

Moving from Guidelines to Standards of Care

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Goals of Treatment Guidelines

- Assist clinical decision making
- Improve quality of care for a given clinical condition
 - Improved patient outcomes
 - Enhanced physician efficiency
 - Greater health system productivity
- Define the optimal standard of care

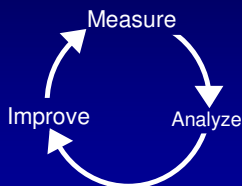
Next Steps After Guideline Development

- Recognize gaps in knowledge
- Identify areas where evidence for a recommendation is lacking
- Incorporate patient preferences
- Disseminate to target audience of providers
 - Effective dissemination often requires multi-pronged approach

Goals of Quality Indicators or Performance Standards

- Define the minimally acceptable standard of care
- Address over-use, under-use and/or misuse
 - Diagnostic modalities
 - Treatment modalities

Quality Improvement Process



Quality Indicators or Performance Standards

- Clinically relevant
- Evidence-based
- Scientifically valid
- Feasible for implementation into clinical practice

Use of Quality Indicators

- Benchmarking
- Report cards
- Pay-for-Performance (P4P)
- Physician recognition programs

Quality Indicators

Metrics

- Numerator
 - # of individuals that have the indicator documented
- Denominator
 - # of individuals eligible to have the indicator performed
- Exclusions
 - Specific reasons why an indicator might not be performed

Quality Indicators for Management of OA

- Assessment of pain and function
- Prescription of exercise therapy
- Provision of patient education
- Use of first-line pharmacologic therapy
- Treatment after failure of first-line pharmacologic therapy
- Gastrointestinal prophylaxis with use of nonselective NSAIDs
- Referral for joint replacement

MacLean, Annals of Internal Medicine 2001

Assessment of Pain and Function

Quality Indicator

- IF a person is diagnosed with symptomatic osteoarthritis, THEN functional status and degree of pain should be assessed annually
- BECAUSE this information is necessary to direct therapeutic decisions

Assessment of Pain and Function

US Medicare Physician Quality Reporting Initiative

- Patient visits with assessment for level of function and pain documented

Numerator

- Osteoarthritis symptoms and functional status assessed (may include the use of a standardized scale or the completion of an assessment questionnaire, such as an SF-36 or AAOS Hip & Knee Questionnaire)
- Osteoarthritis symptoms and functional status not assessed, reason not specified

Denominator

- All patient visits for patients with a diagnosis of OA

Exercise

OARSI Guideline Recommendation

- Patients with hip and knee OA should be encouraged to undertake and continue regular aerobic, muscle strengthening and range of motion exercises.

Quality Indicator

- IF an ambulatory person has had a diagnosis of symptomatic osteoarthritis of the knee for 3 months and has no contraindications to exercise and is physically and mentally able to exercise, THEN a directed or supervised strengthening or aerobic exercise program should have been prescribed at least once BECAUSE such programs improve functional status and reduce pain

Acetaminophen as First-line Pharmacologic Therapy

OARSI Guideline Recommendation

- Acetaminophen (up to 4 g/day) can be an effective initial oral analgesic for treatment of mild to moderate pain in patients with knee or hip OA.

Quality Indicator

- IF oral pharmacologic therapy is initiated to treat osteoarthritis, THEN acetaminophen should be the first drug used, unless there is a documented contraindication to use, BECAUSE this agent is as effective in treating osteoarthritis as other oral agents, and it is less toxic.

Joint Replacement

OARSI Guideline Recommendation

- Patients with hip or 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 surgery.

Quality Indicator

- IF a individual with severe symptomatic osteoarthritis of the knee or hip has failed to respond to non-pharmacologic and pharmacologic therapy, THEN the patient should be offered referral to an orthopedic surgeon to be evaluated for total joint replacement within 6 months unless a contraindication to surgery is documented.

Quality of OA Care for Older Adults

Assessment of pain and function	61%
Patient education	69%
Exercise therapy	44%
Acetaminophen as first-line pharmacologic therapy	59%
Gastrointestinal prophylaxis with use of nonselective NSAIDs	27%
Joint replacement referral with failure of non-pharmacologic therapy and pharmacologic therapy	73%

Ganz et al, Arthritis Care and Research 2006

Summary

- Treatment Guidelines define the optimal standard of care
- Quality Indicators define the minimally acceptable standard of care
- Quality Indicators for OA have been developed
- Quality of care for OA in older adults is suboptimal