ASPIRE Quality Committee Meeting

February 24th, 2020

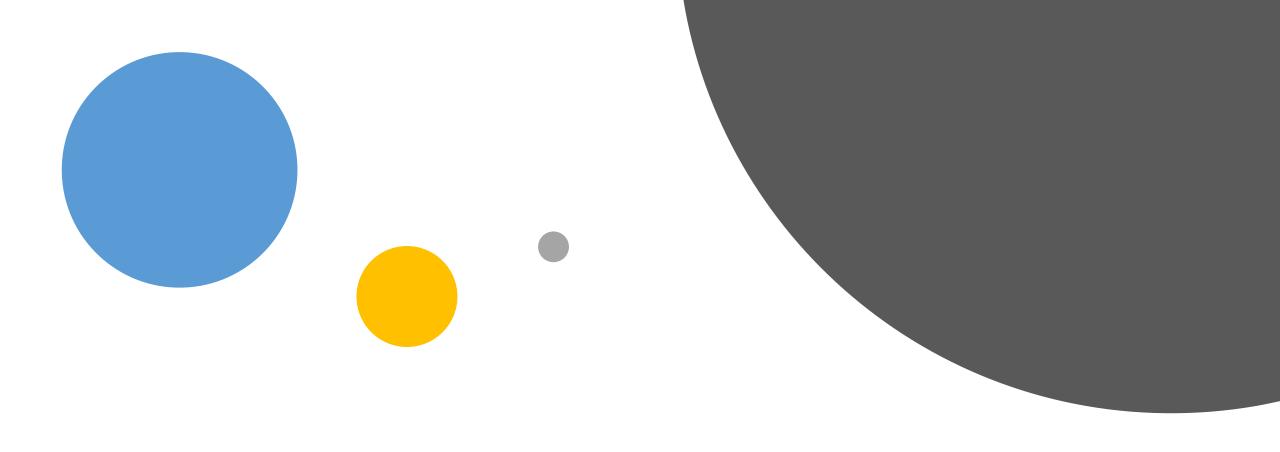
Agenda

- Upcoming Events and Announcements
- Plans for 2020
- Import Manager Conversion deadline
- Measure Updates
- DataDirect, Dashboard 2.0
- Dynamic Measure Spec
- OB and Peds Update
- VBR Update
- ABA/MOCA Project Update
- Health Disparities and MPOG

2020 Quality
Committee
Meetings on
Monday

February 24, 2020 at 10:00 a.m. April 27, 2020 at 10:00 a.m. June 22, 2020 at 10:00 a.m. August 24, 2020 at 10:00 a.m. October 26, 2020 at 10:00 a.m.

Meeting Minutes November 2019



Upcoming Event

ASPIRE/MSQC Collaborative Meeting March 27, 2020

Agenda



Tom Varghese, MD



Dan Clauw, MD

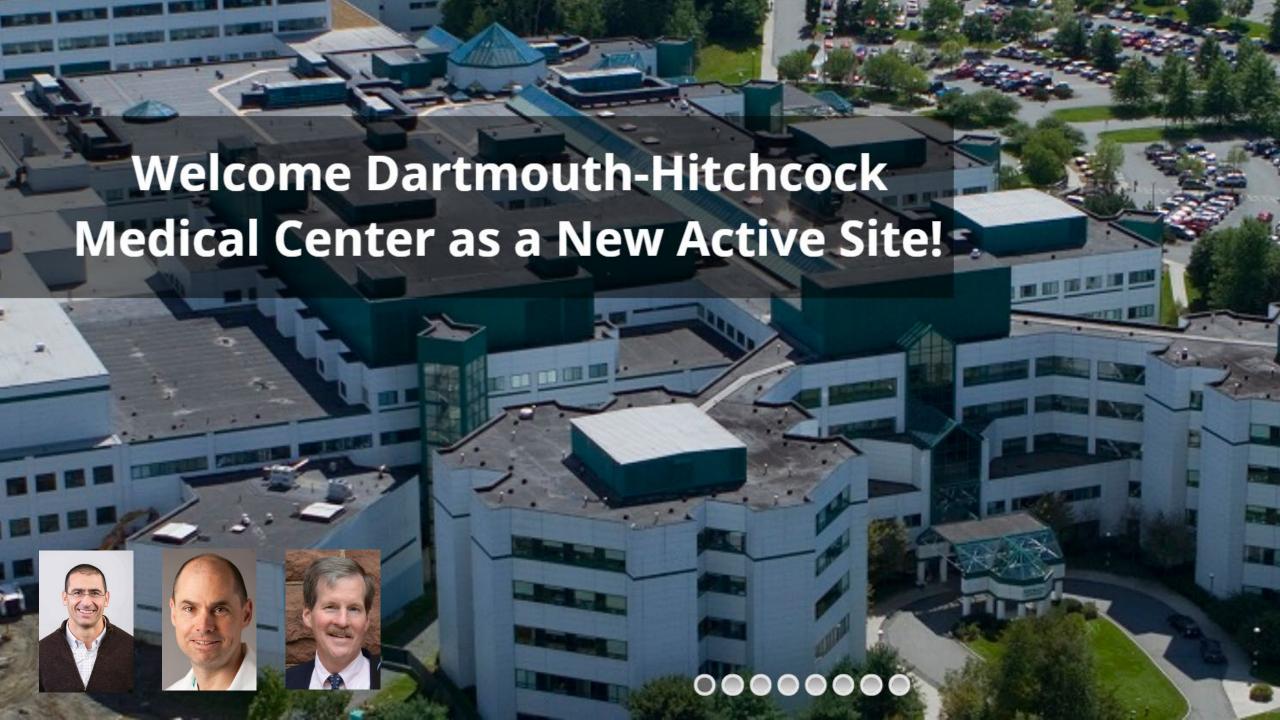


Eve Kerr, MD

- ACQR Breakout
- ASPIRE Performance Review
- Sustainability in the OR
- Perspective from a participant in MIPACT

ASPIRE Summer Meeting July 17th 2020

Mark your calendars









Doubourses Managers Cross Cohort Managers Dulmanam (22 (DIII 02)) margaritage of		
Performance Measure: Cross Cohort Measure Pulmonary 02 (PUL 02) - percentage of		
patients with median tidal volumes less than or equal to 8 ml/kg (cumulative score		
January 1, 2020 through December 31, 2020)		
13 - 15 sites (out of 15 total sites) ≥ 90%	25	
13 - 15 sites (out of 15 total sites) ≥ 80%	15	
Less than 12 sites (out of 15 total sites) ≥80%	0	
Performance Measure: Blood Pressure (BP 03) - Percentage of cases where		
intraoperative hypotension (MAP < 65 mmHg) was sustained for less than 15 minutes		
(cumulative score January 1, 2020 through December 31, 2020)		
Performance is ≥ 90%	25	
Performance is ≥ 85%	15	
Performance is ≥ 80%	10	
Performance is < 80%	0	
Site Directed Measure: Sites choose a measure they are performing below national		
ASPIRE threshold by December 13, 2019		
(cumulative score January 1, 2020 through December 31, 2020)		
Performance is ≥ 90%; 10% or 5%	20	
Performance is ≥ 80%; 15% or 10%	10	
Performance is < 80%; 15% or 10%	0	

Legacy Extract No Longer Supported in 2020

Import Manager: Convert all sites by 12/31/2021

- Import Manager is the current method used to move data from the electronic health records into MPOG
- Allows sites to also add data outside of the anesthesia record (Preop/PACU/etc)
- Conversion takes approximately 6 months to 1 year
- All sites using 'legacy' extract must convert by 12/31/2021
 - As of 1/1/2022, legacy sites will no longer be able to upload data to MPOG Central until converted
 - Legacy sites will still be able to access their dashboard, but it will no longer be updated with new data after 1/1/2022
 - Legacy sites will no longer receive provider feedback emails as of 1/1/2022 until converted
 - Application Suite upgrades will only be compatible with Import Manager as of 1/1/2022



Legacy Extract Sites to Convert

- Bronson Battle Creek/Kalamazoo
- Cleveland Clinic
- Columbia
- Memorial Sloan Kettering
- NYU Langone
- Sparrow Health System
- Stanford
- University of Arkansas
- University of Colorado
- University of Pennsylvania

- University of Tennessee
- University of Utah
- University of Vermont
- University of Washington
- Wake Forest
- Weill Cornell
- Yale



VBR (Value Based Reimbursement) Update

BCBS Value Based Reimbursement Program

- 2020 BCBS VBR Program
 - Performance Period: December 1, 2018- November 30, 2019
 - To be eligible:
 - Member of a PO for at least 1 year
 - Have at least 2 years of data in ASPIRE
 - Aggregate hospital performance meets target for 2 out of 3 measures: PUL 02 ≥ 70%, TEMP 03 ≥ 90%, TOC 02 ≥ 90%
 - Physicians are assigned to hospital where they have performed the most cases
 - 3% applied starting March 1, 2020 to anesthesiologist provider payments for all cases
- 2021 BCBS VBR Program
 - Performance Period: January 1, 2020-November 30, 2020
 - To be eligible:
 - Member of a PO for at least 1 year
 - Have at least 2 years of data in ASPIRE
 - Aggregate hospital performance meets target for 2 out of 3 measures: PUL 02 ≥ 85%, TEMP 03 ≥ 95%, PONV 01 ≥ 85%
 - Physicians are assigned to hospital where they have performed the most cases



MPOG Obstetric Anesthesia Subcommittee

MPOG Obstetric Anesthesia Subcommittee

- Reconvened December 11, 2019
- 12 obstetric anesthesiologists in attendance (21 members total)
- Currently, 35 sites submit cesarean delivery data to MPOG
- Labor epidural conversion to c-section: difficult to identify using CPT codes alone
 - MPOG creating 'phenotype' to identify these cases using notes/medications before building obstetric specific measures
- Committee selected three OB-specific measures to build for 2020:
 - Antibiotic Timing for Cesarean Deliveries
 - Antibiotic Selection for Cesarean Deliveries
 - Prolonged Hypotension for Cesarean Deliveries
- Next meeting to be scheduled for March 2020: Reviewing OB ABX 01 Measure Specification



1st Obstetric Anesthesia Measure: Antibiotic Timing for Cesarean Delivery (OB ABX 01)

Description: Percentage of cesarean deliveries with documentation of antibiotic administration initiated within one hour before surgical incision

Inclusions:

- Elective, urgent, or emergent cesarean delivery (CPT: 01961 & 01968)
- Patients undergoing cesarean section with hysterectomy (CPT: 01969)
- Labor epidural cases converted to cesarean delivery

Exclusions:

- Obstetric Non-Operative Procedures CPT 01958, 01960, 01967 (without 01968)
- Cesarean delivery with documentation of infection prior to incision and mapped to one of the following MPOG concepts:
 - 50181 Compliance- Prophylactic Antibiotic Variance Note
 - 50182 Compliance- Prophylactic Antibiotic Variance Note Detail

Responsible Provider: All anesthesia providers signed in at the time of incision. If uterine incision time is not documented (50357) then providers signed in at the procedure start time (50006) will be attributed.



Antibiotic Timing for Cesarean Delivery (OB ABX 01)

Acceptable Antibiotics and Associated Timing*:

Antibiotic	MPOG Concept	Appropriate Start Time
Azithromycin	10048	Between Anesthesia Start and Anesthesia End
Cefazolin	10107	Within 60 minutes before incision
Cefepime	10108	Within 60 minutes before incision
Cefotaxime	10109	Within 60 minutes before incision
Cefotetan	10110	Within 60 minutes before incision
Cefoxitin	10111	Within 60 minutes before incision
Ceftriaxone	10114	Within 60 minutes before incision
Cefuroxime	10115	Within 60 minutes before incision
Clindamycin	10131	After cord clamping; if not available, after delivery of neonate; (consider any time between anes start and end)
Gentamicin	10202	Within 60 minutes before incision
Vancomycin	10444	Within 120 minutes before incision

^{*}Emergency cases: Any of the above antibiotics initiated between anesthesia start and anesthesia end

ASPIRE Pediatric Subcommittee Update

ASPIRE Pediatric Subcommittee Update

- Peds group reconvened December 2019
 - 23 Pediatric Anesthesiologists were in attendance
 - Increasing numbers of pediatric cases in the database (1.4m at last count)
 - Proposed formation of SPA quality metric workgroup to inform the MPOG Pediatric subcommittee of best practices in pediatric anesthesia.
- 2020 plans: build 2-3 pediatric specific measures
 - Temperature management
 - Add tonsillectomy and spine cases to opioid equivalency dashboard
 - Postoperative respiratory complications
 - Intraoperative hypotension (informational measure)
- If Interested in joining, please contact Meridith Bailey (Meridith@med.umich.edu)



Measure Development: PEDS Temp (Informational)

- Description: Percentage of patients < 18 years old who undergo a surgical or therapeutic
 procedure whom have a body temperature (core or peripheral) less than 36 or ≥ 38 degrees
 Celsius consecutively for ≥ 15 minutes between patient in room and one hour after
 Anesthesia End.
- Measure Time Period: Patient in OR to 1 hour after Anesthesia End

Exclusions:

- ASA 5 and 6
- Anesthesia for diagnostic or therapeutic nerve blocks/injections (CPT: 01991, 01992)
- Unlisted Anesthesia procedure (CPT: 01999)
- Organ Harvest (CPT: 01990)
- Obstetric Non-Operative Procedures (CPT: 01958, 01960, 01967)
- Cardiac Surgery (CPT: 00561, 00562, 00563, 00566, 00567, 00580)
- Emergency cases (MPOG concepts: 70142 or 515)

Measure Build: PEDS Temp

- Success: All body temperature measurements (core or peripheral) from Patient in room to one hour after anesthesia end are between 36 and 37.9 degrees Celsius.
- Artifact Algorithm:
 - Less than 32.0°C (89.6F)
 - Greater than 40.0°C (104.0F)
 - Any minute-to-minute jumps >0.5°C equivalent.
 - Example: 0.125°C /15s, 0.25°C / 30s, 1°C / 2mins
- Responsible Provider: Provider present for the longest duration of the case per staff role.

Measure Updates

Updated Glycemic Management Measures

- GLU 01 (high glucose treated or remeasured) and GLU 02 (low glucose treated or remeasured) evaluate intraoperative management only
- MPOG now receives preoperative and PACU medication and fluid data for several Import Manager sites
- GLU 03 High glucose rechecked or treated during the perioperative period (preop through PACU)
- GLU 04 Low glucose rechecked or treated during perioperative period (preop through PACU)
- Sites can add GLU 03 and GLU 04 based on when preop and PACU medication data was submitted to MPOG (>50% of cases have preop/PACU meds)
- Will continue to see historical data for GLU 01 and GLU 02 in dashboard



PONV Outcome Measure

- PONV 03 Postoperative Nausea and Vomiting Outcome
 - Cases flagged if
 - Rescue anti-emetic administered
 - Patient reported nausea
 - Patient has documented episode of emesis
- PONV 03B- Subset of PONV 03 Measure
 - Removes rescue anti-emetic administration from 'flagged' criteria
 - Cases flagged for PONV03B if
 - Anti-emetic administered
 - Patient reported nausea
 - Patient has documented episode of emesis



PONV Changes

- PONV 03 Dexamethasone and Methylprednisolone have also been removed from the list of rescue anti-emetics considered
- PONV 01/02 now exclude patients who are transferred directly to ICU to exclude patients who remain intubated postoperatively



Feedback for PONV 01/02: Meclizine as prophylaxis

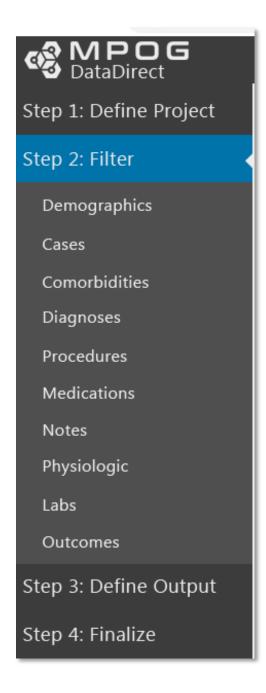
- Meclizine is not currently considered as an anti-emetic in our measures
- Society for Ambulatory Anesthesiology Consensus Guidelines for the Management of Postoperative Nausea and Vomiting 2014
 - "Meclizine has a longer duration of PONV effect than ondansetron. Meclizine 50mg per os plus ondansetron
 4mg IV is more effective than either ondansetron or meclizine alone"
- Limited evidence
- PO Meclizine given the night before surgery and/or in preop along with intraoperative ondansetron reduces nausea following discharge
 - Bopp et al (2010). Biphasic dosing regimen of meclizine for prevention of postoperative nausea and vomiting in a high-risk population. AANA Journal, 78(1), 55–62.
 - Forrester et al (2007). Meclizine in Combination with Ondansetron for Prevention of Postoperative Nausea and Vomiting in a High-Risk Population. AANA Journal, 75(1), 27–33.



Application Updates

DataDirect

- New version rolled out last month
- Able to add measure performance to output for your own institution
- Next up: revising the filtering section: June 2020



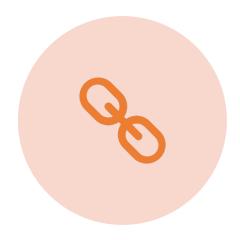
Dashboard 2.0







VISUALLY INTERESTING



LINKS TO OTHER MPOG APPS

MPOG Reporting

Dashboards▼ Measures▼ Providers Cases▼ John Doe ▼

Entity University of Michigan

Time Period Past 12 Months

Procedure Type Cardiac Surgery

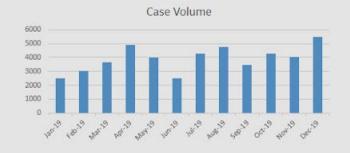
Patient Age Adult (>=18 years)

QI Phase Two Overview

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45,436

Jan 2019 - Dec 2019



Avoiding BP Monitoring Gaps

Cases that avoid a monitoring gap larger than ten minutes in blood pressure recording.



Stable

Preventing Low MAP

Cases that avoid MAP below 65 mmHg for more than 20 culmulative minutes



Under threshold but improving A

Administering Active Warming

Patients with increased hypothermia risk had active warming administered



Falling performance V

Untreated High Glucose

Intraoperative high blood glucose that was left untreated and unmonitored for 90 minutes or more

Events

13 events in past 12 months

Transfer of Care in ICU TOC03

Formal documentation of transfer of care from anesthesia provider to ICU



Over threshold but falling V

Instances of PONV PONV03

Occurances of postoperative nausea/emesis or administrations of rescue antiemetics



Decreased incidence V

Cases

Reducing Pollutants

Cases in which fresh gas flow is maintained below 3 L/min during administration of halogenated hydrocarbons or nitrous oxide



Stable

Oral Morphine Equivalents Informational

Average administration of oral morphine equivalents (OME)

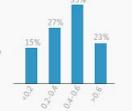
MG Morphine

Decreasing

PEEP Utilization

Informational

Distribution of positive end expiratory pressure used in mechanical ventilation



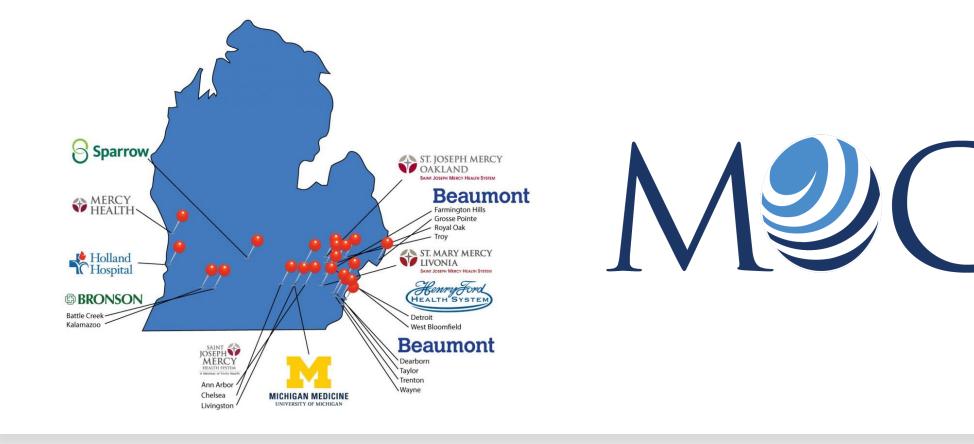
ABA-MOCA Project Introduction

Benjamin Cloyd MD, MIPH

Clinical Lecturer

University of Michigan Department of Anesthesiology

2019-2021 FAER-ABA Research in Education Grant Awardee



 FAER-ABA Research in Education Grant • Seeking to evaluate the value of primary certification and the Maintenance of Certification in Anesthesiology™ program (MOCA®) to clinicians and the public, including assessment of how certification is related to clinical performance and novel means to analyze and utilize data.

What We'd Like To Do

- Part of the ASPIRE Mission:
 - "Our goal is to improve the care of patients undergoing anesthesia by reducing unexplained variation in practice and collaborating with anesthesia providers to define best practices."

 We would like to study the distribution of performance amongst anesthesia providers and institutions at ASPIRE institutions within the state of Michigan.

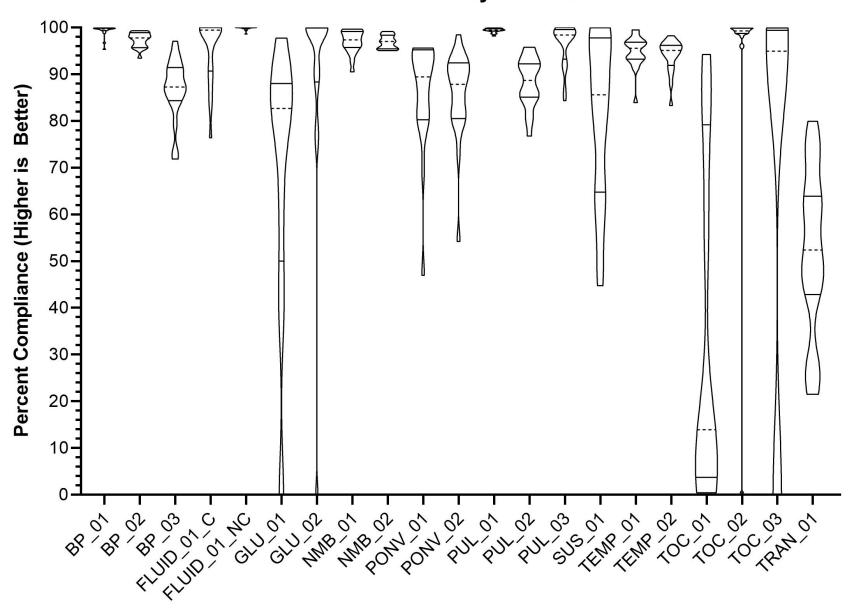
Why We Are Doing This

Continue to evaluate and improve our ASPIRE metrics.

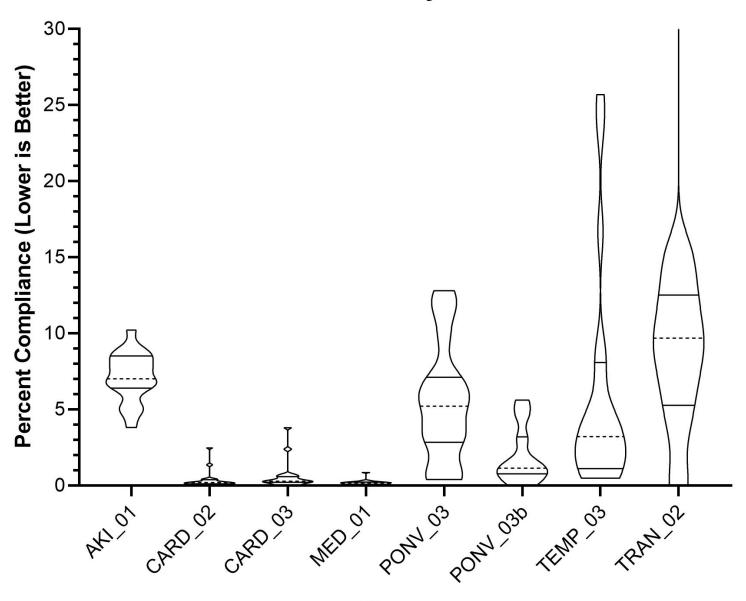
 Develop a different pathway to research and spread ASPIRE findings and best practices.

 Utilize the performance distribution data to evaluate which ASPIRE metrics may be useful for research projects and further analysis.

Overall Score by Institution



Overall Score by Institution



Measure

Who We Are

A big team is interested in this with major contributions from:

- Niray Shah MD
- Lauryn Rochlen MD
- Sachin Kheterpal MD, MBA
- Katie Buehler MS, RN, CPPS
- Graciela Mentz, PhD

- Allison Janda MD
- Allie Leis MS
- Genevieve Bell BS
- Douglas Colquhoun MB ChB, MPH
- The ABA and collaborators at other institutions



How Can We Collaborate?

- Entering data matching phase of the primary project.
- The ABA and FAER are currently in the process of the second grant cycle and interesting follow-up ideas have been proposed.



Questions, Thoughts, and Opportunities



