



Performance Measures

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Disclosures

- I have no disclosures to report

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Objectives

- Identify Common Measures in Ambulatory Anesthesia
 - Relate tools/organizations, KPIs to performance
- Review CMS Measures in Ambulatory Anesthesia for reimbursement
 - Share CMS Updates
- Define Future Measures for your organization

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Performance Measures

- Well defined
- Easily Observed
- Analyzed
- Why?
 - Patient safety and satisfaction
 - Operations: efficiency/revenue
 - Quality, incentives/future performance

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Performance Measures – Ambulatory

- Metrics Overload!!!!
- PONV
- Decreased Pain Scores/OME
- NMB use and reversal
- Patient Follow-up/Satisfaction
- OR Utilization/Turnover
- Case Cancellations
- Operating Revenue Cash Flow

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Where Can I Find Them?

- ASA (CPOM) – American Society of Anesthesiologists
- SAMBA – Society for Ambulatory Anesthesia
- ASCA – Ambulatory Surgery Center Association
- MPOG – Multicenter Perioperative Outcomes Group
- AQI – Anesthesia Quality Institute
- ASCQR – Ambulatory Surgical Center Quality Reporting (CMS)
- NACOR – National Anesthesia Clinical Outcomes Registry (AQI - CMS)
- MACRA/MIPS – Merit Based Incentive Payment Systems (CMS)

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Key Performance Indicators - KPIs

- Objectively Measurable
- Easily Measurable
 - Try to use existing systems to measure rather than creating new ones
 - EMR/web-based tools
- Align with goals/needs of your practice
- Influenceable by employee/department

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KPIs – ASA Statement

1. Is the problem/opportunity well defined and measurable?
2. How will the data be defined and measured to provide meaningful information?
3. How will the KPI be used or communicated to help meet the organizational objectives?

<https://www.samba.org/quality-and-practice-management/managing-your-practice/timely-topics-in-payment-and-practice-management/key-performance-indicators-how-do-you-measure-up>

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Key Performance Indicators - ASA

- Days in Accounts Receivable
- Revenue Realization Rate
- Clean Claims Ratio
- Denial Rate
- Bad Debt Percentage



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MACRA – CMS.gov

- Medicare Access and CHIP Reauthorization Act – 2015
 - Quality Payment Program (QPP)
 - Affects physicians reimbursed by Medicare
 - Rewards Value over Volume
 - MIPS vs. APMs
 - Cooperative Agreement Awardees - 7
 - Receive financial and technical support
 - Develop, Improve, Update or Expand Measures in Quality Payment Program

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-Program-FAQs>

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MIPS – CMS.gov

- Several Previous Programs converted into “1”
 - Physician Quality Reporting System
 - Medicare Value-Based Payment Modifier - Performance Based
 - Medicare Incentive Program
 - NPI and TIN - participation
- 4 Performance Categories
 - Quality – 30% (6 collection types) CAHPS
 - Cost- 30%
 - Improvement Activities – 15% (up to 4 activities, weighted differently)
 - Promoting Interoperability (PI) – 25%
- Check for exemptions/special status

<https://ppn.cms.gov>

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MIPS – CMS.gov

- 0-100 point scale
 - 75 points = a neutral adjustment (performance threshold)
 - > 75 points = positive payment adjustment
 - < 75 points = negative payment adjustment
 - Max payment adjustment will be 9 percent (up or down)
 - Performance threshold based on the mean or median scores
 - > 89 points = exceptional performance - eligible for additional positive payment adjustments.
- ASC-based clinicians that furnish 75% or more of their covered services in ASC are exempt from the PI category
 - PI – EHR technology

<https://www.cms.gov/Medicare/Quality-Payment-Program/Quality-Payment-Program>

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APMs – Advanced Alternative Payment Models

• 50% of payments from an APM or 35% patient volume from APM Surgeons
 • Limited number of APM participation opportunities
 • CMS has not proposed an ASC-based APM

• ASCA urged CMS to implement a request for proposals process that is flexible enough to address the needs of the wide range of surgical specialties that practice in the ASC environment

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MAcRA-MIPS-and-APMs/MAcRA-APMs>

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ASCA/ASCQR

- Clinical and Operational Benchmarking Survey
 - Benchmarking Basics for ASCs
- National Quality Strategy
 - Better healthcare for individuals/populations and lower costs

<https://www.asccassociation.org/asca/resourcecenter/benchmarking/ascabenchmarking>

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Number	Measures Submitted via a Web-based Tool	Reporting Period	Submission Period
ASC-9	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	January 1, 2022–December 31, 2022	January 1, 2023–May 15, 2023
ASC-11*	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary)*	January 1, 2022–December 31, 2022	January 1, 2023–May 15, 2023
ASC-13	Normothermia	January 1, 2022–December 31, 2022	January 1, 2023–May 15, 2023
ASC-14	Unplanned Anterior Vitrectomy	January 1, 2022–December 31, 2022	January 1, 2023–May 15, 2023
ASC-20	COVID-19 Vaccination Coverage Among Health Care Personnel	Q1 2022: Jan 1, 2022– Mar 31, 2022	Q1: August 15, 2022
		Q2 2022: Apr 1, 2022– Jun 30, 2022	Q2: November 15, 2022
		Q3 2022: Jul 1, 2022– Sep 30, 2022	Q3: February 15, 2023
		Q4 2022: Oct 1, 2022– Dec 31, 2022	Q4: May 15, 2023

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MAcRA-MIPS-and-APMs/MAcRA-Quality-Reporting>

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ASC-20 COVID-19 Vaccination Coverage Among Health Care Personnel (HCP)***

* ASC-11 is a voluntary measure; any data submitted will be publicly reported.

** Does not require any additional data submission apart from standard Medicare Fee-for-Service claims.

*** Reported quarterly through the National Healthcare Safety Network (NHSN).

For more information about measure data submission and deadlines, refer to the [Data Submission page](#).

For more details about the program requirements, see the [Reference Checklist](#).

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ASC-Quality-Reporting>

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ASC Payment Update - ASCA

- Update ASC payment system using hospital market basket update
- Increase payment rates by 2.7% based on ASCQR requirements
- Based on hospital market basket percentage increase of 3.1% reduced by a productivity adjustment of 0.4 percentage point

<https://www.asccassociation.org/asca/bonus/lastnews/newsarchive/newsarchive2022/july2022/202207medicare2023proposedpaymentrule>

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ASC	3.1%	HOPD	3.1%
Inflation update factor	3.1%		
Productivity reduction mandated by the ACA	0.4 percentage points	0.4 percentage points	
Effective update	2.7%	2.7%	
Conversion factor	\$51.315	\$86.785	

<https://www.asccassociation.org/asca/aboutus/latestnews/newsarchive/newsarchive2022/july2022/202207medicare2023proposedpaymentrule>

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Patient Satisfaction

- Perioperative
 - ERAS/PSH Protocols
 - Pre-habilitation
 - Fast-Track Anesthesia
- Reduce Time in PACU
 - ↓FiO₂
 - Early Ambulation/PO intake
 - ↓Polypharmacy, pharmacy costs

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Patient Satisfaction

- Post-operative to continue
 - Post-op follow-up
- PDNV
 - Self-report?
- POUR
 - Is voiding necessary?

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Patient Safety

- Perioperative Medicine
 - Screening vs. Optimizing
 - Outpatient Medical Visits
 - Social Hurdles
- Patient Education
 - NPO
 - Perioperative Medications: DAPT, Anti-HTN

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OR efficiency

- OR Turnover Time
 - Track Case delays
 - Target Variability
- Case Scheduling
 - Patient Selection
 - Patient Screening and Optimization
 - ASA Physical Status
 - Case Triage

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Sustainability

- “Greening the OR”
- Reusable equipment vs. single use
- Low Flow anesthesia to reduce waste gas
- Recycling scavenged gas

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KPIs – OSUWMC

- Drive Performance?
- Surgery Centers – 4 KPIs = incentive bonus
 - First Time On Start
 - Gains/Losses
 - Turnover Time
 - Patient Satisfaction
- 1st Time On Time – Main Campus vs. Surgery Center

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Bottom Line...

- Baseline reimbursement metrics will always exist...
 - Come from outside entities
 - Must Comply
- Drive Future Performance - Metrics
 - Proactive not Reactive
 - Demonstrate superior advantages of surgery centers
 - Future surgeries/service lines/patient populations
 - Share Successes!!!!

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Recap

- Identify Common Measures in Ambulatory Anesthesia
 - PONV, Decrease OME, NMB
 - ASA, ASCA, CMS
- Review CMS Measures in Ambulatory Anesthesia for reimbursement
 - ASC 9, ASC 11*, ASC 13, ASC 14, ASC 20
- Define Future Measures for your organization
 - Create the change you want to see

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References

- 1.) The American Society of Anesthesiologists: <http://asahq.org>
- 2.) Centers for Medicare and Medicaid Services: <http://cms.gov>
- 3.) Ambulatory Surgery Center Association: <http://ascassociation.org>

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