

Frequently Asked Questions for Hospitals and Surgeons

1. What is the California Joint Replacement Registry (CJRR)?

The California Joint Replacement Registry (CJRR) was created to help surgeons, hospitals and their patients identify and utilize important information about the outcomes of Hip and Knee Replacement surgeries. We use electronic data from surgeons and hospitals and collect direct feedback from patients to meet the need for a comprehensive, scientific assessment of devices, treatment protocols, surgical approaches, and patient factors influencing the results of Hip and Knee replacement surgeries. The CJRR is one of only a small number of registries in the United States to collect and report data from patients about the outcomes of Hip and Knee Replacement surgeries from their perspective.

2. What is the history of the CJRR?

The California HealthCare Foundation (CHCF), the Pacific Business Group on Health (PBGH) and the California Orthopaedic Association (COA), collaborated to develop, pilot and expand the statewide joint replacement registry.

- CHCF is an independent philanthropy committed to improving the way health care is delivered and financed in California.
- PBGH is a not-for-profit coalition of 50 large employers in California and nationally that provide health care coverage to more than 3 million employees, retirees, and their dependents.
- COA is a membership association representing the interests of approximately 2,100 California orthopedic surgeons.

3. Who participates in the CJRR?

As of January 2014, the CJRR includes 23 hospitals that together perform an estimated 22% of all such operations in the state. By the end of 2014, the total CJRR participation is expected to be approximately 33 sites who perform close to 50% of the California total volume of hip and knee replacements. Kaiser Permanente has also agreed to participate in the CJRR to create benchmarks and reporting.

4. How is the CJRR funded?

CJRR funding currently comes from grants from CHCF, PBGH and COA. In addition, major providers, including Blue Shields and Anthem, also contribute. However, vendors do not fund or influence any of the CJRR's activities.

5. How is the CJRR governed?

The CJRR is managed by the Pacific Business Group on Health and led by a surgeon-majority Steering Committee. The Steering Committee also includes hospital administrators, health plan and purchaser representatives, and a patient representative.



6. What data does the CJRR collect?

The CJRR collects detailed information about hip and knee replacements including:

- Case Volumes
- Patient Demographics
- Patient Risk Factors
- Surgical Complications
- Patient Reported Outcome Results

7. How does the CJRR collect the clinical and PRO data?

Unlike many other registries, which require chart review, abstraction and manual data entry, the CJRR was designed to use electronic information already gathered by hospitals and surgeons. Data are submitted to the CJRR through several mechanisms. Initially, patients scheduled for joint replacement surgery are registered online by staff in the surgeon's office or the hospital. Next, the CJRR automatically prompts patients via email to complete online pre-operative surveys to assess baseline function. Subsequent to surgery, the hospital submits data for each case as standardized flat files. To generate these files, CJRR staff helps hospitals create a program that pulls the relevant data from their local information systems and uploads it to the CJRR. If patients are later re-admitted to the hospital or seen in the hospital's emergency department for complications of surgery, the hospital also aggregates and submits records of these encounters. Lastly, the CJRR continues to prompt patients via email to periodically complete online outcomes surveys up to 12 months post-operatively and then every other year thereafter. Patient responses are automatically uploaded to the CJRR.

8. Who owns the CJRR data?

Participants own the data from their own institutions even after that data has been contributed to the CJRR. Specific terms of use for the data provided by a participant are outlined in Business Associate Agreements and Participation Agreements agreed upon by each participating site and the CJRR.

9. How and with whom are CJRR data shared?

Participating sites and surgeons receive confidential, quarterly reports that show their performance compared to registry benchmarks. In the future, the CJRR is also planning to report a limited set of risk adjusted, validated performance measures to the public to inform patient decision-making. The CJRR Steering Committee will decide when and how data will be shared publicly.

The CJRR plans to incorporate risk adjustment into all reporting activities.

10. Does the CJRR meet legal and privacy standards?

Yes. The CJRR has engaged legal counsel with expertise in health care data reporting programs to ensure compliance with all relevant state and federal laws, regulations, and human subject requirements. Data



security has been designed to meet all Health Insurance Portability and Accountability Act (HIPAA) and privacy requirements.

11. How is the CJRR related to other joint replacement registries underway in the United States?

CJRR and Kaiser’s implant registry have a cooperative relationship that allows us to report together on nearly half of the total hip and knee replacements in CA. The CJRR has shared and aligned its data definitions with Kaiser Permanente, the American Joint Replacement Registry (AJRR), and Function and Outcomes Research for Comparative Effectiveness in Total Joint Replacement (FORCE-TJR). The CJRR software is also being used in Michigan for the MARCQI registry. For hospitals wishing to participate in both the CJRR and the AJRR, the data elements and file formats for the subset of data collected by AJRR is identical to the CJRR data.

In addition, the CJRR is a member of the International Consortium of Orthopedic Registries (ICOR) and the International Society of Arthroplasty Registries (ISAR).

12. How will hospitals and surgeons benefit from participating in the CJRR?

There are several ways participation in the CJRR can benefit hospitals and surgeons:

- Use registry data to optimally manage all aspects of your patients' care
- Benchmark your outcomes against other hospitals and surgeons
- See your patients’ improvement in pain and function with Patient Reported Outcomes results
- Be noticed by prospective patients as a patient-focused provider
- Be recognized by Anthem, Blue Shield, Covered California, CalPERS and United who will designate you as a quality focused provider on their site and member-facing materials

13. What is required to become a CJRR participant?

The CJRR staff will provide you with our implementation toolkit and work with you to develop an implementation timeline and strategy. Major steps are to:

- Appoint a Surgeon Champion, a Site Leader and an IT Leader
- Schedule introductory and implementation meetings with CJRR staff
- Execute Business Associate and Participation Agreements
- Confirm workflow to support patient registration and the submission of required data to the registry

14. How can I learn more about the California Joint Replacement Registry (CJRR)?

Please visit our website at www.caljrr.org to learn more about the CJRR and how to become a registry participant.