What Data Do Government Payers Want to See and How Will They Use It?

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Disclosures

- I have no financial conflicts of interest to report
- I am the owner of a consulting firm but none of my current or previous projects present any conflicts of interest with my ASA activities

Learning Objectives

At the conclusion of this activity, participants should be able to:

- Identify quality metrics used in the Merit-based Incentive Payment System (MIPS) program
- Understand how to report that data to CMS
- Explain the interactions between CPT codes, ICD-10-CM codes and the MIPS quality measures

The Medicare Access and CHIP Reauthorization Act (MACRA)

- MACRA repealed the Medicare Sustainable Growth Rate (SGR) formula used since 1997 to set physician fees based on changes in overall costs of services compared compared to changes in GDP
- Under MACRA, physician fees are determined, in part, by performance scores under the Merit-based Incentive Payment System (MIPS) program
- Some physicians will be excused from evaluation under MIPS if they participate to a sufficient degree in Alternative Payment Models
- Most anesthesiologists will likely be evaluated under MIPS

MIPS Scoring and Fee Adjustments

- Under MIPS, physicians can have their fees increased or reduced by amounts that can be up to ±4% in the first year of payment adjustments increasing to up to ±9% in subsequent years
- The extent of the increase or decrease is determined by the physician's composite score compared to a threshold score determined by the Secretary of Health and Human Services

Quality Measure Will Be Overrated in Determining Anesthesiologists' MIPS Scores

- Many, if not most, anesthesiologists will be scored heavily on the basis of quality measures submitted to CMS on their behalf
- There are a number of quality measures from which physicians can choose to report
- There are a number or methods that can be used to report these quality measures

Anesthesia Quality Institute (AQI) Quality Clinical Data Registry (QCDR)

- One way to report quality data to CMS is through a QCDR
- There are a number of QCDRs that can report anesthesia data
- The Anesthesia Quality Institute is one such QCDR
- Following is a list of Quality Measures that AQI can accept and report on behalf of anesthesiologists

Two Quality Measure Groups

There are two major groups of quality measures that can be submitted as part of the MIPS program:

- MIPS measures adopted by CMS
- Non-MIPS measures that can be reported through a QCDR even though not formally adopted by CMS

CMS-Adopted MIPS Measures

Anesthesia MIPS measures adopted by CMS include:

- Anesthesiology smoking abstinence
- Preoperative beta-blocker for isolated CABG
- Documentation of current medications
- Perioperative temperature management
- Prevention of central venous catheter related blood stream infections

CMS-Adopted MIPS Measures

- Post-anesthetic transfer of care: use of checklist or protocol when transferring from procedure room to PACU
- Post-anesthesia transfer of care: use of checklist when transferring directly from procedure room to ICU
- Prevention of PONV in adults with the use of 2 classes of drugs in patients with 3 or more risk factors
- Preventive care: Screening for high blood pressure and documented follow-up

CMS-Adopted MIPS Measures

- For CMS-adopted MIP measures, CMS defines the measures, numerators and denominators
- CMS-adopted MIPS measures can be found on the CMS website on several locations, such as: https://qpp.cms.gov/measures/quality

Non-MIPS Quality Measures

- QCDRs are permitted to define quality measures, including the numerators and denominators used to calculate those measures
- QCDRs collect data from eligible clinicians, calculate the measures and submit them to CMS
- Clinicians may use AQI to submit data
- The following slides are AQI-defined quality measures for anesthesiologists to submit for MIPS purposes

Adherence to Blood Conservation Guidelines for Cardiac Operations Using Cardiopulmonary Bypass

- Percentage of patients, aged 18 years and older, who undergo a cardiac operation using CPB for whom selected blood conservation strategies were used:
  - Use of lysine analogues
  - Use of mini-circuits or Retrograde Autologous Priming or Ultrafiltration
  - Use of red cell salvage using centrifugation
  - Use of transfusion algorithm supplemented with POC testing

Adherence to Blood Conservation Guidelines for Cardiac Operations Using Cardiopulmonary Bypass

- Denominator: all adult patients with encounter for CPT codes 00562, 00563, 00567, 00580, not counting emergency cases
- To meet the performance measure, the clinician must utilize **all 4** blood conservation strategies in each patient or it is not met

Anesthesia Patient Experience Survey

- Percentage of adult patients who were surveyed on their experience and satisfaction with anesthesia care
- Denominator: all patients who undergo a procedure under anesthesia
- Numerator: patients who receive a survey within 30 days to assess their satisfaction with anesthesia

Anesthesia Patient Experience Survey

- Must include a question rating the anesthesia experience from 1 to 5
- If practice contracts with CAHPS Survey entity, they should report this as Performance Metric

Application of Protective Ventilation

- Percentage of adult patients who undergo general anesthesia with an ETT who had a median exhaled volume of ≤10 cc/kg predicted body weight
- Denominator: Number of adult patients with general anesthesia using an ETT
- Numerator: Number of patients with median exhaled volume of ≤10 cc/kg predicted body weight

Assessment of Patients for Obstructive Sleep Apnea

- Percentage of adult patients who undergo anesthesia who are screened for OSA
- Denominator: number of adult patients who undergo a procedure under anesthesia
- Numerator: number of patients who are screened preoperatively for OSA

Avoidance of Baseline Labs in ASA I and II Patients Undergoing Outpatient Surgery

- Percentage of patients designated as ASA I or II who undergo anesthesia and are discharged the same calendar day and for whom the anesthesia provider did not order routine lab studies
- Denominator: number of patients designated as ASA I or II who undergo an OP procedure and are discharged the same day
- Numerator: patients for whom the anesthesia provider did not order routine laboratory studies within 30 days of the procedure

CABG With Post-Operative Renal Failure

- The percentage of adult patients undergoing isolated CABG procedure under anesthesia (00566, 00567) who develop postoperative renal failure or require dialysis
- Denominator: all adult patients undergoing isolated CABG surgery
- Numerator: number of patients who develop post-operative renal failure or require dialysis

CABG With Prolonged Intubation

- Percentage of adult patients undergoing isolated CABG surgery who require post-operative intubation for longer than 24 hours
- Denominator: all patients undergoing isolated CABG surgery
- Numerator: patients undergoing isolated CABG surgery requiring intubation $\geq$ 24 hours after leaving OR

CABG With Stroke

- Percentage of adult patients undergoing isolated CABG procedure who have a post-operative stroke that did not resolve within 24 hours
- Denominator: all adult patients undergoing isolated CABG surgery
- Numerator: number of patients undergoing isolated CABG surgery who have a post-operative stroke that persists for more than 24 hours

Documentation of Current Medications in the Medical Record

- The percentage of patients for whom the eligible professional attests to documenting a list of current medications using all available resources
- Denominator: all patients undergoing surgical anesthesia, anesthesia procedure or pain procedure
- Numerator: number of patients from the denominator for whom the eligible professional attests to documenting, updating or reviewing the patient's meds

New Corneal Injury Not Diagnosed in the PACU or Recovery Area After Anesthesia

- Percentage of patients who undergo anesthesia care and did not have a new diagnosis of corneal injury prior to anesthesia end time
- Denominator: all patients who undergo a procedure with anesthesia not involving pre-existing eye trauma or having ophthalmologic surgery
- Numerator: patients who undergo anesthesia and do not have a new diagnosis of corneal injury

Perioperative Cardiac Arrest

- Percentage of all patients who undergo procedure under anesthesia and who experience a cardiac arrest while under the care of an anesthesia provider
- Denominator: all patients who undergo a procedure under anesthesia
- Numerator: number of patients who experience an unanticipated cardiac arrest while under the care of an anesthesia provider prior to the end of anesthesia time

Perioperative Mortality Rate

- Percentage of patients who undergo a procedure under anesthesia and who experience mortality while under the care of an anesthesia provider
- Denominator: all patients who undergo a procedure under anesthesia
- Numerator: number of patients who experience mortality while under the care of an anesthesia provider prior to the anesthesia end time

PACU Reintubation Rate

- Percentage of patients who received general anesthesia via ETT who were extubated and required reintubation prior to discharge from the PACU
- Denominator: all patients who received GA via ETT and were extubated in the OR or PACU
- Numerator: number of patients who required re-intubation in the PACU

Prevention of Post-operative Vomiting (POV) With Combination Therapy (Pediatrics)

Percentage of patients age 3-17 who undergo a procedure under general anesthesia with an inhalational anesthetic and who have two or more risk factors for post-operative vomiting who receive combination therapy consisting of at least two prophylactic anti-emetic agents of different classes either preoperatively or intraoperatively

Prevention of Post-operative Vomiting (POV) With Combination Therapy (Pediatrics)

- Denominator: all patients 3-17 years of age who undergo general anesthesia with inhalational agents and who have two or more risk factors for POV:
  - Surgery $\geq$ 30 minutes
  - Age $\geq$ 3 years
  - Strabismus surgery
  - History of POV or PONV in parent or sibling

Prevention of Post-operative Vomiting (POV) With Combination Therapy (Pediatrics)

- Numerator: patients who receive combination therapy consisting of at least two prophylactic agents of different classes preoperatively or intraoperatively, such as:
  - 5-hydroxytryptamine receptor agonists (1st line prophylaxis)
  - Dexamethasone
  - Antihistamines
  - Butyrophenones

Procedural Safety for Central Line Placement

- Percentage of patients who underwent a CVP line placement and who did not experience an injury
- Denominator: all patients who undergo a CVP line placement procedure
- Numerator: number of patients who did not experience a central line placement injury

Surgical Safety Checklist--Applicable Safety Checks Completed Before Induction of Anesthesia

- Percentage of patients who undergo a surgical procedure under anesthesia who have documentation that safety checks were performed before induction
- Denominator: all patients who undergo a surgical procedure under anesthesia
- Numerator: patients who have documentation that all safety checks were performed before induction

Treatment of Hyperglycemia with Insulin

- The percentage of adult patients who undergo elective inpatient surgery and have a blood glucose $\geq$ 200 mg/dl and who receive insulin prior to anesthesia end time
- Denominator: number of adult patients who undergo elective inpatient surgery under anesthesia and have a glucose level $\geq$ 200 mg/dl
- Numerator: patients who are administered insulin during anesthesia or in PACU after having a glucose level $\geq$ 200 mg/dl

Summary

- Anesthesia clinicians [physician anesthesiologists, anesthesia assistants (AAs), and certified registered nurse anesthesiologists (CRNAs)] may report quality measures in a number of different ways
- One reporting method is to use the ASA's AQI to collect the data, calculate performance rates and submit the data directly to CMS