Quality Reporting Office Hours

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Agenda

QRA Update
- QPP Eligibility Tool Update
- 2019 QPP Proposed Rule
- Reminders
  - 2019 Payment Adjustment – Targeted Review deadline
  - AQI Internal Improvement Measures

AQI Update
- Improvement Activities
- Reporting Quantum 31 and AQI 48
- Facility List Updates
- AQI Website Updates
- Anesthesia Quality Meeting Preconference
The QPP Eligibility Tool has been updated to include 2018 Qualifying APM Participant (QP) and MIPS APM status

- Snapshot of Medicare Part B claims from Jan 1 – March 31, 2018
- Link to eligibility tool: https://qpp.cms.gov/participation-lookup

Visit QPP materials on QP methodology and status for more information

- QP Methodology Fact Sheet
- APMs overview
2019 QPP Proposed Rule

- CMS has released its proposals for MIPS 2019
- ASA will be commenting on several proposals including:
  - Facility-based measurement
  - Topped out measure removal process
  - Benchmarking requirements
- Overview and updates will be provided following release of the 2019 Final Rule
REMINDER: 2019 MIPS Adjustment – Targeted Review

- Eligible clinicians and groups that scored 3 or more points avoided a penalty.

- If you suspect an error has been made in your score, you can request a targeted review by **October 1st, 2018**.

- More information is available on the QPP:
  - [Targeted review fact sheet](#)
  - [Targeted review user guide](#)
  - [Performance feedback fact sheet](#)
  - [Payment adjustment fact sheet](#)
REMINDER: Internal Improvement Measures

- AQI NACOR is launching an additional, *optional* measure suite for reporting for tracking quality metrics not used for MIPS.
  
  o These measures will **NOT** be sent to CMS for any reason.

- Clinicians can track outcomes and other measures that may be helpful in contract negotiations, quality improvement projects, etc.

- The suite includes measures previously used in CMS programs and other measures that may be meaningful for practices to report.

- NACOR dashboard and AQI webpage coming soon!

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)

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ASA MACRA Webpage:
http://www.asahq.org/macra

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CMS Quality Payment Program Website:
http://www.qpp.cms.gov
AQI Update: Improvement Activities

- Updates to NACOR dashboard complete – can start attesting now!
- Top 5 reported IA’s in 2017

<table>
<thead>
<tr>
<th>IA reported</th>
<th>Measure Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA_PSPA_1</td>
<td>Participation in an AHRQ-listed patient safety organization</td>
</tr>
<tr>
<td>IA_PSPA_7</td>
<td>Use of QCDR data for ongoing practice assessment and improvements</td>
</tr>
<tr>
<td>IA_EPA_1</td>
<td>Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record</td>
</tr>
<tr>
<td>IA_BE_6</td>
<td>Collection and follow-up on patient experience and satisfaction data on beneficiary engagement</td>
</tr>
<tr>
<td>IA_PSPA_19</td>
<td>Implementation of formal quality improvement methods, practice changes or other practice improvement processes</td>
</tr>
</tbody>
</table>

- 2018 Data validation criteria – *Coming Soon!*
Measure Coding Review:
AQA Measure 48 - Patient Experience

- The survey should be administered to the patient shortly following discharge from the facility.

- Practices and eligible clinicians may customize their surveys to meet local needs
  - A valid survey must include a core set of questions that address three of the four criteria listed below as well as one mandatory question:
    - 1. Pre-operative Education and Preparation
    - 2. Patient and/or Family Communication
    - 3. Care Team Response to Comfort and Well-Being
    - 4. Post-operative pain control and/or management
    - **Mandatory Question**: On a scale of 1 to 5, where 1 indicates the worst anesthesia experience and where 5 indicates the best anesthesia experience, how would you rate your overall anesthesia experience?
Measure Coding Review:
AQI Measure 48 - Patient Experience

- Measure has two performance rates: AQI48a and AQI48b
  - **AQI48a**: reported each time a patient undergoes a procedure under anesthesia.

**Performance Met**
- **10A12**: Patient provided with a survey within 30 days of the procedure to assess their experience and satisfaction with anesthesia

**Denominator Exception**
- **10A13** Documentation of patient reason(s), process reason(s) or medical reason(s) for not receiving survey (i.e. patients who are non-verbal, who are unable to be surveyed due to a medical or psychiatric reason, who are unable to be surveyed due to a language barrier, have not provided contact information, who are discharged to assisted living, skilled nursing facility or other similar location)

**Performance Not Met**
- **10A14** Patient was not provided with a survey within 30 days of the procedure to assess their experience and satisfaction with anesthesia
Measure Coding Review:
AQI Measure 48 - Patient Experience

AQI48b: the provider must report the individual patient scores received by the patient who completed the survey described in AQI48a. (A minimum number of 20 surveys with the mandatory question completed must be reported).

- **Numerator Code: 10A72**: Patient completed a survey on their patient experience and satisfaction with anesthesia care

- **Denominator Codes:**
  - **Performance Met:**
    - 10A70 Patient reported a positive anesthesia experience (i.e., a 4 or 5 on the mandatory survey question)
  - **Performance Not Met:**
    - 10A71 Patient did NOT report a positive anesthesia experience (i.e., a 1, 2, or 3 on the mandatory survey question)
Measure Coding Review:
AQI Measure 48 - Patient Experience (XML Example)

```xml
<QCDR>
  <QCDRMeasure>AQI48</QCDRMeasure>
  <QCDRCodeValue>10A12</QCDRCodeValue>
  <QCDRModifier xmlns:nil="true"/>
</QCDR>

<QCDR>
  <QCDRMeasure>AQI48</QCDRMeasure>
  <QCDRCodeValue>10A72</QCDRCodeValue>
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</QCDR>

<QCDR>
  <QCDRMeasure>AQI48</QCDRMeasure>
  <QCDRCodeValue>10A70</QCDRCodeValue>
  <QCDRModifier xmlns:nil="true"/>
</QCDR>
```
Measure Coding Review: Quantum 31

- Percentage of patients, regardless of age, in whom ultrasound guidance is used by the anesthesia clinician when placing a central line for those central lines that are placed in the internal jugular location.

- Licensed measure from MEDNAX

- No AQI Measure ID (use “Quantum31” as the value for “QCDRMeasure”)

- Denominator includes CPT procedure codes, NOT ASA codes

- AQI added NACOR Registry codes for reporting denominator / numerator conditions.

- Should be reported by providers who actually place the central line, NOT by providers who provide anesthesia for central line placement

- Further questions should be directed to MEDNAX (the measure steward)
Measure Coding Review: Quantum 31

- Denominator All patients, regardless of age, who undergo internal jugular central line placement by the anesthesia clinician. Denominator Criteria (Eligible Cases):
  - All patients, regardless of age AND Patient encounter during the reporting period (CPT):
    - 36555, 36556, 36557, 36558, 36560, 36561, 36563, 36565, 36566, +76937, 93503
    - AND Internal jugular site insertion 10A66
  - Denominator Exclusions / Exceptions
    - None
Facility List Audits

The practice’s benchmarking data and benchmarking reports depend on an accurate facility list so it is important for the AQI champion to ensure this list is up to date

- Practice champions will be receiving a communication from AQI confirming their practice facilities
- Practice champions can also log in to NACOR to review their current facilities and update if necessary
  - Instructions on how to audit facility lists can be found here
Anesthesia Quality Meeting – AQI Preconference

- MACRA and Beyond – Successfully Reporting to NACOR
- Speakers from AQI and QRA
  - When – Friday, November 16, 2018
  - Where – ASA Headquarters, Schaumburg, IL
  - Cost $200

- Registration open now!
AQI Website Updates

(https://www.aqihq.org)

Quality Section – 2 tabs
• NACOR Basic
  o Administrative Resources
    • Internal Improvement Measure Specifications
  • NACOR User Guide
  • Provider and Facility List
AQI Website Updates (https://www.aqihq.org)

- Quality Section – 2 tabs
- NACOR Quality Reporting
  - Administrative Resources
  - NACOR User Guide
  - Data Definitions
- 2018 MIPS Resources
  - Quality Component
  - Improvement Activities
Next Quality Reporting Office Hours

Tuesday, September 11th
11am CST

Webinar registration link will be sent to the AQI Office Hour listserv within the next few days