Consensus Core Set: Orthopedics

The Core Quality Measures Collaborative (CQMC) core measure sets (core sets) are intended for use in value-based payment (VBP) programs and may also be used to drive improvement in high-priority areas. The core sets can be used in their entirety to holistically assess quality or can serve as a starting point when selecting measures to meet specific goals. CQMC core sets are developed and maintained using a multistakeholder, consensus-based process and established measure selection principles. Measure specifications and details are linked in the "CBE Number" column, and additional considerations for use are included in the "Notes" section of the table below.

Orthopedics Measures

The CQMC core set measures focus on ambulatory care measures at the clinician reporting level. The Orthopedics core set includes 12 measures that have been tested for reliability and validity at the clinician (individual or group/practice) reporting level. The remaining core set measures address important topics related to orthopedics, but they have not been tested at the clinician level of analysis. When using measures specified outside the clinician level of analysis, core set users should ensure adequate measure denominator size based on their patient population.

Measure Topic	CBE Number	Measure	Steward	Level of Analysis	Notes
Total Joint Replacement (Hip and Knee)	3559	Hospital-Level, Risk-Standardized Improvement Rate in Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)	Centers for Medicare & Medicaid Services (CMS)	Facility	Same specifications as #3639, other than level of analysis.
	3639	Clinician-Level and Clinician Group-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA and TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM)	CMS	Clinician	Same specifications as #3559, other than level of analysis.
	3493	Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS) Eligible Clinicians and Eligible Clinician Groups	CMS	Clinician	-

Measure Topic	CBE Number	Measure	Steward	Level of Analysis	Notes
Total Joint Replacement (Hip and Knee)	1550	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	CMS	Facility	-
	1551	Hospital-level 30-day, all-cause risk standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	CMS	Facility	-
	N/A	Functional Status Assessment for Total Hip Replacement (eCQM) (MIPS ID 376)	CMS	Clinician	eCQM Telehealth eligible for CMS programs in 2024
	N/A	Functional Status Assessment for Total Knee Replacement (eCQM) (MIPS ID 375)	CMS	Clinician: Group/Practice	eCQM Telehealth eligible for CMS programs in 2024
Spine	0425	Functional Status Change for Patients with Low Back Impairment	Focus on Therapeutic Outcomes (FOTO)	Clinician	-
	3461	Functional Status Change for Patients with Neck Impairments	FOTO	Clinician	-
	N/A	Leg Pain After Lumbar Fusion (MIPS ID 461)	Minnesota Community Measurement (MNCM)	Clinician	Telehealth eligible Stratified by discectomy/laminectomy and fusion
	N/A	Functional Status After Lumbar Discectomy/Laminectomy (MIPS ID 471)	MNCM	Clinician	Telehealth eligible Stratified by discectomy/laminectomy and fusion
	N/A	Back Pain After Lumbar Discectomy/Laminectomy (MIPS ID 459)	MNCM	Clinician	Telehealth eligible Stratified by discectomy/laminectomy and fusion

Measure Topic	CBE Number	Measure	Steward	Level of Analysis	Notes
Other	3470	Hospital Visits after Orthopedic Ambulatory Surgical Center Procedure	CMS	Facility	To date, this measure has only been tested in the Medicare population.
Other	1741	Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surgical Care Survey	American College of Surgeons	Clinician	Ensure adequate denominator volume
	N/A	Unplanned Reoperation within the 30-Day Postoperative Period (MIPS ID 355)	American College of Surgeons	Clinician/Individual	-
	3532	Discouraging the routine use of supervised physical therapy and/or occupational therapy after carpal tunnel release	American Academy of Orthopedic Surgeons (AAOS)	Clinician, Facility	Goal for this measure is not 100% compliance, as it is imperative to ensure patients who would benefit from physical and/or occupational therapy still receive these important services.

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Gap Areas for Future Consideration and Measure Development

- Measures across the full spectrum of spine and back care, including surgery measures, non-operative care, functional assessment, and outcome measures
- Measures related to pain and opioids
- Joint procedure measures, including upper extremity joints (e.g., shoulder, elbow, wrist)
- Pre-operative and post-operative care measures including management of complex patients
- Measures that assess patient outcomes rather than measuring if assessments are performed

Core Set Updates for 2024

Removed measure 2958: Informed, Patient Centered (IPC) Hip and Knee Replacement Surgery

The measure is not currently used in CMS programs and uptake by health plans is unclear. The data for this measure is collected via questionnaire and the workgroup felt this measure might place undue burden on patients. The workgroup was also concerned about a measure that was tied to a specific instrument.

Removed measure 2962: Shared Decision-Making Process

The measure is not currently used in CMS programs and uptake by health plans is unclear. This measure captures conditions beyond orthopedics' purview.

Removed measure 0420: Pain Assessment and Follow-Up

This measure lost CBE endorsement and a workgroup member noted that implementation of this measure may promote overuse of opioid therapy. The workgroup also noted high burden for clinicians to complete a pain assessment and follow-up plan at every visit. The measure has been retired by CMS and is no longer active in CMS programs.