Quality Reporting Office Hours

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Special Guest: Dr. David Bergman

July 10, 2018
Agenda

QRA Update
- MIPS 2017 Scores
- Target Review Process
- AQI Internal Improvement Measures

AQI Update
- NACOR Dashboard Improvements
- Provider List & Facility List Updates
- NACOR Basic Registration
- ePreop Patient Satisfaction Tool
2017 MIPS Scores

- MIPS Scores for 2017 reporting are now available.
- Login to the QPP website (qpp.cms.gov/login) using your EIDM credentials to access your score.
- If you do not have an EIDM account, you must request one.
  - Consult the CMS Guide for Obtaining an EIDM Account for more information

AQI does not have access to your MIPS scores.
2017 MIPS Scores – 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 **September 30th, 2018**.

- More information is available on the QPP:
  - Targeted review fact sheet
  - Targeted review user guide
  - Performance feedback fact sheet
  - Payment adjustment fact sheet
Internal Improvement Measures

- AQI NACOR is launching an additional, *optional* measure suite for reporting for tracking quality metrics not used for MIPS.
  - 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
2018 NACOR Dashboard Improvements

- Updated NACOR Quality Reporting menu

- 2018 CMS Quality Reporting - Group
  - Quality Data Completeness
  - Measure Summary
  - Practice Performance

- 2018 CMS Quality Reporting - Individual
  - TIN Reporting Status
  - Practice Provider Summary
  - Measure Performance
  - Provider Performance

- Historic CMS Quality Reports
  - TIN Summary
  - Measure Summary
  - Provider Summary
  - Measure Detail
  - CPIA Scoring
2018 NACOR Dashboard Improvements

- Updated NACOR Quality Reporting menu

2018 CMS Quality Reporting - Group
- Quality Data Completeness
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Historic CMS Quality Reports
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2018 NACOR Dashboard Improvements

- Updated NACOR Basic Report menu

<table>
<thead>
<tr>
<th>Patient Demographics</th>
<th>Case Characteristics</th>
<th>Pivot Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>Summary</td>
<td>Procedure Level Pivot</td>
</tr>
<tr>
<td>Trends</td>
<td>Trends</td>
<td>Provider Level Pivot</td>
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<tr>
<td>Distribution</td>
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**Data Submission Status**
- Practice Level
- Provider Level
- File Level

**AQI Administrator Reports**
- Benchmark
- Pivot
- CMS Quality Reporting Summary

**Benchmarking**
- Clinical Outcomes Benchmark
- Historic Clinical Outcomes Outcomes
- QCDR MIPS Benchmark
- Procedure Level Benchmark
- Provider Level Benchmark
Provider List Audits

AQI champions can review provider and facility lists for accuracy

• Provider Lists
  o If reporting group, all providers who performed cases in 2018 must be reported
  o If reporting individual, practices can submit data for specific providers that they choose
  o Instructions on how to audit provider lists can be found here

• AQI Champions should ensure that all provider information (NPI, name, provider type) is accurate
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](#)
NACOR Basic Registration

• 2018 Registration forms need to be completed for the following:
  o Current NACOR Basic Participants (Data not submitted to CMS)
  o Practices who are not reporting MIPS for 2018 but want to continue reporting to the NACOR.

  o https://form.jotform.com/80196575850162
NACOR Basic Registration

NATIONAL ANESTHESIA CLINICAL OUTCOMES REGISTRY (NACOR) Order Form

Select the desired NACOR service

- [ ] NACOR Standard Quality Reporting
- [x] NACOR Basic Service

This form is only for NACOR Basic Service (Declines Quality Reporting Services). If you would like to select NACOR Standard Quality Reporting, please change selection above.

If you are a Quality Concierge customer, please do not fill out this order form. If you have questions, contact ncdr@asahq.org.
QCDR Patient Experience
QCDR Patient Experience Module

- Included w/ Quality Concierge in 2018
- Supports 2018 Patient Experience Measure (AQI#48) & Improvement Activities
- CMS Approved QCDR Measure
- Does not replace or conflict with facility CAHPS
- Mobile access for Patients
- Automated notifications and reminders
- Mobile Feedback reports for providers
- Easy for groups to implement
QCDR Patient Experience
Notifications and Reminders

Dear James,

You were recently provided services by Brook Group Anesthesia, and we need your feedback. We would like your feedback to improve care!

To ensure confidentiality, this survey is administered by an independent third-party, ePreop, which will help us improve the quality of care that we provide to you, your family, friends, and neighbors.

Click here to begin your survey.

Thank you for your feedback.

Sincerely,
Brook Group Anesthesia

This is an unmonitored email box, please do not reply to this email. If you have specific concerns, contact them directly.

© 2018 ePreop, Inc.
Welcome to ePreop’s Patient Experience survey. Your Healthcare Provider would like you to take the following brief survey; it will only take a few minutes. By participating, you will help ensure patients can receive the highest possible quality of care.

* 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?

1. Worst Experience
   - 2. Somewhat Disappointed
   - 3. Neither Satisfied nor Dissatisfied
   - 4. Somewhat Satisfied
   - 5. Best Experience

Rate your overall Pre-operative Education and Preparation

Please enter any additional comments

Thank you for taking the time to fill out the survey. Your feedback is very important to us.

Patient survey operates on mobile (phones/tablets) and desktop computers
QCDR Patient Experience

Reporting Questions

1. 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**?

2. Rate your Overall Pre-operative Education and Preparation

3. Rate your Overall Patient and/or Family Communication

4. Rate Your Anesthesia Care Team Response to Comfort and Well-Being

5. Rate Your Post-operative pain control and/or management

6. Please enter any additional comments

- **Survey questions above meet requirements for 2018 AQI48 Patient Experience Measure**
QCDR Patient Experience
Provider Mobile Reporting

Patient Satisfaction Survey

YOUR Results
4.1
(27 Surveys)

GROUP Results
3.9
(492 Surveys)

Survey Results - PROVIDER
1. Overall anesthesia experience 3.9 (27)
2. Preoperative education & prep. 2.6 (27)
3. Patient & family commun. 5.0 (29)
4. Care Team response to comfort 4.5 (25)
5. Postop pain management 3.7 (27)

Survey Results - GROUP
1. Overall anesthesia experience 4.1 (493)
2. Preoperative education & prep. 2.9 (386)
3. Patient & family commun. 4.2 (489)
4. Care Team response to comfort 3.3 (473)
5. Postop pain management 4.4 (491)

Number in bold indicates average survey score for that specific question.
Number in parentheses indicates how many survey respondents answered that specific question.
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QCDR Patient Experience
Implementation and Prerequisites

• Text Message and Email communication to the patient are triggered by the billing file submission. It is best practice to send billing in 7 day intervals to ensure you are submitting to the patient in the 30 day time period.

• Incomplete surveys are sent 2 reminders from original communication date in 15 day intervals

• Text message is taken as preference if the phone and email both are sent in billing communication

• 2018 Tier 2 Billing Schema
• https://www.epreop.com/XMLBillingSpec
Next Quality Reporting Office Hours

Tuesday, August 14th
11am CST

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