## Total Knee Replacement
### Measure #2: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy

**Measure Description**

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

**Measure Components**

<table>
<thead>
<tr>
<th>Numerator Statement</th>
<th>Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g. NSAIDs, analgesics, exercise, injections) prior to the procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator Statement</td>
<td>All patients undergoing a total knee replacement</td>
</tr>
<tr>
<td>Denominator Exceptions</td>
<td>None</td>
</tr>
</tbody>
</table>

**Supporting Guideline & Other References**

The following evidence statements are quoted *verbatim* from the referenced clinical guidelines:

- AAOS suggests that patients with symptomatic OA of the knee be encouraged to participate in self-management educational programs. (AAOS 2009) (Level of Evidence II Grade B.)

- AAOS recommends that patients with symptomatic OA of the knee who are overweight (BMI >25) should be encouraged to lose weight (a minimum of 5% of body weight) and maintain their weight at a lower level with an appropriate program for dietary modification and exercise. (AAOS 2009) (Level of Evidence I Grade A.)

- AAOS recommends that patients with symptomatic OA of the knee be encouraged to participate in low-impact aerobic fitness exercises. (AAOS 2009) (Level of Evidence I Grade A.)

- AAOS suggests that patients with symptomatic OA of the knee use patellar taping for short-term relief of pain and improvement in function. (AAOS 2009) (Level of Evidence II Grade B.)

- AAOS suggests that patients with symptomatic OA of the knee receive one of the following analgesics for pain unless there are contradictions to this treatment: acetaminophen (<4g/day) or nonsteroidal anti-inflammatory drugs (NSAIDs). (AAOS 2009) (Level of Evidence II Grade B.)

- AAOS suggests that intra-articular corticosteroids be used for short-term pain relief for patients with symptomatic OA of the knee. (AAOS 2009) (Level of Evidence II Grade B.)

- Patients with 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. (ORSAI 2008)
**Measure Importance**

**Relationship to desired outcome**
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.

**Opportunity for Improvement**
In a study conducted by SooHoo and colleagues at 3 hospitals, 54 percent of the patients had documentation of the history of the present illness which included the evaluation of the prior treatments and medications. Variation between the 3 hospitals ranged from 27 percent to 75 percent.\(^\text{13}\)

**IOM Domains of Health Care Quality Addressed**
- Safe
- Effective
- Efficient

**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**
- Quality improvement
- Accountability

**Type of measure**
- Process

**Level of Measurement**
- Individual practitioner

**Care setting**
- Ambulatory care

**Data source**
- Electronic health record (EHR) data
- Administrative Data/Claims (inpatient or outpatient claims)
- Administrative Data/Claims Expanded (multiple-source)
- Paper medical record
- Registry data

**Technical Specifications: Administrative/Claims Data**

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

The specifications listed below are those needed for performance calculation. Additional CPT II codes may be required depending on how measures are implemented. (Reporting vs. Performance)

**Denominator (Eligible Population)**
All patients undergoing a total knee replacement

CPT Service Code: 27446, 27447, 27438, or 27442

**Numerator**
Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g. NSAIDs, analgesics, exercise, injections)
prior to the procedure

Report the CPT Category II code:
XXXXF: Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy prior to the procedure in development for this numerator