Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday, November 28, 2016

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

P	Abdallah, Arbi 'Ben' (Wash U)	P	Lins, Steve (Bronson)
A	Agarwala, Aalok (MGH)	A	Lirk, Philipp (AMC)
P	Ajja, Olivia (St. Joseph)	P	Lorzano, Alyssa (Oregon)
P	Akkermann, Annemarie	P	Louzon, Kathryn (Beaumont)
A	Alvesteffer, Diane (Mercy Muskegon)	A	Mack, Patricia (Weill-Cornell)
P	Angel, Alan (Bronson)	A	Mathis, Mike (Michigan)
P	Aziz, Michael (OHSU)	A	Mathur, Piyush (Cleveland Clinic)
P	Becker, Aimee (Wisconsin)	P	McKinney, Mary (Beaumont Dearborn Taylor)
P	Berris, Joshua (Beaumont FH)	A	Miletic, Nino (NYU Langone)
A	Bhavsar, Shreyas (MD Anderson)	P	Moceri, Katie (Michigan)
P	Biggs, Daniel (Oklahoma)	A	Molina, Susan (St. Mary)
P	Bledsoe, Amber (Utah)	A	Moore, James (UCLA)
P	Buehler, Katie (Michigan)	P	Naik, Bhiken (Virginia)
A	Carl, Curtis (Sparrow)	P	Nelson, Anne (Beaumont)
P	Carlington, Jen (St. Mary)	A	Osborne, Jaime (Michigan)
P	Cuff, Germaine (NYU Langone)	P	Paganelli, Bill (Vermont)
P	Coffman, Traci (St. Joseph)	A	Pace, Nathan (Utah)
P	Coons, Denise	P	Pardo, Nichole (Beaumont- Grosse Pointe)
P	Coyle, Nina (PhyMed)	P	Poindexter, Amy (Holland)
A	Cywinski, Jacek (Cleveland Clinic)	P	Price, Matthew (Beaumont)
A	Davies, Eric (St. Joseph Oakland)	P	Popovich, Matt (AQI)
A	DeBoer, Jennifer (Holland)	P	Quinn, Cheryl (St. Joes Oakland)
A	DeSnyder, Kathy (Beaumont)	P	Rensch, Bob (Bronson)
A	Domino, Karen (U of Washington)	A	Roberson, Nicole (Trinity)
A	Dubovoy, Tim (Michigan)	A	Rozewicz, Deb (Bronson)
A	Fergus, Claudette (PhyMed)	A	Saager, Leif (Michigan)
A	Fleisher, Lee (UPenn)	A	Sams, Amy (Bronson)
P	Gates, Liz (Royal Oak/Troy)	P	Schoenberger, Rob (Yale)
A	Giambrone, Greg (Weill-Cornell)	A	Schwartz, Rob (Holland)
P	Godbold, Michael (Tennessee)	P	Segal, Scott (Wake Forest)
A	Hart, Steve (Utah)	P	Shah, Nirav (Michigan)
A	Harwood, Tim (Wake Forest)	P	Shanks, Amy (Michigan)
P	Heiter, Jerri (St. Joseph)	P	Sharma, Anshuman (Wash U)
A	Hitti, Nicole (Weill-Cornell)	P	Silvasi, Daniel (Beaumont)
P	Horton, Brandy (A4)	P	Smith, Susan (Beaumont)
A	Housey, Shelley (Michigan)	A	Stefanich, Lyle (Oklahoma)
A	Jameson, Leslie (Colorado)	P	Stoltz, Kellie (Sparrow)
A	Jeffries, Thomas (St. Mary)	P	Thomas, Lori (Mercy Muskegon)
P	Kennedy, Jori (Sparrow)	A	Tom, Simon (NYU Langone)
A	Kheterpal, Sachin (Michigan)	A	Turnbull, Zackary (Weill-Cornell)
A	King, Lisa (Oklahoma	A	Turzewski, Cynthia (St. Mary)
A	Kraus, Kelli (St. Mary's Livonia)	P	Tyler, Pam (Beaumont Farmington Hills)
A	Kuck, Kai (Oklahoma)	A	Vandewiel, Melanie (Beaumont D'Born)
P	Lagasse, Robert (Yale)	A	Wedeven, Chris (Holland)
A	LaGorio, John (Mercy Muskegon)	A	Wilczak, Janet (Oakwood)
A	Lacca, Tory (Michigan)		
A	Levesque, Paula (Beaumont)		

Agenda & Notes

1. Announcements
   a. Next Quarterly Meeting will be held on December 9, in Ann Arbor, MI. Non-Michigan sites are also invited. Agenda is posted and registration is open.
   b. Friday, April 28: Will co-host with MSQC at Schoolcraft College in Livonia. Will have an agenda focused on both anesthesia and surgeon topics.
   c. MPOG meeting next year will be in Boston in October 2017.
2. MPOG Retreat Update
   a. Great turnout and feedback.
   b. QI work is complimentary to research work. One specific example is that many sites have committed to monthly data uploads in order to participate in QI program. Current data from a variety of sites presents great opportunities for research as well.
   c. 20 new sites submitting data in the last 12 months. Cohort 1 submitted by November 2015. Cohort 2 sites submitted by July 2016. A couple additional non-funded sites have joined in the last few months of 2016.
   d. Afternoon Session at MPOG Retreat included a Performance Review Discussion.
      i. In months since receiving emails, NMB 01 performance shows improvement across all sites.
      ii. PUL 01: less variation across sites since implementing email feedback process.
      iii. TRAN 02: Still a lot of variation across sites.
      iv. 2017 Planning:
         1. Create opioid usage measure
         2. Add additional data sources: PACU, ICU
         3. Updates to the MPOG Application suite to make submission easier
3. New Measures Coming: PONV and TOC
4. QCDR Update
   a. 2015 sites have been notified that some providers will receive negative adjustment due to submission error on behalf of ASPIRE QCDR. ASPIRE submitted CARD 01 and MED 01 as regular measures but had initially planned on submitting as inverse measures. CMS rejected measures for providers who submitted a 100% for either of these measures. ASPIRE has contacted the QI champions at the affected sites and is appealing for providers at these sites.
   b. 2016: consent process is complete. Any providers who did not consent by November 14, 2016, ASPIRE will not be able to submit data to CMS on their behalf.
   c. 2017: ASPIRE was notified by CMS that many of the measures would be retired for 2017 reporting. In meeting with CMS, ASPIRE has decided to retire the following measures for QCDR reporting in 2017: GLU 02, TEMP 01, PONV 01, FLUID 01, TRAN 01, BP 02, TOC 01, TOC 02. ASPIRE will adopt the PQRS measures for PONV (PQRS 430), Normothermia (PQRS 424), and TOC (PQRS 426).
   d. Will continue to offer the QCDR program for 2017- seeking guidance from Quality Committee as new rule proposes that high performers are rewarded on behalf of low performers losing money. Negates the collaborative environment that ASPIRE was established upon. Should QCDR service continue beyond 2017? One comment that tying

money to performance does change the tone of acceptance of ASPIRE with providers. Comments are in favor of continuing QCDR service. National measures would allow other providers (non-ASPIRE) to participate and widen the pool of 'competition.'

 e. Concern regarding the ability to still provide the same level of detail regarding performance (inclusion, exclusion criteria, responsible provider, etc.) if broadening measures to national level. Dr. Shah advises that this level of detail will still be available to ASPIRE participants via Galileo. We would publish only the performance score to CMS but could instill that detail in ASPIRE reports.

5. DataDirect Demo

 a. Can utilize DataDirect to query site MPOG data to examine outcomes for a specific case type, patient population, time period, etc.

 b. Cannot download other sites data at this time- Coordinating Center is working to address privacy concerns before making this option available.

 c. Dr. Shah shared demo with Quality Committee- for questions, please contact the Coordinating Center.