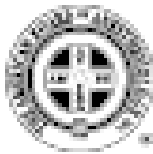


# AQI Value: Anesthesiologists

- Personal benchmarking
  - Within the group or practice
  - Within a subspecialty
  - Nationally
- Regulatory requirements
- Quality Improvement
- Hospital credentialing
- Maintenance of Licensure
- Maintenance of Certification
- Clinical Research



# AQI and MOCA



THE AMERICAN BOARD OF ANESTHESIOLOGY®

A Member Board of the American Board of Medical Specialties

## 2009 UPDATES: MAINTENANCE OF CERTIFICATION IN ANESTHESIOLOGY (MOCA)

### CASE EVALUATION

All diplomates enrolled in MOCA are required to satisfactorily complete the MOCA Practice Performance Assessment and Improvement (PPAI) program. One component of the PPAI program is a four-step case evaluation as described below:

First, the diplomate must complete a two-step assessment of his/her current practice of anesthesiology:

1. **Collect:** The diplomate collects a meaningful sample of data, over an extended period of time, from one of the following:

- Clinical outcomes data on patients from a specific period of time or group of patients
- Feedback from patients that relates to clinical care given

2. **Compare:** The diplomate compares the outcomes with guidelines approved by professional societies such as the ASA; ideally those guidelines should be evidenced based. Alternatively, the diplomate may compare outcomes with results from meta-analyses or Cochrane reviews. If such guidelines are not available, then the diplomate may compare outcomes with consensus opinion or peer (inside and/or outside group) data to determine areas for improvement.

# AQI Value: Groups and Practices

- Benchmarking the business
  - By region, by size, by type
  - Specific queries
- Quality Improvement
  - Templates
  - “Best practices”
- Hospital credentialing
- Regulatory requirements
  - The Joint Commission
  - CMS



# AQI Value: IT Vendors

- Provide templates / definitions
  - Desired data elements
  - Outcomes of interest
- Encourage the adaptation of electronic records
- Encourage collection and reporting of outcome data
- Influence the federal landscape toward EHR
- Collaborate in pursuit of federal funds



# AQI Value: Specialty Societies

- Unification of infrastructure and effort
  - Collaboration with existing Registry efforts
  - Incorporation of key elements of data
- Access to a wider pool of information
  - Many (most?) practices are multi-specialty but may not participate in multiple Registries
- Provision of specialty specific data through the Society to its members
- A mechanism to push specialty initiatives



# AQI Value: Other ASA Initiatives

- Denominators for the Closed Claims Project!
  - How many patients are at risk?
  - How many suffer complications?
- Indicators for the Patient Safety Foundation!
  - What's important now?
  - How quickly do improvements spread?
- Needs assessment for the Educators
  - What do practices want to learn about?
  - What do they **NEED** to learn about?



# AQI Value: ASA Leadership

- Who are we? How do we practice?
  - Group size and structure
  - Solo, CRNA, care team
- What cases do we do?
  - Inpatient vs. outpatient
  - Academic vs. private practice
  - OR vs. Pain vs. Critical Care
- Who are our patients?



# AQI Value: Academics

- Direct research opportunities
  - Data mining
  - “AQI Research Fellowships”
- Facilitation of other research
  - Background data
  - Data for linkage to other sources
- Raising the status of anesthesia research in general
  - Federal grants
  - Industry sponsorship



# AQI Value: Federal Government

- A credible source for specialty-specific data
- A window on the world of perioperative care
- Promulgation of definitions for process and outcomes
  - IOTA / Data Dictionary Task Force
  - AACD
- A partner for pursuit of comparative effectiveness research
- A channel for encouraging change

