

Quality Reporting Office Hours

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Special Guest: Dr. David Bergman

July 10, 2018

Agenda

QRA Update

- MIPS 2017 Scores
- Target Review Process
- AQI Internal Improvement Measures

AQI Update

- NACOR Dashboard Improvements
- Provider List & Facility List Updates
- NACOR Basic Registration
- ePreop Patient Satisfaction Tool

2017 MIPS Scores

- MIPS Scores for 2017 reporting are now available.
- Login to the QPP website (qpp.cms.gov/login) using your EIDM credentials to access your score.
- If you do not have an EIDM account, you must request one.
 - o Consult the [CMS Guide for Obtaining an EIDM Account](#) for more information

AQI does not have access to your MIPS scores.

2017 MIPS Scores – Targeted Review

- 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 ***September 30th, 2018***.
- More information is available on the QPP:
 - [Targeted review fact sheet](#)
 - [Targeted review user guide](#)
 - [Performance feedback fact sheet](#)
 - [Payment adjustment fact sheet](#)

Internal Improvement Measures

- AQI NACOR is launching an additional, **optional** measure suite for reporting for tracking quality metrics not used for MIPS.
 - o 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

Quality and Regulatory Affairs (QRA) Update (July2018)

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

Quality and Regulatory Affairs (gra@asahq.org)

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

ASA MACRA Webpage:

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

CMS Quality Payment Program Website:

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


2018 NACOR Dashboard Improvements

- Updated NACOR Quality Reporting menu

2018 CMS Quality Reporting - Group	2018 CMS Quality Reporting - Individual	Historic CMS Quality Reports
Quality Data Completeness	TIN Reporting Status	TIN Summary
Measure Summary	Practice Provider Summary	Measure Summary
Practice Performance	Measure Performance	Provider Summary
	Provider Performance	Measure Detail
		CPIA Scoring

2018 NACOR Dashboard Improvements

- Updated NACOR Quality Reporting menu



The image shows a screenshot of a dashboard menu for 2018 CMS Quality Reporting. On the left is a vertical sidebar with three icons: a line graph, a bar chart, and a person with gears. The main content is organized into three columns:

- 2018 CMS Quality Reporting - Group**
 - Quality Data Completeness
 - Measure Summary (highlighted with a light blue background)
 - Practice Performance
- 2018 CMS Quality Reporting - Individual**
 - TIN Reporting Status
 - Practice Provider Summary
 - Measure Performance
 - Provider Performance
- Historic CMS Quality Reports** (highlighted with a red border)
 - TIN Summary
 - Measure Summary
 - Provider Summary
 - Measure Detail
 - CPIA Scoring

2018 NACOR Dashboard Improvements

■ Updated NACOR Basic Report menu

The image shows a vertical sidebar on the left with four icons: a bar chart, a person with gears, an open book, and a question mark. To the right of the sidebar is a grid of menu items. The 'Benchmarking' section is highlighted with a red border.

	Patient Demographics	Case Characteristics	Pivot Reports	Benchmarking
	Summary	Summary	Procedure Level Pivot	Clinical Outcomes Benchmark
	Trends	Trends	Provider Level Pivot	Historic Clinical Outcomes Outcomes
	Distribution	Distribution		QCDR MIPS Benchmark
				Procedure Level Benchmark
				Provider Level Benchmark
	Data Submission Status	AQI Administrator Reports		
	Practice Level	Benchmark		
	Provider Level	Pivot		
	File Level	CMS Quality Reporting Summary		

Provider List Audits

AQI champions can review provider and facility lists for accuracy

- Provider Lists
 - If reporting group, all providers who performed cases in 2018 must be reported
 - If reporting individual, practices can submit data for specific providers that they choose
 - Instructions on how to audit provider lists can be found [here](#)
- AQI Champions should ensure that all provider information (NPI, name, provider type) is accurate

Facility List Audits

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](#)

NACOR Basic Registration

- 2018 Registration forms need to be completed for the following:
 - Current NACOR Basic Participants (Data not submitted to CMS)
 - Practices who are not reporting MIPS for 2018 but want to continue reporting to the NACOR.
 - <https://form.jotform.com/80196575850162>

NACOR Basic Registration



NATIONAL ANESTHESIA CLINICAL OUTCOMES REGISTRY (NACOR) Order Form

Select the desired NACOR service

- NACOR Standard Quality Reporting
- NACOR Basic Service

This form is only for NACOR Basic Service (Declines Quality Reporting Services).

If you would like to select NACOR Standard Quality Reporting, then please change selection above.

If you are a Quality Concierge customer, please do not fill out this order form. If you have questions, contact qcdr@asahq.org.

Next

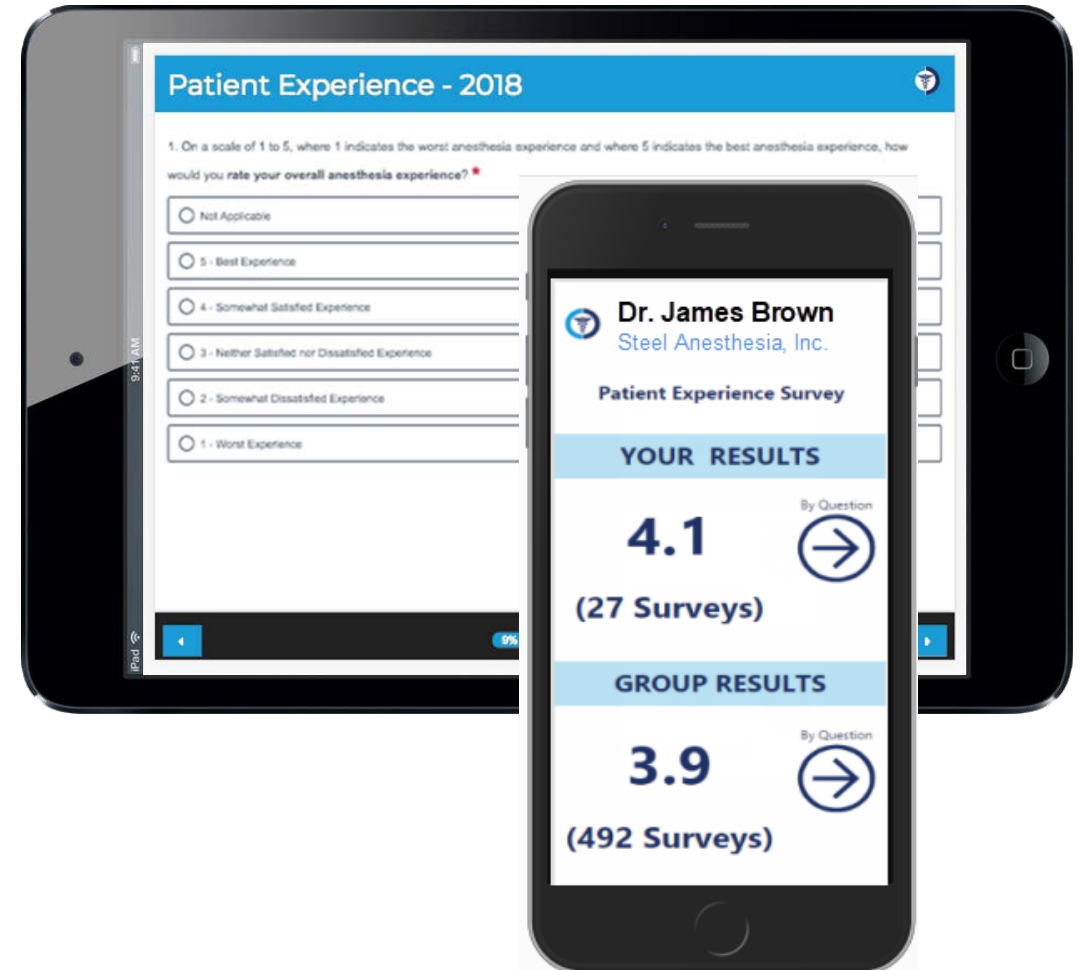


Quality Concierge^p

QCDR Patient Experience

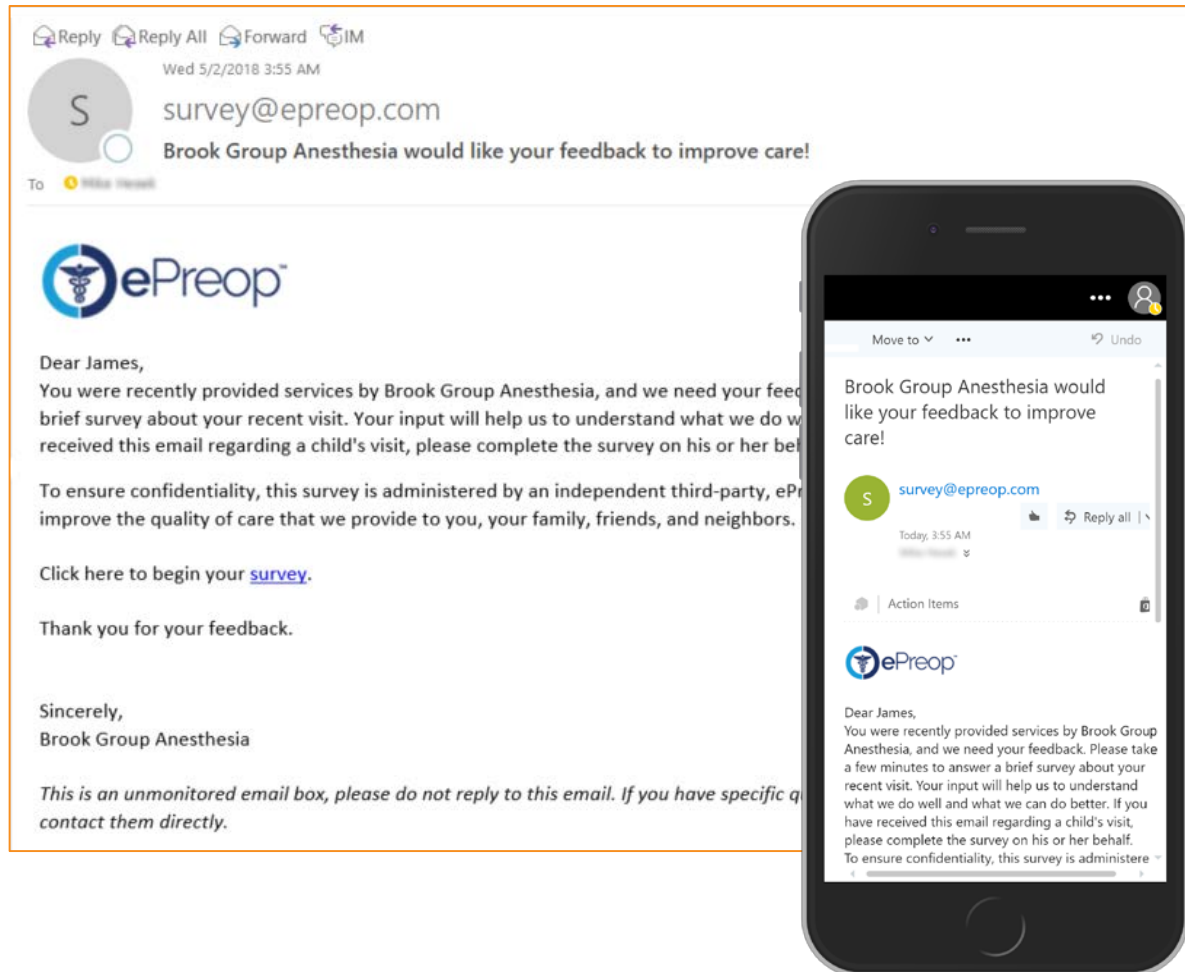
QCDR Patient Experience Module

- ✓ Included w/ Quality Concierge in 2018
- ✓ Supports 2018 Patient Experience Measure (AQI#48) & Improvement Activities
- ✓ CMS Approved QCDR Measure
- ✓ Does not replace or conflict with facility CAHPS
- ✓ Mobile access for Patients
- ✓ Automated notifications and reminders
- ✓ Mobile Feedback reports for providers
- ✓ Easy for groups to implement

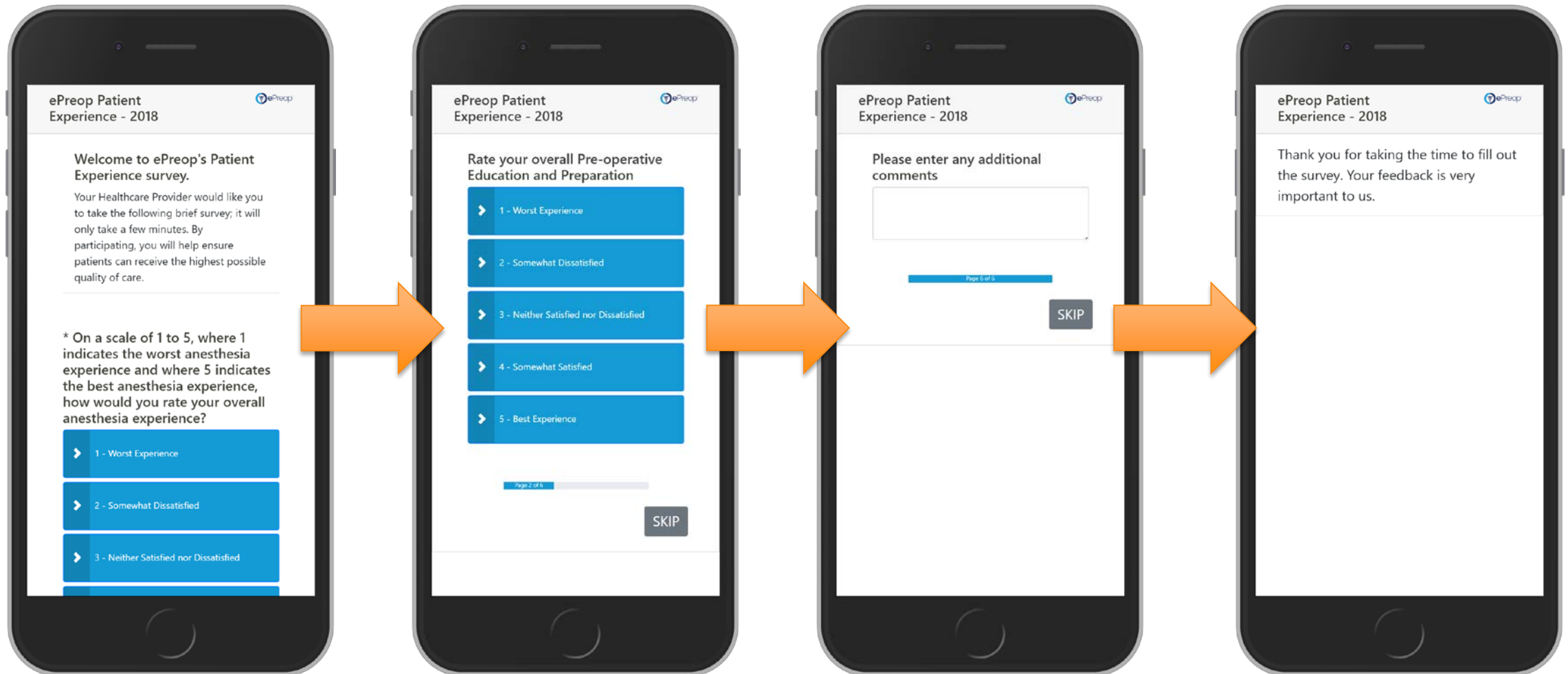


QCDR Patient Experience

Notifications and Reminders



QCDR Patient Experience Survey



Patient survey operates on mobile (phones/tablets) and desktop computers

QCDR Patient Experience

Reporting Questions

1. 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?
 2. Rate your Overall Pre-operative Education and Preparation
 3. Rate your Overall Patient and/or Family Communication
 4. Rate Your Anesthesia Care Team Response to Comfort and Well-Being
 5. Rate Your Post-operative pain control and/or management
 6. Please enter any additional comments
- *Survey questions above meet requirements for 2018 AQI48 Patient Experience Measure*

QCDR Patient Experience

Provider Mobile Reporting



QCDR Patient Experience Administrative Reporting

Patient Satisfaction Survey - Summary Results and Benchmark



Overall Rating (APAA)

3.57

Overall Rating (ALL OTHER)

3.42

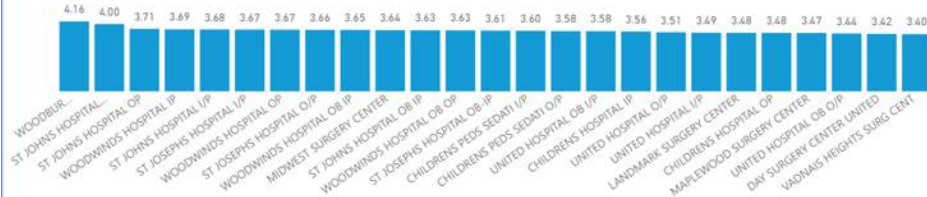
Average Rating by Question (APAA)

Question	Average Rating
Q1. Overall anesthesia experience	4.57
Q2. Preoperative education & prep.	3.35
Q3. Patient & family communic.	3.44
Q4. Care Team reponse to comfort	3.81
Q5. Postop pain management	2.67
Total	3.57

Average Rating by Question (ALL OTHER)

Question	Average Rating
Q1. Overall anesthesia experience	2.54
Q2. Preoperative education & prep.	3.24
Q3. Patient & family communic.	3.65
Q4. Care Team reponse to comfort	3.17
Q5. Postop pain management	4.50
Total	3.42

Average Rating by Location



Population Summary & Survey Results by Gender, Age, ASA



Procedure_Date

1/3/2017 6/8/2017

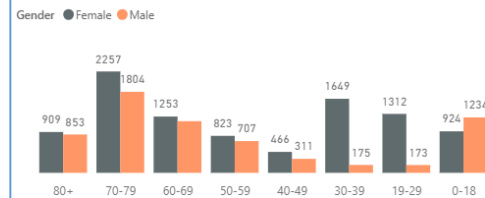
Female
9593

Male
6407

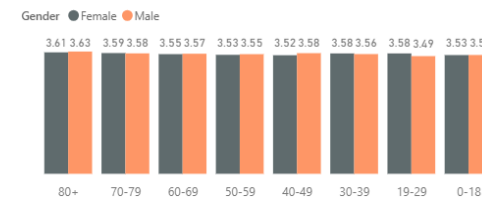
Male
3.57

Female
3.57

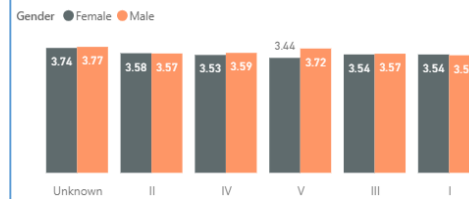
Number of Surveys Sent by Age Group and Gender



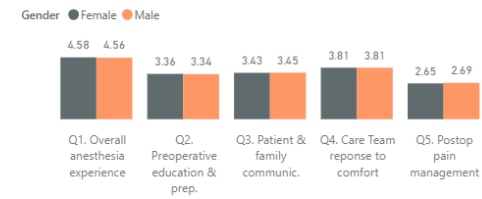
Survey Results by Age Group and Gender



Survey Results by ASA Class and Gender



Survey Results by Question and Gender



Procedure_Date

1/3/2017 6/8/2017

Location

All

Provider-NPI

All

ASA_Class

All

Anesthesia_Category

All

Question

All

QCDR Patient Experience

Implementation and Prerequisites



- Text Message and Email communication to the patient are triggered by the billing file submission. It is best practice to send billing in 7 day intervals to ensure you are submitting to the patient in the 30 day time period.
- Incomplete surveys are sent 2 reminders from original communication date in 15 day intervals
- Text message is taken as preference if the phone and email both are sent in billing communication
- 2018 Tier 2 Billing Schema
- <https://www.epreop.com/XMLBillingSpec>

Patient Notification Example

Service Date:	3/15
Billing Submission:	3/21
Survey Issued:	3/21
Patient Reminder:	4/5
Patient Reminder:	4/20

Next Quality Reporting Office Hours

Tuesday, August 14th
11am CST

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

Q&A

