Aetna Institutes of Quality® Orthopedic Surgery
Summary of Criteria
Facility Requirements for Consideration

We may select a facility for our Institutes of Quality (IOQ) Orthopedic Surgery network that meets our requirements for quality, value, and access. We limit the evaluation for total joint replacement to knee and hip replacement surgery. Spinal surgery designation is evaluated separately. We review the facility's answers to our survey, and we also review other data, including our own.

We may select a facility to participate in the network if it meets certain measures of:
- Clinical quality
- Contract requirements
- Cost efficiency
- Access for orthopedic surgery services

Designation process
1. We invite the facility to complete and submit a Request For Information (RFI) survey, where applicable. The RFI applies only to adult patients age 18 and over.
2. We review the facility's response to determine clinical eligibility. If the facility does not meet all applicable clinical criteria, the facility is not eligible for designation. We evaluate no further.
3. If the facility meets all applicable clinical criteria, we determine if the facility meets contract, cost efficiency, and network access criteria. If the facility meets all of these requirements, we'll designate the facility into the network.
4. We'll let the facility know if it's designated into the network.
5. We'll list the designated facility in our DocFind® online provider directory.

Designation is valid for three years and is dependent upon ongoing compliance with program requirements.

Data management
To maintain designation, facility must comply with IOQ program requirements. Programs must be able to collect, analyze and report data, and they must submit updated information upon request. In addition, all facilities must reapply for designation, which is typically every 3 years.

Program requirements
To be considered for designation, inpatient facilities and freestanding ambulatory surgery centers (ASC) must meet program requirements listed below.

Total joint replacement program requirements
An RFI won't be used to review total hip and total knee replacement surgery programs. The Joint Commission's Advanced Certification for Total Hip and Total Knee Replacement is required to be considered for IOQ designation. We will review the facility's outcomes results as reported by the American Joint Replacement Registry for certain mortality, readmission, and infection rate metrics. Contract, cost, and access requirements must also be met.

1. The inpatient facility or ASC and the surgeons must be credentialed by Aetna, and they must

participate in Aetna's provider network for all benefit plans and products available in their geographic area.
2. All orthopedic surgeons who practice at the facility must be board certified or board eligible by at least one of the following: American Board of Orthopedic Surgery, American Osteopathic Board of Surgery, Royal College of Physicians and Surgeons of Canada.

Spine surgery program business requirements

1. The inpatient facility or ASC and the surgeons must be credentialed by Aetna, and they must participate in Aetna's provider network for all benefit plans and products available in their geographic area.
2. All orthopedic surgeons who practice at the facility must be board certified or board eligible by at least one of the following: American Board of Orthopedic Surgery, American Osteopathic Board of Surgery, Royal College of Physicians and Surgeons of Canada.
3. All neurosurgeons who practice at the facility must be board certified or board eligible by at least one of the following: American Board of Surgery, American Board of Neurological Surgery, Royal College of Physicians and Surgeons of Canada.
4. The facility participates with at least one of the following organizations focused on patient safety and quality improvement: Institute for Healthcare Improvement, Leapfrog, Hospital Consumer Assessment of Healthcare Providers and Systems, Centers for Medicare & Medicaid Services/Premier Hospital Quality Incentive Demonstration Project, Surgical Care Improvement Project.
5. The facility has a documented continuous quality improvement program, with initiatives focused on continuously measuring and improving orthopedic care. These should include an automated data collection system and personnel.
6. The facility has documented physical therapy protocols for post-spine surgery patients. Facility must provide physical therapy services seven days a week. If not, the facility must be affiliated with a facility that provides this service.
7. If the facility is an ambulatory surgery center or specialty orthopedic center, the center must be licensed by the state in which it operates. Or, in the absence of state licensure requirements, it must provide evidence of Medicare eligibility or certification as an ASC under 42 CFR 416.
8. If the facility is an ambulatory center, it must be accredited by one or more of the organizations: Accreditation Association for Ambulatory Health Care, American Association for Accreditation of Ambulatory Surgery Facilities, American Osteopathic Association's Healthcare Facilities Accreditation Program, The Joint Commission.
9. If the facility is an ambulatory surgery center, it must use a written plan and transfer agreement for transferring a patient with complications to an inpatient participating facility within a reasonable distance.

Spine surgery program clinical requirements

1. Facility must have performed at least 200 spine surgeries in the past 12 months.
2. Facility must have at least one physician who performed at least 50 spine surgeries in the past 12 months.
3. The facility must have been performing spine surgeries continuously and uninterrupted for the past 12 months.
4. In the past 12 months, the facility's spine surgery inpatient mortality rate (risk adjusted) must be less than 0.30%.
5. In the past 12 months, the facility's spine surgery intraoperative dural tear rate must be less than 5.0%.

6. In the past 12 months, the facility's spine surgery pulmonary embolus/deep vein thrombosis rate (not risk adjusted) within 30 days of discharge must be less than 4.2%.
7. In the past 12 months, the facility's spine surgery surgical wound infection rate with methicillin resistant staphylococcus aureus must be less than 0.6%.
8. In the past 12 months, the facility's spine surgery all-cause readmission rate within 30 days of discharge must be less than 3.5%.
9. In the past 12 months, the facility's spine surgery average inpatient length of stay must be less than seven days.

References

1. Chen JC, Shaw JD, Ma Y, Rhoads KF. The Role of the Hospital and Health Care System Characteristics in Readmissions After Major Surgery in California Surgery. 2016 Feb;159(2):381-8. doi: 10.1016/j.surg.2015.06.016. Epub 2015 Jul 21.
2. 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.
3. Steiner, C., Elixhauser, A., Schnaier, J. The Healthcare Cost and Utilization Project: An Overview. Effective Clinical Practice 5(3):143–51, 2002.
4. 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.
5. 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.
6. 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*.
7. 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*.
8. Regan J, McAfeee 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 Artifical Disc. *Spine. September 2006*.
9. 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*.