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Laura Grosso, Ph.D
Associate Research Scientist
Yale/Yale New Haven Hospital
Center for Outcomes Research and Evaluation (CORE)
1 Church Street, Suite 200
New Haven, CT 06510 – 3330

Dear Dr. Han and Dr. Grosso:

The American Association of Orthopaedic Surgeons (AAOS) appreciates the opportunity to comment on the quality measures developed for patients undergoing elective total hip and total knee replacement. We represent nearly 18,000 board-certified orthopaedic surgeons and have been a committed partner to the Centers for Medicare and Medicaid Services (CMS) in patient safety and quality health care. We look forward to providing input on measures being actionable, aligned, and risk adjusted.

The AAOS appreciates the immense stakeholder input that CMS and Yale has obtained from the musculoskeletal community. We look forward to continued partnerships with both CMS and Yale for any and all musculoskeletal quality and patient safety initiatives. The AAOS is dedicated to committing considerable human and financial resources to developing and analyzing evidence-based process and outcome measures and encouraging the adoption of evidence-based practice guidelines for the prevention, diagnosis, and management of musculoskeletal disease. We invite CMS and Yale to call on us as a partner and expert in performance and quality measurement in musculoskeletal care.

General Comments. As a general comment, the AAOS supports quality measures that are actionable and help align and coordinate care in all settings by all providers. We obviously support the measurement and reduction of complications and readmissions. However, we have concerns with the ability of the overall performance rate to inform a hospital of its specific needs for quality and patient safety improvement. We understand that measuring

quality in the hospital and physician community differs in many ways but we strive and advocate for alignment when possible.

The AAOS is also looking for clarification on the selection of the readmission measure as both an efficiency/cost and outcomes measure. This designation essentially results in two different measurements without any specifications for the calculation of the efficiency/cost component.

Risk-Adjustment. The AAOS would like to take the opportunity to express our support for a movement toward developing clinically relevant quality measures which recognize the importance of measuring both process and outcome. We cannot stress the importance of risk adjustment when outcome measures are publicly reported and/or used in future value based-purchasing programs enough. Both of these quality tools rely on accurate, valid, and reliable data to inform stakeholders and improve quality. Without risk adjustment, comparisons are not equitable.

The AAOS appreciates the extensive work on ensuring a robust risk-adjustment model for both the readmission and complications quality measure. The AAOS has specific concerns with the lack of inclusion of socio-economic status (SES). However, we understand this decision based on the measure development criteria of the National Quality Forum (NQF). The AAOS also has concerns with obesity as a variable not included in the risk adjustment methodology. Obesity places patients at a higher risk for complications, particularly infection and venous thromboembolism, and readmissions.

The AAOS appreciates this opportunity to provide input on the quality measures developed for patients undergoing elective total hip and total knee replacement. We look forward to working with CMS and Yale on future musculoskeletal issues. Please contact Jacque Buschmann at roche@aaos.org with any questions on the AAOS' comments.

Sincerely,

A handwritten signature in black ink that reads "John J. Callaghan". The signature is written in a cursive, flowing style.

John J. Callaghan, MD
President, American Association of Orthopaedic Surgeons