# **Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)**

Quality Committee Meeting Notes – Monday, September 26, 2022

## Attendance:

Abess, Alex (Dartmouth)	Henson, Patrick (Vanderbilt)
Agerson, Ashley (Spectrum)	Janda, Allison (MPOG)
Armstrong-Browder, Lavonda (Henry Ford West Bloomfield)	Johnson, Rebecca (Spectrum & Metro)
Aziz, Michael (Oregon)	Kaper, Jon (Beaumont Trenton)
Bailey, Meridith (MPOG)	Katta, Gaurav (Henry Ford)
Barrios, Nicole (MPOG)	Kumar, Vikram (Mass)
Bauza, Diego (Weill Cornell)	Khan, Meraj (Henry Ford Macomb)
Berndt, Brad (Bronson)	Lacca, Tory (MPOG)
Biggs, Dan (Oklahoma)	LaGorio, John (Trinity Muskegon)
Bollini, Mara (WUSTL)	Lewandowski, Kristyn (Beaumont)
Boutin, Jimmy (Henry Ford Wyandotte)	Lopacki, Kayla (Mercy Health - Muskegon)
Buehler, Kate (MPOG)	Loyd, Gary (Henry Ford)
Chiao, Sunny (Virginia)	Lou, Sunny (Virginia)
Chen, Lee-Lynn (UCSF)	Mack, Patricia (Weill Cornell)
Clark, David (MPOG)	Maheshwari, Kamal (Cleveland Clinic)
Coleman, Rob (MPOG)	Malenfant, Tiffany (MPOG)
Collins, Kathleen (St. Mary Mercy)	McEwan, Dana (Trinity)
Corpus, Charity (Beaumont Royal Oak)	McKinney, Mary (Beaumont Dearborn / Taylor)
Cuff, Germaine (NYU)	Mentz, Graciela (MPOG)
Dewhirst, Bill (Dartmouth)	Milliken, Christopher (Sparrow)
Doney, Allison (Mass)	Moody, Rebecca (Beaumont)
Drennan, Emily (Utah)	Nanamori, Masakatsu (Henry Ford Detroit)
Dutton, Richard (US Anesthesia Partners)	Nurani, Shafeena (Beaumont Troy)
Finch, Kim (Henry Ford Detroit)	Obembe, Samson (Weill Cornell)
Fisher, Garrett (MyMichigan Midland)	O'Dell, Diana (MPOG)
Folks, Ryan (Virginia)	Owens, Wendy (MyMichigan - Midland)
Gall, Glenn (St. Mary Mercy Livonia)	Pardo, Nichole (Beaumont)
Goatley, Jackie (Michigan)	Perkaj, Megan (Beaumont Wayne)
Harwood, Tim (Wake Forest)	Pimental, Marc Phillip (Brigham and Women's Hospital)
Heiter, Jerri (St. Joseph A2)	Ping Yu, Shao (Weill Cornell)
Hosko, Lisa (Beaumont Troy)	Poindexter, Amy (Holland)

Qazi, Aisha (Beaumont Troy)	Stam, Ben (Spectrum)
Quinn, Cheryl (St. Joseph Oakland)	Stewart, Alvin (UAMS)
Riggar, Ronnie (MPOG)	Tao, Jing (Sloan Kettering)
Rozek, Sandy (MPOG)	Tyler, Pam (Beaumont Farmington Hills)
Schwerin, Denise (Bronson)	Veach, Kristine (Trinity Ann Arbor, Chelsea, Livingston)
Schroeck, Hedi (Dartmouth)	Vishneski, Susan (Wake Forest)
Schultz, Kelly (St. Joseph Ann Arbor)	Woody, Nathan (UNC)
Scranton, Kathy (Mercy St. Mary)	Wren, Jessica (Henry Ford Wyandotte/Macomb)
Shah, Nirav (MPOG)	Andrew Zittleman (MPOG)
Smith, Susan (St. Joseph A2)	

## Agenda & Notes

- 1. **Roll Call**: Will contact QI Champions and ACQRs directly to inquire about participation status if missing. Other participants can review meeting minutes and contact the Coordinating Center if they are missing from the attendance record.
- 2. **Minutes from July 25, 2022 meeting approved** minutes and recording posted on the website for review

#### 3. Announcements

- MPOG Featured Member (September- October 2022): Lucy Everett, MD Massachusetts General Hospital
- o Annual ACQR Retreat was held on September 16th.
  - During this retreat, ACQRs had the opportunity to review the 2023 BCBS P4P Scorecard, discuss recent upgrades to several MPOG tools, and were able to collaborate on a variety of QI initiatives. Thanks to all our ACQRs for making this day a great success!
- Annual MPOG Retreat October 21, 2022 (Hybrid New Orleans, LA): Registration open!

#### 4. Michigan Sites: 2023 P4P & 2024 VBR update

- Value Based Reimbursement (VBR) 2024
  - Members of a Physician Organization for at least 1-year
  - Provider must have at least 2 years of data in ASPIRE to be eligible
  - Performance calculated at hospital level- providers practicing at more than one hospital are assigned to the hospital where they performed the most cases
  - Additional reimbursement assigned at provider level:
    - o 2 out of 3 measures met: 3%
    - 3 out of 3 measures met: 5%
  - Measures
    - PAIN 02 (Multimodal Analgesia); Target ≥ 85%
    - SUS 01 (Fresh Gas Flow, ≤ 3 L/min); Target ≥ 85%

- GLU 03 (High Glucose Treated: Preop-PACU); Target ≥ 78%
- Additional 2% uplift:
  - SMOK 01 (Smoking Tobaco Status Documentation); Target ≥ 70% (12-month average)
  - SMOK 02 (Smoking Tobaco Cessation Intervention); Target ≥ 10% (best month)
- Pay for Performance 2023
  - Aligned with VBR: SUS 01 and GLU 03
  - Newest Cohort (Sparrow and My Michigan sites): P4P points skewed towards participation; performance measure: NMB 01
  - Participation required at all meetings (MPOG Retreat now offered as a hybrid option and backup attendees are accepted)
  - Scorecards posted on <u>website</u>

#### 5. Updates

- o Web Case Viewer
  - New version of web case viewer has been released.
- o PONV Toolkit released
  - The most recent toolkit focuses on postoperative nausea and vomiting (PONV) prevention and treatment. All toolkits are available to download from our <u>website</u>.
- 6. Measure Review: <u>BP 01 and BP 03 Dr. Kamal Maheshwari (Cleveland Clinic)</u>
  - DISCUSSION:
    - Nirav Shah (MPOG QI Director): Given the literature that has come out since BP-01 has been published, I agree it makes sense to limit the time duration of severe hypotension for MAP <</li>
    - Karen Domino (University of Washington): For longer cases there are more opportunities for hypotension in addition to age and patient positioning. I would advocate for considering these if and when risk adjustment is added to these measures
      - Nirav Shah (MPOG QI Director): I agree adding some simple risk adjustment would make sense.
      - Kamal Maheshwari (Cleveland Clinic): Quality science perspective is different from
        Outcome science perspective. We need to look into how we want to utilize these
        metrics. What type of risks to consider surgeon related (CPT codes, case duration...) vs.
        patient related (age, ASA status...)
      - *Rick Dutton (USAP):* Clinician appears to be a third variable to consider based on a recent study conducted using USAP and Northstar data.
      - Rick Dutton (USAP): We are looking at Anesthesia base units as a surrogate for case complexity. Universally available and appears useful

#### ○ **BP 01 VOTE**:

Please select one of the following options for BP 01 (Single Choice) \*
 27/27 (100%) answered

Continue as is	(6/27) 22%
Modify	(20/27) 74%
Retire	(1/27) 4%

## ○ **BP 03 VOTE**:

## 09.26.22 - BP 03 - Vote

Poll ended | 1 question | 30 of 75 (40%) participated

Please select one of the following options for BP 03 (Single Choice) \*
 30/30 (100%) answered

Continue as is	(25/30) 83%
Modify	(5/30) 17%
Retire	(0/30) 0%

## **BP 01 Summary:**

- Modify time period to >/= 10 minutes results in flagged case
- Potentially add risk adjustment

## BP 03 Summary:

- Consider adding risk adjustment
- 7. Measure Review: PONV 03 Dr. Patricia Mack-Fogarty (Weill Cornell)
  - O VOTE:

1. Please select one of the following options for PONV 03 (Single Choice) \*

36/36 (100%) answered

Continue as is	(14/36) 39%
Modify	(21/36) 58%
Retire	(1/36) 3%

## **PONV 03 Summary of Changes:**

- Add amisulpride as a rescue med
- Eliminate exclusion criteria for 'patients transferred directly to ICU' and use 'remained intubated 6 hours after anes end' as the only criteria
- Add concepts for alternative therapies (ie acupuncture, acupressure, aromatherapy)
   for future use

Meeting concluded at 1100