

Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday, October 23, 2023

Attendance:

Abess, Alex (Dartmouth)	Liwo, Amandiy (UAB)
Abou Nafeh, Nancy (AUB)	Lauer, Kathryn (Froedtert)
Addo, Henrietta (MPOG)	Lalonde, Heather (Trinity Health)
Agerson, Ashley (Spectrum)	Lewandowski, Kristyn (Corewell)
Aouad, Marie (AUB)	Lopacki, Kayla (Mercy Health - Muskegon)
Barrios, Nicole (MPOG)	Lu-Boettcher, Eva (Wisconsin)
Bauza, Diego (Weill Cornell)	Mathis, Mike (MPOG)
Benitez, Julio (MyMichigan)	Madoff, Lauren (Boston Children's)
Berndt, Brad (Bronson)	Malenfant, Tiffany (MPOG)
Biggs, Dan (Oklahoma)	McEwan, Dana (Trinity Ann Arbor)
Bollini, Mara (WUSTL)	McKinney, Mary (Corewell Dearborn / Taylor)
Bourget, Marlene, (Corewell)	McFarland, P (Tennessee)
Boutin, Jim (Henry Ford - Wyandotte)	Mentz, Graciela (MPOG)
Bowman-Young, Cathlin (ASA)	Nanamori, Masakatsu (Henry Ford Detroit)
Brennan, Alison (Maryland)	O'Connor, Katie (Johns Hopkins)
Buehler, Kate (MPOG)	O'Dell, Diana (MPOG)
Cain, James (University of Florida)	Ostarello, Claire (ASA)
Charette, Kristin (Dartmouth)	Owens, Wendy (MyMichigan - Midland)
Clark, David (MPOG)	Pantis, Rebecca (MPOG)
Cohen, Bryan (Henry Ford - West Bloomfield)	Pardo, Nichole (Corewell)
Coleman, Rob (MPOG)	Parks, Dale (UAB)
Collins, Kathleen (St. Mary Mercy)	Paul, Jonathan (Columbia)
Colquhoun, Douglas (MPOG)	Payne, Patrick (UVM)
Corpus, Charity (Corewell Royal Oak)	Pennington, Bethany (WUSTL)
Cywinski, Jacek (Cleveland Clinic)	Perkaj, Megan (Corewell)
Dewhirst, Bill (Dartmouth)	Poindexter, Amy (Holland)
Edelman, Tony (MPOG)	Rozek, Sandy (MPOG)
Esmail, Tariq (Toronto)	Schartel, Scott (Temple)

Finch, Kim (Henry Ford Detroit)	Schroeck, Hedi (Dartmouth)
Goldblatt, Josh (Henry Ford Allegiance)	Schwerin, Denise (Bronson)
Hall, Meredith (Bronson Battle Creek)	Scranton, Kathy (Trinity Health St. Mary's)
Harrison, Kelly (UAMS)	Shah, Nirav (MPOG)
Harwood, Tim (Wake Forest)	Smiatacz, Frances Guida (MPOG)
Heiter, Jerri (St. Joseph A2)	Smith, Susan (Trinity Health St. Joseph)
Janda, Allison (MPOG)	Stewart, Alvin (UAMS)
Jiang, Silis (Weill Cornell)	Taicher, Brad (Duke)
Johnson, Rebecca (Spectrum & UMHS West)	Tyler, Pam (Corewell Farmington Hills)
Kaper, Jon (Corewell Trenton)	Vaughn, Shelley (MPOG)
Karamchandani, Kunal (UT Southwestern)	Vitale, Katherine (Trinity Health)
Khan, Meraj (Henry Ford)	Wade, Meredith (MPOG)
Kheterpal, Sachin (MPOG)	Walters, Andrew (UW)
Lacca, Tory (MPOG)	Wissler, Richard (University of Rochester)
Liu, Linda (UCSF)	Zittleman, Andrew (MPOG)

Meeting Start: 1002

[Agenda & Notes](#)

- 1) **Roll Call:** Via Zoom or contact us
- 2) **Minutes from July 24th, 2023**
- 3) **Announcements**
 - a) **Featured Members– September and October**
 - i) Sharon Reale, MD – Brigham & Women's Hospital
 - b) **Welcome Temple University**
 - i) Chair: Dr. Gordon Morewood
 - ii) Quality Champion: Dr. Joseph McComb
 - iii) PI: Dr. Ellen Hauck
 - iv) IT Champion: Dr. Scott Schartel
 - c) **Welcome Johns Hopkins University**
 - i) Chair: Dr. Danny Muehlschlegel
 - ii) Quality Champion: Dr. Nadia Hensley
 - iii) PI: Dr. Tracey Stierer
 - iv) IT Champion: Dr. Katie O'Connor
- 4) **Upcoming Events**
 - a) Friday, April 5, 2024: **Virtual ACQR Retreat**

- b) Friday, April 12, 2024: **MSQC/ASPIRE Collaborative Meeting, Schoolcraft College Vistatech Center, Livonia, MI**
 - c) Friday, July 12, 2024: **ASPIRE Collaborative Meeting, Henry Executive Center, Lansing, MI**
 - d) Friday, September 13, 2024: **ACQR Retreat, Location TBD**
 - e) Friday, October 18, 2024: **MPOG Retreat, Philadelphia, Pennsylvania**
- 5) **ACQR Annual Retreat** – September 15, 2023 – Thank you to all ACQRs for participating!
- 6) **MPOG Application Suite Upgrade: Now Available!**
- a) Upgrade package sent to each site’s IT contact (if you do not know who this is for your site, contact support@mpog.zendesk.com)
 - b) Sites Using Desktop Virtualization (e.g. Citrix)
 - i) Your site’s IT team will upgrade App Suite
 - c) Users using App Suite installed on their PC
 - i) Your site’s IT team will distribute the installer to all individuals at their site after the database upgrade has been applied
 - d) [Release Notes](#)
- 7) **Michigan Sites Only: 2025 Standard VBR**
- a) **Measures:**
 - i) TEMP-02: Core Temperature Monitoring – Target: $\geq 80\%$
 - ii) PONV-05: PONV Prophylaxis, Adults – Target: $\geq 50\%$
 - iii) SUS-02: Global Warming Footprint, Maintenance – Target: $\geq 40\%$
 - b) 3% - aggregate hospital performance met for 2/3 measures
 - c) 5% - aggregate hospital performance met for 2/3 measures
 - d) Participating specialist is eligible if they meet the following criteria:
 - i) Contracted with BCBSM’s PPO prior to the VBR effective date of 3/1/2025
 - ii) Have at least 2-years of data in MPOG
 - e) Performance calculated at hospital level – providers practicing at more than one hospital are assigned the hospital where they performed the most cases. Increase in fee schedule:
 - f) See MPOG website for full [VBR](#) details
- 8) **Michigan Sites Only: 2025 Smoking Cessation VBR**
- a) Measures:
 - i) SMOK-01: Smoking Tobacco Status Documentation – Target: $\geq 70\%$ (12-month average)
 - ii) SMOK-02: Smoking Tobacco Cessation Intervention – Target: $\geq 10\%$ (12-month average)
 - b) Performance Period: 10/1/2023 - 9/30/2024
 - c) Standard VBR rules apply (see previous slide)
 - d) Additional 2% for meeting threshold on both measures
- 9) **Michigan Sites Only: 2024 P4P**
- a) Measures:
 - i) SUS-02: Global Warming Footprint, Maintenance – Target: $\geq 45\%$

- ii) PONV-05: PONV Prophylaxis, Adults – Target: >70%
- iii) Site Selected Measure: Please submit [form](#) to lacca@med.umich.edu
- b) See [P4P Scorecard](#) for details.
- c) One scorecard for all cohorts for 2024

10) Subcommittee Updates

a) Obstetric Subcommittee

- i) Next meeting: **Wednesday, November 8th, 1pm ET**
 - (1) Call for interest: OB Subcommittee Co-Chair – For next 3 years starting in January. Link in Base camp
 - (2) Measure review BP-04
 - (3) Measure performance stratified by BMI
 - (4) Breakdown of administration of Uterotonic Agents

b) Cardiac Subcommittee

- i) Last Meeting: September 20, 2023
- ii) [Minutes](#) posted on the website
- iii) Glycemic management measures for open cardiac procedures reviewed – [GLU-07](#) & [GLU-08](#) now available on Cardiac and All Measure dashboards!
- iv) Next meeting: December 8, 2023, from 1-2pm ET
 - (1) Next measure focus area – Antibiotic selection, timing, re-dosing
 - (2) Unblinded review of GLU-06-CARD, GLU-07-CARD & GLU-08-CARD

c) Pediatric Subcommittee

- i) Next meeting: **Monday, December 4th, 2023, 3pm ET**
 - (1) PAIN-01-Peds Measure Review
 - (a) Dr. Lisa Einhorn (*Duke University*)
 - (2) MPOG Peds Research Update
 - (3) Gestational Age at Birth
 - (a) Best practice documentation and phenotype discussion

11) Measure Review: [FLUID-01-NC](#) – Dr. Brad Taicher, Duke University

- a) *Brad Taicher (Duke)*: Measure performance suggests an overall avoidance of routine use of colloids. There is some value in retiring a measure if site performance is at 100%. Some sites may decide to keep metric available on dashboard if performance < 100%.

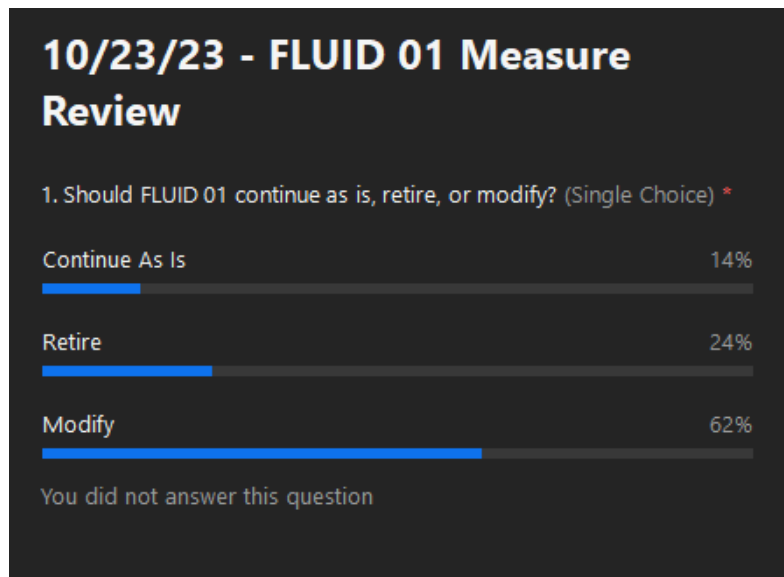
b) Vote: 1 vote/ site

- i) Continue as is
- ii) Modify
- iii) Retire: Need > 50% to retire measure

c) Discussion:

- i) *Kunal Karamchandani via chat (UT Southwestern)*: Do we exclude liver transplant as well? A lot of centers use albumin for these cases?
- ii) *Brad Taicher (Duke)*: Exclusion for 4 units of RBC or 2L of EBL; no exclusion for liver

- transplants explicitly
- iii) *Nirav Shah (MPOG Quality Director)*: We do have a phenotype to identify [Liver Transplant](#) cases if we want to exclude those procedures
 - iv) *Sachin Khetarpal (MPOG Executive Director)*: Liver transplant CPT codes works well too – these cases should be excluded
 - v) *Jonathan Paul via chat (Columbia)*: Hi everyone this is Jonathan from Columbia, excited to join the team! On this topic, agree with excluding liver transplants for this measure – we use albumin routinely for these patients if they have significant ascitic losses on incision.
 - vi) *Kunal Karamchandani via chat (UT Southwestern)*: And what about differentiating 5% vs 25% albumin
 - vii) *Mike Mathis (MPOG Research Director)*: Should exclude cases with hypoalbuminemia – will check code to make sure it excludes those cases
 - (1) *Nirav Shah (MPOG Quality Director)*: Yes, initial goal with this measure was to exclude those cases with low preop albumin but need to confirm the measure is doing so.
 - viii) *Brad Taicher (Duke)*: You are all correct – liver transplant and hypoalbuminemia cases are not listed in exclusions - ascites is all that is listed.
 - ix) *Mike Mathis (MPOG Research Director)*: What should be the cut off if hypoalbuminemia is excluded?
 - x) *Julio Benitez via chat (MyMichigan-Midland)*: Looks like ascites is listed as an exclusion that should exclude most liver transplants candidates. I agree on excluding liver transplant procedures.
 - xi) **Next steps:**
 - (1) Modify measure:
 - (a) Add hypoalbuminemia as an exclusion
 - (b) Add liver transplants as an exclusion



12) New Measures

- a) Brain Health/Geriatric Workgroup

- i) **BRAIN-01:** Percentage of patients ≥ 70 years old who did not receive any benzodiazepine perioperatively. Informational only – No threshold
 - (1) Measure Time Period: Pre-op Start – PACU End
 - (2) Exclusions:
 - (a) Age < 70 years
 - (b) ASA 5 & 6 including Organ Harvest (CPT: 01990)
 - (c) Floor/ICU emergent intubation cases
 - (d) ICU transfer postoperatively
 - (3) Success: Avoiding administration of benzodiazepines for patients ≥ 70 years old
 - (4) Draft specification also shared with Dr. Vilma Joseph & the ASA committee on Performance and Outcomes Measurement (CPOM)
 - (5) Any further questions – please reach out to the coordinating center (addo@med.umich.edu)
 - (6) Discussion:**
 - (a) *Xan Abess (Dartmouth)*: No objection. Lack of evidence-based literature
 - (b) *Josh Goldblatt via chat (Henry Ford Health System)*: Interested in doing stratification with this measure – categorize doses – moderate vs high doses – to look at variation in dose effect
 - (c) *Nirav Shah (MPOG Quality Director)*: Dose and type of case – Variation across sites – possible research project related to midazolam
 - (d) *Kathleen Collins via chat (Trinity Health Livonia)*: Also, IV midazolam for sedation vs. po diazepam for spine surgery
- b) **NMB-04: Variation in Sugammadex Dosing**
 - i) Description: Percentage of Cases with sugammadex administration where cumulative sugammadex dose $\leq 200\text{mg}$ OR $\leq 3\text{mg/kg}$.
 - ii) Measure Time Period: Anesthesia Start to Earliest Extubation (if non, PACU End)
 - iii) Exclusions:
 - (1) Age ≤ 2 years
 - (2) ASA 5 & 6 including Organ Harvest (CPT: 01990)
 - (3) Cases < 30 min
 - (4) 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)
 - iv) Success: Cases where cumulative sugammadex dose was $\leq 200\text{mg}$ OR $\leq 3\text{mg/kg}$
 - v) Will be published to 'All Measures' dashboard this week.
 - vi) Limitations:
 - (1) Pediatric dosing (Allows high dosing for peds)
 - (2) Measure may become obsolete when sugammadex comes off patent (Jan 2026)
 - (3) May incentivize underdosing
 - (4) Focus on vial vs. mg/kg dosing
 - (5) Need feedback
 - vii) Threshold: 90%

viii) **Discussion:**

- (1) *Xan Abess (Dartmouth)*: Thanks for this measure – will help us with our pharmacy dosing dialogues regarding sugammadex
- (2) *Nirav Shah (MPOG Quality Director)*: Curious if we anyone knows more about the patent release? I had heard January 2026 but nothing more.
- (3) *Douglas Colquhoun (MPOG Associate Research Director)*: Yes, there is FDA approval for a generic already, but held until Jan 2026. Can find the decision letter to disseminate.

c) **Measure Updates**

- i) **ABX-01** has been updated to use [Emergency Status](#) phenotype - will include Emergency cases for ABX timing
- ii) **BP-02** measure excludes [Block only](#) procedures
- iii) **CARD-02** and **CARD-03** measures excludes patients < 18 years
- iv) **FLUID-01-NC/FLUID-01-C** exclude patients < 3 years
- v) **NMB- 01/02/03/04** exclude Organ Harvest (CPT: 01990) if ASA=6
- vi) **PAIN-02** exclude cases with diagnostic imaging (no additional procedure performed) using the [Procedure Type: Diagnostic Imaging](#) Phenotype
- vii) **PONV-04** exclude Mac cases using the [Anesthesia Technique: Sedation](#) phenotype
- viii) **PONV-05** exclude bronchs using the new [Procedure Type: Bronchoscopy](#) phenotype, updated exclusion to use Diagnostic Imaging phenotype rather than excluding only MRIs
- ix) **SMOK-01/02** measures excludes Organ Harvest (CPT: 01990) if ASA=6 and [Block Only procedures](#)
- x) **TEMP-03** exclude Mac cases using [Anesthesia Technique: Sedation](#) phenotype
- xi) **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)

13) **QI Reporting Tool Updates**

- a) Benchmark Graph
 - i) Each hospital displayed as separate blue bar. Hovering shows hospital name and measure score
 - ii) New info icon with graph description
- b) Location Filter
 - i) Alert if time period includes more than one database instance (i.e., Legacy Data Alert)
 - ii) Duplicate locations removed
 - iii) Tree structure display
- c) Case List
 - i) Faster Load Time!
 - ii) Default view is Flagged cases only
 - iii) Passed/Flagged/Excluded Filters
 - (1) Locked until case loads
 - (2) Remain when switching between measures
- d) Find a Provider Filter
 - i) Duplicate provider names (legacy/IM) fixed
 - ii) Hospital entity added next to provider name

- iii) Spinning wheel added to search bar to indicate loading

14) Data Direct Updates

- a) New Filter Options
 - i) Starting population
 - (1) Added option for the Standardized Data File – filter updated annually as SDF is updated
 - (2) Added surgery type presets
 - (3) Auto-adds filters to narrow the starting population to the selected surgery type
 - ii) Cases
 - (1) Added Surgical Services
 - iii) Procedures
 - (1) Added Diagnostic Imaging filter
 - (2) Group Procedure Type phenotypes in sub-category
 - iv) *NEW* Medications Filter
- b) Outputs
 - i) Reorganized output options a bit, hopefully more intuitive now!
 - ii) Removed Case Types category
- c) Bug Fixes
 - i) Corrected Institution count error when creating a new query
 - ii) Date/time results now export in date/time format to Excel (downloads only)

Meeting Adjourned: 1100