

AJRR

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Number of Non-PQRS Measures submitted by QCDR = 4

Non-QPP CMS Assigned Measure ID for 2017	Summary/Measure Title	Measure Description	NQS Domain	Numerator	Denominator	Denominator Exclusions	Denominator Exceptions	Measure Type Efficiency, Intermediate Outcome, Outcome, Patient Engagement/Experience, Process and Structure	NQF Number	eCOM Number	Rationale	Data Source	Steward	Number of Multiple Performance Rates to be submitted in the XML field. Type in the number or N/A to indicate the number of performance rates submitted.	Indicate an Overall Performance Rate if more than 1 performance rate is to be submitted field – Specify which rate will represent an overall performance rate for the measure or how an overall performance rate could be calculated based on the data submitted in the XML.	Inverse Measurement (Yes/No)	Proportion Measure Scoring (Yes/No)	Continuous Measure Scoring (Yes/No)	Risk Adjusted (Yes/No)
AJRR 1	Hip Arthroplasty: Postoperative Complications within 90 Days Following the Procedure	Percentage of patients undergoing an elective primary total hip arthroplasty who did not have a secondary procedure on the operative hip for any of the following reasons: periprosthetic fracture, dislocation, mechanical failure of the implant, irrigation/debridement of deep infection or a debridement of a superficial infection or hematoma within 90 days following the procedure.	Patient Safety	Patients who did not have a secondary procedure on the operative hip for any of the following reasons: periprosthetic fracture, dislocation, mechanical failure of the implant, irrigation/debridement of deep infection or a debridement of a superficial infection or hematoma within 90 days following the procedure	All patients undergoing an elective primary total hip arthroplasty.	Patients with a diagnosis of a hip fracture at the time of the total hip arthroplasty procedure.	Patient does not keep postoperative visit and the office attempts to contact	Outcome	N/A	N/A	A study based on data from the California Joint Registry performed by SooHoo and colleagues found a 90-day complication rate of 3.81% including dislocations of 1.39%, infection of 0.90% and perioperative fracture of 0.01%. A study of Medicare data by Katz showed a dislocation rate of 3.1% and an infection rate of 0.20% within 90 days. Deep infection represents approximately 15 percent of the reasons for hip revisions in the US. In a 2012 study conducted by Katz et al, it was identified that the risk of revision for total hip replacements was approximately 2 percent per year for the first 18 months following the primary surgery.	EHR, Paper Medical Record, Registry	AAHKS	n/a	n/a	No	Yes	No	No
AJRR 2	Hip Arthroplasty: Health and Functional Improvement	Percentage of patients undergoing a hip arthroplasty who reported functional status based on the Hip dysfunction and Osteoarthritis Outcome Score for Joint Replacement (HOOS Jr.) AND either the NIH PROMIS-10 Global Instrument OR the VR-12 during the preoperative visit within 3 months prior to the procedure and at the postoperative visit between 180 and 365 days following the procedure.	Person and Caregiver-Centered Experience Outcomes	Patients who reported functional status based on the Hip dysfunction and Osteoarthritis Outcome Score for Joint Replacement (HOOS Jr.) AND either the NIH PROMIS-10 Global Instrument OR the VR-12 during the preoperative visit within 3 months prior to the procedure and at the postoperative visit between 180 and 365 days following the procedure.	All patients undergoing an elective primary total hip arthroplasty.	Patients with a diagnosis of a hip fracture at the time of the total hip arthroplasty procedure.	Patients who did not keep the postoperative visit following the total hip arthroplasty.	Outcome	N/A	N/A	There is increased emphasis on evaluating patient reported outcomes especially in the area of joint replacement. A study conducted by SooHoo and colleagues identified that 81 percent of patients achieved a minimal clinically important difference of three patient reported outcome measures 3 months following THA and TKR. In addition, the study showed the importance of measuring both generic quality of life function and disease-specific function.	EHR, Paper Medical Record, Registry	AAHKS	n/a	n/a	No	Yes	No	No
AJRR 3	Hip Arthroplasty: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy	Percentage of patients undergoing a hip arthroplasty with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g. NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure.	Communication and Care Coordination	Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g. NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure.	All patients undergoing an elective primary total hip arthroplasty.	Patients with a diagnosis of a hip fracture at the time of the total hip arthroplasty procedure.	None	Process	N/A	N/A	A trial of non-surgical therapy should be used prior to surgery, when possible. Non-surgical therapy may include the use of NSAIDs, other analgesics, exercise, or injections. For patients with severe disability, the patient and surgeon may decide after a thorough review of conservative options that the optimal treatment is to proceed with the operative intervention. In a study conducted by Bozic and others, patients who were considered appropriate for hip or knee replacement were provided either a shared decision making intervention or normal care. The patients in the intervention group reached an informed decision 58 percent of the time during the first visit with the surgeon compared to the control group (33 percent). The decision and communication materials helped both the patients and the orthopedic surgeons.	EHR, Paper Medical Record, Registry	AAHKS	n/a	n/a	No	Yes	No	No
AJRR 4	Hip Arthroplasty: Venous Thromboembolic and Cardiovascular Risk Evaluation	Percentage of patients undergoing a hip arthroplasty who are evaluated for the presence or absence of cardiovascular risk factors within 30 days prior to the procedure (e.g. history of deep venous thrombosis (DVT), pulmonary embolism (PE), myocardial infarction (MI), arrhythmia, and stroke).	Patient Safety	Patients who were evaluated for the presence or absence of cardiovascular risk factors within 30 days prior to the procedure (e.g. history of DVT, PE, MI, arrhythmia, and stroke).	All patients undergoing an elective primary total hip arthroplasty.	Patients with a diagnosis of a hip fracture at the time of the total hip arthroplasty procedure.	None	Process	N/A	N/A	Prior to a hip arthroplasty the patient's venous thromboembolic and cardiovascular risk should be evaluated. A population-based study of all Olmstead County, Minnesota, patients undergoing a total hip or knee arthroplasty from 1994 - 2008, reported that patients undergoing a total hip arthroplasty with a previous history of a cardiac event or a thromboembolic event were associated with an increased risk of a 90-day cardiac event following surgery. A study using the Danish national resident registries compared all patients undergoing a primary total hip replacement and total knee replacement from 1998 - 2007 to control groups not undergoing one of the procedures and found that the AMI rate 2 weeks after total hip replacement was increased 25-fold compared to the control group. Any preoperative disease state should be identified and managed prior to surgery to minimize the risk of the surgical procedure.	EHR, Paper Medical Record, Registry	AAHKS	n/a	n/a	No	Yes	No	No