

AQI Quality Reporting Office Hours

January 8, 2019



American Society of
Anesthesiologists[™]

asahq.org

QRA & AQI Agenda

QRA

-2019 Review

AQI

- Improvement Activity Overview
- Provider List Audits
- Data Deadline

2019 QR/QCDR Self-Nomination

- AQI NACOR was approved as a Qualified Registry (QR) and Qualified Clinical Data Registry (QCDR)
- For MIPS reporting in 2019, AQI NACOR will offer:
 - 18 MIPS measures
 - 16 QCDR measures
 - 50+ Improvement Activities
- Check the AQI website and newsletters for additional information and updates

Rejected QCDR Measures - 2019

- **AQI41:** Coronary Artery Bypass Graft (CABG): Stroke – Inverse Measure
- **AQI42:** Coronary Artery Bypass Graft (CABG):Post-Operative Renal Failure– Inverse Measure
- **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
- **AQI60:** New Corneal Injury Not Diagnosed Prior to Discharge

*A major reason that so many measures are rejected is that we don't receive the performance data until the end of the year, after the deadline for QCDR self-nomination

Approved QCDR Measures - 2019

- **AQI18:** Coronary Artery Bypass Graft (CABG): Prolonged Intubation – Inverse Measure
- **AQI48:** Patient-Reported Experience with Anesthesia
- **AQI49:** Adherence to Blood Conservation Guidelines for Cardiac Operations using Cardiopulmonary Bypass (CPB) – Composite
- **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 for Open Interventional Pain Procedures
- **AQI59:** Multimodal Pain Management

Approved QCDR Measures – 2019 (continued)

- **AQI61:** Ambulatory Post Discharge Follow-Up
- **AQI62:** Obstructive Sleep Apnea: Patient Education
- **AQI63:** Neuromuscular Blockade: Documented Assessment of Neuromuscular Function Prior to Extubation
- **AQI64:** Neuromuscular Blockade: Reversal Administered
- **AQI65:** Avoidance of Cerebral Hyperthermia for Procedures Involving Cardiopulmonary Bypass
- **AQI66:** Obstructive Sleep Apnea: Mitigation Strategies
- **AQI67:** Consultation for Frail Patients
- **Quantum31:** Central Line Ultrasound Guidance

Access the 2019 QCDR Specifications:

https://www.aqihq.org/files/MIPS/2019/2019_QCDR_Measure_Book.pdf

Changes to QCDR Measures in 2019

- **AQI56:** Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA)
 - This measure NO LONGER requires a surgical CPT code in order to report the denominator.
 - We have instead added exclusion codes (both CPT and registry) to remove revisions and prosthetic cases from the denominator

Changes to QCDR Measures in 2019 (continued)

- **AQI59: Multimodal Pain Management**
 - We have expanded the denominator for this measure to include a much wider range of cases in 2019. Be sure that you are using the 2019 specifications so that you are reporting all eligible cases.

2019 Resources

- QPP Resource Library
 - <https://qpp.cms.gov/about/resource-library>
- MIPS Eligibility Tool
 - <https://qpp.cms.gov/participation-lookup>
- ASA MACRA webpage
 - <https://www.asahq.org/macra>
- AQI Quality Reporting Materials
 - <https://www.aqihq.org/MACRAOverview.aspx> - *check regularly for updates!*
- QPP Help Desk
 - QPP@cms.hhs.gov
- ASA MACRA Memo
 - <https://www.asahq.org/macra/solutionsresources/educationpublications/macramemo>

Contact Quality and Regulatory Affairs (QRA)

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/quality-and-practice-management/quality-and-regulatory-affairs>

Data Submissions & Data Requirements

- Starting in 2018, there is a 12-month Quality performance period (January 1 – December 31, 2018).
 - Reporting a full year of quality data may give your practices a greater chance to earn a higher positive payment adjustment.
 - Also have the chance to raise your 2018 Quality category score based on your rate of improvement from your Quality category score in 2017.
- To meet the Quality performance category requirements:
 - Six quality measures (or a complete specialty measure set) for the 12-month performance period.
 - Six measures must include at least 1 outcome measure or another high priority measure in the absence of an applicable outcome measure.
- For 2018, CMS has *no Pick Your Pace* reporting options like 2017
- To double check how many months your practice has submitted data please refer to the **Data Completeness Report** in your NACOR dashboard

Data Auditing – Where to Begin

– Auditing data can be overwhelming and hard to navigate in the NACOR dashboard

- Within the NACOR Quality Reporting tab, there are a variety of reports to reference when you are auditing your practice reports

The screenshot shows the Anesthesia Quality Institute (AQI) dashboard. The header includes the AQI logo and the text 'Data Submission Status // Practice Level Data Completeness AQI Demo Practice - 003, 2018'. Below the header is a 'FILTERS' section with a 'PRACTICES' dropdown. The main content area is a table with three columns: '2018 CMS Quality Reporting - Group', '2018 CMS Quality Reporting - Individual', and 'Historic CMS Quality Reports'. The table lists various reports such as 'Group Reporting Summary', 'TIN Reporting Status', 'TIN Summary', 'Measure Summary', 'Practice Provider Summary', 'Measure Performance', 'Provider Summary', 'Practice Performance', 'Measure Detail', 'Group IA Scoring', 'Provider Performance', 'Measure Detail', and 'Individual IA Scoring', 'CPIA Scoring'. A sidebar on the left contains icons for home, reports, charts, settings, and help. A date selector on the right shows 'June' and 'Jt'. The email address 'ort@arbormetrix.com' is visible in the bottom right corner of the dashboard.

2018 CMS Quality Reporting - Group	2018 CMS Quality Reporting - Individual	Historic CMS Quality Reports
Group Reporting Summary	TIN Reporting Status	TIN Summary
Measure Summary	Practice Provider Summary	Measure Summary
Practice Performance	Measure Performance	Provider Summary
Group IA Scoring	Provider Performance	Measure Detail
	Individual IA Scoring	CPIA Scoring

Data Auditing – Where to Begin

– Another useful report to use for data auditing is the practice data completeness report

- Under the NACOR Basic icon, within the Data Submission Status category is the Practice Level Data Report

Anesthesia Quality Institute

Data Submission Status // Practice Level Data Completeness AQI Demo Practice - 003, 2018

FILTERS

PRACTICES
AQI Demo Practice - 00

SERVICE YEAR
Practice Data Completeness All Months January February March April May June

Patient Demographics
Summary
Trends
Distribution

Case Characteristics
Summary
Trends
Distribution

Pivot Reports
Procedure Level Pivot
Provider Level Pivot

Benchmarking
Clinical Outcomes Benchmark
Historic Clinical Outcomes Outcomes
QCDR MIPS Benchmark
Procedure Level Benchmark
Provider Level Benchmark

Data Submission Status
Practice Level
Provider Level
File Level

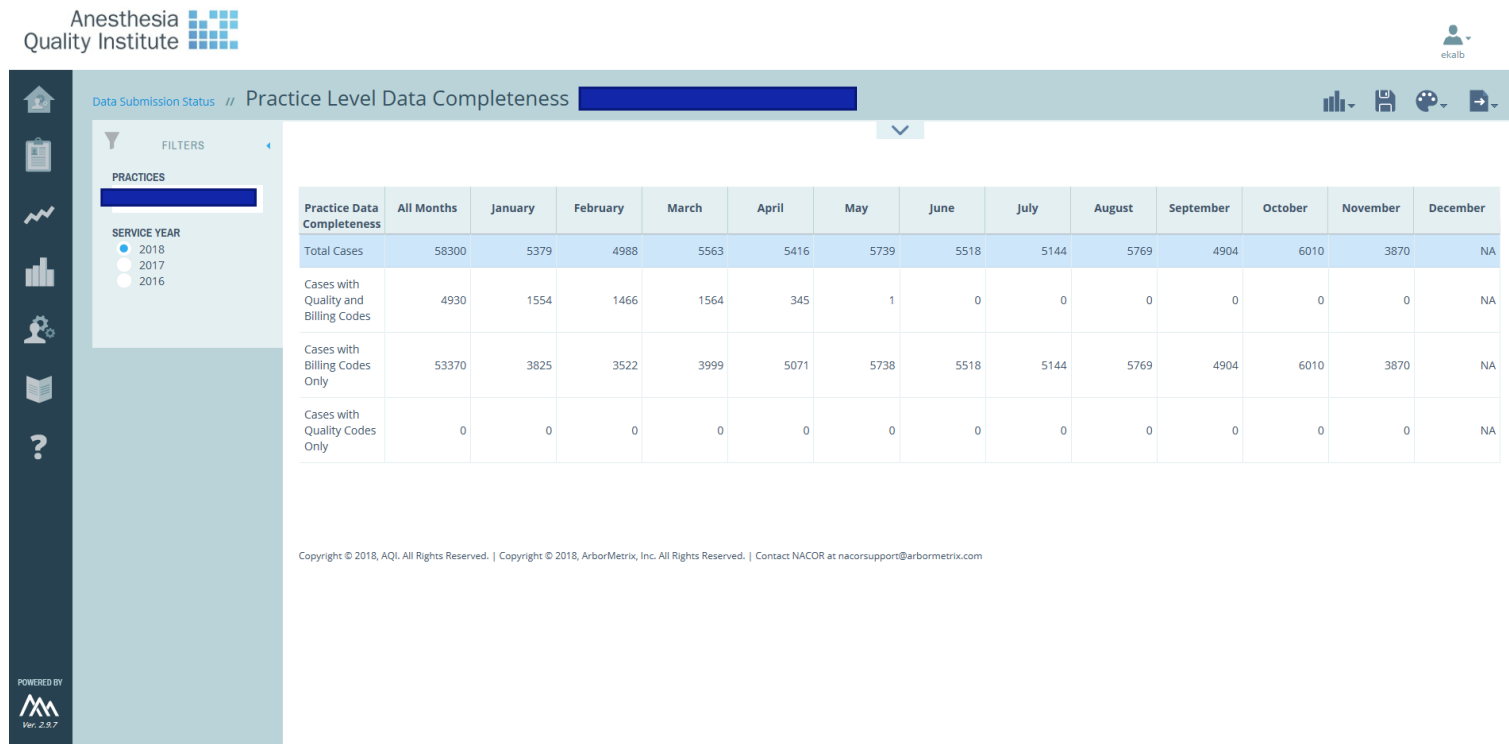
AQI Administrator Reports
Benchmark
Pivot
CMS Quality Reporting Summary

ort@arbormetrix.com

Data Auditing – Where to Begin

- This report will show all the months of the year and how much data was submitted
 - It will also break down the amount of cases that were submitted with quality and billing codes, billing codes only and quality codes only.
 - This report can assist AQI champions in determining if they have submitted incorrect data. Champions should review this report to identify any potential errors prior to the data deadline.

Data Auditing – Where to Begin



Provider List Audits

- As we near the end of the MIPS reporting year, it is important that practice champions take the time to audit their provider lists
- Arbor Metrix has released an update that makes list auditing easier
 - Can inactivate and disable providers that have left the practice or that you are not reporting on
- Auditing your list makes your practice reports easier to understand, clears up clutter and assists with the reconciliation billing process that will occur after the new year
- Please refer to this guide to audit your provider lists:
 - [Updating Provider Lists on the NACOR Dashboard \(PDF\)](#)

Improvement Activity Attestation

REMINDER: Improvement Activities are a required component of 2018 MIPS reporting

- Practices must participate in chosen improvement activities for a minimum of 90 days within the quality reporting year
- AQI has the following resources available to assist practices:
 - [Recommended Improvement Activities for Anesthesiology \(PDF\)](#)
 - [Improvement Activity Recommendation Flowchart \(PDF\)](#)
 - [ASA MIPS Improvement Activities Templates](#)
 - [Attesting to Improvement Activities \(PDF\)](#)

How To Attest

- AQI Champions will need to log in to the NACOR dashboard to attest to improvement activities
- Within the Practice Provider list, select a provider to attest for. This will open their “Edit Provider” page
- Within the “Edit Provider” page, there is a Clinical Improvement Activity Attestation section

How To Attest

- Select the Pencil Icon to open the list of Improvement Activities
- Select the activities the practice is attesting to and hit apply

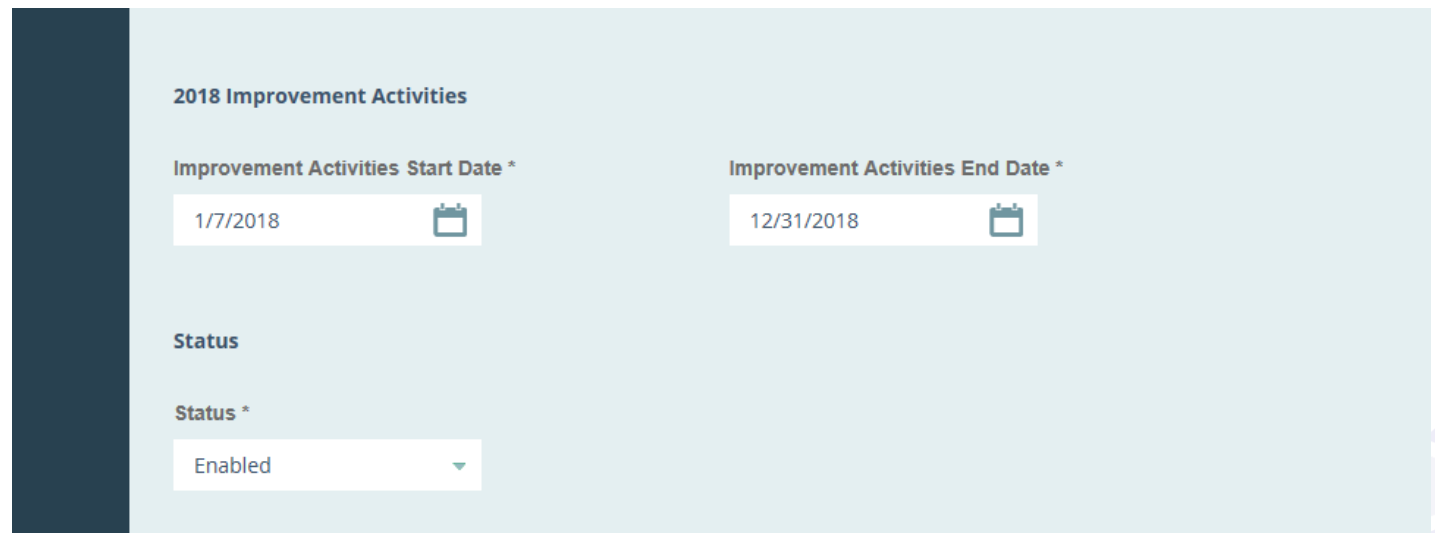
The screenshot shows the 'Edit Provider' interface. At the top, there is a breadcrumb 'Provider List // Edit Provider'. Below this, the 'Status' is set to 'Active'. The 'Practice Affiliation' field contains 'AQI Demo Practice - 003 (003)' and has a pencil icon to its right. Below the form, there is a section titled 'Clinical Practice Improvement Activity Attestation' with instructions: 'Click on the pencil icon to attest to IA activities for 2018. Use CTRL + click to select multiple activities. To see a complete list of activities from the CMS website, click [here](#).' A pencil icon is circled in blue. At the bottom left, it says 'POWERED BY ArborMetrix Ver. 2.9.7'. At the bottom right, there is a table of activities.

IA Code	Activity Description	Attestation Description
IA_BE_13	Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms.	Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms.
IA_BE_14	Engage Patients and Families to Guide Improvement in the System of Care	Engage patients and families to guide improvement in the system of care by leveraging digital tools for ongoing guidance and assessments outside the encounter, including the collection and use of patient data for return-to-work and patient quality of life improvement. Platforms and devices that collect patient-generated health data (PGHD) must do so with an active feedback loop, either providing PGHD in real or near-real time to the care team, or generating clinically endorsed real or near-real time automated feedback to the patient, including patient reported outcomes (PROs). Examples include patient engagement and outcomes tracking platforms, cellular or web-enabled bi-directional systems, and other devices that transmit clinically valid objective and subjective data back to care teams. Because many consumer-grade devices capture PGHD (for example, wellness devices), platforms or devices eligible for this improvement activity must be, at a minimum, endorsed and offered clinically by care teams to patients to automatically send ongoing guidance (one way). Platforms and devices that additionally collect PGHD to automatically send ongoing guidance (one way), either providing PGHD in real or near-real time to the care team, or generating clinically endorsed real or near-real time automated feedback to the patient (e.g. automated patient-facing instructions based on glucometer readings). Therefore, unlike passive platforms or devices that may collect but do not transmit PGHD in real or near-real time to clinical care teams, active devices and platforms can inform the patient or the clinical care team in a timely manner of important parameters regarding the status, adherence, comprehension, and indicators of clinical concern of the patient.
IA_BE_15	Engagement of Patients, Family, and Caregivers in Developing a Plan of Care	Engage patients, family, and caregivers in developing a plan of care and prioritizing their goals for action, documented in the electronic health record (EHR) technology.
IA_BE_16	Evidenced-based techniques to promote self-management into usual care	Incorporate evidence-based techniques to promote self-management into usual care, using techniques such as goal setting with structured follow-up, Teach Back, action planning or motivational interviewing.
IA_BE_2	Use of QCDR to support clinical decision making	Participation in a QCDR, demonstrating performance of activities that promote implementation of shared clinical decision making capabilities.
IA_BE_20	Implementation of condition-specific chronic disease self-management support programs	Provide condition-specific chronic disease self-management support programs or coaching or link patients to those programs in the community.

At the bottom of the table, there is a pagination bar showing '1 - 10 of 50 Items' and buttons for 'CANCEL' and 'APPLY'.

How To Attest

- After the improvement activities are selected, AQI champions must also select the date range of the period the practice participated in the activity
- Dates can be entered through the Practice list
- Practices must attest to Improvement Activities for a minimum of 90 days



The screenshot shows a web form titled "2018 Improvement Activities". It contains two date input fields: "Improvement Activities Start Date *" with the value "1/7/2018" and "Improvement Activities End Date *" with the value "12/31/2018". Below these is a "Status" section with a "Status *" dropdown menu currently set to "Enabled".

2018 Improvement Activities

Improvement Activities Start Date * Improvement Activities End Date *

1/7/2018 12/31/2018

Status

Status *

Enabled

AQI Deadlines

2018 NACOR Quality Reporting Deadlines	
10/11/18	2018 ASA Membership Renewal
10/31/18	2018 Standard Quality Reporting Registration
12/15/2018	Enrollment in Merging and/or Formatting Services
01/31/2019	January – November 2018 Data Submission
02/15/2019	All Data Submissions; In NACOR Dashboard: CMS Opt-Out TIN/NPI Reconciliation Improvement Activity Attestation
02/28/2019	Individual Quality Reporting Consent Submission

Next Quality Reporting Office Hours

Tuesday, February 12th
11 AM CT

Registration Link:

https://asahq.zoom.us/webinar/register/WN_NPNtdGm3ThGVekUILipoag

Q&A

