

Hip Arthroplasty

Measure #3: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy

Measure Description

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

Measure Components

Numerator Statement	Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g. NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure
Denominator Statement	All patients undergoing an elective primary total hip arthroplasty
Denominator Exceptions	None
Supporting Guideline & Other References	The following evidence statements are quoted <u>verbatim</u> from the referenced clinical guidelines: Patients with hip or knee OA who are not obtaining adequate pain relief and functional improvement from a combination of non-pharmacological and pharmacological treatment should be considered for joint replacement therapy. Replacement arthroplasties are effective and cost-effective for patients with significant symptoms, and/or functional limitations associated with a reduced health-related quality of life, despite conservative therapy. (OARSI 2008) ¹⁷

Measure Importance

Rationale A trial of non-surgical therapy should be used prior to surgery, when possible. Non-surgical therapy may include the use of NSAIDs, other analgesics, exercise, or injections. For patients with severe disability, the patient and surgeon may decide after a thorough review of conservative options that the optimal treatment is to proceed with the operative intervention.

In a study conducted by Bozic and others, patients who were considered appropriate for hip or knee replacement were provided either a shared decision making intervention or normal care. The patients in the intervention group reached an informed decision 58 percent of the time during the first visit with the surgeon compared to the control group (33 percent). The decision and communication materials helped both the patients and the orthopedic surgeons.¹⁸

National Quality Strategy Domain Communication and Care Coordination

Exception Justification This measure has no exceptions.

Harmonization with Existing Measures Harmonization with existing measures was not applicable to this measure.

Measure Designation

Measure purpose	<ul style="list-style-type: none">• Quality improvement• Accountability
Type of measure	<ul style="list-style-type: none">• Process
Level of Measurement	<ul style="list-style-type: none">• Individual practitioner
Care setting	<ul style="list-style-type: none">• Ambulatory care
Data source	<ul style="list-style-type: none">• Electronic health record (EHR) data• Paper medical record• Registry data

Technical Specifications

The specifications listed below are those needed for the performance calculation.

Denominator (Eligible Population)	All patients undergoing an elective primary total hip arthroplasty CPT Service Code: 27130 (Excludes hip fractures - see addendum for exclusion codes)
Numerator	Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g. NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure