

Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday, March 22, 2021

Attendees:

Agerson, Ashley (Spectrum)	Koltun, Ksenia (Beaumont Royal Oak)
Andrawes, Mike (MGH)	Lacca, Tory (MPOG)
Applefield, Daniel (St. Joseph Oakland)	LaGorio, John (Mercy Muskegon)
Bailey, Meridith (MPOG)	Lewandowski, Kristyn (Beaumont)
Berndt, Bradford (Bronson)	Lins, Steven (Bronson)
Berris, Josh (Beaumont Farmington Hills)	Lockwood, Holly (Henry Ford Allegiance)
Biggs, Dan (Oklahoma)	Loyd, Gary (Henry Ford)
Bollini, Mara (Washington University)	Mack, Patricia (Weill Cornell)
Boutin, Jimmy (Henry Ford)	Malenfant, Tiffany (Beaumont Trenton/Wayne)
Buehler, Kate (MPOG)	Mango, Scott (MidMichigan Midland)
Charette, Kristin (Dartmouth)	Mathis, Mike (MPOG)
Chen, Yunwei (WUSTL)	McKinney, Mary (Beaumont Dearborn / Taylor)
Chen, Lee-Lynn (UCSF)	Mentz, Graciela (MPOG)
Clark, David (MPOG)	Milliken, Christopher (Sparrow)
Cohen, Bryan (Henry Ford Detroit)	Mockridge, Stacy (Metro)
Coleman, Rob (MPOG)	Mulder, Barb (Borgess)
Collins, Kathleen (St. Mary Livonia)	Nanamori, Masakatsu (Henry Ford Detroit)
Coons, Denise (Bronson)	Nurani, Shafeena (Beaumont Troy)
Cywinski, Jacek (Cleveland Clinic)	Owens, Wendy (MidMichigan - Midland)
Davis, Quinten (Mercy Muskegon)	Pace, Nathan (Utah)
Davies, Eric (HF Allegiance)	Pardo, Nichole (Beaumont)
Dewhirst, Bill (Dartmouth)	Ping Yu, Shao (Weill Cornell)
Domino, Karen (UW)	Poindexter, Amy (Holland)
Douville, Nick (MPOG)	Poterek, Carol (Beaumont)
Drennan, Emily (University of Utah)	Pywell, Carol (Beaumont Troy)
Everett, Lucy (MGH)	Qazi, Aisha (Beaumont Troy)
Finch, Kim (Henry Ford Detroit)	Quinn, Cheryl (St. Joseph Oakland)
Fisher, Garrett (MidMichigan)	Reidy, Andrea (WUSTL)
Gall, Glenn (St. Mary Livonia)	Rubin, Daniel (University of Chicago)
Goatley, Jackie (Michigan Medicine)	Ruiz, Joseph (MD Anderson)
Goorin, Patty (Sparrow)	Rutherford, Renee (Borgess)
Hall, Kathleen (Borgess)	Schonberger, Rob (Yale)
Heiter, Jerri (St. Joseph A2)	Scranton, Kathy (Mercy St. Mary)
Harwood, Timothy (Wake Forest)	Shah, Nirav (MPOG)
Horton, Brandy (A4)	Szymanski-Bogart, Brooke (MPOG)
Janda, Allison (MPOG)	Tao, Jing (MSKCC)
Jiang, Silis (Weill Cornell)	Trummel, John (Dartmouth)
Johnson, Rebecca (Spectrum & Metro)	Tyler, Pam (Beaumont Farmington Hills)
Kaper, Jonathan (Beaumont Trenton)	Vaughn, Shelley (MPOG)
Kenron, Dan (OHSU)	Veach, Kristine (St. Joseph)
Khan, Meraj (Henry Ford Macomb)	Wren, Jessica (Henry Ford Wyandotte/Macomb)

Agenda & Notes

- 1) **Roll Call:** Will contact QI Champions and ACQRs directly to inquire about participation status if missing. Other participants can review meeting minutes and contact Coordinating Center if missing from attendance record.
- 2) **Minutes from January 25, 2021 meeting approved-** minutes and recording posted on the website for review
- 3) **Announcements & Updates**
 - a) ACQR Virtual Retreat is 4.16.21 from 9-12 pm
 - b) St. Mary's Grand Rapids: Welcome!
 - c) Remapping concepts for new scan start/stop MPOG concepts
- 4) **Upcoming Events**
 - a) MSQC/ASPIRE Collaborative Meeting: April 23, 2021
 - i) Registration is now open on MPOG website
 - b) ASPIRE Collaborative Meeting: July 16, 2021
 - c) MPOG Retreat: October 8, 2021
 - i) Hopefully in-person but plan to have a virtual version as well
 - d) Quality Committee Meetings via Zoom
 - i) Monday, March 22, 2021
 - ii) Monday, May 24, 2021
 - iii) Monday, July 26, 2021
 - iv) Monday, September 27, 2021
 - v) Monday, November 22, 2021
- 5) **Featured Member, March and April 2021**
 - a) Vikas O'Reilly-Shah, MD, PhD (University of Washington)
- 6) **VBR Updates**
 - a) Performance Period: 1/1/2020-11/30/2020
 - i) PONV 02
 - ii) TEMP 03
 - iii) PONV 01
 - b) Eligibility:
 - i) Member of PO for at least 1-year
 - ii) Have at least 2 years of data in ASPIRE
 - iii) Aggregate hospital performance
 - (1) Met 2 / 3: 3% uplift
 - (2) Met 3/3 measure received additional 2% (NEW) total 5%
 - iv) Letters will be sent to Provider Organization to inform providers of uplift amount
 - v) VBR is applied only to BCBSM Commercial PPO Claims
 - c) 2022 VBR
 - i) 12/1/2020 – November 30, 2021
 - (1) GLU 03 $\geq 70\%$
 - (2) BP 03 ≥ 85
 - (3) SUS 01 $\geq 85\%$
 - ii) To be eligible

- (1) Member of PO for 1-year
- (2) At least 2 year of data in ASPIRE
- 7) **PONV Request changes to threshold from 5% to 10% on next dashboard**
 - a) Modify the threshold to 10% to balance more closely with national rates / good rates
 - b) Plan is to make change, if anyone has any feedback or thoughts, send to Coordinating Center
- 8) **GLU 03/04/05**
 - a) Feedback from sites to add measure to Provider feedback e-mails. In order to add we need provider attributions.
 - i) Follow GLU 01/02: Providers in the room at the time of the high/low glucose are responsible
 - ii) Discussion:
 - (1) Dr. Berris: That is probably okay, but could you attribute the PACU one to the provider who signed the PACU note. Notes rea not often signed within six hours
 - (a) We will have to look into this and if we get this information.
 - (2) Jon Kaper: Support proposal
 - (3) Jerri Heiter: Good idea, these are newer measures to get familiar with specs & performance
 - (4) Patricia Mack: Good idea
 - (5) John LaGorio: Support proposal
 - (6) Tim Harwood: Generic ordering? Who are the providers ordering?
 - (a) We do not always get this information and not possible to use
- 9) **Subcommittee Updates**
 - a) Cardiac: Next meeting will be in May/June depending on schedules
 - i) Cardiac Anesthesia Type Phenotype is being revised to add more granularity
 - (1) Measure underdevelopment: Post-bypass hypothermia avoidance
 - (a) Threshold: ≥ 35.5 C
 - (b) Timing: Last non-artifact temperature measure prior to anesthesia end, prioritizing core temperature measurements
 - (c) Exclusions: EP, cath lab, and transcatheter procedures (focus on open cardiac cases)
 - (d) 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
 - (2) Measures to be addressed: hyperthermia avoidance and glucose management
 - (3) If you are interested in participating with the Cardiac Subcommittee, contact Dr. Allison Janda at ajanda@med.umich.edu
 - b) Obstetrics: Next meeting is May 5, 2021
 - i) Recap of February 2021 meeting, see [MPOG website](#) for notes
 - (1) Obstetric anesthesia type phenotype: to be used in all measures for including /excluding labor epidural or cesarean delivery
 - (2) Two new measures: Available on dashboard
 - (a) BP 04-OB
 - (b) GA 01-OB
 - (c) BP 04-OB: % of cases with systolic blood pressure < 90 mmHg for less than or equal to 5-minutes during the time of placement to delivery, [see slides for spec](#)

- (d) GA-01-0B: % of cesarean delivery cases where general anesthesia was used, see [measure spec](#) for more details
- (3) If interested in participating on the OB Subcommittee, contact Brooke Szymanski-Bogart at bmiszy@med.umich.edu
- c) Pediatrics: February 2021 Meeting Recap, see meeting recap on [MPOG website](#)
 - i) Reviewed PAIN-01 Performance across MPOG Peds Institutions
 - ii) Discussed PONV-02 measure revisions based on new 2020 consensus guidelines
 - (1) Reviewed PONV-02, [see slides](#) for full details
 - iii) If interested in participating with Peds Subcommittee, contact Meridith Bailey at meridith@med.umich.edu

10) Measure Review and Vote

- a) CARD 02/03 Review: [Measure Review Google Document](#). Reviewed by Drs Andrea Reidy and Michael Andrawes)
 - i) CARD 02
 - ii) Modify: changes to measure specifications:
 - (1) Add new references 4th definition and VISION, should include hs-cTnI
 - (2) Why 3.6 times 99th percentile URL when 4th defines as just above 99th percentile URL
 - (3) ? if needs to be sex specific
 - (4) Dr Michael Andrawes Recommendation: Consider exclusion of cases with mechanical support (VAD insertion, IABP insertion, ECMO initiation, etc.). This may or may not be covered by “cardiac surgery without pump.”
 - (5) May be reasonable to include liver transplant with VV bypass and TAAA with left heart bypass. Ensure pacemaker insertion includes defibrillator insertion. Surgical CPTs are listed below.
 - iii) CARD 03
 - (1) Add new references 4th definition and VISION, should include hs-cTnI
 - (2) Why 3.6 times 99th percentile URL when 4th defines as just above 99th percentile URL
 - (3) ? if needs to be sex specific
 - (4) Dr Michael Andrawes Recommendation: Consider exclusion of cases with mechanical support (VAD insertion, IABP insertion, ECMO initiation, etc.). This may or may not be covered by “cardiac surgery without pump.” May be reasonable to include liver transplant with VV bypass and TAAA with left heart bypass. Ensure pacemaker insertion includes defibrillator insertion. Surgical CPTs are listed below.
 - iv) Discussion:
 - (1) Eric Davies, we should not have any benchmark level and make it informational.
 - (2) Rob Schonberger: @Eric - might help to have percent of cases with a measurement done
 - v) Voting CARD 02:
 - (1) Continue as is: 20% (6)
 - (2) Modify: 73% (22)
 - (3) Retire: 10% (3)
 - vi) Voting CARD 03:
 - (1) Continue as is: 26% (8)

- (2) Modify: 71% (22)
- (3) Retire: 3% (1)
- vii) Additional Voting
 - (1) Should we change the marker of myocardial injury to the URL (99th percentile) Troponin level?
 - (a) Yes: 96% (27)
 - (b) No: 1% (1)
 - (2) Should we change CARD 02 and 03 to informational measures (ie remove the 5% threshold)?
 - (a) Yes 96% (27)
 - (b) No: 4% (1)
 - (3) Should we add in the additional exclusions (via surgical CPTs) discussed during the measure review?
 - (a) Yes: 100% (28)
 - (b) No: 0% (0)

Meeting concluded at 11:00 am

Cardiac/EP/Cath/Transcatheter/Endovascular Surgical CPTs to *exclude* from CARD 02 and CARD 03:

Surgical CPT Code	Text description of Surgical CPT code
92986-92990	Balloon valvuloplasty
93580-93592	Repair Procedures of Structural Heart Defect
33202-33275	Pacemaker or Implantable Defibrillator Procedures
33285-33286	Introduction or Removal of Subcutaneous Cardiac Rhythm Monitor
33289	Implantation of Hemodynamic Monitor
92920-92979	Therapeutic Cardiovascular Services and Procedures on the Coronary Vessels
92950-92985	Other Therapeutic Cardiovascular Services and Procedures
92998	Other Therapeutic Cardiovascular Services and Procedures
93451- 93533	Cardiac Catheterization and Associated Procedures
93600-93662	Intracardiac Electrophysiological Procedures/Studies
33016-33100	Surgical Procedures on the Pericardium
33120-33130	Excision Procedures of Cardiac Tumor
33140-33141	Transmyocardial Revascularization Procedures
33300-33340	Surgical Procedures on the Heart (Including Valves) and Great Vessels
33361-33478	Surgical Procedures on Cardiac Valves
33496	Other Cardiac Valvular Procedures
33500-33507	Coronary Artery Anomaly Procedures
33508	Endoscopy Procedures on the Heart and Pericardium
33510-33516	Venous Grafting Only for Coronary Artery Bypass
33517-33530	Combined Arterial-Venous Grafting for Coronary Bypass
33533-33548	Arterial Grafting for Coronary Artery Bypass
33572	Coronary Endarterectomy Procedures
33600-33622	Repair Procedures for Single Ventricle and Other Complex Cardiac Anomalies
33641-33697	Repair Procedures for Septal Defect
33702-33722	Repair Procedures for the Sinus of Valsalva
33724-33732	Repair Procedures for Venous Anomalies
33735-33768	Shunting Procedures on the Heart and Pericardium
33770-33783	Repair Procedures for Transposition of the Great Vessels
33786-33788	Repair Procedures for Truncus Arteriosus
33800-33853	Repair Procedures for Aortic Anomalies
33858-33877	Repair Procedures for Thoracic Aortic Aneurysm
33880-33891	Endovascular Repair Procedures of the Descending Thoracic Aorta
33910-33926	Surgical Procedures on the Pulmonary Artery

33927-33945	Heart/Lung Transplantation Procedures
33946-33989	Extracorporeal Membrane Oxygenation or Extracorporeal Life Support Services and Procedures
33962-33993	Cardiac Assist Procedures
33999	Other Cardiac Surgery Procedures