Decisions about where to undergo elective surgical care — from knee and hip replacements to spine procedures — are too often made without reliable information regarding which surgeons perform best.

ECEN assists Members who want to provide their employees with high-quality elective surgical care by evaluating and selecting Centers of Excellence (COEs), negotiating bundled payments, and encouraging Member organizations to promote use of these COEs to their employees. ECEN currently offers COEs for total hip and knee replacements; other elective surgeries will be added shortly.

Each COE is committed to the highest quality standards. Historically each one has also performed far better than national norms for complications, reoperations and patient experience.

Through ECEN, Members send a signal to hospitals and surgeons across the US that they expect high-quality, accountable care and encourage their employees to seek the same.

How it works: ECEN qualifies each hospital facility, as well as individual surgeons, through a rigorous assessment conducted by a PBGH-led team of experts. Evaluation includes reviews of quality data, interviews with surgeons and hospital staff, a competitive Request for Proposal process and visits to hospitals to both evaluate safety and observe the patient’s likely on-site experience. Selection is also predicated on the commitment by both hospital and surgeon to: engage patients in ‘shared decision making’, coordinate with patients and their home physicians, and collaborate with other COEs to identify and share best practices. COEs must also collect patient-reported outcomes and participate in an orthopedic registry to track and measure outcomes and support continuous improvement.

As of 2014, there are four clinics in ECEN across the US: Virginia Mason Medical Center, Seattle WA; Mercy Hospital, Springfield, MO; Kaiser Permanente Irvine Medical Center, Irvine, CA; and Johns Hopkins Bayview Medical Center, Baltimore, MD. These initial regions and COEs were selected to minimize travel time for employees of the pioneering group of Members.

Participation in ECEN is voluntary for employees. Those who take part receive 100% coverage for their surgical care, with no deductibles or co-pays. Travel expenses, including a stipend for lodging and living expenses, are covered for both the patient and a caregiver. To further ensure participant satisfaction, each employee is assigned to a ‘patient advocate’ who schedules the surgery and selects the center. After surgery, the same advocate assists with insurance claims, as well as the transition back to the patient’s home physician. The COE also assigns a ‘patient navigator’ to guide the patient while he or she is on site.

With hip and knee replacements representing a growing portion of a Member’s healthcare spending, and with prices for the same procedure varying between $15K and $125K, without any correlation to quality, the ECEN program delivers real value to Members.
Designed to be turn-key for Members, PBGH is responsible for setting the quality criteria, qualifying centers and surgeons, identifying surgeries eligible for ECEN, evaluating against quality specifications, and overseeing the centers to ensure a consistent patient experience.

In addition, PBGH has partnered with Health Design Plus (HDP), a nationally recognized third-party administrator with expertise in travel surgery programs, to assume responsibility for: contracting with the COE and Member organizations; staffing patient advocates; and overseeing patient care management, including working with insurance carriers. Member organizations can tailor their contracts with HDP according to their needs, including specifying particular COEs and surgical procedures.

Even with travel expenses, competitively priced negotiated bundled payments for surgical procedures performed by COEs cost considerably less, on average, than what Members currently pay for these services. With top-performing surgeons using evidence-based medicine to determine surgical appropriateness, Members also see a significant cost reduction from avoiding unnecessary procedures. The cost equation improves even further when considering that these procedures will be of high quality and will reduce poor outcomes – in particular those leading to costly revisions, infections and associated absenteeism. (Revision rates are disconcertingly high — 8% for knees and 18% for hips — at an average cost of $60K each.)

Looking ahead: The benefits of ECENs for Member organizations and their employees will become even more significant as other high-cost and frequently performed procedures, such as spine surgeries, are included in the program.

**Frequently Asked Questions (FAQs)**

1. **What does participating in ECEN cost?**
   Funding from Membership contributions to PBGH offset a significant portion of developing ECEN’S innovative design. For 2014, Member participation in ECEN is $30K/ year. Members also pay Health Design Plus (HDP) a one-time fee of $45K. Even when factoring in these fees, Members can expect an ROI within two years.

2. **Does ECEN participate in the California Joint Replacement Registry (CJRR)?**
   All COEs must participate in a registry. CJRR supports CA centers. Therefore, as more COEs are added in CA, they will participate in CJRR – either directly or, in the case of Kaiser, via a collaboration with CJRR.

3. **What type of plan design will work with ECEN?**
   Due to the nature of HMO plan design, ECEN is not an appropriate addition for employees covered through Member HMOs. However, ECEN works well with both PPO and CDHP benefit designs.

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