Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday, August 22, 2016

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

A	Abdallah, Arbi 'Ben' (Wash U)	A	Levesque, Paula (Beaumont)
A	Agarwala, Aalok (MGH)	P	Lins, Steve (Bronson)
A	Ajja, Olivia (St. Joseph)	A	Lirk, Philipp (AMC)
A	Alvesteffer, Diane (Mercy Muskegon)	A	Lorzano, Alyssa (Oregon)
P	Angel, Alan (Bronson)	P	Louzon, Kathryn (Beaumont)
A	Aziz, Michael (OHSU)	A	Mack, Patricia (Weill-Cornell)
P	Becker, Aimee (Wisconsin)	P	Mathis, Mike (Michigan)
P	Berris, Joshua (Beaumont FH)	P	Mathur, Piyush (Cleveland Clinic)
P	Bhavsar, Shreyas (MD Anderson)	P	McKinney, Mary (Beaumont Dearborn Taylor)
P	Biggs, Daniel (Oklahoma)	A	Miletic, Nino (NYU Langone)
P	Bledsoe, Amber (Utah)	P	Moceri, Katie (Michigan)
P	Buehler, Katie (Michigan)	P	Molina, Susan (St. Mary)
A	Carl, Curtis (Sparrow)	P	Moore, James (UCLA)
P	Carlington, Jen (St. Mary)	A	Naik, Bhiken (Virginia)
P	Cuff, Germaine (NYU Langone)	A	Osborne, Jaime (Michigan)
A	Coffman, Traci (St. Joseph)	P	Paganelli, Bill (Vermont)
P	Coons, Denise	P	Pace, Nathan (Utah)
A	Coyle, Nina (PhyMed)	P	Poindexter, Amy (Holland)
A	Cywinski, Jacek (Cleveland Clinic)	P	Price, Matthew (Beaumont)
P	Davies, Eric (St. Joseph Oakland)	A	Popovich, Matt (AQI)
A	DeBoer, Jennifer (Holland)	P	Quinn, Cheryl (St. Joes Oakland)
A	DeSnyder, Kathy (Beaumont)	P	Rensch, Bob (Bronson)
P	Domino, Karen (U of Washington)	A	Roberon, Nicole (Trinity)
A	Dubovoy, Tim (Michigan)	P	Rozewicz, Deb (Bronson)
A	Fergus, Claudette (PhyMed)	P	Saager, Leif (Cleveland Clinic)
P	Gates, Liz (Royal Oak/Troy)	A	Sams, Amy (Bronson)
A	Giambrone, Greg (Weill-Cornell)	A	Schoenberger, Rob (Yale)
A	Godbold, Michael (Tennessee)	A	Segal, Scott (Wake Forest)
A	Hart, Steve (Utah)	P	Shah, Nirav (Michigan)
P	Harwood, Tim (Wake Forest)	A	Shanks, Amy (Michigan)
P	Heiter, Jerri (St. Joseph)	A	Sharma, Anshuman (Wash U)
P	Hitti, Nicole (Weill-Cornell)	P	Silvasi, Daniel (Beaumont)
A	Horton, Brandy (A4)	A	Stefanich, Lyle (Oklahoma)
P	Housey, Shelley (Michigan)	A	Stoltz, Kellie (Sparrow)
A	Jameson, Leslie (Colorado)	P	Thomas, Lori (Mercy Muskegon)
A	Jeffries, Thomas (St. Mary)	A	Tom, Simon (NYU Langone)
A	Kheterpal, Sachin (Michigan)	P	Turnbull, Zackary (Weill-Cornell)
A	King, Lisa (Oklahoma	A	Turzewski, Cynthia (St. Mary)
A	Kraus, Kelli (St. Mary's Livonia)	P	Tyler, Pam (Beaumont Farmington Hills)
A	Kuck, Kai (Oklahoma)	A	Vandewiel, Melanie (Beaumont D'Born)
P	Lagasse, Robert (Yale)	P	Wedeven, Chris (Holland)
A	LaGorio, John (Mercy Muskegon)	A	Wilczak, Janet (Oakwood)
P	Lacca, Tory (Michigan)		

Agenda & Notes

1. Announcements
    a. Meeting Minutes from the July 25, 2016 Quality Committee Meeting approved.
    b. Next Quarterly Meeting will be held on Sept 16 in Frankenmuth, MI in conjunction with MSQC. Dr. Kheterpal to be the featured anesthesiologist speaker. Do not currently have capability for remote access to the meeting but presentations are recorded and placed on website. Registration is now open online: deadline is Sept 1.
    c. MPOG Retreat will be held on October 21st before the ASA Conference at the Marriott Hotel in Chicago from 730a-330p. Draft agenda posted on the website. Registration to open soon. Agenda to include:
        i. Morning session for all members. Keynote speaker: Abel Kho, MD from Northwestern presenting the use of data to change practice. Morning session will also include talk regarding the Opioid Epidemic and collaborative work occurring with surgical colleagues.
        ii. New session: Best of MPOG. Participating members will give short presentations on the work occurring in both QI and research areas.
2. QCDR Update
    a. ASPIRE has been sending weekly email updates to Quality Champions regarding status of consent completion. Second batch of consents will be distributed on September 1 to all providers who have not yet completed consent for 2016. A final batch will be sent in early October to ensure all providers have had a chance to submit consent.
    b. Please continue to update Provider Contacts Tool as new providers join and others leave/retire.
    c. Will continue to offer the QCDR program for 2017- will charge a nominal fee for each participating site simply so ASPIRE can cover the cost for a programmer to continue this service. ASPIRE to present a proposal for the cost to the MPOG Executive Board in October to seek approval for the new fee schedule. Tentatively $150-250/provider and approximately $2500 base fee for the organization. Do not plan to add many more measures to the program. Will seek approval for TOC 01 and 02, and PONV 01 and 02 from CMS for 2017 but do not plan to add beyond that at this time.
3. Provider-specific emails
    a. ASPIRE team will not be able to make site visits to Cohort 2 sites before provider-specific emails are distributed.
    b. ASPIRE team has met virtually with each site champion and ACQR to review the presentation that is typically shared at the on-site visit so the individual emails can be introduced before the emails are distributed. The ASPIRE team will still make on-site visits this Fall to address questions and review site data with the anesthesia team.
4. CQI Status
    a. BCBSM reviews CQI effectiveness continuously. MiBOQI was recently retired/funding was discontinued. ASPIRE is in good status with BCBS. No plans to change funding.
    b. BCBS was supportive of our decision to only add 2 sites this year and take pause to refine our measures and program initiatives.

5. Epic Sites
    a. MPOG has many Epic sites that are in various stages of extract completion.
    b. Epic is in the process of modifying their extract to improve the efficiency of upload.
    c. Those Epic sites that are considering joining MPOG should reach out to their Epic TS to assess if the site should continue with the "old" extract process and mapping or if they recommend holding off until the new version is available.
    d. Those sites that are close to submitting data to MPOG can continue with the "old" method and MPOG will assist with converting the mapping to the new method eventually.
6. Research Update- 'Success of intubation rescue techniques after failed direct laryngoscopy in adults.' – Congrats to Dr. Aziz and team on this publication in *Anesthesiology*.
7. Measure Updates/Changes
    a. TEMP 01: Currently not excluding labor epidural cases for all sites. Currently exclude using CPT codes and locations tagged as labor rooms. ASPIRE also looks for the word 'labor epidural" documented in the case. ASPIRE plans to add the ability to exclude based upon MPOG concept mapping to labor epidural start or labor epidural end as well.
    b. TEMP 02: Documentation issue for temperature route related to time stamps for Epic sites.
    c. TEMP 01 and TEMP 02 released at the institution level. Will add to provider emails once sites have modified documentation and ASPIRE has improved data capture.
    d. AKI: Changed exclusion to 30mL/min/1.73m2 from 15 mL/min/1.73m2. Also removed BSA indexing from measure which should simplify how ASPIRE does calculations- this change is consistent with the rest of AKI literature. Should reduce the number of inappropriately failed cases.
    e. TOC 01 and 02: Feedback from Basecamp to contact Epic to ensure that documentation is consistent with measure. Many sites have paper processes for handoff to the PACU. Decision to continue with both components of the measure, both the yes/no answer from the EMR documentation but also the audit tool. Will make sure the PQRS list of elements is incorporated into the audit tool.
    f. TRAN 01 & 02: Feedback on Basecamp to limit the pre-transfusion hgb/hct for TRAN 01 to only before the first unit. For TRAN 02, it was suggested to only look for the first hgb/hct after the last transfusion up to anesthesia end. Option to eliminate TRAN 01 from provider-specific emails if the data capture if not a QI focus for your site. Because these measures were vetted with the ASPIRE Quality Committee and have only been published for less than a year, we are waiting for the measure to mature and practice to change before modifying further.
    g. PULM 01: Exclude leg amputees because their ideal body weight changes drastically but should not change the TV. ASPIRE has difficulty identifying these cases (via anesthesia CPT codes or discharge diagnoses in order to apply this exclusion.