Multicenter Perioperative Outcomes Group (MPOG) Bylaws

I. Name

a. The name of the group is the Multicenter Perioperative Outcomes Group (MPOG)

II. Purpose

a. The purpose of MPOG is to allow multi-institutional collaboration for the purpose of accelerating outcomes research and quality improvement in perioperative medicine.

III. Code of Conduct

a. The successes of MPOG depend upon a cooperative model of information exchange. Member institutions and representatives are expected to:
   i. Respect the intellectual property presented and the comments made by presenters and discussants.
   ii. Disclose competing interests or obligations that may conflict with new or existing projects.
   iii. Refrain from using or sharing privileged information without the consent of the MPOG Executive Board.
   iv. All provider-identifying and institution-identifying elements must be removed prior to public disclosure of any data.
   v. No data gained from analysis of MPOG data for research or quality improvement purposes will be used for competitive or marketing purposes.
   vi. Failure to adhere to the code of conduct or any other bylaw is grounds for dismissal from MPOG and removal of any funding support.

IV. Goals/Objectives

a. **MPOG Research**
   i. Develop a structure for multi-institutional collaboration and data sharing.
   ii. Develop the information technology infrastructure to pool a wide variety of perioperative data.
   iii. Develop/enlist the statistical infrastructure to analyze the data.
   iv. Provide an academic collaborative where faculty from multiple institutions will be able to collaborate in outcomes research.

b. **MPOG QI (also referred to as ASPIRE – Anesthesiology Performance Improvement and Reporting Exchange)**
    i. Develop a structure for institutions to use real-world data and collective experience to assess variation in practice.
    ii. Develop the information technology infrastructure to measure variation in quality.
    iii. Develop quality measures to represent both process-of-care and clinical outcomes.
    iv. Develop/enlist the statistical infrastructure to analyze the data.
    v. Provide a collaborative venue where physicians are able to collaborate to improve quality.
    vi. Build a collaborative relationship among surgeons, anesthesiologists, and CRNAs across hospitals.

V. Members

a. **MPOG**
    i. Any anesthesiology department or practice can apply for membership in MPOG. Membership only requires that the institution have a perioperative information system and that the anesthesiology department chair or head of practice and faculty support the project through their willingness to submit their limited dataset into the central MPOG database.
    ii. There are three types of member institutions:
        1. Provisional members are member institutions that have yet to contribute the minimum dataset but have already begun the regulatory and technical processes required to contribute data. These members cannot submit research proposals or conduct research using shared MPOG data until they meet the data requirements of active membership or receive aggregated quality improvement data. Provisional members may participate in Quality Committee meetings and contribute feedback on quality improvement activities. They do not have voting rights.
        2. Active members are member institutions that have submitted at least i) 10,000 cases over 6 consecutive months or ii) 12 consecutive months into the central MPOG database and have submitted complete monthly data within 12 months. Active members must validate 5 cases per month prior to upload to the MPOG Coordinating Center. Active Members have equal access to the MPOG database and can submit

research proposals and manuscripts to be evaluated by the Perioperative Clinical Research Committee (PCRC). These members may be represented on the Executive Board and may vote during the Executive Board election. They may submit measures to be evaluated by the MPOG Quality Committee.

3. Inactive members are member institutions that were previously active members but have not submitted additional monthly data in greater than 12 months. These members cannot serve as lead institution, first author, or senior author on a PCRC proposal or submit measures to be evaluated by the MPOG Quality Committee. These members may continue to be represented on the Executive Board by a previously elected chairperson but may not vote for Executive Board members. Inactive members may become active members by submitting new perioperative data, totaling at least i) 10,000 cases over 6 consecutive or ii) 12 consecutive months' cases, into the MPOG database.

b. **MPOG QI (ASPIRE)**
    i. MPOG QI (ASPIRE) utilizes the existing MPOG data infrastructure. Hospitals within the state of Michigan may be funded by BCBSM to join MPOG for the purpose of participating in MPOG QI (ASPIRE).
    ii. The MPOG coordinating center is the University of Michigan

VI. Executive Board

a. The Executive Board serves without pay and is comprised of:
    i. 9 elected anesthesiology department chairs or head of practice of Active member institutions
    ii. Executive Director ex-officio
    iii. Research Director ex-officio
    iv. Quality Improvement Director ex-officio
    v. Chairperson of the University of Michigan Department of Anesthesiology (in its role as the MPOG Coordinating Center) ex-officio
    vi. In addition, Dr. Kevin Tremper serves as a non-voting Executive Board Member in his capacity as Founding Executive Director.
    vii. Executive Board members serve on the Executive Board for a three-year term.
    viii. If an elected Board member leaves their departmental position for any reason, the vacated position will be voted upon at the next election cycle. If three or more positions are prematurely vacated between election cycles, an election will be held for these vacated position within 8 weeks

ix. Each year, at least three positions on the Board will be open for election.

b. Executive Board Elections
   i. Executive Board members are elected via a first-past-the-post process.
   ii. In the case of a tie for a position, a run-off system will be used
   iii. Nominees for Executive Board elections are solicited each year for the three open positions. Nominees will have a minimum of two weeks to submit their nominations. Nominees must include a short biography and photo. Self-nomination is encouraged.
   iv. Each Active member institution may place one vote for each open position on the Executive Board.
   v. Voting by proxy is permitted. Proxy voting allows transfer of voting rights from one institution to another with voting rights to vote for that institution in its absence.
c. The Executive Board is responsible for
   i. approving the participation of each active member
   ii. annual reviewing and approval of MPOG coordinating center budget
   iii. guiding MPOG coordinating center and member site processes
   iv. reviewing all proposed revisions to the MPOG bylaws (Section XV).
   v. addressing ad hoc issues (e.g. data requests outside of the research and QI purview, MPOG partnerships and relationships, etc.)
d. Other officers will be determined by the Executive Board as they are deemed necessary.
e. The usual (Robert's) parliamentary rules governing deliberative bodies will govern the Executive Board meetings.
f. Executive Board Voting
   i. Matters requiring Executive Board review and approval will be performed at an Executive Board Meeting.
   ii. A simple majority (i.e. one more than half) of Executive Board members or their designated constitutes a quorum. Presence is defined via either physical or electronic means.
   iii. In absence of a quorum, no formal action will be taken except to postpone the Executive Board vote to a subsequent date.
   iv. Passage of motions requires a simple majority (i.e. one more than half) of the Executive Board members or their designated appointee present at the meeting. Presence is defined as either via physical or electronic means. hllo

VII. MPOG Task Force

a. From time to time, MPOG may convene an ad hoc task force.

b. Members of this task force are elected by the Executive Board by simple majority or selected by the MPOG coordinating center
c. The task force will meet at a frequency determined by the Executive Board or Coordinating Center to discuss current perioperative research needs and the ability of MPOG to address those needs, and to provide recommendations to the Executive Board or Coordinating Center

VIII. Committees

a. **Perioperative Clinical Research Committee (PCRC)**
    i. The PCRC is comprised of individuals identified from their institutions as the Research Champion/Principal Investigator (PI).
    ii. For any proposal involving the use of surgical registry data (NSQIP, MSQC, STS, etc), the surgical champion of the relevant surgical registry from each site must also be represented at a PCRC meeting or PCRC vote.
    iii. The PCRC serves as the publication committee of MPOG and is responsible for reviewing, refining, and modifying any research proposals and manuscripts created by researchers at active/contributing institutions. All proposed research studies using data from the central MPOG database must pass a peer-review process by the PCRC prior to submission for publication.
    iv. The PCRC is to meet electronically on a monthly basis to discuss and evaluate submitted research proposals and manuscripts.
    v. The PCRC approves research proposals and manuscripts using a simple majority (i.e. one more than half) of the members present at the meeting. The senior statistical consultant is to serve as the tie-breaking vote, in the event of a tie.
    vi. The PCRC will make every reasonable effort to review all research proposals and manuscripts within 30 days of the research proposals' or manuscripts' submission dates.

b. **MPOG Quality Committee**
    i. The MPOG Quality Committee is comprised of anesthesiologists, CRNAs\ CAAs, Anesthesia Clinical Quality Reviewers (ACQRs), and QI managers. MPOGQuality Committee membership is not limited to active MPOG members and can include quality improvement representatives from provisional, active, and inactive sites.
    ii. The MPOG Quality Committee meets electronically to discuss items of interest, including quality measure criteria, meeting agendas, best practices, data validation issues, etc.

iii. Voting rights for decisions faced by the ASPIRE Quality Committee will be limited to Quality Champions or their designees from Active MPOG sites only (1 vote per site).
iv. New measures proposed by the MPOG Quality Committee will be determined by a simple majority vote of the voting committee members.

c. The Executive Board may appoint other standing and ad hoc committees as needed.

IX. Meetings

a. An annual MPOG membership meeting will be held to provide updates on the current status of MPOG activities and allow members to provide feedback on MPOG activities.
b. Special meetings may be called by the Executive Board provided that at least thirty (30) days' notice of such meeting is sent to all members.

X. Funding

a. MPOG coordinating center activities will be funded through MPOG site fees, sponsored QI funding, coordinating center self-funding, foundation, grant, and industry-sponsored research. All funding received will be documented and submitted annually to the Executive Board for review. All funded research projects will be reviewed by the existing PCRC review process.
    i. All research efforts will involve three costs (forms of value):
        1. Principal investigator (PI) center cost varies for hypothesis development, data cleaning, analysis, and manuscript preparation.
        2. MPOG coordinating center (University of Michigan) cost varies for hypothesis refinement, data extraction and cleaning.
        3. MPOG data 'intellectual property' (shared across MPOG contributors) for the high quality data itself
    ii. Types of funding
        1. MPOG Fees to be collected from active sites to offset staff and administrative costs at the coordinating center.
        2. Foundation and government sponsored research: MPOG data and collaborative infrastructure can and has been used for competitive proposal submissions for foundation grants. In this context, there are clear mechanisms in place (budget request) for compensation. In accordance with the external sponsor mechanisms in place, an MPOG site would request effort allocation for each of the local individuals involved in the project. Prior to proposal submission, the PI would contact MPOG to receive a letter of support indicating data availability

and develop a budget estimate for central MPOG costs. The University of Michigan will serve as a subcontractor on the proposal.

3. Industry sponsored research: Vendors have identified the value of MPOG data and its value to drive market creation, product refinement and effectiveness analyses. A single MPOG site would serve as the primary contractor. The budget will include their negotiated costs as well all research effort costs. Any active MPOG member may develop an industry-funded research proposal.
4. Sponsored QI funding
    a. State specific and payer-specific rules regarding funding will be contained in the statement of work for each payer relationship

iii. Any data access fees collected by the coordinating center will be distributed as follows

1. Until the annual coordinating center operating cost of MPOG is held in reserve, 100% of the data access fees will be held coordinating center
2. Once the annual operating costs are held in reserve, 50% of the data access fees will be distributed to the coordinating center and 50% of the fees will be distributed to the centers contributing data to the study in a manner proportional to the number of patients included in the study or in the form of rebates for active site fees.
3. Any center not contributing data to the study will not receive any portion of the data access fees
4. The coordinating center reserve fund will be reviewed by the Executive Board annually and the ledger statement of the funds will be distributed to the Executive Board on an annual basis

XI. Data Ownership

a. Each institution continues to retain sole rights to the data they contribute to the central MPOG database. Institutions may choose to withdraw their data from the central MPOG database at any time. Upon receipt of a written request, either physical or electronic, from a member institution, their data is to be removed from the central database within seven business days. In the event that this data has already been extracted for research and/or publication purposes, all reasonable effort will be made to ensure that it is excluded from use for any study that is not yet in the data analysis phase.

b. MPOG does not own the data stored in the central MPOG database, does not have responsibility for ensuring the validity of the data, cannot forward or transfer data without written expressed consent by each contributing institution, or use data without

following the data sharing rules described below unless approved explicitly for that purpose by the PCRC, Quality Committee, or Executive Board.

XII. Data Sharing

a. Protected health information (PHI) except date of service will be removed by the institution contributing the data before submission to MPOG. MPOG will provide software to sites to enable removal of PHI.
b. After achieving Active member status, the amount of data contributed does not determine priority in authorship. All Active member institutions have equal access to data stored in the central MPOG database.
c. All Active member institutions may submit research proposals and manuscripts to be reviewed and evaluated by the PCRC.
d. The primary author of a research proposal must be from an institution that contributes the data elements requested and has submitted them within 12 months.
e. Once a research proposal is approved by the PCRC, the MPOG programming team will extract the approved data elements for the specific research study. The primary author or co-author of the proposal who had institutional IRB approval to do the study is provided access to these data. If the author determines they need additional data from the MPOG database more than 1 year after the initial PCRC approval, they must resubmit their proposal to obtain the new data. If between 1-2 years after PCRC approval, electronic voting by current PCRC members is accepted. If >=2 years after PCRC approval, the proposal must be re-presented in full and voted upon at a PCRC meeting.
f. The author can only use this limited dataset to answer the specific research question posed in the proposal and may not use this data for other research purposes. The primary author has nine months from receipt of data to submit a completed manuscript to the PCRC for review. The PCRC will confirm that the primary author has followed the proposed research methods and followed the intent outlined in their original proposal. If they fail to follow their original methods or research intent, they are prohibited from using the specific dataset for purposes of publication of the manuscript.
g. Once a manuscript is approved by the PCRC, the primary author may submit the manuscript to the peer-reviewed journal of their choice.
h. The PCRC will strive to review all research proposals and manuscripts within 30 days of the research proposals' or manuscripts' submission dates.
i. All conflicts in authorship are to be resolved by the involved parties.

XIII. Exclusivity

a. Participation or contribution of data into the central MPOG database does not confer exclusivity. Each institution may continue to use their own data for their individual research studies and/or contribute that data to other research studies.

XIV. Conflict of Interest

a. Personal interests, whether or not considered a conflict of interest, should be disclosed annually. These interests include consulting relationships, equity relationships, financial relationships, familial relationships, and speaker's fees.
b. Any member of MPOG who has a financial, personal, or official interest in, or conflict (or appearance of a conflict) with any matter pending before the group of such nature that it prevents or may prevent that member from acting on the matter in an impartial manner, will offer to voluntarily excuse themselves and refrain from discussion and voting on said item.
c. PCRC members and all principal investigators must disclose any conflicts of interest during the submission of each research proposal.

XV. Amendment

a. The Executive Board is responsible for reviewing and voting on all proposed revisions to the MPOG bylaws. Bylaw changes require a two-third majority of Executive Board members or their designated appointee present at the meeting.

XVI. Dissolution

a. Participation in the MPOG is entirely voluntary. If the Executive Board decides, via a two-thirds majority, that the MPOG should dissolve, all data should be removed from the central database within seven days. Existing research and publications already under consideration for submission may continue. Signees to this agreement affirm that they will not use shared data to initiate new research in the event that the MPOG is dissolved.

Multicenter Perioperative Outcomes Group (MPOG)

Terms of Membership Participation Agreement

Institution Name: _____

I have read the MPOG bylaws. Please note, while this is not a legally binding document, reviewing and signing this document is required for all MPOG sites.

_____	_____
Print Name: Department Chair and/or Head of Practice/Sponsor	Print Name: Anesthesiology Champion/PI
Signature:_____	Signature:_____
Date: _____	Date: _____