How to Become Eligible for Aetna’s Institutes of Quality Program

www.aaos.org/registries
Agenda

- Registry Program Overview
- Aetna Institutes of Quality (IOQ) Program
- Steps for IOQ Eligibility
  - Registry Participation
  - The Joint Commission Total Hip and Knee Replacement Advanced Certification
  - Measures and Report Card Submission
- Q&A
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*
AAOS Family of Registries

AAOS Board of Directors

Registry Oversight Committee (ROC)

Collaborative Registries

- Collaborative Registry with AANS & AAOS American Spine Registry (ASR)
  - Cervical Degenerative Spine
  - Lumbar Degenerative Spine

- American Joint Replacement Registry (AJRR)
  - Hip Arthroplasty
  - Knee Arthroplasty

- Shoulder & Elbow Registry (SER)
  - Shoulder Arthroplasty
  - Rotator Cuff Repair
  - Elbow Arthroplasty

- Musculoskeletal Tumor Registry (MsTR)
  - Orthopaedic Sarcoma

AAOS Registries

- Fracture & Trauma Registry (FTR)
  - Hip Fracture
  - Ankle Fracture
  - Distal Radius Fracture
  - Distal Femur Fracture
  - Proximal Humerus
Registry Data Collection: Core Data Elements

**Procedure**

**Patient**
- Name (Last, First), 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)

**Procedure**
- Type (ICD-10, CPT)
- Date of Surgery
- Implants (Manufacturer, Lot #)
- Anesthesia Type

*These Core Data Elements are collected across all AAOS and Collaborative Registries.*

**Procedure, continued**
- Length of Stay
- American Society of Anesthesiologists Score
- Charlson Comorbidity Index (CCI)

**Comorbidities & Complications**
- Comorbidities (ICD-10)
- COVID-19 as prior diagnosis
- Height + Weight/Body Mass Index
- Length of Stay
- American Society of Anesthesiologists Score
- Charlson Comorbidity Index (CCI)
- Operative and Post-operative Complications
American Joint
Replacement
Registry
In addition to the Core Data Elements, AJRR will collect the following:

**Procedure**

- Type (ICD-9/10, CPT)
- Surgical Approach
- Surgical Technique
- Laterality
- Tourniquet Use

**Comorbidities and Complications**

- Comorbidities (ICD-9/10)
- CJR Risk Variables

**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)
- PROMIS-29
- PROMIS Anxiety
- PROMIS Depression
- PROMIS Pain Interference

*Two Modules Available*

- Hip Arthroplasty
- Knee Arthroplasty

This page is a summary of the AJRR data elements and is not all inclusive.
Registry Data Submission Process

1: Review Data Specifications
2: Identify Data Source(s)
3: Develop Data Query Extract
4: Run Query for Test File
5: Submit Test File in SFTP or RI Upload
6: Receive Feedback on Test File
7: Submit Live File in SFTP or RI Upload
8: Access Dashboards & Reports in RI
9: Setup Surgeon User Access

*Recently submitted files can always be reviewed for rejections or flags in RegistryInsights® (RI)
**Data should be submitted at least quarterly with best practice being at least monthly
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.
Three Ways to Access Data

- Custom Reports
- RegistryInsights® Dashboards
- Registry Analytics Institute®
On-demand practice specific dashboards

Compare your practice to national performance benchmarks

Unlimited surgeon accounts with access to system, site, and surgeon level dashboards
Why Do Sites Participate?

<table>
<thead>
<tr>
<th>Why Do Sites Participate?</th>
<th>Compare your practice to national performance benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attain certification credits for ABOS MOC &amp; ABNS CC</td>
<td>Access to on-demand practice specific reports and dashboards</td>
</tr>
<tr>
<td>Facilitate site, practice-specific, payer-incentivized performance improvement programs such as Aetna IOQ &amp; Blue Distinction</td>
<td>Qualify for The Joint Commission Advanced Certifications (THKR &amp; ACSS)</td>
</tr>
<tr>
<td>Use for reporting to quality improvement programs such as the QPP Merit-based Incentive Payment System (MIPS)</td>
<td>Inform orthopaedic practice &amp; contribute to orthopaedic advocacy</td>
</tr>
<tr>
<td>Improve the value of care delivered to Patients</td>
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• Steps for IOQ Eligibility
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  o The Joint Commission Total Hip and Knee Replacement Advanced Certification
  o Measures and Report Card Submission
• Q&A
Aetna IOQ Overview

• Recognizes health care sites that demonstrate high levels of quality
• Provides qualitative feedback on the institution level to Aetna so sites around the U.S. can report on the quality of care they deliver
• Assists with internal quality tracking and monitoring
• AJRR developed metrics based on existing AJRR data elements
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• Q&A
The Joint Commission (TJC) provides the Aetna IOQ quality review for Aetna's total hip and knee replacement (THKR) surgery program.

AJRR participation is a requirement for TJC THKR Advanced Certification.
Steps to a Successful Start

**Contract & Welcome**
- Execute contract
- Schedule a welcome call to identify your site's key contacts and roles with the Registry

**Data Collection & File Build**
- Walk through file development and file build
- File submission (SFTP/HTTPS) account creation

❖ Aetna IOQ measures require submission of procedural and post-operative files for calculation
❖ TJC measures are calculated from procedure and PROMs case data

**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
Advanced Total Hip and Knee Replacement Certification

Loren Salter
Associate Director, Hospital Certification
The Joint Commission

May 23rd, 2022
The Gold Standard in Private Accreditation

For health care accreditation, the knowledge and experience of The Joint Commission is unmatched. Our commitment to excellence is applied with equal passion and rigor to our Orthopedic Certification program.
Advanced Total Hip & Knee Replacement (THKR)

The Joint Commission offers this certification in collaboration with the American Academy of Orthopedic Surgeons (AAOS).
Advanced Certification for Total Hip and Total Knee Replacement (THKR)

The Advanced Certification program helps organizations develop consistent communication and collaboration among all health care providers involved in the care of the patient — from the pre-surgical orthopedic consultation with their surgeon to the intraoperative, hospitalization or ASC admission, rehabilitation activities and then the follow-up visit with the orthopedic surgeon.

**Key Requirements**

- Patient-centered care from consultation through follow-up
- Site of procedure (hospital inpatient or outpatient, or ambulatory care)
- Instructions and advice provided to patients and caregivers
- Staff proficiency in all patient settings and transition of care
- Shared decision-making with patient throughout continuum of care
- Collaboration among the clinical team
- Ongoing improvement processes
Orthopedic Systems of Care

Communications Through the Continuum of Care

- Communication and collaboration among intraoperative and PACU staff
- Patient education and discharge planning and physical/occupational therapy
Our orthopedic certification provides structure for programs to improve their patient outcomes and reduce patient risk.

Certification shows an organization’s commitment to continuous performance improvement. Orthopedic Certification options are evaluated under the Disease-Specific Care Certification manual and have three components:

- Standards
- Clinical Practice Guides
- Performance Measurement

This structure provides a framework for consistency of care to improve patient outcomes.
Disease Specific Care Certification Standards

A hospital is asked to demonstrate elements of 6 categories of standards

- DSPR: Program Management
- DSDF: Delivering / Facilitating Care
- DSSE: Supporting Self-Management
- DSCT: Clinical Information Management
- DSPM: Performance Measurement
- CPR: Certification Participation Requirements

Requirements specific to Total Hip and Total Knee Replacement

This is the framework for self-assessment
Disease Specific Care Certification Standards

Standards, Elements of Performance, and Scoring

Standard DSPR.1
The program defines its leadership roles.

Elements of Performance for DSPR.1

1. The program identifies members of its leadership team.
   
   Requirement Specific to Total Hip and Total Knee Replacement
   a. The organization identifies a medical director for the total hip and total knee program.

   Note: The medical director for the program must have experience in the care of patients undergoing total hip and total knee replacements in order to provide clinical guidance and administrative leadership to the program.

2. The program defines the accountability of its leader(s).

3. The program leader(s) guides the program in meeting the mission, goals, and objectives.

   Requirement Specific to Total Hip and Total Knee Replacement
   a. The program leader(s) collaborates with community health care settings and providers to support the continuum of care and patient outcomes.
Clinical Practice Guidelines

Clinical care is provided based on industry guidelines / evidence-based practice

Hospitals will be expected to demonstrate their application of and compliance with clinical practice guidelines, which may include the guidelines and recommendations published by the American Academy of Orthopaedic Surgeons relevant to the patient being treated.

Guidelines to cover the entire continuum of care

- Pre-Operative Evaluation/Optimization
- Post-Operative Care
- Anesthesia (Regional)
- DVT Prevention
- Early Mobilization
- Pain Management
- Recommendations for Rehabilitation
Performance Measurement

Centers seeking certification are required to collect and submit data for a specified measure set

- THKR 1 Regional Anesthesia
- THKR 2 Postoperative Ambulation on the day of Surgery
- THKR 3 Discharged to Home
- THKR 4 Preoperative Functional/Health Status Assessment
- THKR 5 Postoperative Functional/Health Status Assessment

Most recent 4 months of collected data should be reported to The Joint Commission prior to the on-site review

Organizations will collect monthly data on measures and report the data on a quarterly basis on *The Joint Commission Connect* extranet site
Performance Improvement

5 questions regarding improvement planning

- Scope of Performance Improvement Activities
- Composition of Disease Management Team
- Performance Improvement Goals and Objectives
- Activities that are underway to achieve Goals and Objectives
- Process by which data and analysis is shared across the organization
- Where the Performance Improvement plan fits in the context of the larger organization-wide plan
- Identify the individual by title that has ultimate responsibility for the organization wide performance improvement plan
Benefits of Orthopedic Certification

Achieving certification through The Joint Commission sets your program above the rest.

- Provide organizations with a pathway to excellence
- Provide a framework to improve patient outcomes
- Reduce variation in care delivery
- Establish a consistent approach to care, reducing the risk of error
- Demonstrate commitment to a higher standard of clinical service
- Organize teams across the continuum of care
- Provide a competitive edge in the marketplace
- Enhance staff recruitment and development
The Steps to Apply
Certification Roadmap

Connect with your Associate Director
- Contact certification@jointcommission.org

Pre-Application
- Review Standards in E-dition® and analyze gaps
- Review Standardized Performance Measures
- Identify Clinical Practice Guidelines
- Complete Performance Improvement Plan
- Establish a Ready Date

Complete Application on Connect® portal
- No Performance Measure data required

Prepare for Onsite Review
- Use the Review Process Guide on Connect® portal
- Upload most recent 4 months of measure data

Onsite Review
- 2 Day x 1 Reviewer
Joint Commission Reviewers
Provide best-in-class expertise and create a collaborative experience for our certifying organizations

Our reviewers are subject-matter experts in the program being reviewed and provide enormous value for your organization:

- Provide leading practices to improve/grow the programs they are reviewing
- Conduct educationally focused reviews
- Lead a collaborative engagement that helps to increase staff awareness and education
- Inspire staff to improve the quality of patient care
Looking to Elevate and Strengthen Your Orthopedic Program?

The Joint Commission can help. With a comprehensive suite of offerings to choose from — backed by the expertise and insight of our robust orthopedic care experience — you will find the guidance, knowledge and framework you need to achieve improved outcomes and continued success.

Reach out today
For more information on Joint Commission orthopedic certification, please contact us at certification@jointcommission.org today.
The Joint Commission Disclaimer

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In-Hospital Mortality

**Definition (Numerator):** Percentage of cases where patients expired on or before discharge date.

**Population (Denominator):** All elective total hip or total knee arthroplasties, respectively. All cases with a diagnosis of a femoral neck fracture (FNF) were removed from the data set.

90-Day Readmission

**Definition (Numerator):** Percentage of cases where patients were initially readmitted to the hospital within 90 days of receiving hip or knee arthroplasty.

**Population (Denominator):** All elective total hip or total knee arthroplasties when postoperative complications data has been submitted. All cases with a diagnosis of a femoral neck fracture (FNF) were removed from the data set.
**Surgical Site Infection (SSI)**

**Definition (Numerator):** Percentage of cases where the reported postoperative complication diagnosis code (up to 30 fields) indicates infection for the initial postoperative encounter, as defined below using mapped ICD-10-CM codes\(^1\).

**Population (Denominator):** All elective total hip or total knee arthroplasties when postoperative complications data has been submitted. All cases with a diagnosis of a femoral neck fracture (FNF) were removed from the data set.

**90-Day Mortality**

**Definition (Numerator):** Percentage of cases where patients expired on or after procedure date, and within 90 days of procedure date.

**Population (Denominator):** All AJRR elective total hip or total knee arthroplasties, for the performance period. All cases with a diagnosis of a femoral neck fracture (FNF) were removed from the data set.
Next Steps

• Sign Data Sharing Agreement with AAOS to submit measures to Aetna

• Submit data for applicable measures
  o Minimum requirements include submission of THA/TKA procedures as well as postoperative case data
  o Required data elements
    - Procedure Date
    - Discharge Date
    - Patient Death Date (when applicable)
    - Primary procedure code
    - Primary diagnosis code
    - Readmission Date
    - Readmission diagnosis
Accessing Measure Data on RegistryInsights® Dashboard

- Sites can view real-time performance in RegistryInsights® dashboards for all IOQ metrics
  - Access RegistryInsights® platform and select "AJRR"
  - Select “Institution Dashboard” from header menu tabs
Accessing Measure Data on RegistryInsights® Dashboard

- Select “Your Performance Measures” from footer menu tabs and set the encounter date range.

  ![Dashboard Screenshot]

- Scroll down to “Grouped Performance Metrics” to view IOQ Metrics.
Accessing Measure Data on RegistryInsights® Dashboard

- Dashboard visuals and an excel report can be exported for internal review
Report Card Submission

• Once all required data is submitted, AAOS staff seeks approval from the institution
  - Approved report summary sent to Aetna for IOQ designation review

• Only one quarterly report is required per 3-year cycle for IOQ designation

• Sites will receive a letter from Aetna with their IOQ designation decision
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<tr>
<th>Institution Name</th>
<th>Institution Account ID</th>
<th>THA Metric</th>
<th>AJRR Benchmark</th>
<th>Benchmark Status</th>
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</thead>
<tbody>
<tr>
<td>Benchmark Status for In-Hospital Mortality</td>
<td>1234567</td>
<td>0.137</td>
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<td>Benchmark Status for 90-Day Readmission</td>
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<td>Statistically Significantly Lower than National Rate</td>
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<table>
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<th>TKA Metric</th>
<th>AJRR Benchmark</th>
<th>Benchmark Status</th>
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<td>Benchmark Status for In-Hospital Mortality</td>
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<td>Benchmark Status for Surgical Site Infection</td>
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<tr>
<td>Benchmark Status for 90-Day Mortality</td>
<td>0.101</td>
<td>Not Significantly Different from National Rate</td>
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</tbody>
</table>

Data Source: AJRR Q2 2020-Q1 2021 (submitted by end of Q2 2021)
Contact the AAOS Registry Program

General: RegistryInfo@aaos.org

Technical Support: RegistrySupport@aaos.org

Contracts, Invoicing, & Onboarding: RegistryEngagement@aaos.org

Custom Analytics: RegistryAnalytics@aaos.org

Registry Analytics Institute: RegistryAnalyticsInstitute@aaos.org

Phone: (847) 292-0530

Business Hours: Monday through Friday, 8 a.m. to 4 p.m. Central Time
Improving orthopaedic care through data.

Questions?

RegistryInfo@aaos.org

www.aaos.org/registries