Quality Reporting Office Hours

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November 10, 2020

Anesthesia Quality Institute®

American Society of Anesthesiologists®

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Agenda

QRA

- Quality Measure Selection 2021 Reporting Year
- Intraoperative Hypotension Measure
- QPP Proposed Rule Information
- Timeline of Upcoming Announcements

AQI

- AQI Data Validation Audits
- Improvement Activity Dashboard Demo
  - Group Reporting Demo
  - Individual Reporting Instructions
- 2020 Registration Deadline
- Data File Reminder Emails

Quality and Regulatory Affairs Update

Matthew T. Popovich Ph.D., Director of Quality and Regulatory Affairs

Claire Ostarello, Quality Associate | November 10, 2020

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Rethinking Quality Measures

- AQI Participants often report measures that are easy to capture, meet current workflows and are understandable
  - Demonstrates quality care
  - Reduces need for anesthesiologist and anesthesia professional education
  - Can be benchmarked with external groups and individuals
  - Leads to high performance rates
  - Topped out status
  - Lower scores within MIPS

- CMS has proposed changes for 2021 to encourage other measures to be reported
  - Same year benchmarks
  - Possibility to diversify your portfolio of measures
  - Future inclusion is MIPS Value Pathways

AQI QCDR Measures with Low Reporting

- Participation plan for enhanced reporting include:
  - AQI18: Coronary Artery Bypass Graft (CABG): Prolonged Intubation
  - AQI49: Adherence to Blood Conservation Guidelines for Cardiac Operations using Cardiopulmonary Bypass (CPB);
  - AQI55: Team-Based Implementation of a Care-and-Communication Bundle for ICU Patients
  - AQI57: Safe Opioid Prescribing Practices
  - AQI65: Avoidance of Cerebral Hyperthermia for Procedures Involving Cardiopulmonary Bypass (CPB)
  - AQI67: Consultation for Frail Patients

Cardiovascular Measures

- AQI18
  - Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require postoperative intubation > 24 hours.

- AQI49
  - Percentage of patients aged 18 years and older, who undergo a cardiac operation using cardiopulmonary bypass for whom selected blood conservation strategies were used.
  - ***Composite*** = For this measure, four measures to capture and report

- AQI65
  - Percentage of patients, aged 18 years and older, undergoing a procedure using cardiopulmonary bypass who did not have a documented intraoperative pulmonary artery, oropharyngeal, or nasopharyngeal temperature ≥37.0 degrees Celsius during the period of cardiopulmonary bypass.

Critical Care Measure

- AQI55
  - Percentage of patients, regardless of age, who are admitted to an intensive care unit (ICU) for ≥48 hours and who received critical care services who have documentation by managing physician of:
    1) attempted or actual identification of a surrogate decision maker;
    2) 2) an advance directive; **and**
    3) 3) the patient's preference for cardiopulmonary resuscitation, within 48 hours of ICU admission

Pain Medicine Measure

- AQI57
  - Percentage of patients, aged 18 years and older, prescribed opioid medications for longer than six weeks'
    duration for whom ALL of the following opioid prescribing best practices are followed:
    1. Chemical dependency screening (includes laboratory testing and/or questionnaire) within the
       immediate 6 months prior to the encounter
    2. Co-prescription of naloxone or documented discussion regarding offer of Naloxone coprescription, if prescription is ≥50 MME/day
    3. Non co-prescription of benzodiazepine medications by prescribing pain physician and documentation of a discussion with patient regarding risks of concomitant use of benzodiazepine and opioid medications.

Frailty/Geriatrics Measure

- AQI67
  - Percentage of patients aged 70 years or older, who undergo an inpatient procedure requiring anesthesia services and have a positive frailty screening result who receive a multidisciplinary consult or care during the hospital encounter.

Choosing to Report New Measures

- When choosing measures to report, consider:
  - Am I performing these new measures?
  - Do I have enough cases to report these measures (at least 20 cases per group or, if reporting as individuals, 20 cases per individual)
  - Can I collect these measures?
  - Do these measures reflect where I want my practice to go with regard to value-based care? Are these prioritized?
  - Do these measures fit within a specific episode of care that I would like my group to explore?

Intraoperative Hypotension (IOH) among Non-Emergent Noncardiac Surgical Cases

Internal Improvement Measure (IIM) – IIM025

Measure Description: Percentage of general anesthesia cases in which mean arterial pressure (MAP) fell below 65 mmHg for cumulative total of 15 minutes or more.

Denominator:

(Anticipated change for 2021 – Removal of MAC anesthesia type)

Unadjusted measure score: All cases in which adults (ages 18 and older) with noncardiac, non- emergency surgery requires general, neuraxial, or regional anesthesia care.

Risk adjusted measure score: The expected number of cases in which patients have a MAP below 65 mmHg that exceeds the cumulative length of 15 minutes with noncardiac, non-emergency surgery requiring general, neuraxial, or regional anesthesia care, based on the risk adjustment model.

IOH Measure (cont.)

Denominator Exclusions:

–99A16 - The measure excludes patients with a baseline MAP below 65 mmHg

- To determine the patient's baseline MAP, the measure relies on the most recent reading taken from the preoperative holding area. If no such reading is available, the measure uses the most recent MAP taken in the operating room before induction of anesthesia.
- If a clinician does not have MAP values available to report either for the baseline MAP or for measurements across the measurement period, the clinician may submit pairs of systolic and diastolic blood pressures (SBPs and DBPs) as a replacement for the MAP. The registry collecting the data will use these systolic and diastolic pressure values to calculate MAP values. Specifically, the registry will calculate MAP using the following formula: MAP = 1/3 (SBP) + 2/3 (DBP) (Sesso et al. 2000).

-American Society of Anesthesiologists (ASA) Physical Status Classification of 5 and 6

-Emergency case

(Anticipated change for 2021 – Cases that use intentional hypotension, ASA physical status 1 patients)

Numerator: Patients who have a MAP below 65 mmHg that exceeds the cumulative length of 15 minutes with noncardiac, non- emergency surgery requiring general anesthesia or monitored anesthesia care

IOH Measure (cont.)

Instructions for reporting:

- The reporting clinician must submit data on the patient's MAP over the course of the surgery as monitored by an anesthesia information management system (AIMS)
- The reporting clinician must submit intraoperative patient vitals extracted directly from an interface with the monitor.
- Reporting clinicians who track blood pressure manually are not eligible to report the measure.
  - If the record for a given case includes both vitals pulled from the monitor and manually recorded vitals, only those from the monitor will be used to score the measure.
- The first blood pressure reading is defined as the anesthesia start time. The measure end time is defined as the anesthesia end time.

IOH Measure (cont.)

- Assess the measure specification to determine if this measure is right for you.
- Contact QRA or AQI with any questions regarding the measure.

2021 QPP Proposed Rule - Reminder

- **CMS released the 2021 Proposed Rule:**
  - MIPS threshold of 50 MIPS points for performance year (PY) 2021
    - The Quality performance category to be weighted at 40% (5% decrease from PY 2020)
    - The Cost performance category to be weighted at 20% (5% increase from PY 2020)
    - The Promoting Interoperability performance category to be weighted at 25% (no change from PY 2020)
    - The Improvement Activities performance category to be weighted at 15% (no change from PY 2020)
  - No proposed changes to MIPS anesthesiology measures or the MIPS anesthesiology measure set
  - MIPS Value Pathways (MVPs) is proposed to be implemented in performance year 2022. There are no proposed MVPs this year. CMS is encouraging the development of MVPs that span across specialties.
  - Quality measure benchmarks may be scored based upon current year data for 2021. CMS felt that COVID-19 is skewing benchmarks in the current year, making it unfair to use previous year data.

Upcoming Announcements

December:

- CMS to approve measures for 2021
- Publication of measure specifications (awaiting CMS approval)
- ASA MACRA website will be updated
- QPP MIPS Specifications will be published

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/quality-and-practice-management

AQI Update

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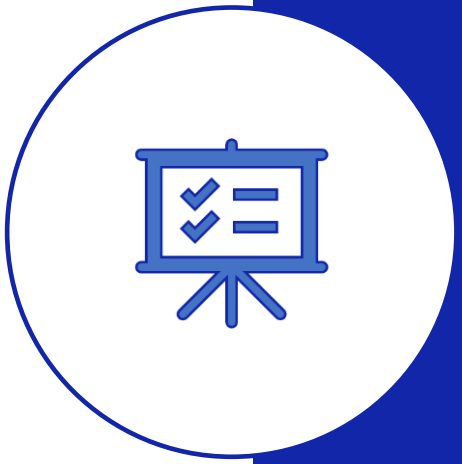
AQI Data Validation Audits

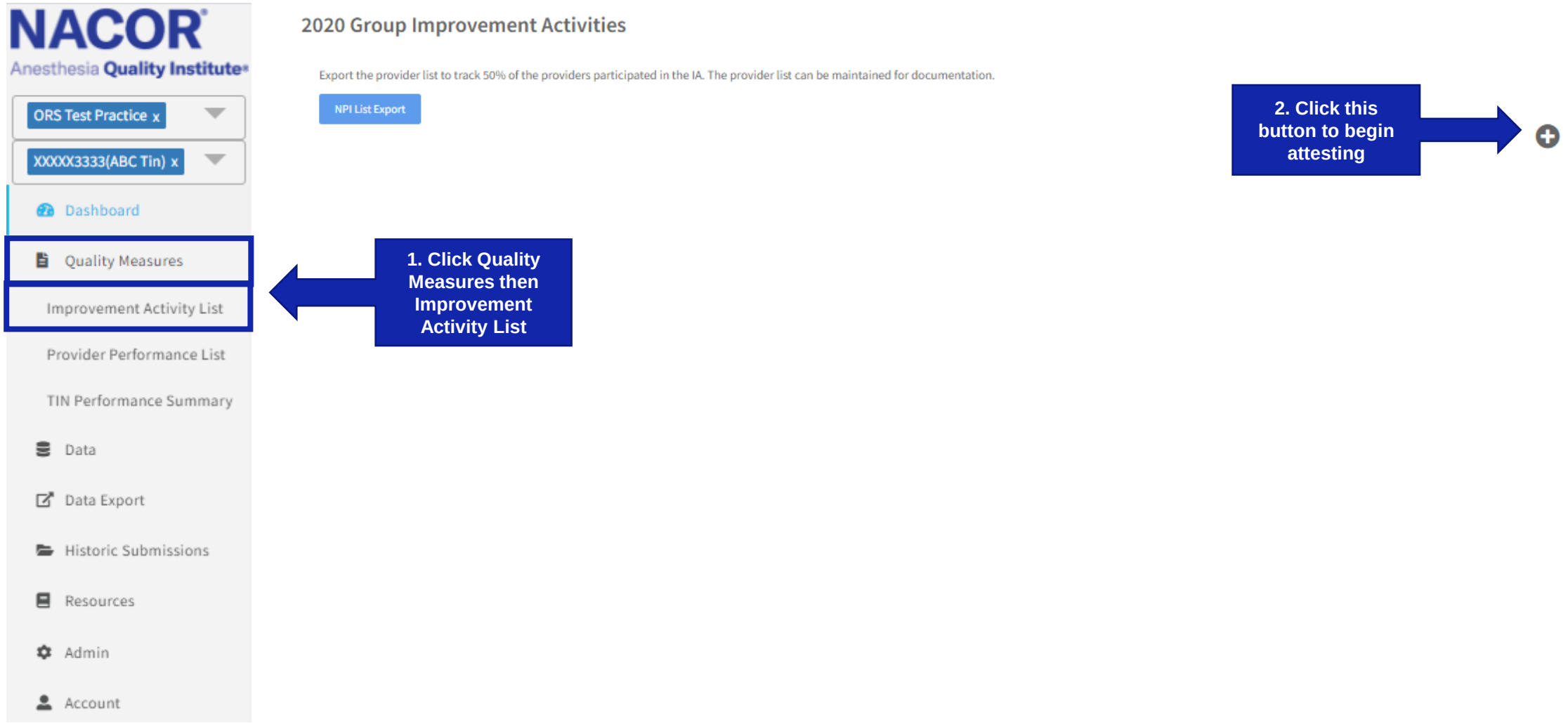
- Audits for the Quality Component have begun!
- Practices were notified via email and certified letters
- Need to provide clinical documentation regarding completion of the measure for 50 cases
- 45 days to complete the audit
- Improvement Activity Audits will begin in January.



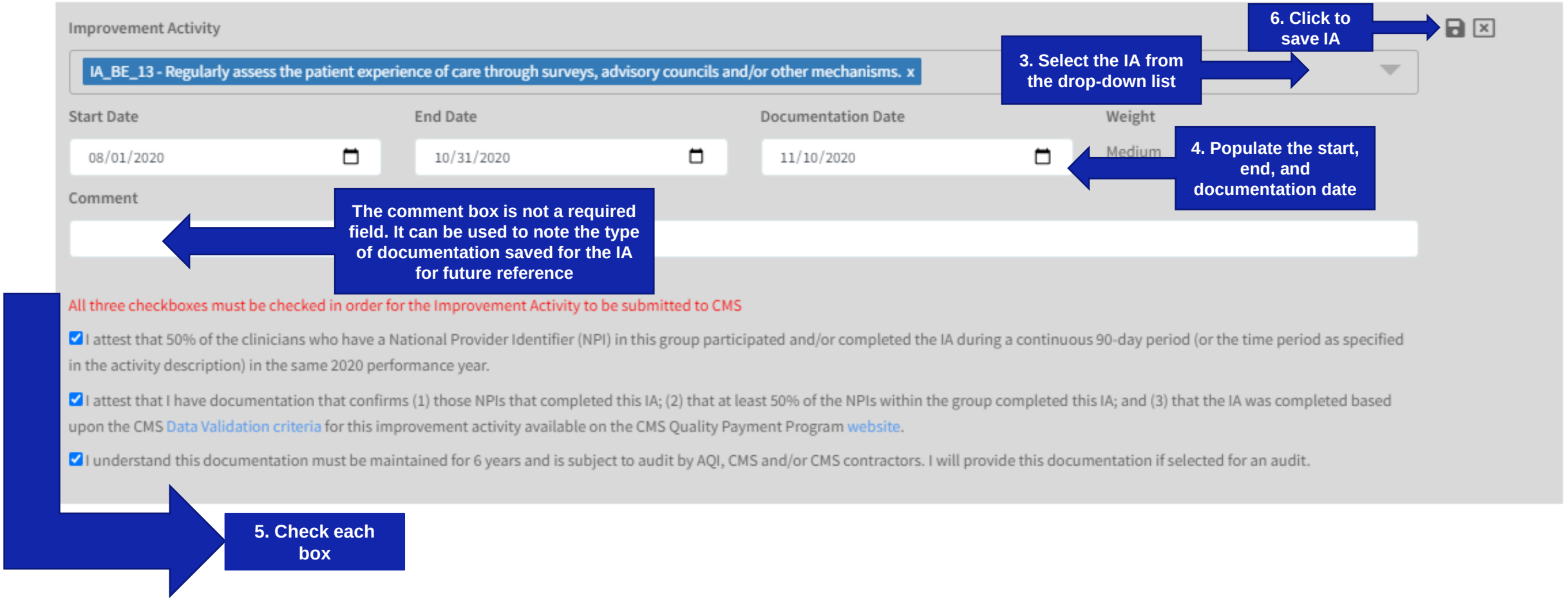
If you have questions email askaqi@asahq.org.

Improvement Activity Attestation Demo- Group Reporting

Improvement Activity Attestation Instructions- Group Reporting



Improvement Activity Attestation Instructions- Group Reporting



Improvement Activity Attestation Instructions- Group Reporting

2020 Group Improvement Activities

Export the provider list to track 50% of the providers participated in the IA. The provider list can be maintained for documentation.

NPI List Export

Practices can export their NACOR provider list to manually track providers that completed the IA

Npi	First Name	Last Name	Provider Type	Provider Status	Completed IA_AHE_6 - Provide Education Opportunities for New Clinician	Completed IA_BE_13 - Regularly assess the patient experience of care
3000000039	Abdul	Grennan	Anesthesiologist	Active	Yes	Yes
3000000069	Ahmad	Wark	Registered Nurse	Active	Yes	Yes
3000000068	Alan	Mitchel	Anesthesiologist	Active	Yes	Yes
3000000074	Alberto	Mohr	Certified Registered Nurse AnesthetistÂ ((	Active	Yes	Yes
3000000048	Alejandro	Rostad	Anesthesiologist	Active	Yes	
3000000094	Alvin	Nuckols	Anesthesiologist	Active	Yes	
3000000066	Arden	Platt	Anesthesiologist	Active	Yes	Yes
3000000072	Arnold	Denicola	Certified Anesthesiologist Assistant (AA)	Active	Yes	Yes

Improvement Activity Attestation Instructions- Individual Reporting

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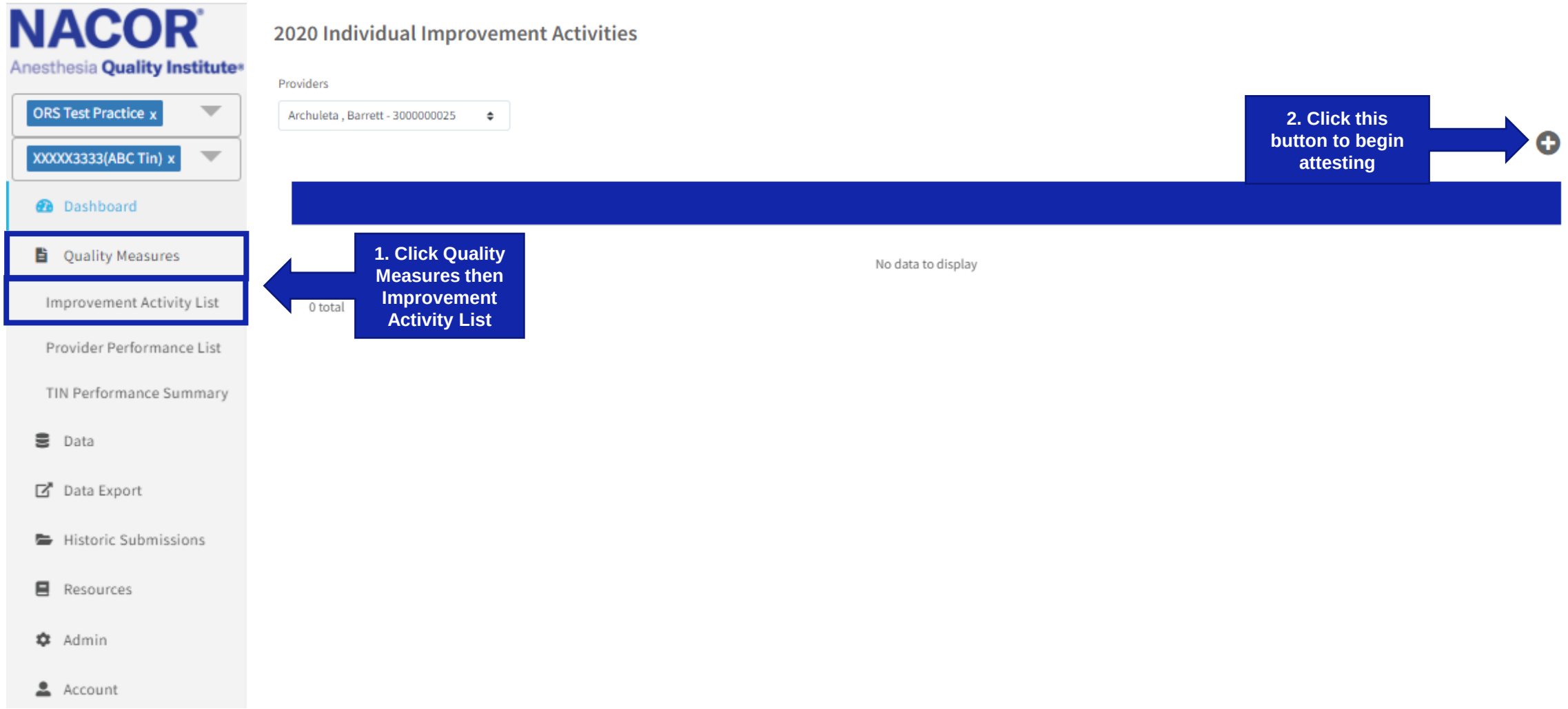
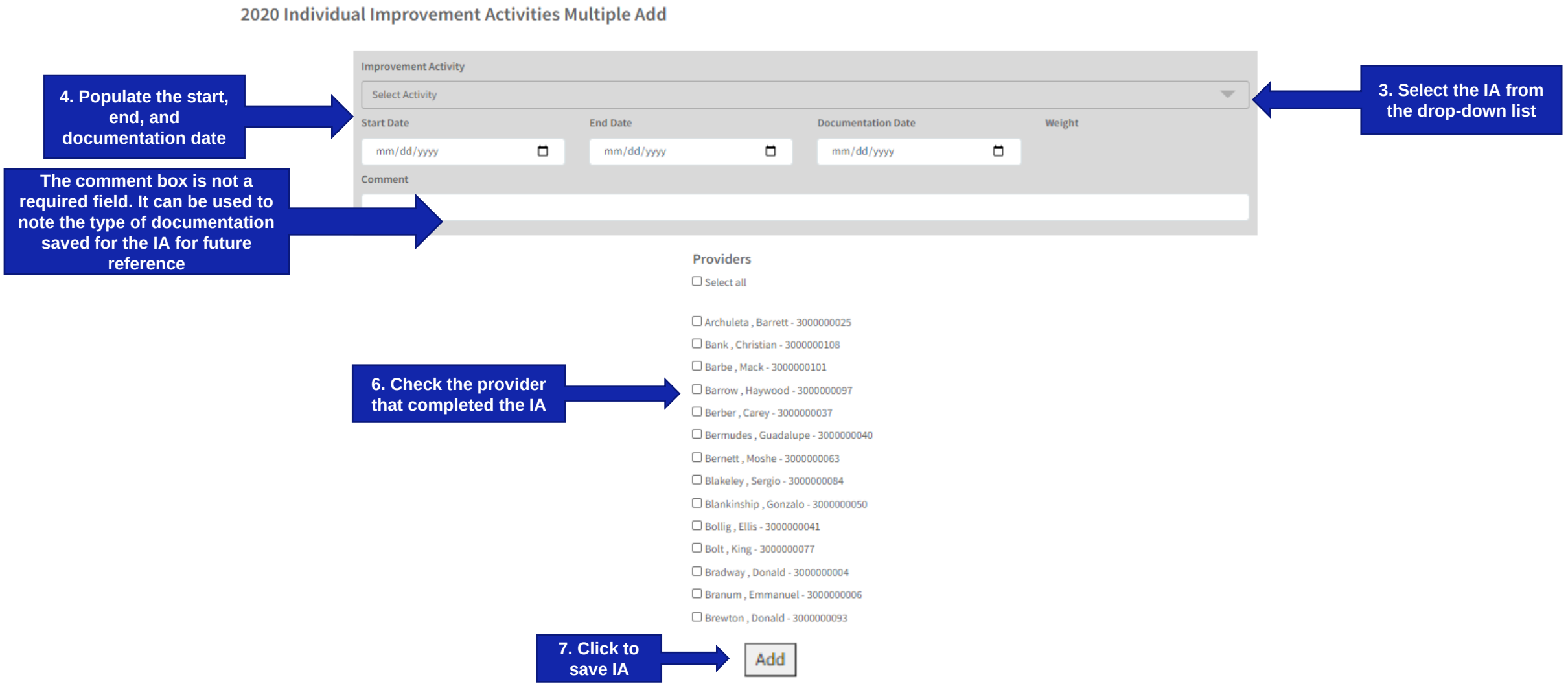


Improvement Activity Attestation Instructions- Individual Reporting



2020 NACOR Quality Reporting Deadlines

Date	Deadline
1/29/2021	Submission of January - November 2020 data
	Individual Quality Reporting Consent Submission
	Improvement Activity Attestation
	CMS opt-out for Individual Reporting
	TIN/NPI Reconciliation
2/15/2021	Submission of December 2020 data and any corrected files

Quality Reporting data file notifications

- Starting the week of November 16 AQI will begin sending notifications to 2020 Quality Reporting practices via email regarding data files.
  - The notifications will indicate if a new data file has been uploaded to NACOR or if we have not yet received a data file for the 2020 reporting year.
    - **New data file** - Review the NACOR dashboard as it will allow you to monitor your providers' measure compliance as well as identify problems with measures submitted and make necessary corrections.
    - The notifications will be sent every other week through the final data submission deadline which is February 15, 2021.
- If any questions email askaqi@asahq.org.


Q&A

Next Office Hours

Tuesday December 8th, 2020

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.