Healthcare providers often look to distinguish their services, a particular service, or product line from the competition. To do so, facilities seek recognition by becoming a ‘Center of Excellence’. The term Center of Excellence is broadly used across various industries to infer a leadership position based on results, best practices, research, support or training. With regard to orthopedics, there is no national standard or governing body that manages or regulates Centers of Excellence. The American Academy of Orthopaedic Surgeons (AAOS) has been the preeminent provider of musculoskeletal education to orthopaedic surgeons and others in the world since 1933, but does not preside over or certify facilities or departments.
Third-Party Endorsements >

Because of the lack of a governing body, orthopaedic practices and facilities seek differentiation through third-party endorsements from industry leaders and/or payers.

INDUSTRY LEADERS

From an industry perspective, The Joint Commission offers a Disease-Specific Care Certification Program which is designed to evaluate clinical programs across the continuum of care for virtually any chronic disease or condition. Specific to orthopedic procedures, The Joint Commission offers individual certifications for ankle, hip, knee and shoulder joint replacement, hand surgery, hip fracture and spine surgery.

To be eligible, a hospital or surgical center must successfully demonstrate competence in three areas:

- Compliance with consensus-based national standards
- Effective and consistent use of appropriate, evidence-based clinical practice guidelines for the hip, knee or shoulder replacement patient population
- Collection and analysis of a minimum of four performance measures specific to the hip, knee or shoulder replacement patient population (a minimum of two performance measures must be clinical in nature)

Successful programs are awarded certification for a two-year period. At the end of the first year, the organization is required to attest to its continued compliance with standards and provide evidence of performance improvement activities. To maintain certification, the cycle repeats with an on-site review conducted every two years and a bi-annual submission of an acceptable assessment of compliance by the organization. These criteria are limited only to the processes and resulting performance. There are no specified minimum requirements for number of patients or procedures.

PAYERS

Private payers offer certifications to ensure facilities are providing a high quality of care at a reasonable cost. The largest of these programs are offered by Aetna and BlueCross BlueShield due to the insurers’ size in terms of footprint and number of subscribers.

Aetna offers the designation as an Aetna Institutes of Quality (IOQ) Orthopedic Care Facility for knee replacement, hip replacement and spine surgery. Facilities must meet all requirements for both knee and hip replacements to be designated for either, while spine surgery may be a stand-alone designation. To meet the designation, Aetna requires a facility to meet a long list of requirements including hospital and surgeon volume in each of the categories, facility criteria including third-party accreditation as well as sufficient ratings and procedures to insure acceptable quality and clinical outcomes. In addition, the facility must be credentialed by Aetna and take part in the Aetna provider network for all products offered in the market.

The most prevalent of payer recognition programs is Blues Distinction, which is operated by the Blue Cross and Blue Shield Association. Similar to the Aetna IOQ program, Blues Distinction is designed to raise the quality of care being delivered across the country by recognizing facilities that meet objective, evidence-based thresholds for clinical quality. There is a comprehensive list of selection criteria around the facility, structure of the program, processes, outcomes and volumes, and business requirements. Qualifying institutions are referred to as Blue Distinction Centers for Specialty Care®. Relative to orthopedics, Blue Cross and Blue Shield have Blue Distinction Centers for Spine Surgery and Knee and Hip Replacement. To date, there are nearly 800 Blue Distinction Centers across 42 states.
THE BENEFITS OF RECOGNITION

By having Joint Commission Disease-Specific Care Certification for their joint replacement programs, facilities demonstrate a commitment to a higher standard of service based on a framework for organizational structure and management. The result is consistently high quality care that is recognized by insurers, patients and staff – providing a competitive advantage in the marketplace.

Payer designations usually require a third-party accreditation from organizations like The Joint Commission in addition to meeting requirements around volume, quality processes and the payer network. Less than 20% of joint programs have such a distinction and become the preferred service provider in their market. Payers help to propel this position through network recognition, preferred payment schedules for the facilities, and potentially lower ‘out of pocket’ charges for consumers choosing the facilities.

Physicians working with or for a certified or recognized facility often have better relationships with the hospital because the processes in place are best in class, resulting in highly efficient, evidence-based care. Physicians can leverage the notoriety for individual recognition and a competitive advantage.

Building High Performing Musculoskeletal Programs >

Accelero Health Partners has helped over 250 healthcare providers build first-class musculoskeletal service lines and programs by using a proven process of analysis, observation, and benchmarking; ensuring hospitals and care givers utilize best practices to exceed industry standards. Unlike most firms in this space, Accelero will also manage and drive change so partners are able to reap the rewards much sooner. The result is a highly effective product or service line that:

- Differentiates the patient experience to increase customer retention and patient satisfaction.
- Improves the patient outcomes that impact reimbursement and consumer reputation.
- Standardizes care processes and increases operational efficiency to improve the care delivery and financial margin.
- Enhances hospital and physician relationships through a collaborative program structure.
- Drives change through multi-disciplinary clinical and operational teams.
- Delivers results in care, financial margin, and volume performance metrics.
- Creates distinction and captures volume through a comprehensive marketing strategy and execution plan.

Achieving Excellence >

To ensure success, Accelero will manage the certification process through to completion.

The cornerstone to the process is a patented assessment methodology that uses the 287 criteria Accelero has identified as critical for a high performing joint replacement program. Similarly, there are program-specific criteria sets for spine, fracture care and outpatient surgery.

With these criteria as a point of reference, Accelero personnel identify the weaknesses in the hospital program and formulate a plan for improvement. As part of this plan, best-in-class processes are created to provide the hospital with the framework necessary to meet the demanding outcomes, quality and patient-centric metrics required to achieve superiority.
Team leaders manage the process, create and facilitate interdisciplinary teams and foster intra-hospital relationships to execute initiatives for long-term improvements. Accelero personnel work onsite, side-by-side with service line members to understand internal dynamics, educate staff, and ensure processes are properly implemented to achieve the required results. Internal subject matter experts for highly specific areas such as physician engagement, clinical outcomes, customer service, competitive analysis, and regulatory intelligence ensure the most current knowledge and methodologies are used.

With the benefit of proprietary business intelligence tools and best practices, Accelero provides support in determining and instituting performance measures and clinical practice guidelines. Product line dashboards put the latest hospital and industry data at management’s fingertips, providing transparency across the service or product line. Being able to see current metrics compared to industry data allows management to quickly identify issues as they occur and make the appropriate adjustments.

By providing discipline and direction, Accelero helps healthcare providers achieve a quicker time to benefit and avoid costly missteps. Management tools ensure the continued success of the program.

Accelero has helped hundreds of hospitals to create market-leading musculoskeletal programs with 33 facilities having obtained Joint Commission Disease-Specific Certification and 50 hospitals achieving Blues Distinction.

Beyond Excellence >

Third party certification ensures a hospital is providing efficient and consistently high quality care. However, to be considered a Joint Destination or Center of Excellence, a hospital must be highly acclaimed, well known and sought out by customers for its services. Accelero provides market specific recommendations for greater recognition and growth through:

- Distinctive musculoskeletal brand strategy that aligns consumer values and creates differentiation from the competition.
- Specific targeting of consumer communities and key referral sources that present the greatest volume opportunity.
- Comprehensive promotion strategies and plans that include advertising, public relations, collateral creation, and digital marketing.

Along with creating and implementing the processes and procedures necessary to ensure high quality and efficient care for orthopedic patients, Accelero helps hospitals to improve stakeholder satisfaction, and implement the necessary strategies to not only achieve distinction, but create an environment of continued improvement for long-term prominence.