ASPIRE Collaborative Meeting

July 12th 2024

THANK YOU!

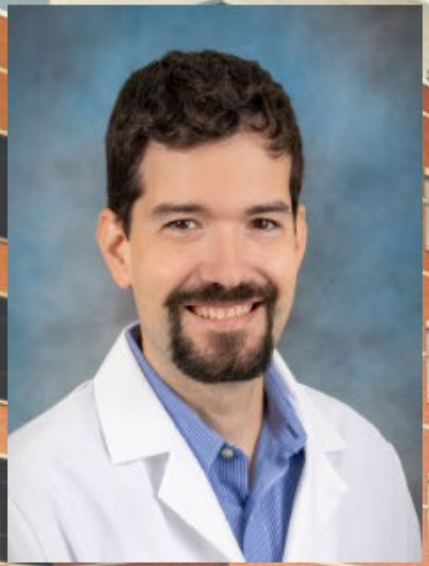
Post Meeting Information on our website

- Presentation slides, notes, and recordings
- CME Information

Please note, the Performance Review information will not be recorded

Featured Member
May and June

MORE INFO



Julio Benitez, MD
MyMichigan Health-Midland Medical Center

Upcoming Events

ACQR Retreat

September 13, 2024
Henry Center, Lansing

MPOG Annual Retreat

October 18, 2024
Philadelphia

2025 Events

MSQC/ASPIRE Collaborative Meeting
April 11, 2025

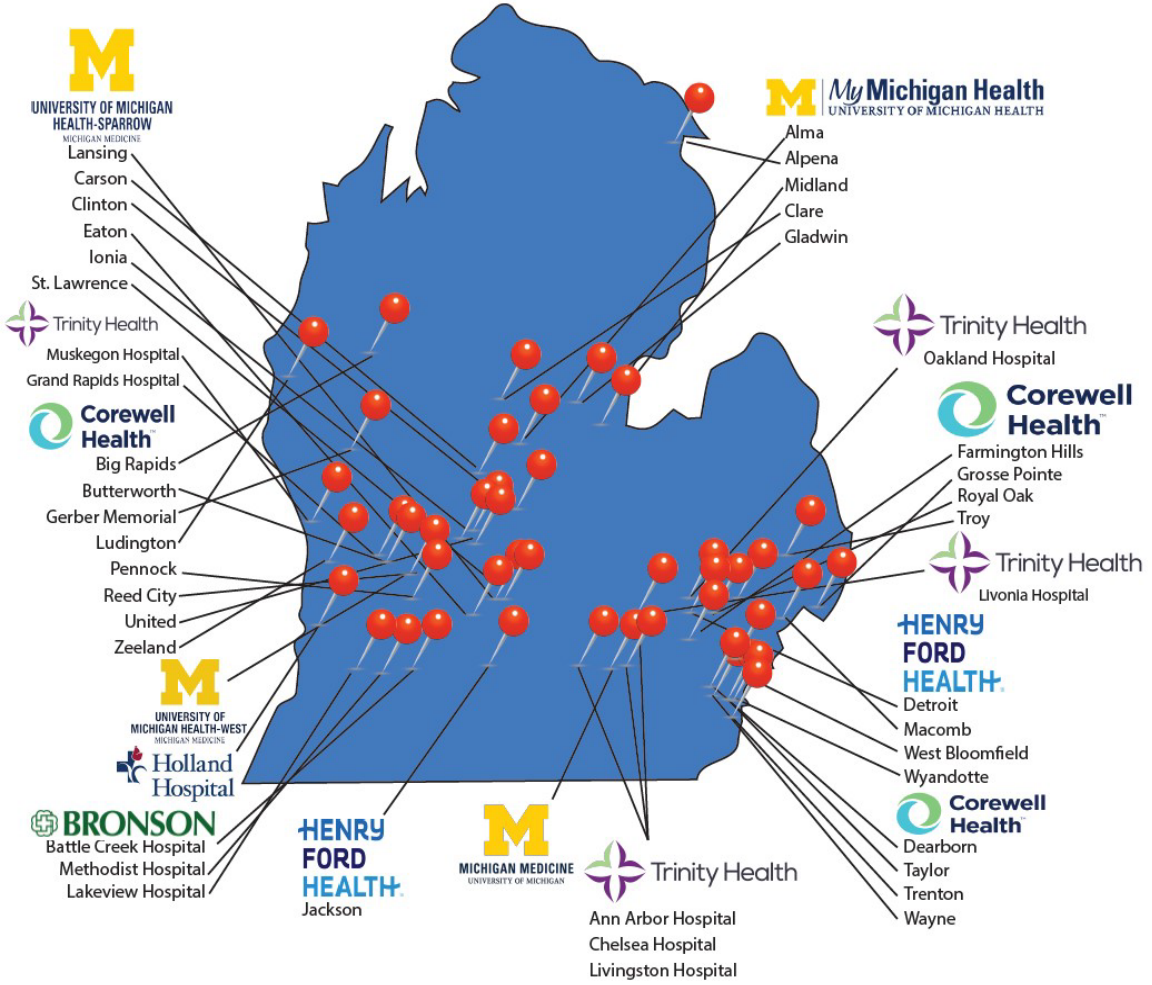
ASPIRE Collaborative Meeting
July 18, 2025

ACQR Retreat
September 12, 2025

MPOG Retreat
October 10, 2025

Recruitment
2024 - 2025

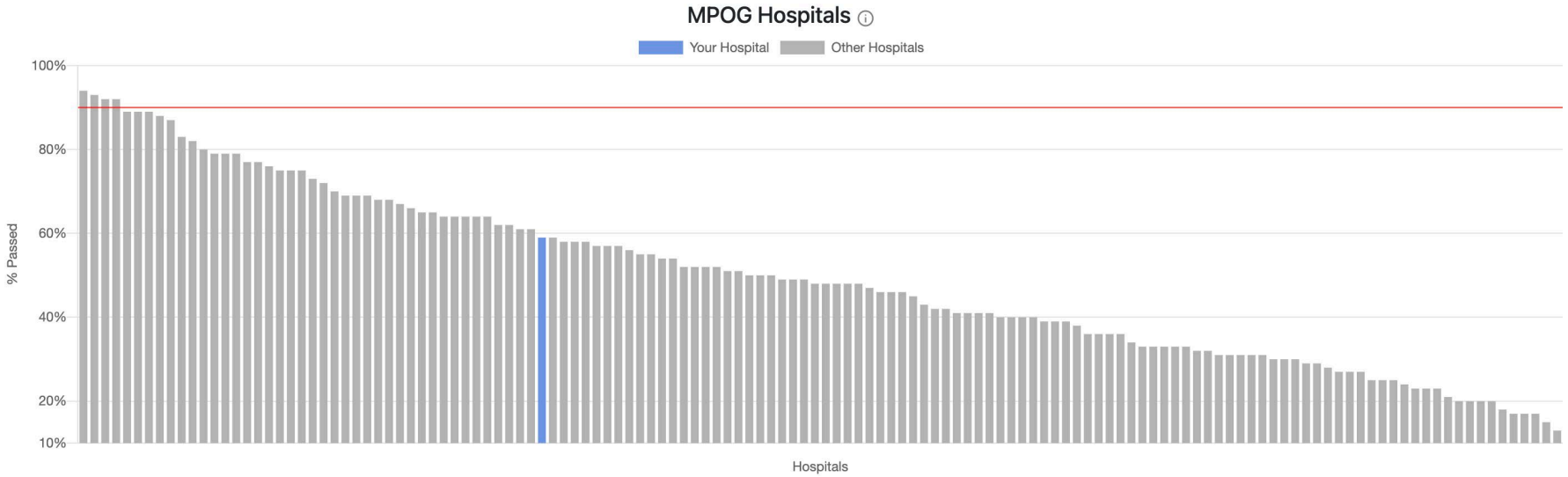
- 45 sites now across the state
- Anticipate more sites will be added in the next year or two
- Acquisitions + new interested sites)



QIRT Updates

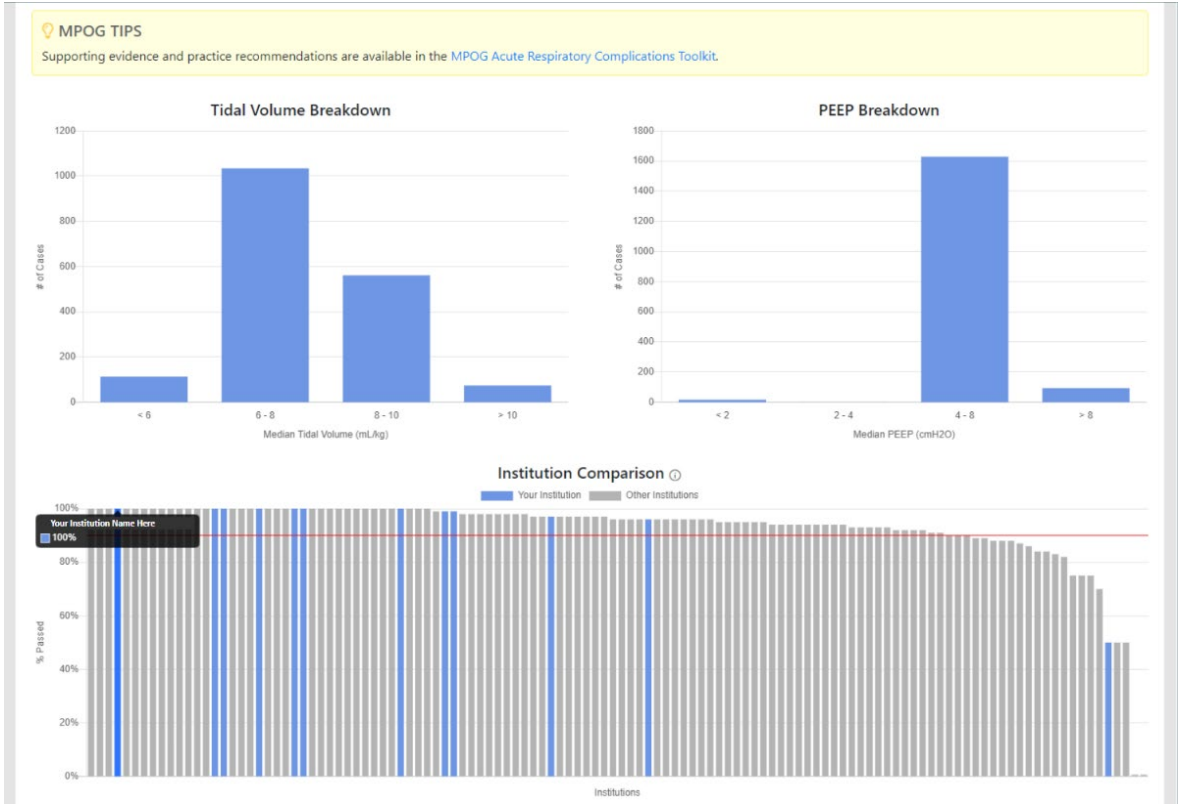
Phase 1, 2, and 3: Performance Improvements

- Increasing amounts of data processed resulted in visualizations in the QI Reporting tool that were loading slowly.
- We agreed to work on the Hospital and Provider Comparison Graphs first
- We completely changed the back end of how we obtain and store performance data.
- Obtaining the last 2 years of data should be very quick

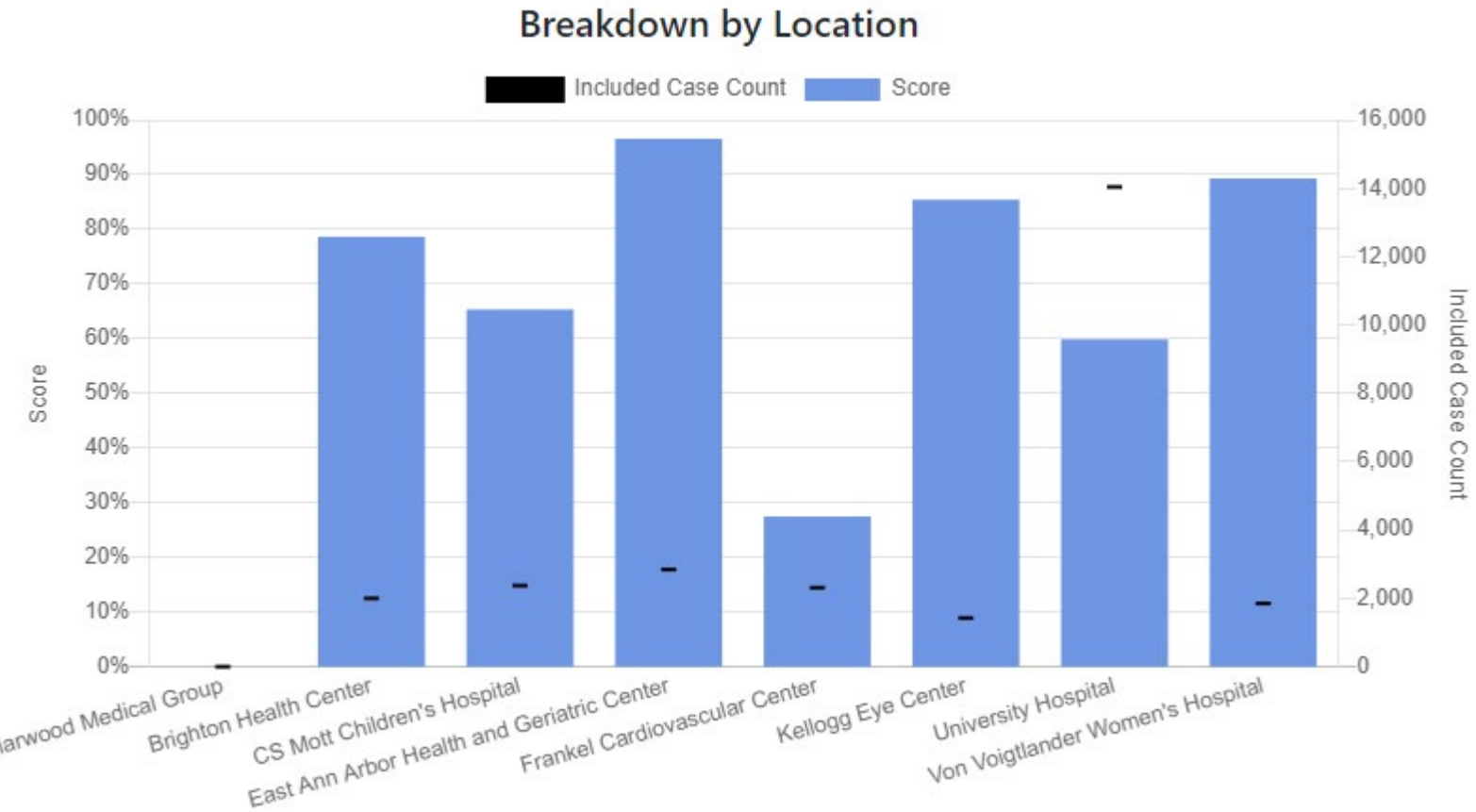


Improvements to PUL 01 Measure Summary Screen

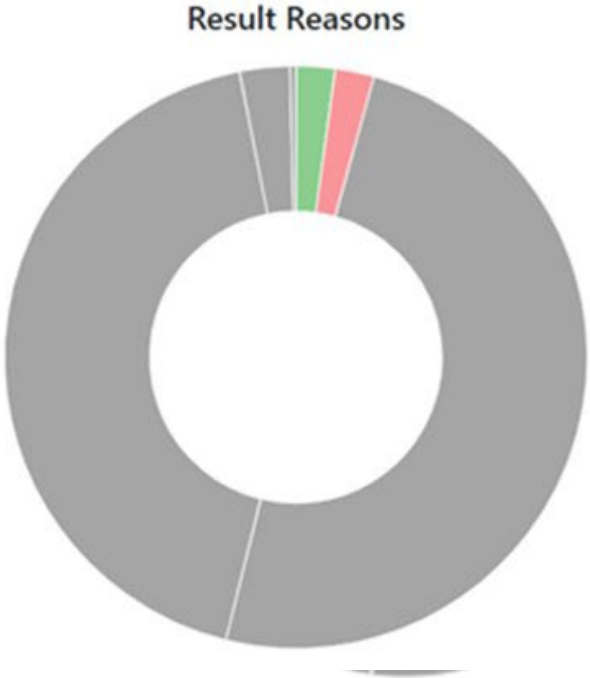
- Available with departmental level access
- Informational breakdown of PEEP and Tidal Volume
- Enabled us to retire PUL-02
- Introduced concepts of "MPOG tips"
  and new visualization types that we can re-use



Updated Breakdown by location graph



Updated Result Reasons

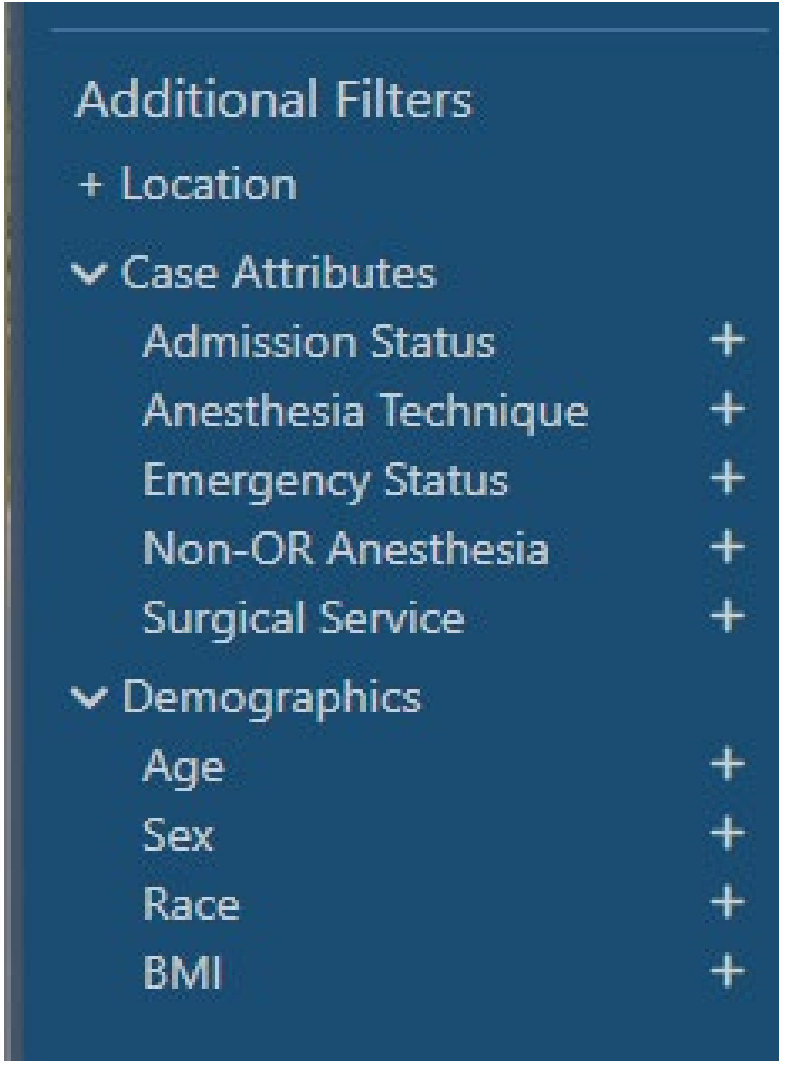


Case

Result	Reason	Case Count
Passed	High glucose treated	7
Flagged	High glucose not treated	7
Excluded	Outpatient case ≤ 30 minutes	160
Excluded	No high glucose values	139
Excluded	High glucose value(s) resulted within 90 minutes of measure end OR provider not signed in within 90 minutes after high glucose value	9
Excluded	ASA 5 or 6	1
Total		**323**

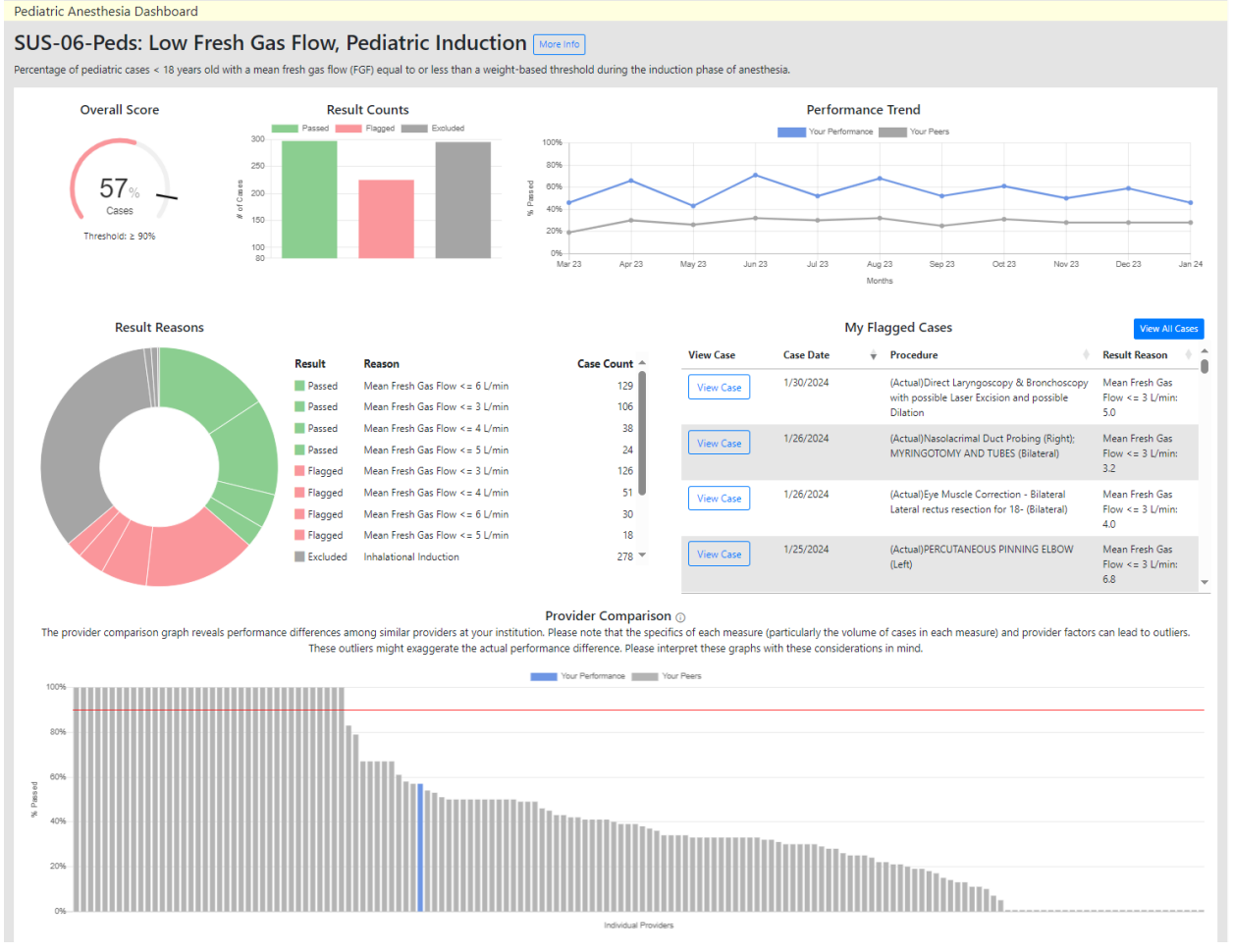
New filters

- Locations - based on your updates to the location mapping
- Case attributes - added new filters based on existing phenotypes
- Demographics - expanding use of patient attributes. Help view performance through disparities of care lens



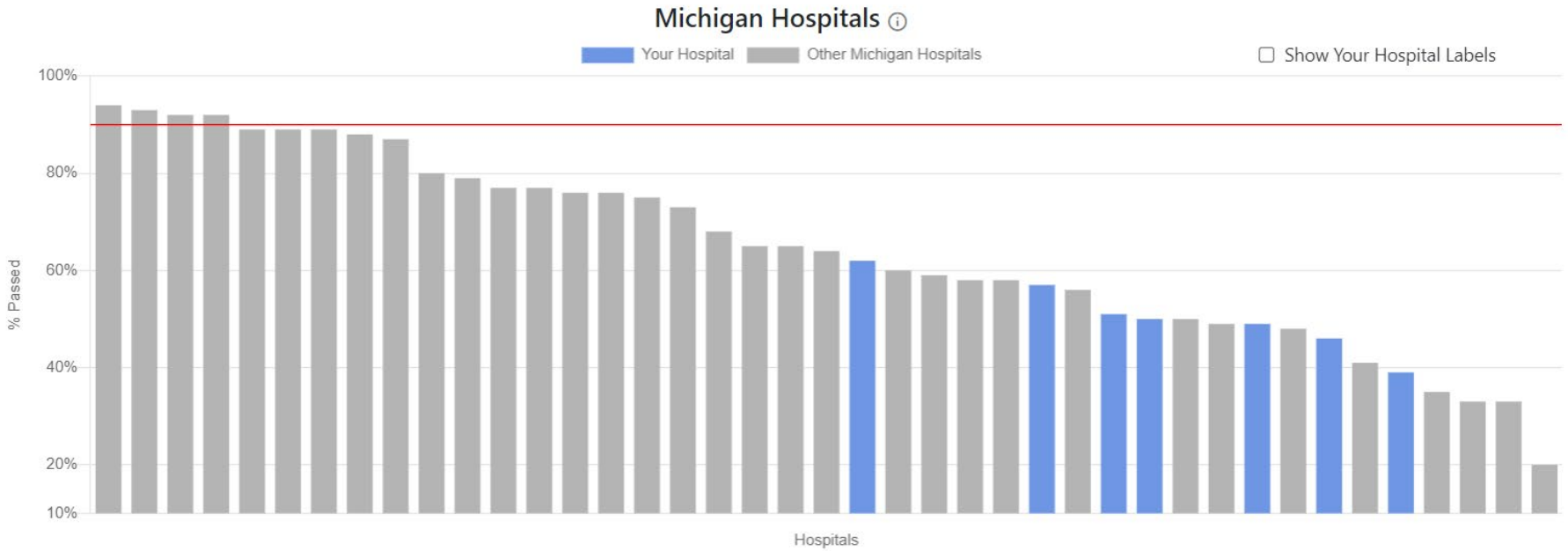
Provider Measure Summary

- New provider performance trend over time compared to other like providers in their department
- New benchmark graph
- New flagged cases widget
- New result reason visualizations



Health system details

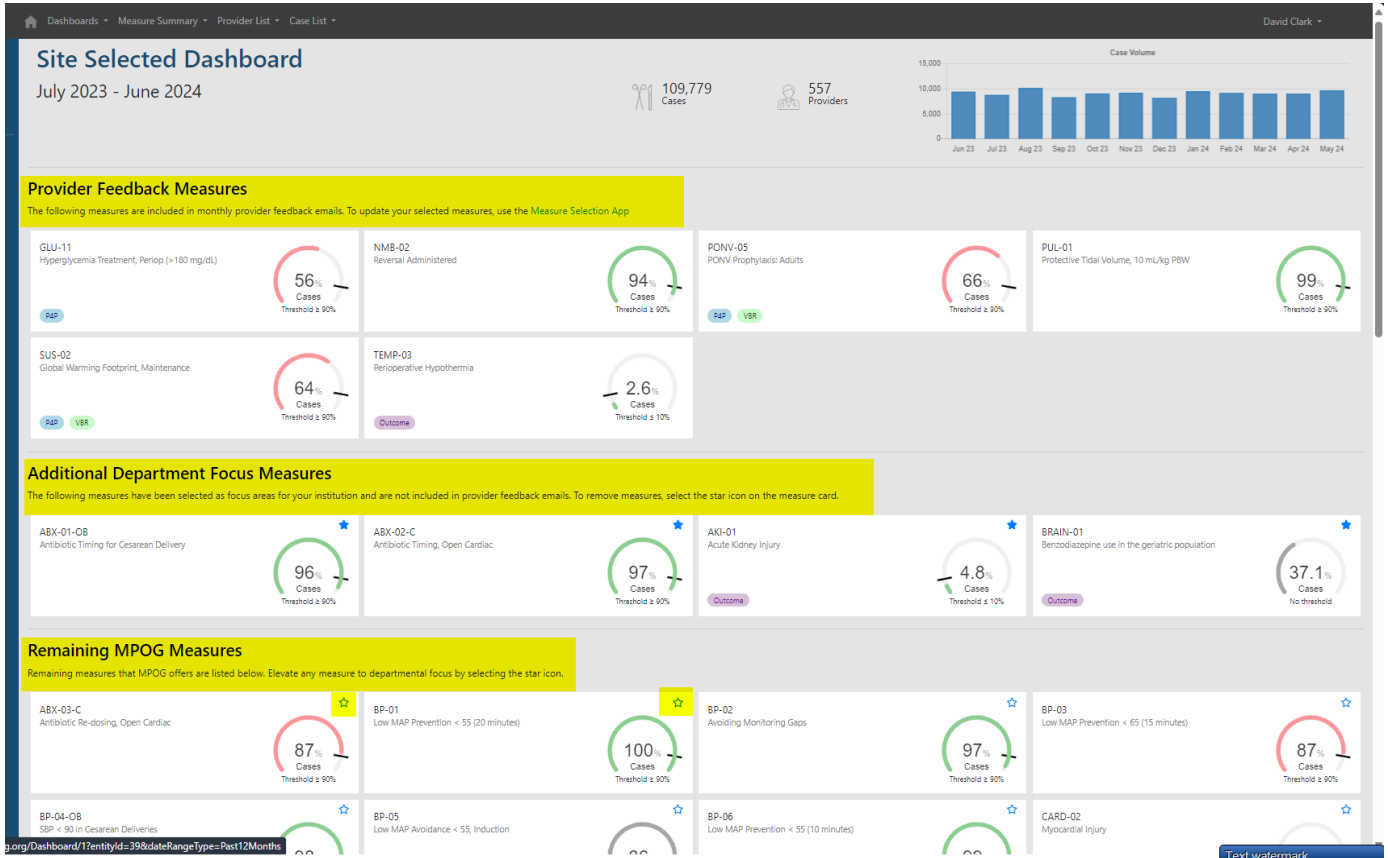
- View all hospitals within a health system
- Benchmarked across Michigan and nationally



Coming very soon - Site Selected Dashboard

View measures on emails alongside other measures of interest

"Star" measures of departmental interest not on emails



Provider Feedback Study Update

Progress to date

Aim 1: Systematically capture recipient requirements and preferences for precision feedback messages

- 35 provider interviews, 3 design iterations of prototype messages
- Preference survey under completed

Aim 2: Implement and assess a demonstration precision feedback software service

- Software development, performance testing, and integration completed

Aim 3: Assess the effects of a precision feedback service

- Pilot study completed
- Cluster-randomized trial ongoing

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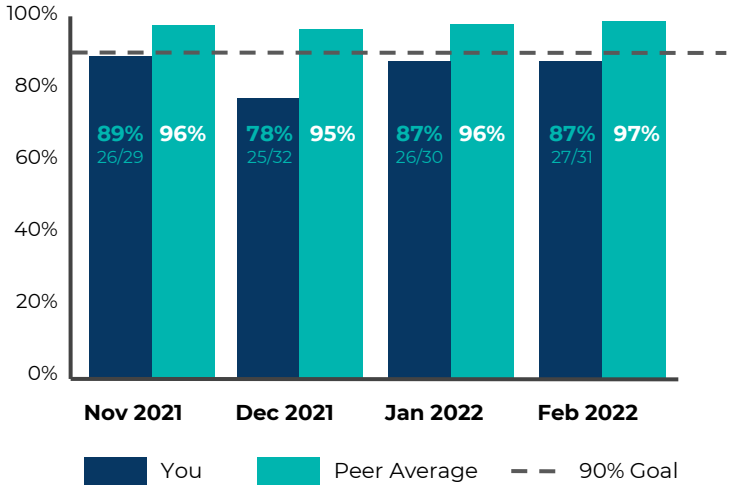
Claim MOCA® Credit

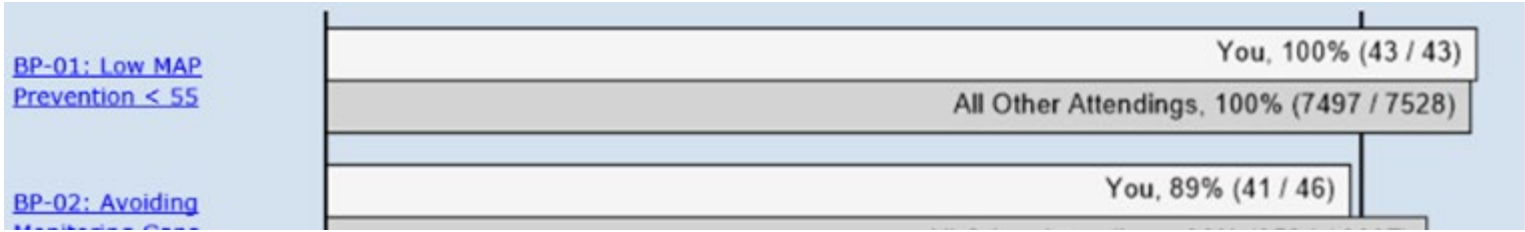
Dear Alex,

You may have an opportunity to improve your performance on measure NMB-01: Train of Four Taken, which measures the percentage of cases with a documented Train of Four (TOF) after last dose of non-depolarizing neuromuscular blocker.

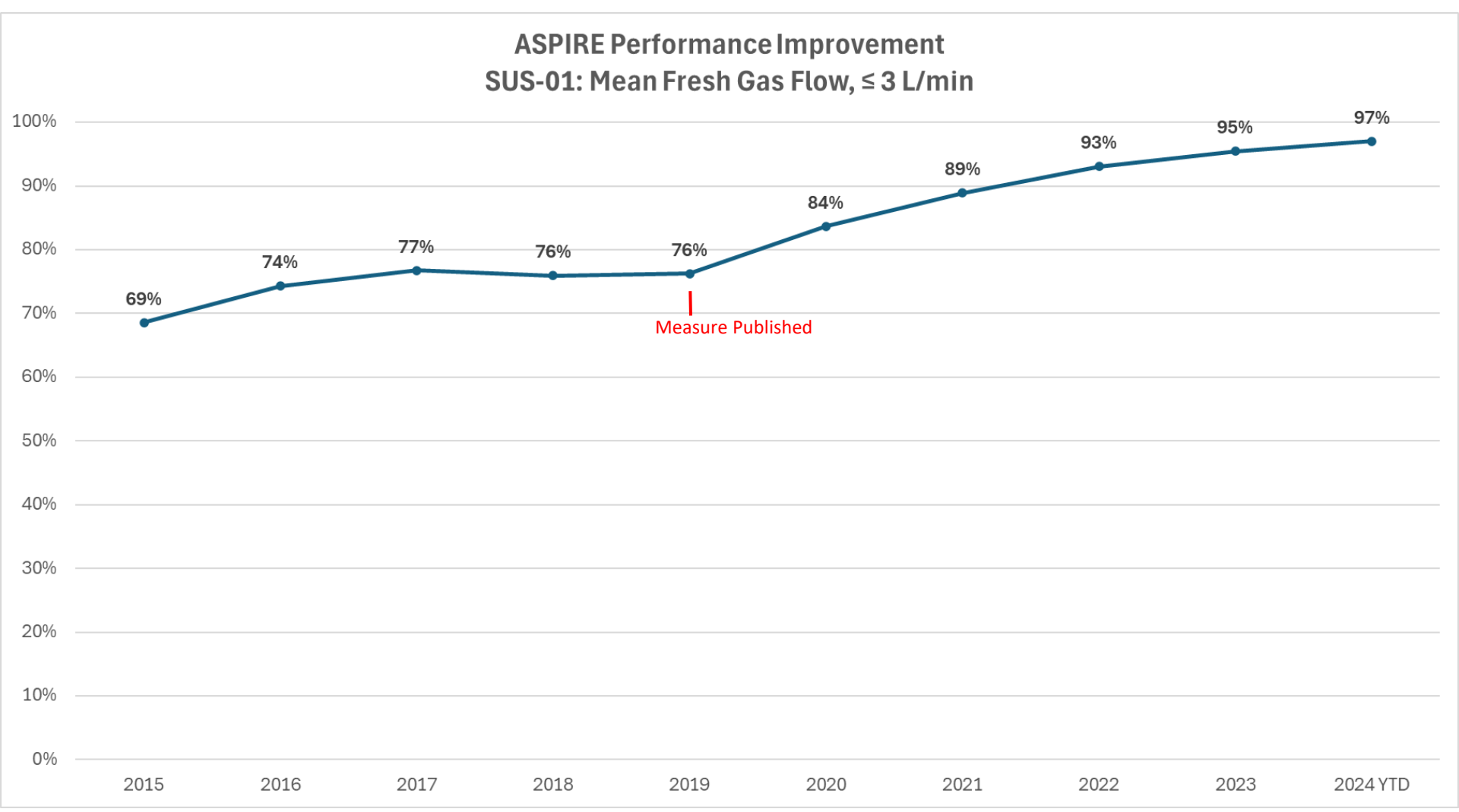
More information about the rationale for the measure and how it is calculated is available here.

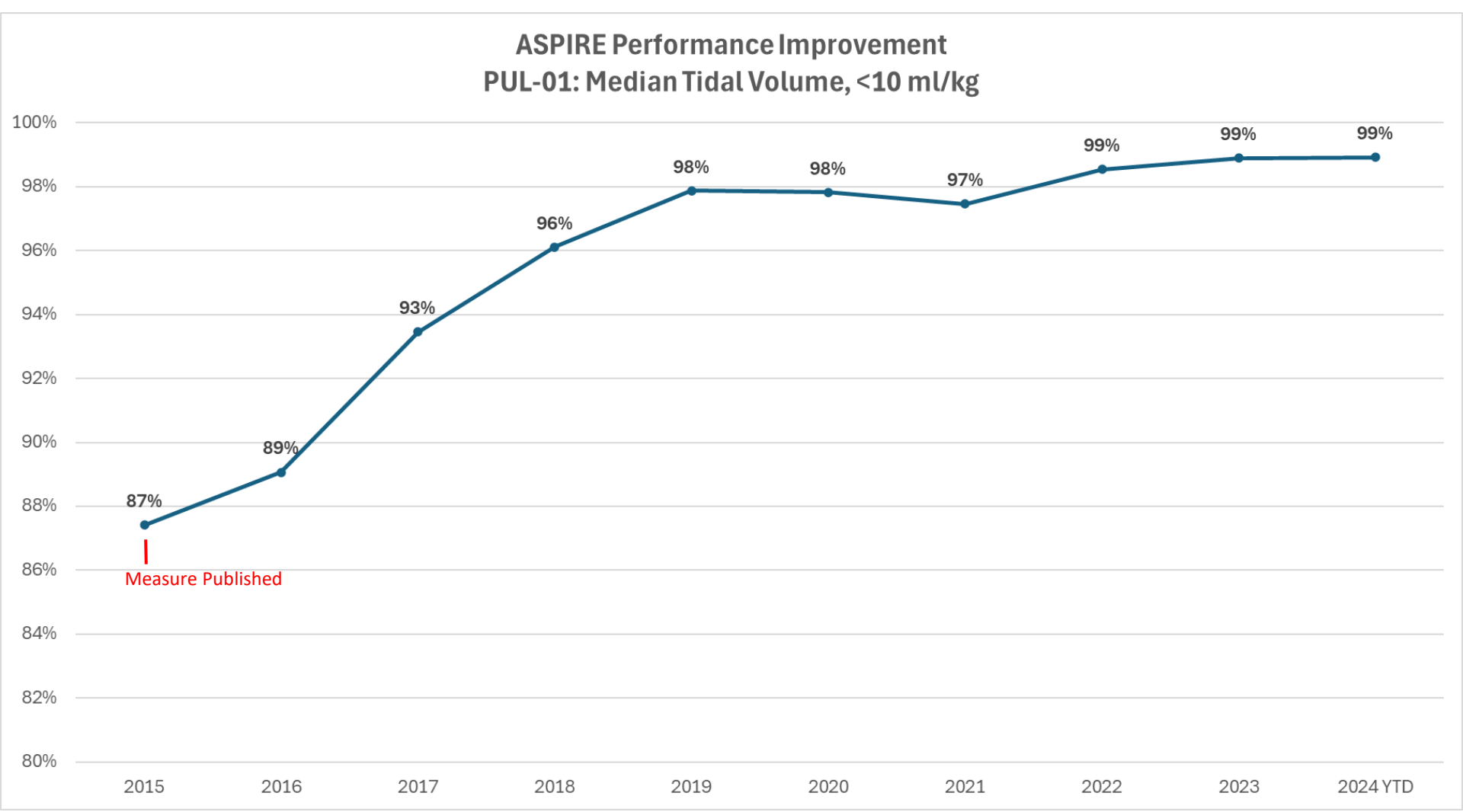


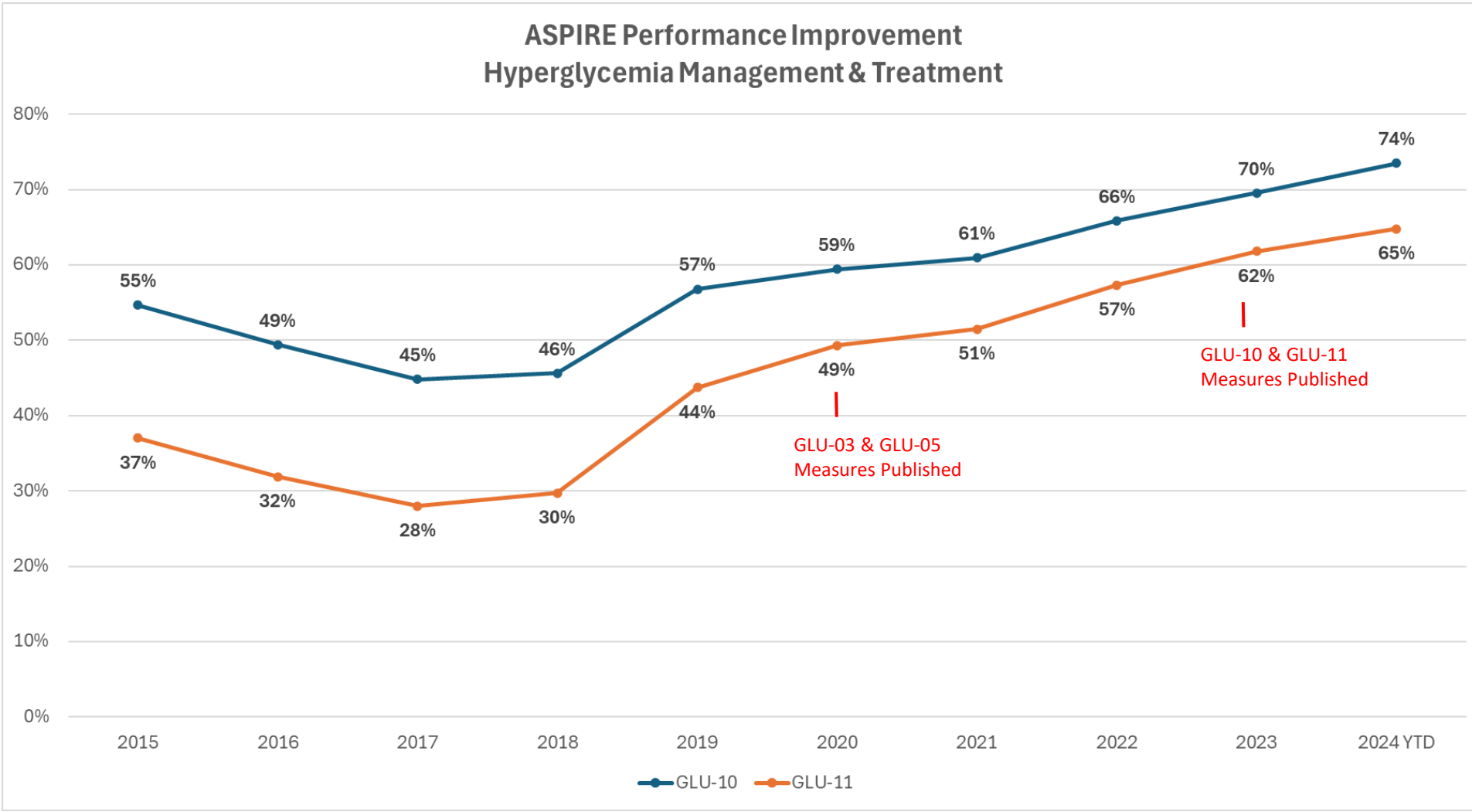
Below is your complete MPOG quality performance report...

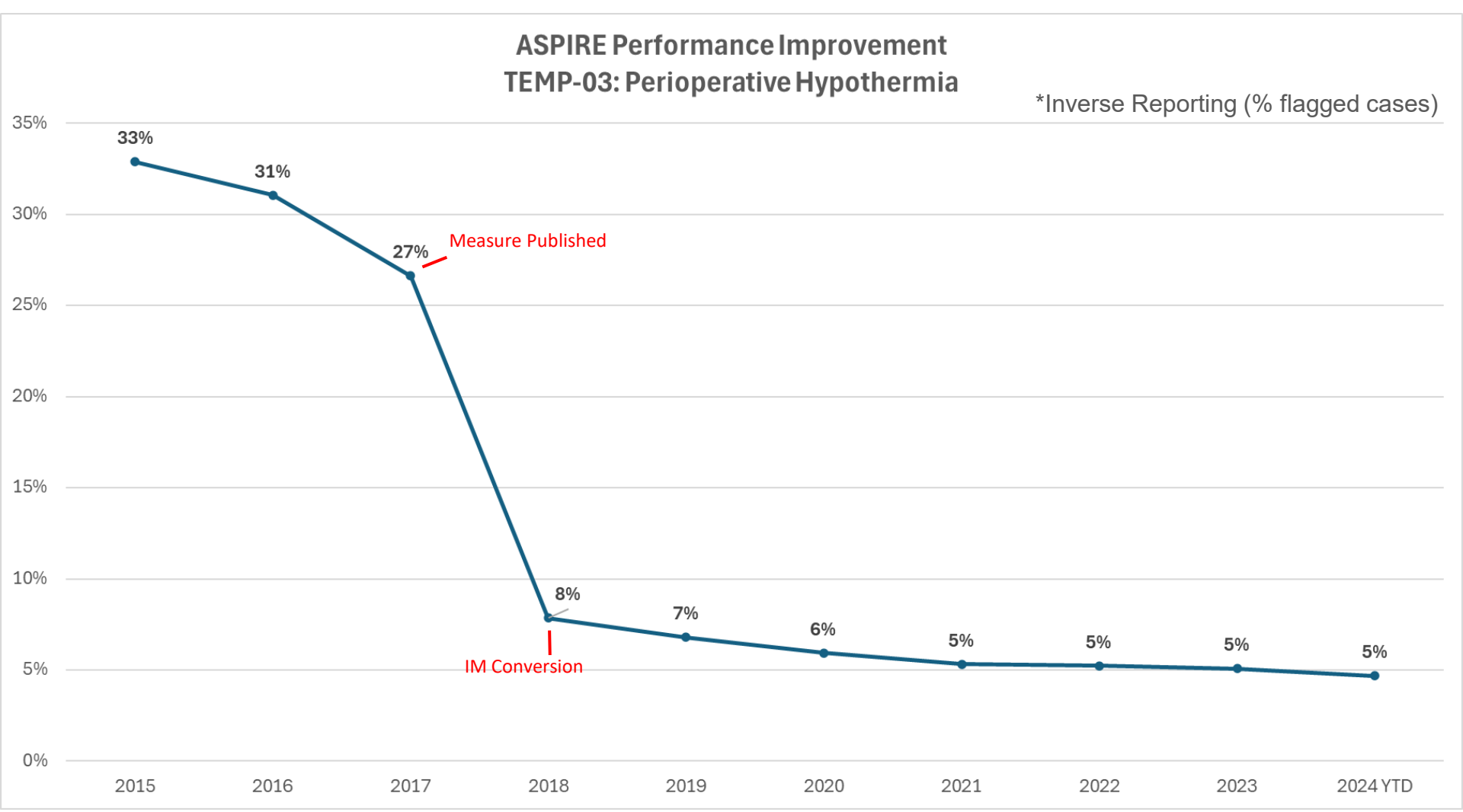


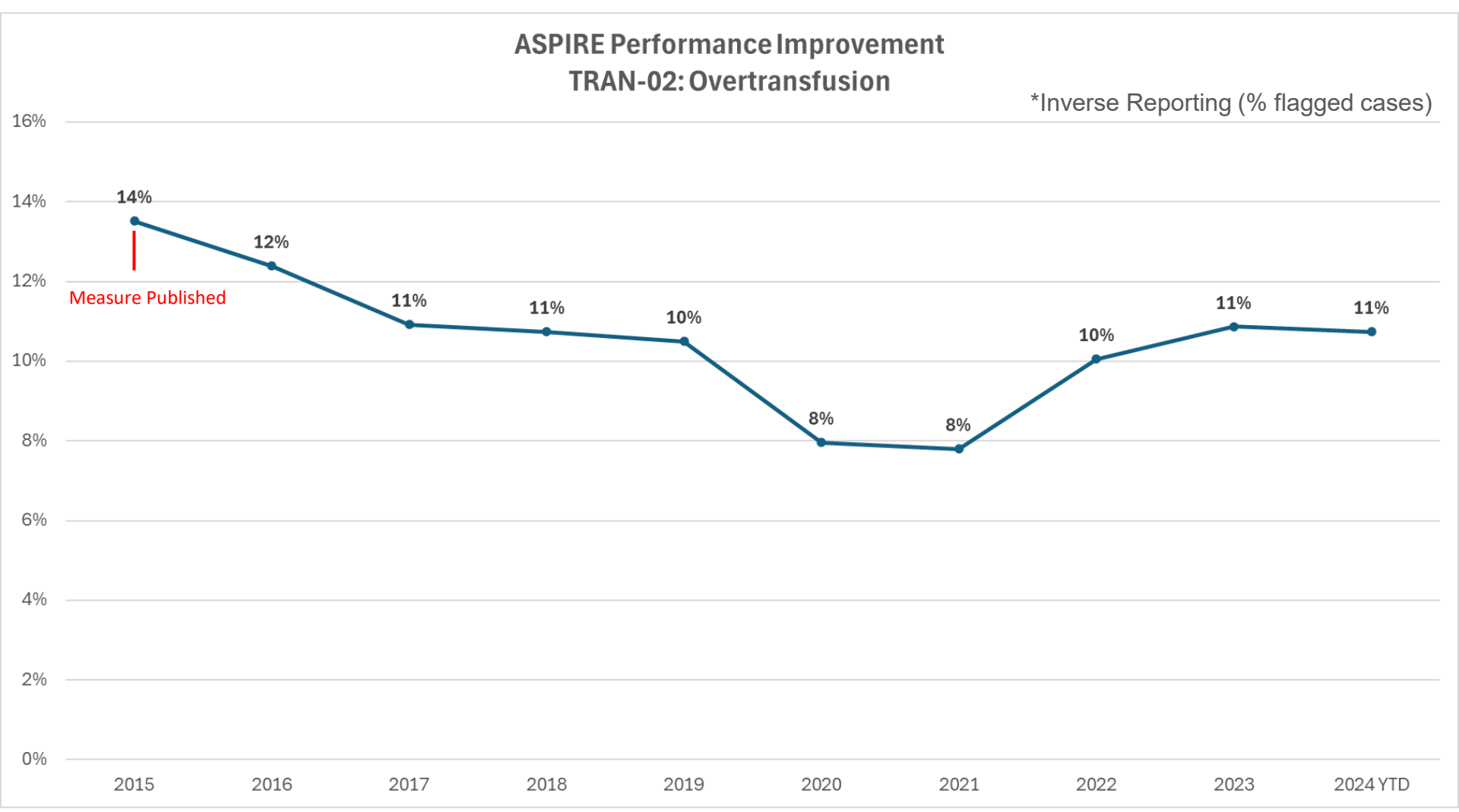
ASPIRE Performance Improvement


ASPIRE Performance Improvement
SUS-01: Mean Fresh Gas Flow, ≤ 3 L/min
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
69%
74%
77%
76%
76%
84%
89%
93%
95%
97%
Measure Published
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024 YTD


ASPIRE Performance Improvement
PUL-01: Median Tidal Volume, <10 ml/kg
100%
98%
96%
94%
92%
90%
88%
86%
84%
82%
80%
87%
89%
93%
96%
98%
98%
97%
99%
99%
99%
Measure Published
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024 YTD


ASPIRE Performance Improvement
Hyperglycemia Management & Treatment
80%
70%
60%
50%
40%
30%
20%
10%
0%
55%
49%
45%
46%
57%
59%
61%
66%
70%
74%
37%
32%
28%
30%
44%
49%
51%
57%
62%
65%
GLU-03 & GLU-05
Measures Published
GLU-10 & GLU-11
Measures Published
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024 YTD
GLU-10
GLU-11


ASPIRE Performance Improvement
TEMP-03: Perioperative Hypothermia
*Inverse Reporting (% flagged cases)
35%
30%
25%
20%
15%
10%
5%
0%
33%
31%
27%
Measure Published
8%
7%
6%
5%
5%
5%
5%
IM Conversion
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024 YTD


ASPIRE Performance Improvement
TRAN-02: Overtransfusion
*Inverse Reporting (% flagged cases)
16%
14%
12%
10%
8%
6%
4%
2%
0%
14%
12%
11%
11%
10%
8%
8%
10%
11%
11%
Measure Published
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024 YTD

Transfusion Toolkit Update

Existing Toolkits

Acute Kidney Injury (AKI)

Click Here

Acute Respiratory Complications

Click Here

Perioperative Transfusion Stewardship

Click Here

Postoperative Nausea and Vomiting (PONV)

Click Here

Surgical Site Infection

Click Here

Sustainability Toolkit

Click Here

Pay-for-Performance (P4P) Scorecard - 2025

2025 P4P Scorecard: Cohorts 1-7

No changes to site participation requirements for 2025.

2025 Anesthesiology Quality Improvement and Reporting Exchange (ASPIRE) Collaborative Quality Initiative Performance Index Scorecard Cohorts 1 - 7 Measurement Period: 01/01/2025 - 12/31/2025			
Measure #	Weight	Measure Description	Points
1	10%	**Collaborative Meeting Participation: ASPIRE Quality Champion and Anesthesiology Clinical Quality Reviewer (ACQR) combined attendance at meetings. Three total meetings with six opportunities for attendance.**	
		6 / 6 Meetings	10
		5 / 6 Meetings	5
		4 or Less Meetings	0
2	5%	**Attend ASPIRE Quality Committee e-meetings: ASPIRE Quality Champion or ACQR attendance across six meetings.**	
		5 - 6 / 6 Meetings	5
		4 or Less Meetings	0
3	5%	**ACQR/ASPIRE Quality Champion perform data validation, case validation and submit data by the 3rd Wednesday of each month for January - November and by the 2nd Wednesday of the month for December. Data must be of high quality upon submission with >90% of all high priority and required diagnostics marked as 'Data Accurately Represented.'**	
		10 - 12 / 12 Months	5
		9 or Less Months	0
4	10%	**Site Based Quality Meetings: Sites to hold an onsite in-person or virtual meeting following the three ASPIRE Collaborative meetings to discuss the data and plans for quality improvement at their site.**	
		3 Meetings	10
		2 Meetings	5
		1 Meeting	0

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Global Warming Footprint
SUS-02 Performance ≥ 55%

Update Race & Ethnicity
Variable Mapping

New data type: Sexual orientation, sex, and gender identity data added to extract & mapped

Site Directed Measure

5	25%	**Global Warming Footprint (SUS 02): Percentage of cases where carbon dioxide equivalents (CO_2 eq) normalized by hour for cases receiving halogenated agents and/or nitrous oxide is less than CO_2 eq of 2% sevoflurane at 2L FGF = 2.83 kg CO_2/hr or the Total CO_2 eq is less than 2.83 kg CO_2 for the maintenance period of anesthesia. (Cumulative score January 1, 2025 through December 31, 2025)**	
		Performance is ≥ 55%	25
		Performance is ≥ 45%	15
		Performance is ≥ 40%	10
		Performance is < 40%	0
6	10%	**Race & Ethnicity: Race and ethnicity variables mapped to updated MPOG concepts to align with new OMB standards.**	
		All race & ethnicity variables mapped to updated MPOG concepts by December 31, 2025.	10
		Race & ethnicity variable mapping not updated to correspond to MPOG concepts by December 31, 2025.	0
7	10%	**Sexual Orientation, Sex, & Gender Identity: All sexual orientation and gender identity variables in electronic health record extracted and mapped to an accepted MPOG concept to align with updated OMB standards.**	
		All sexual orientation, sex, and gender identity fields extracted, mapped, and submitted to MPOG by December 31, 2025.	10
		All sexual orientation, sex, and gender identity fields extracted but not yet mapped and/or submitted to MPOG by December 31, 2025.	5
		All sexual Orientation, sex, and gender identity variables not yet included in the MPOG extract.	0
8	25%	**Site Directed Measure: Site chooses a measure they are performing below threshold for a process measure or above threshold for an outcome measure to improve for the year. (Cumulative score January 1, 2025 through December 31, 2025)**	
		Performance is ≥ 90% for process or ≤5% for outcome, or shows ≥ 15% improvement (absolute)	25
		Performance is ≥ 85% for process or ≤10% for outcome, or shows ≥ 10% improvement (absolute)	15
		Performance is ≥ 80% for process or ≤ 20% for outcome, or shows ≥ 5% improvement (absolute)	10
		Performance is < 80% for process or > 20% for outcome, or shows < 5% improvement (absolute)	0

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Value Based Reimbursement (VBR) Measures - 2026

2026 VBR Measures

Performance Period: 10/1/2024 - 9/30/2025		
GLU-11	Hyperglycemia Treatment	Target: ≥55%
PONV-05	PONV Prophylaxis, Adults	Target: ≥60%
SUS-02	Global Warming Footprint, Maintenance	Target: ≥50%

Participating specialist is eligible if they have at least 2 years of data in MPOG.

Performance calculated at hospital level – providers practicing at more than one hospital are assigned to the hospital where they performed the most cases

Increase in fee schedule:
3% – aggregate hospital performance met for 2 / 3 measures
5% – aggregate hospital performance met for 3 / 3 measures

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2026 VBR Smoking Cessation Measures

Performance Period: 10/1/2024 - 9/30/2025		
SMOK-01	Smoking Tobacco Status Documentation	Target: ≥80%
SMOK-02	Smoking Tobacco Cessation Intervention	Target: ≥50%

Participating specialist is eligible if they have at least 2 years of data in MPOG.

Increase in fee schedule:

- Additional 2% – aggregate hospital performance met for 2 / 2 measures

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Thank You!