

Date: June 1, 2022

To: Madeline Weil, National Committee for Quality Assurance (NCQA), mweil@ncqa.org

From: The American Association of Hip and Knee Surgeons; The American Association of Orthopaedic Surgeons

Subject: Comments on eQMs Related to Total Joint Arthroplasty

The American Association of Hip and Knee Surgeons (AAHKS) and American Association of Orthopaedic Surgeons (AAOS) are pleased to provide Mathematica and the National Committee for Quality Assurance (NCQA), on behalf of the Centers for Medicare & Medicaid Services (CMS), with the requested input on the following electronic clinical quality measures (eQMs):

- Quality ID 375/CMS 66 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) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery.
- Quality ID 376/ CMS 56 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) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery.

Please see our comments to your comments below. If you have any questions or concerns, please contact Sigita Wolfe, MBA, Senior Director, Education and Science, at swolfe@aahks.org. Thank you.

1. What are your organization's thoughts on the impact of adjusting the post-operative timeframe? What potential unintended consequences might there be in making this change?

RESPONSE: AAHKS strongly supports adjusting the timeframe. Many members are actively collecting PRO-PM measures and are challenged by the inconsistency of collection time frames set by CMS and other entities. We fully support and request that CMS use consistent time frames for the PRO-PM. We strongly supported the 300-425 frame for collection of post-operative PRO-PM which is the time frame being applied to the Hospital PRO-PM reporting and has been the frame recommended for ambulatory as well as clinician/clinician groups PRO-PM reporting for QPP. Post-operative appointments often occur after 1 year due to patient preferences, scheduling, and other issues and therefore we recommend extending the timeframe to include more patients in this measure. We do not believe that there are significant long-term consequences to patient care or practice management in extending the time frame. We believe that not making the change will have significant consequences to compliance because the time frame is not the same as for other quality reporting programs within CMS.

2. What are your thoughts on keeping each of the functional status assessment tools in the measure? Do you support removal of any of these tools? Why or why not? Are you aware of the level of use of each of these tools by clinicians?

RESPONSE: We are supportive of the use of any of these tools. Because the PRO-PM required completion of HOOS Jr. for hip patients and KOOS Jr for knee patients plus either PROMIS or VR-12, we do not support limiting the metric to exclude any of these and would not support a requirement for the use of the full HOOS or KOOS tool.

We are not aware of any data on the use of each tool by clinicians at this time. However, it is important to encourage the use of all of these functional status assessment tools, which are critical in determining patient outcomes.

We would also like to highlight that the functional assessment tools require a degree of proficiency with reading and understanding the English language. While the assessment tools are being translated into other languages, the functional assessment tools are not widely available in a non-English language format. Data from 2014 reported (Proctor et al, Health Equity, 2018; (21):82-89) that 4.5 million persons enrolled in Medicare had limited English proficiency and these patients are not equally distributed about the country which limits the ability of the institutions caring for these patients to obtain functional assessments and ultimately to measure and improve quality of care. We believe that this should be considered when metrics for reporting are developed.

3. What are your organization's thoughts on excluding the nine listed conditions from the measure?

RESPONSE: We support the current exclusions as well as the addition of the listed 9 exclusions as each of these will exclude patients who are not representative of the primary elective joint replacement population or are patients who would not reasonably be offered a functional assessment tool (i.e.: trauma) or been capable of completing a functional assessment tool (i.e.: cognitive impairment). The PRO-PM measure additionally excludes patients who leave the hospital against medical advice (AMA). We support excluding this patient population as well. A discharge AMA signifies a break in the patient-physician relationship and may severely restrict the ability of the operating surgeon to obtain a follow-up functional assessment.

4. What are your thoughts on revising which fractures count towards exclusion? What fracture types may warrant exclusion from the measure? Do you think that patients should be excluded if they have one fracture at the time of the procedure? Why or why not?

RESPONSE: Because the measure is seeking to capture elective primary total joint replacement patients, we support exclusion of all patients who have a fracture diagnosis at the time of the procedure. There is an increasing number of geriatric patients and resultant complex geriatric fractures about the knee treated with total knee arthroplasty and the increasing number of total hip arthroplasty being performed for proximal femoral and acetabular fractures; however, it is unreasonable to ask such patients to complete a functional assessment prior to surgery at the time of the fracture and these patients do not represent elective TJA patients.