

Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday, November 27, 2017

Attendees: P=Present; A=Absent; X=Expected Absence

P	Agarwala, Aalok (Mass General)	P	Hitti, Nicole (Weill Cornell)
P	Ajja, Olivia (St. Joseph)	P	Ianchulev, Stefan (Tufts)
P	Angel, Alan (Bronson Battle Creek)	P	Kaye, Toni (ASA AQL)
P	Aziz, Michael (Oregon)	P	Kennedy, Jori (Sparrow)
P	Bailey, Meridith (Michigan)	P	Lacca, Tory (Michigan)
P	Berris, Joshua (Beaumont Farmington Hills)	P	Ladd, Chris (Michigan)
P	Bhavsar, Shreyas (MD Anderson)	P	LaGorio, John (Mercy Muskegon)
P	Biggs, Daniel (Oklahoma)	P	Louzon, Kathryn (Beaumont Royal Oak/Troy)
P	Bledsoe, Amber (Utah)	P	Mack, Patricia (Weill Cornell)
P	Brightman, Deena (Henry Ford)	P	Miletic, Nino (NY Langone)
P	Buehler, Katie (Michigan)	P	McKinney, Mary (Beaumont Dearbor/Taylor)
P	Carlington, Jen (St. Mary)	P	Nachamie, Anna (Weill Cornell)
P	Colquhoun, Douglas (Michigan)	P	Paganelli, Bill (University of Vermont)
P	Coons, Denise (Bronson Battle Creek/Kalamazoo)	P	Pardo, Nichole (Beaumont Grosse Pointe)
P	Crawford, Joan (Mercy Muskegon)	P	Poindexter, Amy (Holland)
P	Cuff, Germaine (NYU Langone)	P	Rensch, Robert (Bronson)
P	Domino, Karen (U of Washington)	P	Quinn, Cheryl (St. Joes Oakland)
P	Dubovoy, Timur (Michigan)	P	Saager, Leif (Michigan)
P	Everett, Lucy (Brigham & Women's)	P	Schonberger, Robert (Yale)
P	Gates, Liz (Beaumont)	P	Shanks, Amy (Michigan)
P	Harwood, Timothy (Wake Forest)	P	Smith, Susan (Beaumont)
P	Haus, Jason (Beaumont Troy)	P	Tollinche, Luis (Memorial Sloan Kettering)
P	Heiter, Jerri (St. Joseph)	P	Tyler, Pam (Beaumont Farmington Hills)
P	Hightower, William (Henry Ford)	P	Wedeven, Chris (Holland)

Agenda & Notes

1. Minutes from September 25, 2017 meeting approved- posted on the website for review. Recording available as well.
2. 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.
3. Items of Interest & Upcoming Events
 - a. MPOG Retreat Recap
 - i. Meeting in Boston at ASA. Great speakers and topics from QI and research perspectives.
 - ii. Survey distributed last week. Feedback as follows. Will incorporate these recommendations into planning next year's MPOG retreat.
 - a. Prefer single track all day vs. separate afternoon QI and research tracks
 - b. Prefer combination of long and short talks throughout day
 - c. Majority of survey participants would like additional time for networking
 - d. Survey participants prefer to keep the same timeframe for the meeting: 8am-3pm.

- e. Non-anesthesiology speaker current presence at the meeting is appropriate. Survey results do not show that more/less non-anesthesiology speakers is preferred.
 - b. Meetings for your calendar
 - i. April 20, 2018: Collaborative Meeting with MSQC at Schoolcraft College, VistaTech Center in Livonia. Agenda not finalized yet. Send ideas to Coordinating Center for potential topics.
 - ii. April 28-May 1, 2018: IARS. MPOG coordinating a networking event during the IARS meeting in Chicago. More information to come.
 - iii. July 20, 2018: ASPIRE Collaborative Meeting at Lansing Community College
 - iv. March 23-25, 2018: SPA-AAP Pediatric Anesthesiology meeting in Phoenix, AZ. No current plan for MPOG subgroup to meet but if there is interest, MPOG can coordinate an event/meeting. Please contact MPOG if interested in such an event to discuss pediatric quality measures.
- 4. DataDirect Download: DataDirect initially available for cohort discovery to identify numbers of patients undergoing certain procedures or experiencing particular outcomes. DataDirect Download now available to Quality and Research Champions or a limited group of people approved by the Champions to download case lists without PHI after running the DataDirect query. Interested individuals must complete the DataDirect form and submit to Coordinating Center to gain DataDirect access and download capability. DataDirect Authorization form requires signature from a hospital leader- not just the individual interested in access. Reauthorization will be required every 6 months. Access will expire after 6 months automatically. Submit completed forms to Tory Lacca (lacca@med.umich.edu).
- 5. Value Based Reimbursement Program
 - a. BCBS funded program that allows for uplifts to eligible providers as determined by Physician Organization (PO) participation and ASPIRE measure performance. ASPIRE approved to participate for 2018.
 - b. 4 ASPIRE measures (TEMP 03, TOC 02, NMB 02, PUL 01) included in the program. PO must perform above threshold on 3 out of 4 measures for the 2017 performance year to obtain 3% uplift in 2018. Only members of the PO will be eligible for uplift- PO does not necessarily align with a site or entire practice.
 - c. Uplift is only applicable to cases where anesthesiologist personally performs the case or supervised a resident. This uplift application is being reviewed for future years to potentially include all cases for anesthesiologists and eventually include all anesthesia providers
- 6. Proposed Measure: Anesthetic vapor monitoring
 - a. Rationale: Anesthetic vapors are costly and are known greenhouse gases
 - b. Opportunity for collaboration: Proposed by Yale. One version of the measure built and in use at Beaumont Farmington Hills.
 - c. Beaumont FH specifically captures gas concentrations and gas flows to determine cost/minute. The data included on monthly dashboard at site internally- not included on the ASPIRE dashboard.

- d. Yale was hoping to capture the CO2 emission equivalents for each anesthesia gas. Dr. Sherman at Yale has been specifically interested in greenhouse effect of anesthetic vapors and has done work in this area. Median fresh gas flow of 3L/min.
 - e. Start and stop for gas flow times is yet to be determined for calculating median fresh gas flow. Can also use only gas values above a certain rate. Beaumont FH is only using the middle 3/5ths of all values to determine cost/minute.
 - f. Discussion regarding self-reported values. Electronic reporting directly from the machine would be ideal for this type of measure.
 - g. Sites expressing interest across ASPIRE for measuring anesthetic vapor administration
 - h. UW has developed a decision-support algorithm for reducing excess gas flows
 - i. AlertWatch has a fresh gas alert and when to suppress high/low gas alarms
7. P4P Update
- a. TRAN 02- Selected measure for all BCBS participating sites
 - b. Each site needs to also select a site-directed measure that is currently performing below threshold and submit the measure form to Coordinating Center (Katie, Chris, or Meridith)
 - c. Can be the same measure that was selected for 2017 if the measure is still performing below threshold.
8. QCDR Update
- a. 2016: TEMP 02 and BP 01 performance data will be posted on Physician Compare website in December 2017
 - b. 2017 Updates
 - i. QCDR Agreements: Will return fully executed versions as soon as available
 - ii. Invoices to be distributed in the next couple weeks- please verify number of participating providers and send confirmation email to Katie by November 30th
 - iii. Monthly updated performance summaries will be sent until data submitted to CMS.
 - iv. ASPIRE will submit all measures to CMS unless practices advise otherwise
 - v. QCDR Audit Tool released- complete audit by February 14, 2018
 - c. 2018 Planning
 - i. Notify Katie Buehler if your practice plans to participate
 - ii. Finalizing the QCDR participation guide – will distribute as soon as CMS confirms QCDR status
 - iii. Contracts will be distributed early 2018 and due March 31
 - iv. MIPS Provider exclusions modified:
 - a. Newly enrolled in Medicare
 - b. Participating in Advanced Alternative Payment Model (ACO)
 - c. Bill less than or equal to \$90,000 per year OR see fewer than 200 Medicare Part B patients per year
 - v. Data Completeness Threshold increased to 60%
9. Provider Contact Tool Updates
- a. Added a column for ASPIRE dashboard/ASPIRE account status
 - i. Account status is listed (Activated, Activation email sent, Activation email expired, Not activated, account does not exist)

- ii. Site super users can send an activation email
- iii. Providers active status can be changed for multiple rows at once (multi-select option built in)
- iv. Added column for 'active' status to the Excel import template
- v. Tool can now validate NPI numbers for providers by checking against the NPPES registry

10. Measure Audit Tool (MQuARK- MPOG Quality and Research Kit)

- a. Now ready for use!
- b. First implementation will be used to audit the handoff (TOC 02) measure
- c. Audit tool allows users at sites to enroll patients, complete the form, and begin to measure quality of handoffs for approximately 10 patients/month. Can link audit information to an MPOG Case ID.
- d. MPOG is interested in piloting the tool at UM and one other Michigan site. Please contact Coordinating Center if interested in participating in the pilot.

Meeting concluded at 11:00.