AQI Quality Reporting Office Hours

January 8, 2019

American Society of **Anesthesiologists**™

QRA & AQI Agenda

QRA

-2019 Review

AQI

– Improvement Activity Overview

– Provider List Audits

– Data Deadline

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

- Check the AQI website and newsletters for additional information and updates

Rejected QCDR Measures - 2019

- **AQI41:** Coronary Artery Bypass Graft (CABG): Stroke – Inverse Measure

- **AQI42:** Coronary Artery Bypass Graft (CABG):Post-Operative Renal Failure– Inverse Measure

- **AQI50:** Application of Lung-Protective Ventilation during General Anesthesia

- **AQI51:** Assessment of Patients for Obstructive Sleep Apnea

- **AQI53:** Documentation of Anticoagulant and Antiplatelet Medications when Performing Neuraxial Anesthesia/Analgesia or Interventional Pain Procedures

- **AQI54:** Use of Pencil-Point Needle for Spinal Anesthesia

- **AQI60:** New Corneal Injury Not Diagnosed Prior to Discharge

*A major reason that so many measures are rejected is that we don't receive the performance data until the end of the year, after the deadline for QCDR self-nomination

Approved QCDR Measures - 2019

- **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

Approved QCDR Measures – 2019 (continued)

– **AQI61:** Ambulatory Post Discharge Follow-Up

– **AQI62:** Obstructive Sleep Apnea: Patient Education

– **AQI63:** Neuromuscular Blockade: Documented Assessment of Neuromuscular Function Prior to Extubation

– **AQI64:** Neuromuscular Blockade: Reversal Administered

– **AQI65:** Avoidance of Cerebral Hyperthermia for Procedures Involving Cardiopulmonary Bypass

– **AQI66:** Obstructive Sleep Apnea: Mitigation Strategies

– **AQI67:** Consultation for Frail Patients

– **Quantum31:** Central Line Ultrasound Guidance

Access the 2019 QCDR Specifications:
https://www.aqihq.org/files/MIPS/2019/2019_QCDR_Measure_Book.pdf

Changes to QCDR Measures in 2019

- **AQI56:** Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA)
  - This measure NO LONGER requires a surgical CPT code in order to report the denominator.
  - We have instead added exclusion codes (both CPT and registry) to remove revisions and prosthetic cases from the denominator

Changes to QCDR Measures in 2019 (continued)

- **AQI59:** Multimodal Pain Management
  - We have expanded the denominator for this measure to include a much wider range of cases in 2019. Be sure that you are using the 2019 specifications so that you are reporting all eligible cases.

2019 Resources

- 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 - *check regularly for updates!*
- 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.

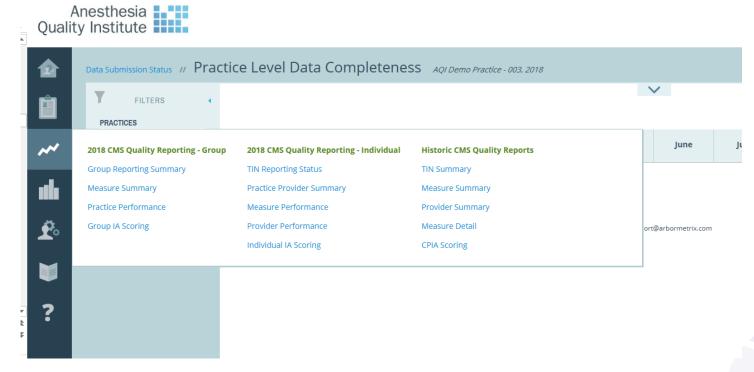*****

Quality and Regulatory Affairs

(qra@asahq.org)

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

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

Data Auditing – Where to Begin

– Auditing data can be overwhelming and hard to navigate in the NACOR dashboard

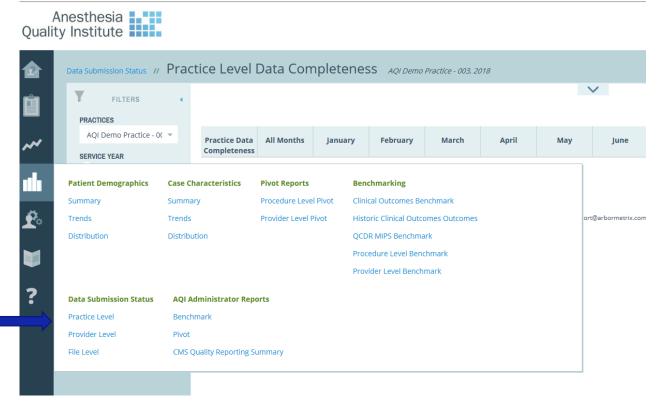- Within the NACOR Quality Reporting tab, there are a variety of reports to reference when you are auditing your practice reports

Data Auditing – Where to Begin

– Another useful report to use for data auditing is the practice data completeness report

• Under the NACOR Basic icon, within the Data Submission Status category is the Practice Level Data Report

Data Aupiting – Where to Begin

- This report will show all the months of the year and how much data was submitted

  - It will also break down the amount of cases that were submitted with quality and billing codes, billing codes only and quality codes only.

  - This report can assist AQI champions in determining if they have submitted incorrect data. Champions should review this report to identify any potential errors prior to the data deadline.

Data Auditing – Where to Begin

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

REMINDER: 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
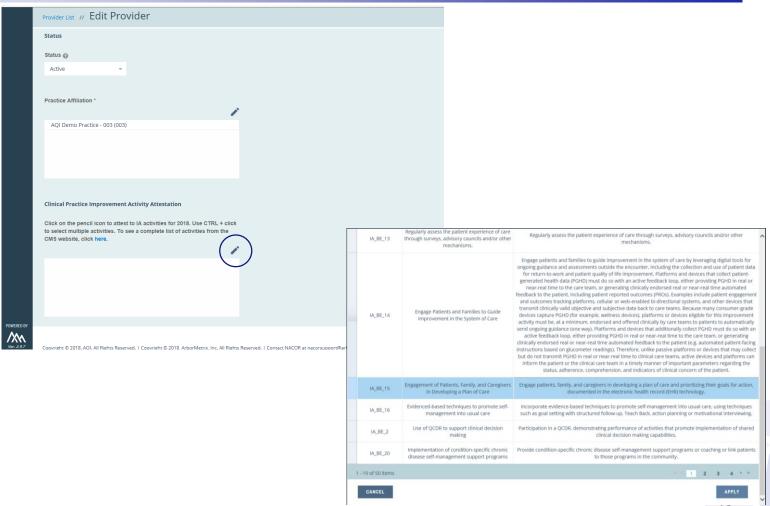 - Attesting to Improvement Activities (PDF)

How To Attest

– AQI Champions will need to log in to the NACOR dashboard to attest to improvement activities

– Within the Practice Provider list, select a provider to attest for. This will open their "Edit Provider" page

– Within the "Edit Provider" page, there is a Clinical Improvement Activity Attestation section
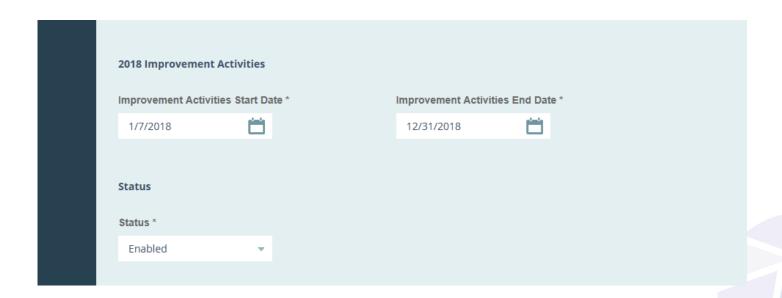
How To Attest

- Select the Pencil Icon to open the list of Improvement Activities

- Select the activities the practice is attesting to and hit apply

How To Attest

- After the improvement activities are selected, AQI champions must also select the date range of the period the practice participated in the activity

- Dates can be entered through the Practice list

- Practices must attest to Improvement Activities for a minimum of 90 days

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, February 12th

11 AM CT

Registration Link:

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

Q&A