QCDR Option Becomes a Reality for Anesthesiologists

Richard P. Dutton, M.D., M.B.A.
Maureen Amos, M.S.
Matthew Popovich, Ph.D.
Lance Mueller

In just one day, anesthesiologists who once were limited to reporting three measures to the Physician Quality Reporting System (PQRS) gained the ability to submit data on more than a dozen other anesthesia-related measures through the Qualified Clinical Data Registry (QCDR) option. On April 29, The Centers for Medicare & Medicaid Services (CMS) certified the National Anesthesia Clinical Outcomes Registry (NACOR) as a QCDR. This action will transform how physician anesthesiologists participate in PQRS and how measures that impact patients, physician anesthesiologists and other providers are developed, tested and ultimately used to improve patient care.

CMS introduced QCDR as a new reporting option for calendar year 2014. Part of the reasoning behind this option lay in CMS allowing specialty societies space to develop meaningful measures that reflect profession-specific priorities and instances of care. The QCDR reporting option is unique because it allows registries such as NACOR to report on measures already part of the PQRS program as well as specialty-based, registry-developed measures. For instance, physician anesthesiologists may continue to use NACOR to report on PQRS-endorsed measures such as Central Venous Catheter Insertion Protocol (#76) and Perioperative Temperature Management (#193). But now, physician anesthesiologists and other EPs have the additional option to use the QCDR to report on a variety of other measures that include the prevention of postoperative nausea and vomiting as well as Post Anesthesia Care Unit (PACU) Reintubation Rates. Although CMS encourages that measures be endorsed by the National Quality Forum (NQF), NQF-endorsement is not required.

At the same time, the QCDR option signals a gradual transition for collecting data on physician performance from CMS to professional society registries. Although CMS has transferred much responsibility to the QCDR, NACOR must provide CMS with information such as, but not limited to, measure descriptions (including numerators, denominators,

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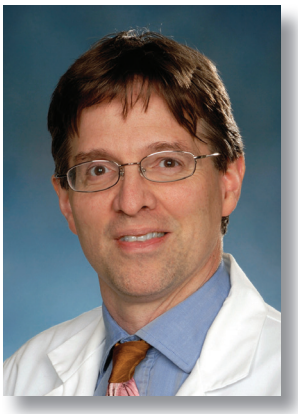
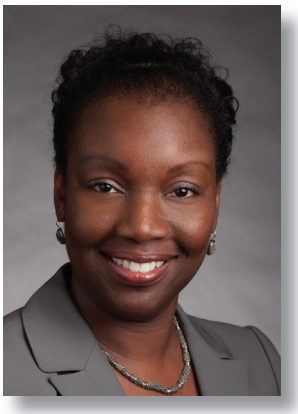
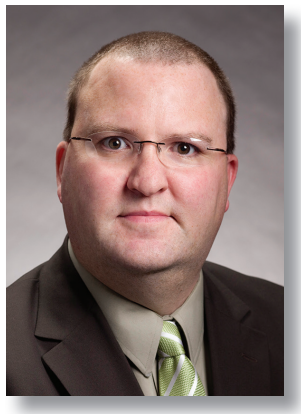


Richard P. Dutton, M.D., M.B.A. is Clinical Associate, University of Chicago Department of Anesthesia and Critical Care. He is ASA Chief Quality Officer and AQI Executive Director.

Matthew Popovich, Ph.D. is ASA Quality Specialist.



Maureen Amos, M.S. is ASA Director of Quality and Regulatory Affairs.



Lance Mueller is Director, Anesthesia Quality Institute.

Table 1: PQRS-Approved Measures Used by NACOR QCDR			
PQRS/NQF Number	**Measure Title**	**Measure Description**	**NQS Domain**
30/0269	Perioperative Care: Timely Administration of Prophylactic Parenteral Antibiotics	Percentage of surgical patients aged 18 years and older who receive an anesthetic when undergoing procedures with the indications for prophylactic parenteral antibiotics for whom administration of the prophylactic parenteral antibiotic ordered has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)	Patient Safety
44/0236	Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery	Percentage of isolated Coronary Artery Bypass Graft (CABG) surgeries for patients aged 18 years and older who received a beta-blocker within 24 hours prior to surgical incision	Effective Clinical Care
76/0464	Prevention of Catheter-Related Bloodstream Infections (CRBSI): Central Venous Catheter (CVC) Insertion Protocol	Percentage of patients, regardless of age, who undergo CVC insertion for whom CVC was inserted with all elements of maximal sterile barrier technique (cap AND mask AND sterile gown AND sterile gloves AND a large sterile sheet AND hand hygiene AND 2% chlorhexidine for cutaneous antisepsis [or acceptable alternative antiseptics per current guideline]) followed	Patient Safety
130/0419	Documentation of Current Medications in the Medical Record	Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medication name, dosage, frequency and route of administration	Communication and Care Coordination
193/0454	Perioperative Temperature Management	Percentage of patients, regardless of age, undergoing surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer, except patients undergoing cardiopulmonary bypass, for whom either active warming was used intraoperatively for the purpose of maintaining normothermia, OR at least one body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) was recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time	Patient Safety
226/0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	Effective Clinical Care
342/0209	Pain Brought Under Control Within 48 Hours	Patients aged 18 and older who report being uncomfortable because of pain at the initial assessment (after admission to palliative care services) who report pain was brought to a comfortable level within 48 hours. (AQI expects to expand this measure from palliative care to any inpatient environment in future years.)	Person and Caregiver-Centered Experience and Outcomes
358/N/A	Patient-Centered Surgical Risk Assessment and Communication	Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon	Person and Caregiver-Centered Experience and Outcomes

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measure exclusions and exceptions), methodology used to develop, test and calculate the measure, the assigned National Quality Strategy (NQS) domain for each measure, and calculated performance scores. NACOR will also be responsible for establishing risk-adjusted benchmarking information for quality measurement, securely collecting data from providers, scoring performance and reporting final results to CMS.

For EPs and practices, CMS requires NACOR and other QCDRs to publicly post measures and routinely report quality data and performance to NACOR QCDR participants. A list of the measures NACOR submitted to CMS is provided in the accompanying tables and on the AQI website.

The QCDR option has far-reaching implications related to how physician anesthesiologists and EPs may receive the 2014 payment incentive and avoid the 2016 payment adjustment. To qualify for a PQRS incentive, an EP must report on a minimum of nine measures covering three NQS domains for at least 50 percent of the EP's applicable patients seen during the 2014 reporting period. At least one of the measures an EP reports must be an outcomes measure. To avoid the 2016 payment adjustment, an EP must report on at least three measures covering one NQS domain for at least 50 percent of the EP's applicable patients during the same period.

NACOR now offers 19 measures, eight of which are established PQRS measures, while the other 11 are registry-specific measures. Together, these measures cover four NQS domains. The combination of measures approved by the ASA House of Delegates and the forward thinking of ASA members to support AQI/NACOR development over the past few years has allowed ASA to become a leading advocate for QCDR use and quality improvement. These proactive actions fostered an environment where anesthesia data could be securely collected, used to improve anesthesia care and lay the foundation for payment security in a fast-changing regulatory framework.

Practices wishing to report practitioner performance through the QCDR mechanism for 2014 must self-nominate by July 1, 2014 and participate in NACOR. There is no charge for ASA members to use NACOR as their reporting option for 2014. For additional information, or to get started reporting through NACOR, please contact AQI at (847) 268-9192 or **www.aqihq.org**.

Additional Websites:

- Anesthesia Quality Institute: **www.aqihq.org**
- Centers for Medicare & Medicaid Services: **www.cms.gov/pqrs**
- Agency for Healthcare Research and Quality: **www.ahrq.gov/workingforquality**
- National Quality Forum: **www.qualityforum.org**

Table 2: Registry-Developed Measures Used by NACOR QCDR		
Measure Title	**Measure Description**	**NQS Domain**
Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)	Percentage of patients, regardless of age, who receive an anesthetic and are admitted to an Intensive Care Unit (ICU) directly from the anesthetizing location, that have a documented use of a checklist or protocol for the transfer of care from the responsible anesthesia practitioner to the responsible ICU practitioner	Communication and Care Coordination
Prevention of Post-Operative Nausea and Vomiting (PONV) - Combination Therapy (Adults)	Percentage of patients, aged 18 years and older, who receive an inhalational general anesthetic, and have three or more risk factors for postoperative nausea and vomiting (PONV), who receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively or intraoperatively	Person and Caregiver-Centered Experience and Outcomes
Prevention of Post-Operative Vomiting (POV) - Combination Therapy (Pediatrics)	Percentage of patients, aged 3 through 17 years of age, who receive a general anesthetic in which an inhalation anesthetic is used for maintenance AND who have two or more risk factors for postoperative vomiting (POV), who receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes	Person and Caregiver-Centered Experience and Outcomes
Anesthesiology: Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit	Percentage of patients who are under the care of an anesthesia practitioner and are admitted to a PACU in which a post-anesthetic formal transfer of care protocol or checklist which includes the key transfer of care elements is utilized	Undetermined
Composite Anesthesia Safety	Percentage of scheduled surgical procedures completed as planned without the occurrence of a serious adverse event	Effective Clinical Care
Immediate Perioperative Cardiac Arrest Rate	Percentage of all scheduled surgical cases in which the patient does not experience an intraoperative cardiac arrest	Patient Safety
Immediate Perioperative Mortality Rate	Percentage of all scheduled surgical cases in which the patient does not expire prior to discharge from the PACU	Patient Safety
PACU Reintubation Rate	The percentage of all patients intubated for general anesthesia who require re-intubation prior to PACU discharge	Patient Safety
Short-Term Pain Management	The percentage of all elective surgical patients admitted to the PACU with a maximum pain score >7/10	Person and Caregiver-Centered Experience and Outcomes
Composite Procedural Safety for Central Line Placement	The percentage of patients who experience pneumothorax or arterial injury following central line placement	Patient Safety
Composite Patient Experience Measure	The percentage of patients with available S-CAHPS survey data relating to anesthesia	Person and Caregiver-Centered Experience and Outcomes