

## Symposium III



### **Total Knee Arthroplasty Removal from the Medicare Inpatient-Only (IPO) List: Implications for Surgeons, Patients, and Hospitals**

**Moderator:** Richard Iorio, MD

**Faculty:** Derek A. Haas, MBA, C. Lowry Barnes, MD, Charles M. Davis, MD, PhD

This symposium will examine the impact of the Centers for Medicare and Medicaid Services (CMS) removing total knee arthroplasty (TKA) from inpatient-only status for Medicare patients in January 2018. We will cover the following topics:

- The trend in adoption of outpatient TKAs for Medicare patients since January 2018, and how that varies across hospitals
- When Medicare TKA patients are more or less likely to be coded as a hospital outpatient case
- The impact of outpatient TKAs on patient re-treatment rates
- The revenue implications of coding TKAs as inpatient vs. outpatient based on your hospital
- The impact on potential incentives in value-based payment models, e.g. CJR and BPCI
- The implications for patients staying more than 2 midnights, those staying 1 midnight, and those being discharged the same day
- Where we will be next year, in three years, and how to prepare successfully

We will draw on both our own experiences and a recent analysis we conducted of 100% of the Medicare FFS TKAs across the country.

#### **Introduction**

Richard Iorio, MD

#### **Analyzing the Adoption of Outpatient Total Knee Arthroplasty (TKA) Since 2018**

C. Lowry Barnes, MD

#### **The Patient Impact Broken Down by Length of Stay and Population Segment**

Richard Iorio, MD

#### **The Financial Implications for Surgeons and Hospitals and How This Is Influencing Current Practice**

Derek A. Haas, MBA

#### **The Quality and Financial Impact at My Hospital**

Charles M. Davis, MD, PhD

#### **Discussion**

Richard Iorio, MD

#### **Learning Objectives:**

1. To understand the current state of adoption for outpatient TKAs across the country
2. To become more attuned to the financial implications of TKA patients having different lengths of stay in the hospital and how their cases are coded
3. To get ready for increased adoption of outpatient TKAs
4. To be thoughtful about what payment models will enable you to be most successful based on your level of adoption of outpatient TKAs