

# **Registries 101: Benefits for ASCs and Private Practices**

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# Introductions

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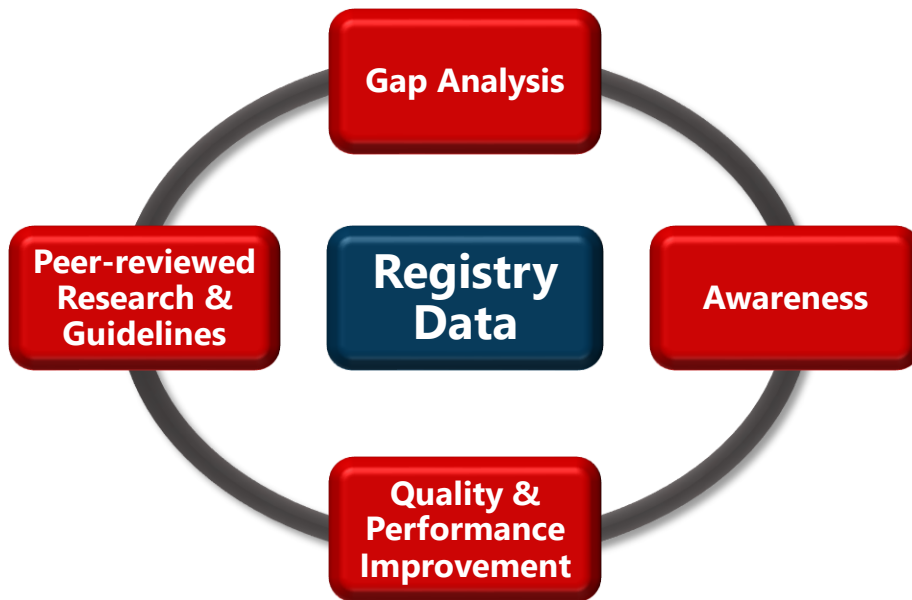
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# At the Core of Academy Strategy



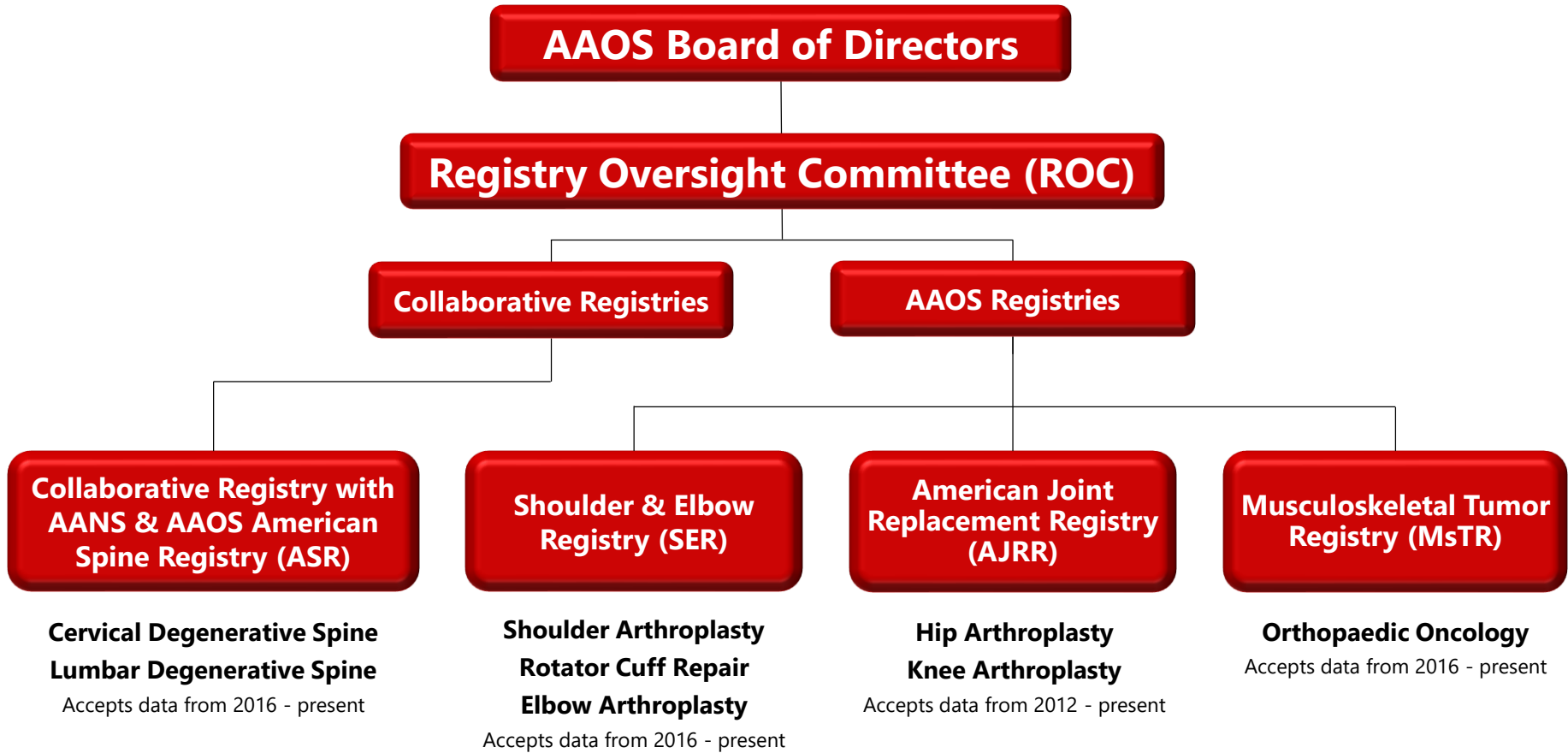
## Registry Effort Goals

- ✓ Collect unique clinical information demonstrating ***real-world practice***
- ✓ Enable ***performance measurement*** by physicians for physicians
- ✓ Facilitate national registry-driven ***quality improvement*** programs
- ✓ Support novel scientific ***research***

# Registry Informed Advocacy

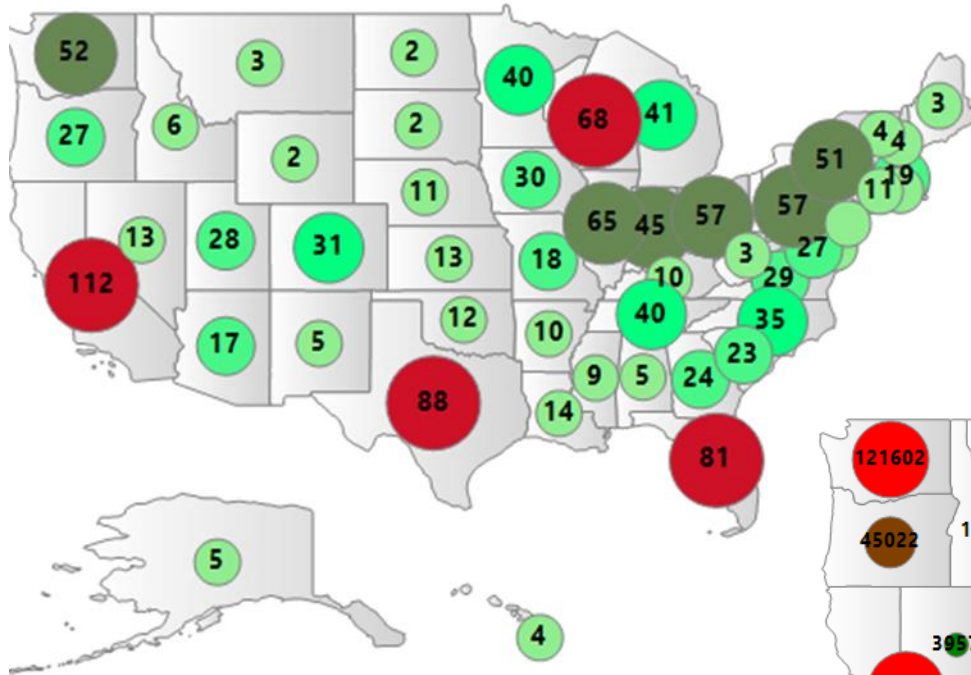
- Real-world data about orthopaedic care
- Participation in both Fee-for Service (FFS) and Fee-for-Value (FFV) based payment models
- Providing for data re-use opportunities

# AAOS Family of Registries



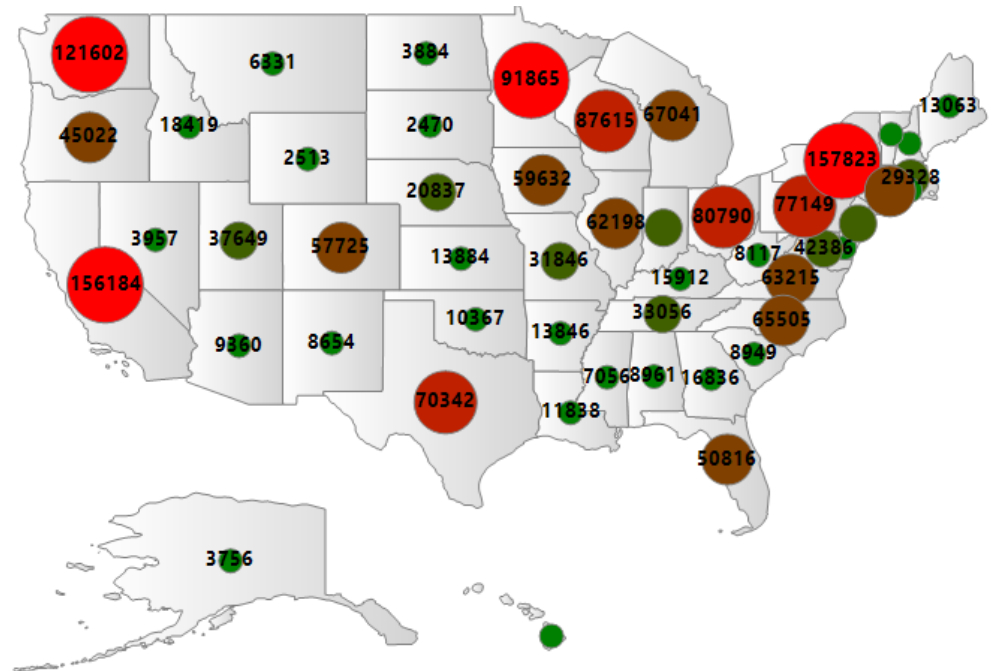
# Registry Participation

Sites by State



Over 1,450 participating sites contracted and 11,200 registered surgeons across all 50 states.

Procedures by State



Data representing over 1,860,000 procedures capturing over 40% of all US TJA volume annually.



# American Joint Replacement Registry





Shoulder & Elbow Registry  
*Improving Orthopaedic Care Through Data*

# Shoulder & Elbow Registry





# Musculoskeletal Tumor Registry



# American Spine Registry



*A partnership between*

*American Association of Neurological Surgeons*

*American Academy of Orthopaedic Surgeons*

# American Spine Registry



American  
Association of  
Neurological  
Surgeons

# A Need for Spine Data

- Degenerative spine disease is one of the most prevalent and costly disease states worldwide. In the U.S. alone, the total direct cost of treating low-back pain is estimated at \$100 billion.
- Nationally, more than 1.2 million spinal surgeries are performed each year, including spinal fusion and decompression, or discectomy, surgery, according to the National Center for Health Statistics.
- The fastest-growing types the past decade have been lumbar spinal fusion surgeries that range from \$60,000 to \$110,000 per procedure.
- Medicare Part B Physician Data:
  - **Allowed charges** for spine procedures performed by ortho/neurosurgeons in 1991: \$211 million; in 2018: \$882 million.
  - **Frequency** in 1991: 199,860; in 2018: 1.2 million (\*Note the total costs to Medicare, including non-surgeon services such as PT, chiropractic, injections, etc. are obviously significantly higher)



# How Do Sites Participate?

## Collect, Submit, Access

# AJRR Data Element Overview

## Procedure

### Patient

- Name, Date of Birth, SSN
- Diagnosis (ICD-9/10, CPT)
- Gender
- Race/Ethnicity
- Height + Weight/BMI
- Payer Status

### Site of Service

- Name and Address (TIN, NPI)

### Surgeon

- Name (NPI)
- Trainee

### Procedure

- Type (ICD-9/10, CPT)
- Date of Surgery, Length of Stay
- Surgical Approach
- Surgical Technique
- Laterality
- Implants (Manufacturer, Lot #)
- Anesthesia

## Comorbidities and Complications

- Comorbidities (ICD-9/10, CPT)
- CJR Risk Variables
- Height + Weight/Body Mass Index
- Length of Stay
- American Society of Anesthesiologists Score
- Charlson Index
- Operative and Post-operative Complications

## Patient-reported Outcomes

### *Recommended:*

- PROMIS-10 Global
- VR-12
- HOOS Jr. /KOOS, Jr.

### *Also Accepted:*

- SF-36 v1
- HOOS/KOOS
- Oxford Hip and Knee Scores
- Knee Society Knee Scoring System
- Harris Hip Score
- WOMAC (Modified via HOOS and KOOS)
- SF-12, EQ-5D, WOMAC (only accepting final scores)

### **Two Modules Available**

- Hip Arthroplasty
- Knee Arthroplasty

# SER Data Element Overview

## Procedure

### Patient

- Name, Date of Birth, SSN
- Diagnosis (ICD-10, CPT)
- Gender
- Race/Ethnicity
- Height + Weight/Body Mass Index
- Payer Status

### Site of Service

- Name and Address (TIN, NPI)

### Surgeon

- Name (NPI)
- Trainee

### Procedure

- Type (ICD-10, CPT)
- Date of Surgery, Length of Stay
- Surgical Approach
- Surgical Technique
- Laterality
- Implants (Manufacturer, Lot #)
- Anesthesia

## Module-specific Procedural Elements

- Shoulder Arthroplasty Module: Includes codes for replacements, revisions, and fractures
- Elbow Arthroplasty Module: Ulnar Nerve Management
- Rotator Cuff Repair Module: Expanded ICD-10 and CPT options for shoulder, including muscle, tendon, and arthroscopy codes

## Comorbidities & Complications

- Comorbidities (ICD-10, CPT)
- Height + Weight/Body Mass Index
- Length of Stay
- American Society of Anesthesiologists Score
- Charlson Index
- Operative and Post-operative Complications

## Patient-reported Outcome

- PROMIS-10 Global
- VR-12
- SANE
- ASES

### Three Modules Available

- Shoulder Arthroplasty
- Elbow Arthroplasty
- Rotator Cuff Repair

# ASR Data Element Overview

## Procedure

### Patient

- Name (Last, First), Date of Birth, SSN
- Diagnosis (ICD-10, CPT)\*
- Gender
- Race/Ethnicity

### Site of Service

- Name and Address (TIN/NPI)

### Surgeon

- Name (NPI)

### Procedure

- Type (ICD-10, CPT)\*
- Date of Surgery
- Spinal Approach
- Implants and Grafts
- Comorbidities (ICD-10, CPT)
- Height + Weight/Body Mass Index
- Length of Stay
- American Society of Anesthesiologists Score

*\* Vanguard sites utilize an operative form for additional procedural & diagnosis detail*

## Post-Operative

- Operative and Post-operative Complications
- Secondary Surgical Procedures
- Anticoagulation

## Patient-reported Outcomes\*

### Recommended

- Numeric Rating Scale (NRS)
- PROMIS Physical Function **or** Oswestry Disability Index (ODI) 2.1/ Neck Disability Index (NDI)
- PROMIS-10 **or** VR-12

### Additional Options Accepted

- PROMIS-29 **or** PROMIS-CAT
- PROMIS Emotional Distress – Depression
- PROMIS Emotional Distress – Anxiety
- PROMIS Pain Interference
- EQ-5D

*\* Vanguard sites pursue longer PROMs post-operative follow-up (min 1 year) compared to standard sites (min 90 days)*

### Two Modules Available

- Cervical
- Lumbar



# Musculoskeletal Tumor Data Element Overview: Baseline

## Patient

- Name, Date of Birth, SSN
- Diagnosis (ICD-10, CPT)
- Gender
- Race/Ethnicity
- Height + Weight/Body Mass Index
- Payer Status

## Site of Service

- Name and Address (TIN, NPI)

## Surgeon

- Name (NPI)
- Trainee

## Surgical Intervention

- Procedure Type (ICD-10, CPT)
- Date of Surgery
- Implants
- Details surrounding surgery type
- Comorbidities (ICD-10)

## Non-Surgical Intervention

- Chemotherapy
- Radiation
- Clinical Trial

## Tumor Baseline

- Size
- Metastasis at diagnosis
- Margins
- Tissue Type
- Biopsy Type

**One Module Available**

- Orthopaedic Oncology



# Musculoskeletal Tumor Data Element Overview: Encounters & PROs

## Encounters

- Comorbidities (ICD-10, CPT)
- Hospital Admission
- Procedure (ICD-10, CPT)
- Diagnosis (ICD-10, CPT)
- Recurrence
- Chemotherapy
- Radiation



Each Tab  
Includes Basic  
Demographic  
Information



## Patient-reported Outcomes

- PROMIS-10 Global
- VR-12
- MSTS
- TESS

## Patient

- Name (Last, First)
- Date of Birth
- Social Security Number
- Diagnosis (ICD-10)
- Gender
- Race/Ethnicity
- Payer Status

## Site of Service

- Name and Address (TIN, NPI)

## Surgeon

- Name (NPI)

# COVID Impact & Response

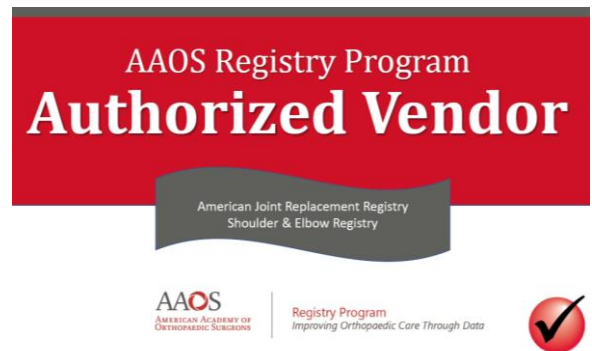
- All registries will **capture COVID-19 confirmed diagnosis, U07.1, as a preoperative comorbidity or prior diagnosis present on admission**
- All registries will **capture COVID as a reason for readmission**
- Tracking this information will help your site and the registries analyze
  - the impact of COVID-19 on outcomes
  - trends of surgery based on the pause in elective surgery
  - the trends of patient-reported outcomes (PROMs) due to delayed operations
  - if COVID has an impact on CMS Value-Based Payment Models with forgiveness of penalties due to COVID
- AAOS Registries are **for surgeons by surgeons**
  - AAOS is here to support our members to ensure registry participation does not cause burden
  - Capturing U07.1 does not change your site's workflow; it is added as an accepted value
- If you have any questions about submitting the new code, please reach out to AAOS Registry Support at [RegistrySupport@aaos.org](mailto:RegistrySupport@aaos.org).

# Submission Best Practices

- Most participants submit monthly
- Ideally, uploads are automated
- Monitor uploads through RegistryInsights

# Decreasing Data Burden

- AAOS has partnered with technology vendors to facilitate the data submission process
- Re-use data that already exists in medical record, practice management and PRO systems
- Direct data submission and management can be handled by a technology provider with sites able to fix rejected files



# Integration of Medicare Data



Access to **Medicare claims** inclusive of inpatient (148 data elements), outpatient (122 data elements) & National Death Index

\*\*\*\*\*

2012-2018 for all patients represented in Registry with Medicare records

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Participants have access to custom reports that compare their site to the national Annual Report analyses, inclusive of survivorship curves

# Three Ways to Access Data

**Registry Insights®  
Dashboards**

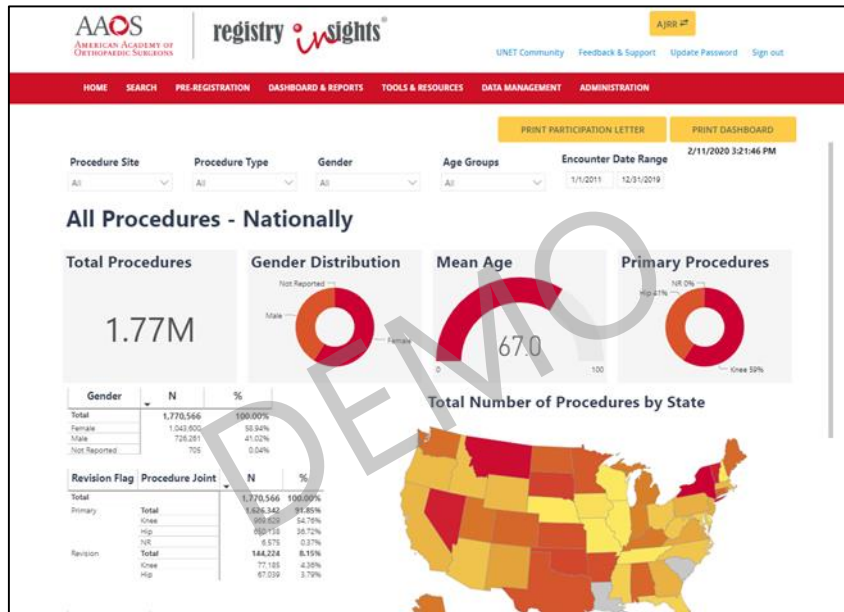


**Custom Reports**

**Registry Analytics  
Institute™**

# RegistryInsights® Dashboards

- On-demand practice specific dashboards
- Compare your practice to national performance benchmarks
- Unlimited surgeon accounts with access to system, site, and surgeon level dashboards



# PROM Management

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UNET Community Feedback & Support Sign out

HOME SEARCH PRE-REGISTRATION DASHBOARD & REPORTS TOOLS & RESOURCES DATA MANAGEMENT ADMINISTRATION

HOME / REPORTS

Procedure Reports Patient Reported Outcomes Reports

Count of Components by Type Assessment Summary

Count of Procedures by ICD-10 Procedure Codes Patient Status Report

PRE-REGISTRATION FORM PRE-REGISTRATION UPLOAD

This form allows AJRR Users to pre-register patients prior to surgery for pre-operative, patient-reported outcome measures (PROMs) data collection. Once the form has been submitted, a patient pre-operative case will be added to the Registry. The pre-registration process permits users to collect PROMs from patients via the AJRR platform through the patient kiosk or through manual entry of a patients' PROMs responses into the platform if collected by paper or clinician/surrogate administration.

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UNET Community Feedback

HOME SEARCH PRE-REGISTRATION DASHBOARD & REPORTS TOOLS & RESOURCES DATA MANAGEMENT ADMINISTRATION

HOME / REPORTS / PROM PATIENT STATUS REPORT

Entries 10

ACCOUNT ID	HOSPITAL/ASC NAME	PATIENT ID	PATIENT LAST NAME	PATIENT FIRST NAME	PATIENT DATE OF BIRTH	PATIENT EMAIL ADDRESS	PATIENT PHONE TYPE	PATIENT PHONE NUMBER	PROCEDURE	LATERALITY	PLANNED SURGERY DATE	
1041062	SER Test Hospital 1	PRP30258	ataAOS	johnny	1/1/1980				Shoulder Arthroplasty	Left	1/24/20	
1041062	SER Test Hospital 1	PRP30258	ataAOS	johnny	1/1/1980				Shoulder Arthroplasty	Left	1/24/20	
1041061	SER Test Hospital 5	PRP30261	Bobby	Ricky	7/16/2019				Rotator Cuff Repair	Left	2/28/20	
1041061	SER Test Hospital 5	PRP30261	Bobby	Ricky	7/16/2019				Rotator Cuff Repair	Right	2/28/2019	1619012200 Bi Ct
1041062	SER Test Hospital 1	PRP30246	Brown	Charlie	1/1/1980				Shoulder Arthroplasty	Left	1/20/2019	
1041062	SER Test Hospital 1	PRP30246	Brown	Charlie	1/1/1980				Shoulder Arthroplasty	Left	1/20/2019	
1041062	SER Test Hospital 1	PRP30235	butkus	dick	1/1/1980				Shoulder Arthroplasty	Left	1/20/2019	

**PART 2: Pre-Operative Case Information**

Please complete all applicable required and optional fields of the pre-operative case section. Case information is required for all cases to be added to the Registry. Please note that all case data requested pertains to future procedures.

Planned Proc Date

Procedure Site

Select One

Shoulder

Elbow

Institution

Select One

Surgeon

Select One

Payer Info

Select One

SUBMIT

## PART 1: Patient demographic details

Please complete all applicable required and optional fields of the patient demographic section. Note: Email is conditionally required, however if you are administering assessments via email you must provide a patient email or the system will not be able to send the email to the patient.

If the Patient Social Security Number (SSN) is not available, please select the 'Not Available' option next to the Social Security field. Please note that the Registry also accepts the last 4 digits of the SSN. Patient SSN assists the Registry with achieving its mission through the ability to track longitudinal device information.

Social Security\*

Not Available

Email



# Custom Reports

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Custom reports created by our analytics team to help understand and package your site data in an actionable format

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Custom reports can include site specific metrics and shape continuous improvements to the canned dashboards provided

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Aggregated reports and national benchmarks for every metric across all data submitted including procedural, post-operative and PROMs data can be provided at your site level

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# Registry Analytics Institute™

- The goal of the AAOS Registry Analytics Institute is to provide a resource to the scientific community to further understand and improve orthopaedic and musculoskeletal care by making data available to examine outcomes related to orthopaedics.
  - The Institute provides clinicians and clinician-scientists the opportunity to submit proposals for analytic insight that are contained within its various registries.
  - Selected awardees receive statistical support, data analyses, and potential monetary support

# Why Sites Participate

# Why Do Sites Participate



- Compare your practice to **national performance** benchmarks
- Access to on-demand practice specific **quality reports and dashboards**
- Facilitate tracking and monitoring of **longitudinal** patient outcomes
- Facilitate site, practice-specific, **payer-incentivized performance improvement** programs such as Blue Distinction and Centers of Excellence
- Qualify for **national distinction programs** such as the Joint Commission Advanced Certification and AAAHC
- Use for reporting **to quality improvement programs** such as MIPS, BPCI-A & ABOS MOC
- Early access to **surveillance alerts** for poorly performing implants
- Improve the **value of care** delivered to patients

# Commitment To Quality

## Partnerships/Collaborations

- The Joint Commission
- DNV-GL
- ASCA
- OrthoForum

# Qualified Clinical Data Registry

- AAOS maintains a QCDR designation
- Specialty society driven participation in the Merit-Incentive Based Payment System (MIPS)
- QCDR provides participants access to Promoting Interoperability (PI) and Quality Payment Program (QPP) credit
- Additional opportunities for alternative reporting for the bundled payment through BPCI-A episodes

# Steps to a Successful Start

## Contract & Welcome

- Execute contract
- Schedule a Welcome call to identify your sites key contacts and roles with the Registry

## Data Collection & File Build

- Walkthrough file development and file build
- File submission (SFTP/HTTPS) account creation

## Test File Submission

- Two rounds of test file submissions

## Live File Submission

- Final production set up and first live data submission

## RegistryInsights® Walkthrough

- Once data has been submitted, sites will have a walkthrough with staff to review dashboards, reports, PROMs and other platform functionality

# Participation Fee Structure

- \$3,500 annual fee
- One-time \$750 configuration fee
- Assessed at the site level, not per surgeon or per procedure
- Includes access to all Registry features:
  - RegistryInsights platform
  - RegistryInsights PRO Platform
  - Access to onboarding and ongoing support



# Questions?

[RegistryEngagement@aaos.org](mailto:RegistryEngagement@aaos.org)

[www.aaos.org/registries](http://www.aaos.org/registries)