Quality Reporting Office Hours

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April 2022

Anesthesia Quality Institute®

American Society of Anesthesiologists®

aqihq.org

Agenda

QRA

- QRA Update
  - 2022 MIPS Performance Year
    - 2022 reporting requirements
    - Topped out measures
    - QCDR Measures for 2022
    - Choosing measures for 2022

AQI

- AQI Update
- 2022 NACOR Registration

AQI Office Hours – April 2022 QRA Update

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MIPS Performance Year 2022

- For MIPS reporting in 2022, AQI NACOR will offer:
  - 14 MIPS measures
  - 17 QCDR measures
- 60 Improvement Activities
- Performance Threshold set at 75 points
  - Exceptional Performance set at 89 points – FINAL YEAR AVAILABLE
- Data Completeness is set at 70%

2022 Topped Out Measures and Scoring

- CMS states that a measure may be considered topped out if measure performance is so high and unvarying that meaningful distinctions and improvement in performance can no longer be made.

- In Performance Year 2022 CMS will award 7 points for topped out measures, opposed to the 10 points available for non-topped out measures.

2022 Topped out Measures

QID076: Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections
QID424: Perioperative Temperature Management
QID430: Prevention of Post-Operative Nausea and Vomiting (PONV) - Combination Therapy
QID463: Prevention of Post-Operative Vomiting (POV) - Combination Therapy (Pediatrics)
QID477: Multimodal Pain Management
AQI56: Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA)
AQI62: Obstructive Sleep Apnea: Patient Education
AQI68: Obstructive Sleep Apnea: Mitigation Strategies
QUANTUM31: Central Line Ultrasound Guidance

2022 QCDR Measures Available

- 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
- AQI56: Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA)
- AQI57: Safe Opioid Prescribing Practices
- AQI62: Obstructive Sleep Apnea: Patient Education
- AQI65: Avoidance of Cerebral Hyperthermia for Procedures Involving Cardiopulmonary Bypass
- AQI67: Consultation for Frail Patients
- AQI68: Obstructive Sleep Apnea: Mitigation Strategies
- AQI69: Intraoperative Antibiotic Redosing
- AQI71: Ambulatory Glucose Management
- AQI72: Perioperative Anemia Management
- AQI73: Prevention of Arterial Line-Related Bloodstream Infections
- Quantum31: Central Line Ultrasound Guidance
- ABG41: Upper Extremity Nerve Blockade in Shoulder Surgery
- ABG43: Use of Capnography for non-Operating Room anesthesia Measure
- ePreop31: Intraoperative Hypotension among Non-Emergent Noncardiac Surgical Cases

2022 MIPS Measures Available

- QID 047:Advance Care Plan
- QID 076: Prevention of Central Venous Catheter (CVC) – Related Bloodstream Infections
- QID 128:Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- QID 130: Documentation of Current Medications in the Medical Record
- QID 155: Falls: Plan of Care
- QID 182:Functional Outcome Assessment
- QID 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- QID 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- QID 404: Anesthesiology Smoking Abstinence
- QID 424:Perioperative Temperature Management
- QID 430: Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy
- QID 463: Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics)
- QID 468: Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)
- QID 477: Multimodal Pain Management

Measures removed/retired by CMS for 2022

Measure ID	Measure Title	Reason for Removal
AQI55	Team-Based Implementation of a Care-and-Communication Bundle for ICU Patients	ASA will no longer support this measure beginning with the 2022 performance year.
QID 044	Coronary Artery Bypass Graft (CABG): Preoperative Beta Blocker in Patients with Isolated CABG Surgery	CMS removed this measure for the 2022 Performance Year.
QID 154	Falls: Risk Assessment	CMS removed this measure for the 2022 Performance Year.

- AQI is supporting thirty-one measures for the 2022 reporting year (17 QCDR and 14 MIPS).

2022 Quality Measures

- The 2022 QCDR Measure Specification book is posted on the AQI website and is available for download: https://www.aqihq.org/MACRAOverview.aspx

AQI NACOR QUALITY REPORTING

Learn more about NACOR Quality Reporting and MACRA on the ASA Website, or the CMS MACRA Website.

2022 MIPS Quality Component

- 2022 QCDR Measure Specifications (PDF)
- 2022 AQI Supported Improvement Activities for Attestation (PDF)
- 2022 MIPS Measures (PDF)
- 2022 QCDR Measure List (PDF)
- 2022 QCDR Sample Data Capture Form (PDF)
- 2022 QR Sample Data Capture Form (PDF)
- 2022 NACOR User Guide (PDF)

2021 MIPS Quality Component

- QCDR Measure Specifications 2021 (PDF)
- AQI Supported Improvement Activities for Attestation 2021 (PDF)
- 2021 MIPS Measures (PDF)
- 2021 QCDR Measure List (PDF)

2021 Administrative Resources

- 2021 QCDR Sample Data Capture Form (PDF)
- 2021 QR Sample Data Capture Form (PDF)

2022 Measure Selection

- Priorities for your group
- Priorities for payment under the Quality Payment Program (to avoid a penalty or seek to earn a modest incentive)
  - Measures that meet your workflow
  - Measures that maximize your score (high priority, improvement over time, complex patient populations)
  - Measures that are not topped out (Benchmarks released prior to the performance year)
  - Measures that can be captured and documented
- Priorities for your hospital and/or facility administrators
- Priorities for future alternative payment models
- Priorities for patient populations served

When the measure applies to you

Although an individual or group may collect and report on any measure, not all measures are applicable to all patients or physicians.

- Do you have access to all elements of the denominator?
- Can you capture and document all the elements of the denominator?
- Are you billing the CPT codes found in the denominator?
- Can you capture the denominator exclusions to the measure?
- Are you objectively tracking the numerator actions or outcomes (a pre-filled checkbox is NOT appropriate)?
- Are you documenting denominator exceptions as they occur?

When the measure does NOT apply to you.

If any of these scenarios apply, the measure cannot be reported by you or your group.

- You do not capture or cannot document one or more elements of the denominator.
- You do not have access to or cannot document or substantiate the denominator was fulfilled or the numerator actions occurred.
- Only a general policy exists but individual elements of the denominator or number are not captured.
- Unless otherwise stated, you do not complete the clinical action or are not responsible for the outcome measure.
- You cannot maintain documentation on the measure for six years.

Helpful Resources

- QPP Resource Library
  - https://qpp.cms.gov/about/resource-library
  - QPP Improvement Activity Information
- ASA MACRA Information
  - https://www.asahq.org/macra
- AQI Quality Reporting Materials
  - https://www.aqihq.org/MACRAOverview.aspx
- QPP Help Desk
  - QPP@cms.hhs.gov

Contact Quality and Regulatory Affairs

- 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/macra

AQI Update

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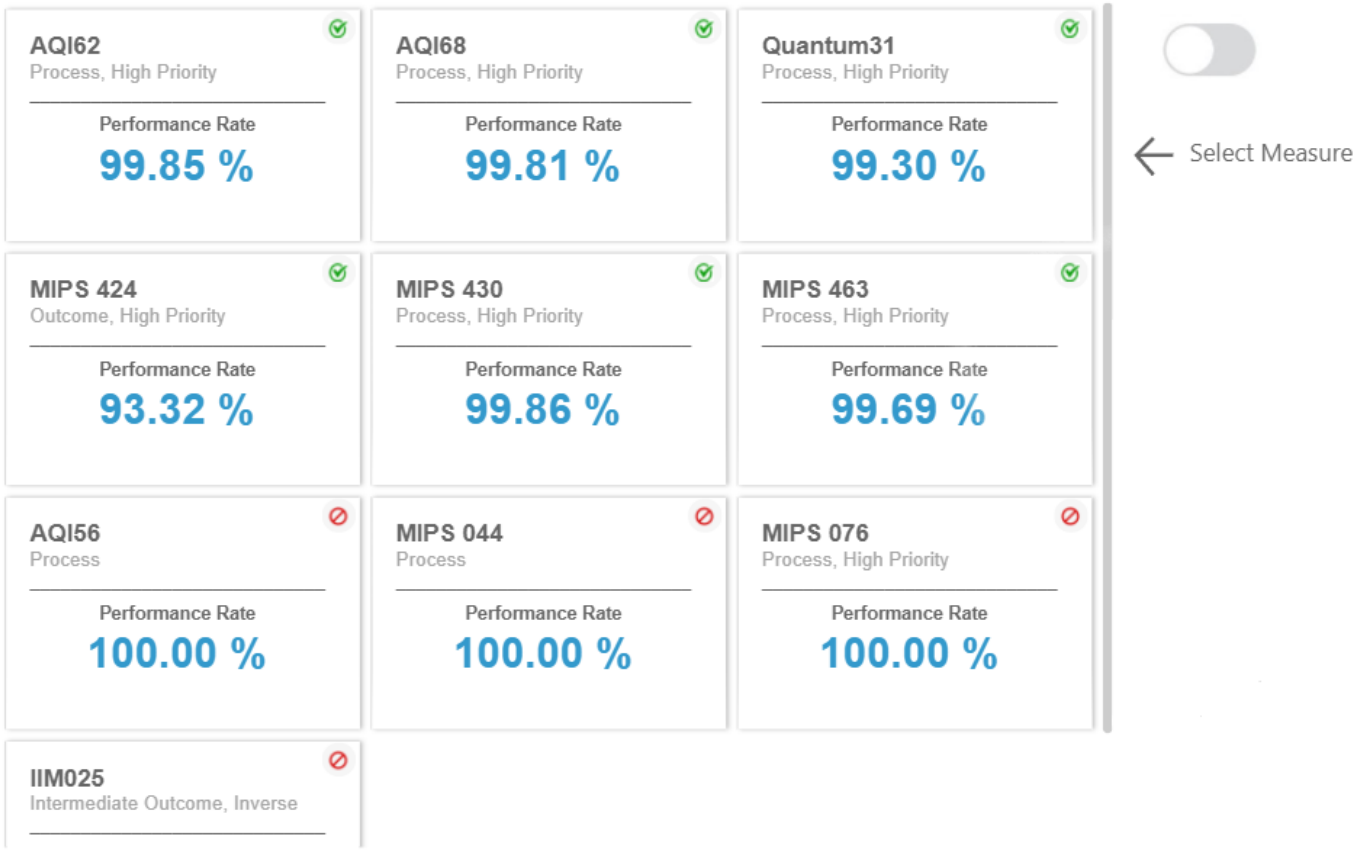
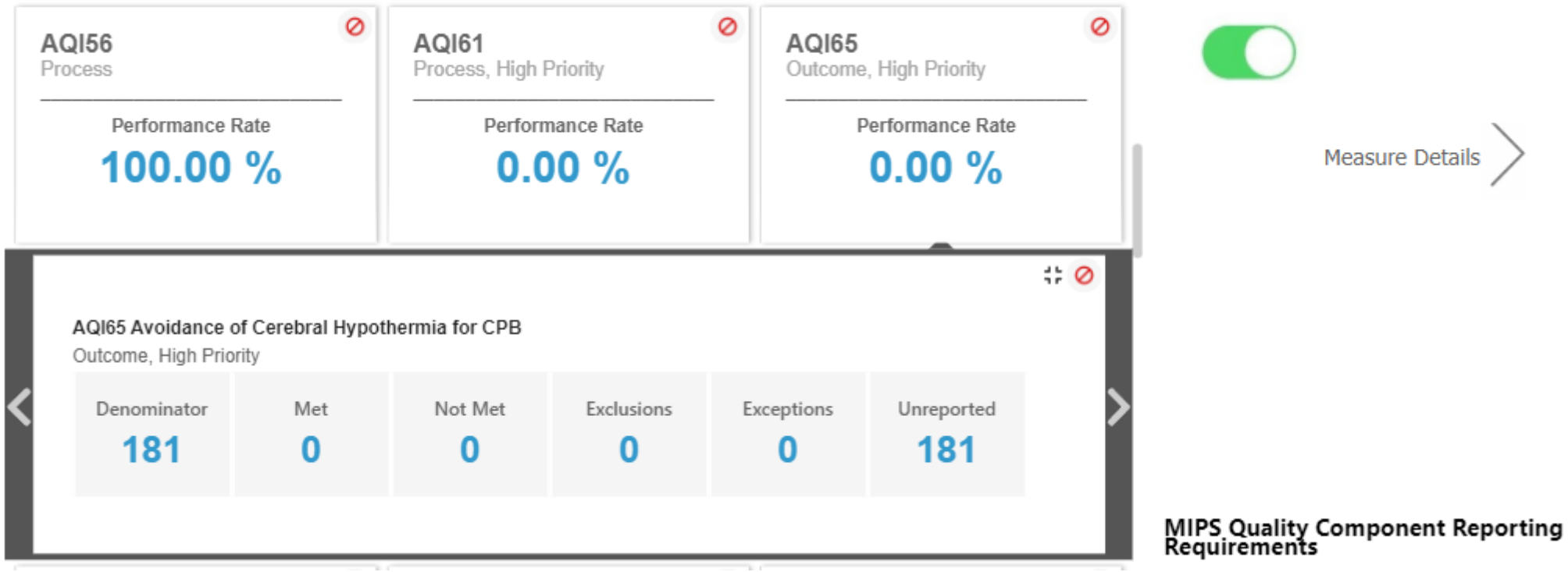
How to use the TIN performance summary report in NACOR to view additional measures

- Select Quality Measures
- Select TIN Performance Summary
- Click the toggle button to switch the screen from measures currently being reported to the screen which allows you to identify which other measures are reportable based off the claims data.

Reported Measures



Measures qualified for reporting



Reporting Option: QCDR vs QR

Have you selected the correct reporting option? If after reviewing the QCDR and MIPS measure specifications your practice is:

- Unable to identify 6 measures to report (GI, Eye, ASC) or
- Has chosen all MIPS measures to report consider reporting through the Qualified Registry
  - Measure Set – MIPS measures only
  - If report less than 6 measures qualify for the Eligible Measure Applicability (EMA) process

EMA Process

If you submit fewer than 6 measures CMS applies the ***Eligible Measure Applicability (EMA)*** process.

EMA is a denominator reduction process applied to qualifying submissions which determines if you reported all measures related to a clinical topic or within a specialty set.

If the EMA process determines that you could have reported more measures, you'll receive 0 out of 10 points for each required measure that isn't submitted.

- EMA isn't applied to QCDR measures.

Anesthesiology Specialty Set

- MIPS 076: Prevention of Central Venous Catheter-Related Blood Stream Infections
- MIPS 404: Anesthesiology Smoking Abstinence
- MIPS 424: Perioperative Temperature Management
- MIPS 430: Prevention of Post-Operative Nausea and Vomiting (PONV)–Combination Therapy
- MIPS 463: Prevention of Post-Operative Vomiting (POV)–Combination Therapy(Pediatrics)
- MIPS 477: Multimodal Pain Management

How does the denominator reduction affect my quality performance category score?

Quality Data You Submitted	Impact to Quality Performance Category Score
Fewer than 6 measures	You may qualify for a denominator reduction. This means we would reduce the number of measures you're required to report. Your denominator for the quality performance category is 10 x number of required measures

Please note:

- The denominator reduction process is applied at the point of submission and the results will be available immediately in preliminary scoring.
- Measures that don't meet data completeness (70%) will earn 0 out of 10 points (3 points for small practices).
- Measures that meet data completeness but don't meet case minimum will earn 3 points.

Improvement Activities Category

Improvement Activities component is still 15% of the total MIPS score

ECs/groups must complete activities worth 40 points

High Weighted Activities worth **20 points**
Medium Weighted Activities worth **10 points**

For groups to attest to an activity at least 50% of the clinicians (in the group) must perform the same activity during any continuous 90-day period, or as specified in the activity description, within the same performance period

Special reweighting for the following providers: Small, rural, HPSA and non-patient-facing ECs/groups

High Weighted Activities worth **40 points**
Medium Weighted Activities worth **20 points**

Perform activities for minimum of **90 days *and maintain documentation for six years***

Complete attestation through NACOR dashboard

Top 10 Reported Improvement Activities in 2021

Improvement Activity ID	Improvement Activity
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_BE_13	Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms
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_8	Use of patient safety tools
IA_AHE_6	Provide education opportunities for new clinicians
IA_PSPA_19	Implementation of formal quality improvement methods, practice changes or other practice improvement processes
IA_PSPA_16	Use of decision support and standardized treatment protocols
IA_PSPA_20	Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes

2022 AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Improvement Activities removed for the 2022 Performance Year

IA_ BE_13	Regularly Assess the Patient Experience of Care Through Surveys, Advisory Councils and/or Other Mechanisms
IA_ BE_17	Use of Tools to Assist Patient Self-Management
IA_ BE_20	Implementation of Condition-Specific Chronic Disease Self-Management Support Programs
IA_ BE_21	Improved Practices that Disseminate Appropriate Self-Management Materials
IA_PSPA_11	Participation in CAHPS or Other Supplemental Questionnaire

The full list of Improvement Activities that NACOR is supporting can be found on the AQI website.

2022 NACOR Registration

- Registration for 2022 is now open!
  - Review the NACOR pricing structure
- All practices (new and returning) interested in reporting to NACOR need to complete the 2022 order form.
  - When completing your order form, if your practice ID has three digits (Example: PID 098), then add a “0” to the beginning of your practice ID. The form requires 4 digits in the practice ID field.
- *As a reminder: Quality Concierge Practices do not need to register*

Products & Services	NACOR Basic	NACOR Benchmarking	Quality Reporting	Quality Concierge®
Submit data to NACOR	✓	✓	✓	✓
NACOR Dashboard	✓	✓	✓	✓
Local analytic reports	✓	✓	✓	✓
National Benchmarks		✓	✓	✓
National comparative analytic reports		✓	✓	✓
MIPS Quality Reporting Component			✓	✓
MIPS Improvement Activities			✓	✓
Patient Experience Survey				✓
Mobile App				✓
Aggregation, merging and validation of data				✓
Opioid Dependence Risk Alert				✓
Full EHR integration				✓
Real-time improvement activity tracking				✓

Q&A

Next Office Hours

Tuesday, May 10th,2022

11am CST

To register click here

If you have any topics that you would like us to cover during office hours, please email **askaqi@asahq.org**

Slides will be sent out after the webinar. The slides and a recording of today's presentation will be available on the AQI website soon.