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

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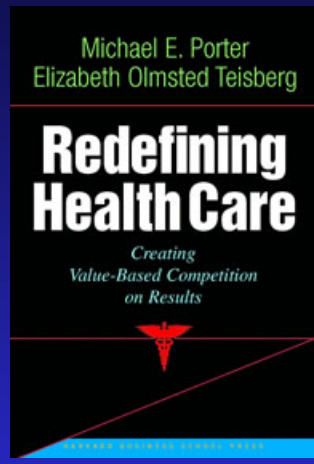
Chair, AAOS Council on Research & Quality

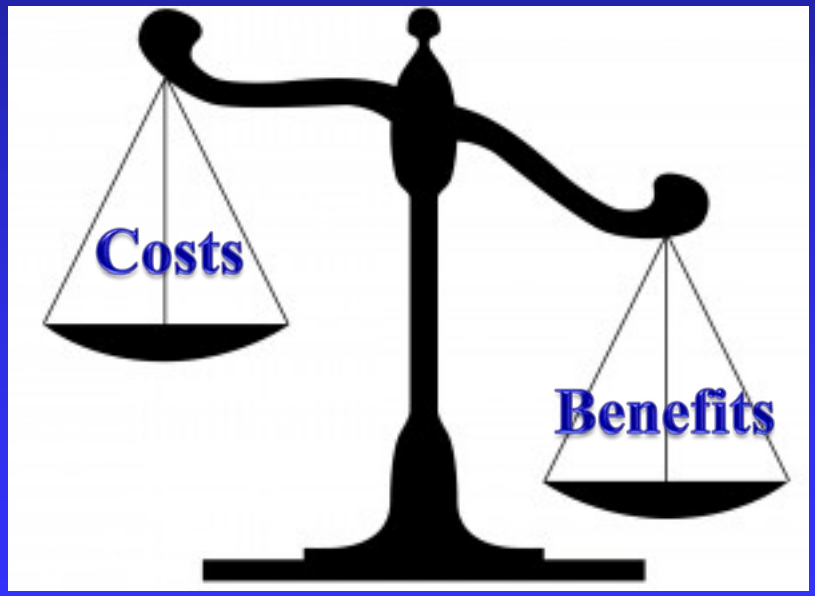
Disclosures/Conflicts of Interest

- **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

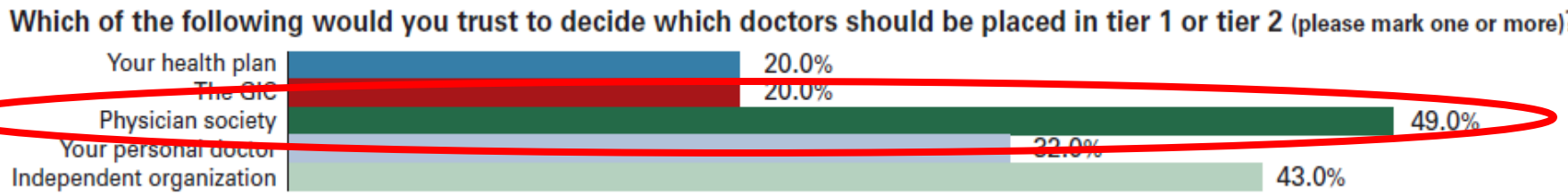
Value = Benefit*/Cost





Benefit in Healthcare = *Quality* + *Service

Who Will Define 'Quality' in Orthopaedics?



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NQF

HEALTHGRADES
BETTER HEALTHCARE

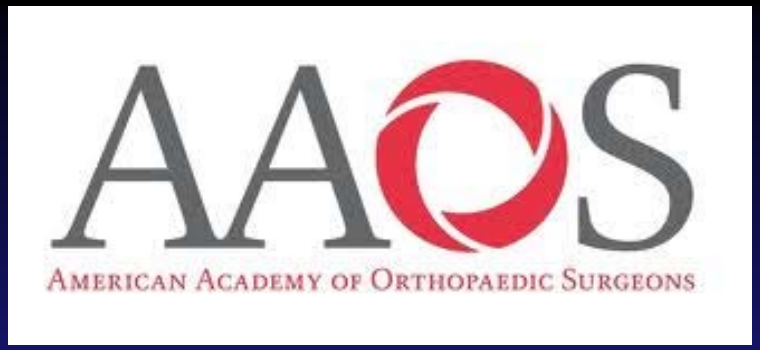
Consumer Reports Health.org™

"…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**

AAOS
American Academy of Orthopaedic Surgeons



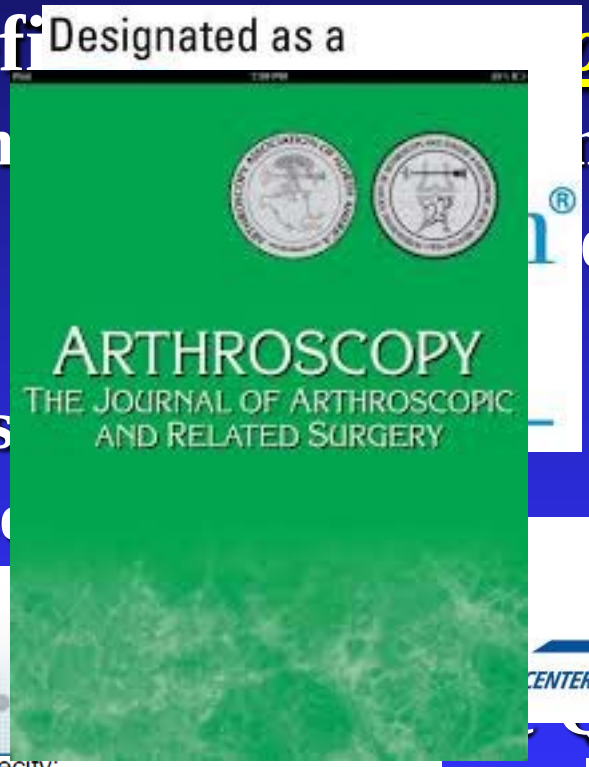
Council on Research and Quality

Committee on Evidence-Based Quality and Value

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 defi**



– specify;

- Contraindications to non-surgical treatments;
- Listing and description of failed non-surgical treatments such as:
  - Trial of medications (e.g. NSAIDs); **Limited evidence – contra-indications**
  - Weight loss; **Limited evidence- essentially none**
  - Physical therapy; **No generalizable evidence**
  - Intra-articular injections; **Some evidence – contra-indications**
  - Braces, orthotics or assistive devices. **NO EVIDENCE**

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Clinical Practice Guidelines (CPGs)

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

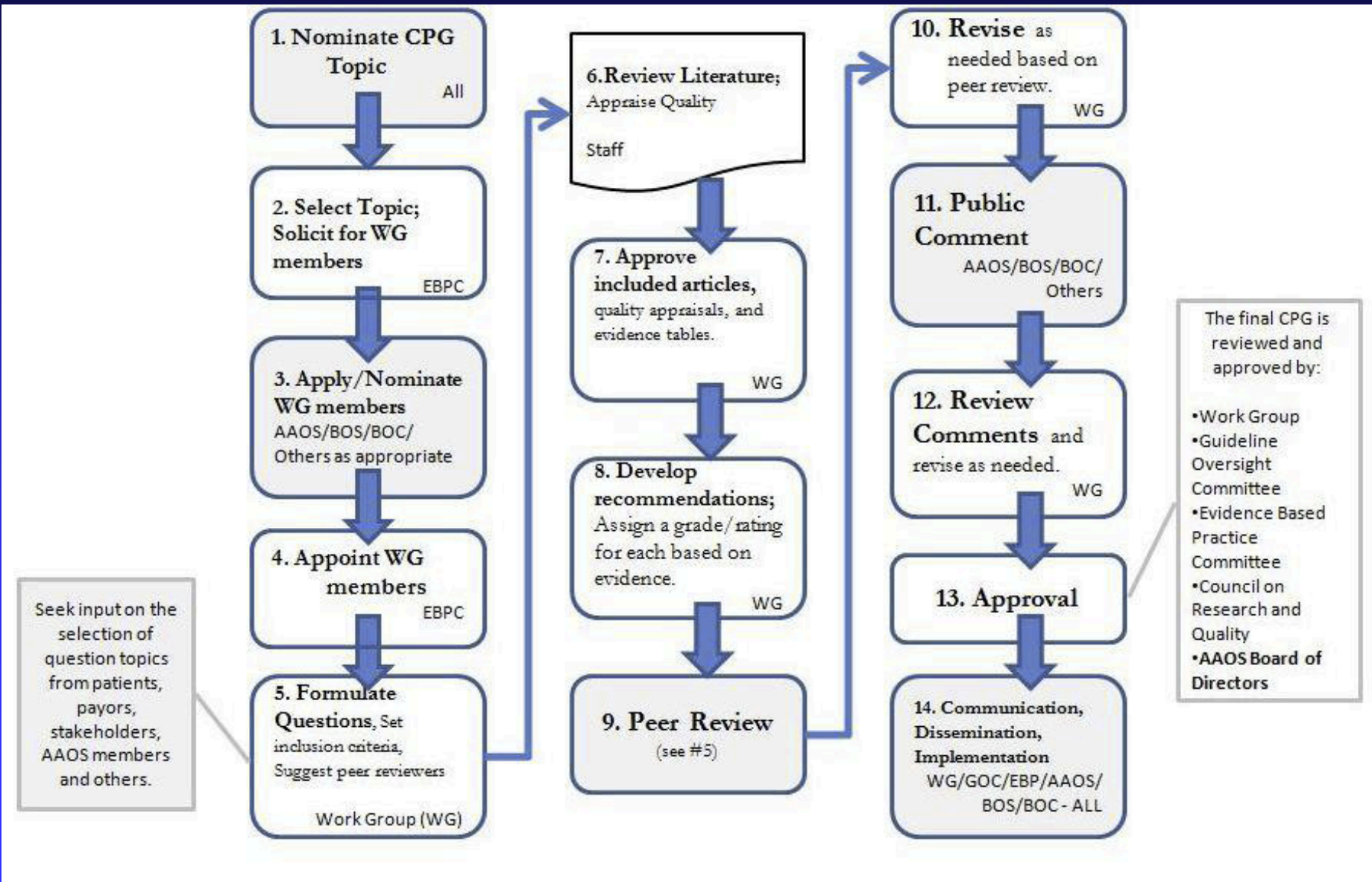
-Institute of Medicine

IOM CPG Standards

AAOS Guidelines vs. Proprietary Guidelines

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

AAOS CPG Development Process



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)

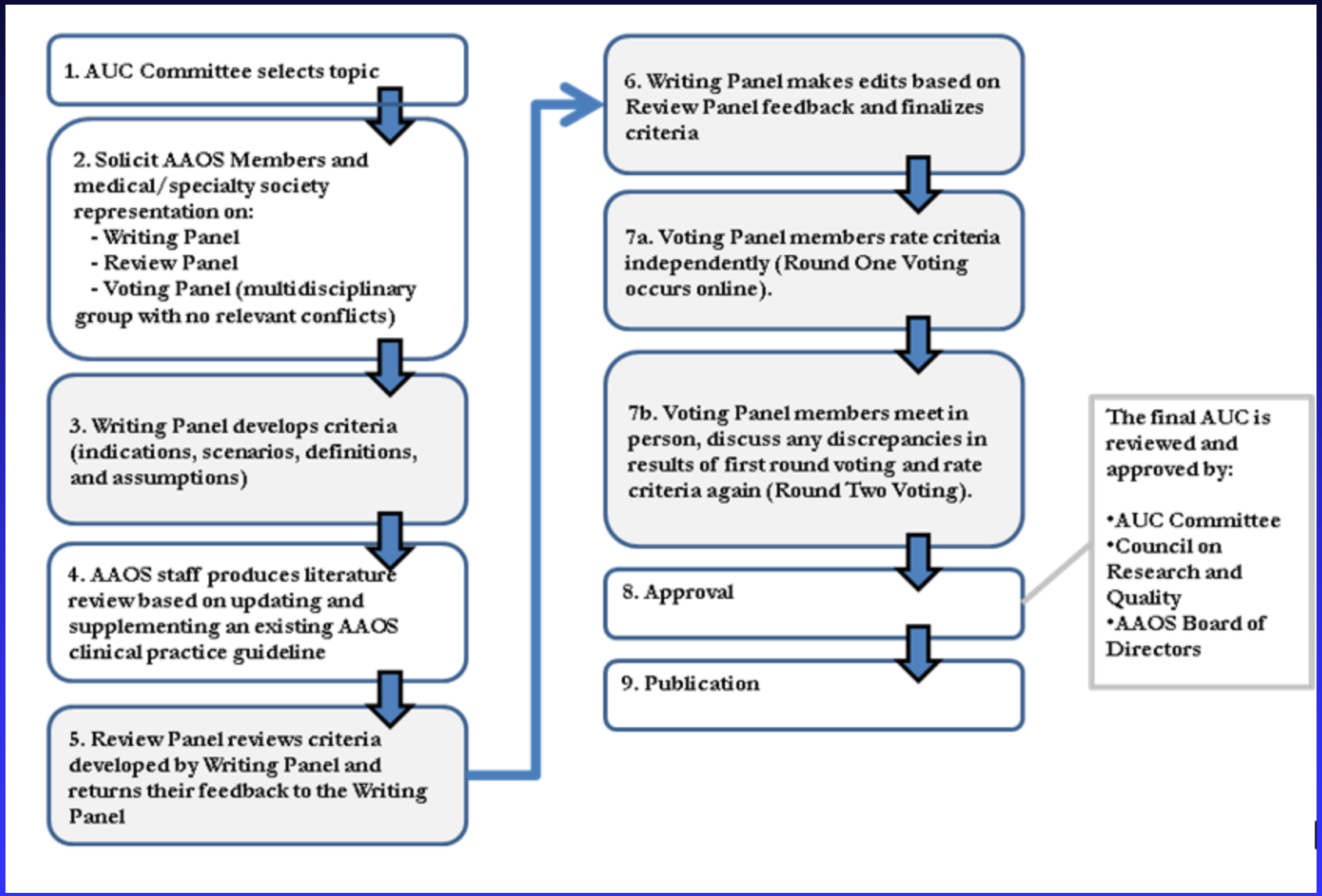
"Appropriate Use Criteria (AUC) specify when it is appropriate to use a procedure. An 'appropriate' procedure is one for which the expected health benefits exceed the expected health risks by a wide margin."

-RAND/UCLA Appropriateness Method User's Manual

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



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**

INFORMED MEDICAL DECISIONS FOUNDATION
Partnerships for Quality Care

Performance Measures

- **Derived from CPGs**
- **Payment, policy implications**
- **Require ownership, active role by Medical Profession!**

HEALTHGRADES
THE HEALTHCARE QUALITY EXPERTS

NQF
National Quality Forum

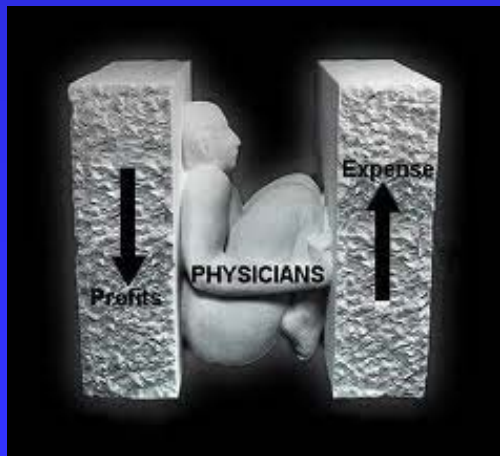
The Choice is Ours…

"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**



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

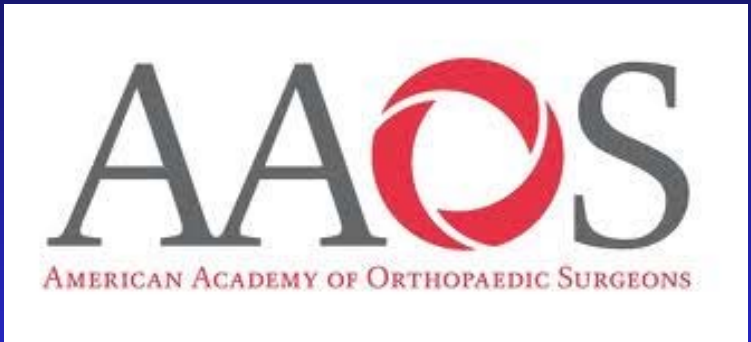
- **AAOS will continue to hold payers, policymakers accountable**
  - **Own the generation and interpretation of evidence**
  - **Vociferously fight against the misuse of evidence**
  - **Insist on transparency**

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!!!