

Orthopaedic Preferred Specialty Measure Set

PQRS#	NQF#	Reporting Method	National Quality Strategy Domain	Measure Title: Description
General Orthopaedic Measures				
46	0097	Claims, Registry	Communication & Care Coordination	Medication Reconciliation: The percentage of discharges from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) for patients 18 years and older of age seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care for whom the discharge medication list was reconciled with the current medication list in the outpatient medical record.
109	N/A	Claims, Registry	Person & Caregiver-Centered Experience & Outcomes	Osteoarthritis (OA): Function and Pain Assessment: Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain
128	0421	Claims, Registry	Community Population Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan: Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter
131	0420	Claims, Registry	Communication & Care Coordination	Pain Assessment and Follow-Up: 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
134	0418	Claims, Registry	Community Population Health	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan: Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen

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General Orthopaedic Measures (continued)				
154	0101	Claims, Registry, Measure Groups	Patient Safety	Falls: Risk Assessment: This is a two-part measure which is paired with 155: Falls: Plan of Care. If the falls risk assessment indicates the patient has documentation of two or more falls in the past year or any fall with injury in the past year (CPT II code 1100F is submitted), #155 should also be reported.
155	0101	Claims, Registry, Measure Groups	Communication & Care Coordination	Falls: Plan of Care: 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
226	0028	Claims, Registry	Community Population Health	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: 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
318	0101	EHR, GPRO Web Interface	Patient Safety	Falls: Screening for Fall Risk: Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.
358	N/A	Registry	Person & Caregiver-Centered Experience & Outcomes	Patient-Centered Surgical Risk Assessment and Communication: 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
374	N/A	EHR	Communication & Care Coordination	Closing the Referral Loop: Receipt of Specialist Report: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.
408	N/A	Registry	Effective Clinical Care	Opioid Therapy Follow-up Evaluation: All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record

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General Orthopaedic Measures (continued)				
412	N/A	Registry	Effective Clinical Care	Documentation of Signed Opioid Treatment Agreement: All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record
414	N/A	Registry	Effective Clinical Care	Evaluation or Interview for Risk of Opioid Misuse: All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAAP-R) or patient interview documented at least once during Opioid Therapy in the medical record
418	0053	Claims, Registry	Effective Clinical Care	Osteoporosis Management in Women Who Had a Fracture: 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
130	0419	Claims, Registry	Patient Safety	Documentation of Current Medications in the Medical Record: 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

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Specialty Specific Measures - Hip				
22	0271	Claims, Registry	Patient Safety	Preoperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures): Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time
23	0239	Claims, Registry	Patient Safety	Preoperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients):¹ 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
24	0045	Claims, Registry	Communication & Care Coordination	Osteoporosis: Communication with the Physician Managing On-Going Care Post Fracture of Hip, Spine, or Distal Radius for Men and Women aged 50 Years and Older: 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

1. The PMC acknowledges the past controversy around the use of aspirin for DVT prophylaxis. PQRS #023 does not specify the use of aspirin, however, the use of "mechanical prophylaxis" is specified in the numerator of the measure specification. Because aspirin is usually given in combination with mechanical prophylaxis the PMC deemed the measure appropriate to include in the OPS Set.

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Specialty Specific Measures - Hip (continued)				
376	N/A	EHR	Person & Caregiver-Centered Experience & Outcomes	Functional Status Assessment for Hip Replacement: Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments
21	0268	Claims, Registry	Patient Safety	Preoperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin: 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

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PQRS#	NQF#	Reporting Method	National Quality Strategy Domain	Measure Title: Description
Specialty Specific Measures - Knee				
375	N/A	EHR	Person & Caregiver-Centered Experience & Outcomes	Functional Status Assessment for Knee Replacement: Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.
21	0268	Claims, Registry	Patient Safety	Preoperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin: 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
22	0271	Claims, Registry	Patient Safety	Preoperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures): Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time

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PQRS#	NQF#	Reporting Method	National Quality Strategy Domain	Measure Title: Description
Specialty Specific Measures - Knee (continued)				
23	0239	Claims, Registry	Patient Safety	Preoperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients):¹ 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
351	N/A	Claims, Registry, EHR, Measure Groups	Patient Safety	Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation: Percentage of patients undergoing a total knee replacement who are evaluated for the presence or absence of cardiovascular risk factors within 30 days prior to the procedure including history of deep venous thrombosis (DVT), pulmonary embolism (PE), myocardial infarction (MI), arrhythmia, and stroke
352	N/A	Claims, Registry, EHR, Measure Groups	Patient Safety	Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet: Percentage of patients undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet
353	N/A	Claims, Registry, EHR, Measure Groups	Patient Safety	Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report: Percentage of patients undergoing 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 the prosthetic implant

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Specialty Specific Measures - Spine				
24	0045	Claims, Registry	Communication & Care Coordination	<p>Osteoporosis: Communication with the Physician Managing On-Going Care Post Fracture of Hip, Spine, or Distal Radius for Men and Women aged 50 Years and Older: 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>
Specialty Specific Measures - Wrist				
24	0045	Claims, Registry	Communication & Care Coordination	<p>Osteoporosis: Communication with the Physician Managing On-Going Care Post Fracture of Hip, Spine, or Distal Radius for Men and Women aged 50 Years and Older: 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>

About the Orthopaedic Preferred Specialty Measure Set

As part of our commitment to support AAOS members in the implementation of performance measures, the AAOS Performance Measures Committee (PMC) evaluated all of the current 2016 Physician Quality Reporting System (PQRS) performance measures to determine which of the available measures could be used by a majority of orthopaedic surgeons to satisfy the 2016 PQRS reporting requirements. The *Orthopaedic Preferred Specialty Measure Set (OPS)* provides a concise list of available 2016 PQRS measures most relevant to orthopaedic surgeons. This set is designed to be a guide to assist orthopaedic surgeons in choosing measures applicable to their practice. These are NOT required measures but are suggestions for orthopaedic surgeons. We recommend AAOS members familiarize themselves with the measure titles, descriptions and available reporting methods for each, as this may help determine your best reporting path.

Acknowledgement

The PMC acknowledges the lack of well-defined, orthopedic specific measures available for use in 2016 PQRS reporting program. The OPS is a set of the best available performance measures currently available in the PQRS reporting program. The PMC is committed to driving the development and implementation the highest quality of evidence based orthopaedic performance measures.