

Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday, January 22, 2018

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

P	Abdallah, Arbi 'Ben' (Wash U)	P	Horton, Brandy (A4)
P	Agarwala, Aalok (Mass General)	P	Housey, Shelley (Michigan)
P	Ajja, Olivia (St. Joseph)	P	Jameson, Leslie (Colorado)
P	Angel, Alan (Bronson Battle Creek)	P	Kaye, Toni (ASA AQL)
P	Aziz, Michael (Oregon)	P	Kamdar, Nirav (UCLA)
P	Bailey, Meridith (Michigan)	P	Lacca, Tory (Michigan)
P	Berris, Joshua (Beaumont Farmington Hills)	P	Ladd, Chris (Michigan)
P	Biggs, Daniel (Oklahoma)	P	LaGorio, John (Mercy Muskegon)
P	Bledsoe, Amber (Utah)	P	Lorzano, Alyssa (Oregon)
P	Bonello, Laura (Beaumont)	P	Louzon, Kathryn (Beaumont Royal Oak/Troy)
P	Brightman, Deena (Henry Ford)	P	Mathis, Mike (Michigan)
P	Buehler, Katie (Michigan)	P	McKinney, Mary (Beaumont Dearbor/Taylor)
P	Colquhoun, Douglas (Michigan)	P	Nachamie, Anna (Weill Cornell)
P	Coons, Denise (Bronson)	P	Pardo, Nichole (Beaumont Grosse Pointe)
P	Crawford, Joan (Mercy Muskegon)	P	Patel, Ashvin (Beaumont Trenton)
P	Cuff, Germaine (NYU Langone)	P	Poindexter, Amy (Holland)
P	Domino, Karen (U of Washington)	P	Rensch, Robert (Bronson)
P	Dubovoy, Timur (Michigan)	P	Quinn, Cheryl (St. Joes Oakland)
P	Goorin, Patricia (Sparrow)	P	Schonberger, Robert (Yale)
P	Harwood, Timothy (Wake Forest)	P	Shah, Nirav (Michigan)
P	Heiter, Jerri (St. Joseph)	P	Sharma, Anshuman (Wash U)
P	Hightower, William (Henry Ford)	P	Tyler, Pam (Beaumont Farmington Hills)
P	Hitti, Nicole (Weill Cornell)	P	Whitney, Gina (Children's Colorado)

Agenda & Notes

1. **Minutes from November 27, 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. **Upcoming Events:**
 - a. *April 20th Joint Meeting with Surgical Quality Collaborative – Livonia, MI*
 - i. Great agenda planned including topics relevant to surgeons and anesthesia providers. Planning to share first reports linking MSQC and ASPIRE data.
 - ii. ASPIRE only breakout session in afternoon 90 min. Sites will present QI stories. Abbreviated version of performance review.
 - b. *April 28th IARS. MPOG/ASPIRE – Chicago, IL*
 - i. No formal meeting scheduled. Plan to have an informal meeting. More information to follow.

- c. *July 20 – ASPIRE Collaborative Meeting – Lansing, MI*
- d. *March 23-25 Society of Pediatric Anesthesiology*
 - i. No planned events. If any Pediatric ASPIRE members in attendance are interested in meeting, we would be happy to help set something up!

4. Value Based Reimbursement Program Update

- a. ASPIRE has been approved for 2018/2019 VBR program. They've asked us to submit measures that would be relevant within our own specialties to give VBR uplifts.
- 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. BCBS asked CQI to choose nationally recognized measures when possible in order to align with the CMS MIPS program.
- 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
- d. Approved list of POs to be released in March 2018 from BCBS

5. P4P Scorecard Update

- a. TRAN 02- Selected measure for all BCBS participating sites
- b. 2017 Scorecard will be tabulated later this month (results distributed February)
- c. 2018 Scorecard started in January – list is on website. Any questions please contact Tory Lacca

6. Upload Schedule Update

- a. Upload deadlines are now every 3rd Wednesday of each month with provider feedback emails going out every 4th Wednesday of the month. Exception is December to accommodate the Holiday (2nd Wednesday of December, Emails out on 3rd Wednesday)
- b. Maintenance schedule will be posted to the website and is in this month's newsletter.

7. QCDR Update

- a. 2017 program – Katie has sent out summary for January- November 2017.
- b. Final group summary report to be distributed Feb 9th. Risk adjustment for AKI 01 and CARD 01 QCDR measures will be included in that summary. Practices to select at least 6 measures including 1 outcome measure for submission to CMS. Goal is to submit all data to CMS by February 28.
- c. If practices wish for ASPIRE to only submit a specific subset of measures to CMS, must notify the Coordinating Center by February 28. Otherwise, ASPIRE will submit all QCDR measures for 2017 and allow CMS to determine which 6 measures will result in the best score.
- d. QCDR Audit Tool released- complete audit by February 14, 2018
- e. Submit payment for QCDR services by February 23rd, if practice has not done so already.
- f. Obtain insurance payer data for full year (March 31)– notify Katie once file is ready
 - i. CMS requirement: breakout Medicare/non-Medicare groups.

- g. 2018 QCDR Contracts will be distributed early 2018 and due March 31- no changes will be accepted to the contract this year.
 - h. MIPS Provider exclusions modified:
 - i. Newly enrolled in Medicare
 - ii. Participating in Advanced Alternative Payment Model (ACO)
 - iii. Bill less than or equal to \$90,000 per year OR see fewer than 200 Medicare Part B patients per year
 - i. Notify Katie Buehler if interested in participating for 2018
8. **MIPS scoring Methodology**
- a. Year one participants automatically receive 3 points for completing and submitting a measure
 - b. If a measure can be reliably scored against a benchmark, then clinician can receive 3-10 points (not including bonus points)
 - c. Clinicians can receive bonus points: 2 bonus points for each additional outcome and patient experience measure, 1 bonus point for each additional high priority measure. Bonus points are capped at 10% for total available points in the quality category.
 - d. QCDR participation Guide includes all this information – see MPOG website.
9. **MOCA Update**
- a. Providers have the ability to earn MOCA Part IV credit by participating in the ASPIRE feedback email process.
 - b. MOCA link in the feedback email allows providers to attest they have completed the feedback review process. If enrolled in the MOCA program and attestation is completed for 12 months, providers are eligible to receive up to 25 points towards MOCA Part IV.
 - c. Providers must maintain performance above threshold for selected measures or show improvement during the 12 month period to obtain the full 5 points per measure.
 - d. ASPIRE is responsible for sending all data to ABA. Anesthesiologist providers responsible for reviewing email, going to MOCA page that shows what cases they have not passed and attesting they have reviewed them.
 - e. Fee: \$150 (covers administrative costs)
10. **TOC Audits**
- a. MQARK is launched!
 - b. Audit tool allows users at sites to enroll patients and complete quality audits of handoffs for approximately 10 patients/month. Can link audit information to an MPOG Case ID.
 - c. Audits are not mandatory for 2018. Hopefully in 2019 want to make more surveys a core component of our quality improvement program. PACU form is optional/voluntary.
 - d. The person who is conducting the audit will need to enroll each individual patient. We hope to make this process easier by linking the OR census in the future.
 - e. Contact Coordinating Center if interested in participating for 2018.
11. **Measure Feedback Survey**
- a. Sent out survey a couple of weeks ago to see where interest is in building new measures. Also wanted to get a sense of how to prioritize these measures
 - b. Increased interest in operational measures noted.

- c. Based on survey results, ASPIRE will focus on building additional measures related to intraoperative opioid use, PONV outcome measure, and a hyperglycemia measure.
 - d. Will post more detailed form of results on forum in the next few weeks.
- 12. Measure updates**
- a. *PUL 01* – Will now include all outpatient procedures.
 - i. Makes sense clinically
 - ii. Aligns with the AQI measure and PUL 02
 - b. *PUL 01 and PUL 02* will now exclude cases in which PIP-PEEP is less than 6 (instead of just PIP than 6)
 - c. *BP 01* – reviewing the artifact algorithm (hypotension measure). We exclude BPs that are artifact which usually come up for those with invasive art lines.
- 13. Recap: modifications to transfusion measures specific to OB cases**
- a. *TRAN 01* – largely aligns with transfusion triggers for:
 - i. Exclude labor epidural cases using the ‘labor epidural’ phenotype
 - ii. Exclude cases with EBL >1500cc instead of 2000 for C-sections
 - iii. Exclude cases with a HR >110, SPB <85, DBP <45, O2Sat <95%
 - iv. Exclude postpartum hemorrhage cases
 - b. *TEMP 01*
 - i. Warm fluids are considered active warming for C-Section
 - ii. Ensure this is documented in a way that can be pulled over to MPOG.
- 14. ASPIRE Dashboard feedback (unmasking providers for QI champions)**
- a. When providers view their individual dashboards via the feedback emails it shows their failed case information. Currently, the providers signed into the case are hidden/masked which makes QI a little more difficult. It’s important to know who else was in the case to help trigger memory and coordinate improvements. Names will no longer be hidden and provider names will now be listed on the individual case lists.
 - b. NO PHI WILL BE DISPLAYED.
- 15. Measure feedback (Methylprednisolone and PONV 01)**
- a. Adding methylprednisolone as an anti-emetic (class: steroids) for PONV 01 measure
 - b. Literature is sparse on methylprednisolone as equivalent to dexamethasone as an anti-emetic
 - c. Seems to be reasonable that if you gave methylprednisone you wouldn’t give dexamethasone.

Meeting concluded at 11:00am