

# AAOS Orthopaedic Quality Resource Center

This registry has been approved by CMS as a Qualified Clinical Data Registry (QCDR) for eligible clinicians and group practices for Quality Payment Program (QPP). All AAOS registries are eligible through the AAOS Orthopaedic Quality Resource Center.

## QCDR MEASURES

## MEASURE ID

### Hip Arthroplasty: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy

**AJRR3**

Percentage of patients undergoing a hip arthroplasty with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g. NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure.

**National Quality Strategy Domain:** Communication and Care Coordination

**Type:** Process Measure

**High-Priority:** Yes

**Data Submission Method(s):** Registry Measure

### Hip Arthroplasty: Venous Thromboembolic and Cardiovascular Risk Evaluation

**AJRR4**

Percentage of patients undergoing a hip arthroplasty who are evaluated for the presence or absence of cardiovascular risk factors within 30 days prior to the procedure (e.g. history of deep venous thrombosis (DVT), pulmonary embolism (PE), myocardial infarction (MI), arrhythmia, and stroke).

**National Quality Strategy Domain:** Patient Safety

**Type:** Process Measure

**High-Priority:** Yes

**Data Submission Method(s):** Registry Measure

## MIPS QUALITY & ECQM MEASURES\*

## QUALITY #

## eMEASURE ID

## NQF #

### Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

**001**

**CMS122v6**

**0059**

Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.

**National Quality Strategy Domain:** Effective Clinical Care

**Type:** Intermediate Outcome

**High-Priority:** Yes

**Appropriate Use:** No

**Data Submission Method(s):** Electronic Measure, Registry Measure

### Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin

**021**

**---**

**0268**

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.

**National Quality Strategy Domain:** Patient Safety

**Type:** Process

**High-Priority:** Yes

**Appropriate Use:** Yes

**Data Submission Method(s):** Registry Measure

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

**MIPS QUALITY & ECQM MEASURES\***

**QUALITY #**

**eMEASURE ID**

**NQF #**

**Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis  
(When Indicated in ALL Patients)**

**023**

**---**

**0239**

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.

**National Quality Strategy Domain:** Patient Safety

**Type:** Process

**High-Priority:** Yes

**Appropriate Use:** No

**Data Submission Method(s):** Registry Measure

**Communication with the Physician or Other Clinician Managing On-going  
Care Post-Fracture for Men and Women Aged 50 Years and Older**

**024**

**---**

**0045**

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.

**National Quality Strategy Domain:** Communication and Care Coordination

**Type:** Process

**High-Priority:** Yes

**Appropriate Use:** No

**Data Submission Method(s):** Registry Measure

**Screening for Osteoporosis for Women Aged 65-85 Years of Age**

**039**

**---**

**0046**

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.

**National Quality Strategy Domain:** Effective Clinical Care

**Type:** Process

**High-Priority:** No

**Appropriate Use:** No

**Data Submission Method(s):** Registry Measure

**Medication Reconciliation Post-Discharge**

**046**

**---**

**0097**

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.

This measure is reported as three rates stratified by age group:

- Submission Criteria 1: 18-64 years of age
- Submission Criteria 2: 65 years and older
- Total Rate: All patients 18 years of age and older

**National Quality Strategy Domain:** Communication and Care Coordination

**Type:** Process

**High-Priority:** Yes

**Appropriate Use:** No

**Data Submission Method(s):** Registry Measure

**Care Plan**

**047**

**---**

**0326**

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.

**National Quality Strategy Domain:** Communication and Care Coordination

**Type:** Process

**High-Priority:** Yes

**Appropriate Use:** No

**Data Submission Method(s):** Registry Measure

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

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
<b>Osteoarthritis (OA): Function and Pain Assessment</b>	109	---	---
<p>Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain.</p>			
<p><b>National Quality Strategy Domain:</b> Person and Caregiver-Centered Experience and Outcomes</p>			
<p><b>Type:</b> Process</p>			
<p><b>High-Priority:</b> Yes</p>			
<p><b>Appropriate Use:</b> No</p>			
<p><b>Data Submission Method(s):</b> Registry Measure</p>			
<b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</b>	128	CMS69v6	0421
<p>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.</p>			
<p>Normal Parameters:</p>			
<p>Age 18 years and older BMI <math>\geq 18.5</math> and <math>&lt; 25</math> kg/m<sup>2</sup></p>			
<p><b>National Quality Strategy Domain:</b> Community/Population Health</p>			
<p><b>Type:</b> Process</p>			
<p><b>High-Priority:</b> No</p>			
<p><b>Appropriate Use:</b> No</p>			
<p><b>Data Submission Method(s):</b> Electronic Measure, Registry Measure</p>			
<b>Documentation of Current Medications in the Medical Record</b>	130	CMS68v7	0419
<p>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.</p>			
<p><b>National Quality Strategy Domain:</b> Patient Safety</p>			
<p><b>Type:</b> Process</p>			
<p><b>High-Priority:</b> Yes</p>			
<p><b>Appropriate Use:</b> No</p>			
<p><b>Data Submission Method(s):</b> Electronic Measure, Registry Measure</p>			
<b>Pain Assessment and Follow-Up</b>	131	---	0420
<p>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.</p>			
<p><b>National Quality Strategy Domain:</b> Communication and Care Coordination</p>			
<p><b>Type:</b> Process</p>			
<p><b>High-Priority:</b> Yes</p>			
<p><b>Appropriate Use:</b> No</p>			
<p><b>Data Submission Method(s):</b> Registry Measure</p>			
<b>Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b>	134	CMS2v7	0418
<p>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.</p>			
<p><b>National Quality Strategy Domain:</b> Community/Population Health</p>			
<p><b>Type:</b> Process</p>			
<p><b>High-Priority:</b> No</p>			
<p><b>Appropriate Use:</b> No</p>			
<p><b>Data Submission Method(s):</b> Electronic Measure, Registry Measure</p>			

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

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
<b>Falls: Risk Assessment</b>	154	---	0101
Percentage of patients aged 65 years and older with a history of falls that had a risk assessment for falls completed within 12 months.			
<b>National Quality Strategy Domain:</b> Patient Safety			
<b>Type:</b> Process			
<b>High-Priority:</b> Yes			
<b>Appropriate Use:</b> No			
<b>Data Submission Method(s):</b> Registry Measure			
<b>Falls: Plan of Care</b>	155	---	0101
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.			
<b>National Quality Strategy Domain:</b> Communication and Care Coordination			
<b>Type:</b> Process			
<b>High-Priority:</b> Yes			
<b>Appropriate Use:</b> No			
<b>Data Submission Method(s):</b> Registry Measure			
<b>Rheumatoid Arthritis (RA): Functional Status Assessment</b>	178	---	---
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.			
<b>National Quality Strategy Domain:</b> Effective Clinical Care			
<b>Type:</b> Process			
<b>High-Priority:</b> No			
<b>Appropriate Use:</b> No			
<b>Data Submission Method(s):</b> Registry Measure			
<b>Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis</b>	179	---	---
Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease prognosis at least once within 12 months.			
<b>National Quality Strategy Domain:</b> Effective Clinical Care			
<b>Type:</b> Process			
<b>High-Priority:</b> No			
<b>Appropriate Use:</b> No			
<b>Data Submission Method(s):</b> Registry Measure			
<b>Rheumatoid Arthritis (RA): Glucocorticoid Management</b>	180	---	---
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.			
<b>National Quality Strategy Domain:</b> Effective Clinical Care			
<b>Type:</b> Process			
<b>High-Priority:</b> No			
<b>Appropriate Use:</b> No			
<b>Data Submission Method(s):</b> Registry Measure			
<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b>	226	CMS138v6	0028
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.			
<b>National Quality Strategy Domain:</b> Community/Population Health			
<b>Type:</b> Process			
<b>High-Priority:</b> No			
<b>Appropriate Use:</b> No			
<b>Data Submission Method(s):</b> Electronic Measure, Registry Measure			

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

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
<b>Falls: Screening for Future Fall Risk</b>	318	CMS139v6	0101
Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.			
<b>National Quality Strategy Domain:</b> Patient Safety			
<b>Type:</b> Process			
<b>High-Priority:</b> Yes			
<b>Appropriate Use:</b> No			
<b>Data Submission Method(s):</b> Electronic Measure, Registry Measure			
<b>Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy</b>	350	---	---
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.			
<b>National Quality Strategy Domain:</b> Communication and Care Coordination			
<b>Type:</b> Process			
<b>High-Priority:</b> Yes			
<b>Appropriate Use:</b> No			
<b>Data Submission Method(s):</b> Registry Measure			
<b>Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation</b>	351	---	---
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).			
<b>National Quality Strategy Domain:</b> Patient Safety			
<b>Type:</b> Process			
<b>High-Priority:</b> Yes			
<b>Appropriate Use:</b> No			
<b>Data Submission Method(s):</b> Registry Measure			
<b>Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet</b>	352	---	---
Percentage of patients regardless of age undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet.			
<b>National Quality Strategy Domain:</b> Patient Safety			
<b>Type:</b> Process			
<b>High-Priority:</b> Yes			
<b>Appropriate Use:</b> No			
<b>Data Submission Method(s):</b> Registry Measure			
<b>Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report</b>	353	---	---
Percentage of patients regardless of age undergoing a 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 each prosthetic implant.			
<b>National Quality Strategy Domain:</b> Patient Safety			
<b>Type:</b> Process			
<b>High-Priority:</b> Yes			
<b>Appropriate Use:</b> No			
<b>Data Submission Method(s):</b> Registry Measure			
<b>Unplanned Reoperation within the 30 Day Postoperative Period</b>	355	---	---
Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day postoperative period.			
<b>National Quality Strategy Domain:</b> Patient Safety			
<b>Type:</b> Outcome			
<b>High-Priority:</b> Yes			
<b>Appropriate Use:</b> No			
<b>Data Submission Method(s):</b> Registry Measure			

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

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
<b>Unplanned Hospital Readmission within 30 Days of Principal Procedure</b>	356	---	---
Percentage of patients aged 18 years and older who had an unplanned hospital readmission within 30 days of principal procedure.			
<b>National Quality Strategy Domain:</b> Effective Clinical Care			
<b>Type:</b> Outcome			
<b>High-Priority:</b> Yes			
<b>Appropriate Use:</b> No			
<b>Data Submission Method(s):</b> Registry Measure			
<b>Surgical Site Infection (SSI)</b>	357	---	---
Percentage of patients aged 18 years and older who had a surgical site infection (SSI).			
<b>National Quality Strategy Domain:</b> Effective Clinical Care			
<b>Type:</b> Outcome			
<b>High-Priority:</b> Yes			
<b>Appropriate Use:</b> No			
<b>Data Submission Method(s):</b> Registry Measure			
<b>Patient-Centered Surgical Risk Assessment and Communication</b>	358	---	---
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.			
<b>National Quality Strategy Domain:</b> Person and Caregiver-Centered Experience and Outcomes			
<b>Type:</b> Process			
<b>High-Priority:</b> Yes			
<b>Appropriate Use:</b> No			
<b>Data Submission Method(s):</b> Registry Measure			
<b>Closing the Referral Loop: Receipt of Specialist Report</b>	374	CMS50v6	---
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.			
<b>National Quality Strategy Domain:</b> Communication and Care Coordination			
<b>Type:</b> Process			
<b>High-Priority:</b> Yes			
<b>Appropriate Use:</b> No			
<b>Data Submission Method(s):</b> Electronic Measure, Registry Measure			
<b>Functional Status Assessment for Total Knee Replacement</b>	375	CMS66v6	---
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.			
<b>National Quality Strategy Domain:</b> Person and Caregiver-Centered Experience and Outcomes			
<b>Type:</b> Process			
<b>High-Priority:</b> Yes			
<b>Appropriate Use:</b> No			
<b>Data Submission Method(s):</b> Electronic Measure, Registry Measure			
<b>Functional Status Assessment for Total Hip Replacement</b>	376	CMS56v6	---
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.			
<b>National Quality Strategy Domain:</b> Person and Caregiver-Centered Experience and Outcomes			
<b>Type:</b> Process			
<b>High-Priority:</b> Yes			
<b>Appropriate Use:</b> No			
<b>Data Submission Method(s):</b> Electronic Measure, Registry Measure			

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

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
<b>Opioid Therapy Follow-up Evaluation</b> 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. <b>National Quality Strategy Domain:</b> Effective Clinical Care <b>Type:</b> Process <b>High-Priority:</b> No <b>Appropriate Use:</b> No <b>Data Submission Method(s):</b> Registry Measure	408	---	---
<b>Documentation of Signed Opioid Treatment Agreement</b> 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. <b>National Quality Strategy Domain:</b> Effective Clinical Care <b>Type:</b> Process <b>High-Priority:</b> No <b>Appropriate Use:</b> No <b>Data Submission Method(s):</b> Registry Measure	412	---	---
<b>Evaluation or Interview for Risk of Opioid Misuse</b> 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, SOAPP-R) or patient interview documented at least once during Opioid Therapy in the medical record. <b>National Quality Strategy Domain:</b> Effective Clinical Care <b>Type:</b> Process <b>High-Priority:</b> No <b>Appropriate Use:</b> No <b>Data Submission Method(s):</b> Registry Measure	414	---	---
<b>Osteoporosis Management in Women Who Had a Fracture</b> 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. <b>National Quality Strategy Domain:</b> Effective Clinical Care <b>Type:</b> Process <b>High-Priority:</b> No <b>Appropriate Use:</b> No <b>Data Submission Method(s):</b> Registry Measure	418	---	0053

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