



## Consensus Core Set: Orthopedics

The Core Quality Measures Collaborative (CQMC) core measure sets (core sets) are intended for use in value-based payment (VBP) programs and may also be used to drive improvement in high-priority areas. The core sets can be used in their entirety to holistically assess quality or can serve as a starting point when selecting measures to meet specific goals. CQMC core sets are developed and maintained using a multistakeholder, consensus-based process and established [measure selection principles](#). Measure specifications and details are linked in the “CBE Number” column, and additional considerations for use are included in the “Notes” section of the table below.

### Orthopedics Measures

The CQMC core set measures focus on ambulatory care measures at the clinician reporting level. The Orthopedics core set includes 14 measures that have been tested for reliability and validity at the clinician (individual or group/practice) reporting level. The remaining core set measures address important topics related to orthopedics, but they have not been tested at the clinician level of analysis. When using measures specified outside the clinician level of analysis, core set users should ensure adequate measure denominator size based on their patient population.

| Measure Topic                          | CBE Number           | Measure   | Steward  | Level of Analysis | Notes   |
|--|----------------------|---|--|-------------------|---|
| Total Joint Replacement (Hip and Knee) | <a href="#">3559</a> | Hospital-Level, Risk-Standardized Improvement Rate in Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)   | Centers for Medicare & Medicaid Services (CMS) | Facility          | Same specifications as #3639, other than level of analysis. |
|  | <a href="#">3639</a> | Clinician-Level and Clinician Group-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA and TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM)   | CMS  | Clinician         | Same specifications as #3559, other than level of analysis. |
|  | <a href="#">3493</a> | Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS) Eligible Clinicians and Eligible Clinician Groups | CMS  | Clinician         |   |

| Measure Topic                          | CBE Number           | Measure   | Steward   | Level of Analysis         | Notes  |
|--|----------------------|---|---|---------------------------|--|
| Total Joint Replacement (Hip and Knee) | <a href="#">1550</a> | Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)                  | CMS   | Facility                  | -  |
|  | <a href="#">1551</a> | Hospital-level 30-day, all-cause risk standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) | CMS   | Facility                  | -  |
|  | <a href="#">N/A</a>  | Functional Status Assessment for Total Hip Replacement (eCQM) (MIPS ID 376)   | CMS   | Clinician                 | eCQM<br>Telehealth eligible for CMS programs in 2023                   |
|  | <a href="#">2958</a> | Informed, Patient Centered (IPC) Hip and Knee Replacement Surgery   | Massachusetts General Hospital                  | Clinician                 | eCQM   |
|  | <a href="#">N/A</a>  | Functional Status Assessment for Total Knee Replacement (eCQM) (MIPS ID 375)  | National Committee for Quality Assurance (NCQA) | Clinician: Group/Practice | eCQM   |
| Spine                                  | <a href="#">0425</a> | Functional Status Change for Patients with Low Back Impairment  | Focus on Therapeutic Outcomes (FOTO)            | Clinician                 | -  |
|  | <a href="#">3461</a> | Functional Status Change for Patients with Neck Impairments   | FOTO  | Clinician                 | -  |
|  | <a href="#">N/A</a>  | Leg Pain After Lumbar Fusion (MIPS ID 473)  | Minnesota Community Measurement (MNCM)          | Clinician                 | Telehealth eligible<br>Stratified by discectomy/laminectomy and fusion |
|  | <a href="#">N/A</a>  | Functional Status After Lumbar Discectomy/Laminectomy (MIPS ID 471)   | MNCM  | Clinician                 | Stratified by discectomy/laminectomy and fusion                        |
|  | <a href="#">N/A</a>  | Back Pain After Lumbar Discectomy/Laminectomy (MIPS ID 459)   | MNCM  | Clinician                 | Telehealth eligible<br>Stratified by discectomy/laminectomy and fusion |

| Measure Topic | CBE Number           | Measure  | Steward  | Level of Analysis    | Notes  |
|---------------|----------------------|--|--|----------------------|--|
| Other         | <a href="#">3470</a> | Hospital Visits after Orthopedic Ambulatory Surgical Center Procedure  | CMS  | Facility             | To date, this measure has only been tested in the Medicare population.   |
|               | <a href="#">1741</a> | Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surgical Care Survey | American College of Surgeons, Division of Advocacy and Health Policy | Clinician            | Ensure adequate denominator volume   |
|               | <a href="#">2962</a> | Shared Decision-Making Process   | Massachusetts General Hospital                                       | Clinician            | -  |
|               | <a href="#">N/A</a>  | Unplanned Reoperation within the 30-Day Postoperative Period (MIPS ID 355)   | American College of Surgeons   | Clinician/Individual | -  |
|               | <a href="#">3532</a> | Discouraging the routine use of supervised physical therapy and/or occupational therapy after carpal tunnel release                      | American Academy of Orthopaedic Surgeons (AAOS)                      | Clinician, Facility  | Goal for this measure is not 100% compliance, as it is imperative to ensure patients who would benefit from physical and/or occupational therapy still receive these important services. |

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### Orthopedics-Relevant Cross-Cutting Measures

In addition to the core set measures listed above, the following cross-cutting measure has been identified as relevant to orthopedics. Collecting data on this measure can be helpful for understanding essential aspects of healthcare quality that apply across multiple conditions, levels of prevention, populations, etc. This cross-cutting measure is relevant to orthopedics as well as other specialties.

| CBE Number           | Measure                       | Steward | Level of Analysis | Notes |
|----------------------|-------------------------------|---------|-------------------|-------|
| <a href="#">0420</a> | Pain Assessment and Follow-Up | CMS     | Clinician         | -     |

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## Gap Areas for Future Consideration and Measure Development

- Measures across the full spectrum of spine and back care, including surgery measures, non-operative care, functional assessment, and outcome measures
- Measures related to pain and opioids
- Joint procedure measures, including upper extremity joints (e.g., shoulder, elbow, wrist)
- Pre-operative and post-operative care measures
- Measures that assess patient outcomes rather than measuring if assessments are performed

## Core Set Updates for 2022

*Updated notes related to telehealth eligibility for three measures*

*Functional Status Assessment for Total Hip Replacement* is telehealth eligible for CMS programs in 2023. *Leg Pain After Lumbar Surgery* and *Back Pain After Lumbar Surgery* have also been updated by the developer to accommodate the increase in virtual visits during the COVID-19 pandemic to include a numeric pain rating scale, which can be administered via telehealth; the notes on these measures have been revised to reflect this update.

*Removed measure 2653: Functional Status After Primary Total Knee Replacement and measure 2643: Functional Status After Lumbar Fusion*

These measures were withdrawn from CBE endorsement in January 2022, as they have been redesigned from average change measures to target-based outcomes one year post-operation and will not have updated testing data available until 2024. The developer will continue to keep these measures updated outside of the CBE endorsement maintenance process.

*Added measure 3639: Clinician-Level and Clinician Group-Level THA and/or TKA PRO-PM*

This measure is a re-specified version of measure #3559. #3639 focuses on the clinician/group level, while #3559 is at the facility level of analysis.

*Added measure 3532: Discouraging the routine use of supervised physical therapy and/or occupational therapy after carpal tunnel release*

This newly endorsed measure is intended to encourage intentional rather than routine orders for physical or occupational therapy after surgical carpal tunnel release.

*Update to Minnesota Community Measurement spine care measures*

MNCM has combined six previously distinct measures (*Functional Status after Lumbar Discectomy/Laminectomy; Functional Status After Lumbar Fusion; Back Pain After Lumbar Discectomy/Laminectomy; Back Pain After Lumbar Fusion; Leg Pain After Lumbar Discectomy/Laminectomy; Leg Pain After Lumbar Fusion*) into three measures, each stratified by two populations for discectomy/laminectomy and fusion (*Functional Status After Lumbar Surgery; Back Pain After Lumbar Surgery; Leg Pain After Lumbar Surgery*). Measure titles in the core set have been adjusted to reflect this change.