Preparing Resident Physicians for Healthcare Reform

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During my residency training, there have been considerable changes in the way that healthcare is financed and delivered in the United States. Some changes will notably affect my future career as a surgeon specializing in adult reconstruction. The most influential change thus far is the Comprehensive Care for Joint Replacement (CJR) model for joint replacement surgery, introduced by the Centers for Medicare & Medicaid Services (CMS).

The CJR model, which officially began in 2016 in select regions, redefined how CMS reimburses hospitals and providers for total joint replacement. The model shifts financial risk from the payer (CMS) to the hospital and providers, while offering incentives to improve the quality of care for patients. This value-based reimbursement model differs notably from the fee-for-individual-services model (currently used by many other payers), changing the payment method instead to a bundled payment for a defined episode of care. The change has required hospitals to revise their care-delivery models for covered patients who undergo total joint replacement. As a result, extensive research has been conducted into cost-saving strategies, patient-risk stratification, and quality-improvement measures to ensure that hospitals and patients succeed in this model. Providers must be well versed in the model structure to maintain a thriving, patient-centered practice.

Unfortunately, during residency, we spend little time becoming educated in the nuances of healthcare systems or practice management. Most of our educational time is spent gaining medical and technical knowledge needed to complete an orthopaedic-surgery residency. However, starting early in training, resident physicians across all specialties begin assuming the responsibility of providing direct patient care. The decisions have a notable effect on both the patients and the associated hospital system. Resident knowledge of healthcare systems and reforms is essential for residents to effectively deliver care in the hospitals and for teaching institutions to continue to be successful in these new models.

We can use the CJR model to better appreciate this knowledge. Hospital systems are developing and implementing numerous strategies to improve the value of care concerning joint replacement procedures by decreasing costs and improving patient outcomes. Surgeons may collaborate with anesthesiologists and primary-care providers to develop more coordinated and extensive preoperative strategies to minimize perioperative complications. Acute inpatient care can be streamlined to standardize laboratory orders, pain-control protocols, postoperative rehabilitation, and patient co-management with other medical services.

Discharge planning and post-discharge follow-up care plans will be especially important to avoid unnecessary emergency-room visits; additionally, this planning ensures that patients have access to healthcare professionals with knowledge about any recent operative procedures and post-acute care needs. Residents must understand these changes to provide cost-effective, high-quality patient care in operating, inpatient, and outpatient settings. Although this example specifically affects total joint replacement practices, the trend toward value-based delivery reform will continue in other areas of orthopaedics and other medical specialties. It is in the best interests of hospitals and patients that residents develop a sound understanding of the healthcare system they work in.

We eventually complete residency and fellowship training and begin practice. It is essential that we understand how the healthcare system—which we work in—influences the care that we are trained to deliver. Despite the best intentions of healthcare-reform measures, unforeseen negative effects may occur. For example, a theoretical concern of the CJR model is that certain patients may be considered to be too "high risk" for a hospital to consider providing an otherwise beneficial total joint replacement. These "high-risk patients" could be channeled toward tertiary care hospitals to undergo joint replacement; however, this may create a largely high-risk patient pool for these hospitals and thereby increase costs and decrease patient access to joint replacement surgery. Because of downward pressure on target prices created by yearly readjustments, concern exists that fewer and fewer patients may have access to surgical procedures that could otherwise improve their quality of life. If we can begin

educating residents about how these systems influence practice, our physicians can be better prepared to develop effective strategies to overcome barriers in providing care and advocate for patient interest.

To be successful and ensure that patient care remains the cornerstone of our future practices, we as residents must develop a sound understanding of the current state of our healthcare system and reform measures. This may be difficult to incorporate into an otherwise busy resident schedule, yet it would be imprudent to overlook its importance in the short and long term. We can better treat our patients in training, ensure sustainability of our training hospitals, finish our training with the appropriate tools to build a viable practice, and advocate for our patients' access to needed care while healthcare reforms are created—and thereby we can contribute to a more efficient healthcare system.