



## Complete Summary

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### TITLE

Osteoarthritis of the knee: percentage of patients on prescribed or over-the-counter (OTC) non-steroidal anti-inflammatory drugs (NSAIDs) who were assessed for gastrointestinal (GI)/renal risk factors.

### SOURCE(S)

American Academy of Orthopaedic Surgeons, Physician Consortium for Performance Improvement. Clinical performance measures: osteoarthritis of the knee. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2003. 6 p.

## Brief Abstract

### DESCRIPTION

This measure assesses the percentage of patients on prescribed or over-the-counter (OTC) non-steroidal anti-inflammatory drugs (NSAIDs) who were assessed for gastrointestinal (GI)/renal risk factors.

### RATIONALE

According to American Academy of Orthopaedic Surgeons (AAOS) and American College of Rheumatology (ACR) guidelines, an assessment for gastrointestinal (GI) and renal risk factors is recommended for patients who are treated with non-steroidal anti-inflammatory drugs (NSAIDs).

### PRIMARY CLINICAL COMPONENT

Osteoarthritis of the knee; gastrointestinal (GI) risk factors (age greater than 65 years, GI bleed, history of peptic ulcer disease, concomitant use of glucocorticoids/anticoagulants, smoking, significant alcohol use); renal risk factors (renal disease [creatinine greater than 2.0 mg/dl], hypertension, heart failure, concomitant diuretic/angiotensin-converting enzyme [ACE] inhibitor)

### DENOMINATOR DESCRIPTION

All patients with osteoarthritis (OA) of the knee on prescribed or over-the-counter (OTC) non-steroidal anti-inflammatory drugs (NSAIDs)

### NUMERATOR DESCRIPTION

Patients who were assessed for gastrointestinal (GI) and renal risk factors (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

### Evidence Supporting the Measure

#### PRIMARY MEASURE DOMAIN

Process

#### SECONDARY MEASURE DOMAIN

Not applicable

#### EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

#### NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [AAOS clinical guideline on osteoarthritis of the knee.](#)

### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Unspecified

### State of Use of the Measure

#### STATE OF USE

Pilot testing

#### CURRENT USE

Internal quality improvement  
Quality of care research

### Application of Measure in its Current Use

#### CARE SETTING

Ambulatory Care  
Community Health Care  
Managed Care Plans

Physician Group Practices/Clinics  
Rural Health Care

#### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Physician Assistants  
Physicians

#### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

#### TARGET POPULATION AGE

Age greater than or equal to 21 years

#### TARGET POPULATION GENDER

Either male or female

#### STRATIFICATION BY VULNERABLE POPULATIONS

Frail elderly

### Characteristics of the Primary Clinical Component

#### INCIDENCE/PREVALENCE

Osteoarthritis (OA) of the knee affects at least 12% of American adults, aged 65 years and older.

Symptomatic OA of the knee affects at least 6% of American adults aged 30 years and older.

Approximately 10 million American adults were diagnosed with osteoarthritis in 1999.

#### EVIDENCE FOR INCIDENCE/PREVALENCE

Doherty M. Risk factors for progression of knee osteoarthritis. Lancet 2001 Sep 8; 358(9284): 775-6. [PubMed](#)

Felson DT, Zhang Y. An update on the epidemiology of knee and hip osteoarthritis with a view to prevention. Arthritis Rheum 1998 Aug; 41(8): 1343-55. [116 references] [PubMed](#)

#### ASSOCIATION WITH VULNERABLE POPULATIONS

Frail elderly (see "Burden of Illness" field)

## BURDEN OF ILLNESS

Osteoarthritis (OA), also known as degenerative joint disease, is the most common form of arthritis and a leading cause of disability. The risk for disability attributable to OA of the knee is as great as the risk attributable to cardiovascular disease and greater than that attributable to any other medical condition in elderly persons.

## EVIDENCE FOR BURDEN OF ILLNESS

Guccione AA, Felson DT, Anderson JJ, Anthony JM, Zhang Y, Wilson PW, Kelly-Hayes M, Wolf PA, Kreger BE, Kannel WB. The effects of specific medical conditions on the functional limitations of elders in the Framingham Study. *Am J Public Health* 1994 Mar;84(3):351-8. [PubMed](#)

Improving musculoskeletal care in America (IMCA) project. Osteoarthritis of the knee. Rosemont (IL): American Academy of Orthopaedic Surgeons; 2002 Sep .

Jordan JM, Linder GF, Renner JB, Fryer JG. The impact of arthritis in rural populations. *Arthritis Care Res* 1995;84:242-50.

## UTILIZATION

Unspecified

## COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

## IOM CARE NEED

Living with Illness

## IOM DOMAIN

Effectiveness

Data Collection for the Measure

## CASE FINDING

Users of care only

## DESCRIPTION OF CASE FINDING

All patients with osteoarthritis (OA) of the knee on prescribed or over-the-counter (OTC) non-steroidal anti-inflammatory drugs (NSAIDs)

#### DENOMINATOR SAMPLING FRAME

Patients associated with provider

#### DENOMINATOR (INDEX) EVENT

Clinical Condition  
Therapeutic Intervention

#### DENOMINATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

All patients with osteoarthritis (OA) of the knee on prescribed or over-the-counter (OTC) non-steroidal anti-inflammatory drugs (NSAIDs)

##### Exclusions

None

#### NUMERATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

Patients who were assessed for all of the following:

Gastrointestinal (GI) risk factors:

- Age greater than 65 years
- GI bleed
- History of peptic ulcer disease (PUD)
- Concomitant use of glucocorticoids or anticoagulants
- Smoking
- Significant alcohol use

Renal risk factors:

- Renal disease (Creatinine greater than 2.0mg/dl)
- Hypertension
- Heart failure
- Concomitant use of diuretic or angiotensin-converting enzyme (ACE) inhibitor

##### Exclusions

None

#### DENOMINATOR TIME WINDOW

Time window follows index event

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Medical record

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### PRE-EXISTING INSTRUMENT USED

None

### Computation of the Measure

#### SCORING

Rate

#### INTERPRETATION OF SCORE

Better quality is associated with a higher score

#### ALLOWANCE FOR PATIENT FACTORS

Unspecified

#### STANDARD OF COMPARISON

Internal time comparison

### Evaluation of Measure Properties

#### EXTENT OF MEASURE TESTING

Unspecified

### Identifying Information

#### ORIGINAL TITLE

Non-steroidal anti-inflammatory drug (NSAID) risk assessment.

#### MEASURE COLLECTION

[The Physician Consortium for Performance Improvement Measurement Sets](#)

## MEASURE SET NAME

[American Academy of Orthopaedic Surgeons and Physician Consortium for Performance Improvement: Osteoarthritis of the Knee Core Physician Performance Measurement Set](#)

## SUBMITTER

American Medical Association on behalf of the American Academy of Orthopaedic Surgeons and the Physician Consortium for Performance Improvement

## DEVELOPER

American Academy of Orthopaedic Surgeons  
Physician Consortium for Performance Improvement

## ADAPTATION

Measure was not adapted from another source.

## RELEASE DATE

2003 Oct

## MEASURE STATUS

This is the current release of the measure.

## SOURCE(S)

American Academy of Orthopaedic Surgeons, Physician Consortium for Performance Improvement. Clinical performance measures: osteoarthritis of the knee. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2003. 6 p.

## MEASURE AVAILABILITY

The individual measure, "Non-steroidal Anti-inflammatory Drug (NSAID) Risk Assessment," is published in the "Clinical Performance Measures: Osteoarthritis of the Knee." This document is available from the American Medical Association (AMA) Division of Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

## COMPANION DOCUMENTS

The following are available:

- Physician Consortium for Performance Improvement. Introduction to physician performance measurement sets. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2001 Oct. 21 p. This document is available from the American Medical Association (AMA) Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).
- Physician Consortium for Performance Improvement. Principles for performance measurement in health care. A consensus statement. [online]. Chicago (IL): American Medical Association (AMA), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); [3 p]. This document is available from the AMA Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).
- Physician Consortium for Performance Improvement. Desirable attributes of performance measures. A consensus statement. [online]. American Medical Association (AMA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); 1999 Apr 19 [cited 2002 Jun 19]. [5 p]. This document is available from the AMA Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

#### NQMC STATUS

This NQMC summary was completed by ECRI on February 26, 2004. The information was verified by the measure developer on September 17, 2004.

#### COPYRIGHT STATEMENT

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