Quality, Value, and Healthcare Reform: AAOS Takes the Lead

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Chair, AAOS Council on Research & Quality
Disclosures/Conflicts of Interest

- **Research Support:**
  - AHRQ, RWJF, CHCF, UC CHQI, YODA

- **Consultant:**
  - Integrated Healthcare Association, Pacific Business Group on Health
  - Visiting Scholar, Harvard Business School

- **Governance/Leadership Roles:**
  - AAOS (Council on Research and Quality)
  - AAHKS (Health Policy, EBPC)
  - American Joint Replacement Registry (Board of Directors)
  - COA (President)
  - OREF (Board of Trustees)
  - UCSF Medical Center (HTAP)
Defining ‘Value’ in Value-Based Healthcare

Value = Benefit*/Cost

*Benefit in Healthcare = Quality + Service
Who Will Define ‘Quality’ in Orthopaedics?

Which of the following would you trust to decide which doctors should be placed in tier 1 or tier 2 (please mark one or more)?

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your health plan</td>
<td>20.0%</td>
</tr>
<tr>
<td>The GIC</td>
<td>20.0%</td>
</tr>
<tr>
<td>Physician society</td>
<td>49.0%</td>
</tr>
<tr>
<td>Your personal doctor</td>
<td>32.0%</td>
</tr>
<tr>
<td>Independent organization</td>
<td>43.0%</td>
</tr>
</tbody>
</table>

“...recognize the central role of the profession in determining and measuring quality..."
AAOS Quality Initiatives

- Clinical Practice Guidelines
- Appropriate Use Criteria
- Patient Safety Checklists
- Registries
- Performance Measures
The Role of Clinical Practice Guidelines (CPGs) and Appropriate Use Criteria (AUCs) in Quality Assessment
Why AAOS CPGs and AUCs?

- Synthesize the evidence
- Demand from external stakeholders
- Opportunity to define quality, appropriateness
- Value-based payment, delivery reforms
- Patients are being denied care based on proprietary guidelines, AUCs
- MAC/RAC Audits
  - Not evidence-based
  - Lack of transparency

Limited evidence – contra-indications
Limited evidence - essentially none
No generalizable evidence
Some evidence – contra-indications
NO EVIDENCE
Clinical Practice Guidelines (CPGs)

“Systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances”

-Institute of Medicine
## IOM CPG Standards

### AAOS Guidelines vs. Proprietary Guidelines

<table>
<thead>
<tr>
<th>IOM Standard</th>
<th>AAOS Guidelines</th>
<th>Proprietary Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establishing transparency</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Management of Conflict of Interest</td>
<td>Yes</td>
<td>Unknown</td>
</tr>
<tr>
<td>3. Guideline development group composition</td>
<td>No – Currently no patient representative</td>
<td>Unknown</td>
</tr>
<tr>
<td>4. Clinical practice guideline – systematic review intersection</td>
<td>Yes</td>
<td>Unknown</td>
</tr>
<tr>
<td>5. Establishing evidence foundations for and rating strength of recommendations</td>
<td>Yes</td>
<td>Unknown</td>
</tr>
<tr>
<td>6. Articulation of recommendations</td>
<td>Yes</td>
<td>Not easily available</td>
</tr>
<tr>
<td>7. External review</td>
<td>Yes</td>
<td>Unknown</td>
</tr>
<tr>
<td>8. Updating</td>
<td>Yes</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
AAOS CPG Development Process

1. Nominate CPG Topic
   All

2. Select Topic; Solicit for WG members
   EBPC

3. Apply/Nominate WG members
   AAOS/BOS/BOC/Others as appropriate

4. Appoint WG members
   EBPC

5. Formulate Questions, Set inclusion criteria, Suggest peer reviewers
   Work Group (WG)

6. Review Literature; Appraise Quality
   Staff

7. Approve included articles, quality appraisals, and evidence tables.
   WG

8. Develop recommendations; Assign a grade/rating for each based on evidence.
   WG

9. Peer Review (see #5)

10. Revise as needed based on peer review.
    WG

11. Public Comment
    AAOS/BOS/BOC/Others

12. Review Comments and revise as needed.
    WG

13. Approval

14. Communication, Dissemination, Implementation
   WG/GOC/EBP/AAOS/BOS/BOC - ALL

The final CPG is reviewed and approved by:
- Work Group
- Guideline Oversight Committee
- Evidence Based Practice Committee
- Council on Research and Quality
- AAOS Board of Directors

Seek input on the selection of question topics from patients, payors, stakeholders, AAOS members and others.
AAOS Clinical Practice Guidelines

2007
- Prevention of Pulmonary Embolism (5/2007)
- Diagnosis of CTS (5/2007)

2008
- Treatment of OA of the Knee (12/2008)

2009
- Tx of Pediatric Diaphyseal Femur Fractures (6/2009)
- Tx of Glenohumeral Joint Arthritis (12/2009)
- Tx of Distal Radius Fx (12/2009)
- Dx/Tx of Acute Achilles Tendon Rupture (12/2009)

2010
- Dx of Periprosthetic Joint Infections of Hip and Knee (6/2010)
- Tx of Symptomatic Osteoporotic spinal Compression Fx (9/2010)
- Optimizing Management of Rotator Cuff Problems (12/2010)
- Dx/Tx of OCD (12/2010)

2011
- Tx of Carpal Tunnel Syndrome (9/2011)
- Tx of Pediatric Supracondylar Humerus Fx (9/2011)
- Preventing VTE in Pts undergoing THR/TKR (9/2011)

2012
- Prevention of Orthopaedic Implant Infection in Patients Undergoing Dental Procedures (AAOS/ADA) (12/2012)
AAOS CPGs in Progress

- Update – OA of the Knee (nonarthroplasty)  2013
- Dx/Tx – Developmental Dysplasia of Hip
- Hip Fractures in Elderly Patients (2 CPGs)
- Treatment of ACL Injuries
- Future
  - Surgical Management of OA of the Knee
  - Hip Pain
  - Update – Low back pain
  - Update – Management of Rotator Cuff Problems
Modifications to CPG Process*

- Broaden guidelines by shifting emphasis from treatment of a specific condition to comprehensive care of the patient
- Identify topics that have a more substantial evidence base to support Recommendations
- Include patients and payors/purchasers in CPG development
- Modify language of CPGs to make them more user friendly to patients, practitioners
- Develop ‘derivative products’ to accompany CPGs, such as AUCs, Shared Decision Making Tools, Patient Safety Checklists, and Editorials

*Based on experience and feedback from AAOS members, other stakeholders
Appropriate Use Criteria (AUCs)

“Appropriate Use Criteria (AUC) specify when it is appropriate to use a procedure. An ‘appropriate’ procedure is one for which the expected health benefits exceed the expected health risks by a wide margin.”

Rationale for AUCs

- Existing evidence is not sufficient
- Physicians, patients must make decisions
- AUC’s facilitate decisions by combining best available scientific evidence with the collective judgment of experts in order to determine the appropriateness of performing a procedure.
AAOS AUC Development Process

1. AUC Committee selects topic

2. Solicit AAOS Members and medical/specialty society representation on:
   - Writing Panel
   - Review Panel
   - Voting Panel (multidisciplinary group with no relevant conflicts)

3. Writing Panel develops criteria (indications, scenarios, definitions, and assumptions)

4. AAOS staff produces literature review based on updating and supplementing an existing AAOS clinical practice guideline

5. Review Panel reviews criteria developed by Writing Panel and returns their feedback to the Writing Panel

6. Writing Panel makes edits based on Review Panel feedback and finalizes criteria

7a. Voting Panel members rate criteria independently (Round One Voting occurs online).

7b. Voting Panel members meet in person, discuss any discrepancies in results of first round voting and rate criteria again (Round Two Voting).

8. Approval

9. Publication

The final AUC is reviewed and approved by:
- AUC Committee
- Council on Research and Quality
- AAOS Board of Directors
AAOS AUC Topics

- Treatment of Distal Radius Fractures
- Rotator cuff surgery
- Imaging for Shoulder Pain (MRI, U/S, etc)
- Knee Arthroscopy
- Operative Treatment of Hip Fractures
- Total Knee Replacement
- Imaging for Knee pain
- Imaging for Low Back Pain
- Lumbar Fusion for Low Back Pain
- Total Hip Replacement
How are CPGs and AUCs Used?

- In conjunction with patient’s preferences and values, clinician’s clinical judgment and experience
- Shared medical decision making
- NOT meant to be proscriptive
Performance Measures

- Derived from CPGs
- Payment, policy implications
- Require ownership, active role by Medical Profession!
The Choice is Ours…

“The first, critical step (in healthcare reform) is physician leadership”

- Mark McClellan, MD, PhD, testimony to Senate Finance Committee, May, 2010

- Either we find ways to stretch our healthcare dollars by improving quality and eliminating waste, or...

- Cost containment will be imposed on us by limiting access and cutting provider reimbursement
Leadership Opportunity for Orthopaedics

“Confidence in each to recommend the right thing for healthcare reform.”

“Control your own destiny or someone else will.” – Jack Welch

National Health Care Spending Categories, 2009

- Hospital Care, 31%
- Physician and Clinical Services, 20%
- Dental and Other Care, 12%
- Rx Drugs, 10%
- Other Medical Products, 3%
- Home Health Care, 3%
- Nursing Care Facilities, 6%
- Investment, 6%
- Public Health Activities, 3%
- Administration, 7%

Source: CMS via California Health Care Almanac Quick Reference Guide

Medicare SGR

TORT REFORM
Summary

AAOS has made a major investment in staff/volunteer time and resources in initiatives aimed at improving quality, reducing cost.
Summary

- **AAOS Quality Initiatives** are central to our mission:
  
  “AAOS will champion the interests of all patients, serve our members and the profession, and advance the highest quality musculoskeletal health.”

  - Builds credibility (Choosing Wisely)

  - Gives us a voice in health reform
Summary

AAOS will continue to hold payers, policymakers accountable

- Own the generation and interpretation of evidence
- Vociferously fight against the misuse of evidence
- Insist on transparency
Alternative to AAOS Quality Initiatives?

- Payors/policymakers will define quality, indications for musculoskeletal interventions
AAOS as Leaders in Value-Based Healthcare

- **Define quality**
  - *Performance Measures*

- **Measure, provide feedback on quality**
  - *Registries*

- **Offer tools to improve quality, value**
  - *CPGs, AUCs, PSCs*
Thank You!!!