Quality Measures in Foot and Ankle Care
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Introduction/Purpose: National healthcare delivery systems are shifting to value-based models. Understanding quality measures used to assess performance is important as they may be operationalized in alternative payment models, such as bundled payment programs, or quality reporting programs, such as the Merit-Based Incentive Payment System. Previous literature has shown that quality measures in other orthopaedic subspecialties disproportionately focus on effective clinical care or processes of care, while ignoring patient outcomes. We completed a systematic review of quality measures and candidate quality measures that address foot and ankle care to identify gaps in current measures and to inform future measure development initiatives.

Methods: We conducted a systematic review of the National Quality Forum, the Agency for Healthcare Research and Quality, and the Physician Quality Reporting System for quality measures related to foot and ankle care. We also reviewed candidate quality measures from clinical practice guidelines (CPG) in the literature meeting Institute of Medicine CPG criteria. Measures were classified by clinical entity, Donabedian domain (structure, process, or outcome), and the National Quality Strategy (NQS) priority that they addressed.

Results: We identified 12 quality measures and 16 candidate measures. Quality measures addressed NQS priorities of “Effective Clinical Care” (33%), “Communication and Coordination of Care” (58%), “Patient Safety” (25%), “Community and Population Health” (8%), and “Person and Caregiver Centered Experience and Outcomes” (8%). All candidate measures addressed “Effective Clinical Care”. Furthermore, 83% of quality measures and 94% of candidates were process measures, 17% of quality and 6% of candidate were outcome measures, and there were no structure measures. Diabetic foot care was the most commonly addressed clinical entity for both quality measures (58%) and candidate measures (69%).

Conclusion: Foot and ankle quality measures and candidate measures disproportionately assess effective clinical care and processes of healthcare delivery. Additionally, few clinical disorders within the field are included, focusing primarily on diabetic foot care. Currently only two outcome measures exist, leaving an opportunity for outcome measure development. These patterns are reflected in candidate measures, suggesting that the narrow focus of quality measures will continue unless efforts are made to develop more comprehensive measures. Additional measures that address a broader array of clinical disorders across the spectrum of NQS priorities and Donabedian domains are needed to prepare for a quality-based healthcare system.

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