



2017 MACRA COMPLIANCE

for *ANESTHESIA*

JEFFREY R ZAVALETA
CHIEF MEDICAL OFFICER

SEPTEMBER 2017

REVIEW 2017 MACRA COMPLIANCE

COMPARE REPORTING OPTIONS

THE ANATOMY OF A "QUALITY MEASURE"

COMPLIANCE IS EASY. DO MORE.

ABOUT



JEFF ZAVALATA, MD

CHIEF MEDICAL OFFICER
GRAPHIUM HEALTH

Fellowship trained in Bioinformatics, a Diplomate of the American Board of Anesthesiologists, and Board Certified in Clinical Informatics, Jeff brings a refreshing dedication to developing electronic tools to help clinical practices. As a private-practice pediatric anesthesiologist, he intimately understands the need for vigilant patient focus, consistent speed, and unfailing focus on patient safety. His background as an amateur objected-oriented programmer himself allows him to more easily translate clinical use cases to the professional system engineers and architects, resulting in innovative solutions designed for the way you actually practice. His driving passion is to make the limited resource of healthcare available to more people by lowering costs and improving efficiency.



Improving the patient experience

Improving the health of populations

Reducing the per capita cost

MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT (MACRA)

Created the **Quality Payment Program** (QPP), replacing the Sustainable Growth Rate

Combines 3 programs:

PQRS

Value Payment Modifier

Meaningful Use Incentive

Public desire to reward quality, not quantity

Started in 2006, over 10 years old

MACRA 2017 Projected Comp x The Quality Payment Program x
MACRA 2017 Projected Compliance Overview - Graphium Health

Quality Payment PROGRAM

MIPS v Merit-based Incentive Payment System

APMs v Alternative Payment Models

Modernizing Medicare to provide better care and smarter spending for a healthier America.

What's the Quality Payment Program?

The Quality Payment Program improves Medicare by helping you focus on care quality and the one thing that matters most – making patients healthier.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate formula, which threatened clinicians participating in Medicare with potential payment cliffs for 13 years. If you participate in Medicare Part B, you are part of the dedicated team of clinicians who serve more than 55 million of the country's most vulnerable Americans, and the Quality Payment Program will provide new tools and



QPP is a system of quality reporting requirements associated with ever increasing penalties and bonuses for Eligible Providers (i.e. Anesthesiologists and CRNAs.).

Merit-based Incentive Performance System (MIPS)

vs.

Alternative Payment Model (APM)



QPP is a system of quality reporting requirements associated with ever increasing penalties and bonuses for Eligible Providers (i.e. Anesthesiologists and CRNAs.).

Merit-based Incentive Performance System (MIPS)

VS.

Alternative Payment Model (APM)

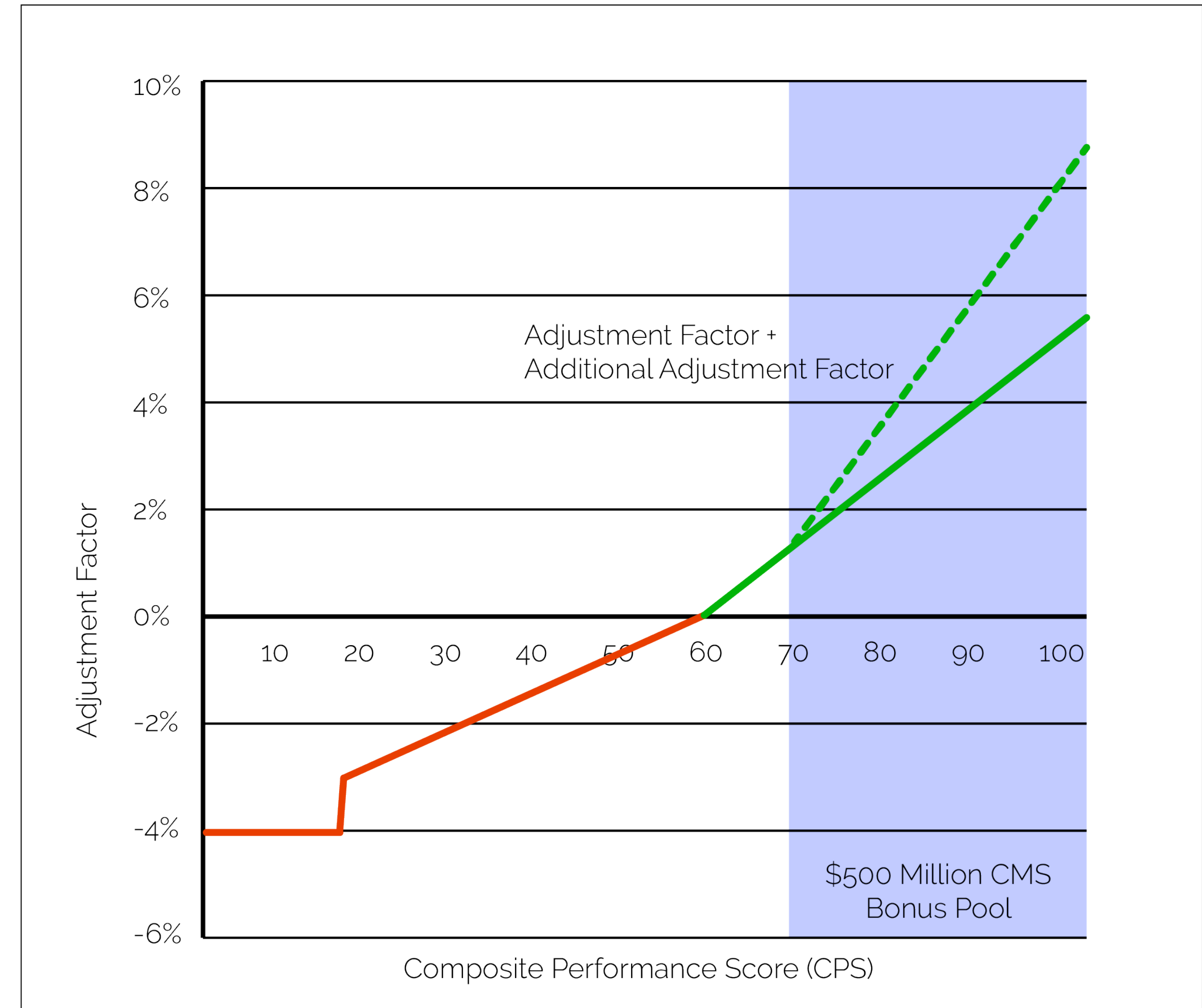
MACRA PENALTY / BONUS

-4% to +4% adjustment factor

Composite Performance Score (CPS)

“Exceptional Performer” > 70

\$500 million CMS bonus pool



COMPOSITE PERFORMANCE SCORE (CPS)

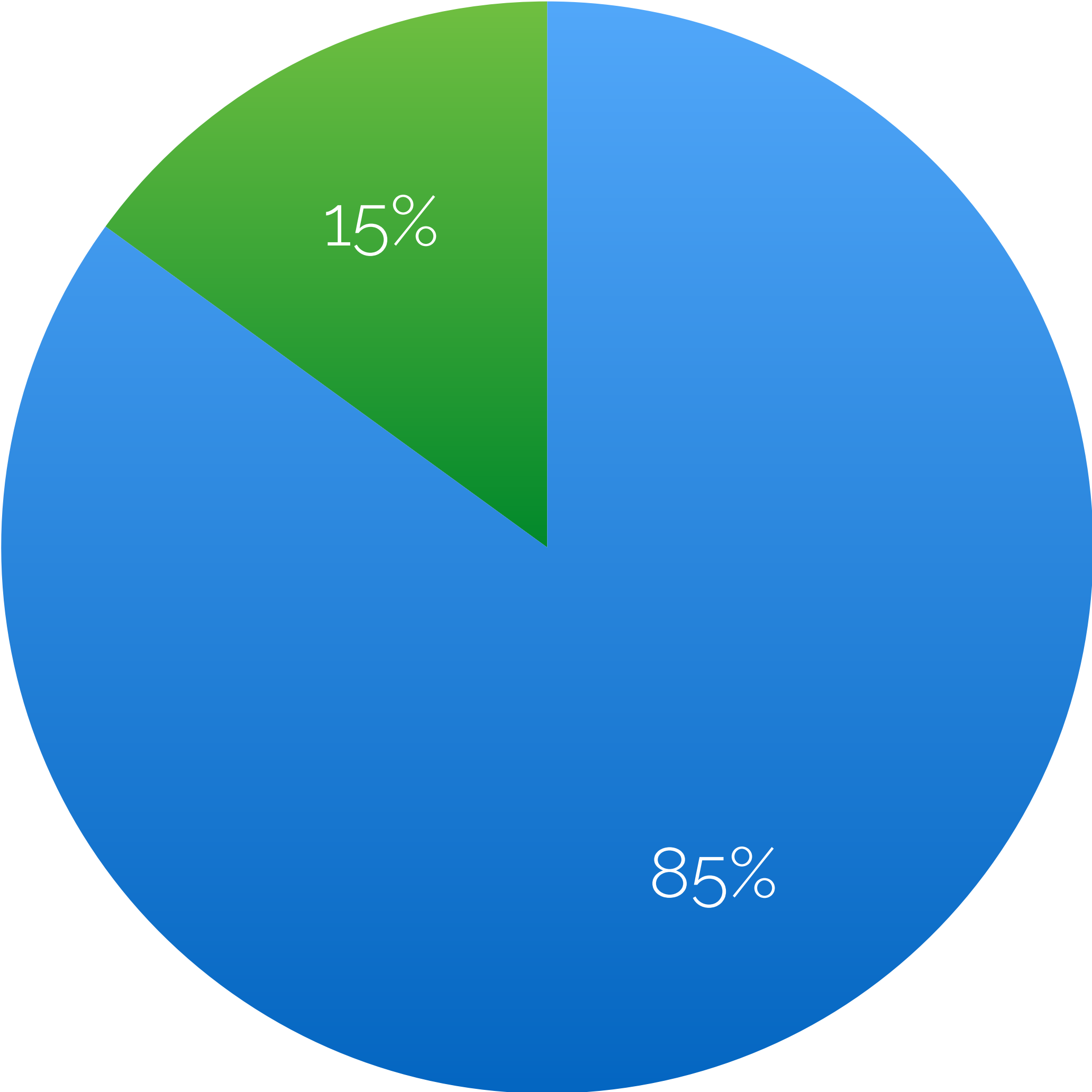
Range from 0 - 100

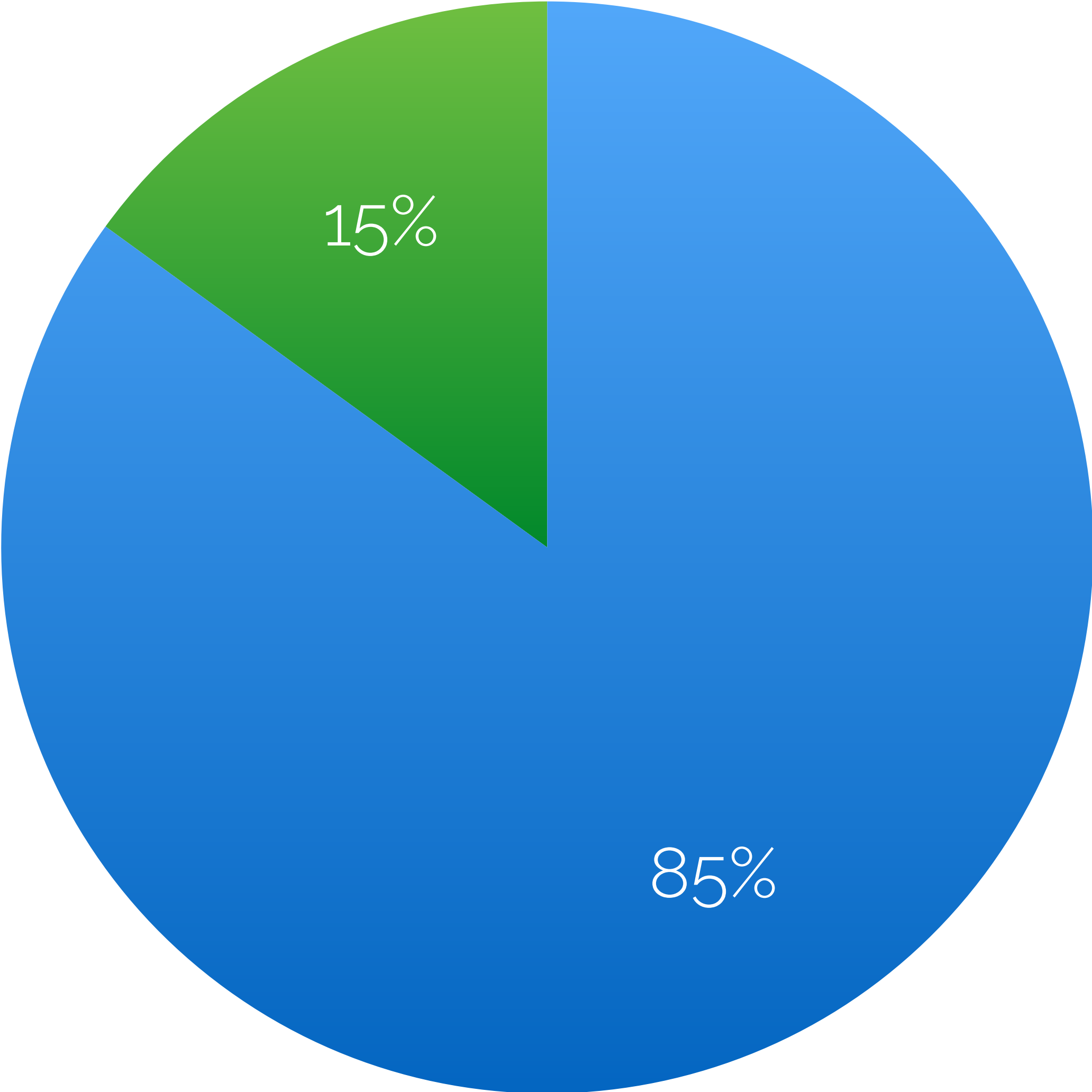
Weight	4 Components
60%	Quality
25%	Advancing Care Information
15%	Improvement Activities (CPIA)
0%	Cost

COMPOSITE PERFORMANCE SCORE (CPS)

Range from 0 - 100

Weight	4 Components
60% 85%	Quality
25% 0%	Advancing Care Information
15%	Improvement Activities (CPIA)
0%	Cost





2016 PQRS	2017 MACRA
<i>at least 9 measures</i>	<i>at most 6 measures</i>
<i>at least 3 domains</i>	n /a
<i>at least 2 outcomes</i>	<i>at least 1 outcome</i>
<i>at least 50% of annual cases</i>	<i>at least 50% of 90 day period</i>

PQRS vs “Non-PQRS” or QCDR Measures

MIPS vs “Non-MIPS” or QCDR Measures

MIPS	NON-MIPS
Owned by CMS	Owned by QCDR(s)
Requires CPT codes	<i>May</i> NOT require CPT codes
9 available for Anesthesia	> 30 available for Anesthesia

NON-MIPS QUALITY MEASURES

ID	Name	Owned	CPT
ABG 5	Vascular Access Injury	abg ANESTHESIA BUSINESS GROUP	No
ABG 7	PACU Pain Score	abg ANESTHESIA BUSINESS GROUP	No
ABG 14	Corneal Eye Abrasion	abg ANESTHESIA BUSINESS GROUP	No
ABG 21	Pre Screening - OSA	abg ANESTHESIA BUSINESS GROUP	No
ABG 28	Pre Screening - GERD	abg ANESTHESIA BUSINESS GROUP	No
ABG 29	Pre Screening -Glaucoma	abg ANESTHESIA BUSINESS GROUP	No
ABG 30	Pre Screening - PONV Risk Factors	abg ANESTHESIA BUSINESS GROUP	No
ABG 31	Pre Screening - Drugs/EtOH	abg ANESTHESIA BUSINESS GROUP	No

Outcome Code	Definition
1001	Patient over 18 and PACU Pain Score < 7
1002	Patient over 18 and PACU Pain Score > 6
1003	Patient over 18 and PACU Pain Score Unknown
1017	Patient not transferred to PACU

Date of Service

Anesthesia Provider(s)

Surgeon of Record

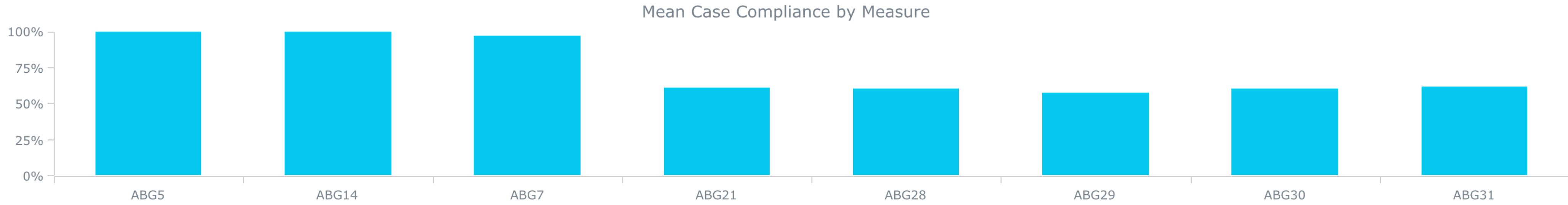
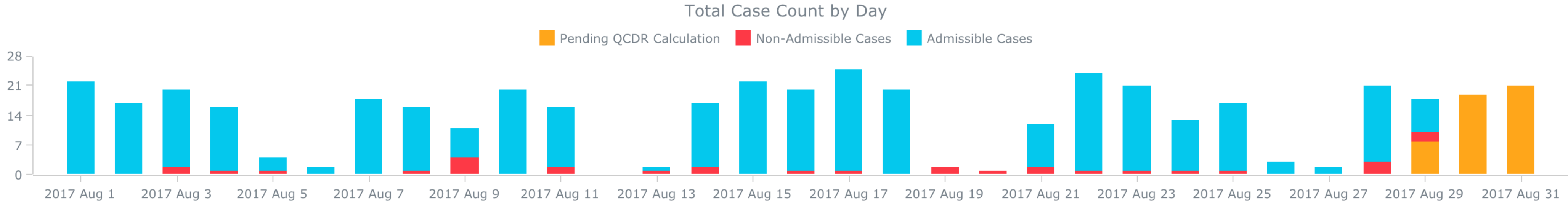
Gender

Date of Birth

Transfer Location

PACU Pain Score

Projected Compliance Overview



Compliance Details

By Provider [Cases](#)

Search

PROVIDER	TOTAL CASES	CORRECTABLE	ABG 5	ABG 14	ABG 7	ABG 21	ABG 28	ABG 29	ABG 30	ABG 31
083	70	34	100%	100%	95%	56%	56%	53%	56%	55%
LL-85240	40	21	100%	100%	97%	37%	37%	37%	37%	37%
5829	90	37	100%	100%	99%	65%	62%	59%	62%	61%
IN-20240	78	28	100%	100%	98%	72%	73%	67%	73%	73%
Y-21413	53	27	100%	100%	100%	61%	63%	46%	63%	63%
3-22272	48	15	100%	100%	100%	69%	69%	69%	69%	69%
16996	66	32	100%	100%	93%	56%	53%	61%	53%	66%

Showing Providers 1 to 7 (7 Total Providers)

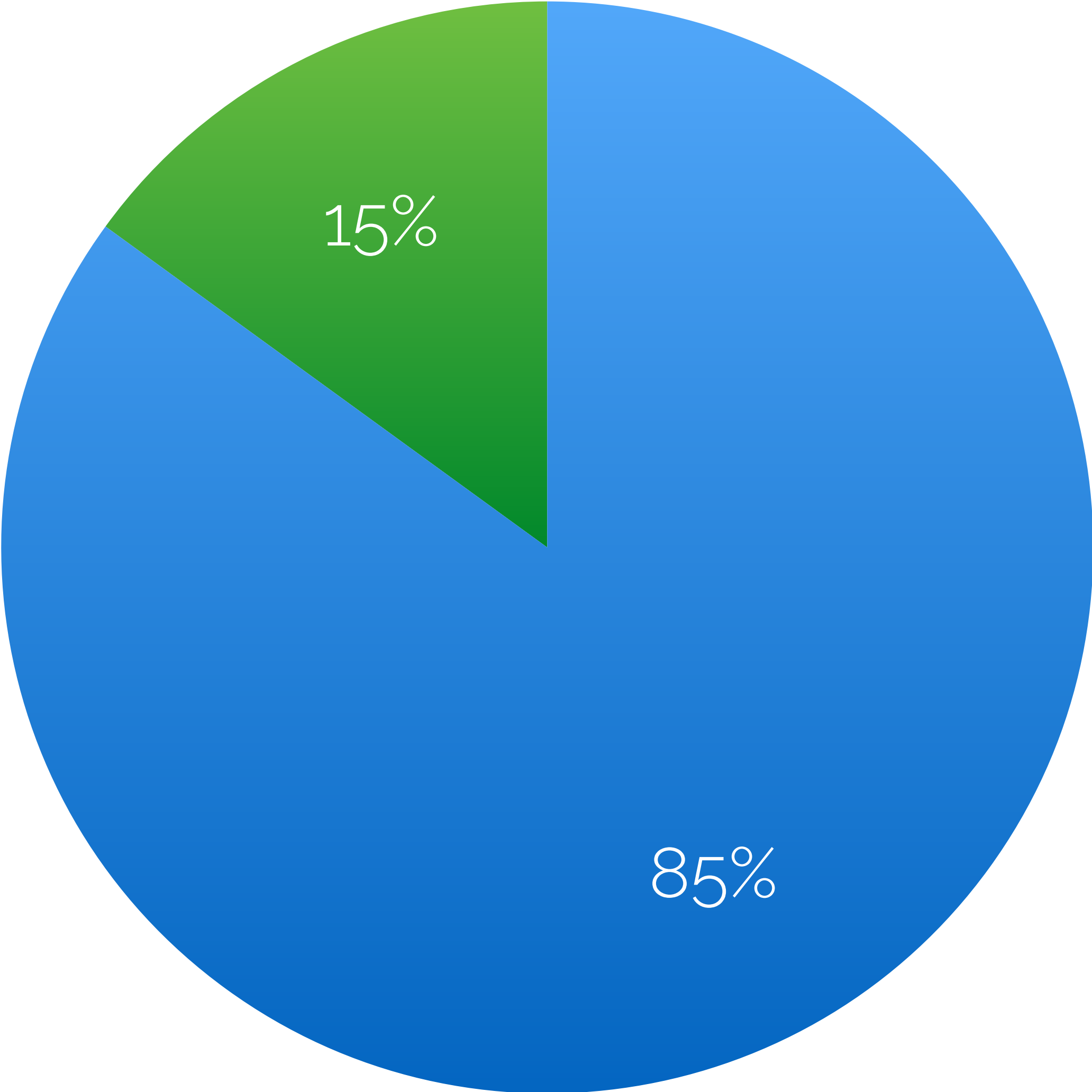
Compliance Details

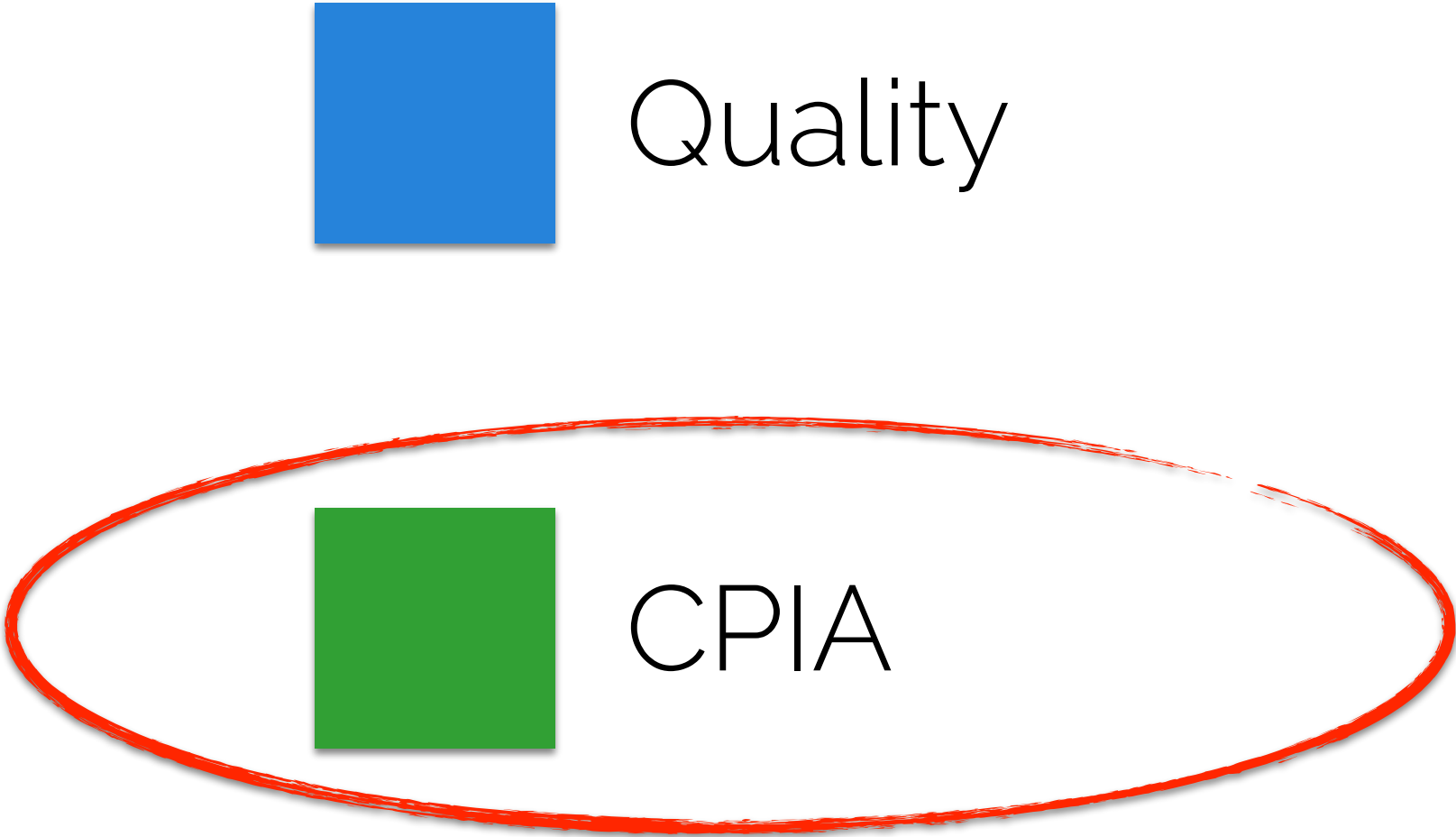
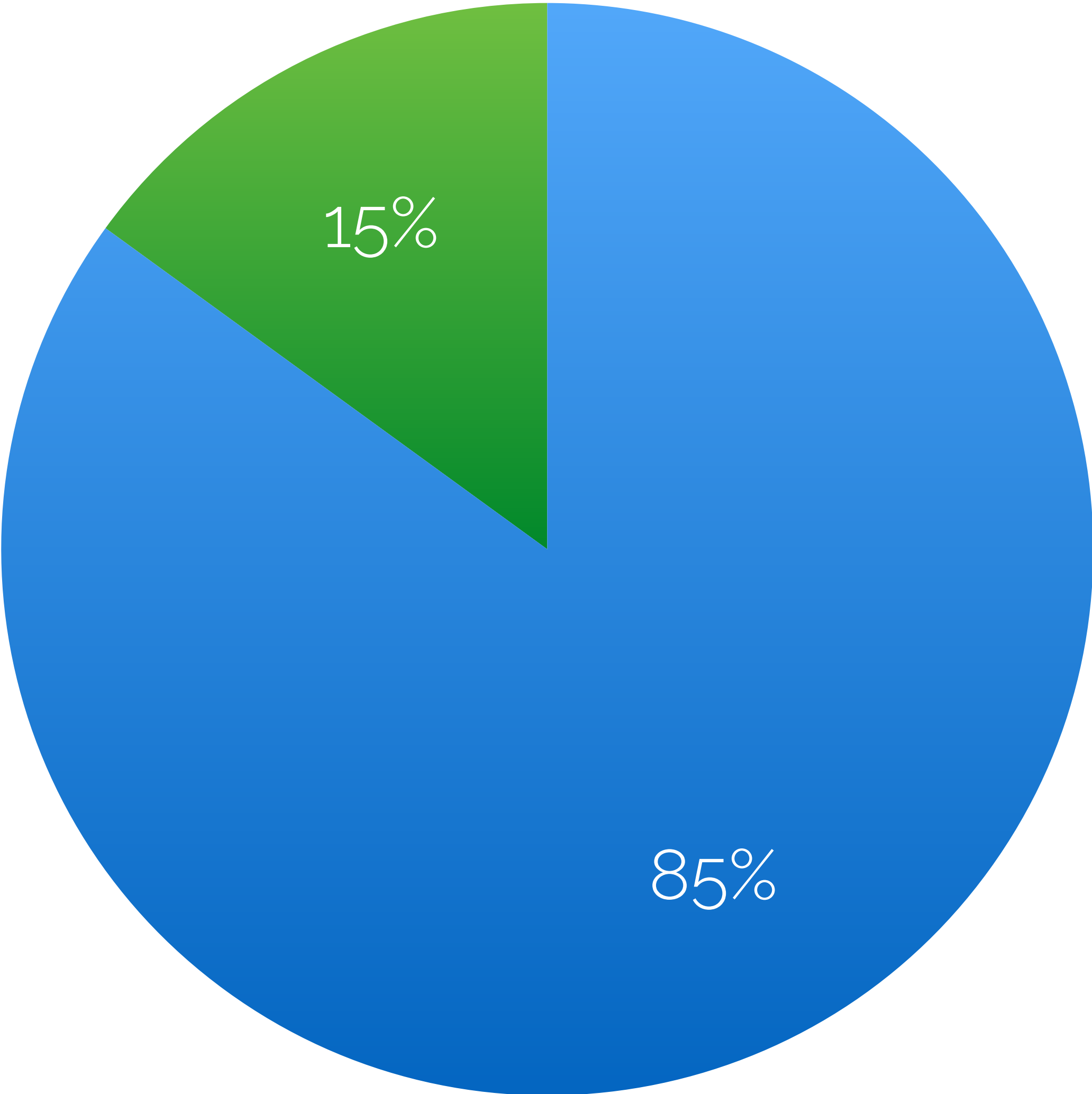
By Provider Cases

PROVIDER

ENCOUNTER NUMBER	IMPORT RECORD	DOS	PROVIDERS	ADMISSIBLE	ABG 5	ABG 14	ABG 7	ABG 21	ABG 28	ABG 29	ABG 30	ABG 31	ACTIONS
123	N/A	2017-08-24	22272	Yes	✓	✓	✓	✓	✓	✓	✓	✓	View Details
123	N/A	2017-08-09	22272	Yes	✓	✓	✓	✗ (1)	✗ (1)	✗ (1)	✗ (1)	✗ (1)	View Details
123	N/A	2017-08-31	22272	No	-	-	-	-	-	-	-	-	View Details
124	N/A	2017-08-16	22272	Yes	✓	✓	✓	✓	✓	✓	✓	✓	View Details
124	N/A	2017-08-08	22272	Yes	✓	✓	✓	✗ (1)	✗ (1)	✗ (1)	✗ (1)	✗ (1)	View Details
124	N/A	2017-08-21	22272	Yes	✓	✓	✓	✓	✓	✓	✓	✓	View Details
124	N/A	2017-08-08	22272	Yes	✓	✓	✓	✗ (1)	✗ (1)	✗ (1)	✗ (1)	✗ (1)	View Details
124	N/A	2017-08-22	22272	Yes	✓	✓	✓	✓	✓	✓	✓	✓	View Details
124	N/A	2017-08-14	22272	Yes	✓	✓	✓	✓	✓	✓	✓	✓	View Details
124	N/A	2017-08-07	22272	Yes	✓	✓	✓	✗ (1)	✗ (1)	✗ (1)	✗ (1)	✗ (1)	View Details

Showing Cases 1 to 10 (48 Total Cases) records per page





End of year attestation by group

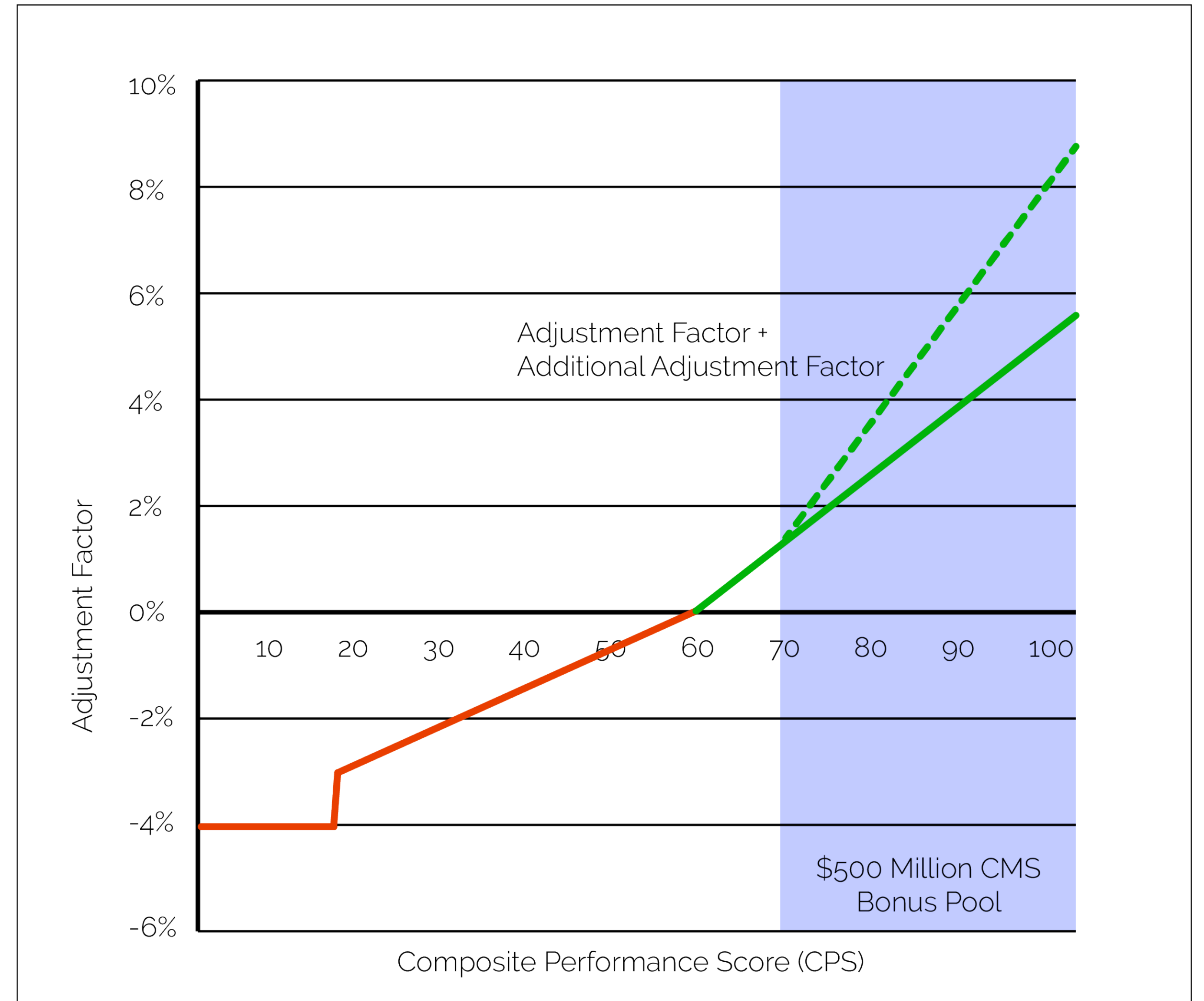
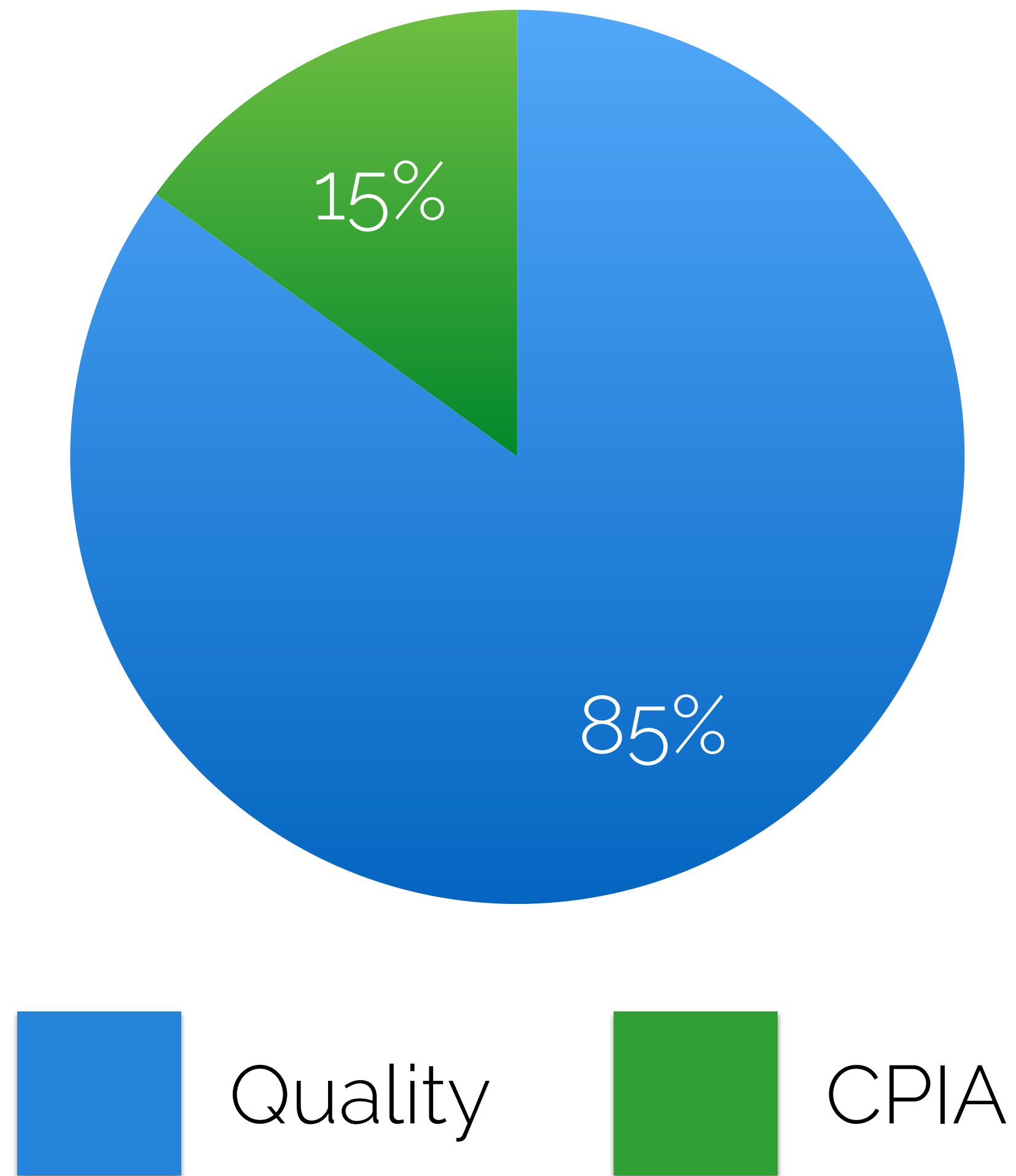
Need 40 points


10pts Use of QCDR to support clinical decision making

10pts Use of QCDR data for quality improvement such as comparative analysis reports across patient populations

20pts Use of QCDR for feedback reports that incorporate population health


MACRA PENALTY / BONUS






[Facility Logo]
[Facility Address]

Place Sticker Here

PROVIDER INFORMATION		PROCEDURE TIMES				ADVERSE EVENTS <input type="checkbox"/> NONE	
Surgeon	(PRINT LEGIBLY)	Date	MM	DD	YY	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> CARDIOVASCULAR Resp Regional PACU Medication Process Miscellaneous </div>	<input type="checkbox"/> Dysrhythmia requiring intervention <input type="checkbox"/> Cardiac arrest (unplanned) <input type="checkbox"/> Unexpected death <input type="checkbox"/> Stroke, CVA, or coma <input type="checkbox"/> Myocardial ischemia <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Vascular access injury (arterial/pneumothorax) <input type="checkbox"/> Uncontrolled HTN
Anesthesia #1	(PRINT LEGIBLY)	Anes Start	H	M			<input type="checkbox"/> Aspiration <input type="checkbox"/> Pneumothorax (related to anesthesia)
Anesthesia #2	(PRINT LEGIBLY)	Anes End	H	M			<input type="checkbox"/> Failed Regional Anesthetic <input type="checkbox"/> Systemic local anesthetic toxicity <input type="checkbox"/> Post-dural puncture headache <input type="checkbox"/> Epidural hematoma after spinal/epidural <input type="checkbox"/> Epidural abscess after spinal/epidural <input type="checkbox"/> Peripheral nerve injury following regional <input type="checkbox"/> Infection following peripheral nerve block
Anesthesia #3	(PRINT LEGIBLY)						
Anesthesia #4	(PRINT LEGIBLY)						<input type="checkbox"/> Temperature <95.9°F or <35.5°C <input type="checkbox"/> Inadequate Reversal <input type="checkbox"/> Reintubation (planned trial extubation documented) <input type="checkbox"/> Reintubation (no planned trial extubation)
CLINICAL INFORMATION							
ASA: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 1E <input type="radio"/> 2E <input type="radio"/> 3E <input type="radio"/> 4E <input type="radio"/> 5E <input type="radio"/> 6E Patient Type: <input type="radio"/> Amb <input type="radio"/> Inpatient Anesthetic: <input type="radio"/> Gen <input type="radio"/> MAC <input type="radio"/> Spinal <input type="radio"/> Epidural <input type="radio"/> LABOR Epidural <input type="radio"/> Regional Gender: <input type="radio"/> Male <input type="radio"/> Female							
PRE-OPERATIVE SCREENING							
OSA: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified GERD: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified Glaucoma: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified PONV Risk: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified EtOH/Drugs: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified							
PATIENT SAFETY							
Current Meds in Record: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified Safety Checklist Used: <input type="radio"/> Yes <input type="radio"/> No Handoff Protocol Used: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified Transferred To: <input type="radio"/> PACU <input type="radio"/> ICU							
PACU Pain: 0 1 2 3 4 5 6 7 8 9 10 Unknown							
 <small>MCRSMP17.001</small>				ID#/PRINT _____ DATE _____ SIGNATURE _____ TIME _____			

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DO MORE THAN JUST COMPLIANCE



[Facility Logo]
[Facility Address]

Place Sticker Here

PROVIDER INFORMATION		PROCEDURE TIMES			
Surgeon	(PRINT LEGIBLY)	Date	MM	DD	YY
Anesthesia #1	(PRINT LEGIBLY)	Anes Start	H	M	M
Anesthesia #2	(PRINT LEGIBLY)	Anes End	H	M	M
Anesthesia #3	(PRINT LEGIBLY)				
Anesthesia #4	(PRINT LEGIBLY)				

CLINICAL INFORMATION

ASA: 1 2 3 4 5 6
 1E 2E 3E 4E 5E 6E

Patient Type: Amb Inpatient

Anesthetic: Gen MAC Spinal Epidural LABOR Epidural Regional

Gender: Male Female

ADVERSE EVENTS NONE

- Dysrhythmia requiring intervention
- Cardiac arrest (unplanned)
- Unexpected death
- Stroke, CVA, or coma
- Myocardial ischemia
- Myocardial infarction
- Vascular access injury (arterial/pneumothorax)
- Uncontrolled HTN
- Aspiration
- Pneumothorax (related to anesthesia)
- Failed Regional Anesthetic
- Systemic local anesthetic toxicity
- Post-dural puncture headache
- Epidural hematoma after spinal/epidural
- Epidural abscess after spinal/epidural
- Peripheral nerve injury following regional
- Infection following peripheral nerve block
- Temperature <95.9°F or <35.5°C
- Inadequate Reversal
- Reintubation (planned trial extubation documented)
- Reintubation (no planned trial extubation)
- Medication administration error
- Adverse transfusion reaction
- Anaphylaxis
- Wrong site surgery
- Unplanned hospital admission
- Wrong patient
- Unplanned ICU admission
- Difficult Airway
- Wrong surgical procedure
- Dental trauma
- Equipment malfunction
- Visual loss
- Fire in OR
- Malignant Hyperthermia
- Airway fire in OR
- Awareness under GA
- Corneal abrasion
- Other (see Comments)
- Fall in OR

PRE-OPERATIVE SCREENING

OSA: Yes No - Reason Specified No - Reason Unspecified

GERD: Yes No - Reason Specified No - Reason Unspecified

Glaucoma: Yes No - Reason Specified No - Reason Unspecified

PONV Risk: Yes No - Reason Specified No - Reason Unspecified

EtOH/Drugs: Yes No - Reason Specified No - Reason Unspecified

PATIENT SAFETY

Current Meds in Record: Yes No - Reason Specified No - Reason Unspecified

Safety Checklist Used: Yes No

Handoff Protocol Used: Yes No - Reason Specified No - Reason Unspecified

Transferred To: PACU ICU


PACU Pain: 0 1 2 3 4 5 6 7 8 9 10 Unknown

ID#/PRINT

SIGNATURE

DATE

TIME



MICRSMP17.001

GRAHNSHEIM HEALTH
CONSUMER SERVICES DEPARTMENT

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PROVIDER INFORMATION		PROCEDURE TIMES			
Surgeon	(PRINT LEGIBLY)	Date	MM	DD	YY
Anesthesia #1	(PRINT LEGIBLY)	Anes Start	H	M	M
Anesthesia #2	(PRINT LEGIBLY)	Anes End	H	M	M
Anesthesia #3	(PRINT LEGIBLY)				
Anesthesia #4	(PRINT LEGIBLY)				


CLINICAL INFORMATION

ASA: 1 2 3 4 5 6
 1E 2E 3E 4E 5E 6E

Patient Type: Amb Inpatient


Anesthetic: Gen MAC Spinal Epidural LABOR Epidural Regional

Gender: Male Female



[Facility Logo]
[Facility Address]

Place Sticker Here

PROVIDER INFORMATION		PROCEDURE TIMES				ADVERSE EVENTS <input type="checkbox"/> NONE		
Surgeon	(PRINT LEGIBLY)	Date	MM	DD	YY	<div style="font-size: 8px;"> <input type="checkbox"/> Dysrhythmia requiring intervention <input type="checkbox"/> Cardiac arrest (unplanned) <input type="checkbox"/> Unexpected death <input type="checkbox"/> Stroke, CVA, or coma <input type="checkbox"/> Myocardial ischemia <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Vascular access injury (arterial/pneumothorax) <input type="checkbox"/> Uncontrolled HTN <input type="checkbox"/> Aspiration <input type="checkbox"/> Pneumothorax (related to anesthesia) <input type="checkbox"/> Failed Regional Anesthetic <input type="checkbox"/> Systemic local anesthetic toxicity <input type="checkbox"/> Post-dural puncture headache <input type="checkbox"/> Epidural hematoma after spinal/epidural <input type="checkbox"/> Epidural abscess after spinal/epidural <input type="checkbox"/> Peripheral nerve injury following regional <input type="checkbox"/> Infection following peripheral nerve block <input type="checkbox"/> Temperature <95.9°F or <35.5°C <input type="checkbox"/> Inadequate Reversal <input type="checkbox"/> Reintubation (planned trial extubation documented) <input type="checkbox"/> Reintubation (no planned trial extubation) <input type="checkbox"/> Medication administration error <input type="checkbox"/> Adverse transfusion reaction <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Wrong site surgery <input type="checkbox"/> Unplanned hospital admission <input type="checkbox"/> Wrong patient <input type="checkbox"/> Unplanned ICU admission <input type="checkbox"/> Difficult Airway <input type="checkbox"/> Wrong surgical procedure <input type="checkbox"/> Dental trauma <input type="checkbox"/> Equipment malfunction <input type="checkbox"/> Visual loss <input type="checkbox"/> Fire in OR <input type="checkbox"/> Malignant Hyperthermia <input type="checkbox"/> Airway fire in OR <input type="checkbox"/> Awareness under GA <input type="checkbox"/> Corneal abrasion <input type="checkbox"/> Other (see Comments) <input type="checkbox"/> Fall in OR </div>		
Anesthesia #1	(PRINT LEGIBLY)	Anes Start	H	H	M			M
Anesthesia #2	(PRINT LEGIBLY)	Anes End	H	H	M			M
Anesthesia #3	(PRINT LEGIBLY)							
Anesthesia #4	(PRINT LEGIBLY)							
CLINICAL INFORMATION								
ASA: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 1E <input type="radio"/> 2E <input type="radio"/> 3E <input type="radio"/> 4E <input type="radio"/> 5E <input type="radio"/> 6E Patient Type: <input type="radio"/> Amb <input type="radio"/> Inpatient Anesthetic: <input type="radio"/> Gen <input type="radio"/> MAC <input type="radio"/> Spinal <input type="radio"/> Epidural <input type="radio"/> LABOR Epidural <input type="radio"/> Regional Gender: <input type="radio"/> Male <input type="radio"/> Female								
PRE-OPERATIVE SCREENING								
OSA: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified GERD: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified Glaucoma: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified PONV Risk: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified EtOH/Drugs: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified								
PATIENT SAFETY								
Current Meds in Record: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified Safety Checklist Used: <input type="radio"/> Yes <input type="radio"/> No								
Handoff Protocol Used: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified Transferred To: <input type="radio"/> PACU <input type="radio"/> ICU								
PACU Pain: 0 1 2 3 4 5 6 7 8 9 10 Unknown								
		ID#/PRINT	DATE					
		SIGNATURE	TIME					

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PRE-OPERATIVE SCREENING

OSA: Yes No - Reason Specified No - Reason Unspecified
 GERD: Yes No - Reason Specified No - Reason Unspecified
 Glaucoma: Yes No - Reason Specified No - Reason Unspecified
 PONV Risk: Yes No - Reason Specified No - Reason Unspecified
 EtOH/Drugs: Yes No - Reason Specified No - Reason Unspecified

PATIENT SAFETY

Current Meds in Record: Yes No - Reason Specified No - Reason Unspecified
 Safety Checklist Used: Yes No
 Handoff Protocol Used: Yes No - Reason Specified No - Reason Unspecified
 Transferred To: PACU ICU
 PACU Pain: 0 1 2 3 4 5 6 7 8 9 10 Unknown

DO MORE THAN JUST COMPLIANCE



[Facility Logo]
[Facility Address]

Place Sticker Here

PROVIDER INFORMATION		PROCEDURE TIMES				ADVERSE EVENTS <input type="checkbox"/> NONE	
Surgeon	(PRINT LEGIBLY)	Date	MM	DD	YY	<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 8px;"> GRAHNIUM HEALTH CONNECTIVE SURGICAL EQUIPMENT </div>	<input type="checkbox"/> Dysrhythmia requiring intervention <input type="checkbox"/> Cardiac arrest (unplanned) <input type="checkbox"/> Unexpected death <input type="checkbox"/> Stroke, CVA, or coma <input type="checkbox"/> Myocardial ischemia <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Vascular access injury (arterial/pneumothorax) <input type="checkbox"/> Uncontrolled HTN <input type="checkbox"/> Aspiration <input type="checkbox"/> Pneumothorax (related to anesthesia)
Anesthesia #1	(PRINT LEGIBLY)	Anes Start	H	M	M		
Anesthesia #2	(PRINT LEGIBLY)	Anes End	H	M	M		
Anesthesia #3	(PRINT LEGIBLY)						
Anesthesia #4	(PRINT LEGIBLY)						
CLINICAL INFORMATION							
ASA: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 1E <input type="radio"/> 2E <input type="radio"/> 3E <input type="radio"/> 4E <input type="radio"/> 5E <input type="radio"/> 6E Patient Type: <input type="radio"/> Amb <input type="radio"/> Inpatient Anesthetic: <input type="radio"/> Gen <input type="radio"/> MAC <input type="radio"/> Spinal <input type="radio"/> Epidural <input type="radio"/> LABOR Epidural <input type="radio"/> Regional Gender: <input type="radio"/> Male <input type="radio"/> Female							
PRE-OPERATIVE SCREENING							
OSA: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified GERD: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified Glaucoma: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified PONV Risk: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified EtOH/Drugs: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified							
PATIENT SAFETY							
Current Meds in Record: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified Safety Checklist Used: <input type="radio"/> Yes <input type="radio"/> No Handoff Protocol Used: <input type="radio"/> Yes <input type="radio"/> No - Reason Specified <input type="radio"/> No - Reason Unspecified Transferred To: <input type="radio"/> PACU <input type="radio"/> ICU							
PACU Pain: 0 1 2 3 4 5 6 7 8 9 10 Unknown							
ID#/PRINT		DATE					
SIGNATURE		TIME					

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ADVERSE EVENTS <input type="checkbox"/> NONE	
CardioVascular	<input type="checkbox"/> Dysrhythmia requiring intervention <input type="checkbox"/> Cardiac arrest (unplanned) <input type="checkbox"/> Unexpected death <input type="checkbox"/> Stroke, CVA, or coma <input type="checkbox"/> Myocardial ischemia <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Vascular access injury (arterial/pneumothorax) <input type="checkbox"/> Uncontrolled HTN
Resp	<input type="checkbox"/> Aspiration <input type="checkbox"/> Pneumothorax (related to anesthesia)
Regional	<input type="checkbox"/> Failed Regional Anesthetic <input type="checkbox"/> Systemic local anesthetic toxicity <input type="checkbox"/> Post-dural puncture headache <input type="checkbox"/> Epidural hematoma after spinal/epidural <input type="checkbox"/> Epidural abscess after spinal/epidural <input type="checkbox"/> Peripheral nerve injury following regional <input type="checkbox"/> Infection following peripheral nerve block
PACU	<input type="checkbox"/> Temperature <95.9°F or <35.5°C <input type="checkbox"/> Inadequate Reversal <input type="checkbox"/> Reintubation (planned trial extubation documented) <input type="checkbox"/> Reintubation (no planned trial extubation)
Medication	<input type="checkbox"/> Medication administration error <input type="checkbox"/> Adverse transfusion reaction <input type="checkbox"/> Anaphylaxis
Process	<input type="checkbox"/> Wrong site surgery <input type="checkbox"/> Unplanned hospital admission <input type="checkbox"/> Wrong patient <input type="checkbox"/> Unplanned ICU admission <input type="checkbox"/> Difficult Airway <input type="checkbox"/> Wrong surgical procedure
Miscellaneous	<input type="checkbox"/> Dental trauma <input type="checkbox"/> Equipment malfunction <input type="checkbox"/> Visual loss <input type="checkbox"/> Fire in OR <input type="checkbox"/> Malignant Hyperthermia <input type="checkbox"/> Airway fire in OR <input type="checkbox"/> Awareness under GA <input type="checkbox"/> Corneal abrasion <input type="checkbox"/> Other (see Comments) <input type="checkbox"/> Fall in OR

EXAMPLE FACILITY SCORE CARD

2017 Facility Score Card

Export Scorecard 

CATEGORY / MEASURE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Quality												
Major	0 Goal 0 (0)	0 Goal 0 (0)	2 Goal 3 (1)	0 Goal 3 (3)	1 Goal 3 (2)	0 Goal 3 (3)	0 Goal 3 (3)	0 Goal 3 (3)	0 Goal 0 (0)	0 Goal 0 (0)	0 Goal 0 (0)	0 Goal 0 (0)
Observations	0 Goal 0 (0)	0 Goal 0 (0)	2 Goal 8 (6)	0 Goal 8 (8)	0 Goal 8 (8)	0 Goal 9 (9)	0 Goal 8 (8)	0 Goal 9 (9)	0 Goal 0 (0)	0 Goal 0 (0)	0 Goal 0 (0)	0 Goal 0 (0)
Productivity												
Cases	0 Goal 0 (0)	0 Goal 0 (0)	259 Goal 0 (259)	253 Goal 200 (53)	265 Goal 220 (45)	295 Goal 220 (75)	274 Goal 300 (-26)	288 Goal 220 (68)	0 Goal 0 (0)	0 Goal 0 (0)	0 Goal 0 (0)	0 Goal 0 (0)
By Case Revenue	\$0 Goal \$null (\$null)	\$0 Goal \$null (\$null)	\$129,500 Goal \$null (\$129,500)	\$126,500 Goal \$100,000 (\$26,500)	\$132,500 Goal \$110,000 (\$22,500)	\$147,500 Goal \$110,000 (\$37,500)	\$137,000 Goal \$150,000 (\$13,000)	\$144,000 Goal \$110,000 (\$34,000)	\$0 Goal \$null (\$null)	\$0 Goal \$null (\$null)	\$0 Goal \$null (\$null)	\$0 Goal \$null (\$null)
Minutes	0 Goal 0 (0)	0 Goal 0 (0)	14,833 Goal 0 (14,833)	14,877 Goal 0 (14,877)	17,018 Goal 0 (17,018)	20,331 Goal 13,200 (7,131)	18,512 Goal 12,000 (6,512)	17,449 Goal 13,200 (4,249)	0 Goal 0 (0)	0 Goal 0 (0)	0 Goal 0 (0)	0 Goal 0 (0)
By Minute Revenue	\$0 Goal \$null (\$null)	\$0 Goal \$null (\$null)	\$29,666 Goal \$null (\$29,666)	\$29,754 Goal \$null (\$29,754)	\$34,036 Goal \$null (\$34,036)	\$40,662 Goal \$26,400 (\$14,262)	\$37,024 Goal \$24,000 (\$13,024)	\$34,898 Goal \$26,400 (\$8,498)	\$0 Goal \$null (\$null)	\$0 Goal \$null (\$null)	\$0 Goal \$null (\$null)	\$0 Goal \$null (\$null)
Efficiency												
Surgeon ToT (Flip Flop)	-	-	28.6 Goal 60 (31.4)	29.0 Goal 60 (31.0)	30.3 Goal 60 (29.7)	29.6 Goal 60 (30.4)	29.5 Goal 60 (30.5)	30.6 Goal 60 (29.4)	-	-	-	-
Surgeon ToT	-	-	29.5 Goal 60 (30.5)	34.3 Goal 60 (25.7)	32.1 Goal 60 (27.9)	30.2 Goal 60 (29.8)	30.4 Goal 60 (29.6)	30.4 Goal 60 (29.6)	-	-	-	-
Wo/Wi	-	-	11.8 Goal 20 (8.2)	15.9 Goal 20 (4.1)	13.4 Goal 20 (6.6)	12.1 Goal 20 (7.9)	13.4 Goal 20 (6.6)	12.6 Goal 20 (7.4)	-	-	-	-
Anesthesia ToT	-	-	9.6 Goal 15 (5.4)	11.8 Goal 15 (3.2)	10.3 Goal 15 (4.7)	9.6 Goal 15 (5.4)	8.7 Goal 15 (6.3)	7.8 Goal 15 (7.2)	-	-	-	-
Anesthesia Ready	-	-	7.3 Goal 12 (4.7)	7.3 Goal 12 (4.7)	6.9 Goal 12 (5.1)	7.1 Goal 12 (4.9)	6.9 Goal 12 (5.1)	7.2 Goal 12 (4.8)	-	-	-	-

CONCLUSION

Goal is to maximize each NPIs Composite Performance Score (0-100)

Easiest path is "MIPS reporting via QCDR"

Fees include: QCDR Registration, Data Collection, Quality Reporting

Very easy to avoid penalties

Huge bonus opportunity

Will change and only be harder in 2018



2017 MACRA COMPLIANCE

for *ANESTHESIA*

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