



ASPIRE

Anesthesiology Performance Improvement and Reporting Exchange

Quality Payment Program Updates

Quality Payment Program Status

POLITICS

NEWS

Senate Health Care Bill Revisions Released In Attempt To Appease GOP Critics

July 13, 2017 · 12:13 PM ET

the Act



icare

blican plans to repeal and replace the

New Health Bill Is Forecast to Leave 15 Million More Uninsured Next Year

JUL 20

U.S.

McConnell: Senate Will 'Defer' Vote On Republican Health Care Bill

July 15, 2017 · 10:11 PM ET

See More »

The House passed a new version of a health care bill to replace the Affordable Care Act after the first one failed to get enough Republican support in March. The bill still needs to pass the Senate before becoming law. By ELSA BUTLER, A.J. CHAVAR and MARK SCHEFFLER on May 4, 2017. Photo by Stephen Crowley/The New York Times. [Watch in Times Video »](#)



ASPIRE

What does this mean for MACRA?

- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) separate from ACA
- Bipartisan support when approved
- Remains in effect
- Updates will continue...

MACRA & the Quality Payment Program

Medicare Access and CHIP Reauthorization Act (MACRA) of 2015:

- Ends the Sustainable Growth Rate (SGR) formula for determining Medicare payments for health care providers' services.
- 2017 performance will dictate payment adjustments in 2019
Penalties up to -4%; incentives up to +4%. (*+3x upward adjustment possible*)
- 2 pathways: MIPS & Advanced Alternative Payment Models

Advanced Alternative Payment Models

Providers & hospitals are rewarded for improving quality of care while reducing Medicare costs

- Next Generation Accountable Care Organizations (ACOs)
- Shared Savings Program Track 2 & 3
- Minority of sites across ASPIRE

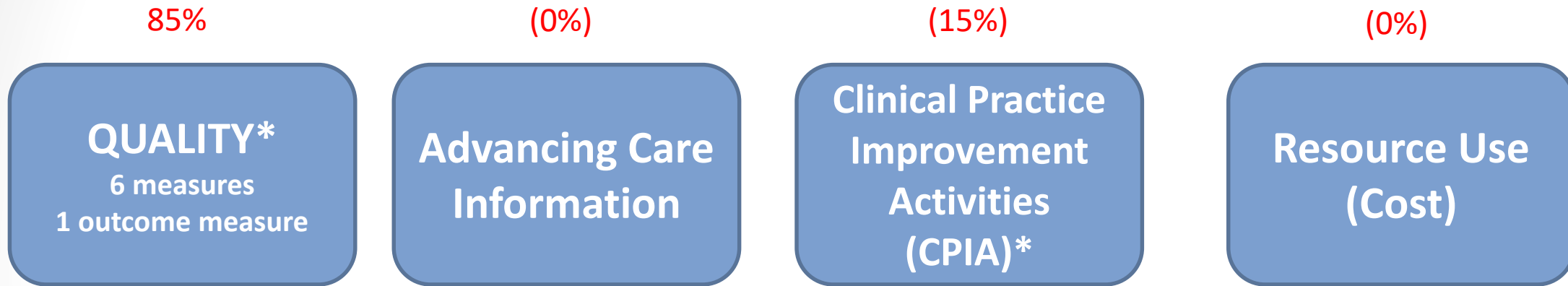


Participate in the Advanced APM path:

If you receive 25% of Medicare payments or see 20% of your Medicare patients through an Advanced APM in 2017, then you earn a 5% incentive payment in 2019.

Merit-Based Incentive Payment Program

For anesthesia providers:

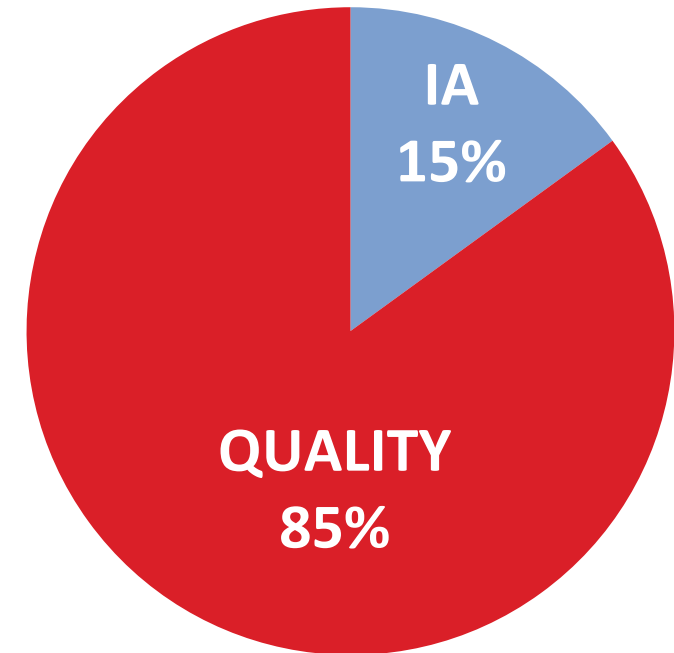


MIPS replaces PQRS, Meaningful Use, EHR Incentive Program, and VM.

*ASPIRE reports for 'Quality' and 'Improvement Activity' components of MIPS. Group practice or individual reporting options available.

Quality Category Reporting

- Report data for 6 measures including 1 outcome measure
- 13 available measures for QCDR reporting through ASPIRE



ASPIRE QCDR Quality Measures

MIPS measures (3)

- MIPS 424 (Perioperative Temperature Management)*
- MIPS 426 (Post-anesthetic Transfer of Care: PACU)
- MIPS 430 (Prevention of PONV)

ASPIRE Measures (10)

- NMB 01
- NMB 02
- GLU 01
- PUL 01
- TEMP 02
- TRAN 02*
- BP 01
- CARD 01*
- AKI 01*
- MED 01*

Improvement Activities

Select Improvement Activities

SEARCH ALL BY KEYWORD

All ▼ QCDR|

SEARCH

FILTER BY:

Subcategory Name ▼

Activity Weighting

Showing **13** Activities [Add All Activities](#)

➤ [Leveraging a QCDR for use of standard questionnaires](#)

ADD

➤ [Leveraging a QCDR to promote use of patient-reported outcome tools](#)

ADD

➤ [Leveraging a QCDR to standardize processes for screening](#)

ADD

- Anesthesia providers are required to attest to 2 medium-weighted or 1 high-weighted activity
- List of improvement activities available on CMS QPP website: <https://qpp.cms.gov/mips/improvement-activities>

Activities related to ASPIRE

1. IA_BE_8: Participation in a QCDR, that promotes collaborative learning network opportunities that are interactive (Medium)
2. IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements (Medium)
3. IA_PM_7: Use of QCDR for feedback reports that incorporate population health (High)
4. IA_CC_6: Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination (Medium)
5. IA_BE_2: Use of QCDR to support clinical decision making (Medium)

QCDR To-Do List



- QCDR Agreements distributed – please review, sign, and submit
- Select Improvement Activities relevant to your site's practice
- Educate Providers regarding chosen activities
- For individual reporting sites: Complete consents
- Contact Katie Buehler (kjbucrek@med.umich.edu) with questions

ASPIRE Dashboard Modifications

Objectives

- Reduce time dedicated to failed case review for Quality Champions and ACQRs
- Identify potential quality improvement opportunities
- Standardize how performance scores are calculated across measures (per case)

Overview

Neuromuscular Monitoring

NMB-01

NMB-02

Glucose Management

GLU-01

GLU-02

Transfusion Management

TRAN-01

TRAN-02

Blood Pressure

BP-01

BP-02

Pulmonary

PUL-01

Medication Overdose

MED-01

Fluids

FLUID-01-NC

FLUID-01-C

Normothermia

TEMP-01

TEMP-02

TEMP-03

Avoiding MI

CARD-01

Neuromuscular Monitoring

NMB-01

✓ 95%

Target 90%

NMB-02

✓ 99%

Target 90%

GLU-01

✓ 98%

Target 90%

GLU-02

✗ 90%

Target 90%

Transfusion Management

TRAN-01

✗ 80%

Target 90%

TRAN-02

✗ 85%

Target 90%

BP-01

✓ 99%

Target 90%

BP-02

✓ 94%

Target 90%

Pulmonary

PUL-01

✓ 98%

Target 90%

MED-01

✓ 100%

Target 95%

FLUID-01-NC

i 99%

FLUID-01-C

i 82%

Normothermia

TEMP-01

✓ 93%

Target 90%

TEMP-02

✗ 70%

Target 90%

TEMP-03

✓ 98%

Target 90%

CARD-01

✓ 100%

Target 95%

Glucose Management

Blood Pressure

Fluids

Avoiding MI

New Navigation Bar

New Format:

- NMB 01
- NMB 02
- GLU 01
- GLU 02
- BP 01
- PUL 01
- TEMP 03

'Old' Format:

- BP 02
- TRAN 01
- TRAN 02
- MED 01
- FLUID 01- NC
- FLUID 01- C
- TEMP 01
- TEMP 02
- CARD 01
- AKI 01
- TOC 02

Overview
Neuromuscular Monitoring
NMB-01
NMB-02
Glucose Management
GLU-01
GLU-02

BP-01: Avoiding Low MAP: Overview

The percentage of cases where sustained intraoperative hypotension was avoided. For more details, please see the [one pager](#).

Overview
Neuromuscular Monitoring
NMB-01
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GLU-02
Transfusion Management
TRAN-01
TRAN-02
Blood Pressure
BP-01
BP-02
Pulmonary
PUL-01
Medication Overdose
MED-01
Fluids
FLUID-01-NC
FLUID-01-C

Overview Providers Case Lists

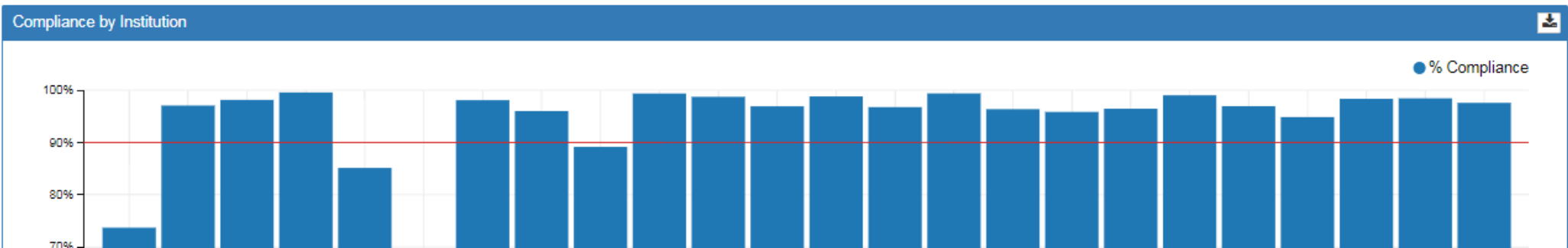
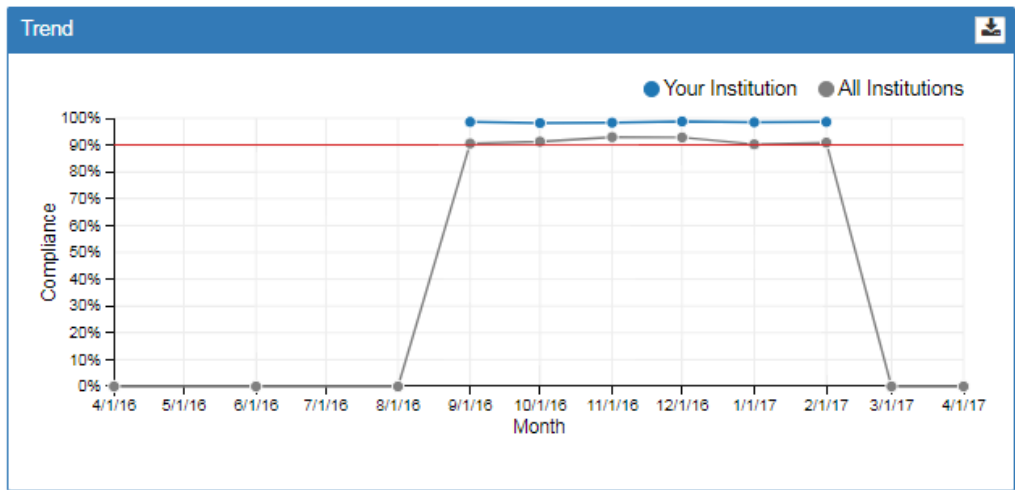
Overall Performance

✓ 99%

Target 90%

BP-01 Result	Count
Passed	29,233
Failed	441
Excluded	9,395
	39,069

BP-01 Result	BP-01 Result Reason	Case Count
Excluded	ASA Class	46
Excluded	Baseline MAP	104
Excluded	CPT Code	298
Excluded	Labor Epidural	409
Excluded	Patient Age	8,536
Excluded	Valid Anesthesia Duration	2
Failed	BP Count	43
Failed	Minutes below 55	398
Passed	Minutes below 55	29,233
		39,069



Providers Tab

Provider **Role** **% Passed** **Cases Passed** **Cases Failed** **Cases Included** **Institution Fails (%)**

BP-01 By Provider

Provider	Role	% Passed	Cases Passed	Cases Failed	Cases Included	% of Institution Fails
	Resident	0%	0	1	1	0%
	Resident	0%	0	1	1	0%
	Resident	0%	0	1	1	0%
	Resident	50%	1	1	2	0%
	Resident	60%	3	2	5	0%
	Resident	67%	4	2	6	0%
	Resident	73%	8	3	11	0%
	Resident	77%	10	3	13	0%
	Attending	80%	8	2	10	0%
	Resident	82%	9	2	11	0%
	CRNA	83%	114	23	137	1%
	Attending	83%	15	3	18	0%
	Resident	83%	5	1	6	0%
	Resident	85%	11	2	13	0%
	Resident	86%	6	1	7	0%
	Resident	86%	56	9	65	0%
	Resident	87%	62	9	71	0%
	Resident	88%	105	15	120	1%
	Attending	89%	218	28	246	1%
	Resident	89%	86	11	97	0%

< Previous

Showing 1 to 20 of 421

Next >


Attending 97% 81,180 2,303 83,483 100%


Case Lists

Overview	Providers	Case Lists
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Failed Cases

Result Reason listed for Passed/Failed/Excluded Cases



Case List								
Link to Details	MPOG Case ID	Date of Service	Operating Room	Procedure	Attending	CRNA/Resident	BP-01 Result Reason	
View Details							Minutes below 55: 95	

Institution view:

- Only one row per case: Can view all providers attributed on the same row
- Click on 'Link to Case' to open case in Web Case Viewer
- Click on row to view passed/failed/exclusion details

Failed Cases

Case List				
Link to Details	MPOG Case ID	Date of Service	Operating Room	Procedure
View Details				

Passed Cases

Case List				
Link to Details	MPOG Case ID	Date of Service	Operating Room	Procedure
View Details				

Excluded Cases

Case List				
Link to Details	MPOG Case ID	Date of Service	Operating Room	Procedure
View Details				

All Lists include the same elements:

- Link to Details
- MPOG Case ID
- Date of Service
- Operating Room
- Procedure
- Attending
- CRNA/Resident
- Result Reason

AimsStaffId = (Case as Provider)

Patient = [REDACTED]

Case = [REDACTED]

MpogStaffCaseId2 = [REDACTED]

Months since case occurred <= 12

BP-01 Result = Failed

BP-01 Details



	Order	Condition	Condition Value	Result
Exclusions	0	Valid Anesthesia Duration	Yes	Included
	1	Patient Age	[REDACTED]	Included
	2	Baseline MAP	96	Included
	3	ASA Class	4	Included
	4	Labor Epidural	No	Included
	5	CPT Code	0	Included
Case Details	6	Minutes below 55	95	Failed
	7	BP Count	288	Passed
	8	Time of Low MAP	14:28:00 (Duration: 1, MAP: 51)	Info
	9	Time of Low MAP	14:29:00 (Duration: 1, MAP: 50)	Info
	10	Time of Low MAP	14:32:00 (Duration: 1, MAP: 54)	Info
	11	Time of Low MAP	16:12:00 (Duration: 1, MAP: 48)	Info
	12	Time of Low MAP	16:17:00 (Duration: 1, MAP: 52)	Info
	13	Time of Low MAP	16:21:00 (Duration: 1, MAP: 54)	Info
	14	Time of Low MAP	16:35:00 (Duration: 1, MAP: 51)	Info

Provider Feedback Email Schedule

- Dashboard conversion to occur next week (July 26)
- July provider feedback emails to be delayed one week to July 31st
- Remaining Measures will be converted to new format by September
- Emails will include links to passed/failed/excluded lists once all measures converted
- Coordinating Center will notify QI Champions and ACQRs when emails will 'link' to passed and excluded case lists (in addition to failed lists)

Questions?

Contact Information:

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734-936-7525



LUNCH TIME!

- Walk to the back of the Auditorium- Lunch will be served directly outside the Auditorium on the second floor.
- Return around 12:25pm
- Afternoon session will begin at 1230