

AAOS: Clinical Practice Guidelines and Appropriate Use Criteria

- **John J. Callaghan, M.D.**
- **The Lawrence and Marilyn Dorr Chair and
Professor University of Iowa**

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Guidelines – Goals

- Gold standard for methodology, transparency and elimination of bias
- Efficient – (cheaper and faster)
- National impact (OA knee, PE prophylaxis, spinal compression fx)
- Develop robust clinical research agenda
 - ◆ Collaborations, Improved lit, OREF, NIAMS
- Collaboration with non-ortho societies
 - ◆ AAOS viewed as a leader

Usefulness of CPGs in Quality Initiative

- Whether the answers to questions in a CPG give high-quality recommendations or simply point to answers which are inconclusive –
- They contribute to the **Cycle of Quality Improvement** as the CPGs are revised on a timely basis

Why Appropriate Use Criteria (AUC)?

- Unprecedented focus on assessment and improving quality
- Explosive growth of some orthopedic procedures
- Substantial regional variation
- True nature of utilization unknown
 - ◆ Overuse, Underuse, Appropriate Use
- Clinicians, patients, and payers seeking guidance

Guidelines, Performance Measures and AUC

■ Clinical Guidelines

- ◆ Exhaustive review of literature – all available evidence
- ◆ Best practices for management of a disease/diagnosis/condition
- ◆ “Should do, should not do”

Guidelines, Performance Measures and AUC

■ Performance Measures

- ◆ Selective, focused, measurable, actionable
- ◆ Based on guidelines for what has been proven to improve patient outcomes
- ◆ Tools for quality measurement
- ◆ “Must do”
- ◆ Presently working with AAHKS on performance measure for OA of the knee

Guidelines, Performance Measures and AUC

- Appropriate Use Criteria
 - ◆ Selective indications
 - ◆ Clinical scenarios are built from evidence of effectiveness (e.g. a CPG)
 - ◆ Evaluate relative risks/benefits of a procedure/service for a specific indication
 - ◆ “Reasonable to do”

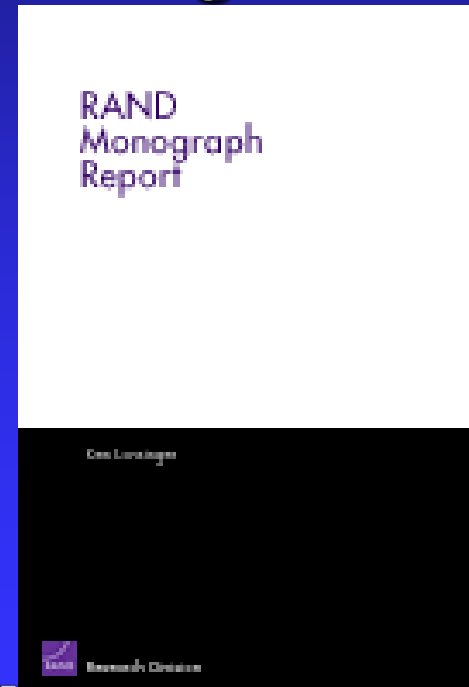
Appropriate Use Criteria

■ Evidence-based Guidelines vs. Appropriate Use Criteria

- ◆ Evidence-based CPGs tell us **if** a procedure or service works
- ◆ AUCs specify **when** it's appropriate to perform that procedure or service
- ◆ Neither asks **who** should do the procedure.....but AUC asks **on whom** it should be done

AUC - RAND/UCLA Method

- Combines best evidence with collective judgment of experts to develop a statement *re* appropriateness of performing a procedure
 - ◆ Patient symptoms
 - ◆ Patient Demographics
 - ◆ Medical history
 - ◆ Test results



Appropriate Use Criteria

- Opportunity to participate in health care reform
- Set an example of best practices and indications
- Broaden findings of guidelines/risk stratify
- Work with payers and CMS
- Reimbursement/paperwork
- AAOS members key to the development
- Opportunity to enhance our advocacy message
- AAOS takes further steps down the Quality path

AAOS: Appropriate Use Criteria Initial Project

- Distal Radius FX
- **Future**: OA of the knee
MS imaging

AAOS Clinical Practice Guidelines

Summary of topics

■ 2007

- ◆ VTE after THR/TKR
- ◆ Diagnosis of CTS

■ 2008

- ◆ Treatment of CTS
- ◆ Dx/Rx of Knee Osteoarthritis

Summary of topics

■ 2009

- ◆ Dx/Rx – Achilles Tendon Rupture
- ◆ Rx of Glenohumeral arthritis
- ◆ Rx of Peds diaphyseal femur fx
- ◆ Rx of distal radius fx

■ 2010

- ◆ Dx of periprosthetic infections
- ◆ Rx – spine osteoporotic comp fx
- ◆ Optimizing mgmt of rotator cuff problems
- ◆ Rx – OCD - knee

Guidelines in progress

- Rx – Supracondylar Humerus Fx (POSNA)
- **Update** – VTE Prophylaxis after THR/TKR
- **Update** – Dx of Carpal Tunnel Syndrome
- Abx Prophylaxis in Patients with Joint Replacements (ADA)
- **Update** – OA of the knee
- Dx/Rx – DDH
- Management of the Elderly Patient with a Hip Fx
- Treatment of ACL Injuries
- **Future – Low back pain, Hip DJD, Knee DJD (surgery)**

Going Forward...

The AAOS Quality Agenda

- Clinical Practice Guidelines
- Performance Measurements
- Appropriate Use Criteria

AAOS AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
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