



Reducing Overutilization of Orthopedic Surgeries: Knee Replacement and Arthroscopy

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Speaker Introductions

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Overview

- Knee problems in the United States
- Overutilization of knee surgery
 - Quality and compliance issues associated with high-risk procedures such as orthopedic surgeries
- Determining physicians' knowledge, attitudes and competencies: physician credentialing and privileging
- Types of knee surgery
 - Knee arthroscopy
 - Total knee replacement
 - Unicompartamental knee replacement
 - Revision of total knee replacement
- Role of external peer review in ensuring quality of patient care and safety

Knee Problems in the United States

- About 5 million people visit orthopedic surgeons each year due to knee problems
- The number of knee replacement surgeries has been increasing over the past decade
 - The American Academy of Orthopaedic Surgeons (AAOS) predicts that the number will continue to skyrocket
 - Estimates project a 600% increase in the number of procedures performed annually by 2030
 - **Factors driving this trend:** increases in population and obesity prevalence, an increasingly active population, and expanded indications for surgery among a younger patient population

AAOS. 6 million a year seek medical care for knees.
Available at: <http://www.arthroscopy.com/sp13008.htm>.
Kurtz et al. *J Bone Joint Surg Am.* 2007;89:780-785.
Pollack. *AAOS Now.* May 2011.

Does Knee Pain Always Warrant Surgery?

- Arthroscopy is widely used for osteoarthritis of the knee, but there is limited scientific evidence to support this
 - Arthroscopy in addition to optimized physical and medical therapy may not result in greater improvement than physical and medical therapy alone (Kirkley et al. *N Engl J Med.* 2008;359:1097-1107.)
- Many knee problems may resolve with conservative approach (e.g., lifestyle changes, mechanical intervention)
- Some conditions (e.g., badly torn ligaments or cartilage) require surgical treatment such as total knee replacement
- Physicians must thoroughly evaluate each individual patient and maintain proper documentation of these findings in order to determine the appropriate course of treatment

Overutilization of Knee Surgery: Hospitals Face Quality and Compliance Issues

- Overutilization of knee surgeries compromises patient safety and outcomes
 - Reducing the number of unnecessary surgeries can improve efficacy of knee replacement and arthroscopy, as well as prevent significant potential risks and complications
- Optimal patient care relies on:
 - Compliance with evidence-based guidelines
 - Thorough documentation of knee problems and exams
 - Identification of physicians' knowledge, attitudes, and competencies
- Stringent credentialing and privileging requirements require more comprehensive peer reviews, especially for high-risk procedures (e.g., orthopedic surgeries)

Ensure Proper Documentation

- Thorough physician documentation is critical for reimbursement of knee surgeries
- Incomplete documentation can affect patient outcomes and may increase risk of liability and malpractice claims

Essential Components of Documentation

- The medical history
 - Information regarding the patient's general health
 - Extent of knee pain and ability to function
- The physical examination
 - Assessment of knee motion, stability, strength, and overall leg alignment
- Additional information
 - Extent and response to conservative therapy
 - Radiology reports for any imaging studies

Identify Physicians' Knowledge, Attitudes, and Competencies: Physician Credentialing

- Protects patients from harm by verifying that a physician meets an organization's standards
- Reviews information regarding the physician's:
 - License, experience, certification, education, training
 - Malpractice and adverse clinical occurrences
 - Clinical judgment
 - Character by investigation and observation
 - Potential conflicts of interest

Identify Physicians' Knowledge, Attitudes, and Competencies: Physician Privileging

- Recognizes physician qualifications and competency
- Defines a physician's scope of practice and the clinical services he or she may provide
- Based on demonstrated competence
- A data-driven process

Physician Privileging: **Determining Physician Qualifications**

- Involves gathering information with which to decide the types of care, treatment, and services or procedures that a practitioner will be authorized to perform in a specific setting
- Factors to consider
 - **Setting-specific characteristics** (e.g., adequacy of the facilities, equipment, and number and type of qualified support personnel and resources)
 - **Physician's education, training** (residency and/or fellowship), **and clinical experience** (number of procedures performed with satisfactory outcomes)

Optimizing the Process of Physician Credentialing and Privileging

- Requires qualified and objective physician-controlled peer review, with decisions that are:
 - Fair and without conflicts of interest
 - Based on dated, detailed documentation
 - Confidential and protected
- Documented physician performance should be measured against criteria that are:
 - Directly related to quality of patient care
 - Established through common legal, professional, and administrative practices
 - Endorsed by a formal consensus process
 - Publicly available

The Consequences of Retaining or Contracting Incompetent Providers

- Potential legal liability for any injuries to patients
- Exclusion from federal and state health benefit program participation
- Loss of commercial contracts
- Loss of accreditation by healthcare standards organizations

Measure Patient Outcomes

- Factors to consider when assessing efficacy and safety of care for knee surgeries
 - Postoperative length of stay
 - Nature and extent of the surgery being performed
 - Complications arising from surgery
 - Unplanned reoperations and readmissions

Types of Surgery: **Knee Arthroscopy**

- A minimally invasive procedure that allows direct visualization of the interior of the knee
- Used to assess and, in some cases, treat a range of conditions affecting the knee joint
- Most common uses include:
 - Removal or repair of torn meniscal cartilage
 - Reconstruction of a torn anterior cruciate ligament (ACL)
 - Trimming of torn pieces of articular cartilage
 - Removal of loose fragments of bone or cartilage
 - Removal of inflamed synovial tissue
- Advantages include faster healing, more rapid recovery, lower risk for complications, less scarring

Types of Surgery: **Total Knee Replacement**

- Involves resurfacing the worn-out surfaces of the knee and replacing the lost cartilage and diseased bone with metal or plastic implants (prostheses)
- Primary total knee replacement is most commonly performed for knee joint failure caused by osteoarthritis
- Recommendations for surgery are based on a patient's pain and disability, not age
- Total knee replacements have been performed successfully in patients of all ages

Types of Surgery: Total Knee Replacement - Potential Complications

- Serious complications (e.g., knee joint infection) occur in less than 2% of patients
- Major medical complications (e.g., heart attack, stroke) occur even less frequently
- Blood clots in the leg veins, the most common complication, may be prevented by:
 - Periodically elevating the legs
 - Increasing circulation with lower leg exercises
 - Wearing support stockings
 - Using blood-thinning medications

Types of Surgery: **Unicompartmental Knee Replacement**

- Involves replacing only part of the knee joint
 - Only the bony area in the single damaged compartment needs resurfacing
 - The single compartment is replaced
- Typically recommended for individuals with less severe disease, and with better knee function
- May be performed through standard exposure or utilizing minimally invasive surgery with modified instruments

Revision of Total Knee Replacement

- May become necessary due to prosthesis failure
- Evidence of progressive and substantial bone loss alone is considered sufficient reason to consider revision in advance of prosthesis failure
- Common reasons for revision of total knee replacement
 - Disabling pain, stiffness, and functional limitations unrelieved by appropriate nonsurgical management and lifestyle changes
 - Fracture or dislocation of the patella, instability of the components or aseptic loosening, infection, and periprosthetic fractures

Role of External Peer Review in Ensuring Quality of Patient Care and Safety

External Peer Review Ensures Quality of Care

- Ongoing evaluation of hospital practitioners ensures excellence in physician performance and the highest standard of care for patients
- External peer review allows hospitals to perform:
 - In-depth evaluation of sentinel events
 - Credentialing and re-credentialing
 - Privileging and re-privileging
 - Proctoring
 - Ongoing measurement and monitoring of physician performance

Internal vs. External Peer Review

- **Internal peer review**

- Peer review committees composed primarily of in-house personnel often lack the resources to help the hospital achieve their performance improvement goals
- Social and professional relationships lead to conflicts of interest

- **External peer review**

- Avoids conflicts of interest that can arise from economic, professional, or social ties among physicians within a single institution
- May be an effective solution for hospitals that lack adequate physician resources to conduct timely performance analyses

Systematic External Peer Review As a Risk Reduction Strategy

- Reduces medical errors through objective evaluations performed in a nonpunitive, educational context that supports a culture of continuous improvement
- Improves quality of care and patient safety
 - Physicians know that their work will be objectively evaluated at regular intervals by board-certified specialists with the same credentials and from similar practice settings
- Uncovers problematic practice patterns and physician- and hospital-level issues that need to be addressed before they turn into claims

Conclusions

- As the use of knee surgeries continues to increase and as technologies evolve, orthopedic surgeons face the ongoing challenge of ensuring that patients receive the highest quality of care
- Patients must meet certain requirements (e.g., AAOS Clinical Guideline), which must be thoroughly documented, before surgery can be considered

Conclusions (cont'd)

- External peer review facilitates regular assessment of high-risk procedures such as orthopedic surgeries
 - Focuses on promoting a proactive culture of investing in loss prevention
 - Helps hospitals discover, highlight, and deal with physician performance issues quickly and efficiently before they turn into claims
 - The board-certified physician specialists who work with independent review organizations keep up-to-date with the latest medical research literature and the latest standard of care
 - Avoids conflicts of interest and promotes a culture of continuous improvement

Questions and Answers

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