

## AAOS Orthopaedic Quality Resource Center

This registry has been approved by CMS as a 2022 Qualified Clinical Data Registry (QCDR) for eligible clinicians and group practices reporting for the Quality Payment Program (QPP). All AAOS registries are eligible through the AAOS Orthopaedic Quality Resource Center and support these MIPS Promoting Interoperability, Quality Measures, and Improvement Activities.

### 2022 MIPS Promoting Interoperability

Measure	Measure Title	Description	Measure Type	Reporting	Registry Documentation
PI_PHCDRR_5	Clinical Data Registry Reporting	The MIPS eligible clinician is in active engagement to submit data to a clinical data registry	Bonus – 5 Points	Yes/No Statement	Letter or email from registry confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties (Print Participation Letter on RegistryInsights®)

### 2022 MIPS Quality Measures

Measure	Measure Title	Description	Measure Type	NQS Domain	Meaningful Measure Area
eCQM CMS122v10	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.	Intermediate Outcome	Effective Clinical Care	Management of Chronic Conditions
CQM 024	Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture 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.	Process	Communication and Care Coordination	Transfer of Health Information and Interoperability

Measure	Measure Title	Description	Measure Type	NQS Domain	Meaningful Measure Area
CQM 039 (NQF 0046)	Screening for Osteoporosis for Women Aged 65-85 Years of Age	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.	Process	Effective Clinical Care	Preventative Care
CQM 047 (NQF 0326)	Advanced Care Plan	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	Process	Communication and Care Coordination	Care is Personalized and Aligned with Patient Goals
eCQM CMS69v10	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 twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter.	Process	Community/Population Health	Preventative Care
eCQM CMS68v11	Documentation of Current Medications in the Medical Record	Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician 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.	Process	Patient Safety	Medication Management

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

Measure	Measure Title	Description	Measure Type	NQS Domain	Meaningful Measure Area
eCQM CMS2v11	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for 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.	Process	Community/Population Health	Prevention, Treatment, and Management of Mental Health
CQM 155 (NQF 0101)	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.	Process	Communication and Care Coordination	Preventable Healthcare Harm
CQM 178	Rheumatoid Arthritis (RA): Functional Status Assessment	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within 12 months.	Process	Effective Clinical Care	Patient's Experience of Care
CQM 180	Rheumatoid Arthritis (RA): Glucocorticoid Management	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone $\geq 10$ mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months.	Process	Effective Clinical Care	Management of Chronic Conditions

Measure	Measure Title	Description	Measure Type	NQS Domain	Meaningful Measure Area
eCQM CMS138v10 (NQF 0028e)	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 tobacco cessation intervention if identified as a tobacco user.	Process	Community/Population Health	Prevention and Treatment of Opioid and Substance Use Disorders
eCQM CMS139v10	Falls: Screening for Future Fall Risk	Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.	Process	Patient Safety	Preventable Healthcare Harm
CQM 350	Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy	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.	Process	Communication and Care Coordination	Care is Personalized and Aligned with Patient Goals
CQM 351	Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation	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).	Process	Patient Safety	Preventative Care

Measure	Measure Title	Description	Measure Type	NQS Domain	Meaningful Measure Area
CQM 355	Unplanned Reoperation within the 30 Day Postoperative Period	Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day postoperative period.	Outcome	Patient Safety	Admissions and Readmissions to Hospitals
CQM 356	Unplanned Hospital Readmission within 30 Days of Principal Procedure	Percentage of patients aged 18 years and older who had an unplanned hospital readmission within 30 days of principal procedure.	Outcome	Effective Clinical Care	Admissions and Readmissions to Hospitals
CQM 357	Surgical Site Infection (SSI)	Percentage of patients aged 18 years and older who had a surgical site infection (SSI).	Outcome	Effective Clinical Care	Healthcare Associated Infections
eCQM CMS50v10	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.	Process	Communication and Care Coordination	Transfer of Health Information and Interoperability
eCQM CMS66v10	Functional Status Assessment for Total Knee Replacement	Percentage of patients 18 years of age and older who received an elective primary total knee arthroplasty (TKA) who completed baseline and follow-up patient-reported and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery.	Process	Person and Caregiver-Centered Experience and Outcomes	Functional Outcomes
eCQM CMS56v10	Functional Status Assessment for Total Hip Replacement	Percentage of patients 18 years of age and older who received an elective primary total hip arthroplasty (THA) who completed baseline and follow-up patient-reported and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery.	Process	Person and Caregiver-Centered Experience and Outcomes	Functional Outcomes

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Measure	Measure Title	Description	Measure Type	NQS Domain	Meaningful Measure Area
CQM 418 (NQF 0053)	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 in the six months after the fracture.	Process	Effective Clinical Care	Management of Chronic Conditions
CQM 459	Back Pain After Lumbar Discectomy/Laminectomy	For patients 18 years of age or older who had a lumbar discectomy/laminectomy procedure, back pain is rated by the patients as less than or equal to 3.0 OR an improvement of 5.0 points or greater on the Visual Analog Scale (VAS) Pain scale at three months (6 to 20 weeks) postoperatively.	Patient-Reported Outcome-Based Performance Measure	Person and Caregiver-Centered Experience and Outcomes	Functional Outcomes
CQM 460	Back Pain After Lumbar Fusion	For patients 18 years of age or older who had a lumbar fusion procedure, back pain is rated by the patient as less than or equal to 3.0 OR an improvement of 5.0 points or greater on the Visual Analog Scale (VAS) Pain scale at one year (9 to 15 months) postoperatively.	Patient-Reported Outcome-Based Performance Measure	Person and Caregiver-Centered Experience and Outcomes	Patient-Reported Outcome-Based Performance Measure
CQM 461	Leg Pain After Lumbar Discectomy/Laminectomy	For patients 18 years of age or older who had a lumbar discectomy/laminectomy procedure, leg pain is rated by the patient as less than or equal to 3.0 OR an improvement of 5.0 points or greater on the Visual Analog Scale (VAS) Pain scale at three months (6 to 20 weeks) postoperatively.	Patient-Reported Outcome-Based Performance Measure	Person and Caregiver-Centered Experience and Outcomes	Patient-Reported Outcome-Based Performance Measure

Measure	Measure Title	Description	Measure Type	NQS Domain	Meaningful Measure Area
CQM 469	Functional Status After Lumbar Fusion	For patients 18 years of age and older who had a lumbar fusion procedure, functional status is rated by the patient as less than or equal to 22 OR an improvement of 30 points or greater on the Oswestry Disability Index (ODI version 2.1a) at one year (9 to 15 months) postoperatively.	Patient-Reported Outcome-Based Performance Measure	Person and Caregiver-Centered Experience and Outcomes	Functional Outcomes
CQM 471	Functional Status After Lumbar Discectomy/Laminectomy	For patients age 18 and older who had lumbar discectomy/laminectomy procedure, functional status is rated by the patient as less than or equal to 22 OR an improvement of 30 points or greater on the Oswestry Disability Index (ODI version 2.1a) at three months (6 to 20 weeks) postoperatively.	Patient-Reported Outcome-Based Performance Measure	Person and Caregiver-Centered Experience and Outcomes	Patient-Reported Outcome-Based Performance Measure
CQM 473	Leg Pain After Lumbar Fusion	For patients 18 years of age or older who had a lumbar fusion procedure, leg pain is rated by the patient as less than or equal to 3.0 OR an improvement of 5.0 points or greater on the Visual Analog Scale (VAS) Pain scale at one year (9 to 15 months) postoperatively.	Patient-Reported Outcome-Based Performance Measure	Person and Caregiver-Centered Experience and Outcomes	Patient-Reported Outcome-Based Performance Measure

## 2022 MIPS Improvement Activities

Activity ID	Activity Name	Description	Subcategory Name	Activity Weighting
IA_AHE_3	Promote Use of Patient-Reported Outcome Tools	Demonstrate performance of activities for employing patient-reported outcome (PRO) tools and corresponding collection of PRO data such as the use of PHQ-2 or PHQ-9, PROMIS instruments, patient reported Wound-Quality of Life (QoL), patient reported Wound Outcome, and patient reported Nutritional Screening	Achieving Health Equity	High
IA_BE_8	Participation in a QCDR, that promotes collaborative learning network opportunities that are interactive	Participation in a QCDR, that promotes collaborative learning network opportunities that are interactive	Beneficiary Engagement	Medium
IA_BE_12	Use evidence-based decision aids to support shared decision-making	Use evidence-based decision aids to support shared decision-making	Beneficiary Engagement	Medium
IA_BMH_8	Electronic Health Record Enhancements for BH data capture	Enhancements to an electronic health record to capture additional data on behavioral health (BH) populations and use that data for additional decision-making purposes (e.g., capture of additional BH data results in additional depression screening for at-risk patient not previously identified).	Behavioral and Mental Health	Medium



Activity ID	Activity Name	Description	Subcategory Name	Activity Weighting
IA_PM_14	Implementation of methodologies for improvements in longitudinal care management for high-risk patients	<p>Provide longitudinal care management to patients at high risk for adverse health outcome or harm that could include one or more of the following:</p> <ul style="list-style-type: none"> <li>• Use a consistent method to assign and adjust global risk status for all empaneled patients to allow risk stratification into actionable risk cohorts. Monitor the risk-stratification method and refine as necessary to improve accuracy of risk status identification.</li> <li>• Use a personalized plan of care for patients at high risk for adverse health outcome or harm, integrating patient goals, values, and priorities; and/or</li> <li>• Use on-site practice-based or shared care managers to proactively monitor and coordinate care for the highest risk cohort of patients.</li> </ul>	Population Management	Medium
IA_PSPA_19	Implementation of formal quality improvement methods, practice changes, or other practice improvement processes	<p>Adopt a formal model for quality improvement and create a culture in which all staff actively participates in improvement activities that could include one or more of the following, such as:</p> <ul style="list-style-type: none"> <li>• Participation in multisource feedback;</li> <li>• Train all staff in quality improvement methods;</li> <li>• Integrate practice change/quality improvement into staff duties;</li> <li>• Engage all staff in identifying and testing practices changes;</li> <li>• Designate regular team meetings to review data and plan improvement cycles;</li> <li>• Promote transparency and accelerate improvement by sharing practice level and panel level quality of care, patient experience and utilization data with staff;</li> <li>• Promote transparency and engage patients and families by sharing practice level quality of care, patient experience and utilization data with patients and families, including activities in which clinicians act upon patient experience data;</li> <li>• Participation in Bridges to Excellence;</li> <li>• Participation in American Board of Medical Specialties (ABMS) Multi-Specialty Portfolio Program.</li> </ul>	Patient Safety and Practice Assessment	Medium