Selection of Shoulder Outcomes Scores and Where From Here to the Future

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Introduction

Discuss

- Value Committee with Outcomes Sub-Committee
- Defining quality
- Why measure outcomes performance?
- How we are now measured – agencies involved
- Charge to Committee from ASES Presidential line to analyze and recommend outcomes scores
- Describe the process and define terms
- Eventual recommendations
- The Future (Gov’t., CMS, etc.)

Disclosure

Richard J. Hawkins, MD

Hawkins Foundation:
- Greenville Health System
- DJO Surgical
- Arthrosurface
- Smith & Nephew
- Neurotech

Pacira
Arthrex
Euflexxa
Breg

Consulting Agreement:
- DJO Surgical
- Arthrex
- Pacira

Royalties:
- Lippincott, Williams & Wilkins
- Ossur

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Outcomes Subgroup Members

Richard Hawkins, MD, Subgroup Lead
- Bernard Morrey, MD
- John (JT) Tokish, MD
- Guido Marra, MD
- Scott Steinmann, MD
- Ted Schlegel, MD
- Chuck Thigpen, PhD, PT, ATC

Ex-officio members:
- Rob Bell, MD
- Bill Mallon, MD

Introduction

- Michael Porter and Robert Kapland (Harvard economists) and others, suggest in the future, we doctors/surgeons will be defined by quality (outcomes).
- Value = the best outcomes at the lowest cost
- Cost remains the driver and will always be the driver.

Introduction

- Secretary of Health and Human Services, Sylvia Burwell, wishes value based pricing and value based reimbursement up to 90% by the year 2018.
Why Collect Scores?

- Physicians will be judged on quality in the future
- We need to know the outcome of treating our own patients
- Payors and agencies will demand it
- If we don’t do it, others will do it
- Get ahead of government, CMS, and other agencies

Present Agencies and Programs Upon Which We Are Graded

(P4P – Pay for Performance)

- HCAPS and CCAPS – consumer perception of hospital and doctor’s office care
- Healthgrades.com
- RateMDs.com
- YELP
- Skip Measures (surgical care) – Hospital risk 2%
- Meaningful Use Criteria (Obamacare)
- CMS – PQRS (Patient Quality Reporting System)
  (Financial Bump for Medicare Part B)
- Force TJR – CMS bonus if submitted to Force

Committee Charge

- Research, define, establish, and recommend scoring systems to ASES and the community at large
  1. Basic Package
  2. Robust – Research Package
Joint Registries

• We have a subcommittee to establish registries.
• Present registries are broad and document such things as complications, re-admissions, devices, etc.
• At some point we might combine registries with patient outcome scores – providing breath and depth.

(Total Joints – Good Fit)

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Process

Committee members reviewed several papers and reports, particularly assessing the psychometrics of all the shoulder and elbow scoring systems including

Psychometrics
• Responsiveness
• Reliability
• Validity
• Ability to detect change in a reasonable manner
  — (MCID) (MIC) Measuring clinical change
  — (MDC) (SDC) Measuring statistical change

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Materials for Committee

- Reliability, Validity, and Responsiveness of the American Shoulder and Elbow Surgeons Subjective Shoulder Scale in Patients with Shoulder Instability, Rotator Cuff Disease, and Glenohumeral Arthritis
Materials for Committee

Evaluation of shoulder-specific patient-reported outcome measures: a systematic and standardized comparison of available evidence

Sara Schmitt, MD, MPH, Matthias Frey, PhD, MSc, MD, Svenja Strehl, PhD, MD, Michael Reinhold, MD, PhD, Martin Helfer, MD, PhD, Moritz Fietzke, MD, PhD, Holger Magerl, MD, PhD, Martina Schramm, MD, PhD, Konrad Thaler, MD, PhD, Robert Lampe, MD, PhD, Christoph Poser, MD, and Martin Reinhold, MD, PhD

Materials for Committee

Determination and comparison of the smallest detectable change (SDC) and the minimal important change (MIC) of four-shoulder patient-reported outcome measures (PROMs)

Jen Lazzara, MD, Patricia A. Sculco, MD, Jason F. W. Banay, MD, PhD, and Michael W. Post, MD

Materials for Committee
Guidelines for Selection

The Committee agreed upon the following:

- Patient reported outcomes
- Good psychometrics
- Validated scores
- Ease of use for patient - brief
- Ease of scoring and understanding for physician
- Standardized use nationally and internationally
- Cost considerations

Ongoing Process

- Many emails, questions, conference calls, and responses to finally determine a strong consensus, if not unanimity of opinion, regarding recommendations

Scores

Minimum Standards, basic package
- Quality of Life – VR12 vs EQ-5D
- Joint Specific – ASES vs Oxford
- SANE Score (Single Alpha Numeric Evaluation) – “What % of normal is your shoulder?”
**Generic Quality of Life - VR-12**

14 questions
Likert out of 100

Advantages:
- Same as SF12
- In public domain
- No cost

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**ASES Shoulder Score**

10 Questions
50 points for function
50 points for pain
(1 question)
Total 100

- High Score is Best
- Great psychometrics
- Standard in North America

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**SANE Score**
*(Single Alpha Numeric Evaluation)*

**SANE**

What percentage of normal is your shoulder?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>100%</td>
<td>100</td>
</tr>
</tbody>
</table>

- Not validated (Being validated at SHCC)
- Strongly associated with ASES and IKDC
  (5 publications showing strong association)
Parallel Track

For more robust scoring eg for research, the committee recommends the membership and others include:

(Disease Specific)

- WORC – Western Ontario Rotator Cuff Index
- WOSI – Western Ontario Stability Index
- WOOS – Western Ontario OA Score
- PENN – Great score but too lengthy to include in the minimum standards.

Western Ontario Rotator Cuff Index (WORC)

21 Questions

- 0 Best
- 100 Worst

Shoulder Score

(Final Recommendation – Basic Package)

- Quality of Life – VR-12
- Joint Specific – ASES Committee’s Recommendation (Oxford?)
- SANE
Shoulder Score
(Final Recommendation – Research Package)

- Quality of Life – VR-12
- Joint Specific – ASES
- SANE
- Disease Specific (WORC, WOSI, WOOS)
- PENN Score

The Challenge

- Implementation ie., to have processes and pathways and performance measures that can be implemented in not only larger hospitals but in smaller communities and practices.

Implementation

- Paper
- Scanning
- Computer
- Web based
- Software Programs ie. Socrates, Obeard, RedCap, EPIC, SOS (Arthrex)
Implementation

- AANA has partnered with SOS (Arthrex – Private) to provide access as member benefit.

Definition of Performance Measures

- For CMS the definition of Performance Measures is application and validated testing of outcomes scores.

Future

Evolving Process – Prepare to Change

PROMIS (Patient reported outcomes management information system)
- Large NIH funded program
- QOL – Global Health 10
- Orthopaedics – Not yet
- CAT (Computerized Adaptive Testing) (foot and ankle)
Future
Evolving Process – Prepare to Change

CMS currently requires reporting via PQRS (Physician Quality Reporting System)
- Only few measures related to Orthopaedics
- Inadequate for Orthopaedic Surgeons
- Only 1 from AAOS related to OA/Pain Assessment

Significant financial implications for compliance and non-compliance based on Medicare patients (2-8% bonus vs deduction)

Future
Evolving Process – Prepare to Change

According to a 2014 survey from Medical Group Management Association
- 83% of respondents indicated that Medicare’s quality programs do not enhance patient care.

However
- The US Federal Government and CMS have mandated participation regarding quality of care for all patients.

Sustainable Growth Rate (SGR)

- Repeal Law of April 2015 produced a bill called MACRA (Medicare Access and CHIP Reauthorization Act of 2015)
- How we are paid
- Eliminate the SGR formula
Future Evolving Process – Prepare to Change SGR Repeal 2015

Merit Based Incentive Payment System (MIPS)
• In place by 2018
• Combines PQRS, VBM and HER
• VBM is value based modifier

Future Evolving Process – Prepare to Change SGR Repeal 2015

In addition APM (Alternative Payment Models)
• ACO
• Bundled payments
• To Include outcomes
• Participate in APM, eliminate need to participate in MIPS
• No need to participate in MIPS

Stakeholder Meeting
• Chicago, Friday, February 20, 2015
• AOSSM, AANA, ASES (Therapy Representation)
• Agreed upon scores for shoulder, elbow, and knee
• Example Knee: VR-12, SANE, IKDC, Marx
• Canvasing other sub-specialties
Moving Forward

- Sub-Specialties need to determine appropriate Outcome Scores (PROS)
- Ask AAOS to work with CMS to include these measures to qualify
- Registries still required for complications, re-admissions, re-operations, etc. due to costs and affect on outcomes
- Establish “risk adjustment”

As of Today (Not Set In Stone)

Encourage all sub-specialties to adopt #1 VR-12 #2 SANE
In addition:
- Shoulder - ASES
- Elbow - Quick Dash
- Hand - Quick Dash
- Total Knee - Short Form KOOS
- Total Hip - Short Form WOOS
- Hip Arthroscopy - IHOT
- Sports Knee? - IKDC and MARX
- Spine ??
- Foot and Ankle - PROMIS

Stackholder Meeting

- Plan is to meet this year in March at AAOS with BOS (Board of Specialties players)
How To Enroll

- Qualified PQRS registry
- Direct EHR
- QCDR – AJRR
  - Force TJR
- “Repository” – SHCC (Storage Retrieval and Analysis of Performance Measures)
  Implementation Example - Sports Medicine

Thank You