Introduction to the National Clinical Priority System (CPS) for Access to Publicly Funded Hip or Knee Joint Replacement Surgery October 2007

From the President, NZOA

NATIONAL SCORING SYSTEM

Introduction

The NZOA Executive has endorsed the clinical use of a national scoring system, initially applicable to hip and knee joint surgery, but ultimately to include all other subspecialty surgeries by way of a second tool.

NZOA representatives (practising New Zealand surgeons) have worked for a number of years to produce the Clinical Priority System, or CPS, specific to Hip and Knee Primary and Revision surgery. This tool has been trialled and modified extensively using actual case studies in an effort to produce a validated and user-friendly method of prioritising our patients for surgery.

The CPS is presented to you in this booklet as the tool endorsed not only by the NZOA, but also the Ministry of Health, the Health and Disability Commissioner, and other Public Advocacy groups. We would like you to use this tool in your practice when reviewing patients for hip and knee joint replacement surgery in the Public Hospital system. Use of this tool nationally will allow equity of access across New Zealand and give those with the greatest need the highest priority. It is not for use in rationing or exclusion but to set priority for patients waiting for treatment. Remember that it is only valid if the clinical criteria are used in a consistent and equable fashion.

We would expect that the data collected from monitoring the Systems support the existing funding of Orthopaedic Procedures and lend considerable weight to future negotiations. By correlating our database with the ESPI measures and outcome information such as the Joint Register, the NZOA can present a strong case whenever the need arises.

The tool is considered a work in evolution and over the next months the CPAC group would appreciate comments and feedback.

On behalf of the NZOA CPAC subcommittee I would be grateful if you would apply the tool to your practice as instructed by the booklet and support and encourage all your colleagues to do the same. It is critical to the success of this project that the NZOA has 100% commitment to this process.

Yours faithfully

Murray Fosbender
President NZOA

Use of the CPAC Tool

CPS Structure

The structure of the Clinical Priority System (CPS) will be familiar, as it is similar to scoring systems introduced previously. In common with the earlier scoring systems, five major groupings (*Pain, Personal Functional Limitation, Social Limitation, Potential to Benefit from Operation and Consequences of Delay*) are used to characterise the effect of the degenerate hip or knee upon each patient for whom surgery is recommended as the best treatment option.

Category Descriptors

Each of these major groupings has 3-5 levels of category description to define level of need, the impact of disability and the anticipated benefit. Within each level there are one or more descriptors provided to enable an accurate representation for every patient.

Determining the 'Points'

The Clinical Priority System differs from previous systems in that the point's allocation between each of the five major groupings is uneven and varies greatly (maximum 8 for *Potential to Benefit* to maximum 27 for *Pain*). In addition the points allocated to each of the 3-5 levels increases exponentially.

The points available to each grouping and each level have been determined through the use of the Point Wizard software programme (http://www.1000minds.com). This programme asked orthopaedic surgeons (NZOA members) to make repeated comparisons (several hundred options available!) of differing combinations of descriptors to determine which has greater weighting in determining the priority of access for surgery. The points allocated accurately reflect the consensus relative weightings determined by these surgeons and consequently the CPS represents a significant improvement upon all previous similar systems. (See Appendix 1.)

Assessing the Patient

At the conclusion of the consultation, and having agreed with the patient that surgery is the most appropriate form of treatment, the level of priority for access to surgery should be determined by completing the CPS. A copy of this should be available in a Web-based or hard copy format at all worksites (both public hospital and private facilities).

Based upon the history obtained and the findings on clinical examination the highest level within each of the five groupings that most accurately describes the patient is selected. The subsequent secretarial entry of this information into the database will generate the priority score and the relative ranking of that patient compared to that of others for whom surgery has been recommended.

Database

An anonymous national database will evolve which will permit comparison of the level of need for hip and knee replacement surgery across the country. This data will be made available to each Clinical Director every three months. (The New Zealand

Orthopaedic Association will monitor this process.) Regular review and audit of this information will be encouraged as an aid to ensuring consistency in the entry of data and the management of the joint replacement component of the service between clinicians and orthopaedic units. So long as there is consistency in scoring then areas where resources are inadequate will be readily identifiable.

How to apply the tool: Troubleshooting

When considering the result of the score, there are broadly two ways to approach the situation with the patient. In the past, using previous scoring systems, some surgeons have adopted the view that their role is to assess the need for surgery, provide a score, and then deliver those details to the DHB who will then make the decision whether surgery can be provided and inform the patient. This allows them to separate their clinical decision from the financial/political decisions the DHB has made.

However, it does not take long using the CPS to have a good idea whether the patient in front of you is above or below the Commitment Threshold (CT) that the DHB has determined will allow access to surgery. At the end of the consultation, most patients will seek advice whether surgery in the public system is available to them, and, if not, they will need to know their options. In fact, the office of the HDC has confirmed that it is our duty to state their options.

Therefore, it would seem appropriate to give as clear indications as possible to the patient as below:

1. When the patient's CPS score is above CT: Indicate surgery will be available through public system.

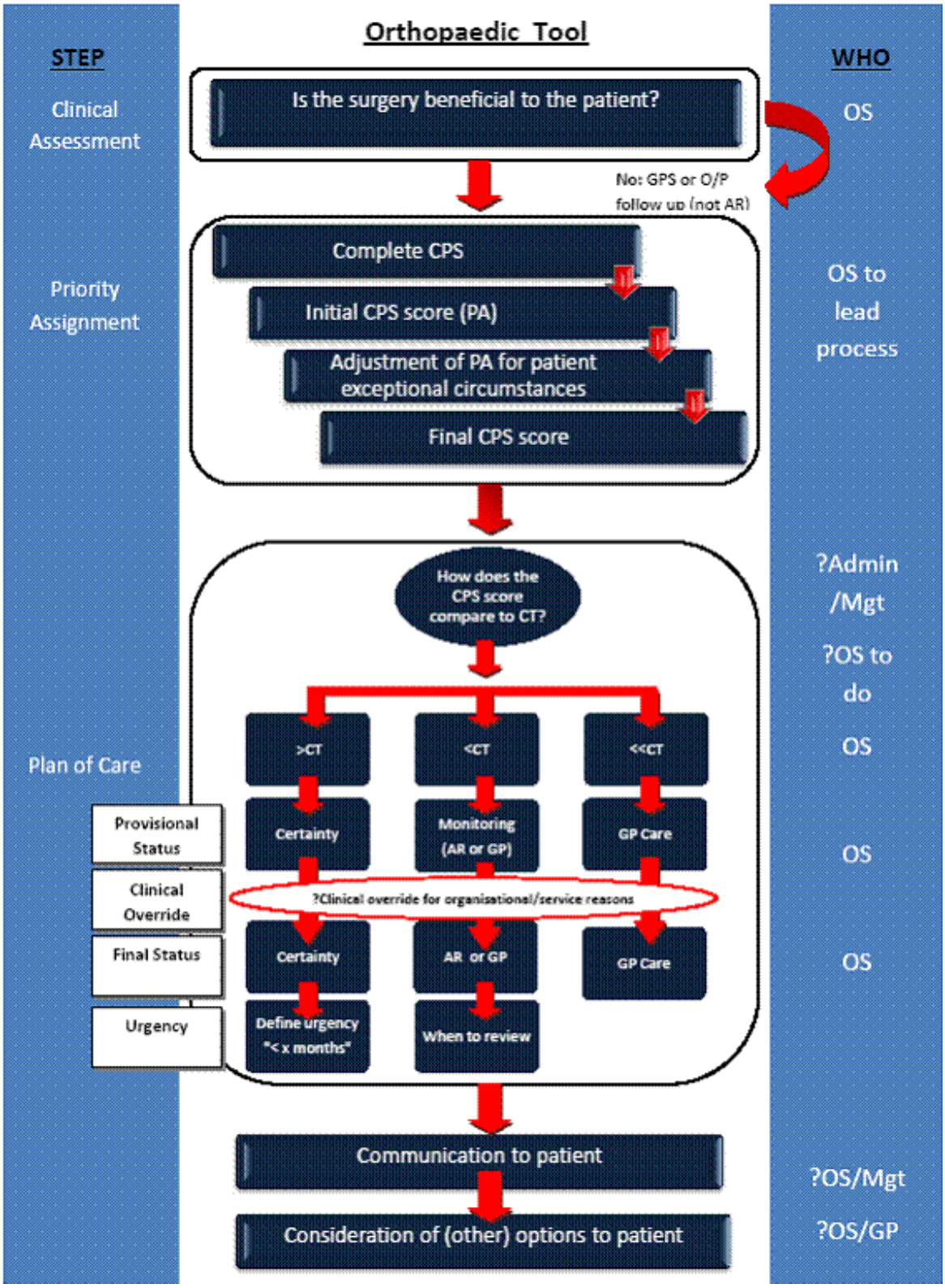
2. When the patient's CPS score is well below CT: Indicate surgery will not be available at present through public system and outline options i.e. future reassessment or private surgery.

3. When the patient's CPS score is below but close to CT: Indicate surgery may or may not be available and outline options (one of which may be Active Review). You have then done your duty to the patient and the final decision regarding surgery is left to the DHB.

Whether you adopt the first or the second approach, it is important to discuss all the options available to the patient so they have clear directions when the final decision regarding surgery is delivered to them from the DHB.

It is also important when dealing with patients where the benefits of surgery outweigh the risks and where the patient would request surgery should be scored irrespective of how low a score they would generate. Failure to score all will result in our not having the information to seek sufficient additional funding for this group of patients.

See also flowchart below


Orthopaedic Tool
STEP
WHO
Clinical Assessment
Is the surgery beneficial to the patient?
OS
No: GPS or O/P follow up (not AR)
Priority Assignment
Complete CPS
Initial CPS score (PA)
Adjustment of PA for patient exceptional circumstances
Final CPS score
OS to lead process
How does the CPS score compare to CT?
?Admin /Mgt
?OS to do
OS
Plan of Care
>CT
<CT
<<CT
Certainty
Monitoring (AR or GP)
GP Care
OS
Provisional Status
Clinical Override
Final Status
Urgency
?Clinical override for organisational/service reasons
Certainty
AR or GP
GP Care
OS
Define urgency "< x months"
When to review
Communication to patient
?OS/Mgt
Consideration of (other) options to patient
?OS/GP

Hip and Knee Prioritisation Tool

Patient Label

Criterion	Category	Category Descriptions – Assign patient to highest scoring category that applies *(Patient must be on optimal medical therapy at time of rating)*	Points
Pain	**1**	No Pain	0
	2	Episodic activity-related pain	4
		May use occasional analgesics	
	3	Daily pain with weight-bearing activity	10
		2-3 times/week prn use of simple analgesics/NSAIDs	
	4	Pain which cannot be ignored with activity and at rest	19
		Sleep disturbance 2-3 times / week due to pain	
		Daily analgesics/NSAIDs	
	5	Dominates life and interferes with sleep every night	27
		Pain poorly controlled by analgesics	
Personal Functional Limitation <u>DUE</u> to Hip or Knee Orthopaedic Condition	**1**	No Limitation	0
	2	**Minimal restriction of personal activities** e.g: trouble reaching toes	3
		Walking stick used for longer walks	
	3	**Moderate restriction of personal activities**, e.g requires help with socks/shoes	9
		Requires help cutting toenails	
		Use of walking stick indoors and outdoors	
	4	**Severe Restriction of personal activities** e.g Requires help with dressing or showering	18
		Consistently uses 2 crutches or wheelchair	
Social Limitation <u>DUE</u> to Hip or Knee Orthopaedic Condition	**1**	No Limitation	0
	2	**Mild Restriction e.g:** can walk > 1 hour	4
		Some limitation of leisure activity, e.g: golf or tennis	
	3	**Moderate Restriction e.g:** can walk 15-60mins	10
		Significant limitation of leisure activity	
		Can manage garden or bowls	
	4	**Severe Restriction e.g:** can't walk > 15mins - slow	19
		Difficulty with steps and stairs	
		Severe limitation on leisure activity - can't maintain garden	
		Requires help with shopping	
		Some limitation to work	
	5	**Profound Restriction e.g:** confined to the property	23
		Shopping done by others	
		Requires meals on wheels or other domestic help	
		Can't work due to Orthopaedic condition	

Criterion	Category	Category Descriptions – Assign patient to highest scoring category that applies *(Patient must be on optimal medical therapy at time of rating)*	Points
Potential to Benefit from Operation (for patient, dependents or community)	**1**	Small Improvement Likely - significant residual symptoms +/or functional limitation	0
	2	Moderate Improvement likely - some residual symptoms +/or functional limitation	6
	3	Return to near normal likely – asymptomatic + full return of function	
Consenquence of delay > 6 months (for patient, dependents or community)	**1**	Little risk will deteriorate over next 6 months	0
	2	Considerable risk will deteriorate and result in increased disability during next 6 months	7
	3	Likely to progress to major complication during next 6 months with increased clinical costs, e. impending fracture or structural failure	24

Total Score:

Name of person completing form: **Designation:**

Signature: **Date:**