

# ECIP Case Study – CRISP Learning System

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Lessons from Greater Baltimore Medical Center's experience in the ECIP program

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# Background

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- ECIP Overview
  - The Episode Care Improvement Program (ECIP) is a care redesign track under Maryland’s Total Cost of Care Model, inspired by the federal Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model.
- GBMC Background
  - Greater Baltimore Medical Center (GBMC) is located in Baltimore County, Maryland and has been recognized for its exceptional implementation of the ECIP program.
- Interviews
  - Three interviews were conducted over Zoom (~1 hour each) and were composed of the following roles:
    1. The ECIP manager/care coordinator, administrator of the surgery service line, and the clinical lead for the joint and spine program
    2. The physician lead for the ECIP joint replacement program
    3. The physician lead for the ECIP hip and low extremity fractures program

Note. Placeholder for notes, sources, and permissions (if needed). “Note.” (including a period) is italicized.

# Lessons Learned

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- 1. Early and continual collaboration among an interdisciplinary team.** Most highlighted that it often was difficult for one department to implement change. A physical lead stated, *“The number one thing is that true collaboration among an interdisciplinary team that starts long before the patient arrives in the hospital helps drive change.”*
- 2. Building and maintaining engagement of key stakeholders.** Building engagement among key stakeholders laid the foundation of this collaborative effort to grow. The ECIP manager/care coordinator stated that the best practice was *“properly conveying the goals of the program to all the key stakeholders so that they have an understanding of what leads to these successes and potentially future successes for the clinical episodes that we participate in.”*
- 3. Leveraging quality metrics for best practices.** Provision of data with stakeholders helped keep providers invested in the ECIP. The ECIP manager/care coordinator indicated, *“They want to know what the numbers are, and how to improve them in terms of the metrics like readmission rates. Utilize metrics for best practices and continue to provide that information to key stakeholders.”*
- 4. Having a designated ECIP manager/care coordinator.** Having someone in this position to facilitate collaboration, ensure engagement, present metrics, and manage ECIP details was overwhelmingly named as the reason for GBMC’s success.

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# Care Redesign Around Joint Replacement Episode

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- Reviewed baseline cost and volume data and decided on joint replacement episode
- Held kick-off meeting with key stakeholders and follow-up meetings with a workgroup
- Focused on optimizing processes prior to surgery through:
  - Pre-operative mobility questionnaire and home assessment
  - Involvement of friends or families as "care partners"
  - Pre-operative visit with physical therapy called "prehab"
  - Standardized discharge process
    - » Began discharge planning process prior to surgery with the ECIP manager/care coordinator and the surgeons
    - » Created a checklist for written information provided to patients (including point of contact for home health providers)

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# Care Redesign Around Fracture Clinical Episode

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- Followed the same initial implementation planning as the joint replacement episode (key stakeholder meeting, work group meetings)
- Focused on optimizing patients' care while in the hospital through:
  - Localization of all hip fracture patients to the orthopedic service line (Unit 58)
  - Dedicated advanced practitioner on Unit 58 focused on hip fracture patients
  - Discharge planning based on the patient's functional status as soon as the patient arrives in Unit 58

Quicker and more efficient clearance for surgery based on physical exam and basic lab tests

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# Implementation

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- ECIP manager/care coordinator
  - Initially a care coordinator position, later upgraded to responsibilities of ECIP manager
  - Presented data to and communicated with key stakeholders
  - Point of contact for patient and physician concerns
  - An active part in all aspects of the ECIP program at GBMC
- American Geriatric Society (AGS) Co Care
  - A paid course to learn best practices on geriatric care, outlining the importance of:
    - » Hydrating the patients with IV fluids
    - » Timeliness in getting an operation
    - » Limiting delirium
    - » Getting the patients up and moving
  - ActiveLife (GBMC's outpatient physical therapy partner)
    - » Incorporated into workflows and pre-operative plan

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# Challenges

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- Identifying all the stakeholders and getting the needed resources/engagement
  - Using data to show the good outcomes from the episodes directly to the stakeholders helped to build engagement and buy-in
- Not-having the data in real time challenged GBMC's ability to showcase the ECIP program's effectiveness and ability to make improvements
  - GBMC was able to use its own data system to mimic what CRISP tracks for ECIP and then reported that information internally
- Communication within the team and time in the operation room (OR)
  - Required several, regular meetings in addition to emails and reports
  - Hospital needed to create dedicated OR times for the orthopedic cases.

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# Successes

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- Patient Outcomes:
  - Positive feedback on the pre-op and post-op planning provided by the ECIP manager/care coordinator
  - Patients felt more prepared going into surgery, indicated higher satisfaction
  - Decreased length of stay
  - Increased discharges to home health (shown to be better for patient outcomes/satisfaction)
- GBMC:
  - More patients successfully localized to orthopedic service line (from 32% to 90%)
  - Patients following the intended discharge planning had a success rate of >95%
  - Physicians did not benefit financially from their participation in the ECIP program but were still incentivized to engage in the cost-savings after seeing the increases in patient satisfaction

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