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The American Joint Replacement Registry Orthopaedic Quality Resource Center™

This registry has been approved by CMS as a Qualified Clinical Data Registry (QCDR) for Eligible Clinicians and group practices for the 2017 Quality Payment Program (QPP) Performance Period.

QCDR MEASURES	MEASURE ID
<p>Hip Arthroplasty: Postoperative Complications within 90 Days Following the Procedure</p> <p>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.</p> <p>National Quality Strategy Domain: Patient Safety Type: Outcome Measure High-Priority: Yes Data Submission Method(s): Registry Measure</p>	AJRR1
<p>Hip Arthroplasty: Health and Functional Improvement</p> <p>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.</p> <p>National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Type: Outcome Measure High-Priority: Yes Data Submission Method(s): Registry Measure</p>	AJRR2
<p>Hip Arthroplasty: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy</p> <p>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.</p> <p>National Quality Strategy Domain: Communication and Care Coordination Type: Process Measure High-Priority: Yes Data Submission Method(s): Registry Measure</p>	AJRR3
<p>Hip Arthroplasty: Venous Thromboembolic and Cardiovascular Risk Evaluation</p> <p>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).</p> <p>National Quality Strategy Domain: Patient Safety Type: Process Measure High-Priority: Yes Data Submission Method(s): Registry Measure</p>	AJRR4

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
<p>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)</p> <p>Percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.</p> <p>National Quality Strategy Domain: Effective Clinical Care Type: Intermediate Outcome High-Priority: Yes Appropriate Use: No Data Submission Method(s): Electronic Measure, Registry Measure</p>	001	CMS122v5	0059

*CMS Quality Measure Specifications are available at <https://qpp.cms.gov/about/resource-library>.

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
<p>Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin</p> <p>Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis.</p> <p>National Quality Strategy Domain: Patient Safety Type: Process High-Priority: Yes Appropriate Use: Yes Data Submission Method(s): Registry Measure</p>	021	---	0268
<p>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)</p> <p>Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time.</p> <p>National Quality Strategy Domain: Patient Safety Type: Process High-Priority: Yes Appropriate Use: No Data Submission Method(s): Registry Measure</p>	023	---	0239
<p>Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 Years and Older</p> <p>Percentage of patients aged 50 years and older treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient's on-going care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is reported by the physician who treats the fracture and who therefore is held accountable for the communication.</p> <p>National Quality Strategy Domain: Communication and Care Coordination Type: Process High-Priority: Yes Appropriate Use: No Data Submission Method(s): Registry Measure</p>	024	---	0045
<p>Screening for Osteoporosis for Women Aged 65-85 Years of Age</p> <p>Percentage of female patients aged 65-85 years of age who ever had a central dual-energy X-ray absorptiometry (DXA) to check for osteoporosis.</p> <p>National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Appropriate Use: No Data Submission Method(s): Registry Measure</p>	039	---	0046
<p>Osteoarthritis (OA): Function and Pain Assessment</p> <p>Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain.</p> <p>National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Type: Process High-Priority: Yes Appropriate Use: No Data Submission Method(s): Registry Measure</p>	109	---	---

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MIPS QUALITY & ECQM MEASURES*

QUALITY #

eMEASURE ID

NQF #

Documentation of Current Medications in the Medical Record

130

CMS68v6

0419

Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.

National Quality Strategy Domain: Patient Safety

Type: Process

High-Priority: Yes

Appropriate Use: No

Data Submission Method(s): Electronic Measure, Registry Measure

Pain Assessment and Follow-Up

131

0420

Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present.

National Quality Strategy Domain: Communication and Care Coordination

Type: Process

High-Priority: Yes

Appropriate Use: No

Data Submission Method(s): Registry Measure

Falls: Risk Assessment

154

0101

Percentage of patients aged 65 years and older with a history of falls that had a risk assessment for falls completed within 12 months.

National Quality Strategy Domain: Patient Safety

Type: Process

High-Priority: Yes

Appropriate Use: No

Data Submission Method(s): Registry Measure

Falls: Plan of Care

155

0102

Percentage of patients aged 65 years and older with a history of falls that had a plan of care for falls documented within 12 months.

National Quality Strategy Domain: Communication and Care Coordination

Type: Process

High-Priority: Yes

Appropriate Use: No

Data Submission Method(s): Registry Measure

Functional Status Change for Patients with Knee Impairments

217

0422

A self-report measure of change in functional status for patients 14 year+ with knee impairments. The change in functional status (FS) assessed using FOTO's (knee) PROM (patient-reported outcomes measure) is adjusted to patient characteristics known to be associated with FS outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality.

National Quality Strategy Domain: Communication and Care Coordination

Type: Outcome

High-Priority: Yes

Appropriate Use: No

Data Submission Method(s): Registry Measure

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MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
<p>Functional Status Change for Patients with Hip Impairments</p> <p>A self-report measure of change in functional status (FS) for patients 14 years+ with hip impairments. The change in functional status (FS) assessed using FOTO's (hip) PROM (patient-reported outcomes measure) is adjusted to patient characteristics known to be associated with FS outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality.</p> <p>National Quality Strategy Domain: Communication and Care Coordination Type: Outcome High-Priority: Yes Appropriate Use: No Data Submission Method(s): Registry Measure</p>	218	---	0423
<p>Functional Status Change for Patients with General Orthopaedic Impairments</p> <p>A self-report outcome measure of functional status (FS) for patients 14 years+ with general orthopaedic impairments (neck, cranium, mandible, thoracic spine, ribs or other general orthopaedic impairment). The change in FS assessed using FOTO (general orthopaedic) PROM (patient reported outcomes measure) is adjusted to patient characteristics known to be associated with FS outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level by to assess quality.</p> <p>National Quality Strategy Domain: Communication and Care Coordination Type: Outcome High-Priority: Yes Appropriate Use: No Data Submission Method(s): Registry Measure</p>	223	---	0428
<p>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p> <p>Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</p> <p>National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Appropriate Use: No Data Submission Method(s): Electronic Measure, Registry Measure</p>	226	CMS138v5	0028
<p>Falls: Screening for Future Fall Risk</p> <p>Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.</p> <p>National Quality Strategy Domain: Patient Safety Type: Process High-Priority: Yes Appropriate Use: No Data Submission Method(s): Electronic Measure, Registry Measure</p>	318	CMS139v5	0103
<p>Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy</p> <p>Percentage of patients regardless of age undergoing a total knee replacement with documented shared decision-making with discussion of conservative (non-surgical) therapy (e.g., non-steroidal anti-inflammatory drug (NSAIDs), analgesics, weight loss, exercise, injections) prior to the procedure.</p> <p>National Quality Strategy Domain: Communication and Care Coordination Type: Process High-Priority: Yes Appropriate Use: No Data Submission Method(s): Registry Measure</p>	350	---	---

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MIPS QUALITY & ECQM MEASURES*

QUALITY #

eMEASURE ID

NQF #

Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation

351

Percentage of patients regardless of age undergoing a total knee replacement who are evaluated for the presence or absence of venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g. history of Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), Myocardial Infarction (MI), Arrhythmia and Stroke).

National Quality Strategy Domain: Patient Safety

Type: Process

High-Priority: Yes

Appropriate Use: No

Data Submission Method(s): Registry Measure

Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet

352

Percentage of patients regardless of age undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet.

National Quality Strategy Domain: Patient Safety

Type: Process

High-Priority: Yes

Appropriate Use: No

Data Submission Method(s): Registry Measure

Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report

353

Percentage of patients regardless of age undergoing a total knee replacement whose operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant.

National Quality Strategy Domain: Patient Safety

Type: Process

High-Priority: Yes

Appropriate Use: No

Data Submission Method(s): Registry Measure

Unplanned Reoperation within the 30 Day Postoperative Period

355

Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day postoperative period.

National Quality Strategy Domain: Patient Safety

Type: Outcome

High-Priority: Yes

Appropriate Use: No

Data Submission Method(s): Registry Measure

Unplanned Hospital Readmission within 30 Days of Principal Procedure

356

Percentage of patients aged 18 years and older who had an unplanned hospital readmission within 30 days of principal procedure.

National Quality Strategy Domain: Effective Clinical Care

Type: Outcome

High-Priority: Yes

Appropriate Use: No

Data Submission Method(s): Registry Measure

Surgical Site Infection (SSI)

357

Percentage of patients aged 18 years and older who had a surgical site infection (SSI).

National Quality Strategy Domain: Effective Clinical Care

Type: Outcome

High-Priority: Yes

Appropriate Use: No

Data Submission Method(s): Registry Measure

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MIPS QUALITY & ECQM MEASURES*

QUALITY #

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NQF #

Patient-Centered Surgical Risk Assessment and Communication

358

Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon.

National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes

Type: Process

High-Priority: Yes

Appropriate Use: No

Data Submission Method(s): Registry Measure

Functional Status Assessment for Total Knee Replacement

375

CMS66v5

Percentage of patients 18 years of age and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up patient-reported functional status assessments.

National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes

Type: Process

High-Priority: Yes

Appropriate Use: No

Data Submission Method(s): Electronic Measure, Registry Measure

Functional Status Assessment for Total Hip Replacement

376

CMS56v5

Percentage of patients 18 years of age and older with primary total hip arthroplasty (THA) who completed baseline and follow-up patient-reported functional status assessments

National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes

Type: Process

High-Priority: Yes

Appropriate Use: No

Data Submission Method(s): Electronic Measure, Registry Measure

Osteoporosis Management in Women Who Had a Fracture

418

0053

The percentage of women age 50–85 who suffered a fracture and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis in the six months after the fracture.

National Quality Strategy Domain: Effective Clinical Care

Type: Process

High-Priority: No

Appropriate Use: No

Data Submission Method(s): Registry Measure

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