

Quality Committee Meeting

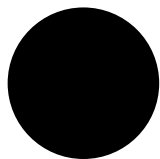
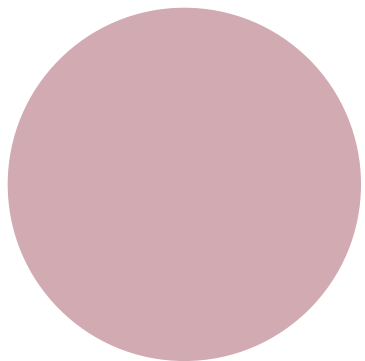
March 22, 2021

Agenda

- Announcements
- VBR Update
- PONV 03 Threshold
- GLU Measure Attribution
- Subcommittee Updates
- Measure Review and Vote
 - CARD 02/03 – Drs. Reidy & Andrawes

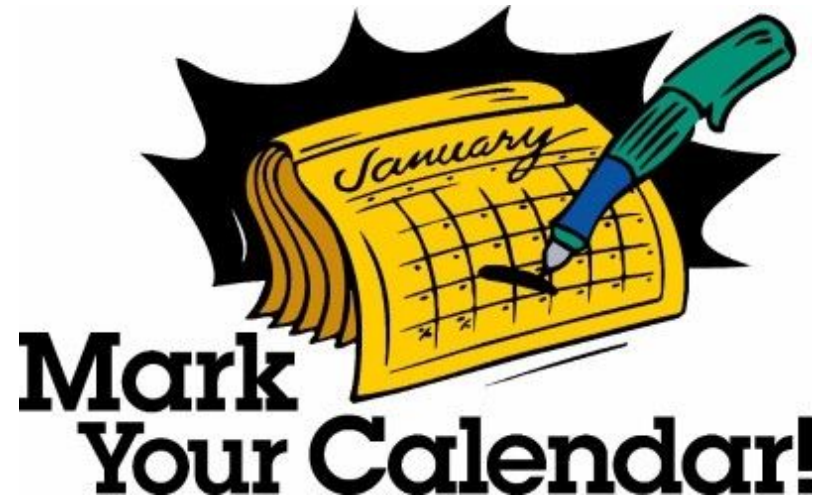
Meeting Minutes January 2021

Roll Call – via Zoom or
contact us



Upcoming Events





Friday, April 23, 2021, MSQC / ASPIRE Collaborative Meeting - Virtual

Friday, July 16, 2021, ASPIRE Collaborative Meeting - probably virtual

Friday, October 8, 2021, MPOG Retreat - hopefully in person and also probably virtual

VBR Updates

Kate Buehler

2021 BCBSM VBR Program

- Performance Period: January 1, 2020-November 30, 2020
- Measures Included:
 - PUL 02 \geq 85%
 - TEMP 03 \leq 5%
 - PONV 01 \geq 85%
- To be eligible:
 - Member of a PO for at least 1 year
 - Have at least 2 years of data in ASPIRE
 - Aggregate hospital performance
 - Met target for 2 out of 3 measures: 3% uplift
 - **Met target for 3/3 measures: additional 2% uplift (NEW)**
- Letters will be sent to Provider Organizations to inform providers of uplift amount
- Reminder: VBR is applied only to BCBSM Commercial PPO claims

2022 BCBSM VBR Program

- Performance Period: December 1, 2020-November 30, 2021
- Measures Included:
 - GLU 03 $\geq 70\%$
 - BP 03 $\geq 85\%$
 - SUS 01 $\geq 85\%$
- To be eligible:
 - Member of a PO for at least 1 year
 - Have at least 2 years of data in ASPIRE
 - Aggregate hospital performance
 - Meet target for 2 out of 3 measures: 3% uplift
 - Meet target for 3/3 measures: additional 2% uplift

PONV Threshold Changes

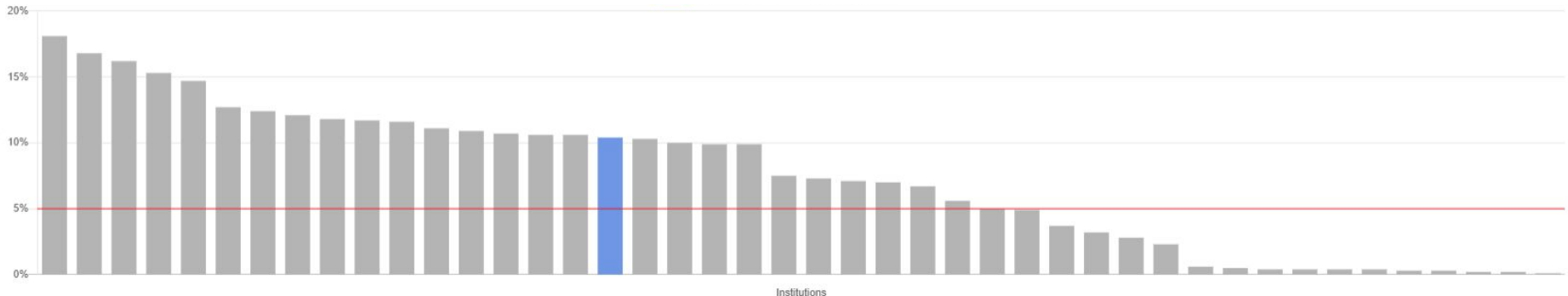
Nirav

PONV 03 - Request to change threshold from 5% to 10%

PONV 03: Percentage of patients, regardless of age, who undergo a procedure and have a documented nausea/emesis occurrence OR receive a rescue antiemetic in the immediate postoperative period

PONV 03b: Percentage of patients, regardless of age who undergo a procedure and have a documented nausea/emesis occurrence with or without receiving an antiemetic in the immediate postoperative period

Modify threshold to 10% to balance more closely with national rates/ good care



Glucose Measure Attribution

GLU 03/04/05 Measure Description

- **GLU 03** - The percentage of cases with perioperative high glucose (>200mg/dL) appropriately **treated or rechecked**
- **GLU 04** - The percentage of cases with perioperative low glucose (<60mg/dL) appropriately **treated or rechecked**
- **GLU 05** - Percentage of cases with a perioperative blood glucose >200 mg/dL with **documentation of insulin treatment**

Provider Attribution

- There have been multiple requests from sites to add these measures to provider feedback emails
- These measures do not currently include provider attribution, which will need to be added before they can be included in feedback emails
- GLU 03/04/05 span from preoperative holding through PACU
- Should provider attribution be added to these measures?
- Who should be the 'responsible provider' for blood glucoses taken in preop? In PACU?

Our recommendation:

1. Add attribution
2. For blood glucose in preop, attribute to first providers signed into case
3. For blood glucose in PACU, attribute to last providers signed into case

OB Subcommittee Updates

Brooke Szymanski Bogart

OB Subcommittee Update

- Next Meeting May 5th at 1pm EST
- The 'Obstetric Anesthesia Type Phenotype' is completed and will soon be used in all measures for including/excluding labor epidural and cesarean delivery cases
- Two new measures released:
 - BP 04 - OB
 - GA 01-OB
 - These are available via the 'All Measures' dashboard or through the 'Obstetrics' dashboard

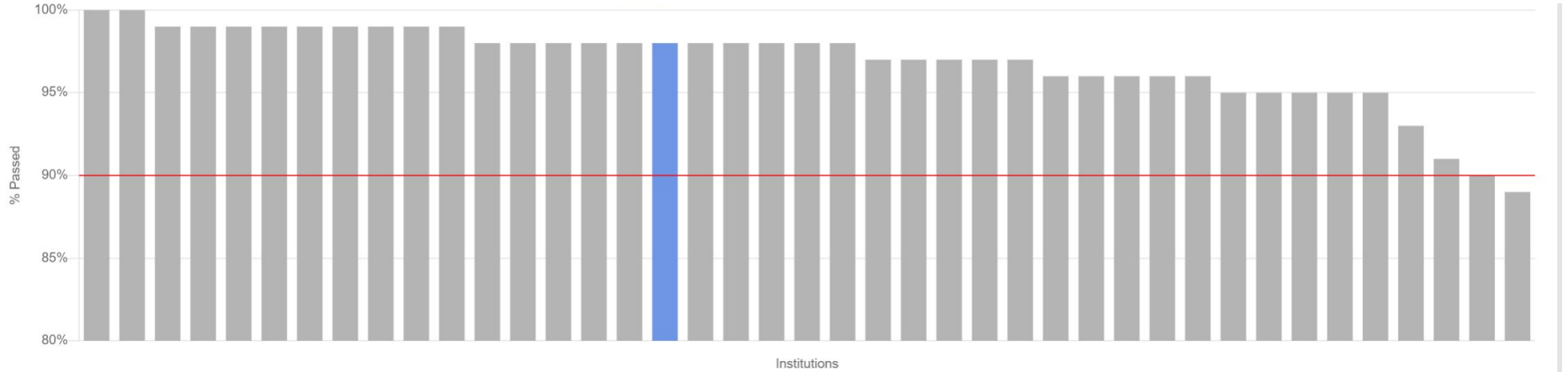
Hypotension During Cesarean Delivery (BP 04- OB)

- **Description:** Percentage of cases with systolic blood pressure <90mmHg for less than or equal to 5 minutes during the time from spinal placement to delivery.
- **Measure Time Period:** Spinal placement to neonate delivery
- **Inclusions:** All cesarean deliveries with neuraxial anesthesia only
- **Exclusions**
 - Cesarean delivery patients undergoing general anesthesia- determined using Anesthesia Technique-Neuraxial MPOG phenotype
 - Patients undergoing cesarean section with hysterectomy (CPT: 01969)
 - Emergency cesarean delivery with diagnosis of placental abruption (ICD-10: O45*)
 - Rupture of uterus (spontaneous) before onset of labor (ICD-10: O71.0)
 - Newborn affected by intrauterine blood loss from ruptured cord (ICD-10: P50.1)
 - Abnormal uterine or vaginal bleeding, unspecified (ICD-10: N93.9)
 - Placenta previa with hemorrhage, third trimester (ICD-10: O44.13)
 - Hemorrhage from placenta previa, antepartum condition or complication (ICD-10: 641.13)
 - Hemorrhage from placenta previa, delivered, with or without mention of antepartum condition (ICD-10: 641.11)
 - ICD-10 Codes associated with the case and documented from 7 days before to 30 days after the case are considered

Hypotension During Cesarean Delivery (BP 04- OB)

- **Success:** SBP <90mmHg for less than or equal to 5 minutes during the time period of spinal placement to delivery
- **Measure End Time:**
 1. Delivery of Neonate 2 (50189), if not available
 2. Delivery of Neonate (50358), if not available,
 3. Oxytocin (10343) Administration Start Time (bolus or infusion), if not available,
 4. Obstetrics - Uterine Incision (50357), if not available,
 5. AACD Anesthesia End Date/Time (50009)
- **Other Measure Build Details:**
 - **Multiple blood pressures:** Instances where there are two blood pressure monitoring methods, the higher MAP will be used to determine measure compliance.
 - **Artifact:** Artifact readings will be identified and removed from final measurement calculation. Artifact processing: if systolic and diastolic blood pressures are present, the values must be at least 5 mmHg apart; otherwise the values will be excluded. MAP values less than 10 are excluded.
 - Each incidence of hypotension will count for a **max of 5 minutes or until 'Measure End'** (whichever is sooner) if there is a gap in blood pressure measurement
 -

Hypotension During Cesarean Delivery (BP 04- OB)

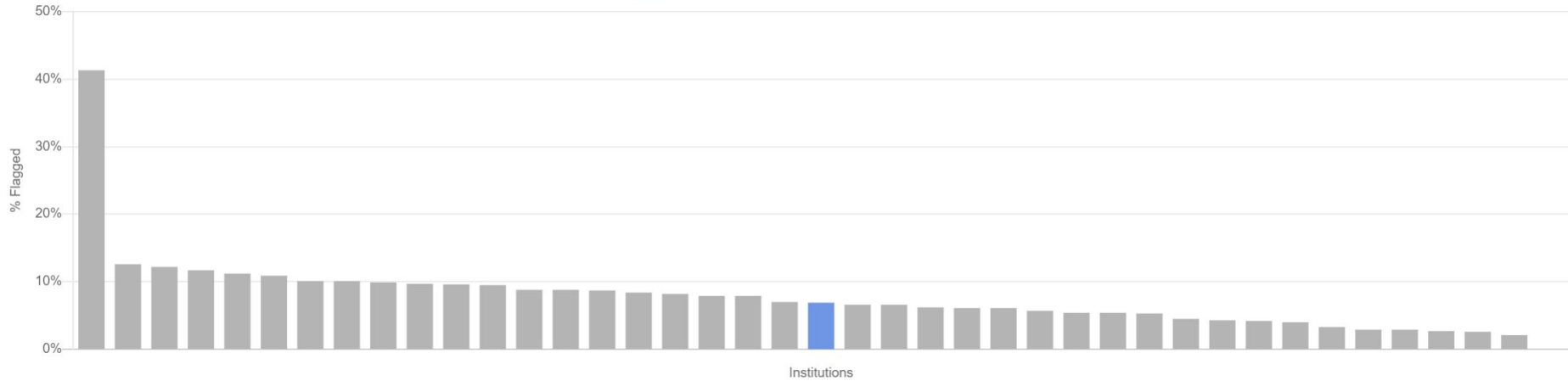


Full measure specification details available at:
<https://spec.mpog.org/Spec/Public/45>

General Anesthesia used during Cesarean Delivery (GA 01- OB)

- **Description:** Percentage of cesarean delivery cases where general anesthesia was used
- **Measure Time Period:** Anesthesia Start to Anesthesia End
- **Inclusions:** All cesarean deliveries
- **Exclusions**
 - Cesarean Hysterectomies as determined by the "[Obstetric Anesthesia Type](#)" Phenotype
 - Non-cesarean delivery cases
- **Success:** Cesarean delivery completed without use of general anesthesia
- **Other Measure Build Details:**
- Use of general anesthesia is determined by the '[Anesthesia Technique: General](#)' phenotype

General Anesthesia used during Cesarean Delivery (GA 01- OB)



Full measure specification details available at:
<https://spec.mpog.org/Spec/Public/46>

OB Subcommittee Updates

- Questions related to the ASPIRE OB Subcommittee can be sent to Brooke Szymanski-Bogart, bmiszy@med.umich.edu

Pediatric Subcommittee Updates

Meridith Bailey

Peds Subcommittee Update

- February 2021 Meeting Recap:
 - Reviewed PAIN-01 performance across MPOG peds institutions
 - Discussed PONV-02 measure revisions based on new 2020 consensus guidelines

Inclusion/Exclusion Criteria

OLD (2018)

Inclusion

- *Patients ages 3-17 years old*
- *Received an inhalational general anesthetic*
- *Has ≥ 2 risk factors for POV*

Exclusion

- *Patients < 3 or > 17 years old.*
- *Patients transferred directly \rightarrow ICU*
- *Liver or Lung Transplants*
- *Procedures on the Neck*
- *Intrathoracic Procedures*
- *Procedures on the Lower Abdomen*
- *Obstetric Procedures & Labor Epidurals*
- *Endoscopy*
- *Obturator neurectomy*
- *Shoulder cast application*

UPDATE (2021)

Inclusion

- Patients ages 3-17 years old

Exclusion

- Patients < 3 or > 17 years old.
- Patients transferred directly \rightarrow ICU
- ASA 5 or 6
- Labor Epidural cases



[Gan et al, 2020](#)

PONV Risk Factors

OLD (2018)

- *Hx of PONV*
 - *personal or first-degree relative*
- *At Risk Surgery*
 - *Strabismus*
- *Procedure ≥ 30 minutes*

UPDATE (2021)

- Post-pubertal females ($\geq 12y$)
- Inhaled anesthetic duration ≥ 30 minutes
 - halogenated and/or nitrous
- Hx of PONV
 - personal or first-degree relative
- At Risk Surgery
 - Strabismus
 - Adenotonsillectomy
 - Tympanoplasty/Otoplasty
- Postoperative long-acting opioids
 - Administered intraop

Preoperative <ul style="list-style-type: none">• Age ≥ 3 years• History of POV/PONV/motion sickness• Family history of POV/PONV• Post-pubertal female 	Intraoperative <ul style="list-style-type: none">• Strabismus surgery• Adenotonsillectomy• Otoplasty• Surgery ≥ 30 mins• Volatile anesthetics• Anticholinesterases	1 RISK FACTORS Postoperative <ul style="list-style-type: none">• Long-acting opioids 
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[Gan et al, 2020](#)

Success Criteria

OLD (2018)

Patient receives at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively or intraoperatively



[Gan et al. 2020](#)

UPDATE (2021)

Low (0 risk factors)

- Patient receives at least **one** prophylactic pharmacologic antiemetic.

Medium (1-2 risk factors)

- Patient receive combination therapy consisting of at least **two** prophylactic pharmacologic antiemetics from different classes.

High (>2 risk factors)

- Patient receives **three** prophylactic pharmacologic antiemetics.

Antiemetics Considered (no change)

Antiemetic MPOG Concept IDs (by class)	
10377	Propofol (Infusion only)
Class: 5-Hydroxytryptamine (5-HT3) Receptor Antagonists	
10335	Ondansetron
10164	Dolasetron
10208	Granisetron
10711	Palonosetron
Anticholinergics	
10400	Scopolamine Patch
10399	Scopolamine
11040	Butylscopolamine
Antihistamines	
10257	Dimenhydrinate
10160	Diphenhydramine
10635	Meclizine
Butyrophenones	
10169	Droperidol
10210	Haloperidol
Neurokinin-1 Receptor Agonists	
10035	Aprepitant
10719	Fosaprepitant
Phenothiazines	
10374	Promethazine
10373	Prochlorperazine
Steroids	
10147	Dexamethasone
10296	Methylprednisolone
Prokinetic	
10297	Metoclopramide

Peds Subcommittee Update

- Next Meeting May 19th at 1pm EST
- Questions related to the Peds Subcommittee can be sent to Meridith Bailey, meridith@med.umich.edu

Cardiac Subcommittee Updates

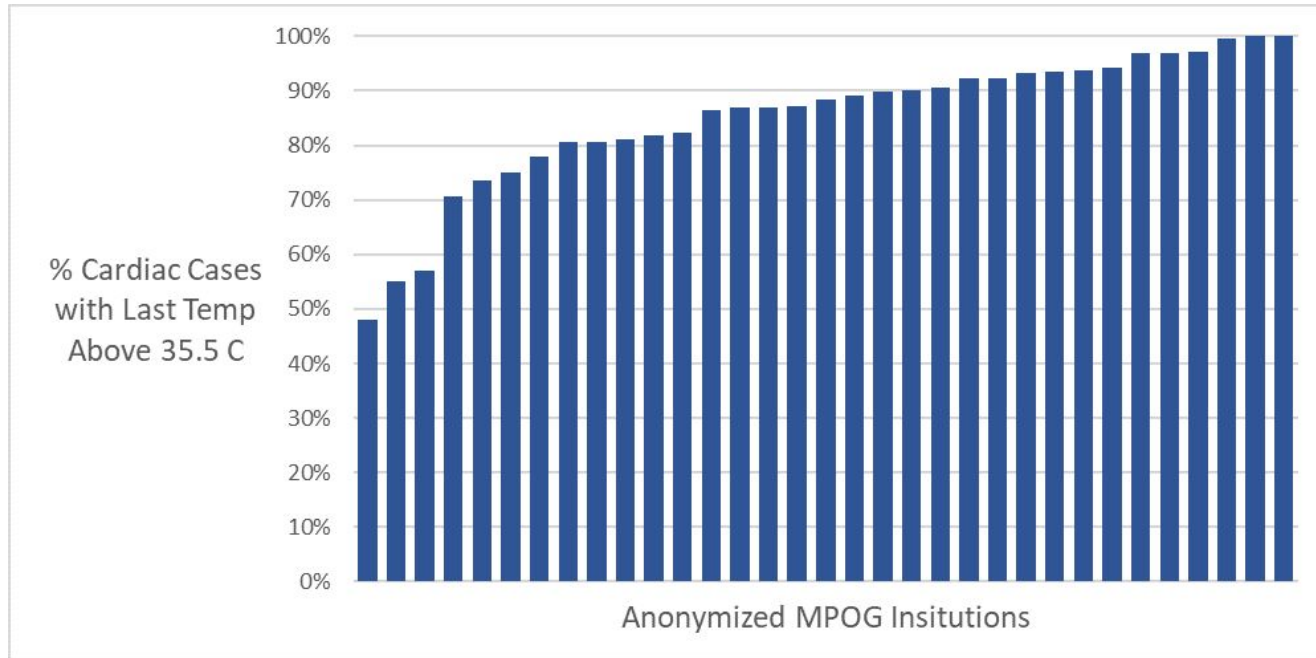
Allison Janda

Cardiac Subcommittee Update

- Next Meeting will be in May/June
- The 'Cardiac Anesthesia Type Phenotype' is being revised to add more granularity to bin EP/cath cases, for example
- Measure under development:
 - Post-bypass hypothermia avoidance
- Measures to be addressed:
 - Hyperthermia avoidance
 - Glucose management

Cardiac Subcommittee Update

- Post-bypass hypothermia avoidance:



Cardiac Subcommittee Update

- Post-bypass hypothermia avoidance:
 - **Threshold:** ≥ 35.5 C
 - **Timing:** Last non-artifact temperature measure prior to anesthesia end, prioritizing core temperature measurements
 - **Exclusions:** EP, cath lab, and transcatheter procedures (focus on open cardiac cases)
 - **Attribution:** Any provider signed in for ≥ 40 minutes from bypass end until anesthesia end. If bypass was not used, the window would be expanded to any provider signed in for ≥ 40 minutes for the entire case

CARD 02/03 Measure Review & Vote

Thank You Drs. Andrea Reidy and Michael Andrawes

Dr. Andrea Reidy to present recommendations

Voting

- Continue as is / modify / retire CARD 02 and 03
- If **modify** then:
 - Should we change the marker of myocardial injury to the URL (99th percentile) troponin level?
 - Should we change CARD 02 and 03 to informational measures (ie remove the 5% threshold)
 - Should we add in the additional exclusions (via surgical CPTs) discussed during the measure review?

Thank You