Introduction to NACOR

NACOR is a data warehouse that will eventually capture the 40 million anesthetics (a very rough estimate) and millions of pain clinic procedures performed each year by anesthesiologists in the United States. NACOR has gathered data on millions of cases, from thousands of facilities and providers. The continued growth of NACOR requires close collaboration between the AQI, individual providers, and healthcare information technology vendors. Roles will be as follows:

- The AQI, working with various ASA and subspecialty society committees, will define data and outcomes that are collected in NACOR, will provide unifying definitions and templates, will contract with individual practices and hospitals to exchange data, and will be responsible for reporting the data collected.
- Individual anesthesia practices, hospitals, and providers will provide data to NACOR and will use the reports they get back to improve patient care and meet various local, state and federal regulatory requirements.
- Vendors of anesthesia information technology will facilitate NACOR reporting through their work with individual practices. Vendors that provide formatted data for contribution to NACOR will be listed as AQI Preferred Vendors on the AQI website.

Our participants range from pen-and-paper practices to the most wired academic centers. You do not need an AIMS systems or electronic health records (EHR) to participate. AQI will help facilitate contribution of data that is readily available in electronic form, beginning with your billing data and proceeding to other EHR and QM software as it becomes available. The desired data falls into four broad categories:

1. Practice demographics – describing the anesthesia group (age, training, certifications) and the environment (facilities, hospital size, inpatient-outpatient mix). This information will be collected once, and then periodically updated by the practice.
2. Case specific data in several tiers: simple (e.g. CPT code, anesthesia type, provider ID number, patient age); moderate (e.g. duration of surgery, agents used); and complex (e.g. output from AIMS with vital signs, fluids, drug doses).
3. Outcome data: Basic (e.g. intra-op cancelation, mortality, major morbidities) and extended (e.g. infections, prolonged length of stay, late events). The basis for recognized outcomes of interest will be the ASA Committee on Performance and Outcomes Measurement (CPOM) definitions. Information will come from Anesthesiology Department data or from linkage to surgical databases that capture long term patient outcome.
4. Risk Adjustment data: ICD-9 diagnostic codes, pre-op medication use, defined comorbidities, hospital length of stay, etc. Much of this data will come from the hospital or healthcare facility's systems.

You are not required to fulfill all four categories of data submission. Ultimately, our goal is to collect outcomes data, and we expect to advise participating practices on the resources available to begin recording events and outcomes of interest.

Practice Reports will contain data from the four categories above (if reported by the practice) as well as aggregate NACOR data on those same metrics where available.

NACOR will evolve over time under pressure of provider needs, experience and regulatory requirements. The definition of existing data elements will sharpen, and new elements will be introduced for business or research purposes.