

Quality Reporting Office Hours

Annette Antos, AQI Registry Manager

Erika Kalb, AQI Registry Services Associate

Leslie Kociemba, Quality Associate

Toni Kaye, Quality Program Manager

January 16, 2018

Agenda

QRA Update

2018 NACOR QCDR Measure Overview

Agenda

AQI Update

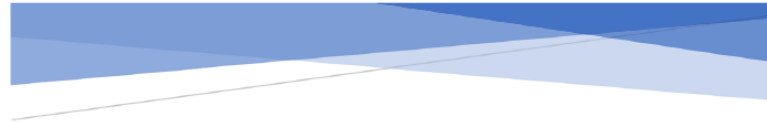
- Provider Consents Update
- Data File Validation Emails
- Improvement Activity Attestation Reminder
- 2017 Reporting Deadlines
- 2017 Reconciliations

2018 QCDR Measures

- Posted on AQI website: <https://www.aqihq.org/MACRAOverview.aspx>

The screenshot shows the Anesthesia Quality Institute website. At the top, there is a navigation bar with links for HOME, ABOUT US, QUALITY, RESEARCH, REGISTRIES, and VENDORS. Below the navigation bar, there is a search bar and a "Member Login" section with a "Login" button. The main content area is titled "NACOR Quality Reporting" and features a "Resources" sidebar on the left. A red arrow points to the "2018" section of the Resources sidebar, which includes the link "2018 QCDR Measure Booklet". The main content area displays "AQI NACOR QUALITY REPORTING" and provides information about 2017 NACOR quality reporting deadlines, including dates like 12/15/17, 1/31/18, 2/15/18, and 2/28/18, along with details about enrollment and data submission.

2018 QCDR Measures



2018 QCDR MEASURE SPECIFICATIONS

Anesthesia Quality Institute
National Anesthesia Clinical Outcomes Registry

Date: January 15, 2018

askaqi@asahq.org

2018 QCDR Measures

- AQI18: Coronary Artery Bypass Graft (CABG): Prolonged Intubation – Inverse Measure
- AQI28: New Corneal Injury Not Diagnosed Prior to Discharge
- AQI41: Coronary Artery Bypass Graft (CABG): Stroke – Inverse Measure
- AQI42: Coronary Artery Bypass Graft (CABG): Post-Operative Renal Failure – Inverse Measure
- AQI48: Patient-Reported Experience with Anesthesia
- AQI49: Adherence to Blood Conservation Guidelines for Cardiac Operations using Cardiopulmonary Bypass (CPB) – Composite
- AQI50: Application of Lung-Protective Ventilation during General Anesthesia
- AQI51: Assessment of Patients for Obstructive Sleep Apnea
- AQI53: Documentation of Anticoagulant and Antiplatelet Medications when Performing Neuraxial Anesthesia/Analgesia or Interventional Pain Procedures
- AQI54: Use of Pencil-Point Needle for Spinal Anesthesia
- AQI55: Team-Based Implementation of a Care-and-Communication Bundle for ICU Patients
- AQI56: Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA)
- AQI57: Safe Opioid Prescribing Practices
- AQI58: Infection Control Practices for Open Interventional Pain Procedures
- AQI59: Multimodal Pain Management
- Quantum31: Central Line Ultrasound Guidance

Retired Measures for 2018

- AQI31: Post-anesthesia Care Unit (PACU) Re-intubation Rate
- AQI32: Procedural Safety for Central Line Placement
- AQI34: Perioperative Cardiac Arrest—Inverse Measure
- AQI35: Perioperative Mortality Rate—Inverse Measure
- AQI37: Surgical Safety Checklist—Applicable Safety Checks Completed Before Induction of Anesthesia
- AQI52: Treatment of Hyperglycemia with Insulin

Why were measures retired?

- Performance on the measures is “topped out”
 - CMS is unable to distinguish “high performers” from “low performers” using the measure data
- No variability in performance, cannot distinguish differences in care
- What does this mean for future measures?
 - CMS will continue to retire high-performing measures
 - Seeking to develop measures that will highlight variation in care
 - Goal is not for 100% performance; goal is to be able to distinguish high performers from low performers
 - Increased emphasis on outcomes of care

Modified Measures for 2018: AQI 28

- New Corneal Injury Not Diagnosed *Prior to Discharge*
 - A significant change from previous versions of the measure that only looked at injury in the PACU/Recovery Area
- Modified Denominator Codes
- Modified Denominator Exclusions

Modified Measures for 2018: AQI48

- ***Patient-Reported Experience with Anesthesia***
- CMS now requires the ***results*** of the patient surveys
- Providers will be scored on the % of positive results, not just on sending the survey
- Read specification carefully for details on how to submit this measure: 2 performance rates

Available MIPS Measures for 2018

- Same selection as in 2017, with the exception of MIPS 463: Pediatric POV
- MIPS 463 was previously AQI29

AQI - Provider Consents Update

- New for 2017 CMS is requiring provider consents to be signed and returned to AQI prior to submission of data to CMS
 - Only applies to those reporting as **Individuals** – not Group Reporting
 - Emails have been sent to individual reporting providers routinely since November 6th
 - Consents are be due by 2/28/18
 - If no consent is on file, data will not be submitted to CMS.
 - Email Margaret Bussan at m.bussan@asahq.org if you need a consent or have additional questions

Data File Validation Emails

- Once data file has been uploaded
 - o Email – **1 Business Day after upload**



Thank you for submitting your data file to NACOR for processing.

Your file failed validation and will not be incorporated into NACOR. Please see the full validation error log on the NACOR Data Submission Portal which identified failed cases. You may fix errors for those cases and resubmit your file to NACOR.

This validation checks whether your file adheres to the NACOR XML schema and performs certain basic logic checks. It does not confirm accuracy of the data submitted or performance relative to CMS QCDR/QR programs.

To review accuracy of the data provided and, if applicable, whether your data meet QCDR/QR performance and reporting thresholds, please review the data and CMS Quality Reporting reports within NACOR.

Below is a summary of any issues:

- AnesthesiaStartTime must be greater than AdmissionDate (occurs {x} time(s)). The records with the following AnesthesiaRecordIds are affected: **{List of Record ID's}**

Additional information and support resources:

[NACOR Data Submission Guide](#) | [NACOR Support](#) | [AQI Developer Website](#) | [NACOR Reporting Portal](#)

This communication is confidential and may be privileged or otherwise protected from disclosure and may include proprietary information. Unauthorized reproduction or disclosure of this information in whole or in part is prohibited. Copyright © 2017 ePreop, Inc.

Common Data File Errors: Email Notification Set Type

- Email Notification Set Type was added to the 2017 xml schema. If you receive this error message you need to add the following to your data file:

"EmailNotificationFirstName"

"EmailNotificationLastName"

"EmailNotificationAddress"

- The email address that is listed in this field will receive the file validation feedback emails. If no email address listed the emails are sent to the AQI Practice Champion on file.

Common Data File Errors: File Naming Convention

- **Required** identifiers for proper formatting:
 - PID – Your AQI Practice ID number must have a minimum of three characters. If your practice ID is less than three characters, use 0 to complete the file name.
 - .xml – This is the file extension
- **Recommended** identifiers:
 - Practice name (or abbreviation)
 - DOSSTART – The first date of service in your data file
 - DOSEND – The last date of service in your data file

Example – Production File:

ASA Anesthesia_**PID(003)**_DOSSTART(20170801)_DOSEND(20170831).xml

Improvement Activity Attestation – Reminder

- Improvement Activities can be attested to through the NACOR platform
- For a step by step guide, please click [here](#).
- Note that the improvement activities portion is a required component of 2017 MIPS
- The deadline for Improvement Activity Attestation is **February 15, 2018**

Review NACOR Dashboard – CMS Quality Reports

- Once you have submitted a successful data file review your 2017 quality reports in the [NACOR dashboard](#).
 - Helps identify measure gaps and monitor providers' performances in meeting 2017 reporting requirements.
- Corrected data files must be submitted by the data deadlines:
 - **January 31** for January-November data
 - **February 15** for December data.

AQI Deadlines

2017 NACOR Quality Reporting Deadlines	
01/31/2018	January – November 2017 Data Submission
02/15/2018	<ul style="list-style-type: none">• December 2017 Data Submission• Selection of 90 day reporting period• In NACOR Dashboard:<ul style="list-style-type: none">○ CMS Opt-Out○ TIN/NPI Reconciliation○ Improvement Activity Attestation
02/28/2018	Individual Quality Reporting Consents Due

2017 Reconciliations

- As noted in the NACOR Standard Quality Reporting order form you completed at enrollment, AQI will soon begin reconciling purchased Eligible Clinician (EC) counts against actual data submitted.
 - AQI will begin sending invoices where applicable in *January*, and all payments must be received by March 16, 2018.
- For example, if a practice ordered quality reporting services for 10 CRNAs, but submitted data for 12 CRNAs, AQI will invoice for two additional CRNAs. If AQI does not receive payment for the two additional CRNAs by March 16, 2018, the additional CRNAs' data will not be submitted to CMS.

Next Quality Reporting Office Hours

Tuesday, February 13th
11am CST or 5pm CST

11am: Registration URL:

<https://attendee.gotowebinar.com/register/7880571859041547778>

5pm: Registration

URL:<https://attendee.gotowebinar.com/register/8131178046802404354>

Q&A

