

## 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 [selection principles](#). The core sets focus primarily on ambulatory care measures at the clinician reporting level. This core set contains several measures NQF endorsed at the facility or health plan level as noted below; core set users should ensure adequate measure denominator size based on their patient population. Measure specifications and details are linked in the “NQF Number” column, and additional considerations for use are included in the “Notes” section of the table below.

### Orthopedics Measures

NQF Number	Measure	Steward	Notes
<i>Total Joint Replacement (Hip and Knee)</i>			
<a href="#">3559</a>	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	**
<a href="#">3493</a>	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	Centers for Medicare & Medicaid Services	**
<a href="#">1550</a>	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)†	Centers for Medicare & Medicaid Services	**
<a href="#">1551</a>	Hospital-level 30-day, all-cause risk standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)†	Centers for Medicare & Medicaid Services	**
<a href="#">N/A</a>	Functional Status Assessment for Total Hip Replacement (eCQM) (MIPS ID 376)	Centers for Medicare & Medicaid Services	eCQM
<a href="#">2958</a>	Informed, Patient Centered (IPC) Hip and Knee Replacement Surgery	Massachusetts General Hospital	**
<a href="#">N/A</a>	Functional Status Assessment for Total Knee Replacement (eCQM) (MIPS ID 375)	National Committee for Quality Assurance	eCQM Telehealth eligible for CMS programs in 2022

NQF Number	Measure	Steward	Notes
<a href="#">2653</a>	Functional Status After Primary Total Knee Replacement	MN Community Measurement	Telehealth eligible
<i>Spine</i>			
<a href="#">0425</a>	Functional Status Change for Patients with Low Back Impairment	Focus on Therapeutic Outcomes	**
<a href="#">3461</a>	Functional Status Change for Patients with Neck Impairments	Focus on Therapeutic Outcomes	**
<a href="#">2643</a>	Functional Status After Lumbar Fusion	MN Community Measurement	Telehealth eligible
<a href="#">N/A</a>	Leg Pain After Lumbar Fusion (MIPS ID 473)	MN Community Measurement	Not telehealth eligible (VAS scores obtained via telephone screening will not be used)
<a href="#">N/A</a>	Functional Status After Lumbar Discectomy/Laminectomy (MIPS ID 471)	MN Community Measurement	
<a href="#">N/A</a>	Leg Pain After Lumbar Discectomy/Laminotomy (MIPS ID 461)	MN Community Measurement	Not telehealth eligible (VAS scores obtained via telephone screening will not be used)
<a href="#">N/A</a>	Back Pain After Lumbar Fusion (MIPS ID 460)	MN Community Measurement	Not telehealth eligible (VAS scores obtained via telephone screening will not be used)
<a href="#">N/A</a>	Back Pain After Lumbar Discectomy/Laminectomy (MIPS ID 459)	MN Community Measurement	Not telehealth eligible (VAS scores obtained via telephone screening will not be used)
<i>Other</i>			
<a href="#">3470</a>	Hospital Visits after Orthopedic Ambulatory Surgical Center Procedure†	Centers for Medicare & Medicaid Services	To date, this measure has only been tested in the Medicare population.
<a href="#">1741</a>	Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surgical Care Survey	American College of Surgeons, Division of Advocacy and Health Policy	Ensure adequate denominator volume
<a href="#">2962</a>	Shared Decision-Making Process	Massachusetts General Hospital	**
<a href="#">N/A</a>	Unplanned Reoperation within the 30-Day Postoperative Period (MIPS ID 355)	American College of Surgeons	**

\*Separate benchmarks should be used based on reporting method.

†Measure NQF endorsed at the facility or health plan level.

\*\*Cell intentionally left empty.

## Gap Areas for Future Consideration and Measure Development

- Measures across the full spectrum of spine and back care, including surgery measures, non-operative care, and functional assessment and outcome measures
- Joint procedure measures
- Pre-operative and post-operative care measures
- Measures that assess patient outcomes rather than if assessments are performed
- Measures related to pain and opioids

## Core Set Updates for 2021

*Updated note related to telehealth eligibility for Functional Status Assessment for Total Knee Replacement (eCQM) (MIPS ID 375)*

This eCQM remains telehealth eligible for CMS programs in 2022; the note on this measure has been updated to reflect this continued eligibility.

*Added measure 3470: Hospital Visits after Orthopedic Ambulatory Surgical Center Procedure*

This outcome measure addresses the previously identified measure gap of ambulatory setting specific measures.

*Added measures 0425 and 3461: Functional Status Change for Patients with Low Back Impairment and for Patients with Neck Impairments*

These PRO-PMs address the previously identified measure gaps of functional assessments and patient outcomes.

*Added measure 3559: Hospital-Level, Risk-Standardized Improvement Rate in Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)*

This PRO-PM addresses the previously identified measure gaps of patient outcomes and joint procedure measures.

*Added measure 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*

This is a re-specified version of measure #1550. #3493 focuses on the clinician/group level, rather than the facility level of analysis.

Additional details about the discussion and measures not selected for inclusion are available at the CQMC website's [CQMC Workgroup Meeting Summaries](#) page.