

Aetna Institutes of Quality® Orthopedic Care Facilities

Program Requirements for Designations

A facility that meets Aetna's designation requirements for clinical quality, value and access for orthopedic care may be selected for our Institutes of Quality (IOQ) Orthopedic Care Facilities network. The procedure evaluation is limited to knee replacement, hip replacement, and spine surgery. Facilities must meet all requirements for knee and hip replacement to be designated for either, while spine surgery designation may be a stand-alone designation. A facility may also be designated for all three disciplines if all program requirements are met. Aetna evaluates the answers provided by the facility in its response to our survey of information, and reviews other publicly available data, as well as Aetna internal data.

Knee Replacement and Hip Replacement

I. Mandatory program requirements

In order for a facility to be eligible for consideration, it must meet all program requirements listed below. If the facility does not meet these requirements, it will not be considered for designation.

Volume:

Facility

Aetna Institutes of Quality Orthopedic Care Facilities must perform at least 200 knee replacement surgeries (primary and revisions) and 100 hip replacement surgeries in the most recent 12 calendar months.

Physician

Aetna Institutes of Quality Orthopedic Care Facilities must have one physician (in each of the categories) that performed at least 50 knee replacement surgeries (primary and revisions) and 50 hip replacement surgeries (primary and revisions) in the most recent 12 calendar months.

Facility and physicians delivering orthopedic care:

1. Facility must be accredited by one of the following:
 - a. The Joint Commission (JJC)
 - b. Healthcare Facilities Accreditation Program (HFAP)
 - c. American Osteopathic Association
 - d. National Integrated Accreditation for Healthcare Organizations (NIAHO)
 - e. Det Norske Veritas (DNV) Healthcare

2. Facility must have available emergency services to include the following:
 - a. Rapid response team
 - b. Twenty-four hour emergency department
 - c. Intensive care unit (ICU)

3. Facility's total joint replacement program must have been established for at least one year.
4. Facility must be credentialed by Aetna, participate in the Aetna provider network for all products offered in the market, and be accredited by appropriate external entities.
5. An acceptable percentage, as determined by Aetna's local market, of Facility's knee and hip replacement surgeries must be performed by orthopedic surgeons credentialed by Aetna and participating in Aetna's provider network for all products offered in the market. Aetna network management may deviate from this requirement where business needs and/or inadequate access exist.
6. Anesthesiologists, Pathologists, and Radiologists treating patients for orthopedic services are required to participate in Aetna's provider network for all products offered in the market where feasible. Aetna network management may deviate from this requirement where business needs and/or inadequate access exist.
7. Facility must provide on-site availability (seven days a week) of specialist physicians (e.g., orthopedic, neurology, cardiology, pain management, infectious disease, and internists) participating in the Aetna network for all products offered in the market.
8. At least fifty percent (50%) of orthopedic surgeons providing these services at the facility must be board certified.
9. Facility must make available the following clinical services for consultation and daily primary care: anesthesiology, cardiology, pulmonology, radiology, infectious disease, psychiatry, psychology/behavioral health, physical therapy/occupational therapy, intensive care unit, specialized equipment, nutrition counseling/education, pharmacist.

Quality and clinical outcomes and reporting:

1. Within the most recent 12 calendar months of data available, the facility's mortality and complication rates for selected conditions and procedures must be less than or equal to the minimums established, based on evidence available in the literature.
2. Facility must have a quality improvement program, with initiatives focused on continuously measuring and improving orthopedic care to include an automated data collection system and/or personnel in place.
3. Facility must perform patient satisfaction surveys and responsive improvement activities.
4. Facility must report to The Leapfrog Group, or an equivalent patient safety and quality initiative.
5. Facility must report orthopedic case information to external registries for orthopedic procedures established by National Surgical Quality Improvement Program (NSQIP), Premier Clinical Advisor, or equivalent state or regional reporting and quality improvement registry.
6. Facility must provide pre-operative patient education materials.

II. Evaluation criteria in addition to required elements

If a facility meets all requirements under Section I -- Requirements for consideration, Aetna evaluates and scores the facility's remaining responses on the Request for Information (RFI) survey submission according to the criteria set forth below.

Category	Additional Evaluation Criteria
Accreditation, certification, and recognition	<p>Recognized by the Magnet Nursing Services Recognition Program for Excellence in Nursing Service.</p> <p>TJC Disease-Specific Care Certification Program for Total Joint Replacement.</p>
Patient safety	<p>Scores level of progress on patient safety measures, Computerized Physician Order Entry (CPOE), Safe Practices Score (SPS), and appropriate ICU staffing.</p> <p>Participate in Centers for Medicare and Medicaid Service (CMS)/Premier Hospital Quality Incentive Demonstration (HQID) Project</p> <p>EMR certified by the Certification Commission for Healthcare Information Technology.</p> <p>Planned implementation of the <i>Goals and Elements of Performance</i> of The Joint Commission 2010 National Patient Safety Goals.</p> <p>Use of a surgical verification checklist.</p> <p>Facility has the AAOS clinical guidelines on Symptomatic Pulmonary Embolism.</p>
Quality improvement programs	<p>Participation in Institutes for Healthcare Improvement (IHI), Centers for Medicare & Medicaid Services (CMS)/Premier Hospital Quality Incentive Demonstration (HQID) Project, Surgical Care Improvement Project (SCIP).</p> <p>www.ihl.org/IHI/Programs/Campaign</p> <p>www.qualitydemo.com</p>
Behavioral health	<p>Formal process or tool to screen orthopedic patients.</p>
Mortality (death) rates	<p>Rates better than published national averages.</p>
Complications and readmissions	<p>Rates better than published national averages.</p>
Infection rates	<p>Rates better than published national averages.</p>
Success of procedures	<p>Revision rates within 6 months of primary procedure.</p>
Patient selection and education	<p>Written patient selection criteria available and utilized in the patient selection process.</p> <p>Shared-decision making process prior to a patient's surgery.</p>

Category	Additional Evaluation Criteria
Multi-disciplinary clinical pathways	<p>Facility has multi-disciplinary clinical pathways.</p> <p>Facility measures adherence to multi-disciplinary clinical pathways.</p> <p>Facility provides feedback to physicians and hospital staff on the adherence to multi-disciplinary clinical pathways.</p>
Pre-operative and post-operative period	<p>Facility provides written post-operative patient instructions to include strengthening exercises.</p> <p>Facility conducts a discharge care assessment prior to surgery.</p> <p>Facility follows surgical patients post-operatively.</p> <p>Facility has physical therapy protocols in place for post surgical knee and hip surgery patients.</p>
Overall network access and capacity	<p>Facilities that are more geographically accessible to, and are utilized more by Aetna members are given additional consideration.</p>
Cost effectiveness	<p>If one facility is more cost-effective than other comparable facilities, the more cost-effective facility will be selected. Depending on network access, capacity and other competitive needs, Aetna may designate other facilities that have met the other evaluation criteria.</p>

Spine Surgery

I. Requirements for consideration

Volume:

Facility

Aetna Institutes of Quality Orthopedic Care Facilities must perform at least 100 spine surgeries in the most recent 12 calendar months.

Physician

Aetna Institutes of Quality Orthopedic Care Facilities must have one physician that performs at least 50 spine surgeries in the most recent 12 calendar months.

Facility and physicians delivering orthopedic care:

1. Facility must be accredited by one of the following:
 - a. The Joint Commission (JJC)
 - b. Healthcare Facilities Accreditation Program (HFAP)
 - c. American Osteopathic Association
 - d. National Integrated Accreditation for Healthcare Organizations (NIAHO)
 - e. Det Norske Veritas (DNV) Healthcare
2. Facility must have available emergency services to include the following:
 - a. Rapid response team
 - b. Twenty-four hour emergency department
 - c. Intensive care unit (ICU)
3. Facility's spine surgery program must have been established for at least one year.
4. Facility must be credentialed by Aetna, participate in the Aetna provider network for all products offered in the market, and be accredited by appropriate external entities.
5. An acceptable percentage, as determined by Aetna's local market, of the Facility's spine surgeries must be performed by orthopedic surgeons or neurosurgeons credentialed by Aetna and participating in Aetna's provider network for all products offered in the market.
6. Anesthesiologists, Pathologists, and Radiologists treating patients for spine surgery are required to participate in Aetna's provider network for all products offered in the market where feasible. In the event market conditions exist that preclude such a requirement Aetna personnel will adjust as necessary.
7. Orthopedic surgeons, neurosurgeons, anesthesiologists, and radiologists providing spine surgery services must be credentialed by Aetna and participate in the Aetna provider network for all products offered in the market.
8. Facility must provide on-site availability (seven days a week) of specialist physicians (e.g., orthopedic, neurology, cardiology, pain management, infectious disease, and internists) participating in the Aetna network for all products offered in the market.
9. At least fifty percent (50%) of orthopedic surgeons or neurosurgeons providing these services at the facility must be board certified.

10. Facility must make available the following clinical services for consultation and daily primary care: anesthesiology, cardiology, pulmonology, radiology, infectious disease, psychiatry, psychology/behavioral health, physical therapy/occupational therapy, intensive care unit, specialized equipment, nutrition counseling/education, pharmacist.

Quality and clinical outcomes and reporting:

1. Within the most recent 12 calendar months of data available, the facility’s mortality and complication rates for selected conditions and procedures must be less than or equal to the minimums established, based on evidence available in the literature.
2. Facility must have a quality improvement program with initiatives focused on continuously measuring and improving orthopedic care to include an automated data collection system and/or personnel in place.
3. Facility must perform patient satisfaction surveys and responsive improvement activities.
4. Facility must report to The Leapfrog Group, or an equivalent patient safety and quality initiative.
5. Facility must report orthopedic case information to external registries for orthopedic procedures established by National Surgical Quality Improvement Program (NSQIP), Premier Clinical Advisor, or equivalent state or regional reporting and quality improvement registry.
6. Facility must provide pre-operative patient education materials.

II. Evaluation criteria in addition to required elements

If a facility meets all requirements under Section I -- Requirements for consideration, Aetna evaluates and scores the facility’s remaining responses on the Request for Information (RFI) survey submission according to the criteria set forth below.

Category	Additional Evaluation Criteria
Accreditation, certification, and recognition	<p>Recognized by the Magnet Nursing Services Recognition Program for Excellence in Nursing Service.</p> <p>TJC Disease-Specific Care Certification Program for Lumbar Spine Treatment.</p>
Patient safety	<p>Scores level of progress on patient safety measures, Computerized Physician Order Entry (CPOE), Safe Practices Score (SPS), and appropriate ICU staffing.</p> <p>Participate in Centers for Medicare and Medicaid Service (CMS)/Premier Hospital Quality Incentive Demonstration (HQID) Project.</p> <p>EMR certified by the Certification Commission for Healthcare Information Technology.</p> <p>Planned implementation of the <i>Goals and Elements of Performance</i> of The Joint Commission 2010 National Patient Safety Goals.</p> <p>Use of a surgical verification checklist.</p>

Category	Additional Evaluation Criteria
	Facility has the AAOS clinical guidelines on Symptomatic Pulmonary Embolism.
Quality improvement programs	Participation in Institutes for Healthcare Improvement (IHI), Centers for Medicare & Medicaid Services (CMS)/Premier Hospital Quality Incentive Demonstration (HQID) Project, Surgical Care Improvement Project (SCIP). www.ihl.org/IHI/Programs/Campaign www.qualitydemo.com
Behavioral health	Formal process or tool to screen spine surgery.
Mortality (death) rates	Rates better than published national averages.
Complications and readmissions	Rates better than published national averages.
Infection rates	Rates better than published national averages.
Intraoperative dual tear	Rates better than Aetna established guideline (guideline based on national literature research).
Patient selection and education	Written patient selection criteria available and utilized in the patient selection process. Shared-decision making process prior to a patient's surgery.
Multi-disciplinary clinical pathways	Facility has multi-disciplinary clinical pathways. Facility measures adherence to multi-disciplinary clinical pathways. Facility provides feedback to physicians and hospital staff on the adherence to multi-disciplinary clinical pathways.
Pre-operative and post-operative period	Facility provides written post-operative patient instructions to include strengthening exercises. Facility conducts a discharge care assessment prior to surgery. Facility follows surgical patients post-operatively. Facility has physical therapy protocols in place for post surgical knee and hip surgery patients.
Overall network access	Facilities that are more geographically accessible to, and are utilized more by Aetna members are given additional consideration.

Category and capacity	Additional Evaluation Criteria
Cost effectiveness	If one facility is more cost-effective than other comparable facilities, the more cost-effective facility will be selected. Depending on network access, capacity and other competitive needs, Aetna may designate other facilities that have met the other evaluation criteria.

References

1. Ranawat CS, Flynn WF Jr, Saddler S. Long-term results of the total condylar knee arthroplasty. A 15-year survivorship study. Clin Orthop. Jan 1993;(286):94-102. [\[Medline\]](#).
2. Rand JA, Ilstrup DM. Survivorship analysis of total knee arthroplasty. Cumulative rates of survival of 9200 total knee arthroplasties. J Bone Joint Surg [Am]. Mar 1991;73(3):397-409. [\[Medline\]](#).
3. Ritter MA, Herbst SA, Keating EM. Long-term survival analysis of a posterior cruciate-retaining total condylar total knee arthroplasty. Clin Orthop. Dec 1994;(309):136-45. [\[Medline\]](#).
4. Merrill, C. (Thomson Healthcare) and Elixhauser, A. (AHRQ). Hospital Stays Involving Musculoskeletal Procedures, 1997–2005. HCUP Statistical Brief #34. July 2007. Agency for Healthcare Research and Quality, Rockville, MD.
5. Steiner, C., Elixhauser, A., Schnaier, J. The Healthcare Cost and Utilization Project: An Overview. *Effective Clinical Practice* 5(3):143–51, 2002.
6. Houchens, R., Elixhauser, A. Final Report on Calculating Nationwide Inpatient Sample (NIS) Variances, 2001. HCUP Methods Series Report #2003-2. Online. June 2005 (revised June 6, 2005). U.S. Agency for Healthcare Research and Quality.
7. Houchens R. L., Elixhauser, A. Using the HCUP Nationwide Inpatient Sample to Estimate Trends. (Updated for 1988-2004). HCUP Methods Series Report #2006-05 Online. August 18, 2006. U.S. Agency for Healthcare Research and Quality.
8. Kreder H, Deyo R, Koepsell T, Swiontkowski M, Kreuter W. Relationship between Volume of Total Hip Replacement Performed by Providers and the Rates of Postoperative Complications in the state of Washington. *JBJS[AM].1997;79-A;485-94.*
9. Katz J, Losina E, Barrett J, Phillips C, Mahomed N, Lew R, Guadagnoli E, Harris W, Poss R, Banor J. Association between Hospital and Surgeon Procedure Volume and Outcomes of Total Hip Replacement in the United States Medicare Population. *JBJS[AM].2001;83:1622-9.*
10. Manley M, Ong K, Lan E, Kurtz S. Effect of Volume on Total Hip Arthroplasty Revision Rates in the United States Medicare Population. *JBJS[AM].2008;90:2446-2451.*
11. Katz J, Barrett J, Mahomed N, Baron J, Wright R, Losina A. Association between Hospital and Surgeon Procedure Volumes and the Outcomes of Total Knee Replacement. *JBJS[AM].2004;86:1909-16.*
12. Hervey S, Purves H, Guller U, Toth A, Vail T, Pietroban R. Provider Volume of Total Knee Arthroplasties and Patient Outcomes in the HCUP-Nationwide Sample. *JBJS[AM].2003;85:1775-83.*
13. Bederman S, Kreder H, Weller I, Finkelstein J, Ford M, Yee A. The who, what and when of surgery for the degenerative lumbar spine: a population-based study of surgeon factors, surgical procedures, recent trends and reoperation rates. *Can J Surg, Vol 52, No. 4, August 2009;283-290.*
14. Deyo R, Gray D, Kreuter W, Mirza S, Martin B. United States Trends in Lumbar Fusion Surgery for Degenerative Conditions. *Spine* 2005;30:1441-1445.
15. Regan J, McAfee P, Blumnethal S, Guyer R, Geisler F, Garcia R, Maxwell J. Evaluation of Surgical Volume and the Early Experience with Lumbar Total Disc Replacement as part of the Investigational Device Exemption Study of the Charite Artificial Disc. *Spine.* September 2006.
16. Martin B, Mirza S, Comstock B, Gray D, Kreuter W, Deyo R. Are Lumbar Spine Reoperation Rates Falling with Greater Use of Fusion Surgery and New Surgical Technology? *Spine.* 2007; 32:2119-2126.