AAOS:
Clinical Practice Guidelines and
Appropriate Use Criteria

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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
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

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