# Quality Committee Meeting

## October 23, 2023
## 10:00am - 11:00am Eastern Time

**MPOG**
MULTICENTER PERIOPERATIVE
OUTCOMES GROUP

# Agenda

**Announcements**
- **Upcoming Events**
- **P4P/VBR Updates (for MI sites)**
- **MPOG App Suite Upgrade**

**Subcommittee Updates**
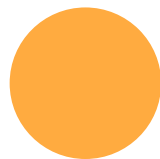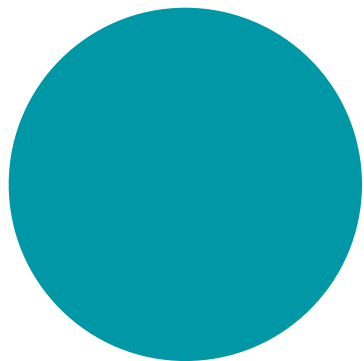
**Measure Updates**
- BRAIN 01
- NMB 04

**Measure Review: FLUID-01-NC (Dr. Brad Taicher, Duke)**

**QI Reporting Tool & DataDirect Updates**

**MPOG**

# Meeting Minutes
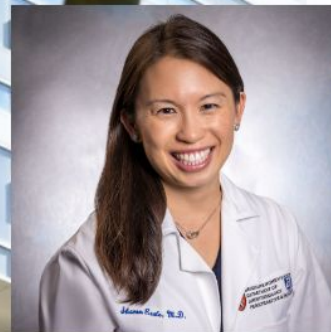# July 2023

# Roll Call – via Zoom or contact MPOG

Announcements

**Featured Member
September and October**

MORE INFO

Sharon Reale, MD
Brigham & Women's Hospital

# Welcome Temple University

READ MORE

**Chair:** Dr. Gordon Morewood
**Quality Champion**: Dr. Joseph McComb
**PI:** Dr. Ellen Hauck
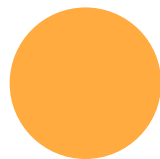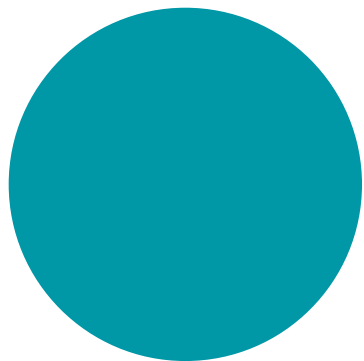**IT Champion:**: Dr. Scott Schartel

# Welcome Johns Hopkins University

**MORE INFO**

Johns Hop[

**Chair:** Dr. Danny Muehlschlegel
**Quality Champion:** Dr. Nadia Hensley
**PI:** Dr. Tracey Stierer
**IT: Champion::** Dr. Katie O'Connor

Upcoming Events

# 2024 Meetings

**Tuesday, April 4, 2024**
Virtual  ACQR Retreat

**Friday, April 12, 2024**
MSQC/ASPIRE Collaborative Meeting
Schoolcraft College Vistatech Center
Livonia, MI

**Friday, July 12, 2024**
ASPIRE Collaborative Meeting
Henry Executive Center
Lansing, Michigan

**Friday, September 13, 2024**
ACQR Retreat
Location TBD

**Friday, October 18, 2024**
MPOG Retreat
Philadelphia, Pennsylvania
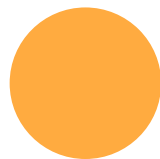
# ACQR Annual Retreat
## September 15, 2023



Thank you!

**MPOG Application Suite Upgrade: Now Available!**

- Upgrade package sent to each site's IT contact (if you don't know who this is for your site, contact support@mpog.zendesk.com)

- Sites Using Desktop Virtualization (e.g. Citrix)
  - Your site's IT team will upgrade the App Suite

- Users using the App Suite installed on their PC
  - Your site's IT team will distribute the installer to all individuals at their site after the database upgrade has been applied.
- Release Notes

# Michigan Sites:
# 2024 P4P & 2025 VBR

# 2025 VBR Measures

| Performance Period: 10/1/2023 - 9/30/2024 | | |
|---|---|---|
| TEMP 02 | Core Temperature Monitoring | Target: ≥80% |
| PONV 05 | PONV Prophylaxis, Adults | Target: ≥50% |
| SUS 02 | Global Warming Footprint, Maintenance | Target: ≥40% |

Anesthesiologists are eligible if they meet the following criteria:

- Contracted with BCBSM's PPO prior to the VBR effective date of **3/1/2025**
- 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.  The increase in fee schedule can be:

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

**MPOG**

# 2025 VBR Smoking Cessation Measures

| Performance Period: 10/1/2023 - 9/30/2024 | | |
|---|---|---|
| SMOK-01 | Smoking Tobacco Status Documentation | Target: ≥70% (12-month average) |
| SMOK-02 | Smoking Tobacco Cessation Intervention | Target: ≥10% (12-month average) |

- Standard VBR rules apply (see previous slide)

- Additional 2% for meeting threshold on both measures

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# Cohorts 1 – 7

| Measure # | Weight | Measure Description | Points |
|---|---|---|---|
| | | **2024 Anesthesiology Quality Improvement and Reporting Exchange (ASPIRE)** <br> **Collaborative Quality Initiative Performance Index Scorecard** <br> **Cohorts 1 - 7** <br> **Measurement Period: 01/01/2024 - 12/31/2024** | |
| 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 Meetings | 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, >90% of 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.** | |
| | | 3 Meetings | 10 |
| | | 2 Meetings | 5 |
| | | 1 Meeting | 0 |

**MPOG**

# Cohorts 1 - 7

| | | | |
|---|---|---|---|
| 5 | 25% | **Sustainabilty (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 during the maintenance period of anesthesia OR the Total CO2e is less than 2.83 kg CO2. (cumulative score January 1, 2024 - December 31, 2024) | |
| | | Performance is ≥ 45% or show improvement of 10 percentage points | 25 |
| | | Performance is ≥ 40% | 15 |
| | | Performance is ≥ 35% | 10 |
| | | Performance is < 35% | 0 |
| 6 | 20% | **Postoperative Nausea and Vomiting (PONV 05)** Percentage of patients who had a procedure requiring general anesthesia or cesarean delivery and administered appropriate prophylaxis for PONV. (cumulative score January 1, 2024 - December 31, 2024) | |
| | | Performance is ≥ 70% or improvement of 15 percentage points | 20 |
| | | Performance is ≥ 65% | 15 |
| | | Performance is ≥ 60% | 10 |
| | | Performance is < 60% | 0 |
| 7 | 25% | Site Directed Measure: Sites choose a measure they are performing above/below ASPIRE threshold or needs improvement by December 8, 2023 (cumulative score January 1, 2024 through December 31, 2024) | |
| | | Performance is ≥90%; ≤10%; ≤5% or show ≥15% improvement (absolute) | 25 |
| | | Performance is ≥85%; ≤15%; ≤10% or show ≥10% improvement (absolute) | 15 |
| | | Performance is ≥80%; ≤20%; ≤15% or show ≥5% improvement (absolute) | 10 |
| | | Performance is <80%; >20%; >15% or show <5% improvement (absolute) | 0 |

SUS 02  ≥ 45%

PONV 05   ≥ 70%

**MPOG**
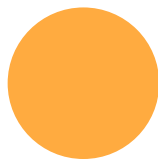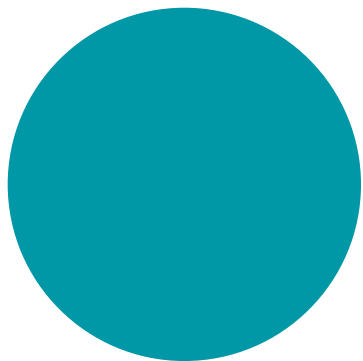
Subcommittee Updates

# OB Subcommittee

- Wednesday, November 8, 2023
  1:00pm-2:00pm Eastern Time
  Virtual

Agenda:
- Seeking OB Subcommittee Co-Chair
- Measure Review: BP-04
- Measure performance stratified by BMI
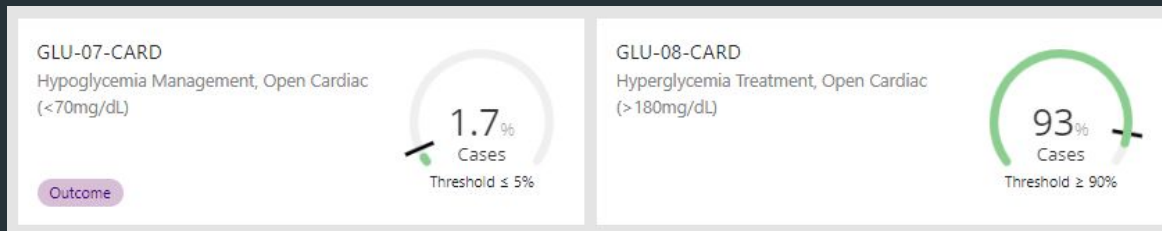- Breakdown of administration of Uterotonic Agents

# Cardiac Subcommittee

- Last meeting: September 20, 2023
- [Minutes](#) posted to the website
- Glycemic management measures for open cardiac procedures reviewed -

  GLU-07 & GLU-08 now available on Cardiac & All Measure dashboards!

- Next Meeting: **December, 8, 2023 from 1-2pm ET**
  - Next measure focus area - Antibiotic selection, timing, re-dosing
  - Unblinded review of GLU-06-CARD, GLU-07-CARD & GLU-08-CARD



GLU-07-CARD
Hypoglycemia Management, Open Cardiac (<70mg/dL)

1.7% Cases
Threshold ≤ 5%

Outcome

GLU-08-CARD
Hyperglycemia Treatment, Open Cardiac (>180mg/dL)

93% Cases
Threshold ≥ 90%

# Pediatric Subcommittee

- Monday, December 4, 2023
  Pediatric Subcommittee Meeting
  3:00pm-4:00pm Eastern Time
  Virtual



Tentative Agenda
- PAIN-01-Peds Measure Review
  - Dr. Lisa Einhorn (Duke University)

- MPOG Peds Research Update

- Gestational Age at Birth
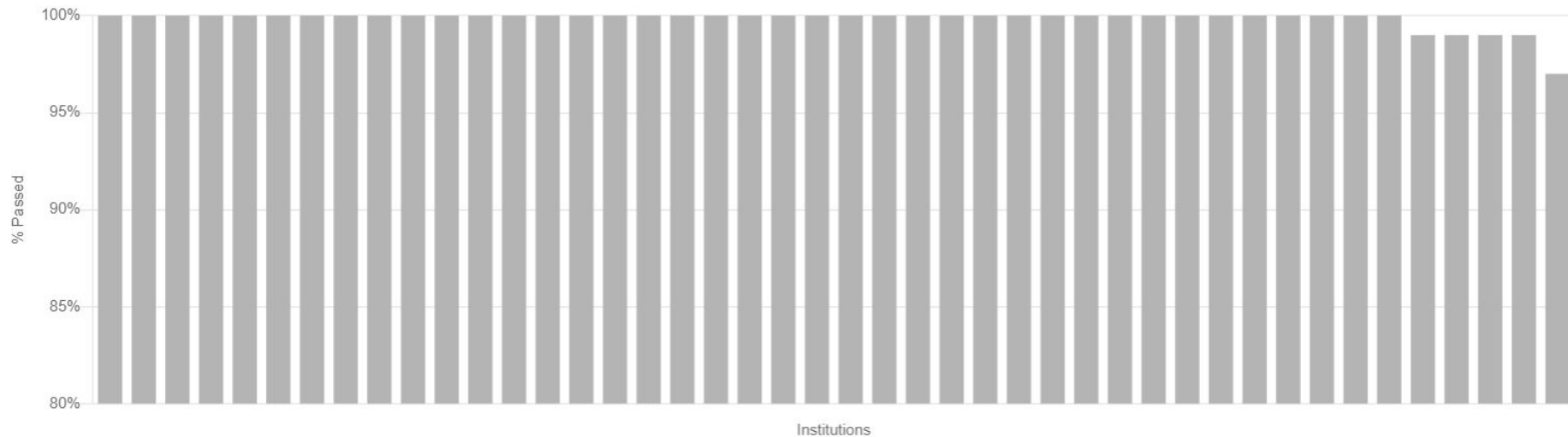  - Best practice documentation and phenotype discussion
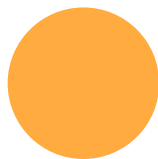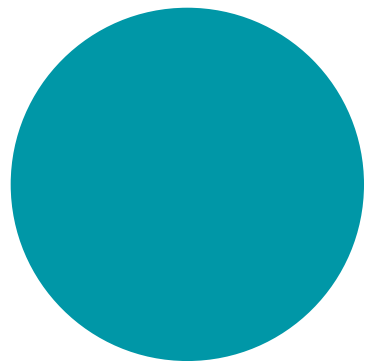
# Measure Review
## FLUID-01-NC
Brad Taicher, Duke University

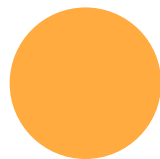# Performance across MPOG
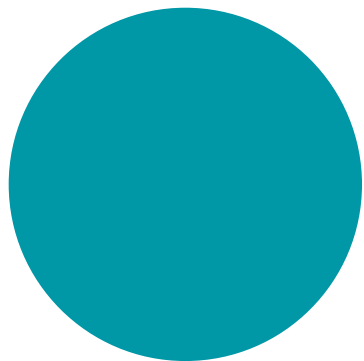
## Fluid Management Voting

1 vote/ site

Continue as is/ modify/ retire

Need > 50% to retire measure

Coordinating center will review all votes after
meeting to ensure no duplication

New Measures

# Brain Health/Geriatric Workgroup Update

BRAIN-01: Percentage of patients $\geq$ 70 years old who did not receive any benzodiazepine perioperatively. *Informational only - No threshold*

- Measure Time Period: Pre-op Start - PACU End
- Exclusions:
    - Age < 70 years
    - ASA 5&6 including Organ Harvest (CPT: 01990)
    - Floor/ICU emergent intubation only cases
    - ICU transfer postoperatively
- Success: Avoiding administration of benzodiazepines for patients $\geq$ 70 years old

Draft specification also shared with Dr. Vilma Joseph & the ASA Committee on Performance and Outcomes Measurement (CPOM).

# NMB-04: Variation in Sugammadex Dosing

Description:  Percentage of cases with sugammadex administration where cumulative sugammadex dose  ≤ 200 mg OR ≤ 3 mg/kg.
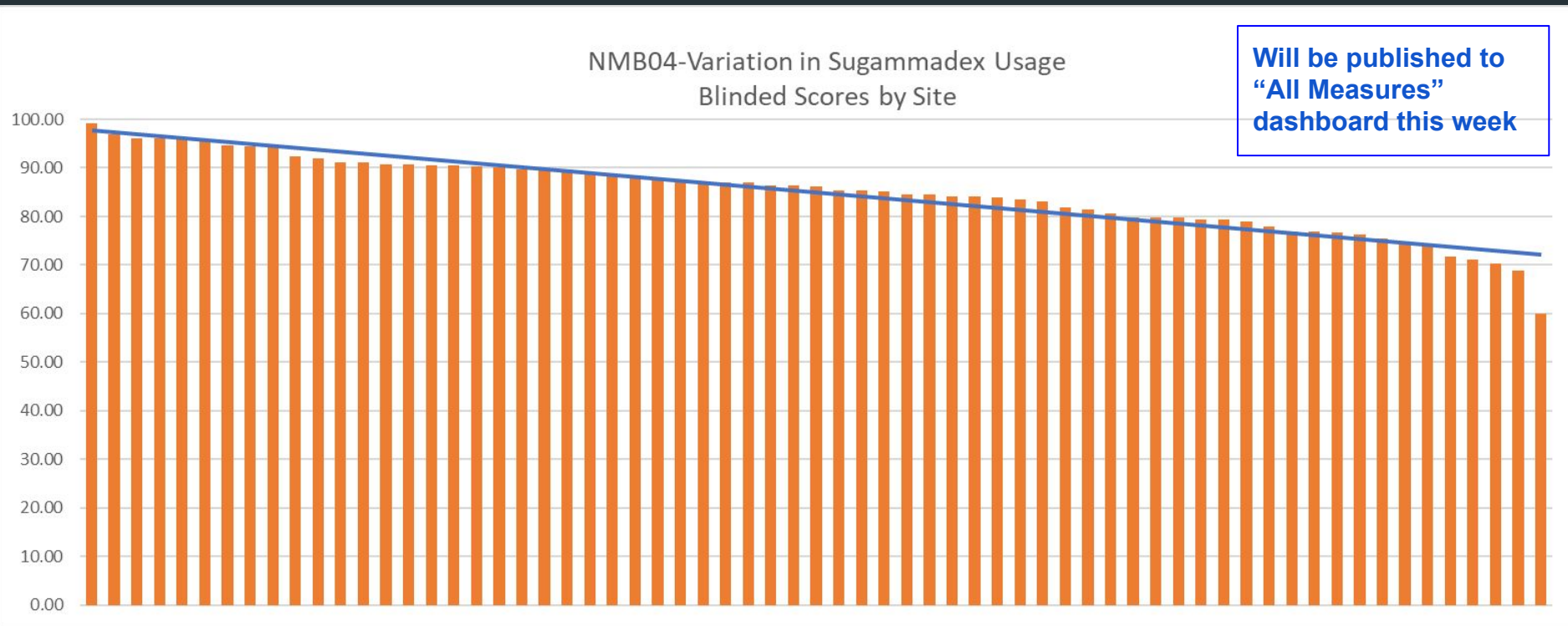
Measure Time period: Anesthesia Start to Earliest Extubation (if none, PACU end)

Exclusion:
- Age <= 2yrs
- ASA 5 and 6 cases including Organ Harvest (CPT: 01990)
- Cases <30 min
- Patients that were not extubated in the immediate postoperative period (as defined by the Postoperative Destination phenotype).  This excludes: patient transported to ICU, patient transported to another destination and intraoperative mortality (phenotype values 0, 2 and 3).

Success: Cases where cumulative sugammadex dose was ≤ 200 mg or ≤ 3 mg/kg.

# NMB-04: Variation in Sugammadex Dosing



NMB04-Variation in Sugammadex Usage
Blinded Scores by Site

Will be published to "All Measures" dashboard this week
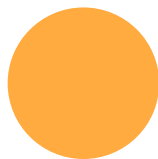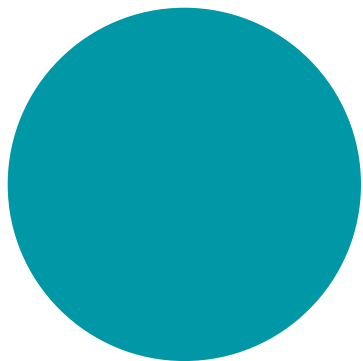
# NMB-04: Limitations

- Pediatric dosing (allows high dosing for peds)
- Measure may become obsolete when sugammadex comes off patent (January 2026)
- May incentivize underdosing
- Focus on vial vs mg/kg dosing
- Need feedback
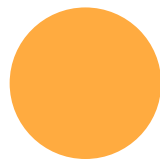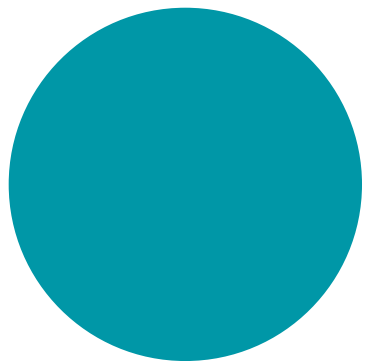
# Measure Updates

| Measure | Update |
|---------|--------|
| ABX-01 | Updated to use Emergency Status phenotype- will include Emergency cases for ABX timing |
| BP-02 | Exclude Block (only) procedures |
| CARD-02/03 | Exclude Age < 18yrs |
| FLUID-01 NC/FLUID-01-C | Exclude Age < 3yrs |
| NMB-01/02/03/04 | Exclude Organ Harvest (CPT: 01990) if ASA=6 |
| PAIN-02 | Exclude cases with only diagnostic imaging (no additional procedure performed) using the Diagnostic Imaging phenotype |
| PONV-04 | Exclude MAC cases using Anesthesia Technique: Sedation phenotype |
| PONV-05 | Exclude bronchoscopy using the new Bronchoscopy phenotype<br>Updated exclusion to use Diagnostic Imaging phenotype rather than excluding only MRIs |
| SMOK-01/02 | Exclude Organ Harvest (CPT: 01990) if ASA=6<br>Exclude Block (only) procedures |
| TEMP-03 | Exclude MAC cases using Anesthesia Technique: Sedation phenotype |
| TRAN-01/02 | Hematocrit values < 1 reported in L/L (liters of blood cells per liter of blood volume) are multiplied by 100 to convert from decimal to percentage |

# QI Reporting Tool Updates

# QI Dashboard Updates

**Benchmark Graph**

- Each hospital displayed as separate blue bar. Hovering shows hospital name and  measure score
- New info icon with graph description

# QI Dashboard Updates

## Location Filter

- Alert if time period includes more than one database instance (ie Legacy Data Alert)
- Duplicate locations removed
- Tree structure display

## Case List

- Faster Load Time!
- Default view is Flagged cases only
- Passed/Flagged/Excluded Filters
  - Locked until case list loads
  - Remain when switching between measures

# QI Dashboard Updates

**Find a Provider Filter**

- Duplicate provider names (legacy/IM) fixed
- Hospital entity added next to provider name
- Spinning wheel added to search bar to indicate loading
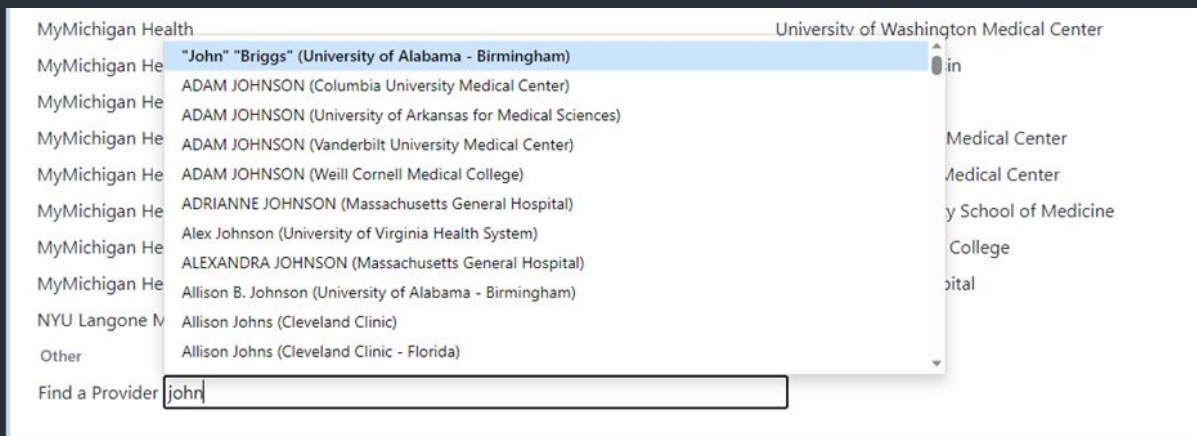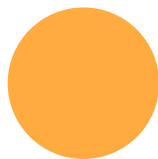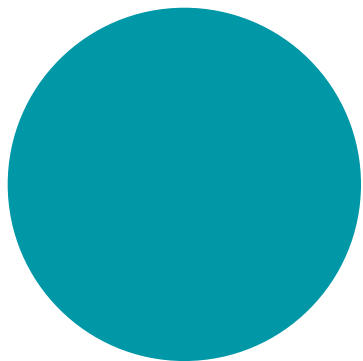
# Data Direct Updates

# New Filter Options

Starting Population

☐Added option for the Standardized Data File - filter updated annually as SDF is updated

# New Filters

Starting Population

- Added surgery type presets

- Auto-adds filters to narrow the starting population to the selected surgery type

**Surgery Type Presets (optional; select only one)**

**Open Cardiac with Cardiopulmonary bypass**
Includes cases that meet the following criteria:
- Procedure Type: Cardiac must be "Open Cardiac"
- Cardiopulmonary Bypass Duration must be equal to or greater than 5 minutes
- Anesthesia Technique: General must NOT be No/Invalid/General-LMA
- Admission Type must NOT be "Outpatient"
- ASA Class must NOT be "ASA Class 6"

**Major Non-Cardiac/Non-Liver Transplant/Non-Outpati...**
Includes cases that meet the following criteria:
- Procedure Type: Cardiac must NOT be "Open Cardiac" nor "Other Cardiac"
- Anesthesia Duration must be at least 30 minutes
- Procedure Type must NOT be a Lung Transplant, Adenotonsillectomy, Endoscopy, Intubation Only, Liver Transplant, MRI, Diagnostic Imaging, ECT, Tympanoplasty, IVF, or TEE/Cardioversion
- Anesthesia CPT Base Unit Value must be greater than 5
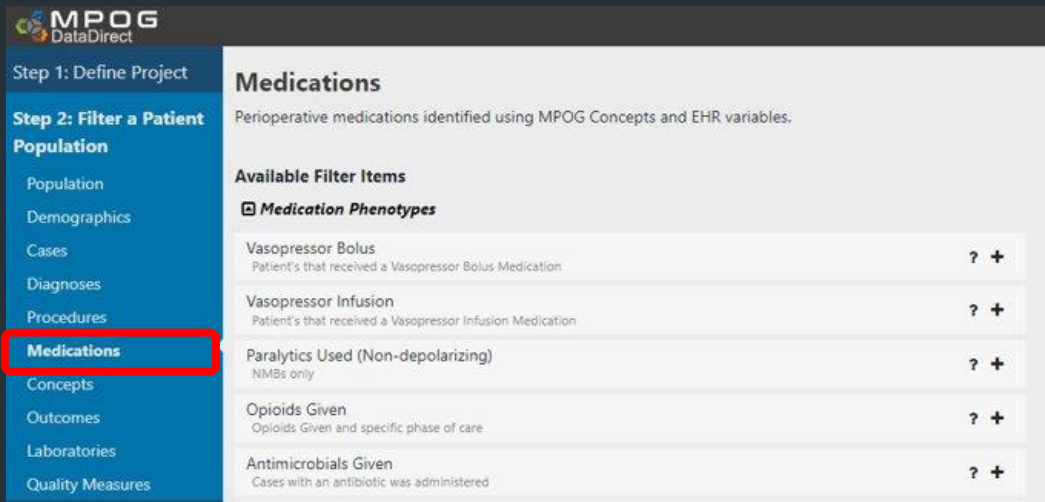- Admission Type must NOT be "Outpatient"

**Outpatient Procedure**
Includes cases that meet the following criteria:
- Admission Type must be "Outpatient" or "23 Hour Observation"
- Must NOT have Arrived Intubated
- Anesthesia CPT Base Unit Value must be less than 15
- ASA Class must NOT be 5 or 6
- Procedure Type: Cardiac must NOT be "Open Cardiac" or "Other Cardiac"
- Must NOT be an Emergent Case
- Procedure Type must NOT be a Lung Transplant, Liver Transplant, or Intubation Only
- Procedure Type: Obstetric must NOT be Cesarian Delivery, Cesarean Hysterectomy, or Conversion
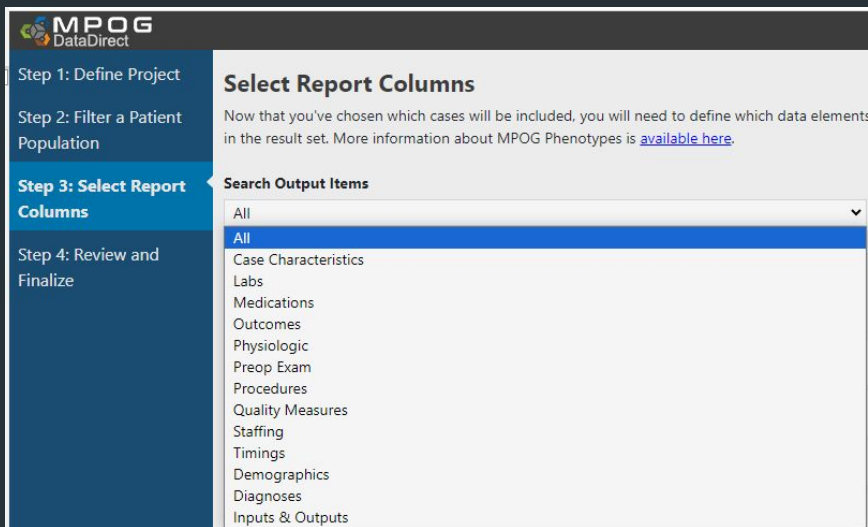
# New Filters



Cases

- Added Surgical Service

Procedures

- Added Diagnostic Imaging filter
- Group Procedure Type phenotypes in sub-category

*NEW* Medications Filter

# Outputs

- Reorganized output options a bit, hopefully more intuitive now!
- Removed Case Types category

# Bug Fixes

- Corrected Institution count error when creating a new query

- Date/time results now export in date/time format to Excel (downloads only)

Thank You!