Multicenter Perioperative Outcomes Group (MPOG)
PCRC Meeting Notes – Monday, August 10, 2015

Attendees: P=Present; A=Absent; X=Expected Absence

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A	Michael Avidan, MD - Wash U	**A**	Bassam Kadry, MD - Stanford
P	Michael Aziz, MD - OHSU	**P**	Sachin Kheterpal, MD - Michigan
A	Brian Bateman, MD - MGH	**P**	Kai Kuck, MD - Utah
P	Genevieve Bell – U Michigan (MPOG)	**P**	Tory Lacca, MBA – U Michigan (MPOG)
A	Mitchell Berman, MD - Columbia	**P**	Michael Mathis, MD – U Michigan
P	Daniel Biggs, MD – Oklahoma	**A**	Bala Nair, PhD – U of Washington
A	Randal Blank, MD - Virginia	**P**	Nathan Pace, MD – Utah
A	Robert Craft, MD –Tennessee	**A**	William Paganelli, MD – Vermont
A	Douglas Colquhoun, MD –Virginia	**P**	W. Pasma - Utrecht
A	Germaine Cuff, MD – NYU Langone	**P**	Leif Saager, MD – Cleveland Clinic
A	Jurgen de Graaff MD – Utrecht	**A**	Robert Schonberger, MD - Yale
A	Karen Domino, MD, MPH – U of Washington	**P**	Nirav Shah, MD – U Michigan
A	Marcel Durieux, MD, PhD- Virginia	**P**	Amy Shanks, PhD – U Michigan (MPOG)
P	Jesse Ehrenfeld, MD - Vanderbilt	**A**	Roy Soto, MD - Beaumont
A	Ana Fernandez-Bustamente, MD - Colorado	**A**	Scott Springman, MD – U of Wisconsin
A	Peter Fleishut, MD – Weill-Cornell	**A**	Kevin Tremper, PhD, MD – U of Michigan
A	Alexander Friend, MD –Vermont	**P**	Zachary Turnbill, MD – Weill-Cornell
P	Greg Giambrone, MS – Weill Cornell	**A**	Wilton van Klei, MD – Utrecht
P	Michael Godbold, MD – U Tennessee	**P**	John Vandervest – U Michigan
A	Daniel Helsten, MD – Wash U	**P**	Jonathan Wanderer, MD - Vanderbilt
P	Shelley Housey, MPH – U Michigan (MPOG)	**A**	Kevin Wethington, MD - Utah
P	Leslie Jameson, MD - Colorado		

Ground Rules for PCRC:

1. Each protocol must have specific testable hypothesis with data available in MPOG data structure
2. People requesting specific data elements must also supply that data type to MPOG. If you don't submit that data type currently, then you can't get that type of data type out. However, if you have a co-investigator from another site that does supply that data, then you can ask for that type of data. The reason is so someone on the research team understands the limitations of each data element being requested and used
3. To ensure that there is not a lack of clarity about what the status of the proposal is, each proposal will get the following overall decision at the end of each presentation and discussion
    a. Accept with minimal or no changes required
        i. E-mail revision to PCRC
    b. Accept with moderate changes required
        i. Represent at a future PCRC
        ii. E-mail Revisions to PCRC
    c. Revise and reconsider at future meeting
    d. Reject
4. Meeting will be recorded to be shared later with members of MPOG via the MPOG website. There were no objections to this via the members that were on the call.

Updates

- Goal by December 2015, all sites with CPT and ICD-9 data (US states) need to be contributing data with valid CPT and ICD-9 data. If not, the sites will be considered inactive with MPOG
    - CPT data are being uploaded by most of the sites
    - ICD-9 data are very sparse where we only have good quality data from three institutions
        - Is there something that we are asking for that is difficult to find to extract ICD-9 codes? If so, please contact us.
- Mortality staging structures: Upgrade will be coming out in 2-3 weeks with numerous changes. In the update there will be death data synchronization mode so upload in-hospital mortality
- ASA MPOG/ASPIRE Retreat – October 23, 2015: Registration is required with a $100 fee. Please contact Tory Lacca with questions.
    - Research Track – PCRC meeting
    - Quality Track – ASPIRE quality meeting

Proposal

Title: Trends in compliance with quality assurance metrics

Submitting institution: Michigan

PI: Nirav Shah, MD

- Individual measures are not proven to be beneficial for patients. Bundles of compliance for if patient's received optimal care across multiple areas are proven beneficial in surgical data. We are leaning towards to bundle group analysis.
- Should we just wait for metrics that do not have high compliance?
    a. Yes we probably should because we don't have a standard of care, it's just something everyone measures
- Colorado can look at their "sister systems" to look at their quality data when they have no feedback
    a. Found a drop in specific metrics the first year but then couldn't detect it. Too much noise
    b. We are very interested in seeing if Dr. Jameson can get them involved
- Upcoming measures that are currently in development have lower compliance rates. If we wait we would have to change our definition of what a bundle is.
    a. Bundle will need to be applied to every case and be available for every case. The bundles will have to evolve
    b. For the bundles, do not include the high performers of 98%
- Is the concept of individualized feedback worth studying? Our bias is yes.
    a. Great idea
    b. Colorado has been doing it for a long time and is committed to it. But they haven't been able to link it to a bundle. Need a bundle to link to something that matters. Colorado has experienced difficulty with this.

- Are you ok with holding back on providers not getting emails for six months or will the health system not agree to this?
    a. Nobody thinks this is unreasonable
- Linkage of performance to outcomes is necessary
- Baseline compliance rate is presenting challenges. We will need to look at our future measures and bring them on-line for those that we know have lower compliance rates
    a. Potentially wait for the next five performance measures and then create the bundle and start the actual study
- Timing of planned roll out and what we would like from each study site
    a. Want to start rolling this out in the next couple of months
    b. Each site will need to actively contribute each month, need ICD-9 data, and have IRB approval.
- Exclusion of sites
    a. Current QCDR
    b. Currently doing internal quality assurance individual feedbacks

Institution	Vote
Academic Medical Center (AMC) Amsterdam	**Not present**
Cleveland Clinic	**Minor revision – Electronic**
Columbia	**Not present**
Oregon Health Science University	**Minor revision – electronic**
University Medical Center of Utrecht	**Not present**
University of Colorado	**Minor revision - electronic**
University of Florida	**Not present**
University of Michigan	**Abstain**
University of Pennsylvania	**Not Present**
University of Oklahoma	**Minor revision – electronic**
University of Tennessee	**Minor revision – electronic**
University of Utah	**Minor revision – electronic**
University of Vermont	**Not present**
University of Virginia	**Not present**
University of Washington	**Not present**
Vanderbilt	**Minor revision – electronic**
Washington University , St. Louis	**Not present**
Weill-Cornell Medical Center – New York Presbyterian	**Minor revision - electronic**
Yale	**Not present**