

Quality Reporting Office Hours

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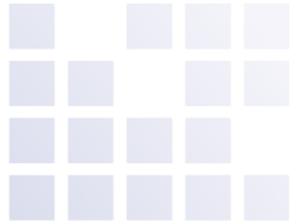
February 9, 2021



American Society of **Anesthesiologists**[®]

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Agenda



QRA

- Measures available for reporting in 2021
- 2021 Modified and Removed Measures
- Considerations for Selecting a Quality Measure
- 2021 Improvement Activities available for attestation in NACOR
- Measure Overview: AQI71 Ambulatory Glucose Management
- Resources Available

AQI

- Dashboard lockdown
- Submission deadline
- Registration
- 2020 Quality Payment Program Extreme and Uncontrollable Circumstances Exception
- File Processing

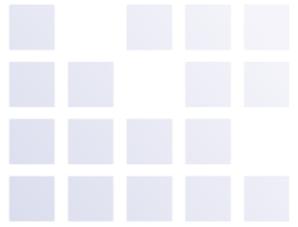
Quality and Regulatory Affairs Update

Claire Ostarello, Quality Associate | February 9, 2021



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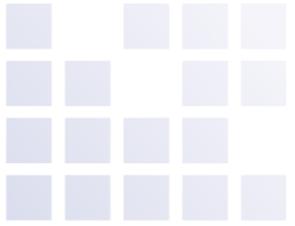
2021 MIPS Quality Measures

Anesthesiology Specialty Measure Set (2021) is:

1. QID #44: CABG: Preoperative Beta-Blocker in Patients with Isolated CABG Surgery
2. QID #76: Prevention of CVC-Related Bloodstream Infections*
3. QID #404: Anesthesiology Smoking Abstinence* (Intermediate Outcome)
4. QID #424: Perioperative Temperature Management* (Outcome)
5. QID #430: Prevention of PONV - Combination Therapy*
6. QID #463: Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics)*
7. QID #477: Multimodal Pain Management*

Any EC or group can choose to report non-anesthesiology MIPS measures.

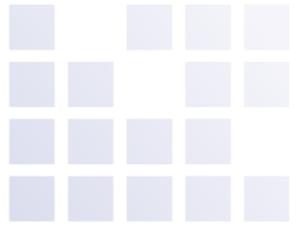
* designates a "high priority" measure



2021 QCDR Measures

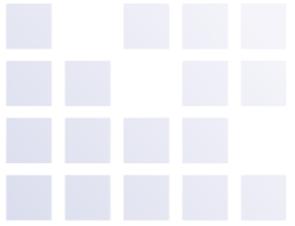
AQI QCDR Quality Measures for 2021

- AQI18: CABG – Prolonged Intubation
- AQI48: Patient-Reported Experience with Anesthesia
- AQI49: Adherence to Blood Conservation Guidelines
- AQI55: Team-based Implementation of a Care-and-Communication Bundle
- AQI56: Use of Neuraxial Techniques/Peripheral Nerve Blocks for TKA
- AQI57: Safe Opioid Prescribing
- AQI62: Obstructive Sleep Apnea: Patient Education
- AQI65: Avoidance of Cerebral Hyperthermia for CABG
- AQI66: Obstructive Sleep Apnea: Mitigation Strategies
- AQI67: Consultation for Frail Patients
- AQI68: Obstructive Sleep Apnea: Mitigation Strategies
- AQI69: Intraoperative Antibiotic Redosing
- AQI70: Prevention of Arterial Line-Related Bloodstream Infections
- AQI71: Ambulatory Glucose Management
- AQI72: Perioperative Anemia Management
- Quantum31: Central Line Ultrasound Guidance
- ePreop31: Intraoperative Hypotension among Non-Emergent Noncardiac Surgery Cases



QCDR Measure Modifications

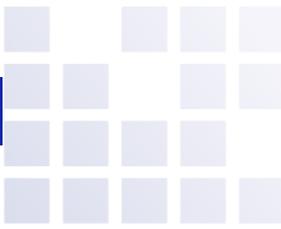
Measure ID	Measure Title	Modifications
AQI49	Adherence to Blood Conservation Guidelines for Cardiac Operations using Cardiopulmonary Bypass (CPB) - Composite	<ul style="list-style-type: none">• Added denominator exception for lung transplants not using cardiopulmonary bypass.



Removed MIPS and QCDR Measures

Measure ID	Measure Title	Reason for Removal
AQI58	Infection Control Practices for Open Interventional Pain Procedures	Rejected by CMS because of low participation rates.
AQI61	Ambulatory Post-Discharge Patient Follow-Up	CMS did not approve this measure for the 2021 Performance Year.
QID 408	Opioid Therapy Follow-Up Evaluation	The measure steward no longer supports the measure.
QID 412	Documentation of Signed Opioid Treatment Agreement	The measure steward no longer supports the measure.
QID 414	Evaluation or Interview for Risk Opioid Misuse	The measure steward no longer supports the measure.

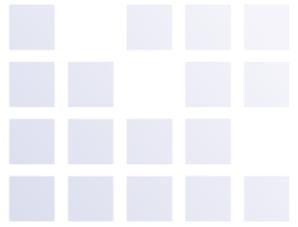
2021 Improvement Activities Available in AQI NACOR



- In 2021 AQI NACOR is supporting 58 Improvement Activities representative of all activity types
- For a full list of these activities and their titles, please visit:
 - <https://www.aqihq.org/MACRAOverview.aspx>

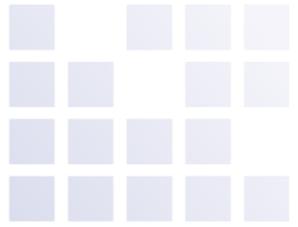
Important Note: AQI NACOR cannot accept attestations for Improvement Activities that are not supported.

- For additional information on Improvement Activities please visit:
 - <https://qpp.cms.gov/mips/app-improvement-activities>



Considerations for Choosing Measures

- Priorities for your group
- Priorities for payment under the Quality Payment Program (to avoid a penalty or seek to earn a modest incentive)
 - Measures that meet your workflow
 - Measures that maximize your score (high priority, improvement over time, complex patient populations)
 - Measures that are not topped out (Benchmarks released prior to the performance year)
 - Measures that can be captured and documented
- Priorities for your hospital and/or facility administrators
- Priorities for future alternative payment models
- Priorities for patient populations served

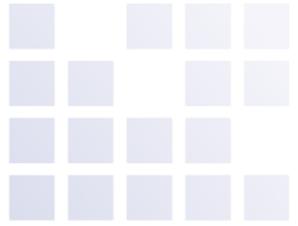


Evaluation of a Quality Measure

Although an individual or group may collect and report on any measure, not all measures are applicable to all patients or physicians.

- Do you have access to all elements of the denominator?
- Can you capture and document all the elements of the denominator?
- Are you billing the CPT codes found in the denominator?
- Can you capture the denominator exclusions to the measure?
- Are you objectively tracking the numerator actions or outcomes?
(NOTE: a pre-filled checkbox is NOT appropriate)
- Are you documenting denominator exceptions as they occur?

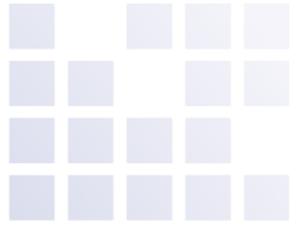
When the measure does NOT apply to you.



If any of these scenarios apply, the measure cannot be reported by you or your group.

- You do not capture or cannot document one or more elements of the denominator.
- You do not have access to or cannot document or substantiate the denominator was fulfilled or the numerator actions occurred.
- Only a general policy exists but individual elements of the denominator or number are not captured.
- Unless otherwise stated, you do not complete the clinical action or are not responsible for the outcome measure.
- You cannot maintain documentation on the measure for six years.

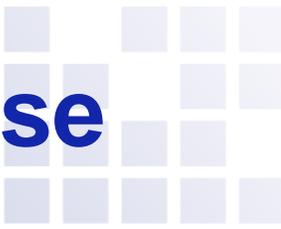
Documentation requirements for a measure



CMS and your registry may conduct audits on your measure data.

- Read the measure closely
- Ensure that your numerator choice (performance met v performance not met) is appropriately chosen
- Make sure that you have access to documents that substantiate the measure
- Ensure that policies are supported by clinical documentation that a process or outcome occurred
- Record appropriate time stamps (especially for Perioperative Temperature Management)
- Work with your technology vendors
- Keep documentation for at least six years

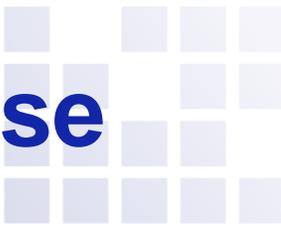
Measure Overview: AQI71 Ambulatory Glucose Management



Reporting AQI71:

- Each measure should be reported, as appropriate, for each time a patient undergoes a procedure in an office-based or ambulatory setting during the reporting period.
- This measure has four sub-metrics which are used to calculate the total composite score.
- All sub-metrics are required to be reported during the performance period.
- In order to be scored on this measure, clinicians must have at least one eligible case reported for AQI71a, AQI71b, AQI71c, and AQI71d.
- It is anticipated that qualified anesthesia providers and eligible clinicians who provide denominator-eligible services will submit this measure.

Measure Overview: AQL71 Ambulatory Glucose Management (Cont.)



Measure Description - Percentage of diabetic patients, aged 18 years and older, who receive an office-based or ambulatory surgery whose blood glucose level is appropriately managed throughout the perioperative period.

This measure will consist of four performance rates:

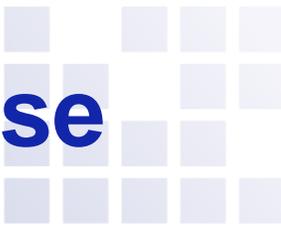
AQL71a: Percentage of patients, aged 18 years and older, with a current diagnosis of diabetes mellitus receiving anesthesia services for office-based or ambulatory surgery whose blood glucose level is tested prior to the start of anesthesia.

AQL71b: Percentage of patients, aged 18 years and older, with a current diagnosis of diabetes mellitus receiving anesthesia services for office-based or ambulatory surgery who experienced a blood glucose level >180 mg/dL (10.0 mmol/L) who received insulin prior to anesthesia end time.

AQL71c: Percentage of patients, aged 18 years and older, with a current diagnosis of diabetes mellitus receiving anesthesia services for office-based or ambulatory surgery who received insulin perioperatively and who received a follow-up blood glucose level check following the administration of insulin and prior to discharge.

AQL71d: Percentage of patients, aged 18 years and older, with a current diagnosis of diabetes mellitus receiving anesthesia services for office-based or ambulatory surgery who experienced a blood glucose level >180 mg/dL (10.0 mmol/L) who received education on managing their glucose in the postoperative period prior to discharge

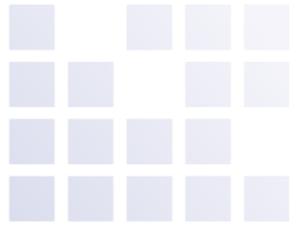
Measure Overview: AQL71 Ambulatory Glucose Management (Cont.)



Denominator definition (all): Office-based and ambulatory surgery is defined as a therapeutic or diagnostic procedure performed in a healthcare facility that does not require an overnight stay (less than 24 hours of care)

Denominator Exclusions (all): Procedure <30 minutes duration

Numerator Note for AQL71d: To meet this measure, the anesthesiologist or other member of the care team must provide both oral and written education. Provision of written materials alone is not sufficient.



2021 Resource List

2021 QCDR Measure Book

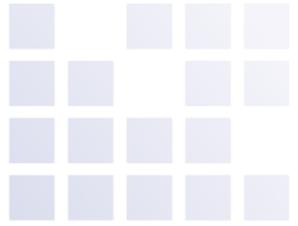
<https://www.aqihq.org/MACRAOverview.aspx>

2021 Improvement Activities Supported

<https://www.aqihq.org/MACRAOverview.aspx>

QPP Information and Resources

<https://qpp.cms.gov/resources/resource-library>



Contact Quality and Regulatory Affairs

- Questions and comments on quality measures and regulatory information (e.g. reporting requirements, CMS regulation) should be sent to Quality and Regulatory Affairs staff.

Quality and Regulatory Affairs

(qra@asahq.org)

<https://www.asahq.org/macra>

AQI Update

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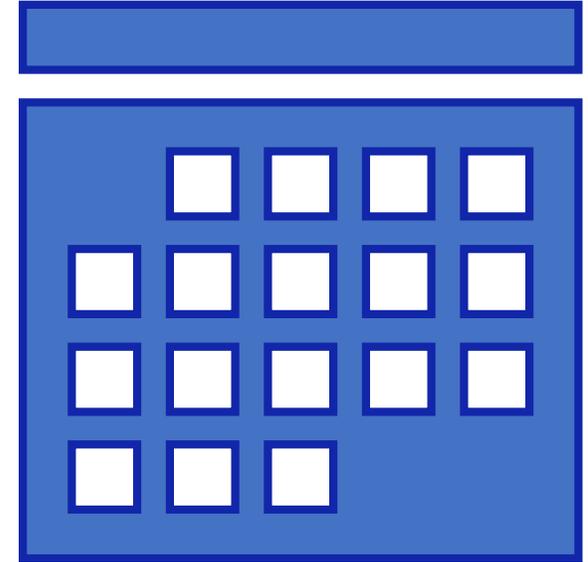
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Dashboard Lockdown

Final Data Submission Deadline

- February 15th, 2021 is the last day for final data submission for December 2020 data and any corrected files for dates prior to December
- Email askaqi@asahq.org with any quality reporting questions

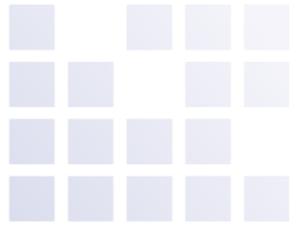


2021 NACOR Registration

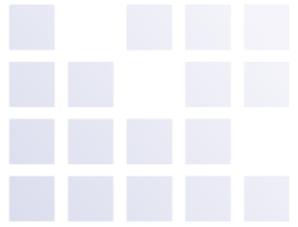
- 2021 Registration form will be available at the end of February
- As a reminder if you're a Quality Concierge Practice you do not have to complete the registration form.



2020 Quality Payment Program Extreme and Uncontrollable Circumstances Exception



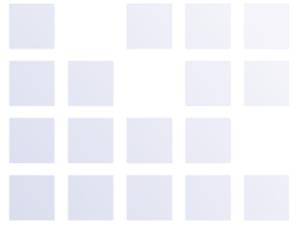
- Practices that have been approved by CMS for an Extreme and Uncontrollable Circumstances Exception for Covid-19 or a natural disaster (e.g. wildfires or hurricanes) and are registered to submit Quality Data to CMS through NACOR must notify AQI before February 15.
- To notify AQI of your practice's exemption status, submit a ticket by emailing nacorsupport@asahq.org.
- If AQI does not receive notification through a support ticket, AQI will follow customary procedures for sending your practice's data to CMS. If CMS receives data from a group or individual that has a hardship exemption, CMS will score the data submitted.
- To see if your practice has been approved for an Exception check the Quality Payment Program Website using the [QPP Participation Status Tool](#).



File Processing

- Any data files submitted to the FTP for processing after the February 15, 2021 deadline will not be included in NACOR's 2020 CMS data submission.
- Data processing is on hold, while AQI reviews data integrity and auditing per CMS regulations for a Qualified Clinical Data Registry (QCDR) and Qualified Registry (QR). FTP processing will resume in early April.
- If you submit a file to the FTP during this interim period, the file will be processed as usual when the hold is lifted.
- If there is an issue with your practice's data, submit a help desk ticket by emailing nacorsupport@asahq.org.





Next Office Hours

Tuesday, April 13th, 2021

11am CST

[To register click here](#)

If you have any topics that you would like us to cover during office hours, please email askaqi@asahq.org

Slides will be sent out after the webinar. The slides and a recording of today's presentation will be available on the AQI website soon.