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Findings at a Glance

Comprehensive Care for Joint Replacement (CJR) Model

Evaluation of Performance Years 6–8 (Oct. 2021–Dec. 2024)

MODEL OVERVIEW

Overall, the CJR Model achieved its goals to:

✓ Reduce Medicare spending ✓ Maintain or improve quality of care

- The CJR Model tested whether an episode-based payment model for lower extremity joint replacements (LEJRs) can lower payments while maintaining or improving quality.
- Hospitals were financially accountable for the cost of the surgery and health care services for the following 90 days. The model used a target pricing approach to determine net payments from or repayments to Medicare.

MANDATORY PARTICIPATION ENGAGED A BROAD SET OF HOSPITALS

In Performance Years (PYs) 6–8, the CJR Model introduced episode-level accountability for **9%** of LEJRs nationally:

34
Metropolitan Statistical Areas

321
Hospitals

143,000+
LEJR procedures

66% of CJR LEJRs were in outpatient settings, slightly lower than **71%** of LEJRs nationally

CJR hospitals **differed from all hospitals** nationally:

- Located in markets with higher historical spending
- Served an older and more complex patient population

THE CJR MODEL RESHAPED POST-ACUTE CARE CULTURE

Before Surgery

Preparing patients prior to surgery enabled easier recovery

CJR hospitals emphasized:
- ↑ Patient education
- ↑ Physical therapy
- ↑ Patient optimization

During Surgery

Coordinated care facilitated safe discharge home

CJR hospitals prioritized:
- ↑ Early ambulation
- ↑ Physical therapy
- ↑ Pain management

Post-Discharge & Recovery

Patient recovery at home drove reduced episode spending

CJR hospitals shifted care patterns:
- ↑ Increased discharges home with home health
- ↓ Decreased discharges to inpatient rehabilitation facilities (IRFs)
- ↑ Initiated follow-ups with patients after discharge

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THE CJR MODEL ACHIEVED MEDICARE SAVINGS

The CJR Model generated savings to Medicare by reducing discharges to IRFs

$136 M
Estimated reduction in LEJR spending

+

$44 M
Net payments from or repayments to Medicare

=

$180 M
Net Medicare savings across PYs 6–8

Early discharge planning involved adopting a "Why Not Home" approach

Reductions in LEJR spending were mostly driven by reductions in discharges to IRFs

$443 reduction in elective per-episode IRF spending

28% decrease in patients discharged to IRFs

32% increase in patients discharged home with home health

CJR HOSPITALS MAINTAINED QUALITY OF CARE WHILE REDUCING COSTS

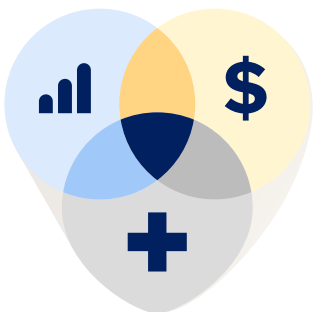
We estimated **no adverse changes** in quality of care for our four claims-based measures of quality:

- **Complication rate**
- **Mortality rate**
- **Unplanned readmission rate**
- **Emergency department use**

CJR hospitals **mirrored national trends** in quality

Both CJR and control hospitals reduced the rates of unplanned readmissions and complications since the baseline period by **more than 25%**.

KEY TAKEAWAYS



- Across the extension period, the CJR Model saved Medicare and taxpayers $180 million while maintaining quality of care for patients.
- The CJR Model increased hospitals' awareness of the costs and quality of post-acute care, informing discharge destination decisions and increasing focus on patient recovery.

This document summarizes the evaluation report prepared by an independent contractor. To learn more about the CJR Model and to read the latest evaluation reports, visit https://www.cms.gov/priorities/innovation/innovation-models/cjr.