

**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**

<b>Numerator Statement</b>	Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g. NSAIDs, analgesics, exercise, injections) prior to the procedure
<b>Denominator Statement</b>	All patients undergoing a total knee replacement
<b>Denominator Exceptions</b>	None
<b>Supporting Guideline &amp; Other References</b>	<p>The following evidence statements are quoted <u>verbatim</u> from the referenced clinical guidelines:</p> <p>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.)<sup>19</sup></p> <p>AAOS recommends that patients with symptomatic OA of the knee who are overweight (BMI &gt;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.)</p> <p>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.)</p> <p>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.)</p> <p>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 (&lt;4g/day) or nonsteroidal anti-inflammatory drugs (NSAIDs). (AAOS 2009) (Level of Evidence II Grade B.)</p> <p>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.)</p> <p>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)<sup>20</sup></p>

## Measure Importance

<b>Relationship to desired outcome</b>	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.
<b>Opportunity for Improvement</b>	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. <sup>13</sup>
<b>IOM Domains of Health Care Quality Addressed</b>	<ul style="list-style-type: none"><li>• Safe</li><li>• Effective</li><li>• Efficient</li></ul>
<b>Exception Justification</b>	This measure has no exceptions.
<b>Harmonization with Existing Measures</b>	Harmonization with existing measures was not applicable to this measure.

## Measure Designation

<b>Measure purpose</b>	<ul style="list-style-type: none"><li>• Quality improvement</li><li>• Accountability</li></ul>
<b>Type of measure</b>	<ul style="list-style-type: none"><li>• Process</li></ul>
<b>Level of Measurement</b>	<ul style="list-style-type: none"><li>• Individual practitioner</li></ul>
<b>Care setting</b>	<ul style="list-style-type: none"><li>• Ambulatory care</li></ul>
<b>Data source</b>	<ul style="list-style-type: none"><li>• Electronic health record (EHR) data</li><li>• Administrative Data/Claims (inpatient or outpatient claims)</li><li>• Administrative Data/Claims Expanded (multiple-source)</li><li>• Paper medical record</li><li>• Registry data</li></ul>

## 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)

<b>Denominator (Eligible Population)</b>	All patients undergoing a total knee replacement CPT Service Code: 27446, 27447, 27438, or 27442
<b>Numerator</b>	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