MPOG Brain Health/Geriatric Workgroup
Date: August 21, 2023 3-4p EST
Via Zoom

Agenda

- Introductions
- Meeting Goals
- Recap of geriatric/brain health progress
- Proposed Measures (midazolam use)

Participants

Jeff Jacobs, MD – Cleveland Clinic Florida	**Linda Liu, MD – UCSF**
Stacie Deiner, MS, MD – Dartmouth-Hitchcock Medical Center	**Liz Whitlock, MD – UCSF**
Xan Abess, MD – Dartmouth-Hitchcock Medical Center	**Phil Vlisides, MD – Univ. of Michigan**
Miles Berger, MD – Duke University	**Mark Neuman, MD – University of Pennsylvania**
Gary Loyd, MD – Henry Ford Health System	**Rob Schonberger, MD – Yale/MPOG Associate Research Director**
Lucy Everett, MD – Massachusetts General Hospital	**Mike Mathis, MD – MPOG Research Director**
Germaine Cuff, BSN, PhD – NYU Langone Health	**Nirav Shah, MD – MPOG Quality Director**
Simon Tom, MD – NYU Langone Health	**Rebecca Pantis, M.S. – MPOG**
Anne Donovan, MD - UCSF	**Tony Edelman, MD – MPOG Associate QI Director**
Lee-Lynn Chen, MD – UCSF	**Sachin Kheterpal, MD – MPOG Executive Director**

Goals of this meeting

- Ensure all attendees are caught up on conversations and progress over the last couple of years
- Obtain feedback on developing a new measure that demonstrates variation in care with administration of midazolam in the geriatric population
- Determine next steps for this workgroup
  - Continue with ad hoc meetings with correspondence over email
  - Create Basecamp forum to host conversations between meetings?

What is MPOG?

★ Formed in 2008

★ > 63 hospitals including private practices and academic institutions

★ Data at the coordinating center is transformed for use in education, research, and quality improvement

★ We currently have 76 quality measures

Recap of Progress Thus Far...

- Email conversation initiated in August 2020 with interest in studying periop delirium

- Identified variables present in EHR across MPOG sites -> developed MPOG Concepts to capture preop cognitive assessments & postop delirium screening

- Met several times from Fall 2020 - Winter 2021

- Presented update at July 2021 Quality Committee meeting

- PCRC 0170 approved in 07/2022, study team led by Xan Abess (Dartmouth) in - *Pragmatic perioperative brain health screening in older surgical patients*

MPOG Data

- Between 01/01/2018 - 7/31/2023:
  - 22,545,381 total cases from 71 institutions
  - 6,813,186 cases with patient age >65 across 70 institutions

- More than 60 brain health MPOG concepts now available!

MPOG Delirium Concepts (See Browser for complete list)	Institutions	Occurrences
Cognition Assessment	17	2,162,398
Clock-Drawing Test – Score	9	23,469
Montreal Cognitive Assessment (MoCA) - Score	6	45,920
Cognitive Screening: MoCA Total Score	2	207,151
Confusion Assessment Method (CAM) - Overall CAM-ICU Score	4	58,063
Confusion Assessment Method (CAM) Score	26	2,067,098
AD8 – Total score	0	0
4AT – Total Score	0	0
Hopkins Frailty- Score	2	2,663

Recommendations for Variable Mapping

Preop

- Cog screening: AD8, MMSE, MOCA, MiniCog
- Frailty screening: Clinical Frailty Scale, Frail Scale, CSHA Frailty Index
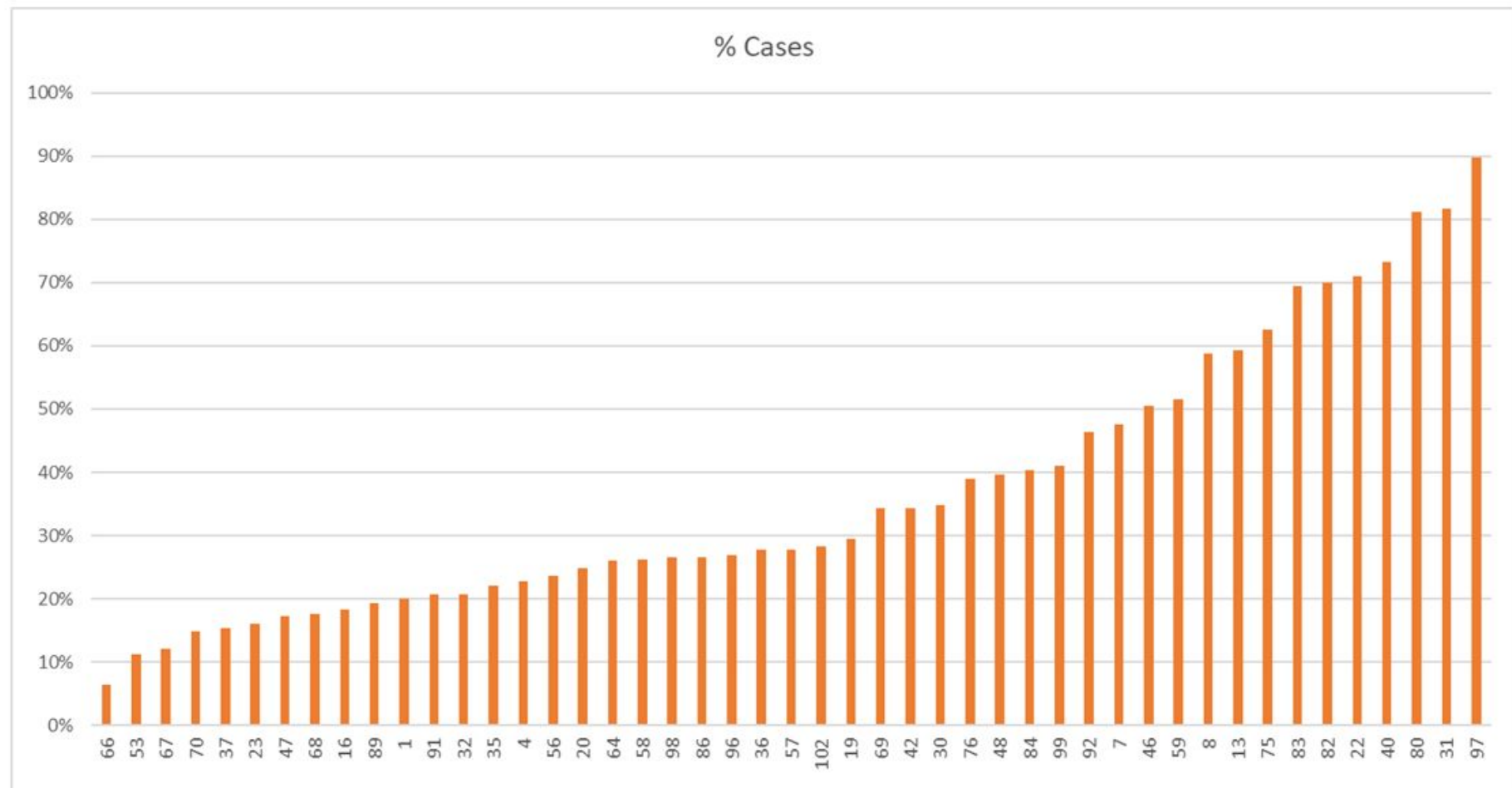
PostOp

- Delirium screening: 4AT, CAM, CAM-ICU

*MPOG only captures data 4 hours before anes start through PACU or 6 hours after anesthesia end.
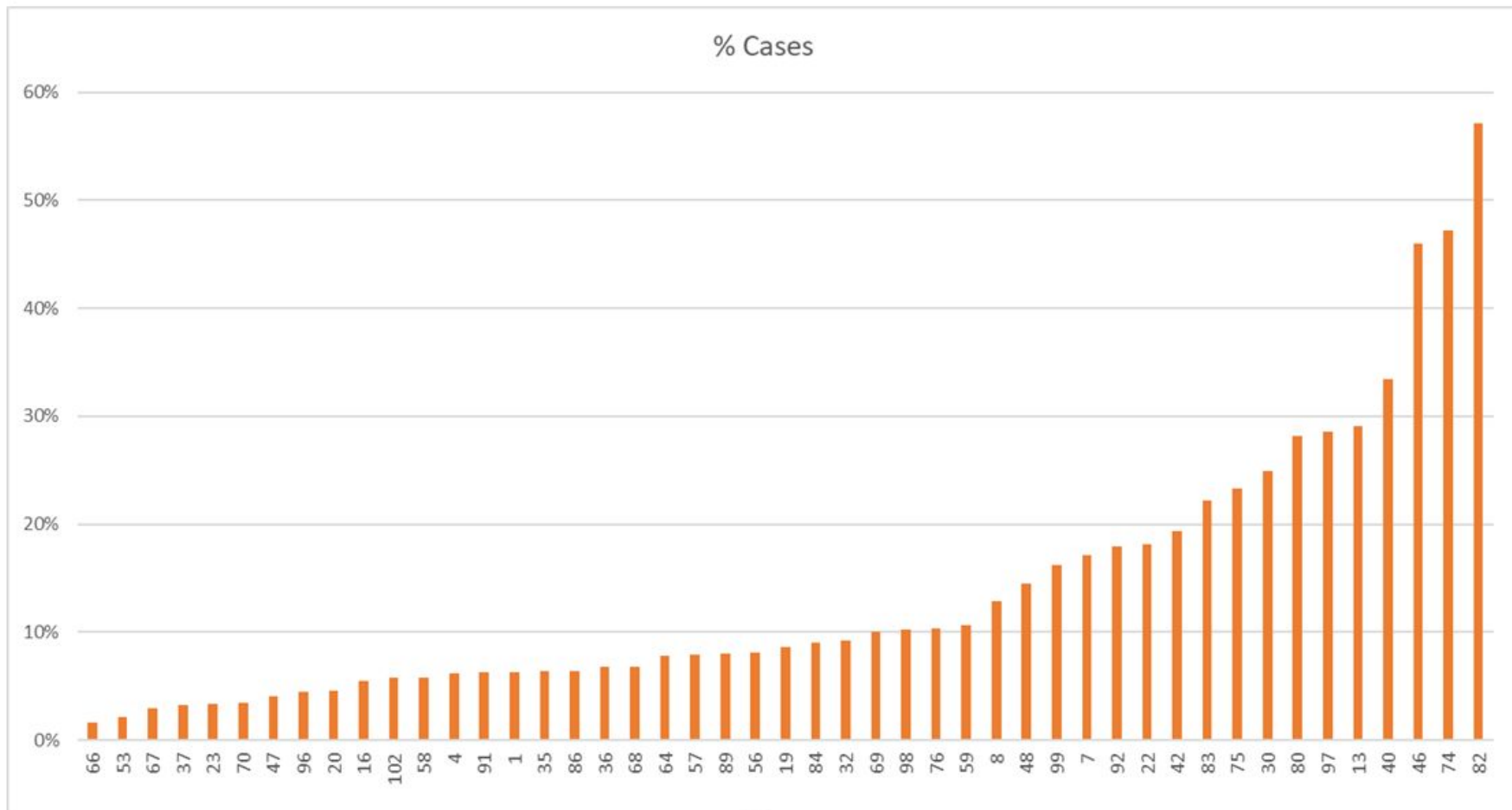
Measures of interest

- **% of patients age >X undergoing non-cardiac GA who received a midazolam intraoperatively**
- % of patients age >65 without preoperative hypotension undergoing GA for non-cardiac surgery who had episode of MAP <55 mmHg within 15 minutes of induction (adaptation of BP-05)
- % of patients screened preoperatively for cog impairment
- % of patients screened preoperatively for frailty
- % of patients screened postoperatively for delirium
- % of patients age >X undergoing GA with ETT who received more that 1.5mg/kg of single propofol dose for induction
- % of patients requiring sugammadex for rescue following full reversal by neostigmine/glycopyrrolate

Use of preoperative midazolam across MPOG (Age 70-79)

Use of preoperative midazolam across MPOG (Age 80-89)

Proposed midazolam measure

❖ Midazolam use in patients in geriatric population

❖ Informational only (no threshold)

MED-03

- ❖ **<u>Description:</u>** Percentage of geriatric patients who (do not) receive a

  benzodiazepine

- ❖ **<u>Threshold:</u>** Not applicable - Informational only

- ❖ **<u>Measure time period</u>**: Pre-op start time - Anesthesia End

MED-03

❖ **Inclusion:**
   ➢ Geriatric patients who undergo procedures requiring general anesthesia

❖ **Exclusions:**
   ➢ ASA 5 & 6 cases
   ➢ Patients <65 y/o?
   ➢ Others?

MED-03

❖ **Success Criteria:**
  ➢ No midazolam / benzodiazepine administered

❖ **Provider Attribution:**
  ➢ All anesthesia providers signed in at Anesthesia Start?
  ➢ All anesthesia providers signed in at Anesthesia End?
  ➢ Providers signed in when midazolam administered?

Voting questions

❖ Should MPOG build a measure for midazolam administration in the geriatric population?

➢ Yes

➢ No

❖ Which age range among the geriatric population should be included?
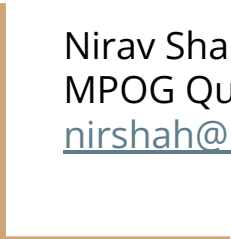
➢ > 65

➢ > 70

➢ >75

➢ <80

Next Questions and Steps

- Should we recommend specific assessments for preoperative frailty / cognition, or postoperative delirium in the PACU?
- Should we build a measure that tracks rates of PACU delirium screening in the PACU, knowing that it's going to be low?
- Are there experts in addition to this group that we want to hear more from at MPOG meetings?
- Continue progress on PCRC 0170
- Consider additional research projects
- Continue to recommend sites to map Brain Health concepts

Thank you!

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