EXTENDING YOUR REACH

Value-based care will change patient care before, during and after total hip or knee replacements. This means more work and new demands on care providers to ensure patients receive the right recovery and rehabilitation care post-surgery.

MCMS’ monitoring service is designed to help facilitate the recovery and rehabilitation of total hip and total knee replacement patients. It can help you manage your patient’s day-to-day questions and recovery concerns – freeing care providers to focus on other demands.

INTRODUCING A HIP AND KNEE REMOTE PATIENT MONITORING SERVICE

A clinically robust program that is designed to:

• Allow providers to monitor and direct home-based patient recovery and rehabilitation
• Deliver actionable information to enable timely and effective clinical intervention
• Provide patient context and education, and enable existing clinical teams to focus their care
• Help you manage readmission risk and improve patient satisfaction – important factors in CJR evaluations

Shoreline: Remote Care Management Services are not intended as a substitution for, or alternative to, the medical care provided by a physician. Medical guidance and treatment decisions should always be determined by treating physicians or other properly licensed health care professionals. Service availability and performance may be impacted by patient user error and connectivity, access and service hour limitations.

Disclosure:

Medtronic Care Management Services are not intended as a substitution for, or alternative to, the medical care provided by a physician. Medical guidance and treatment decisions should always be determined by treating physicians or other properly licensed health care professionals. Service availability and performance may be impacted by patient user error and connectivity, access and service hour limitations.

1 Integrated Care Management Certification is through Sutter Health, http://www.suttercenterforintegratedcare.org/services/Training-Certification.html

2 Kiridly et al, The Effect of Severity of Disease on Cost Burden of 30-Day readmissions Following Total Joint Arthroplasty (TJA), J Arthroplasty 2014; 29;1545-1547; Study evaluated all Medicare patients from 2008-2012 admitted at NYU Hospital for Joint Diseases for primary total hip or total knee arthroplasty (n=2,026); Severity of illness defined by APR-DRG on index admission; Readmission direct costs incurred by the institution include implant costs, hospital room and board, medications, and medical supplies


4 Figures based upon Medtronic Data from January 2015 through January 2016 on File and include patients on a variety of MCMS programs, and may include those being monitored for HF, diabetes, COPD, Pneumonia, and others. Alert frequency is dependent on a number of variables and may vary depending upon patient characteristic, physician, and practice.
Infection* Wound* Venous thromboembolism*

1. Enroll
Patient is enrolled in the hip and knee service prior to discharge. MCMS monitoring equipment is sent to the patient’s home and monitoring begins when patient arrives home.

2. Monitor
Patient submits biometric and symptom data during a daily health check. This data is sent securely to MCMS where proprietary software organizes it by risk level for nurses to review.

3. Assess
A nurse specially trained in telehealth and orthopedic care reviews and assesses the patient’s health data to facilitate patient engagement and report generation.

4. Educate
The nurse reaches out to patients as needed to gather clarifying health information and to educate the patient on recovery and rehabilitation.

5. Report
The nurse summarizes the findings and sends actionable information about the patient to the provider. The provider determines appropriate follow-up action.

MCMS total hip and knee service is designed to help orthopedic clinicians mitigate the risk of unnecessary readmission. Our standardized disease management programs are created with key drivers of readmission in mind. The program incorporates questions that are designed to help identify patients’ readmissions risk and facilitate early intervention.

An annual review of MCMS daily nurse monitoring services showed that on an average day 23.1 patients out of 100 presented health data that triggered an alert. But after further reviewing patients’ health data, only 4.2 of those 100 patients required escalation to their provider.

### Historical Drivers of 30-Day Readmissions Following Hip & Knee Replacement

<table>
<thead>
<tr>
<th>Driver</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection</td>
<td>23.5%</td>
</tr>
<tr>
<td>Wound</td>
<td>22.6%</td>
</tr>
<tr>
<td>Venous thromboembolism</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

**More Home**

Medtronic Care Management Services (MCMS) provides consistent engagement and monitoring and is designed to help patients who want to recover at home. The service is staffed by registered nurses who have an average of 15 years of clinical experience and who have earned Integrated Care Management certification.

### Are You Ready to Monitor Patients Post Surgery?

Bundled payment programs, such as Medicare’s Comprehensive Care for Joint Replacement (CJR), are pushing providers to value-based care. CJR will launch in April 2016 in 67 geographies and aims to support better and more efficient care for Medicare beneficiaries undergoing hip and knee replacements.

CJR includes financial incentives for high-performing participants and penalties for under-performers.

During a 90 day episode of care that begins when a patient is admitted for major hip or knee replacement (discharged under MS-DRG 469 or MS-DRG 470), participating hospitals will be accountable for all related items and services paid under Medicare Part A and Part B. Visit [cms.gov](https://www.cms.gov) for full details.

Now more than ever monitoring post-surgical patient care and recovery is essential.

### How Hip And Knee Remote Patient Monitoring Service Works

1. **Enroll**
   - Patient is enrolled in the hip and knee service prior to discharge. MCMS monitoring equipment is sent to the patient’s home and monitoring begins when patient arrives home.
2. **Monitor**
   - Patient submits biometric and symptom data during a daily health check. This data is sent securely to MCMS where proprietary software organizes it by risk level for nurses to review.
3. **Assess**
   - A nurse specially trained in telehealth and orthopedic care reviews and assesses the patient’s health data to facilitate patient engagement and report generation.
4. **Educate**
   - The nurse reaches out to patients as needed to gather clarifying health information and to educate the patient on recovery and rehabilitation.
5. **Report**
   - The nurse summarizes the findings and sends actionable information about the patient to the provider. The provider determines appropriate follow-up action.

### Designed to Address Readmission Risk

Readmissions following total hip and knee services can be costly. A single-center study of more than 2,000 hip and knee arthroplasty patients showed that the average direct cost of readmission in the 30 days following surgery was between $13,000-21,000.

MCMS total hip and knee service is designed to help orthopedic clinicians mitigate the risk of unnecessary readmission. Our standardized disease management programs are created with key drivers of readmission in mind. The program incorporates questions that are designed to help identify patients’ readmissions risk and facilitate early intervention.

### Help Keep Clinical Workflows Manageable

An annual review of MCMS daily nurse monitoring services showed that on an average day 23.1 patients out of 100 presented health data that triggered an alert. But after further reviewing patients’ health data, only 4.2 of those 100 patients required escalation to their provider.

### Historical Drivers of 10-Day Readmissions Following Hip & Knee Replacement

- Infection: 23.5%
- Wound: 22.6%
- Venous thromboembolism: 9.2%

### Number of MCMS Program Patient Queries in the First 30 Days of Service Related to Key Drivers of Readmission

<table>
<thead>
<tr>
<th>Driver</th>
<th>Number of Queries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection</td>
<td>43</td>
</tr>
<tr>
<td>Wound</td>
<td>23</td>
</tr>
<tr>
<td>Venous thromboembolism</td>
<td>51</td>
</tr>
</tbody>
</table>

**Illustrative Patient Example**

Based on 100 Patients on Service

- Average 23.1% of Patients Alerted Daily
- Of those, 4.2% of Patient Alerts Escalated to Provider
MORE AT HOME

Medtronic Care Management Services (MCMS) provides consistent engagement and monitoring and is designed to help patients who want to recover at home. The service is staffed by registered nurses who have an average of 15 years of clinical experience and who have earned Integrated Care Management certification.¹

MORE AT HOME

Medtronic Care Management Services (MCMS) provides consistent engagement and monitoring and is designed to help patients who want to recover at home. The service is staffed by registered nurses who have an average of 15 years of clinical experience and who have earned Integrated Care Management certification.¹

MORE AT HOME

Medtronic Care Management Services (MCMS) provides consistent engagement and monitoring and is designed to help patients who want to recover at home. The service is staffed by registered nurses who have an average of 15 years of clinical experience and who have earned Integrated Care Management certification.¹

MORE AT HOME

Medtronic Care Management Services (MCMS) provides consistent engagement and monitoring and is designed to help patients who want to recover at home. The service is staffed by registered nurses who have an average of 15 years of clinical experience and who have earned Integrated Care Management certification.¹

MORE AT HOME

Medtronic Care Management Services (MCMS) provides consistent engagement and monitoring and is designed to help patients who want to recover at home. The service is staffed by registered nurses who have an average of 15 years of clinical experience and who have earned Integrated Care Management certification.¹

MORE AT HOME

Medtronic Care Management Services (MCMS) provides consistent engagement and monitoring and is designed to help patients who want to recover at home. The service is staffed by registered nurses who have an average of 15 years of clinical experience and who have earned Integrated Care Management certification.¹

MORE AT HOME

Medtronic Care Management Services (MCMS) provides consistent engagement and monitoring and is designed to help patients who want to recover at home. The service is staffed by registered nurses who have an average of 15 years of clinical experience and who have earned Integrated Care Management certification.¹

MORE AT HOME

Medtronic Care Management Services (MCMS) provides consistent engagement and monitoring and is designed to help patients who want to recover at home. The service is staffed by registered nurses who have an average of 15 years of clinical experience and who have earned Integrated Care Management certification.¹

MORE AT HOME

Medtronic Care Management Services (MCMS) provides consistent engagement and monitoring and is designed to help patients who want to recover at home. The service is staffed by registered nurses who have an average of 15 years of clinical experience and who have earned Integrated Care Management certification.¹
Bundled payment programs, such as Medicare’s Comprehensive Care for Joint Replacement (CJR), are pushing providers to value-based care. CJR will launch in April 2016 in 67 geographies and aims to support better and more efficient care for Medicare beneficiaries undergoing hip and knee replacements.

CJR includes financial incentives for high-performing participants and penalties for underperformers.

During a 30-day episode of care that begins when a patient is admitted for major hip or knee replacement (discharged under MS-DRG 469 or MS-DRG 470), participating hospitals will be accountable for all related items and services paid under Medicare Part A and Part B. Visit cms.gov for full details.

Now more than ever, monitoring post-surgical patient care and recovery is essential.

How Hip and Knee Remote Patient Monitoring Service Works

1. Enroll
   Patient is enrolled in the hip and knee service prior to discharge. Medtronic Care Management Services (MCMS) monitoring equipment is sent to the patient’s home and monitoring begins when patient arrives home.

2. Monitor
   Patient submits biometric and symptom data during a daily health check. This data is sent securely to MCMS where proprietary software organizes it by risk level for nurses to review.

3. Assess
   A nurse specially trained in telehealth and orthopedic care reviews and assesses the patient’s health data to facilitate patient engagement and report generation.

4. Educate
   The nurse reaches out to patients as needed to gather clarifying health information and to educate the patient on recovery and rehabilitation.

5. Report
   The nurse summarizes the findings and sends actionable information about the patient to the provider. The provider determines appropriate follow-up action.

More at Home

Medtronic Care Management Services (MCMS) provides consistent engagement and monitoring and is designed to help patients who want to recover at home. The service is staffed by registered nurses who have an average of 15 years of clinical experience and who have earned Integrated Care Management certification.

Data

EDUCATE

ENROLL

REPORT

ASSESS

Monitor

Nurse

Patient

Provider

Help Keep Clinical Workflows Manageable

An annual review of MCMS daily nurse monitoring services showed that on an average day 25.1 patients out of 100 presented health data that triggered an alert. But after further reviewing patients’ health data, only 4.2 of those 100 patients required escalation to their provider.

Designed to Address Readmission Risk

Readmissions following total hip and knee surgeries can be costly. A single-center study of more than 2,000 hip and knee arthroplasty patients showed that the average direct cost of a readmission in the 30 days following surgery was between $13,000-21,000.²

MCMS total hip and knee-service is designed to help orthopedic clinicians mitigate the risk of unnecessary readmission. Our standardized disease management programs are created with key drivers of readmission in mind. The program incorporates questions that are designed to help identify patients’ readmissions risk and facilitate early intervention.

Illustrative Patient Example

Based on 100 Patients on Service

- Provider
- Nurse
- Patient

Number of MCMS Program Patient Queries in the First 30 Days of Service Related to Key Drivers of Readmission

<table>
<thead>
<tr>
<th>Infection</th>
<th>Wound</th>
<th>Venous Thromboembolism</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td>23</td>
<td>51</td>
</tr>
</tbody>
</table>

Historical Drivers of 10-Day Readmissions Following Hip & Knee Replacement³

A single-center retrospective analysis of total hip and knee replacements showed that key drivers of 10-day readmissions were infection, surgical issues, and venous thromboembolism.

- Provider
- Nurse
- Patient

Average 23.1% of Patients Alerted Daily

Of those, 4.2% of Patient Alerts Escalated to Provider

More at Home

Medtronic Care Management Services (MCMS) provides consistent engagement and monitoring and is designed to help patients who want to recover at home. The service is staffed by registered nurses who have an average of 15 years of clinical experience and who have earned Integrated Care Management certification.

Are You Ready to Monitor Patients Post Surgery?

Bundled payment programs, such as Medicare’s Comprehensive Care for Joint Replacement (CJR), are pushing providers to value-based care. CJR will launch in April 2016 in 67 geographies and aims to support better and more efficient care for Medicare beneficiaries undergoing hip and knee replacements.

CJR includes financial incentives for high-performing participants and penalties for underperformers.

During a 30-day episode of care that begins when a patient is admitted for major hip or knee replacement (discharged under MS-DRG 469 or MS-DRG 470), participating hospitals will be accountable for all related items and services paid under Medicare Part A and Part B. Visit cms.gov for full details.

Now more than ever, monitoring post-surgical patient care and recovery is essential.
INTRODUCING A HIP AND KNEE REMOTE PATIENT MONITORING SERVICE

A clinically robust program that is designed to:

- Allow providers to monitor and direct home-based patient recovery and rehabilitation
- Deliver actionable information to enable timely and effective clinical intervention
- Provide patient context and education, and enable existing clinical teams to focus their care
- Help you manage readmission risk and improve patient satisfaction – important factors in CJR evaluations

EXTENDING YOUR REACH

Value-based care will change patient care before, during and after total hip or knee replacements. This means more work and new demands on care providers to ensure patients receive the right recovery and rehabilitation care post-surgery.

MCMS monitoring service is designed to help facilitate the recovery and rehabilitation of total hip and total knee replacement patients. It can help you manage your patient’s day-to-day questions and recovery concerns – freeing care providers to focus on other demands.

Disclosure: Medtronic Care Management Services are a trademark of a Medtronic subsidiary and are used under license. Service availability and performance may be impacted by patient user error and connectivity, access and service hour limitations.
EXTENDING YOUR REACH

Value-based care will change patient care before, during, and after total hip or knee replacements. This means more work and new demands on care providers to ensure patients receive the right recovery and rehabilitation care post-surgery.

MCMS’ monitoring service is designed to help facilitate the recovery and rehabilitation of total hip and total knee replacement patients. It can help you manage your patient’s day-to-day questions and recovery concerns – freeing care providers to focus on other demands.

INTRODUCING A HIP AND KNEE REMOTE PATIENT MONITORING SERVICE

A clinically robust program that is designed to:

• Allow providers to monitor direct home-based patient recovery and rehabilitation
• Deliver actionable information to enable timely and effective clinical intervention
• Provide patient context and education, and enable existing clinical teams to focus their care
• Help you manage readmission risk and improve patient satisfaction – important factors in CJR evaluations