knee and total hip replacement patients, for surgeries performed within the twelve months 90 days prior to the application date. Enter the date range used:

Note: Only enter zero (0) if the reported metric unit (Numerator and/or Denominator) is zero (0). If your facility does not have the requested data, enter 'Not Applicable' in the box.

Number of Patients Transferred:

Total Number of Total Knee and Total Hip Replacement Patients:

Patient Transfer Rate:

Enter '**Not Applicable**' if ASC is unable to report the requested data for transfer rates for post-operative total knee and total hip replacement patients.

Discharge Destination

10. What percentage of your program's post-operative total knee and total hip replacement patients are discharged to "Home" or their normal living environment, for surgeries performed within the twelve months 90 days prior to the application date. Enter the date range used:

Note: Only enter zero (0) if the reported metric unit (Numerator and/or Denominator) is zero (0). If your facility does not have the requested data, enter 'Not Applicable' in the box.

Number of Patients who were discharged to "Home" or their normal living environment:

Total Number of Total Knee and Total Hip Replacement Patients:

Patients Discharged to "Home" Rate:

Enter '**Not Applicable**' if ASC is unable to report the requested data for discharge destination.

Total Knee and Total Hip Replacement Patient Outcomes

Questions 11 – 13: Please complete questions 11 and 12 for **adult patients (18 years or greater) who have had a total knee or total hip replacement procedure** at your ASC.

Instructions in the table outline the outcome measure inclusion criteria to use in responding to this question.

The '**Total Number of Total Knee and Total Hip Patients**' reported for Question 13 will be the denominator for calculating the patient outcomes in Questions 14 - 23. Include patients for surgeries performed within the twelve months 90 days prior to the application date.

Enter the date range used:

Note: Only enter zero (0) if the reported patient volume is zero (0). If the ASC is unable to report the patient volume, choose 'My ASC is unable to report requested data.'

Q#	Number of Patients (Patients counted only once) Refer to Supplemental Instructions for Procedure Codes	Outcome Measure Inclusion Criteria	
		Patient Population for Outcome Measurement: <hr/> Include patients regardless of whether or not they were a Blue Cross Blue Shield member, if ALL of the following criteria are met:	
		<ul style="list-style-type: none"> • Procedure was performed at your ASC; • Procedure has at least one of the applicable procedure codes from the Supplemental Instructions; • Procedures performed within the twelve months 90 days prior to the application date; • Patient was at least 18 years of age at time of procedure; AND • Procedure was performed as elective admission and not considered a trauma case. 	
11.	Total Knee Replacement		My ASC is unable to report requested data
12.	Total Hip Replacement		My ASC is unable to report requested data
13.	Total Number of Total Knee and Total Hip Replacement Patients		

Questions 14 – 24: For those total knee and total hip replacement patients reported in Question 13, please provide the following patient outcomes information. The rates will be calculated, using the data reported in Question 13 as the denominator.

Note: Only enter zero (0) if the reported numerator is zero (0). If the ASC is unable to report the numerator, enter 'Not Applicable' in the box.

14. Of the Total Number of Patients reported in Question 13, report the number of patients who had a "Hospital Visit" (as defined below in this Question) within 7 days, post total knee and total hip replacement.

Number of Patients with a Hospital Visit within **7 Days** post total knee and total hip replacement:

Total Number Patients (Populated from Question 13):

7 Day Hospital Visit Rate:

Enter '**Not Applicable**' if ASC is unable to report the requested data for Hospital Visits within **7 days** post total knee and total hip replacement.

NOTE: See Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures, which assesses all-cause, unplanned hospital visits within **7 days** of an orthopedic procedure performed at an ASC (beginning with the CY 2022 payment determination). For purposes of this measure, “Hospital Visits” include emergency department visits, observation stays, and unplanned inpatient admissions.

15. Of the Total Number of Patients reported in Question 13, report the number of patients who experienced an Acute Myocardial Infarction (AMI) within **7 days**, post total knee and total hip replacement.

Number of Patients who had an AMI within **7 days**, post total knee and total hip replacement:

Total Number Patients (Populated from Question 13):

7 Day AMI Rate:

Enter ‘**Not Applicable**’ if ASC is unable to report the requested data for the number patients.

16. Of the Total Number of Patients reported in Question 13, report the number of patients who experienced Pneumonia within **7 days**, post total knee and total hip replacement.

Number of Patients who had Pneumonia within **7 days**, post total knee and total hip replacement:

Total Number Patients (Populated from Question 13):

7 Day Pneumonia Rate:

Enter ‘**Not Applicable**’ if ASC is unable to report the requested data for the number patients who had Pneumonia within **7 days**, post total knee and total hip replacement.

17. Of the Total Number of Patients reported in Question 13, report the number of patients who experienced Sepsis/Septicemia/Septic Shock within **7 days**, post total knee and total hip replacement.

Number of Patients who experienced Sepsis/Septicemia/Septic Shock within **7 days**, post total knee and total hip replacement:

Total Number Patients (Populated from Question 13):

7 Day Sepsis/Septicemia/Septic Shock Rate:

Enter ‘**Not Applicable**’ if ASC is unable to report the requested data for the number patients who experienced Sepsis/Septicemia/Septic Shock within **7 days**, post total knee and total hip replacement.

18. Of the Total Number of Patients reported in Question 13, report the number of patients who had an Unplanned Inpatient Admission within **30 days**, post total knee and total hip replacement.

Number of Patients who had a **30-Day** Unplanned Inpatient Admission, post total knee and total hip replacement:

Total Number Patients (Populated from Question 13):

30-Day Unplanned Inpatient Admission Rate:

Enter '**Not Applicable**' if ASC is unable to report the requested data for **30-day** Unplanned Inpatient Admissions, post total knee and total hip replacement.

19. Of the Total Number of Patients reported in Question 13, report the number of patients who experienced Surgical Type Bleeding related to the procedure within **30 days**, post total knee and total hip replacement.

Number of Patients with Surgical Type Bleeding within **30 Days**, post total knee and total hip replacement:

Total Number Patients (Populated from Question 13):

30-Day Surgical Type Bleeding Rate:

Enter '**Not Applicable**' if ASC is unable to report the requested data for **30 day** Surgical Type Bleeding, post total knee and total hip replacement.

20. Of the Total Number of Patients reported in Question 13, report the number of patients who experienced a Pulmonary Embolism within **30 days**, post total knee and total hip replacement.

Number of Patients with a Pulmonary Embolism within **30 Days**, post total knee and total hip replacement:

Total Number Patients (Populated from Question 13):

30-Day Pulmonary Embolism Rate:

Enter '**Not Applicable**' if ASC is unable to report the requested data for **30-day** Pulmonary Embolism, post total knee and total hip replacement.

21. Of the Total Number of Patients reported in Question 13, report your facility's **30-day** Mortality Rate for post total knee and total hip replacement.

Number of Patients who died within **30 Days**, post total knee and total hip replacement:

Total Number Patients (Populated from Question 13):

30-Day Mortality Rate:

Enter '**Not Applicable**' if ASC is unable to report the requested data for the **30 day** Mortality Rate, post total knee and total hip replacement.

22. Of the Total Number of Patients reported in Question 13, report the number of patients who experienced a Re-operation related to the procedure within 30 days, post total knee and total hip replacement.

Number of Patients who had a Re-operation within **30 days**, post total knee and total hip replacement:

Total Number Patients (Populated from Question 13):

30-Day Re-operation Rate:

Enter '**Not Applicable**' if ASC is unable to report the requested data for the number of patients who had a re-operation within **30 days**, post total knee and total hip replacement:

23. Of the Total Number of Patients reported in Question 13, report the number of patients who experienced a Mechanical Complication related to the procedure within **90 days**, post total knee and total hip replacement.

Number of Patients who had a **90-day** Mechanical Complication, post total knee and total hip replacement:

Total Number Patients (Populated from Question 13):

90-day Mechanical Complication Rate:

Enter '**Not Applicable**' if ASC is unable to report the requested data for **90-day** Mechanical Complications, post total knee and total hip replacement.

24. Of the Total Number of Patients reported in Question 13, report the number of patients who experienced a Wound Infection or Periprosthetic Joint Infection related to the procedure within **90 days**, post total knee and total hip replacement.

Number of Patients who had a Wound Infection/Periprosthetic Joint Infection within **90 Days**, post total knee and total hip replacement:

Total Number Patients (Populated from Question 13):

90 Day Wound Infection/Periprosthetic Joint Infection Rate:

Enter '**Not Applicable**' if ASC is unable to report the requested data for **90-day** Wound Infections or Periprosthetic Joint Infections, post total knee and total hip replacement.

KNEE AND HIP REPLACEMENT PROGRAM INFORMATION

Questions in this section that refer to “my,” “your,” “my facility’s” or “your facility’s program” all refer to your facility’s own knee and hip replacement program (not the BCBSWY Knee and Hip Center program). Please refer to the Supplemental Instructions for guidance in completing the Provider Survey.

Shared Decision Making and Data Management

Shared Decision Making

- Shared Decision Making is an approach where clinicians and patients consistently discuss all reasonable treatment options, the benefits and harms of those options, and which benefits and harms matter most to the patient, in order to jointly make treatment decisions that are consistent with both the best medical evidence and the patient’s preferences.
- Patient-centered Shared Decision Making aids (e.g., booklet, video) are tools that help people become involved in decision making by providing information about the options and outcomes and by clarifying personal values. They are designed to complement, rather than replace, counseling from a health care professional.
- One key to success lies in training physicians to help them understand how to facilitate the shared decision making process and to ensure that they appreciate the importance of respecting patient’s values, preferences, and expressed needs.^{1, 2} It is also helpful to use a team approach to shared decision making so that the physician’s time is used appropriately.

25. Does your program routinely and systematically utilize a patient-centered Shared Decision Making process for patients undergoing total knee and total hip replacement procedures, including both: (1) an appropriate, high-quality, and objective decision aid; AND (2) decision coaching?

YES NO

26. Have your program staff who are responsible for Shared Decision Making received training in the implementation and facilitation of Shared Decision Making?

YES NO

27. Does your program systematically collect information in order to measure AND improve decision process or outcome quality, including soliciting feedback from patients on their decision making experience? (*Note: This is different from standard physician communication questions.*)

YES NO

1. AHRQ website accessed July 24, 2018 <https://cahps.ahrq.gov/Quality-Improvement/Improvement-Guide/Browse-Interventions/Communication/Shared-Decision-Making/index.html>

2 Towle A, Godolphin W. Framework for teaching and learning informed Shared Decision Making. *BMJ* 1999; 319(7212): 766-71.

Opioid abuse has become a national crisis. The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is \$78.5 billion a year, including the costs of health care, lost productivity, addiction treatment, and criminal involvement.¹ It has been reported that, every day, more than 115 Americans die after overdosing on opioids.²

28. Does your facility screen your patient's mental health prior to surgery? If yes, please list the mechanism/tools used.

29. Does your facility use a Shared Decision Making model or process addressing pain management that include patient expectations and non-opioid treatment options in your knee and hip replacement program?

YES NO

30. Indicate the actions your facility is taking to reduce opioid use for post-operative pain management in your knee and hip replacement program? (*Check ALL that apply*)

Opioid-free post-operative pain management options

Written protocols to reduce the use of opioids in post-operative pain management

Written protocols to reduce opioid prescriptions upon discharge

Steering Committee charged with reducing the use and prescribing of opioids

Other, please specify:

None of the above

31. What percentage of your facility's post-operative total knee and total hip replacement patients are opioid-free upon discharge, for those who had their surgery performed within the twelve months 90 days prior to the application date? Enter the date range used:

Note: Only enter zero (0) if the reported metric unit (Numerator and/or Denominator) is zero (0). If your facility does not have the requested data, enter 'Not Applicable' in the box.

Number of Post-Operative Total Knee and Total Hip Replacement Patients **Opioid-Free Upon Discharge:**

Total Number of Post-Operative Total Knee and Total Hip Replacement Patients:

Patients Opioid Free Upon Discharge Rate:

Enter '**Not Applicable**' if facility is unable to report the requested data for the percent of post-operative total knee and total hip replacement patients who are opioid-free upon discharge.

1. Florence CS, Zhou C, Luo F, Xu L. The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. *Med Care*. 2016; 54(10):901-906. doi:10.1097/MLR.0000000000000625

2. CDC/NCHS, National Vital Statistics System, Mortality. CDC Wonder, Atlanta, GA: US Department of Health and Human Services, CDC; 2017. <https://wonder.cdc.gov>.

32. Does your program submit outcome data to a national or multi-center registries/databases in order to track total knee and total hip replacement procedures?

Please specify:

Total Knee and Total Hip Replacement Functional Assessment Outcomes

33. Does your program routinely use a nationally recognized functional assessment tool to evaluate total knee and total hip replacement patients?

My facility **does not** routinely use a nationally recognized functional assessment tool to evaluate total knee and total hip replacement patients. *(Skip Question 34)*

My facility **does** routinely use a nationally recognized functional assessment tool to evaluate total knee and total hip replacement patients. *(Continue to Question 34)*

34. If your program routinely uses a nationally recognized functional assessment tool to evaluate total knee and total hip replacement patients, pre-operatively, post-operatively, or both, which tool is used and for how long? *(Check ALL that apply.)*

Functional Assessment Tool	Tool used pre-operative	Tool used post-operative	Tool used for both pre- and post-operative	How long have you used this functional assessment tool? <i>Report in number of months.</i>

PART 2: TEAM TABLE

In addition to **Part 1: Provider Survey**, facilities must also complete **Part 2: Team Table**.

Transfer Facility Table

Please complete the following table for each facility with which your site transfers total knee and total hip replacement patients, when in need for a higher level of care (that includes an ICU), with the appropriate resources. Refer to the [NPPES NPI Registry](#) to find the transfer facility's National Provider Identifier (NPI) number.

Transfer Facility Name	Address	City	State	Zip Code	Transfer Facility's National Provider Identifier (NPI)

Surgeon Team Table

Please complete the Team Table for **ALL** Surgeons who have privileges **AND** are actively performing the applicable services at your facility.

- Exclude all Surgeons who are not currently practicing at your facility at the time of this application's submission (i.e. retired, left employment).
- Exclude all Surgeons who do not perform total knee or total hip replacement procedures.
- Exclude all locum tenant Surgeons.
- Exclude all Physician Assistants, Nurse Practitioners, and Medical/Surgical Residents in training.
- Exclude all Surgeons who do NOT treat or manage any adult patients (ages 18 and older) at your facility at the time of this application's submission.

Manually Enter Using Form

Step 1 - Manually enter Surgeon information into the form below.

Step 2 - Click the **Save** button to update the Surgeon Team Table. Repeat as necessary until all Surgeons are added to the Team Table below.

Surgeon Team Table

First Name	Last Name	TYPE 1 National Provider Identifier (NPI)	Tenure and Board Certification

Terms & Conditions

ATTESTATION

Attestation for Provider Survey Participation

By submitting its response to this Provider Survey for consideration as a participant in this BCBSWY Knee and Hip Center (the "Program(s)"), and, if accepted by BCBSWY, as a condition to any designation and participation in the Program(s), this provider ("Provider") represents and agrees as follows:

All information that Provider provides in its response to BCBSWY's Provider Survey for consideration as a participant in this Program(s) (including information provided in Provider's initial response, as well as any additional materials submitted throughout the evaluation and appeal process for this Provider Survey cycle) is and will be true and complete, as of the date Provider provides such information to BCBSWY. Provider will advise BCBSWY immediately of any material change in such information during this Provider Survey process, and if Provider is designated as a BCBSWY Knee and Hip Center under this Program(s), for the duration of such designation.

Neither Provider nor any entity in which Provider holds a controlling interest uses or intends to use in a logo any cross or shield design (or design that gives the commercial impression of a cross or shield) that contains the color blue (or that gives the commercial impression of the color blue), or any other name, mark, or design logo that is confusingly similar to or dilutes the BLUE CROSS or BLUE SHIELD word or design trademarks, or any other trademarks owned by BCBSA.

Signature

Date