MPOG 2023 Retreat Welcome

Sachin Kheterpal MD MBA
Executive Director, MPOG

Congratulations to Michael Avidan, MBBCh, Elected to NAM !!

October 9th, 2023: Elected to the National Academy of Medicine (formerly “Institute of Medicine”)

One of only 100 new members chosen each year

“For his international leadership in clinical anesthesiology research. He has designed and led large-scale, pragmatic clinical trials that have elucidated the role of clinical monitoring in the prevention of intraoperative awareness and delirium as well as the relationship of general anesthesia to neurocognitive outcomes of surgery.“

Dr. Seymour and Rose T. Brown Professor of Anesthesiology

Head of the Department of Anesthesiology at Washington University, St. Louis

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Thanks

- Henrietta Addo*
- Mike Burns
- Robert Coleman
- Nick Douville
- Chris Heiden
- Jay Jeong
- George Mashour
- Rebecca Pantis*
- Sandy Rozek
- Calvin Shenk
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- Andrew Zittleman
- MPOG chairs, PIs , ACQRs, quality champions, and software developers
- All the clinicians, IT staff, researchers, QI specialists, and administrators out there
- Departments, BCBSM, PCORI, NIH, Industry funders for your financial belief in the mission

*New to MPOG Coordinating Center since 2022

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A lifetime ago, but feels like yesterday Aug 23, 2008

Bunch of anesthesiologists and surgeons got together in Ann Arbor to discuss sharing anesthesiology and surgery data to enable multicenter research

Cleveland Clinic
Johns Hopkins
Massachusetts General Hospital
Oregon Health & Sciences University
University of Alabama, Birmingham
University of California, SF
University of Colorado
University of Michigan
University of Pennsylvania
University of Utah
Vanderbilt University
Washington University, St Louis

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Multicenter Perioperative Outcomes Group

- Home
- About Us
- Calendar
- Membership
- Resources
- Contact Us

Registered Users

User ID

Password

Log In

Our objective is to pool a wide variety of perioperative data.

Welcome

MPOG was formed to promote multi-institutional collaboration on outcomes research to advance knowledge and improve patient care in perioperative medicine.

Goals and Objectives of MPOG:

- Develop a structure for multi-institutional collaboration and data sharing.
- Develop the IT infrastructure to pool a wide variety of perioperative data.
- Develop/Enlist the statistical infrastructure to analyze the data.
- Provide an academic venue where faculty from multiple institutions will be able to collaborate in outcomes research.

October 20, 2008

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A brief history in MPOG time

- 2004 – 2008: Papers using single center MPOG data
- Fall 2008: Initial meeting bringing together anesthesiologists & surgeons to share data
- 2010: Begin integrating data across centers for MPOG research
- 2011: Six sites with data integrated: UM, UColorado, OHSU, Columbia, Mass Gen, UVermont
- 2012: First “MPOG” paper (epidural hematoma, but didn’t use MPOG data infrastructure)
- 2013: First MPOG paper using MPOG data (difficult mask), first “QI report” mock up
- 2014: BCBSM supports launch of ASPIRE, as a part of surgical registry
- 2015: First QI feedback emails to clinicians, quality committee, QCDR rollout
- 2017: Enhanced observational study, Maintenance of Certification Part IV integration
- 2018: Centralized analysis server rollout
- 2019: NIH, ABA, IMPACT grant awards
- 2020: Hmm..what happened then?
- 2021: PCORI funds $30M THRIVE trial
- 2022: QI subcommittees humming, Research fellowship, NIH grants to multiple centers

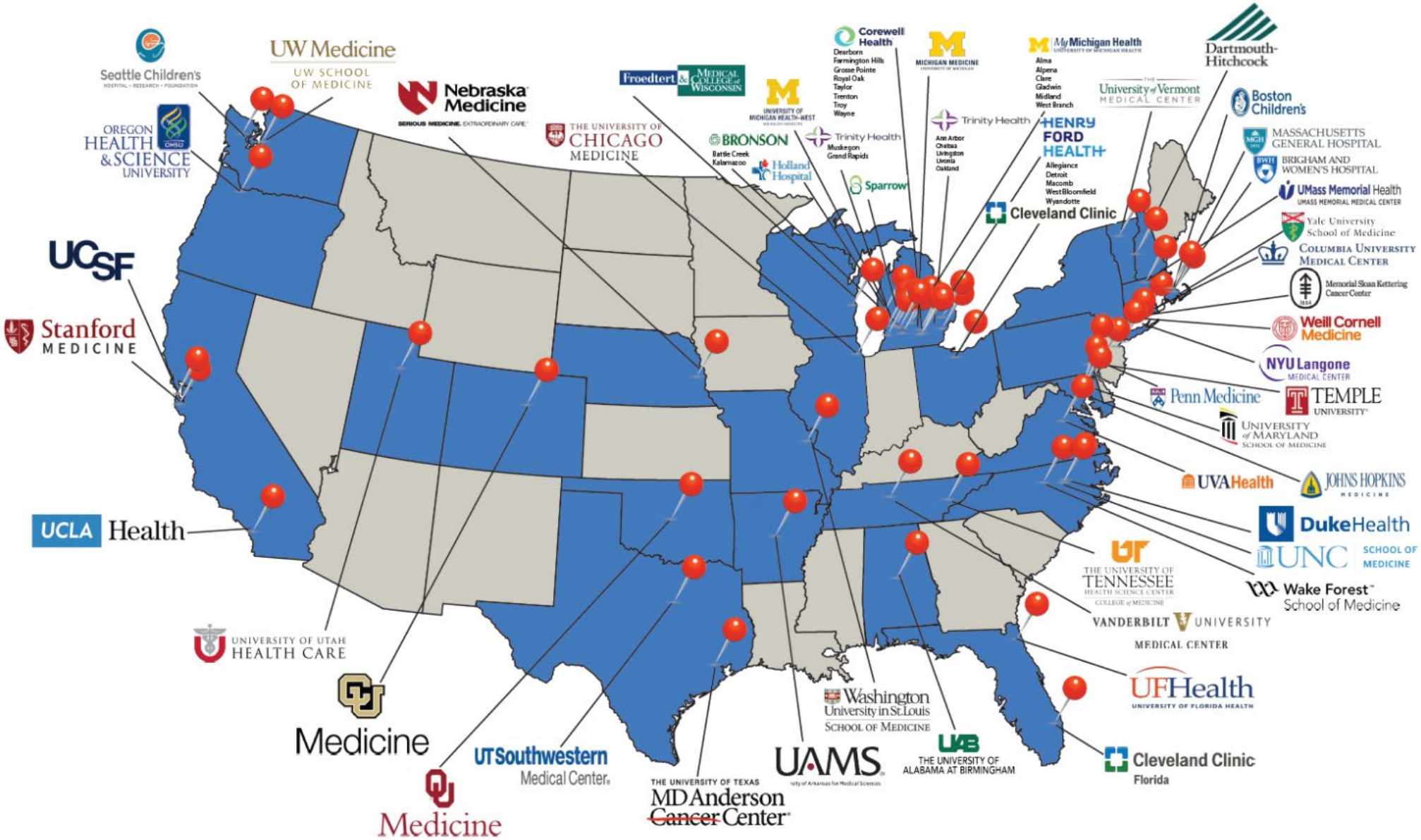
MPOG is an effort of passion for everyone here…

Hitting our stride in the new hybrid world

- Many personal challenges for faculty and staff over last year
- Welcome new contributing sites

Johns Hopkins University	**Nebraska Medicine**
Temple University	**UMass Memorial**
University of Alabama at Birmingham	**University of Maryland**
University of Texas Southwestern	

- MPOG in 25 states, multiple countries
- International presence
  - American University Beirut active
  - Multiple Canadian hospitals onboarding
  - Continued European engagement


Seattle Children's
UW Medicine
UW SCHOOL OF MEDICINE
Nebraska Medicine
SERIOUS MEDICINE. EXTRAORDINARY CARE.
OREGON HEALTH & SCIENCE UNIVERSITY
OHSU
UCSF
Stanford MEDICINE
UCLA Health
UNIVERSITY OF UTAH HEALTH CARE
Medicine
Medicine
UT Southwestern Medical Center
THE UNIVERSITY OF TEXAS MD Anderson Cancer Center
UAMS
THE UNIVERSITY OF CHICAGO MEDICINE
Froedtert & Medical College of Wisconsin
BRONSON
Battle Creek
Kalamazoo
Holland Hospital
UNIVERSITY OF MICHIGAN HEALTH-WEST
Trinity Health
Muskegon
Grand Rapids
Sparrow
Corewell Health
Dearborn
Farmington Hills
Grosse Pointe
Royal Oak
Taylor
Trenton
Troy
Wayne
MICHIGAN MEDICINE
Trinity Health
Ann Arbor
Chelsea
Livingston
Livonia
Oakland
Cleveland Clinic
My Michigan Health
Alma
Alpena
Clare
Gladwin
Midland
West Branch
HENRY FORD HEALTH
Allegiance
Detroit
Macomb
West Bloomfield
Wyandotte
Washington University in St.Louis SCHOOL OF MEDICINE
UAB THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
Cleveland Clinic Florida
UFHealth UNIVERSITY OF FLORIDA HEALTH
VANDERBILT UNIVERSITY MEDICAL CENTER
THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER COLLEGE of MEDICINE
Wake Forest School of Medicine
UNC SCHOOL OF MEDICINE
DukeHealth
JOHNS HOPKINS MEDICINE
UVAHealth
UNIVERSITY of MARYLAND SCHOOL OF MEDICINE
TEMPLE UNIVERSITY
Penn Medicine
NYU Langone MEDICAL CENTER
Weill Cornell Medicine
Memorial Sloan Kettering Cancer Center
COLUMBIA UNIVERSITY MEDICAL CENTER
Yale University School of Medicine
UMass Memorial Health
UMASS MEMORIAL MEDICAL CENTER
MASSACHUSETTS GENERAL HOSPITAL
BRIGHAM AND WOMEN'S HOSPITAL
Boston Children's
The University of Vermont MEDICAL CENTER
Dartmouth-Hitchcock

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Last year we asked: Where do we go from here?

Broader

Broader?

More hospitals?

More missions?

ICU and Chronic pain?

More clinical impact?

Closer to the patient?

Higher research impact?

More data sources?

Deeper

We did a little bit of both

More hospitals

More countries

Education mission

Broader

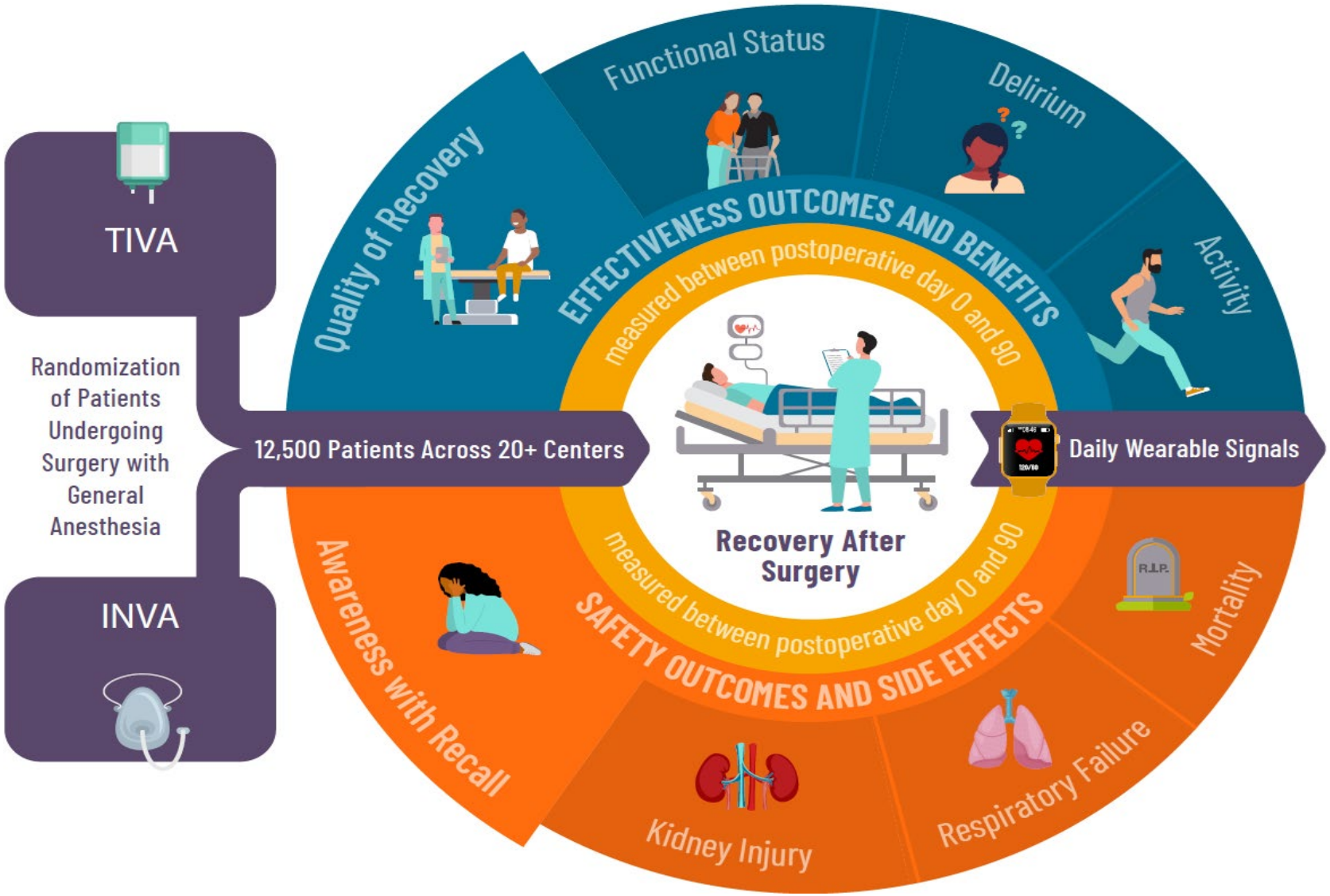
Clinical trial engagement

Inpatient acute pain data

Mature surgical registries

Deeper

Trajectories of **R**ecovery after **I**ntravenous propofol versus inhaled **V**olatil**E** anesthesia



THRIVE

Feasibility Trial Goals and Results

✓***Enroll enough patients (300 across University of Michigan & Washington University [St Louis])***

Goal: 10% of patients who are approached consent

Actual: 53% of patients approached were consented

✓***Administer the assigned anesthetic successfully***

Goal: 80% compliance with each treatment allocation

Actual: 95% for TIVA, 99% for INVA

✓***Complete data collection***

Goal: 90% complete data for primary outcomes of recovery and awareness

Actual: 93% for Quality of Recovery-15 and 99% for Modified Brice

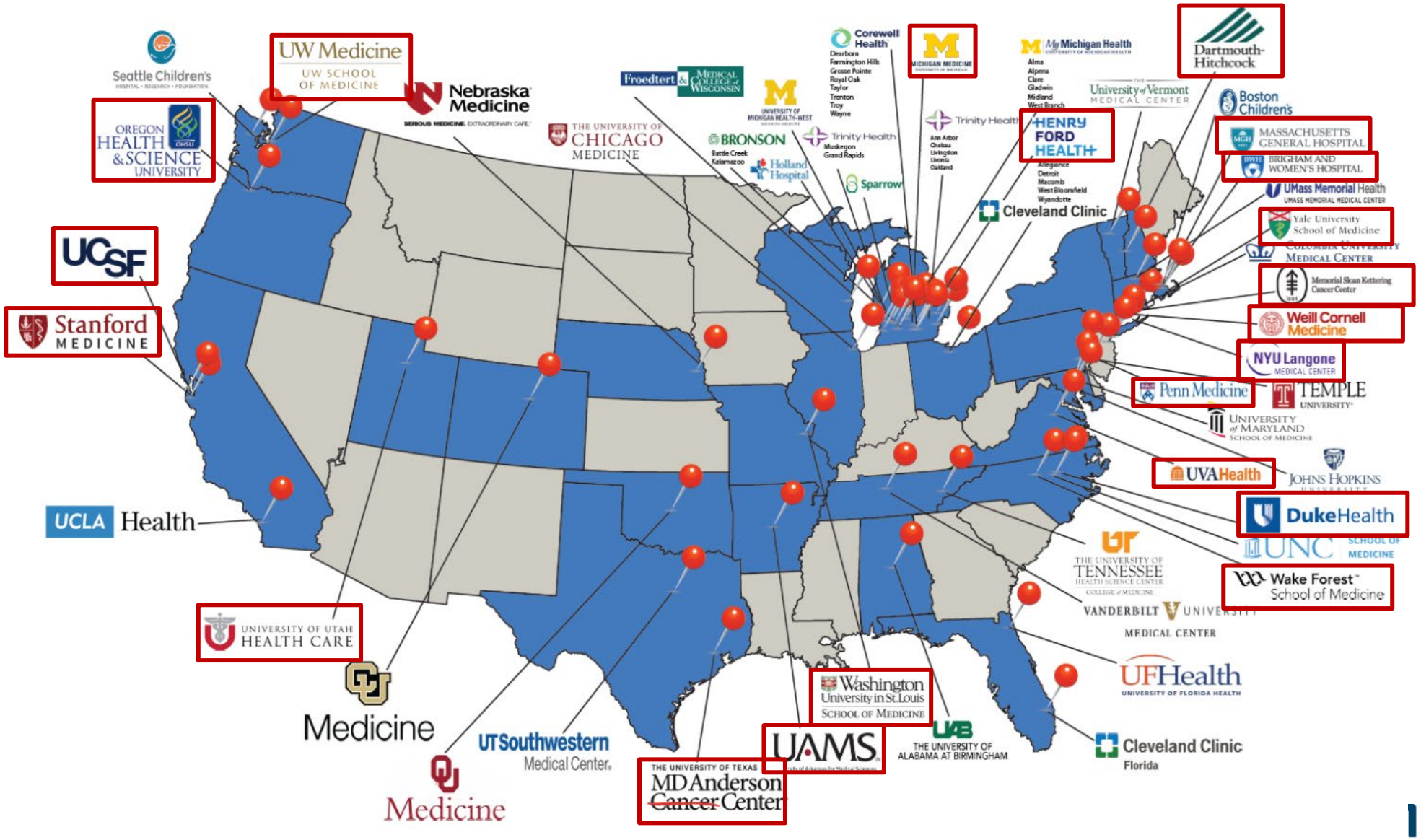
✓***Launch Full Scale***

Goal: Engage 12 MPOG hospitals as enrollment sites

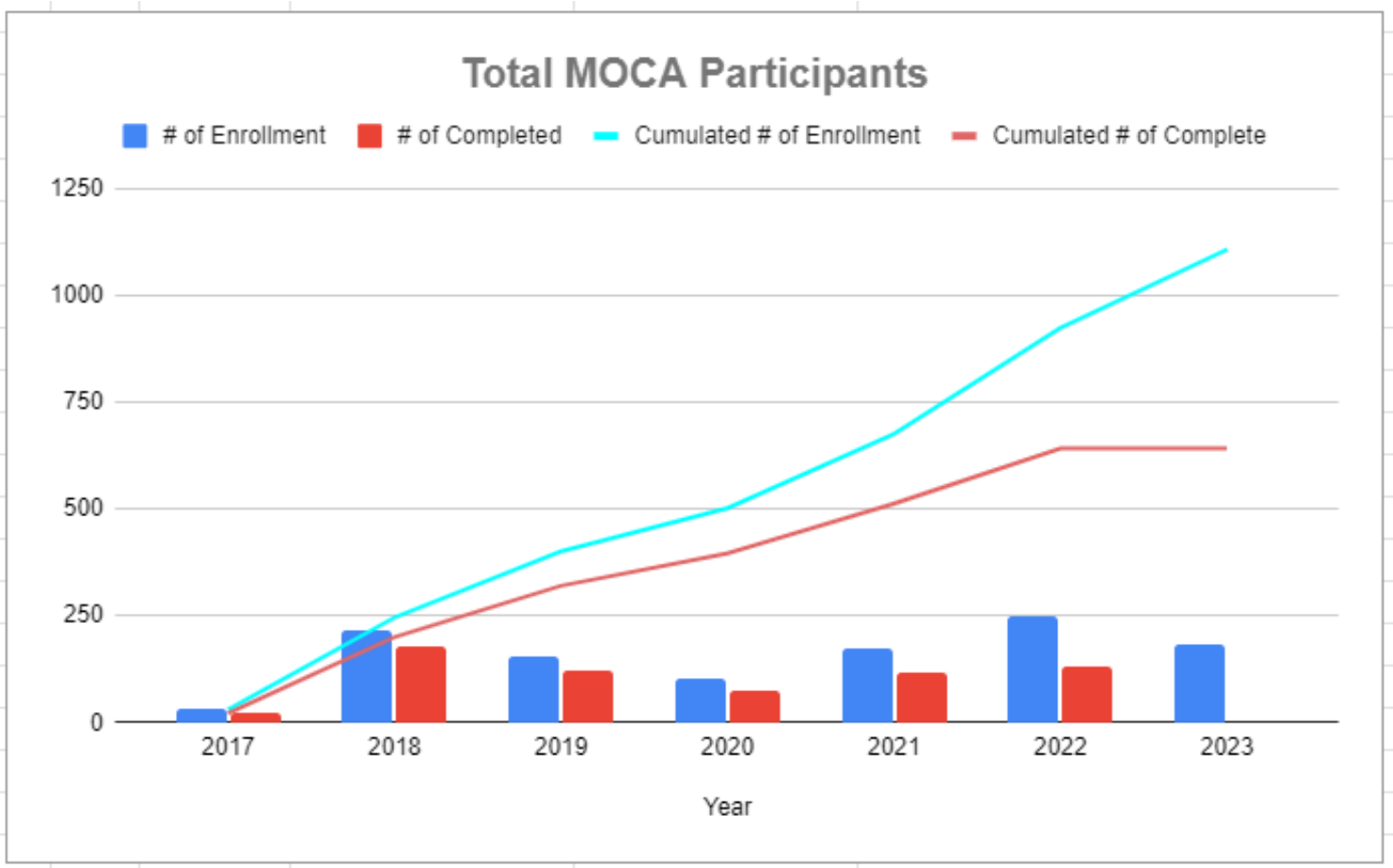
Actual: 21 hospitals in process; 3 hospitals enrolling already (WashU, Umichigan, Yale)

THRIVE

THRIVE-ing around the country – 12,480 patients to go!



Deep quality improvement impact in dozens of departments worldwide



Meaningful MOCA and continuing education

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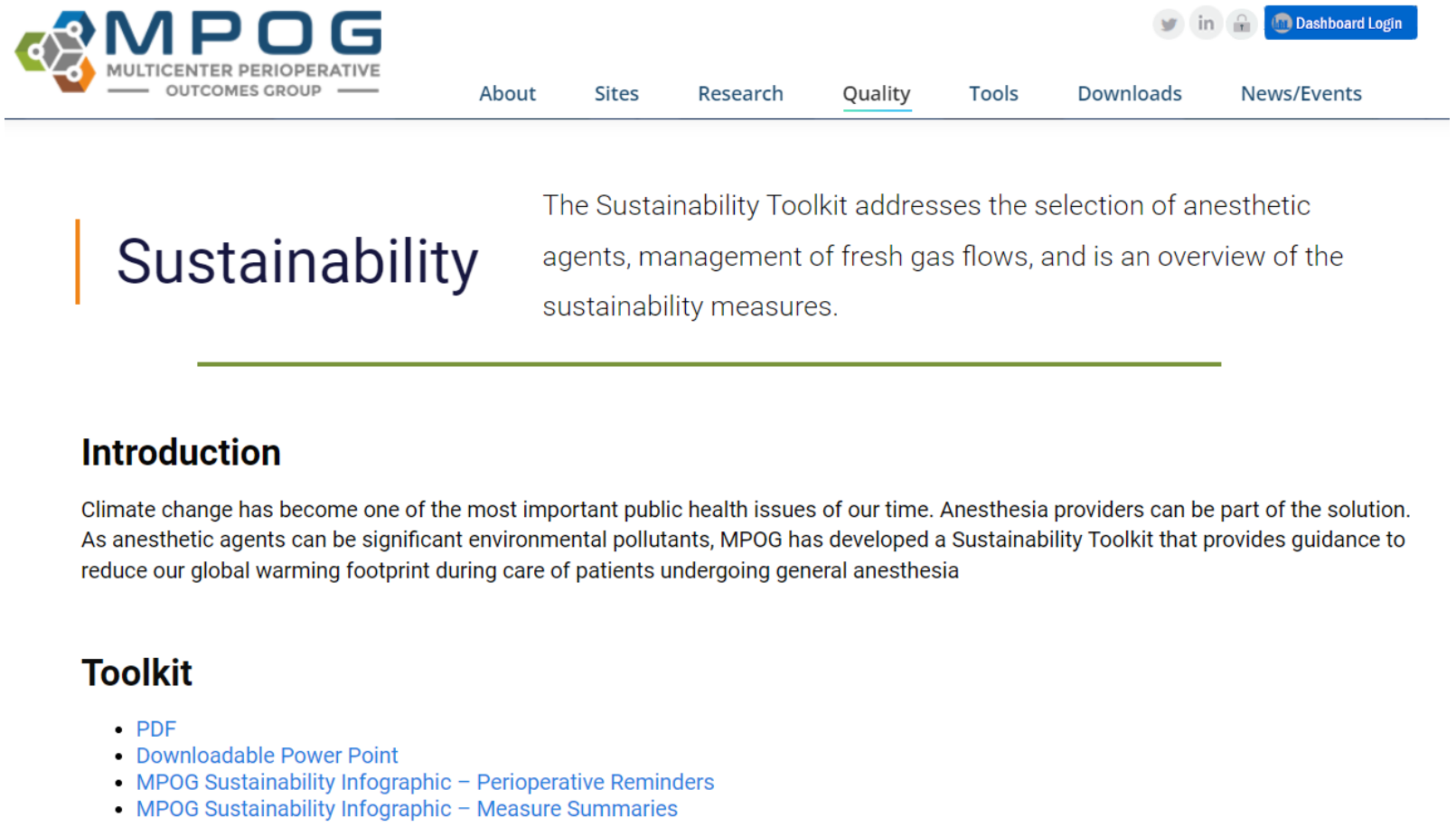
Sustainability toolkit impacting care on a daily basis



What's coming up?

IMPACT multicenter pragmatic clinical trial awardee
THRIVE full scale phase randomization across 20+ hospitals, 12,500 patients
Mature standardized data file

QI reporting tool advances
Measure review, refinement, and retirement
Precision feedback trial
Phenotype improvements and additions

Data pipeline, processing, and analysis re-architecture (multi-year effort)
Alpha development of floor, ICU, inpatient medication data beyond EPIC extract

Education initiatives
Expanding machine learning and workflow automation in everyday MPOG work

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