

## Quality Reporting Office Hours

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**August 14, 2018**

# Agenda

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## QRA Update

- QPP Eligibility Tool Update
- 2019 QPP Proposed Rule
- Reminders
  - 2019 Payment Adjustment – Targeted Review deadline
  - AQI Internal Improvement Measures

## AQI Update

- Improvement Activities
- Reporting Quantum 31 and AQI 48
- Facility List Updates
- AQI Website Updates
- Anesthesia Quality Meeting Preconference

# QPP Eligibility Tool Update

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- The QPP Eligibility Tool has been updated to include 2018 Qualifying APM Participant (QP) and MIPS APM status
  - Snapshot of Medicare Part B claims from Jan 1 – March 31, 2018
  - Link to eligibility tool: <https://qpp.cms.gov/participation-lookup>
- Visit QPP materials on QP methodology and status for more information
  - [QP Methodology Fact Sheet](#)
  - [APMs overview](#)

# 2019 QPP Proposed Rule

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- CMS has released its proposals for MIPS 2019
- ASA will be commenting on several proposals including:
  - Facility-based measurement
  - Topped out measure removal process
  - Benchmarking requirements
- Overview and updates will be provided following release of the 2019 Final Rule

# REMINDER: 2019 MIPS Adjustment – Targeted Review

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- Eligible clinicians and groups that scored 3 or more points avoided a penalty.
- If you suspect an error has been made in your score, you can request a targeted review by ***October 1st, 2018***.
- More information is available on the QPP:
  - [Targeted review fact sheet](#)
  - [Targeted review user guide](#)
  - [Performance feedback fact sheet](#)
  - [Payment adjustment fact sheet](#)

# REMINDER: Internal Improvement Measures

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- AQI NACOR is launching an additional, **optional** measure suite for reporting for tracking quality metrics not used for MIPS.
  - These measures will **NOT** be sent to CMS for any reason.
- Clinicians can track outcomes and other measures that may be helpful in contract negotiations, quality improvement projects, etc.
- The suite includes measures previously used in CMS programs and other measures that may be meaningful for practices to report.
- NACOR dashboard and AQI webpage coming soon!
- Review the IIM book:  
[https://www.aqihq.org/files/IIM/2018%20IIM/2018\\_Internal\\_Improvement\\_Measures\\_Book.pdf](https://www.aqihq.org/files/IIM/2018%20IIM/2018_Internal_Improvement_Measures_Book.pdf)

# Quality and Regulatory Affairs (QRA) Update (August 2018)

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Questions and comments on quality measures and regulatory information (e.g. reporting requirements, CMS regulation) should be sent to Quality and Regulatory Affairs staff.

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Quality and Regulatory Affairs ([gra@asahq.org](mailto:gra@asahq.org))

<https://www.asahq.org/quality-and-practice-management/quality-and-regulatory-affairs>

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ASA MACRA Webpage:

<http://www.asahq.org/macra>

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CMS Quality Payment Program Website:

<http://www.qpp.cms.gov>

## AQI Update: Improvement Activities

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- Updates to NACOR dashboard complete – can start attesting now!
- Top 5 reported IA's in 2017

IA reported	Measure Title
IA_PSPA_1	Participation in an AHRQ-listed patient safety organization
IA_PSPA_7	Use of QCDR data for ongoing practice assessment and improvements
IA_EPA_1	Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record
IA_BE_6	Collection and follow-up on patient experience and satisfaction data on beneficiary engagement
IA_PSPA_19	Implementation of formal quality improvement methods, practice changes or other practice improvement processes

- 2018 Data validation criteria – *Coming Soon!*



# Measure Coding Review:

## AQI Measure 48 - Patient Experience

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- The survey should be administered to the patient shortly following discharge from the facility.
- Practices and eligible clinicians may customize their surveys to meet local needs
- o A valid survey must include a core set of questions that address three of the four criteria listed below as well as one mandatory question:
  - 1. Pre-operative Education and Preparation
  - 2. Patient and/or Family Communication
  - 3. Care Team Response to Comfort and Well-Being
  - 4. Post-operative pain control and/or management
- **Mandatory Question**: On a scale of 1 to 5, where 1 indicates the worst anesthesia experience and where 5 indicates the best anesthesia experience, how would you rate your overall anesthesia experience?

# Measure Coding Review:

## AQI Measure 48 - Patient Experience

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- Measure has two performance rates: AQI48a and AQI48b
  - **AQI48a:** reported each time a patient undergoes a procedure under anesthesia.

### Performance Met

- **10A12:** Patient provided with a survey within 30 days of the procedure to assess their experience and satisfaction with anesthesia

### Denominator Exception

- **10A13** Documentation of patient reason(s), process reason(s) or medical reason(s) for not receiving survey (i.e. patients who are non-verbal, who are unable to be surveyed due to a medical or psychiatric reason, who are unable to be surveyed due to a language barrier, have not provided contact information, who are discharged to assisted living, skilled nursing facility or other similar location)

### Performance Not Met

- **10A14** Patient was not provided with a survey within 30 days of the procedure to assess their experience and satisfaction with anesthesia

# Measure Coding Review:

## AQI Measure 48 - Patient Experience

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**AQI48b:** the provider must report the individual patient scores received by the patient who completed the survey described in AQI48a. (A **minimum number of 20 surveys** with the mandatory question completed must be reported).

- **Numerator Code: 10A72:** Patient completed a survey on their patient experience and satisfaction with anesthesia care

- **Denominator Codes:**

### **Performance Met:**

- 10A70 Patient reported a positive anesthesia experience (i.e., a 4 or 5 on the mandatory survey question)

### **Performance Not Met:**

- 10A71 Patient did NOT report a positive anesthesia experience (i.e., a 1, 2, or 3 on the mandatory survey question)

# Measure Coding Review:

## AQI Measure 48 - Patient Experience (XML Example)

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```
<QCDR>  
  <QCDRMeasure>AQI48</QCDRMeasure>  
  <QCDRCodeValue>10A12</QCDRCodeValue>  
  <QCDRModifier xmlns:nil="true" />
```

```
</QCDR>
```

```
<QCDR>  
  <QCDRMeasure>AQI48</QCDRMeasure>  
  <QCDRCodeValue>10A72</QCDRCodeValue>  
  <QCDRModifier xmlns:nil="true" />
```

```
</QCDR>
```

```
<QCDR>  
  <QCDRMeasure>AQI48</QCDRMeasure>  
  <QCDRCodeValue>10A70</QCDRCodeValue>  
  <QCDRModifier xmlns:nil="true" />
```

```
</QCDR>
```

# Measure Coding Review: Quantum 31

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- Percentage of patients, regardless of age, in whom ultrasound guidance is used by the anesthesia clinician when placing a central line for those central lines that are placed in the internal jugular location.
- Licensed measure from MEDNAX
- No AQI Measure ID (use “Quantum31” as the value for “QCDRMeasure”)
- Denominator includes CPT procedure codes, NOT ASA codes
- AQI added NACOR Registry codes for reporting denominator / numerator conditions.
- Should be reported by providers who actually place the central line, NOT by providers who provide anesthesia for central line placement
- Further questions should be directed to MEDNAX (the measure steward)

## Measure Coding Review: Quantum 31

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- Denominator All patients, regardless of age, who undergo internal jugular central line placement by the anesthesia clinician. Denominator Criteria (Eligible Cases):
  - All patients, regardless of age AND Patient encounter during the reporting period (CPT):
    - 36555, 36556, 36557, 36558, 36560, 36561, 36563, 36565, 36566, +76937, 93503
    - AND Internal jugular site insertion **10A66**
  - Denominator Exclusions / Exceptions
    - None

## Facility List Audits

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The practice's benchmarking data and benchmarking reports depend on an accurate facility list so it is important for the AQI champion to ensure this list is up to date

- Practice champions will be receiving a communication from AQI confirming their practice facilities
- Practice champions can also log in to NACOR to review their current facilities and update if necessary
  - Instructions on how to audit facility lists can be found [here](#)

## Anesthesia Quality Meeting – AQI Preconference

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- MACRA and Beyond – Successfully Reporting to NACOR
- Speakers from AQI and QRA
  - When – Friday, November 16, 2018
  - Where – ASA Headquarters, Schaumburg, IL
  - Cost \$200
- [Registration](#) open now!



# AQI Website Updates

(<https://www.aqihq.org>)

## Quality Section – 2 tabs

- NACOR Basic
  - Administrative Resources
    - Internal Improvement Measure Specifications
    - NACOR User Guide
    - Provider and Facility List

The screenshot displays the Anesthesia Quality Institute website. The header includes the logo, navigation links (HOME, ABOUT US, QUALITY, RESEARCH, REGISTRIES, VENDORS), and utility links (Print, Contact Us, Google Custom Search). The main content area is titled "AQI NACOR BASIC REPORTING" and lists administrative resources such as "NACOR Data Definitions (PDF)", "Internal Improvement Measurements Specifications (PDF)", "NACOR User Guide (PDF)", "Roles and Responsibilities (PDF)", "AQI Vendor List", "Updating Provider Lists on the NACOR Dashboard (PDF)", and "Auditing your Facility List (PDF)". A video player is embedded, showing a webinar titled "AQI Webinar: How to Audit Your Facility List" from Erika Kalb. The video player shows a timestamp of 04:20 and the Vimeo logo. On the right side, there is a "Member Login" section with a "Login" button, a "Member Benefits" section, and a "Report Adverse Events & Near Misses" button with the website address "www.aqiairs.org". At the bottom right, there is a "Patient Safety Listed PSO Organization" logo.

# AQI Website Updates

(<https://www.aqihq.org>)

- Quality Section – 2 tabs
- NACOR Quality Reporting
  - Administrative Resources
    - NACOR User Guide
    - Data Definitions
- 2018 MIPS Resources
  - Quality Component
  - Improvement Activities

## AQI NACOR QUALITY REPORTING

Learn more about [NACOR Quality Reporting](#) and [MACRA](#) on the ASA Website, or the [CMS MACRA Website](#).

### 2018 NACOR quality reporting deadlines

Date	Deadline
10/31/2018	Registration
1/31/2019	Jan - Nov 2018 Data Submission
2/15/2019	2018 Final Data Submission
2/15/2019	CMS Opt-Out for Individual Reporting
2/15/2019	TIN/NPI Reconciliation
2/15/2019	Improvement Activity Attestation

### 2018 Administrative Resources

- [NACOR User Guide \(PDF\)](#)
- [NACOR Data Definitions \(PDF\)](#)
- [Reviewing quality reports in NACOR Dashboard \(PDF\)](#)
- [Roles and Responsibilities \(PDF\)](#)

### 2018 MIPS Quality Component

- [QCDR Measure Specifications \(PDF\)](#)
- [MIPS Measures available for reporting through AQI NACOR \(PDF\)](#)

### 2018 MIPS Improvement Activity Component

- [Recommended Improvement Activities for Anesthesiology \(PDF\)](#)
- [Improvement Activity Recommendation Flowchart \(PDF\)](#)
- [ASA MIPS Improvement Activities Templates](#)
- [Attesting to Improvement Activities \(PDF\)](#)

### 2018 Sample Capture Forms

- [QCDR Data Capture Form \(PDF\)](#)
- [QR Data Capture Form \(PDF\)](#)

### Member Login

Login

### Member Benefits

[AQI's NACOR Quality Reporting](#)

[AQI's Office Hours](#)

[Contact AQI](#)



ANESTHESIA INCIDENT REPORTING SYSTEM (AIRS)  
**Report Adverse Events & Near Misses**  
[www.aqiairs.org](http://www.aqiairs.org)



# Next Quality Reporting Office Hours

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Tuesday, September 11th  
11am CST

Webinar registration link will be sent to the AQI Office Hour listserv within the next few days

# Q&A

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