

## 2017 Orthopaedic Preferred Specialty Measure Set

Quality #	NQF #	Data Submission Method	Measure Type	High Priority?	National Quality Strategy Domain	Measure Title	Measure Description
<b>General Orthopaedic Measures</b>							
024	0045	Claims, Registry	Process	Yes	Communication and Care Coordination	Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 Years and Older	Percentage of patients aged 50 years and older treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient's on-going care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is reported by the physician who treats the fracture and who therefore is held accountable for the communication
046	0097	Claims, CMS Web Interface, Registry	Process	Yes	Communication and Care Coordination	Medication Reconciliation Post-Discharge	The percentage of discharges from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) for patients 18 years and older of age seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care for whom the discharge medication list was reconciled with the current medication list in the outpatient medical record. This measure is reported as three rates stratified by age group: • Reporting Criteria 1: 18-64 years of age • Reporting Criteria 2: 65 years and older • Total Rate: All patients 18 years of age and older
047	0326	Claims, Registry	Process	Yes	Communication and Care Coordination	Care Plan	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan
109	N/A	Claims, Registry	Process	Yes	Person and Caregiver-Centered Experience and Outcomes	Osteoarthritis (OA): Function and Pain Assessment	Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain
128	0421	Claims, EHR, CMS Web Interface, Registry	Process	No	Community / Population Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter  Normal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m2
130	0419	Claims, EHR, Registry	Process	Yes	Patient Safety	Documentation of Current Medications in the Medical Record	Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.
131	0420	Claims, Registry	Process	Yes	Communication and Care Coordination	Pain Assessment and Follow-Up	Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present

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134	0418	Claims, EHR CMS Web Interface, Registry	Process	No	Community / Population Health	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen
154	0101	Claims, Registry	Process	Yes	Patient Safety	Falls: Risk Assessment	Percentage of patients aged 65 years and older with a history of falls that had a risk assessment for falls completed within 12 months
155	0101	Claims, Registry	Process	Yes	Communication and Care Coordination	Falls: Plan of Care	Percentage of patients aged 65 years and older with a history of falls that had a plan of care for falls documented within 12 months
178	N/A	Registry	Process	No	Effective Clinical Care	Rheumatoid Arthritis (RA): Functional Status Assessment	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within 12 months
179	N/A	Registry	Process	No	Effective Clinical Care	Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease prognosis at least once within 12 months
180	N/A	Registry	Process	No	Effective Clinical Care	Rheumatoid Arthritis (RA): Glucocorticoid Management	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone $\geq$ 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months
226	0028	Claims, EHR CMS Web Interface, Registry	Process	No	Community / Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user
318	0101	EHR, CMS Web Interface	Process	Yes	Patient Safety	Falls: Screening for Future Fall Risk	Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.
358	N/A	Registry	Process	Yes	Person and Caregiver-Centered Experience and Outcomes	Patient-Centered Surgical Risk Assessment and Communication	Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon
374	N/A	EHR	Process	Yes	Communication and Care Coordination	Closing the Referral Loop: Receipt of Specialist Report	Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred
408	N/A	Registry	Process	No	Effective Clinical Care	Opioid Therapy Follow-up Evaluation	All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record
412	N/A	Registry	Process	No	Effective Clinical Care	Documentation of Signed Opioid Treatment Agreement	All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record.

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414	N/A	Registry	Process	No	Effective Clinical Care	Evaluation or Interview for Risk of Opioid Misuse	All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAPP-R) or patient interview documented at least once during Opioid Therapy in the medical record
418	0053	Claims, Registry	Process	No	Effective Clinical Care	Osteoporosis Management in Women Who Had a Fracture	The percentage of women age 50-85 who suffered a fracture and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis in the six months after the fracture
458	1789	Administrative Claims	Outcome	No	Communication and Care Coordination	All-cause Hospital Readmission	The 30-day All-Cause Hospital Readmission measure is a risk-standardized readmission rate for beneficiaries age 65 or older who were hospitalized at a short-stay acute care hospital and experienced an unplanned readmission for any cause to an acute care hospital within 30 days of discharge.
<b>Specialty Specific Measures - Hip</b>							
021	0268	Claims, Registry	Process	Yes	Patient Safety	Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin	Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis
023	0239	Claims, Registry	Process	Yes	Patient Safety	Perioperative Care*: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)	Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low- Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time
376	N/A	EHR	Process	Yes	Person and Caregiver-Centered Experience and Outcomes	Functional Status Assessment for Total Hip Replacement	Percentage of patients 18 years of age and older with primary total hip arthroplasty (THA) who completed baseline and follow-up patient-reported functional status assessments

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<b>Specialty Specific Measures - Knee</b>							
021	0268	Claims, Registry	Process	Yes	Patient Safety	Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin	Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis
023	0239	Claims, Registry	Process	Yes	Patient Safety	Perioperative Care*: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)	Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low- Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time
350	N/A	Registry	Process	Yes	Communication and Care Coordination	Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy	Percentage of patients regardless of age undergoing a total knee replacement with documented shared decision-making with discussion of conservative (non-surgical) therapy (e.g., non-steroidal anti-inflammatory drug (NSAIDs), analgesics, weight loss, exercise, injections) prior to the procedure
351	N/A	Registry	Process	Yes	Patient Safety	Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation	Percentage of patients regardless of age undergoing a total knee replacement who are evaluated for the presence or absence of venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g. history of Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), Myocardial Infarction (MI), Arrhythmia and Stroke)
352	N/A	Registry	Process	Yes	Patient Safety	Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet	Percentage of patients regardless of age undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet
353	N/A	Registry	Process	Yes	Patient Safety	Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report	Percentage of patients regardless of age undergoing a total knee replacement whose operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant
375	N/A	EHR	Process	Yes	Person and Caregiver-Centered Experience and Outcomes	Functional Status Assessment for Total Knee Replacement	Percentage of patients 18 years of age and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up patient-reported functional status assessments

\*The PMC acknowledges the past controversy around the use of aspirin for DVT prophylaxis. Quality #023 does not specify the use of aspirin, however, the use of “mechanical prophylaxis” is specified in the numerator of the measure specification. Because aspirin is usually given in combination with mechanical prophylaxis the PMC deemed the measure appropriate to include in the OPS Set.

## **About the Orthopaedic Preferred Specialty Measure Set**

As part of our commitment to support AAOS members with the implementation of performance measures, the AAOS Performance Measures Committee (PMC) evaluated the 2017 Merit-based Incentive Payment System (MIPS) Quality performance measures to determine which of the available measures could be used by a majority of orthopaedic surgeons to satisfy reporting requirements for the "Quality" component of MIPS. The 2017 Orthopaedic Preferred Specialty Measure Set (OPS) provides a concise list of available MIPS-Quality measures most relevant to orthopaedic surgeons. This set is designed to be a guide to assist orthopaedic surgeons in choosing measures applicable to their practice. These are NOT required measures but are suggestions for orthopaedic surgeons. We recommend AAOS members familiarize themselves with the measure titles, descriptions, and available reporting methods for each, to help determine the best reporting path.