In response to the 9th Edition of the American College of Chest Physicians (ACCP) guidelines,¹ which specify aspirin (ASA) as a potential option for venous thromboembolism (VTE) prophylaxis in total hip arthroplasty (THA) and total knee arthroplasty (TKA) procedures, the following clarification is provided for completion of the SCIP VTE Measure.

The current SCIP VTE measure specifications apply to selected surgical procedures, which include THA and TKA. The new 2012 ACCP guidelines specifically address changes to VTE prophylaxis for patients undergoing THA or TKA procedures. While aspirin alone is not identified as a recommended prophylaxis option in the current SCIP VTE measure specifications, providers are not precluded from using aspirin. The use of aspirin in this setting is acceptable for the SCIP VTE measure if the surgeon documents a concern about a bleeding risk with other forms of pharmacologic VTE prophylaxis and orders the recommended mechanical prophylaxis. This clarification is made in specific reference to the following sections from the ACCP 9th edition guideline:

Section 2.1.1: The ACCP 9th edition guidelines indicate one of the following options over no intervention:

“In patients undergoing THA or TKA, we recommend use of one of the following for a minimum of 10 to 14 days rather than no antithrombotic prophylaxis: low-molecular-weight heparin (LMWH), fondaparinux, apixaban, dabigatran, rivaroxaban, low-dose unfractionated heparin (LDUH), adjusted-dose VKA, aspirin (all Grade 1B), or an intermittent pneumatic compression device (IPCD) (Grade 1C).” (The 1B/1C recommendations are for the various options over no intervention)

Section 2.3.1: The ACCP 9th edition guidelines have an additional recommendation that LMWH is still the preferred VTE prophylaxis agent over ASA:

“In patients undergoing THA or TKA, irrespective of the concomitant use of an IPCD or length of treatment, the expert panel suggests the use of LMWH in preference to the other agents the panel has recommended as alternatives: fondaparinux, apixaban, dabigatran, rivaroxaban, LDUH (all Grade 2B), adjusted-dose VKA, or aspirin (all Grade 2C).”

NOTE: The SCIP Technical Expert Panel (TEP) regularly reviews relevant guidelines and has determined in general that only a change with Level I recommendations would affect the SCIP performance measures. ACCP uses a grading system that evaluates the quality of the body of evidence supporting the recommendation. Recommendations are Level I: strong or Level II: weak. The level of evidence is graded as A: high, B: moderate or C: low. The current measure specifications for VTE prevention are based on Level 1A recommendations.

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