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Improving Quality of Care in Anesthesiology

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Anesthesiologists®

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Conflict of Interest

Nilesh Chandra & Paul Pomerantz

Have no real or apparent conflicts of interest to report.

Agenda

- American Society of Anesthesiologists (ASA) overview
- Public Policy
- ASA's data journey
- National Anesthesia Clinical Outcomes Registry (NACOR)
Assessment and recommendations
- Implementation of recommendations
- NACOR and ASA today
- Questions

Learning Objectives

- Identify the challenges caused by the growth of the National Anesthesia Clinical Outcomes Registry (NACOR) registry
- Analyze the changes made to the organizational structure and underlying technology to support continued growth of the NACOR registry
- Illustrate how the changes made to NACOR have improved registry operations and clinical outcomes

Overview of the American Society of Anesthesiologists

- Founded in 1905
- Largest society in the specialty
- 53,000 members; budget \$52,000,000
- Major pillars:
 - Advocacy
 - Education
 - Quality and Practice
- Vision: A world leader improving health through quality and safety
- Engaged in major improvement initiatives since 2008

Healthcare is in the midst of a fundamental shift from fee for service to fee for value...

In theory, the value-based care model is meant to incentivize better patient care:

Improved Care

Results in

Better Health
Outcomes

Leading
to

Lower overall
cost

Brief History of Quality

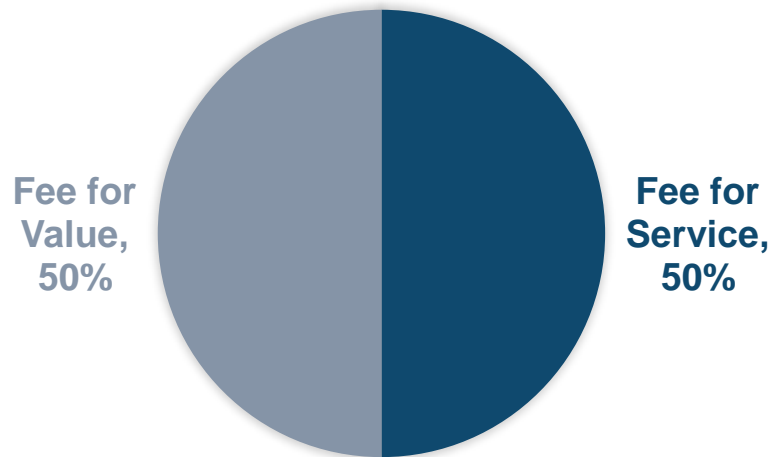
- Physician Quality Reporting System (**PQRS**)
- Medicare Access and CHIP Reauthorization Act (**MACRA**) / Merit-based Incentive Payment (**MIPs**)
- Early quality registries
 - Society of Thoracic Surgeons
 - American College of Surgeons NSQIP
 - American College of Cardiology

Yet...

- Clinical outcomes, such as longer survival or success of a procedure, are often too difficult to measure
- Instead, process outcomes are measured and reported in an attempt to ensure that care improvement processes are in place (e.g. blood pressure measured)
- Preliminary studies on the results have not shown the improvement in care and reduction in cost many were hoping for, but augmentations continue to be made as more transition to this model
 - Modified (reduction) payments are forcing more companies to take this seriously and improve measurements like readmission rates to avoid penalties
 - “Bundled Payments” are a method by which providers charge one flat rate for one condition regardless of the services provided or follow-up care needed

This is a significant challenge for ASA Members

Medicare Payments in 2018



50% of all Medicare payments will be distributed under “alternative payment models” **by 2018** and commercial payers are likely to follow suit.

The majority of the ASA membership is not prepared for this transition.

This is a significant challenge for ASA Members

- Our members who do not report in the highest Physician Quality Reporting System (PQRS) tiers stand to lose a significant amount of money (estimated \$18,800 - \$38,000 per provider over 5 years).
- ASA has been very engaged in the development and promulgation of Alternative Payment Model (APMs) through the Perioperative Surgical Home, Enhanced Recovery after Surgery (ERAS) and similar initiatives.
- Current environment of regulatory uncertainty is having an impact.

In support of our membership, ASA has been on a data journey for over 6 years...



2010: Anesthesia Quality Institute established

The Anesthesia Quality Institute was established along with the National Anesthesia Clinical Outcomes Registry (NACOR) to gather data from anesthesia procedures in order to facilitate future research. Initial efforts focused on securing as much participation as possible and a wide variety of data formats were accepted.

2014: Qualified Clinical Data Registry (QCDR) offered

The NACOR architecture was modified to support collection of and reporting on Physician Quality Reporting System (PQRS) measures for the 2015 reporting year to support member quality reporting efforts.

2015: Architecture and process improvements

ASA engaged an independent consultant to conduct an independent assessment and identify improvement opportunities.

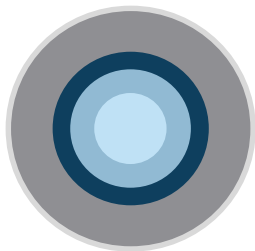
**We used a Registry maturity model
to put the findings in context...**

	NACOR Current State	BASIC	DEFINED	EVOLVING	ADVANCED
	New practice intake	Ad-hoc processes	Process is defined but manually intensive	Process is defined, automation to enable scalability exists	Fully automated process with little manual effort for AQI
	Data collection	Ad-hoc, manually intensive processes	Defined process for data collection with little validation of data for quality	Defined process for data collection and quality checks, though quality validation is manual	Automated data collection based on data schema with automated validation for quality and remediation
	Technology	Poorly documented architecture, no processes for IT management	Documented architecture and processes, but actual practices vary	Documented architecture and processes that are adhered to, growth is not scalable	Scalable technology architecture and automated management
	Personnel management	Personnel engaged as needed	Defined HR processes but no succession planning	Clearly defined HR processes, but advancement varies by need	Well defined succession plans and clear view of career progression provided to employees
	Customer engagement	Ad-hoc engagement with customers that is often reactive to issues	Periodic engagement based on schedule or need	Proactive processes to engage with customers to understand their needs and deliver value	Clearly defined value proposition for each customer segment and processes to ensure value is being delivered
	Operating procedures	Ad-hoc operations	Key processes are defined, but operating environment is reactive	Most processes are defined and adhered to	A culture of process improvement exists
	Data dissemination	Data is made available for reporting	Limited set of canned reports are provided but no tracking for usage or value	Actionable canned reports augmented by strong analytics capability to do custom reporting / research	Proactive process to identify and deliver insightful data

**.. and developed an
implementation roadmap for the
course corrections required**

			2015											
			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
WAVE 1	READY FOR QC <small>DR</small> AND ESTABLISH OPERATING MODEL	<ul style="list-style-type: none"> • Build a scalable QC<small>DR</small> offering • Develop a pricing model for QC<small>DR</small> • Develop operating model 	<div>COMPLETED</div> <ul style="list-style-type: none"> ▪ Ability to accommodate promises made to members ▪ Capacity to absorb increased demand for QC<small>DR</small> without the need for adding headcount ▪ Ensures robustness of the operating model 											
WAVE 2A	IMPROVE DATA QUALITY AND CUSTOMER FOCUS	<ul style="list-style-type: none"> • Develop customer-focused capabilities • Develop automated data quality checks • Streamline NACOR practice intake process • Sourcing financial evaluation • Vendor evaluation 	<div>COMPLETED</div> <ul style="list-style-type: none"> ▪ Improve data quality through additional rigorous quality checks ▪ Conduct the financial assessment for Sourcing ▪ Develop the RFP ▪ Identify outsourcing vendor 											
WAVE 2B	TRANSITION TO NEW OPERATING MODEL	<ul style="list-style-type: none"> • Vendor contracting & KPIs 	<ul style="list-style-type: none"> ▪ Strengthen the AQI organization ▪ Clarity on future state work processes and effort <div>COMPLETED</div>											
WAVE 3	STRENGTHEN THE ORGANIZATION	<ul style="list-style-type: none"> • Customer service strategy and design • Define vendor delivery processes 	<ul style="list-style-type: none"> ▪ Strengthen the AQI organization ▪ Clarity on future state work processes and effort <div>COMPLETED</div>											

Our work drove scalability of operations, a focus on core competencies and a redesigned operating model. PA helped the ASA:



Focus on core competencies and find partners for other work. ASA's core competencies are measure definitions and the practice of anesthesiology. We have engaged a registry vendor to manage the technology required to run NACOR and another vendor for automating data collection.

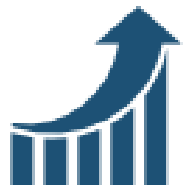


Define and enforce data standards to maximize the value of the information collected and streamline intake processes.

We helped the ASA:



Automate data collection and reporting to ensure scalability and to allow staff to focus on tasks with higher value add (e.g. analysis and interpretation).

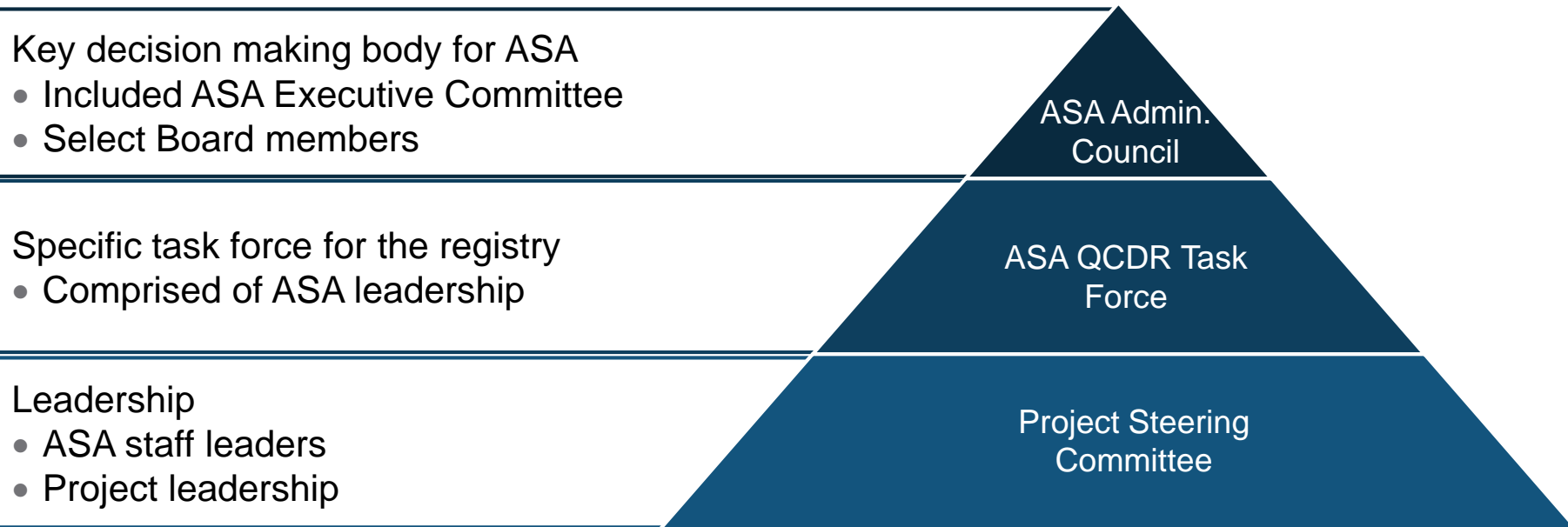


Clearly establish that practices are accountable for meeting quality reporting requirements. A significant investment of time and effort from the practice is required to achieve success.



Hire a leadership team that has the right set of capabilities to drive strategy and operations for a data business.

We implemented rigorous governance to manage the program throughout the year



Emerging Challenges

- Uncertain regulatory environment
- EHR adoption by Anesthesiologists
- Development of a business model around data monetization

Today, NACOR is the largest clinical data registry for surgical cases and anesthesia

- Over 846 active participating Anesthesia practices.
- Over 51,643,193 clinical records of surgical cases.
- Our outsourced technology vendor and our data integration provider enable our scalability and support rapid growth
- Our data is available to support research and quality improvement projects, including linkage with Board Certification and collaborative projects with other specialties.
- As the shift towards Value Based Care and alternative payment models intensifies, we see accelerating adoption of NACOR across the remaining anesthesia practices in the country.

Questions?



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Please complete the online session evaluation