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.

b. The Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE) is a sub-group of MPOG and is focused on using data to assess variation in practice, identify local/regional best practices, measure process adherence and patient outcomes, create programs for quality improvement, and enable collaboration among anesthesiologists, surgeons, and CRNAs.

III. Code of Conduct

a. The successes of MPOG depends 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 interest 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

   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. ASPIRE

   a. Develop a structure for institutions to use real-world data and collective experience to assess variation in practice.

   b. Develop the information technology infrastructure to measure variation in quality.

   c. Develop quality measures to represent both process-of-care and clinical outcomes.

d. Develop/enlist the statistical infrastructure to analyze the data.
e. Provide a collaborative venue where physicians are able to collaborate to improve quality
f. 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 (10,000 cases) 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/contributing membership or receive aggregated quality improvement data. Provisional members may participate in PCRC meetings, Quality Committee meetings, contribute feedback on research proposals, and quality improvement activities. They do not have voting rights.
        2. Active/Contributing members are member institutions that have submitted over 10,000 cases into the central MPOG database and continue to submit data every month. Active members must validate 20 cases for each six month period of submission. Validation consists of comparing the electronic health record data to the representation in the MPOG database using a combination of the case validation utility and the MPOG case viewer. These 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.
        3. Inactive members are member institutions that have previously submitted over 10,000 cases into the central MPOG database but have not submitted new data in greater than two years. These members have equal access to the MPOG database but may not serve as sole investigators on a PCRC proposal. They must collaborate with another active member. These members may be represented on the Executive Board but may not vote during the Executive Board election. Inactive

members may become active members by submitting new perioperative data, totaling at least 1000 cases, into the MPOG database.

b. ASPIRE
    a. ASPIRE utilizes the existing MPOG data infrastructure and all ASPIRE institutions must be a member of MPOG. There are two membership types:
        a. BCBS Funded ASPIRE Institutions
            i. All BCBS Funded sites must be a member of MPOG
            ii. Each year ASPIRE will recruit a limited number of hospitals per year. The criteria for choosing a hospital will be determined by the BCBS coordinating center.
        ii. Non-BCBS Funded Institutions
            i. Any institution that is not receiving funding from BCBS and is an active contributing member of MPOG can opt to participate in ASPIRE, but membership is not mandatory nor assumed

VI. Executive Board.

a. The Executive Board serves without pay and is comprised of anesthesiology department chairs or head of practice of active/contributing member institutions, as well as the Executive Director, Research Director, and Quality Improvement Director of MPOG.
    i. When MPOG is comprised of over nine active/contributing institutions, up to nine anesthesiology department chair/head of practice Executive Board members are elected to serve on the Executive Board for a three-year term.
    ii. If an elected Board Member leaves their position for any reason, a re-vote will be held to replace the vacated position.
    iii. The Executive Director, Research Director, and Quality Improvement Director of MPOG have seats on the Executive Board regardless of the number of member institutions.
b. Executive Board Elections
    i. Executive Board members are elected via a runoff process
    ii. 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 biographical sketch and photo. Self nomination is encouraged.
    iii. Each active/contributing member institution may place one vote for each open position on the Executive Board.
    iv. 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 approving the participation of each provisional and active/contributing institution and voting on ad hoc issues (e.g. data requests outside of the Perioperative Clinical Research Committee (PCRC) purview, MPOG

partnerships and relationships, etc.). Passage of any issues 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.

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 as 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. The Executive Board is also 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.

VII. Scientific Advisory Board.

a. The Scientific Advisory Board (SAB) serves without pay and consists of prominent health care luminaries.
b. Members of the SAB are elected by the Executive Board by simple majority.
c. The SAB will meet at a frequency determined by the Executive Board to discuss current perioperative research needs and the ability of MPOG to address those needs, and to provide recommendations to the Executive Board.

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 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 and once in person at the MPOG Annual Meeting on the Friday prior to the American Society of

Anesthesiologist 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 all reasonable effort to review all research proposals and manuscripts within 30 days of the research proposals' or manuscripts' submission dates.

b. The ASPIRE Quality Committee

i. The ASPIRE Quality Committee is comprised of individuals identified from their institutions as the Anesthesiology Quality Champion. ASPIRE Quality Committee membership is not limited to active MPOG members and can include the following:

1. BCBS funded sites in any stage of membership or data contribution
2. Non-BCBS Funded sites that have applied for MPOG membership and are working towards contributing data.

ii. The ASPIRE Quality Committee meets electronically on a monthly basis to discuss and debate 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

1. Active MPOG members
2. BCBS funded sites in any stage of membership or data contribution

iv. ASPIRE Quality Forum has been set up on the ASPIRE website, so members who are unable to attend the monthly meetings may participate in discussions.

v. Any decisions by the ASPIRE 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. Regular ASPIRE/MPOG membership meetings are held annually on the Friday prior to the Annual American Society of Anesthesiologists Meeting.

b. In addition, ASPIRE will hold meetings in collaboration with the Michigan Surgical Quality Collaborative (MSQC)

c. 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.

d. The usual (Robert's) parliamentary rules governing deliberative bodies will govern the MPOG meetings.

X. Funding

a. MPOG coordinating center activities will be funded through coordinating center self-funding, foundation, grant, and industry-sponsored research. All funding received will be documented and submitted annually to the Executive Committee for review. All funded 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. 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.

      2. 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

   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 by the 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

      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

b. ASPIRE coordinating center activities will be funded via coordinating center self-funding, payer funds, and industry sponsorship
    i. State specific and payer-specific rules regarding funding will be contained in the statement of work for each payer relationship

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 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 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.

XII. Data Sharing.

a. Data contribution of greater than or equal to 10,000 operative cases involving the use of anesthetic is required for membership in MPOG and authorship of research papers utilizing data stored in the central MPOG database.
b. The limited dataset is to be scrubbed of protected health information (PHI) except date of service by the institution contributing the data
c. All limited datasets are stored at a central database. The hosting institution is responsible for warehousing the data and ensuring appropriate safeguards are in place for ensuring its safety and accessibility.
d. After achieving active/contributing member status, the amount of data contributed does not determine priority in authorship. All active/contributing member institutions have equal access to data stored in the central MPOG database.
e. All active/contributing member institutions may submit research proposals and manuscripts to be reviewed and evaluated by the PCRC.
    i. Research proposals must indicate the specific data elements from the MPOG master data element list that are being requested. Proposals must also include a proposed list of authors in the order in which they will appear in the final manuscript, a detailed introduction, methods, and proposed statistical analysis.

f. The principal investigator (PI) of a research proposal must be from an institution that contributes the data elements requested. Alternatively, the PI may partner with a PI from another institution that does submit that data element.
g. 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 PI of the proposal is provided access to these data. If the PI determines they need additional data from the MPOG database, they must resubmit their proposal to obtain the new data. The PI 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 PI has nine months to submit a completed manuscript to the PCRC for review. The PCRC will confirm that the PI has followed the proposed research methods and followed the intent outlined in their original proposal. If they fail to submit a completed manuscript within the 9-month timeframe or fail to follow their original methods or research intent, they are prohibited from using the specific dataset for purposes of publication of the manuscript.
h. Once a manuscript is approved by the PCRC, the PI may submit the manuscript to the peer-reviewed journal of his or her choice.
i. The PCRC will strive to review all research proposals and manuscripts within 30 days of the research proposals' or manuscripts' submission dates.
j. 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 and/or ASPIRE 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 him or herself 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 and annually.

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.

XV. 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: _____

We have thoroughly read the MPOG bylaws and agree to all the terms of membership participation.

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