

## Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday, September 26, 2016

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

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

## Agenda & Notes

### 1. Announcements

- a. Meeting Minutes from the August 22, 2016 Quality Committee Meeting approved.
- b. MPOG Retreat will be held on October 21<sup>st</sup> before the ASA Conference at the Marriott Hotel in Chicago from 730a-330p. Draft agenda posted on the website. Registration is open- please register as soon as possible so we can plan accordingly. 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.
- c. Next Quarterly Meeting will be held on December 9, in Ann Arbor, MI. Non-Michigan sites are also invited. Agenda will be posted after ASA meeting.
- d. Last Quarterly Meeting held September 16 in Frankenmuth, MI in coordination with the MSQC team. Had a breakfast session as well as an afternoon data review session. Breakfast session topics: ASPIRE plans to continue to listen to participants and add value to the collaborative. Focus areas:
  - i. Will plan to add data from MSQC (general surgery), MARCQI (Orthopedics), and MVC (value) in 2017.
  - ii. Less total effort adding sites in 2017; more effort spent on improving data quality and applications.
  - iii. Dr. Fleisher - Question about MPOG/ASPIRE guiding National Patient Safety Initiatives, including Brain Health initiative - Dr. Kheterpal to address at ASA meeting next month.
  - iv. Question about building more subspecialty measures such as pediatrics. MPOG is working with the Pediatric Electronic Anesthesia Record (PEAR) consortium now to submit data from 5-6 pediatric hospitals across the country over the next year. ASPIRE is hoping this engagement will guide pediatric measure development in the future.
  - v. NSQIP application has been launched to merge MPOG data with NSQIP data. Will work on STS application next.

### 2. CQI Status

- a. ASPIRE submitted budget for 2017 as well as proposed scorecard. Draft versions of the scorecard were shared locally at the last quarterly meeting. Only significant change was allowing sites to select a measure for improvement.
- b. BCBSM reviews CQI effectiveness continuously. MiBOQI was recently retired/funding was discontinued. The Vascular Interventions Collaborative (BMCVIC-2) is also closing this year for financial reasons. ASPIRE is in good status with BCBS. Though ASPIRE is reducing cost at Coordinating Center and modify funding to sites, ACQR role will not be affected.

### 3. OPPE- ASPIRE measure use

- a. ASPIRE measures were not originally created for OPPE use though ASPIRE recognizes that hospitals may want to move to including them for this purpose.
  - b. Initial set of measures were built on the basis of internal review only without any punitive ramifications associated with them. ASPIRE can build additional measures for OPPE but wanted feedback from group.
  - c. Dr. Segal (Wake Forest) recommends that ASPIRE measures should be used for OPPE with assignment of appropriate targets (not necessarily 100% performance expected). These measures have been designed by anesthesiologists, are well vetted, and have benchmarking data. Recommends departments dictate how these measures are utilized and what internal OPPE targets should be.
  - d. Suggestion that sites could also build site-specific measures utilizing the Galileo and ASPIRE infrastructure to build OPPE measures.
4. MACRA/MIPS/QCQR Update
- a. ASPIRE provides high-level overview of the MACRA program. All of the existing quality reporting methods will be replaced by the MACRA Quality Payment Program.
  - b. Overall, this is a budget neutral program. Providers will be penalized and incentivized based upon performance. Shift from paying for volume to paying for quality.
  - c. Performance in 2017 will dictate penalties and incentives for 2019.
  - d. 2 avenues to participate with MACRA program: Merit-based Incentive Payment System (MIPS) and Advanced Alternate Payment Models (APMs).
  - e. MIPS is comprised of 4 components that providers are measured on: Quality, Advancing Care Information, Clinical Practice Improvement Activities, Resource Use (Cost). QCQR will likely play a larger role in reporting for several of these areas in the future.
  - f. ASPIRE will continue to report for the Quality component for 2017; only 6 measures will be required, no domain requirement, 1 outcome, 1 cross-cutting measure. Anesthesia providers may be exempt from cross-cutting measure. Final rule to be released in October- will know more at that time.
  - g. ASPIRE has been sending weekly email updates to Quality Champions regarding status of consent completion. Final batch of consents will be distributed on October 3 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.
  - h. Please continue to update Provider Contacts Tool as new providers join and others leave/retire.
5. Will continue to offer the QCQR 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.
6. Provider Feedback Update
- a. Emails now going out monthly to 16 sites in total: 3 sites outside the state of Michigan.
  - b. If experiencing any issues, please let the ASPIRE team know.
  - c. Provider summary requested by many sites. ASPIRE team is building this now and will disperse to QI champions not participating with the randomization study.

- d. Randomization study update: 9 month period is ending for many of the participating sites. All providers at UM will receive emails today. ASPIRE will notify participating sites of their end date this week.
7. Epic Extract Update
- a. Dr. Shah visited Epic last week.
  - b. ASPIRE has had several data capture issues for Epic sites. These issues were elevated by Dr. Shah to Epic team directly. Epic is very interested in the ASPIRE measures and would like to adopt several of the measures for their own use. We have shared the measure specs with them and they are open to modifying their build to better accommodate our measures in the future. ASPIRE and Epic team to discuss in more detail after the ASA meeting- please let us know if you are interested in participating in this meeting.
8. Measure Updates
- a. AKI measure update: modified EGFR formula and increased the exclusion to <30 rather than <15.
  - b. TRAN 01: Pre-transfusion Hct/Hgb <16/5, will allow 2 units of blood to be given without recheck between first and second unit.
  - c. ASPIRE team to continue to review measures and will make modifications as recommended.
  - d. TOC measure specifications built- will work to build the technical components soon and get those released.
  - e. New study released from Anesthesiology regarding administration of NMB reversal and postoperative pneumonia. Study shows risk of pneumonia higher if reversal not given. Also proves any patient given an NMB is at risk for pneumonia. This study well-aligns with our NMB 02 measure.