

FAQs Regarding AJRR and CJRR Affiliation

March 31, 2015

Hospitals and Surgeons

1. Why was the American Joint Replacement Registry (AJRR) chosen as the new home for the California Joint Replacement Registry (CJRR)?

The affiliation of CJRR with AJRR makes sense for several reasons. First, CJRR and AJRR have a long-standing, collaborative relationship. Over the past five years, the two organizations have collaborated closely to align data elements, share resources, and support policy objectives; and there is significant cross over in leadership. Second, CJRR offers AJRR experience in collecting robust, standardized patient-reported outcomes (PROs) on a sophisticated IT platform. Third, AJRR is well positioned to apply the CJRR data-collection model in other parts of the country and feed those results, including national benchmarks, back to California hospitals.

2. Will CJRR operate independently or will AJRR assume operations?

CJRR will continue as a separate company that is wholly owned and managed by AJRR. AJRR will assume management of CJRR from the Pacific Business Group on Health, which has operated CJRR since its inception in 2009. AJRR will continue to operate CJRR on the current IT platform (managed by Ortech Systems, Inc.) for an initial operating period currently contemplated to last about 18 months. During the initial operating period, AJRR will assess options and determine the best approach to align both registries and avoid duplication.

3. Who will be my CJRR contact for participating sites and surgeons?

Kate K. Witherspoon, MPA, AJRR Program Coordinator, will be the new direct contact at AJRR. Kate can be reached at 847-430-5041 or witherspoon@ajrr.net. If you have other questions, you may contact Jeffrey P. Knezovich, CAE, AJRR Executive Director, at knezovich@ajrr.net.

4. Will surgeons and site leaders still be permitted to engage in the operations and activities of the CJRR (for example, be invited to participate in periodic meetings and calls and to provide input)?

As part of the deal, a California Data Use Group (CDUG) will be formed and managed by AJRR. This group will oversee data collection, use, and reporting in California. Current CJRR participants will remain engaged in the activities of CJRR through this group. The CDUG chair will be Dr. James "Hutch" Huddleston III (Stanford). Dr. Huddleston has been a member of the CJRR steering committee and various CJRR reporting committees for several years and has worked

closely with CJRR Founding Chair Dr. Kevin Bozic on oversight and leadership of the registry. Dr. Bozic has been appointed to the AJRR board of directors to represent the interests and needs of CJRR.

5. Will CJRR participating hospitals and surgeons continue to get quarterly benchmarking reports?

Yes. Participating hospitals will continue to receive these reports.

6. Will new legal agreements be needed for CJRR participants?

The CJRR Limited Liability Company (LLC) was transferred to AJRR in its entirety, and continues as a separate legal entity with all of its assets. Those assets include all of CJRR's agreements with hospitals. The transaction will not change the terms of those agreements; hospitals will still own their own data and participation in CJRR will still be entirely voluntary. Hence, no new or revised legal agreements are needed for a hospital to remain in CJRR.

However, an amendment will be circulated to institutions currently submitting data only to CJRR seeking permission for CJRR to share the institution's data with AJRR. The goal is for CJRR hospitals to send their data to AJRR as well, so robust national benchmarking can take place.

Of note, for many years, CJRR and AJRR have used the same legal firm (Powers, Pyles, Sutter, Verville) for hospital contracting, which should ease the transition.

7. Will AJRR now begin assessing a fee for hospitals to continue participating in CJRR?

No. Participating CJRR sites will be able to continue participating under the current terms of their participation agreements, which do not specify fees. CJRR hospitals will have the option to participate in the AJRR national registry, which would have a small subscription fee associated with it if hospitals choose to use AJRR's online demand reporting and dashboard service. There is no fee to submit Level I data to AJRR and to receive AJRR standard quarterly reports.

8. My organization has a Business Associate Agreement (BAA) and Participation Agreement (PA) with CJRR. Will that change under AJRR?

The CJRR Limited Liability Company (LLC) was transferred to AJRR in its entirety, and continues as a separate legal entity with all of its assets. Those assets include all of CJRR's agreements with hospitals. Hence, no new or revised legal agreements (BAA or PAs) are needed for a hospital to remain in CJRR. As mentioned above, CJRR hospitals that are not already participating in AJRR will be encouraged to sign an amendment that will allow CJRR to share the institution's data with AJRR.

9. Will my organization still be able to use the CJRR application to register patients? Will the CJRR still email the surveys to patients?

Yes. CJRR will continue to operate on the Ortech platform for at least the remainder of 2015. As long as that is the case, all current functionalities will remain in place, including patient registration and patient surveys.

10. Whom do I call for the following issues?

For CJRR operations, contact Kate K. Witherspoon, MPA, AJRR Program Coordinator, at 847-430-5041 or witerspoon@ajrr.net.

For CJRR data issues, contact Randolph Meinzer at meinzer@ajrr.net.

For other questions, contact Jeffrey P. Knezovich, CAE, AJRR Executive Director at knezovich@ajrr.net.

11. Will the data my hospital has submitted to CJRR be automatically shared with AJRR?

No. As always, each hospital retains ownership of its data. AJRR will contact each CJRR participating hospital to seek data sharing approval. Of course, CJRR and AJRR hope that CJRR member hospitals will take advantage of the value and benefits of participating in both registries.

12. Will sites need to revise their CJRR data submission process?

No. For at least the initial operating period, CJRR hospitals will not need to change their data submission process.

13. What if my hospital does not want to transition to the AJRR registry? Can we drop out?

As always, participation in the CJRR and AJRR registries is entirely voluntary and each hospital retains ownership of its data. Of course, CJRR and AJRR hope that CJRR member hospitals will agree to data sharing with AJRR to advance knowledge and learning about hip and knee joint replacements nationally.

14. Are AJRR's security policies comparable to those of CJRR?

Both CJRR and AJRR comply with HIPAA regulations and employ security policies and procedures to protect the protected health information (PHI) that they store and manage. The details of AJRR's security policies and procedures can be obtained from AJRR. Contact Randolph Meinzer at meinzer@ajrr.net.

15. For sites participating with the CJRR Western IRB protocol, will this still be available?

Yes, the Western IRB protocol will continue to support CJRR sites as needed.

Health Plans

16. As a California-based health plan, why should I support a national registry effort?

Supporting an effort in California that collects data on California hospitals and surgeons is critical to improving care and reducing costs for these expensive, frequent procedures with known variations in both care quality and costs, both in California and nationally.

CJRR's unique commitment to public reporting has particular value to plans and your members to aid in decision making and encourage improvements in quality of care. Additionally, continued support of CJRR also contributes to the national (and international) knowledge base about these procedures from which your member and providers can benefit.

Patients

17. What will happen to my outcome data as a result of this transaction?

All data submitted to CJRR, including hospitals' surgery data and patient-reported outcomes data, will remain securely stored in the CJRR registry database, subject to all of the data-ownership and data-protection provisions in sites' existing participation agreements with CJRR. There will be no sharing of CJRR's data with the AJRR registry or merging of both registries' data unless a participating site agrees to that.

18. What are AJRR's security policies and how do they compare to CJRR? What assurances can AJRR offer to me about the privacy and security of my data?

Both CJRR and AJRR maintain strict standards of data privacy and are compliant with the federal HIPAA standards that address the use and disclosure of individuals' health information. Those standards remain in place.

About AJRR

The American Joint Replacement Registry (AJRR) is a multi-stakeholder, independent, not-for-profit 501(c)(3) organization for data collection and quality improvement initiatives for total hip and knee replacements. AJRR's goal is to optimize patient outcomes through collection of data on all primary and revision total joint replacement procedures in the U.S. The mission of the registry is to enhance patient safety, improve quality of care, and reduce the cost of care. As of February 2015, AJRR contains hip and knee procedures from over 450 hospitals and 2,900 surgeons in 50 states. The registry is increasing at a rate of 2,500 procedures per week. Today, the registry contains more than 240,000 procedures. For more information about AJRR, visit www.ajrr.net.

About CJRR

The California Joint Replacement Registry (CJRR), founded and primarily funded by the California HealthCare Foundation, was created to meet the need for comprehensive, scientific assessment of devices, treatment protocols, surgical approaches, and patient factors influencing the results of hip and knee replacement surgeries. The Pacific Business Group on Health (PBGH) and the California Orthopaedic Association (COA) were founding partners and have contributed both funding and in-kind support since CJRR's inception.

CJRR is a Level III registry, meaning it collects and incorporates clinical information and direct feedback from patients about the outcomes of their hip and knee replacement surgeries. It is one of only a small number of registries in the United States to do so.

About CHCF

The California HealthCare Foundation works as a catalyst to fulfill the promise of better health care for all Californians. We support ideas and innovations that improve quality, increase efficiency, and lower the costs of care. Visit www.chcf.org.