

# ASPIRE Collaborative Meeting

July 18th 2025





# **MPOG Annual Retreat**

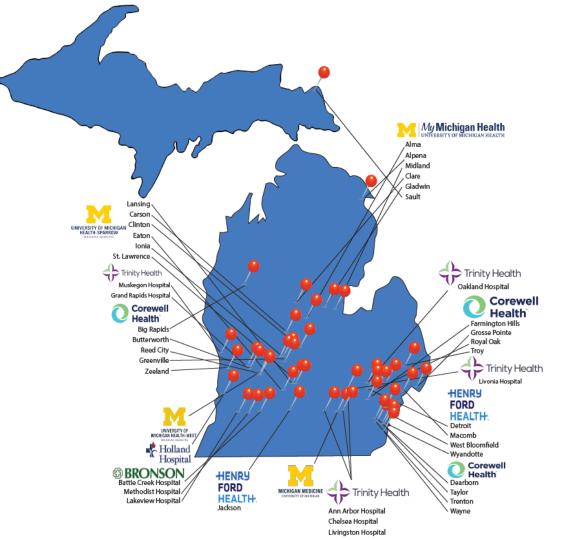
October 10, 2025 San Antonio, TX



# **Recruitment 2025 - 2026**



- 42 sites now across the state
- Anticipate more sites will be added in the next year or two







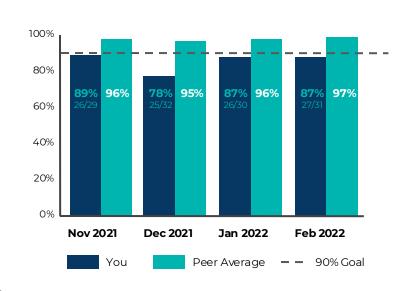
Dear Alex,

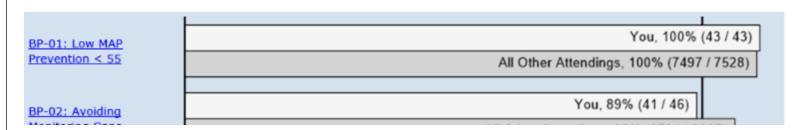
performance on measure NMB-01: Train of Four Taken, which measures the percentage of cases with a documented Train of Four (TOF) after last dose of non-depolarizing neuromuscular blocker.

You may have an opportunity to improve your

More information about the rationale for the measure and how it is calculated is available here.

Below is your complete MPOG quality performance report...





# Progress to date – In Analysis Phase Now

Aim 1: Systematically capture recipient requirements and preferences for precision feedback messages

- 35 provider interviews, 3 design iterations of prototype messages
- Preference survey under completed

Aim 2: Implement and assess a demonstration precision feedback software service

Software development, performance testing, and integration completed

Aim 3: Assess the effects of a precision feedback service

- Pilot study completed
- Cluster-randomized trial completed



No changes to site participation requirements for 2026.



# 2026 Anesthesiology Quality Improvement and Reporting Exchange (ASPIRE) Collaborative Quality Initiative Performance Index Scorecard Cohorts 1 - 7

Measurement Period: 10/01/2025 - 09/30/2026

Measure #	Weight	Measure Description	Points	
1	10%	Collaborative Meeting Participation: ASPIRE Quality Champion and Anesthesiology Clinical Quality Reviewer (ACQR) combined attendance at meetings. Three total meetings with six opportunities for attendance.		
		6/6 Meetings	10	
		5 / 6 Meetings	5	
		4 or Less	0	
2	5%	Attend ASPIRE Quality Committee e-meetings: ASPIRE Quality Champion or ACQR attendance across six meetings.		
		5 - 6 / 6 Meetings	5	
		4 or Less Meetings	0	
3	5%	ACQR/ASPIRE Quality Champion perform data validation, case validation and submit data by the 3rd Wednesday of each month for January - November and by the 2nd Wednesday of the month for December. Data must be of high quality upon submission with >90% of all high priority and required diagnostics marked as 'Data Accurately Represented.'		
		10 - 12 / 12 Months	5	
		9 or Less Months	0	
4	10%	Site Based Quality Meetings: Sites to hold an onsite in-person or virtual meeting following the three ASPIRE Collaborative meetings to discuss the data and plans for quality improvement at their site.		
	1370	3 Meetings	10	
		2 Meeting	5	
		1 or less Meetings	0	

#### Global Warming Footprint SUS-02 Performance ≥ 65%

Hypothermia prevention TEMP 03 performance < 4.5%

Site Directed Measure



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5	25%	Global Warming Footprint (SUS 02): Percentage of cases where carbon dioxide equivalents (CO2 eq) normalized by hour for cases receiving halogenated agents and/or nitrous oxide is less than CO2 eq of 2% sevoflurane at 2L FGF = 2.83 kg CO2/hr or the Total CO2 eq is less than 2.83 kg CO2 for the maintenance period of anesthesia. (Cumulative score October 1, 2025 through September 30, 2026)	
		Performance is $\geq$ 65%, Absolute performance improves by $\geq$ 20 percentage points or, if performance $\geq$ 40% and relative performace increases by $\geq$ 50%	25
		Performance is $\geq$ 60%, Absolute performance improves by $\geq$ 15 percentage points or, if performance $\geq$ 40% and relative performance increases by $\geq$ 40%	15
		Performance is $\geq$ 55%, absolute performance improves by $\geq$ 10 percentage points or, if performance $\geq$ 40% and relative performance increases by $\geq$ 30%	10
		Performance is < 55%, absolute performance improves by < 10 percentage points or, if performance ≥ 40% and relative performance increases by < 30%	0
6	20%	Perioperative Hypothermia (TEMP 03): Percentage of cases requiring general or neuraxial anesthesia for whom a body temperature ≥ 36 degrees Celsius (or 96.8 degrees Fahrenheit) was not recorded within 30 minutes before to 15 minutes after anesthesia end time. (Cumulative score October 1, 2025 through September 30, 2026)	
		Performance is $\leq$ 4.5%, Absolute performance improves by $\geq$ 4 percentage points or, if relative performance improves by $\geq$ 30%	20
		Performance is $\leq$ 5.5%, Absolute performance improves by $\geq$ 3 percentage points or, if relative performance improves by $\geq$ 20%	10
		Performance is ≤ 7%, Absolute performance improves by ≥ 2 percentage points or, if relative performance improves by ≥ 10%	5
		Performance is > 7%, Absolute performance improves by < 2 percentage points or, if relative performance improves by < 10%	0
7	25%	Site Directed Measure: Site chooses a measure they are performing below threshold for a process measure or above threshold for an outcome measure to improve for the year.  (Cumulative score October 1, 2025 through September 30, 2026)	
		Performance is ≥ 90% for process or ≤5% for outcome, or shows ≥ 15% improvement (absolute)	25
		Performance is ≥ 85% for process or ≤10% for outcome, or shows ≥ 10% improvement (absolute)	15
		Performance is ≥ 80% for process or ≤ 20% for outcome, or shows ≥ 5% improvement (absolute)	10
		Performance is < 80% for process or > 20% for outcome, or shows < 5% improvement (absolute)	0



Measurement Period 10/25 – 9/2026

Performance Period: 10/1/2024 - 9/30/2025				
GLU-11	Hyperglycemia Treatment	Target: ≥ 65%		
TEMP-03	Hypothermia Prevention	Target: ≤ 4.5%		
SUS-02	Global Warming Footprint, Maintenance	Target: ≥ 60%		

Participating specialist is eligible if they have at least 2 years of data in MPOG.

Performance calculated at hospital level – providers practicing at more than one hospital are assigned to the hospital where they performed the most cases

#### Increase in fee schedule:

- 3% aggregate hospital performance met for 2 / 3 measures
- 5% aggregate hospital performance met for 3 / 3 measures



# 2026 VBR Smoking Cessation Measures

Performance Period: 10/1/2024 - 9/30/2025				
SMOK-01	Smoking Tobacco Status Documentation	Target: ≥ 85%		
SMOK-02	Smoking Tobacco Cessation Intervention	Target: ≥ 55%		

Participating specialist is eligible if they have at least 2 years of data in MPOG.

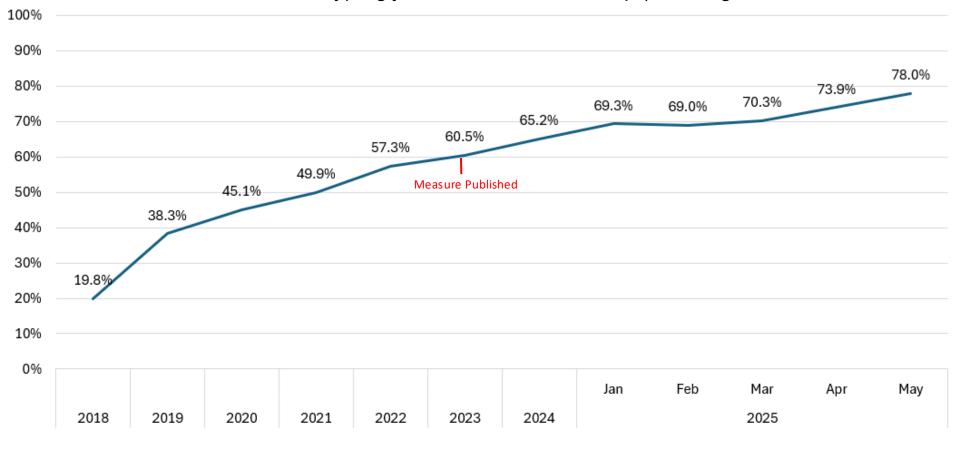
### Increase in fee schedule:

Additional 2% – aggregate hospital performance met for 2 / 2 measures



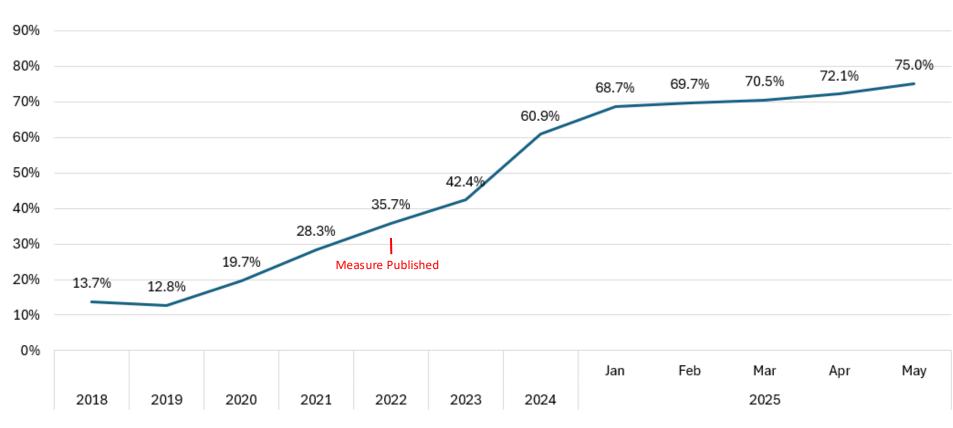


# ASPIRE Performance Improvement GLU-11: Hyperglycemia Treatment, Periop (>180 mg/dL

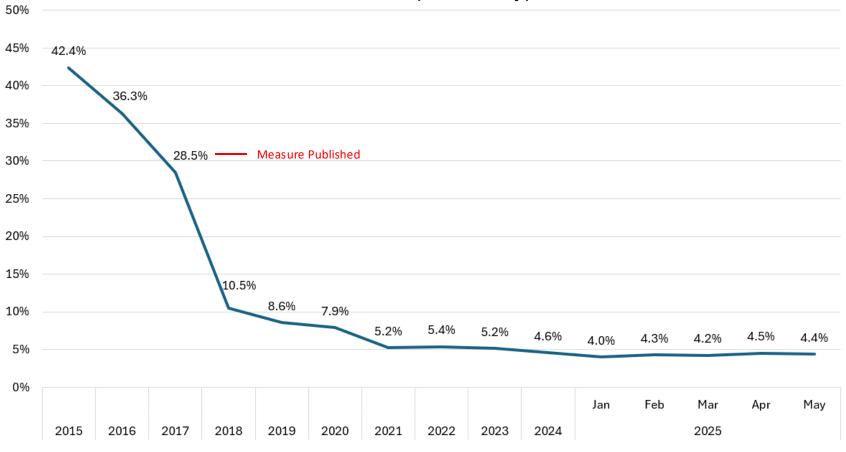


# ASPIRE Performance Improvement SUS-02: Global Warming Footprint, Maintenance

100%



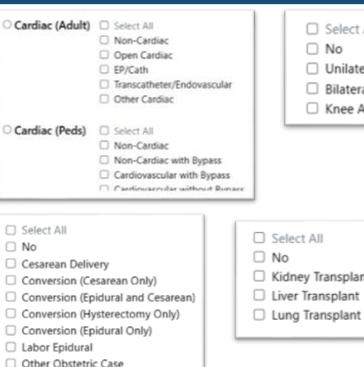
# ASPIRE Performance Improvement TEMP-03: Postoperative Hypothermia





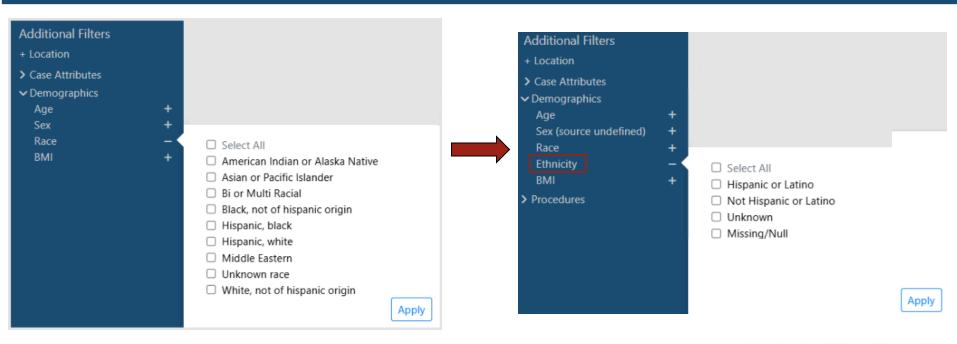
# QIRT: New Procedure Type Filters







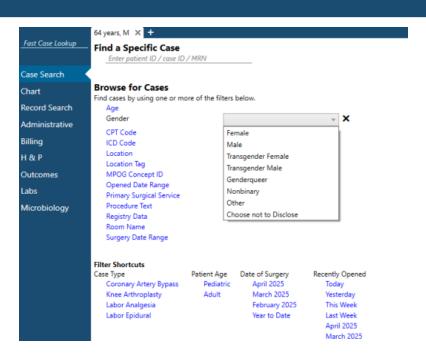
# Race Categorization now aligns with OMB standards New Ethnicity Filter





### Case Viewer

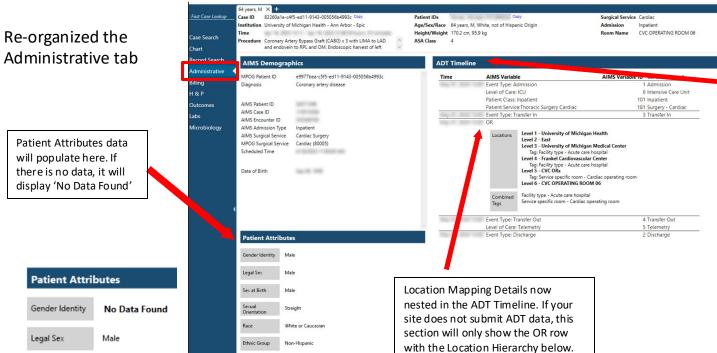
Adding Gender option under the 'Browse for Cases' section





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### Case Viewer - Patient Attributes and ADT data



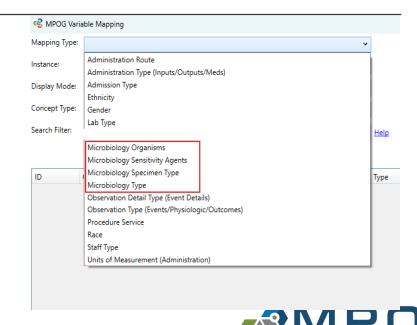
If/when your site contributes ADT data (Admission/Discharge/Transfer) it will populate here



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### Microbiology Update

- File specification available on the <u>Downloads</u> page. Script available upon request.
- Piloting with University of Michigan, UCSF and UW data now
- New concepts available
- Will enable better data capture of surgical site infections, sepsis and antibiotic sensitivity



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# Microbiology Update

Labs Microbiology	Culture - Tissue Culture - Wound, Quantitative	Component - Gram Stain Culture - Tissue, quantitative	Tissue Biopsy		Jul 08, 2023 04:55	Jul 11, 2023 04:01	No leukocytes seen., No organisms seen. Staphylococcus species
Microbiology	Culture - Tissue	Component - Culture	Bone		Jul 08, 2023 04:21	Jul 12, 2023 08:34	Coagulase negative Staphylococcus
	Result - Coagulase-negative Staphylococci Result - Coagulase-negative Staphylococci	Sensitivity - Clindamycin Sensitivity - Doxycycline		>2 <=2	mcg/mL mcg/mL	Resistant Suscepti	
	Result - Coagulase-negative Staphylococci	Sensitivity - Gentamicin		>8	mcg/mL	Resistant	
	Result - Coagulase-negative Staphylococci	Sensitivity - Methicillin		>4	mcg/mL	Resistant	t
4	Result - Coagulase-negative Staphylococci	Sensitivity - Rifampin		>4	mcg/mL	Resistant	
,	Result - Coagulase-negative Staphylococci	Sensitivity - Trimethoprim	/ Sulfa	>4	mcg/mL	Resistant	t e e e e e e e e e e e e e e e e e e e
	Result - Coagulase-negative Staphylococci	Sensitivity - Vancomycin		2	mcg/mL	Suscepti	ble



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### Post Meeting Information on our website

- Presentation slides, notes, and recordings
- CME Information

