AQI Quality Reporting Office Hours

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American Society of Anesthesiologists™

asahq.org

QRA & AQI Agenda

QRA

- 2018 MIPS Exemption Reminder
- 2019 Update

AQI

– AQI 54 review

– Data Auditing

– Data Submission and Requirement Review

– Provider List Audits

– Improvement Activity Update

– Merging and Formatting Assistance

MIPS Exception Applications Reminders

– The deadline to submit a request for a 2018 exception for the following is *December 31, 2018*:

- Promoting Interoperability
  - MIPS-eligible clinicians in small practices
  - MIPS-eligible clinicians using decertified EHR technology
  - Insufficient Internet connectivity
  - Extreme and uncontrollable circumstances
  - Lack of control over the availability of CEHRT
- Extreme and Uncontrollable Circumstances Exception

– Learn more: https://qpp.cms.gov/mips/exception-applications

2019 QR/QCDR Self-Nomination

- AQI NACOR was approved as a Qualified Registry (QR) and Qualified Clinical Data Registry (QCDR)

- For MIPS reporting in 2019, AQI NACOR will offer:
  - 18 MIPS measures
  - 16 QCDR measures
  - 50+ Improvement Activities

2019 QCDR Measures

- **AQI18:** Coronary Artery Bypass Graft (CABG): Prolonged Intubation – Inverse Measure

- **AQI48:** Patient-Reported Experience with Anesthesia

- **AQI49:** Adherence to Blood Conservation Guidelines for Cardiac Operations using Cardiopulmonary Bypass (CPB) – Composite

- **AQI55:** Team-Based Implementation of a Care-and-Communication Bundle for ICU Patients

- **AQI56:** Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA)

- **AQI57:** Safe Opioid Prescribing Practices

- **AQI58:** Infection Control for Open Interventional Pain Procedures

- **AQI59:** Multimodal Pain Management

2019 QCDR Measures continued

- **Quantum31:** Central Line Ultrasound Guidance
- *NEW:* Avoidance of Cerebral Hyperthermia for Procedures Involving Cardiopulmonary Bypass
- *NEW:* Consultation for Frail Patients
- *NEW:* Neuromuscular Blockade: Documented Assessment of Neuromuscular Function Prior to Extubation
- *NEW:* Neuromuscular Blockade: Reversal Administered
- *NEW:* Obstructive Sleep Apnea: Mitigation Strategies
- *NEW:* Obstructive Sleep Apnea: Patient Education
- *NEW:* Ambulatory Post Discharge Follow-Up

Review: AQI 48

Measure Title

AQI48: Patient-Reported Experience with Anesthesia†

Measure Description

Percentage of patients, aged 18 and older, who were surveyed on their patient experience and satisfaction with anesthesia care and who reported a positive experience.

This measure will consist of two performance rates:

AQI48a: Percentage of patients, aged 18 and older, who were surveyed on their patient experience and satisfaction with anesthesia care

AQI48b: Percentage of patients, aged 18 and older, who completed a survey on their patient experience and satisfaction with anesthesia care who report a positive experience with anesthesia care

NOTE: The measure requires that a valid survey, as defined in the numerator, be sent to patients between discharge from the facility and within 30 days of facility discharge. To report AQI 48b, a minimum number of 20 surveys with the mandatory question completed must be reported.

Instructions:

This measure, consisting of two performance rates for AQI48a and AQI48b, is to be reported each time a patient underwent a procedure* with anesthesia during the reporting period. AQI48a should be reported each time a patient undergoes a procedure under anesthesia. To report AQI48b, the provider must report the individual patient scores received by the patient who completed the survey described in AQI48a. A percentage reporting a positive experience will be calculated by the registry on the provider's behalf. It is anticipated that qualified anesthesia providers and eligible clinicians who provide denominator-eligible services will submit this measure.

REMEMBER TO READ THE INSTRUCTIONS!

UPDATED INSTRUCTIONS COMING IN 2019

2019 Resources – *Coming Soon*

– QPP Resource Library
  - https://qpp.cms.gov/about/resource-library

– MIPS Eligibility Tool
  - https://qpp.cms.gov/participation-lookup

– ASA MACRA webpage
  - https://www.asahq.org/macra

– AQI Quality Reporting Materials
  - https://www.aqihq.org/MACRAOverview.aspx

– QPP Help Desk
  - QPP@cms.hhs.gov

– ASA MACRA Memo
  - https://www.asahq.org/macra/solutionsresources/educationpublications/macramemo

Contact Quality and Regulatory Affairs (QRA)

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

(qra@asahq.org)

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

AQI 54 Review

–   Common issue with practices reporting this measure

–   If you have been collecting data on this measure but do not see it in your measure reports, please ensure that your data file includes the following for this measure:

<AnesthesiaMethodSet>

  <AnesthesiaMethod>

  <AnesthesiaCategory>Neuraxial</AnesthesiaCategory>

  <AnesthesiaSubCategory>Spinal</AnesthesiaSubCategory>

The Anesthesia Category needs to be Neuraxial and the Anesthesia Subcategory needs to be **spinal only** in order to appear in the dashboard

Data Auditing

- **Benefits of auditing**
  - Checks the accuracy and completeness of your data
  - Allows you to identify measure gaps
  - Monitor provider's performance in meeting the reporting requirements
  - Verify TIN and NPIs

- **Utilize the NACOR dashboard reports**
  - **Data Submission Status Report**: Quick glance of how many cases were submitted per month, breaks down the number of cases with quality codes, billing codes and both.
  - **Measure Performance**: Quick look at how each measure is being reported and the corresponding performance rate (how many cases are meeting the measure performance)
  - **TIN Reporting Status**: Shows how many providers meet CMS requirements based on the data that is submitted (important for practices who are reporting as individuals.

If issues are identified allows time to correct and resubmit data prior to CMS data submission deadlines

Data Submissions & Data Requirements

- Starting in 2018, there is a 12-month Quality performance period (January 1 – December 31, 2018).
  - Reporting a full year of quality data may give your practices a greater chance to earn a higher positive payment adjustment.
  - Also have the chance to raise your 2018 Quality category score based on your rate of improvement from your Quality category score in 2017.

- To meet the Quality performance category requirements:
  - Six quality measures (or a complete specialty measure set) for the 12-month performance period.
  - Six measures must include at least 1 outcome measure or another high priority measure in the absence of an applicable outcome measure.

- For 2018, CMS has *no Pick Your Pace* reporting options like 2017

- To double check how many months your practice has submitted data please refer to the **Data Completeness Report** in your NACOR dashboard

Provider List Audits

- As we near the end of the MIPS reporting year, it is important that practice champions take the time to audit their provider lists

- Arbor Metrix has released an update that makes list auditing easier
  - Can inactivate and disable providers that have left the practice or that you are not reporting on

- Auditing your list makes your practice reports easier to understand, clears up clutter and assists with the reconciliation billing process that will occur after the new year

- Please refer to this guide to audit your provider lists:
  - Updating Provider Lists on the NACOR Dashboard (PDF)

Improvement Activity Attestation

- Improvement Activities are a required component of 2018 MIPS reporting

- Practices must participate in chosen improvement activities for a minimum of 90 days within the quality reporting year

- AQI has the following resources available to assist practices:
  - Recommended Improvement Activities for Anesthesiology (PDF)
  - Improvement Activity Recommendation Flowchart (PDF)
  - ASA MIPS Improvement Activities Templates
  - Attesting to Improvement Activities (PDF)

Merging and Formatting Assistance Deadline

– All NACOR participants with data from multiple sources must submit data files merged and in XML format to AQI's data submission portal.

– Data services are available for a fee for practices that need merging and formatting assistance.

– The deadline to register for this service is December 15.

Email askaqi@asahq.org if your practice needs merging and formatting assistance

AQI Deadlines

2018 NACOR Quality Reporting Deadlines	
~~10/11/18~~	~~2018 ASA Membership Renewal~~
~~10/31/18~~	~~2018 Standard Quality Reporting Registration~~
12/15/2018	Enrollment in Merging and/or Formatting Services
01/31/2019	January – November 2018 Data Submission

02/15/2019	All Data Submissions;
	In NACOR Dashboard:
	    CMS Opt-Out
	      TIN/NPI Reconciliation
	      Improvement Activity Attestation

02/28/2019	Individual Quality Reporting Consent Submission

Next Quality Reporting Office Hours

Tuesday, January 8th

11 AM CT

Registration Link:

https://asahq.zoom.us/webinar/register/WN_NPNtdGm3ThGVekUILipoag

Q&A