

2021 Quality Payment Program

for Anesthesia Practices

powered by



Graphium Health Services



MACRA Compliance

The easiest pathway to MACRA compliance for anesthesia practices. From paper data entry, to mobile iOS data entry, to full EMR integration, we have your data capture needs covered.



Charge Capture

Enjoy a claim submission process free of couriers, face sheets, and paper slips. With a fully electronic workflow, we help eliminate lost charges, reduce your billing fees, and provide real time analytics.



AnesthesiaEMR™

The easiest to learn, easiest to use, and most intelligent Anesthesia EMR available. Our unique approach utilizes a one-of-a-kind, paper-like experience with integrated, self-service intelligence reporting.



Full RCM

Our unified RCM platform brings the efficiency of a fully electronic workflow to your practice. Our RCM plan includes our iPad AnesthesiaEMR™ and Full RCM services.

SUCCESS



GRAPHIUM
HEALTH

10+ Years in Business

30+ Installed States

400+ Installed Facilities

300+ Production Integrations

300k+ of Daily Message Volume

10,000+ Providers and Surgeons

1M+ MACRA case submissions

United States





2021 Quality Payment Program Sources

CMS Resource Library

2021 Final Rule (906 pages)

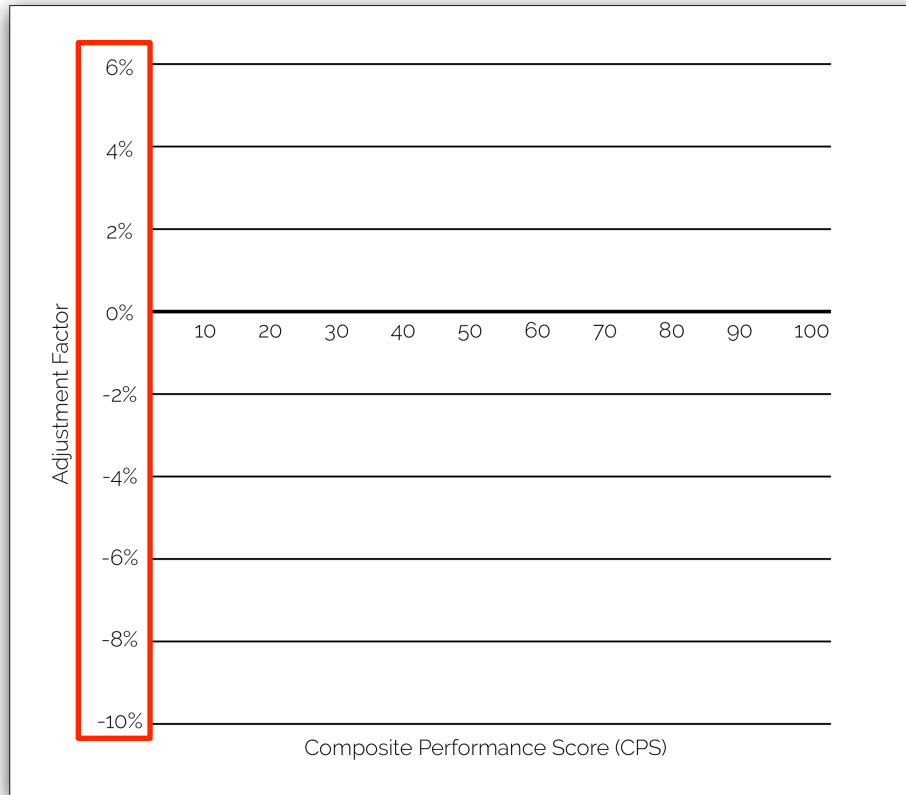
2021 MIPS Cost User Guide

CMS Webinars:

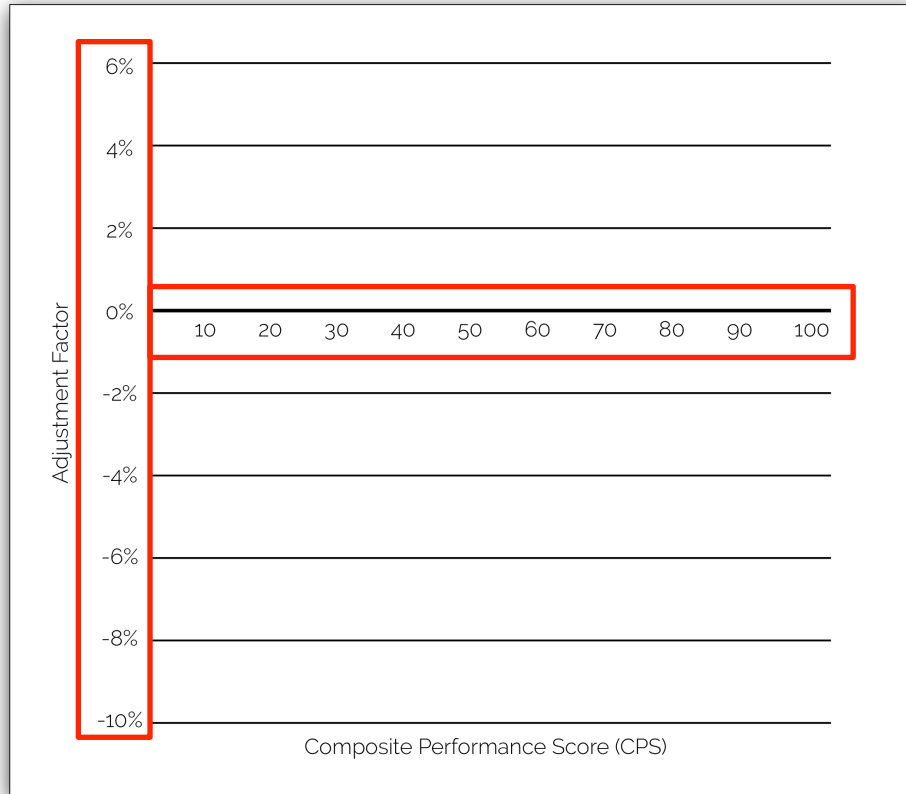
2021 Quality Payment Program Overview Webinar

2021 Quality Payment Program Final Rule Overview

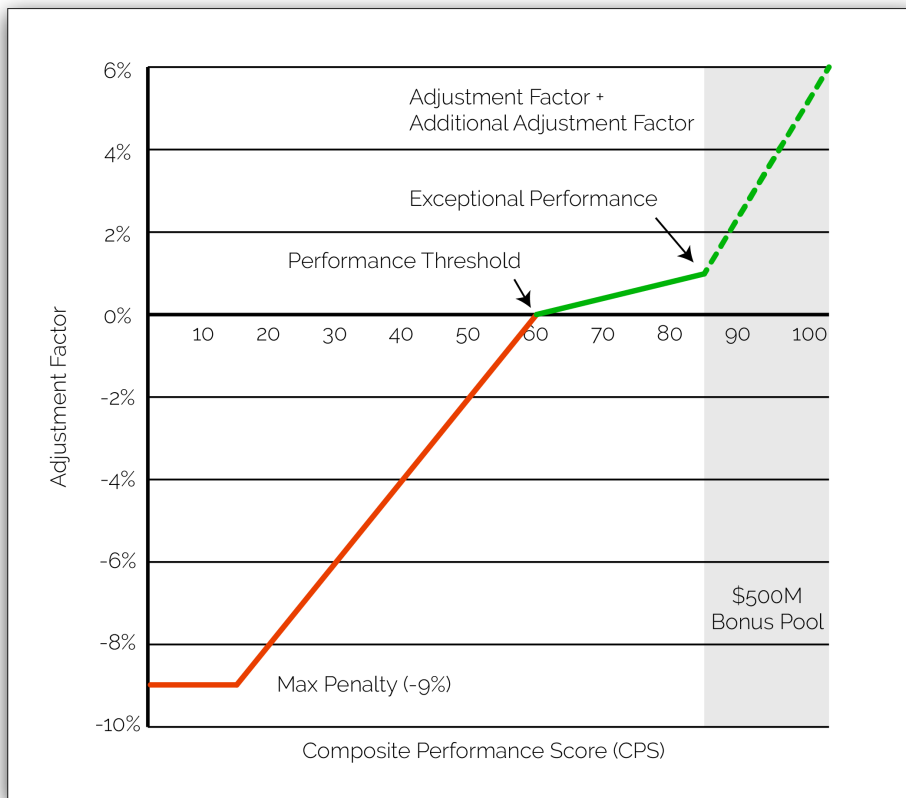
CPS vs Payment Adjustment



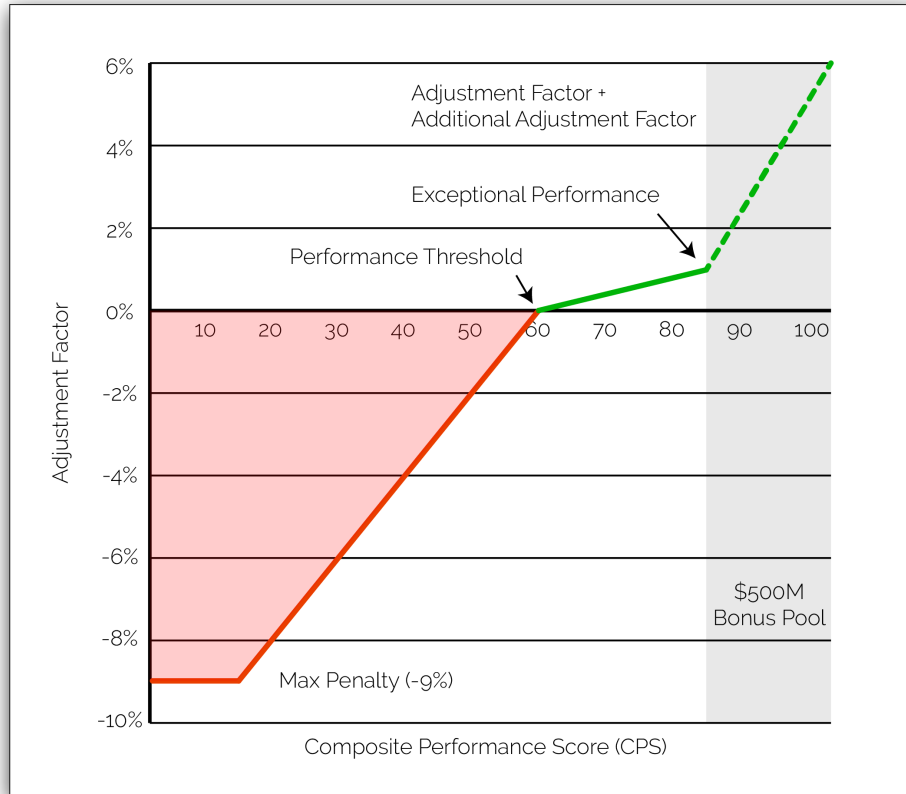
CPS vs Payment Adjustment



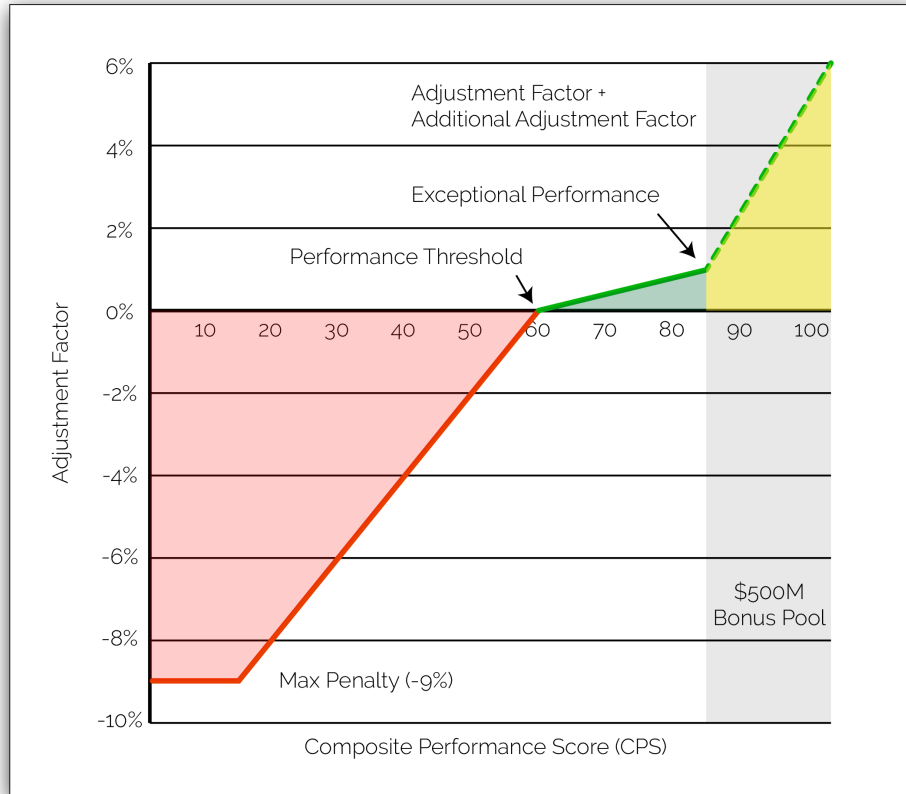
CPS vs Payment Adjustment



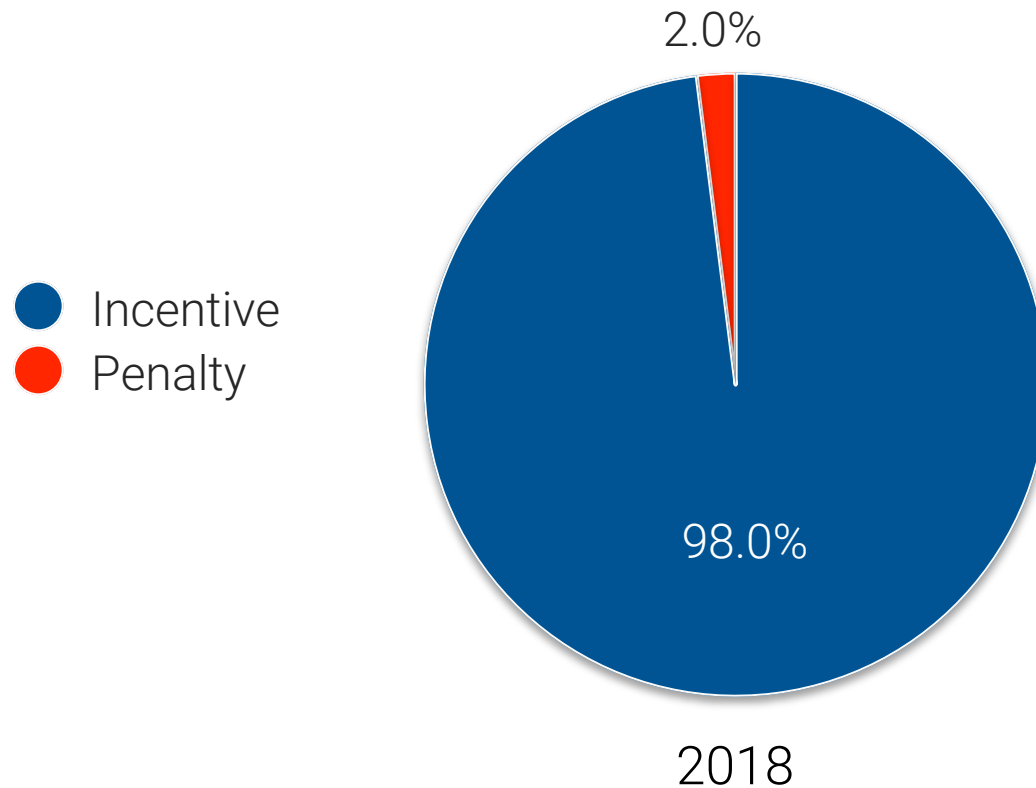
CPS vs Payment Adjustment



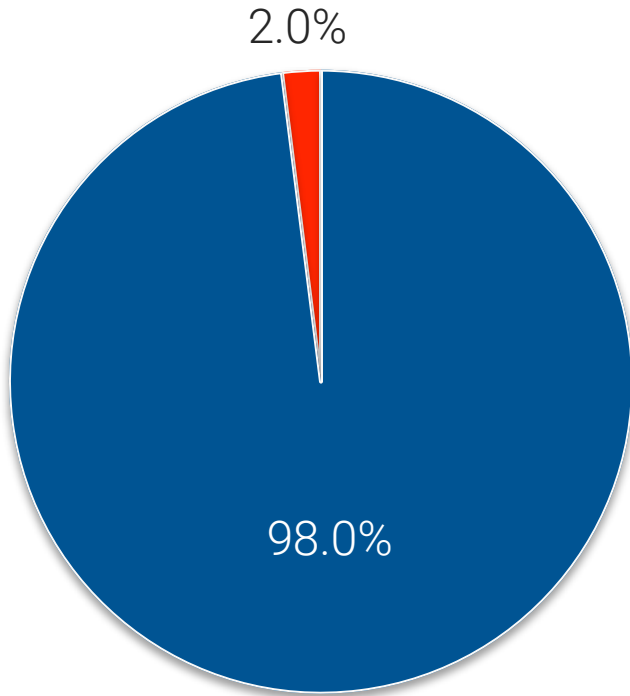
CPS vs Payment Adjustment



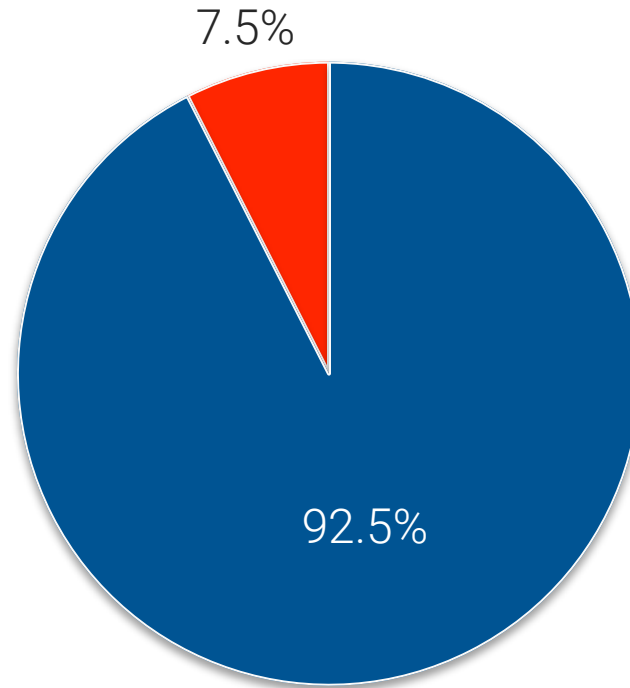
MIPS Predicted Financial Results (All Participants)



MIPS Predicted Financial Results (All Participants)

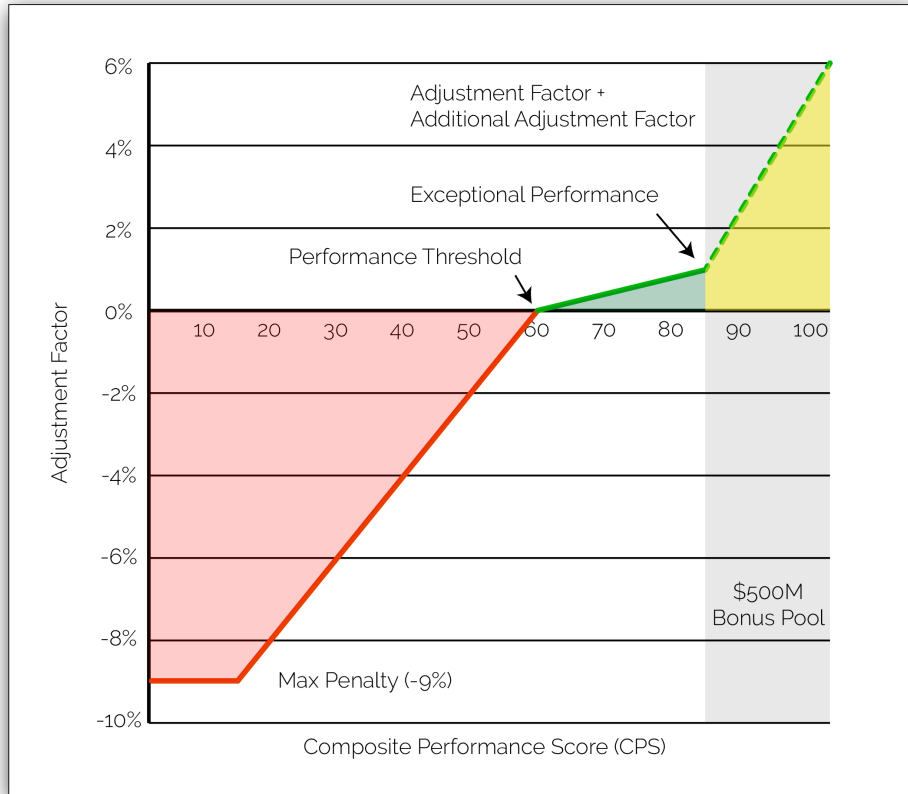


2018



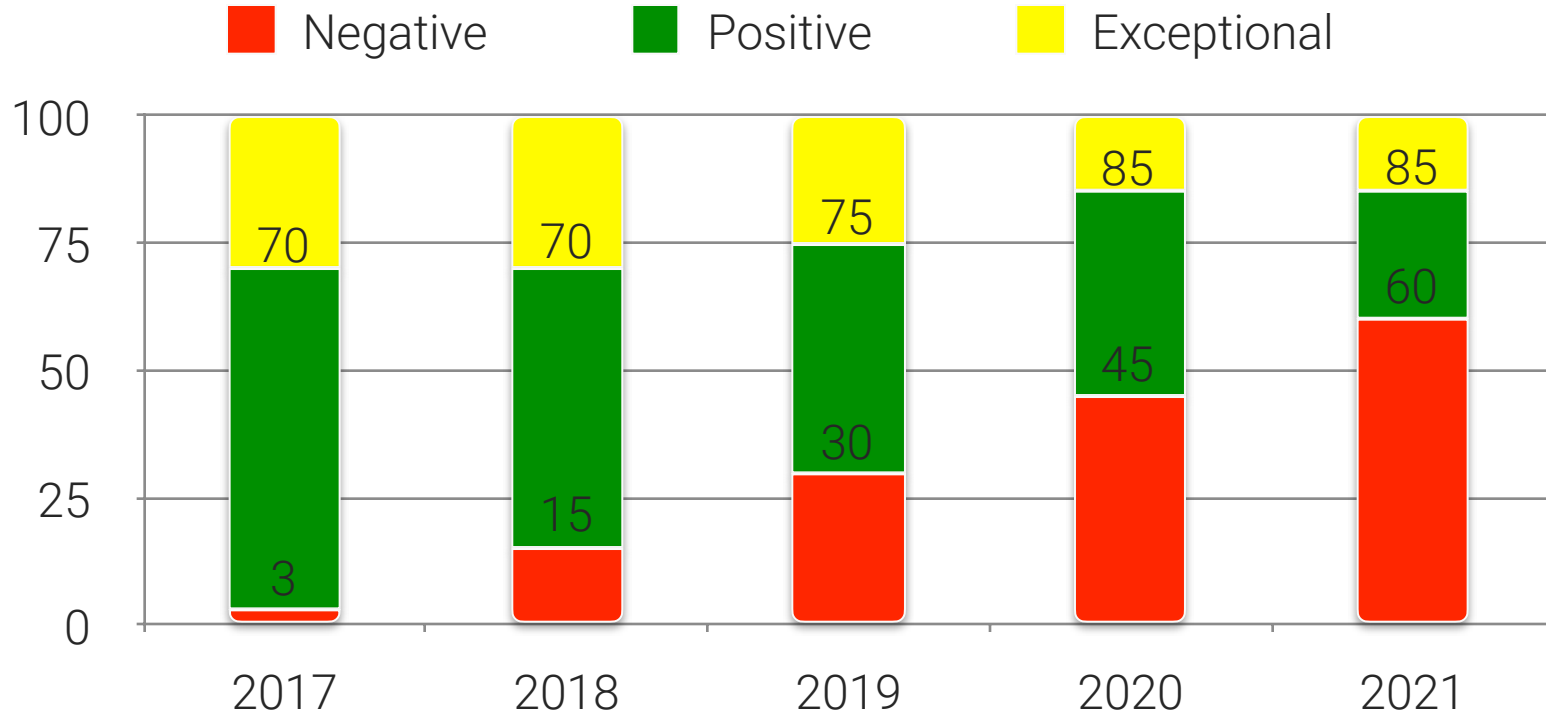
2021

CPS vs Payment Adjustment



CPS	Adjustment
0 - 15	-9%
15 - 60	-9% - 0%
61 - 84	0% - 1%
85 - 100	1% - 6%

CPS vs Payment Adjustment





Reasons for MACRA Compliance

Avoid Penalty

Earn Bonus Opportunity



Reasons for MACRA Compliance

Avoid Penalty

Earn Bonus Opportunity



Reasons for MACRA Compliance

Avoid Penalty

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Need a Anesthesia Quality Reporting Program

Ongoing Professional Practice Evaluation (OPPE) Compliance

Quarterly Joint Commission Quality Reports (*per provider*)

Marketing for New Hospital Contracts

Insurance Company Negotiations

Protect from National Anesthesia Groups' Marketing

[CMS: Physician/Group Compare](#)



Performance



Performance star ratings are based on information this group reported to Medicare based on a set of specific criteria and guidelines. Groups can choose measures to report to Medicare that best reflect their practice. It's important to understand that... [Read more](#)

[Learn more about performance scores](#)

Quality performance

These star ratings are based on information this group reported to Medicare using a set of specific criteria and guidelines about the best recommended care.

More stars are better. Medicare assigns star ratings based on a benchmark so you can compare this group's score to the best performers. Select the arrow to read more information.

[Read less](#)

Patient safety

Some groups do a better job than others preventing harm to patients by reducing risk of accidents and medical error. Medicare gave this grou... [Read more](#)

Preventing nausea and vomiting after a procedure



↑ More stars are better

Smooth transfer of care to intensive care unit



↑ More stars are better

Quality performance scores from partner organizations

These star ratings are based on information this group reported to Medicare through a Qualified Clinical Data Registry (QCDR). A QCDR is a M... [Read more](#)

Appropriate use of ultrasound when inserting a central line



↑ More stars are better

Composite Performance Score

Performance Category	Weight	Comments
Promoting Interoperability	0%	Re-weighted to 0% for non-patient facing
Cost	20%	Based on CMS claims data. No additional data submitted.
Improvement Activities	15%	Annual attestation of activities performed over the reporting period
Quality	65%	CMS will ONLY count top 6 measures

Composite Performance Score

Performance Category	Weight	Comments
Promoting Interoperability	0%	Re-weighted to 0% for non-patient facing
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Improvement Activities	15%	Annual attestation of activities performed over the reporting period
Quality	65%	CMS will ONLY count top 6 measures



Improvement Activities (15%)

>50% of NPIs in your TIN fulfill the activity during continuous 90-days

105 activities available

MACRA Ready™ Manual (PDF) highlights **21 activities**

End of year attestation on behalf of TIN



Improvement Activities (15%)

3 “Easiest” Activities (only need to choose 2):

- Use of QCDR for feedback reports that incorporate population health (IA_PM_7)
- Tracking of clinician’s relationship to and responsibility for a patient by reporting MACRA patient relationship codes (IA_CC_19)
- Use of QCDR data for ongoing practice assessment and improvements (IA_PSPA_7)

Use of QCDR for feedback reports that incorporate population health (IA_PM_7)


Activity Description

Use of a QCDR to generate regular feedback reports that summarize local practice patterns and treatment outcomes, including for vulnerable populations.

Suggested Documentation

Evidence of use of qualified clinical data registry (QCDR) data and support to identify local/geographical practice patterns and clinical outcomes, particularly among underserved, vulnerable, and special-needs populations. By vulnerable populations/patients, CMS is referring to racial and ethnic minorities, refugees, those who are elderly, financially disadvantaged, or without health insurance, and those who have a disability or medical condition which are associated with disparities in outcomes across populations. Include at least one of the following elements:

- 1) **QCDR agreement** – Documented arrangement with a QCDR to generate feedback reports summarizing local practice patterns and treatment outcomes, including for vulnerable populations; OR
- 2) **Feedback reports** – Copies of feedback reports provided by a QCDR that summarize local practice patterns and treatment outcomes with focus on vulnerable populations.




Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes (IA_CC_19)

Activity Description

To receive credit for this improvement activity, a MIPS eligible clinician must attest that they reported MACRA patient relationship codes (PRC) using the applicable HCPCS modifiers on 50 percent or more of their Medicare claims for a minimum of a continuous 90-day period within the performance period.

Reporting the PRC modifiers enables the identification of a clinician's relationship with, and responsibility for, a patient at the time of furnishing an item or service. See the CY 2018 PFS final rule (82 FR 53232 through 53234) for more details on these codes.



Use of QCDR data for ongoing practice assessment and improvements (IA_PSPA_7)

Suggested Documentation

Documented use of QCDR data for ongoing practice assessment and improvements in patient safety. Include both of the following elements:

- 1) **Use of QCDR for assessment** – Feedback reports provided by the QCDR that demonstrate ongoing practice assessments in patient safety; **AND**
- 2) **Use of QCDR for improvement** – Documentation of how the practice is using QCDR data and documentation of intended improvements in patient safety for the specific populations targeted (e.g., documentation of standard tools, processes for screening, use of standard questionnaires, or use of QCDR data that are used for quality improvement, such as population-level analysis to assess for adverse outcomes).

Quality Category (65%)

Report on >70% of patients for year

Best 6 measures will be counted

Each measure will count from 0 - 10 points

Performance Met for each measure compared to national average

Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
31.65 - 87.82	87.83 - 96.42	96.43 - 99.25	99.26 - 99.97	99.98 - 99.99	--	--	100

Points per measure allocated based on your decile Performance Met



Tips for MACRA Success

Educate all Anesthesiologists and CRNAs on 2021 measure definitions

Review projected results in Graphium Dashboards (app.graphiumemr.com)

Ensure MACRA Ready™ forms are complete

Educate providers when needed

What is a “difficult airway”?

What is a “second provider”?

What are OSA “mitigation strategies”?

Participation Status and Reporting Options

Reporting Thresholds

Bill more than \$90,000 for Part B covered professional services, and
See more than 200 Part B patients, and
Provide more than 200 covered professional services to Part B patients

MIPS Eligible as an Individual

MIPS Eligibility: **INDIVIDUAL**

In order to be MIPS eligible as an individual clinician, you must:

- Be identified as a [MIPS eligible clinician type](#) on Medicare Part B claims,
- Have enrolled in Medicare before 2020,
- Not be a [Qualifying Alternative Payment Model Participant](#) (QP), and
- Exceed the [low-volume threshold](#) as an individual.

If you're MIPS eligible as an individual, you're required to report for MIPS.

MIPS Eligible as Part of a Group

MIPS Eligibility: **GROUP**

In order to be MIPS eligible as part of a group, you must:

- Be identified as a [MIPS eligible clinician type](#) on Medicare Part B claims,
- Have enrolled in Medicare before 2020,
- Not be a QP, and
- Be associated with a practice which exceeds the [low-volume threshold](#).

If you're MIPS eligible in your group, you'll receive a score and [payment adjustment](#) based on [group reporting](#) when the group reports.

<https://qpp.cms.gov/mips/mips-eligibility-determination-periods>

<https://qpp.cms.gov/participation-lookup>

Reporting Timeline

2021

Jan 1st - Dec 31st

Performance Period

Projected results
available via Graphium
Dashboards

Dec 31st

TIN attestations for IAs

2022

Jan 15th

Final data submission to Graphium

Feb 1st

Graphium data submission to QCDR

March 31st

QCDR data submission to CMS

Summer Initial results provided by CMS

Fall Appeal CMS results

2023

Jan 1st - Dec 31st

MIPS payment adjustments
are applied on a claim-by-
claim basis to covered
professional services billed
under the PFS and rendered
between January 1 and
December 31, 2023

A composite image showing a person's hands holding a smartphone, a tablet displaying a network diagram, and a laptop with a data chart overlaid on a wooden desk. The text "2021 MACRA Ready™ Forms" is overlaid on a blue banner across the middle of the image.

2021 MACRA Ready™ Forms

2021 MACRA Measures

ABG 42: Known or Suspected Difficult Airway Mitigation Strategies

ABG 40: Hypotension Prevention After Spinal Placement for Elective Cesarean Section

ABG 41: Upper Extremity Nerve Blockade in Shoulder Surgery

QID 404: Anesthesiology Smoking Abstinence

QID 430: Prevention of Post-Operative Nausea and Vomiting

QID 424: Perioperative Temperature Management

QID 477: Multimodal Pain Management

AQI 48: Patient-reported experience with Anesthesia

AQI 56: Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA)

AQI 62: Obstructive Sleep Apnea: Patient Education

AQI 68: Obstructive Sleep Apnea: Mitigation Strategies

MEDNAX 53: Use of Capnography for Non-Operating Room Anesthesia

MEDNAX 54: Labor Epidural Failure when Converting from Labor Analgesia to Cesarean Section Anesthesia

40 Outcomes (Major and Minor)

Cardiac arrest (unplanned)

Myocardial ischemia

Myocardial infarction

Dysrhythmia requiring intervention

Unexpected death

Uncontrolled HTN

Stroke, CVA, or coma

Vascular injury (arterial/pneumothorax)

Failed regional anesthetic

Systemic local anesthesia toxicity

Peripheral nerve injury following regional

Wet tap

Pneumothorax (related to anes)

Aspiration

Temperature <95.9 or 35.5

Reintubation (planned trial extubation)

Reintubation (no trial extubation)

Inadequate reversal

Intractable N/V

Unexpected postop ventilation

Prolonged PACU stay

Medication administration error

Adverse transfusion reaction

Anaphylaxis

Opioid reversal required

Wrong site surgery

Wrong patient

Wrong surgical procedure

Unplanned hospital admission

Unplanned ICU admission

Dental trauma

Visual loss

MH

Awareness under GA

Unable to intubate

Airway fire in OR

Corneal abrasion

Equipment malfunction

Fall in OR

Other



5 Process Quality Measures

Surgical safety checklist used

Handoff protocol used

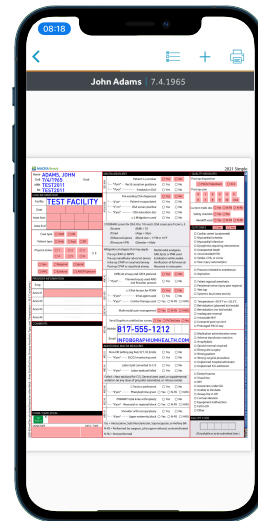
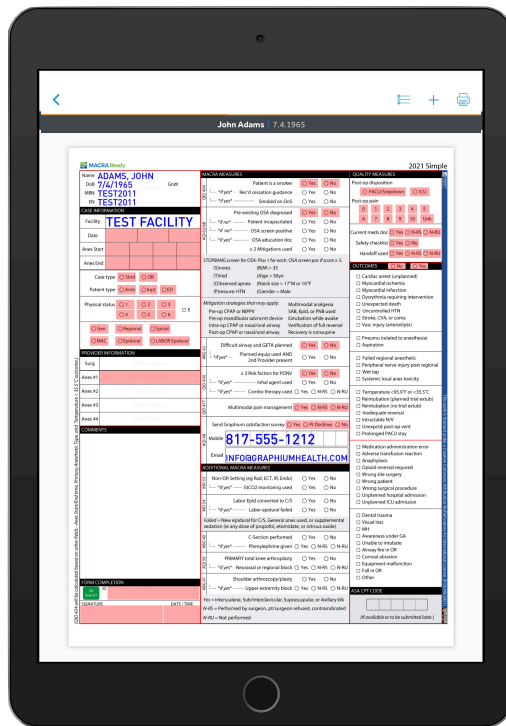
Current medications documented in medical record

PACU normothermia

PACU pain control

MACRA Ready Form™ Layout

MACRA Ready		2021 Simple	
<p>Name: _____ Gndr: _____</p> <p>DOB: _____ MRN: _____ EN: _____</p>		<p>MACRA MEASURES</p> <p>Pre-existing OSA diagnosed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pre-existing OSA screen positive <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>OSA education doc <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>≥ 2 Mitigations used <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>CASE INFORMATION</p> <p>Facility: _____ Date: _____</p> <p>Anes Start: _____ Anes End: _____</p> <p>Case type: <input type="checkbox"/> Sndr <input type="checkbox"/> OB</p> <p>Patient type: <input type="checkbox"/> Amb <input type="checkbox"/> Inpt <input type="checkbox"/> E/D</p>		<p>QUALITY MEASURES</p> <p>Post-disposition: <input type="checkbox"/> PACU/Stepdown <input type="checkbox"/> ICU</p> <p>Post-op pain: 0 1 2 3 4 5 6 7 8 9 10 Unk</p> <p>Current meds doc: <input type="checkbox"/> Yes <input type="checkbox"/> NRS <input type="checkbox"/> NRU</p> <p>Safety checklist: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Handoff used: <input type="checkbox"/> Yes <input type="checkbox"/> NRS <input type="checkbox"/> NRU</p>	
<p>STOPBANG screen for OSA: Plus 1 for each, OSA screen pos if score ≥ 5</p> <p>(Snore) (BMI) ≥ 35 (Tired) (Age) > 50y (Observed apnea) (Neck size) > 17M or 16F (Pressure: HTN) (Gender = Male)</p>		<p>OUTCOMES <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Cardiac arrest (unplanned)</p> <p><input type="checkbox"/> Myocardial ischemia</p> <p><input type="checkbox"/> Myocardial infarction</p> <p><input type="checkbox"/> Dyspnea requiring intervention</p> <p><input type="checkbox"/> Unspecified death</p> <p><input type="checkbox"/> Uncontrolled HTN</p> <p><input type="checkbox"/> Stroke, CVA, or coma</p> <p><input type="checkbox"/> Vasc injury (arterial/ptc)</p> <p><input type="checkbox"/> Pneumo (related to anesthesia)</p> <p><input type="checkbox"/> Aspiration</p> <p><input type="checkbox"/> Failed regional anesthetic</p> <p><input type="checkbox"/> Peripheral nerve injury post regional</p> <p><input type="checkbox"/> Wet tap</p> <p><input type="checkbox"/> Systemic local anes toxicity</p> <p><input type="checkbox"/> Temperature < 95.0F or < 35.5C</p> <p><input type="checkbox"/> Reintubation (anal trial extub)</p> <p><input type="checkbox"/> Reintubation (no trial extub)</p> <p><input type="checkbox"/> Inadequate reversal</p> <p><input type="checkbox"/> Intubatable NIV</p> <p><input type="checkbox"/> Unexpected post-op stay</p> <p><input type="checkbox"/> Prolonged PACU stay</p> <p><input type="checkbox"/> Medication administration error</p> <p><input type="checkbox"/> Adverse transfusion reaction</p> <p><input type="checkbox"/> Anaphylaxis</p> <p><input type="checkbox"/> Opioid reversal required</p> <p><input type="checkbox"/> Wrong site surgery</p> <p><input type="checkbox"/> Wrong patient</p> <p><input type="checkbox"/> Wrong surgical procedure</p> <p><input type="checkbox"/> Unplanned hospital admission</p> <p><input type="checkbox"/> Unplanned ICU admission</p> <p><input type="checkbox"/> Dental trauma</p> <p><input type="checkbox"/> Visual loss</p> <p><input type="checkbox"/> MH</p> <p><input type="checkbox"/> Awareness under GA</p> <p><input type="checkbox"/> Unable to intubate</p> <p><input type="checkbox"/> Always full in OR</p> <p><input type="checkbox"/> Cormeal abrasion</p> <p><input type="checkbox"/> Equipment malfunction</p> <p><input type="checkbox"/> Fall in OR</p> <p><input type="checkbox"/> Other</p>	
<p>PROVIDER INFORMATION</p> <p>Surg: _____</p> <p>Anes #1: _____ Anes #2: _____ Anes #3: _____ Anes #4: _____</p>		<p>ADDITIONAL MACRA MEASURES</p> <p>Non-OR Setting (eg Rad, ECT, IR, Endo) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ECG/2 monitored used <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Laber Epid converted to CS <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Laber epidural failed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Failed or New epidural for CS, General anes used, or supplemental sedation (ie any dose of propofol, etomidate, or nitrous oxide)</p> <p>C-section performed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Phenylephrine given <input type="checkbox"/> Yes <input type="checkbox"/> NRS <input type="checkbox"/> NRU</p> <p>Primary total knee arthroplasty <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Neuraxial or regional block <input type="checkbox"/> Yes <input type="checkbox"/> NRS <input type="checkbox"/> NRU</p> <p>Shoulder arthroscopy/platey <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Upper extremity block <input type="checkbox"/> Yes <input type="checkbox"/> NRS <input type="checkbox"/> NRU</p> <p>Interscalene, Sub/Intercalicular, Suprascapular, or Axillary blk</p> <p>Performed by surgeon, pt/surgeon refused, contraindicated</p> <p>N/RU = Not performed</p>	
<p>COMMENTS</p> <p>Send Graphium satisfaction survey <input type="checkbox"/> Yes <input type="checkbox"/> Declines <input type="checkbox"/> No</p> <p>Mobile: _____ Email: _____</p>		<p>FORM COMPLETION</p> <p>Signature: _____ Date/Time: _____</p> <p>ASA CPT CODE: _____</p> <p>(If available or to be submitted later.)</p>	



MACRA Ready™ Form

Admissibility

MACRA Ready		2021 Simple	
Name DoB MRN EN Gndr		MACRA MEASURES Patient is a smoker <input type="radio"/> Yes <input type="radio"/> No *If yes* — Rec'd cessation guidance <input type="radio"/> Yes <input type="radio"/> No *If yes* — Smoked on DoS <input type="radio"/> Yes <input type="radio"/> No	
CASE INFORMATION Facility Date Anes Start Anes End		Pre-existing OSA diagnosed <input type="radio"/> Yes <input type="radio"/> No *If no* — Patient incapacitated <input type="radio"/> Yes <input type="radio"/> No *If no* — OSA screen positive <input type="radio"/> Yes <input type="radio"/> No *If yes* — OSA education doc <input type="radio"/> Yes <input type="radio"/> No ≥ 2 Mitigations used <input type="radio"/> Yes <input type="radio"/> No	
Case type <input type="radio"/> Strnd <input type="radio"/> OB Patient type <input type="radio"/> Amb <input type="radio"/> Inpt <input type="radio"/> OED Physical status <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> E <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> Gen <input type="radio"/> Regional <input type="radio"/> Spinal <input type="radio"/> MAC <input type="radio"/> Epidural <input type="radio"/> LABOR Epidural		STOPBANG screen for OSA: Plus 1 for each, OSA screen pos if score ≥ 5. (S)nores (B)MI > 35 (T)ired (A)ge > 50y (O)bserved apnea (N)eck size > 17"m or 16"F (P)ressure: HTN (G)ender = Male	
PROVIDER INFORMATION Surg Anes #1 Anes #2 Anes #3 Anes #4		Mitigation strategies that may apply: Pre-op CPAP or NIPPV <input type="radio"/> Yes <input type="radio"/> No Pre-op mandibular advnctm device <input type="radio"/> Yes <input type="radio"/> No Intra-op CPAP or nasal/oral airway <input type="radio"/> Yes <input type="radio"/> No Post-op CPAP or nasal/oral airway <input type="radio"/> Yes <input type="radio"/> No Verification of full reversal Recovery is nonsupine	
COMMENTS _____ _____ _____		Difficult airway and GETA planned <input type="radio"/> Yes <input type="radio"/> No *If yes* — Planned equip used AND 2nd Provider present <input type="radio"/> Yes <input type="radio"/> No ≥ 3 Risk factors for PONV <input type="radio"/> Yes <input type="radio"/> No *If yes* — Inhal agent used <input type="radio"/> Yes <input type="radio"/> No *If yes* — Combo therapy used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU Multimodal pain management <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU Send Graphium satisfaction survey <input type="radio"/> Yes <input type="radio"/> Pt Declines <input type="radio"/> No Mobile: _____ Email: _____	
FORM COMPLETION ID Anes #1 SIGNATURE _____ DATE / TIME _____		ADDITIONAL MACRA MEASURES Non-OR Setting (eg Rad, ECT, IR, Endo) <input type="radio"/> Yes <input type="radio"/> No *If yes* — EXCO2 monitoring used <input type="radio"/> Yes <input type="radio"/> No Labor Epid converted to C/S <input type="radio"/> Yes <input type="radio"/> No *If yes* — Labor epidural failed <input type="radio"/> Yes <input type="radio"/> No Failed = New epidural for C/S, General anes used, or supplemental sedation (ie any dose of propofol, etomidate, or nitrous oxide) C-Section performed <input type="radio"/> Yes <input type="radio"/> No *If yes* — Phenylephrine given <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU PRIMARY total knee arthroplasty <input type="radio"/> Yes <input type="radio"/> No *If yes* — Neuraxial or regional block <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU Shoulder arthroscopy/plasty <input type="radio"/> Yes <input type="radio"/> No *If yes* — Upper extremity block <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU	
		QUALITY MEASURES Post-op disposition <input type="radio"/> PACU/Stepdown <input type="radio"/> ICU Post-op pain 0 1 2 3 4 5 6 7 8 9 10 Unk	
		Current meds doc <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU Safety checklist <input type="radio"/> Yes <input type="radio"/> No Handoff used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU	
		OUTCOMES <input type="radio"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Cardiac arrest (unplanned) <input type="checkbox"/> Myocardial ischemia <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Dysrhythmia requiring intervention <input type="checkbox"/> Unexpected death <input type="checkbox"/> Uncontrolled HTN <input type="checkbox"/> Stroke, CVA, or coma <input type="checkbox"/> Vasc injury (arterial/ptx)	
		<input type="checkbox"/> Pneumo (related to anesthesia) <input type="checkbox"/> Aspiration <input type="checkbox"/> Failed regional anesthetic <input type="checkbox"/> Peripheral nerve injury post regional <input type="checkbox"/> Wet tap <input type="checkbox"/> Systemic local anes toxicity <input type="checkbox"/> Temperature <95.9°F or <35.5°C <input type="checkbox"/> Reintubation (planned trial extub) <input type="checkbox"/> Reintubation (no trial extub) <input type="checkbox"/> Inadequate reversal <input type="checkbox"/> Intractable N/V <input type="checkbox"/> UNEXPTD post-op vent <input type="checkbox"/> Prolonged PACU stay <input type="checkbox"/> Medication administration error <input type="checkbox"/> Adverse transfusion reaction <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Opioid reversal required <input type="checkbox"/> Wrong site surgery <input type="checkbox"/> Wrong patient <input type="checkbox"/> Wrong surgical procedure <input type="checkbox"/> Unplanned hospital admission <input type="checkbox"/> Unplanned ICU admission <input type="checkbox"/> Dental trauma <input type="checkbox"/> Visual loss <input type="checkbox"/> MH <input type="checkbox"/> Awareness under GA <input type="checkbox"/> Unable to intubate <input type="checkbox"/> Airway fire in OR <input type="checkbox"/> Corneal abrasion <input type="checkbox"/> Equipment malfunction <input type="checkbox"/> Fall in OR <input type="checkbox"/> Other	
		ASA CPT CODE _____ (If available or to be submitted later.)	
		Yes = Interscalene, Sub/Interclavicular, Suprascapular, or Axillary blk N-RS = Performed by surgeon, pt/surgeon refused, contraindicated N-RU = Not performed	

Q100-2424 will be calculated based on other fields - Anes Start/End time, Primary Anesthetic Type, and Temperature < 35.5°C outcome

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MACRA Ready™ Form

Admissibility

Free text comments (iOS only)

MACRA Ready		2021 Simple	
Name DoB _____ Gndr _____ MRN _____ EN _____		MACRA MEASURES Patient is a smoker <input type="radio"/> Yes <input type="radio"/> No "if yes" - Rec'd cessation guidance <input type="radio"/> Yes <input type="radio"/> No "if yes" - Smoked on DoS <input type="radio"/> Yes <input type="radio"/> No	
CASE INFORMATION Facility _____ Date _____ Anes Start _____ Anes End _____		Pre-existing OSA diagnosed <input type="radio"/> Yes <input type="radio"/> No "if no" - Patient incapacitated <input type="radio"/> Yes <input type="radio"/> No "if no" - OSA screen positive <input type="radio"/> Yes <input type="radio"/> No "if yes" - OSA education doc <input type="radio"/> Yes <input type="radio"/> No ≥ 2 Mitigations used <input type="radio"/> Yes <input type="radio"/> No	
Case type <input type="radio"/> Std <input type="radio"/> OB Patient type <input type="radio"/> Amb <input type="radio"/> Inpt <input type="radio"/> OED		STOPBANG screen for OSA: Plus 1 for each, OSA screen pos if score ≥ 5. (S)nores (I)lness (A)lge > 50y (O)bserved apnea (N)eck size > 17"m or 16"F (P)ressure: HTN (G)ender = Male	
Physical status <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> E <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		Mitigation strategies that may apply: Pre-op CPAP or NIPPV <input type="radio"/> Yes <input type="radio"/> No Pre-op mandibular advcmnt device <input type="radio"/> Yes <input type="radio"/> No Intra-op CPAP or nasal/oral airway <input type="radio"/> Yes <input type="radio"/> No Post-op CPAP or nasal/oral airway <input type="radio"/> Yes <input type="radio"/> No Recovery is nonsupine <input type="radio"/> Yes <input type="radio"/> No	
PROVIDER INFORMATION Surg _____ Anes #1 _____ Anes #2 _____ Anes #3 _____ Anes #4 _____		Difficult airway and GETA planned <input type="radio"/> Yes <input type="radio"/> No "if yes" - Planned equip used AND 2nd Provider present <input type="radio"/> Yes <input type="radio"/> No ≥ 3 Risk factors for PONV <input type="radio"/> Yes <input type="radio"/> No "if yes" - Inhal agent used <input type="radio"/> Yes <input type="radio"/> No "if yes" - Combo therapy used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU	
COMMENTS _____ _____ _____		Multimodal pain management <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU Send Graphium satisfaction survey <input type="radio"/> Yes <input type="radio"/> Pt Declines <input type="radio"/> No Mobile _____ Email _____	
FORM COMPLETION ID _____ Anes #1 _____ SIGNATURE _____ DATE / TIME _____		ADDITIONAL MACRA MEASURES Non-OR Setting (eg Rad, ECT, IR, Endo) <input type="radio"/> Yes <input type="radio"/> No "if yes" - EXCO2 monitoring used <input type="radio"/> Yes <input type="radio"/> No Labor Epid converted to C/S <input type="radio"/> Yes <input type="radio"/> No "if yes" - Labor epidural failed <input type="radio"/> Yes <input type="radio"/> No Failed = New epidural for C/S, General anes used, or supplemental sedation (ie any dose of propofol, etomidate, or nitrous oxide) C-Section performed <input type="radio"/> Yes <input type="radio"/> No "if yes" - Phenylephrine given <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU PRIMARY total knee arthroplasty <input type="radio"/> Yes <input type="radio"/> No "if yes" - Neuraxial or regional block <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU Shoulder arthroscopy/plasty <input type="radio"/> Yes <input type="radio"/> No "if yes" - Upper extremity block <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU	
		QUALITY MEASURES Post-op disposition <input type="radio"/> PACU/Stepdown <input type="radio"/> ICU Post-op pain 0 1 2 3 4 5 6 7 8 9 10 Unk Current meds doc <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU Safety checklist <input type="radio"/> Yes <input type="radio"/> No Handoff used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU	
		OUTCOMES <input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> Cardiac arrest (unplanned) <input type="checkbox"/> Myocardial ischemia <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Dysrhythmia requiring intervention <input type="checkbox"/> Unexpected death <input type="checkbox"/> Uncontrolled HTN <input type="checkbox"/> Stroke, CVA, or coma <input type="checkbox"/> Vasc Injry (arterial/ptx) <input type="checkbox"/> Pneumo (related to anesthesia) <input type="checkbox"/> Aspiration <input type="checkbox"/> Failed regional anesthetic <input type="checkbox"/> Peripheral nerve injury post regional <input type="checkbox"/> Wet tap <input type="checkbox"/> Systemic local anes toxicity <input type="checkbox"/> Temperature <95.9°F or <35.5°C <input type="checkbox"/> Reintubation (planned trial extub) <input type="checkbox"/> Reintubation (no trial extub) <input type="checkbox"/> Inadequate reversal <input type="checkbox"/> Intractable N/V <input type="checkbox"/> Unexpctd post-op vent <input type="checkbox"/> Prolonged PACU stay <input type="checkbox"/> Medication administration error <input type="checkbox"/> Adverse transfusion reaction <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Opioid reversal required <input type="checkbox"/> Wrong site surgery <input type="checkbox"/> Wrong patient <input type="checkbox"/> Wrong surgical procedure <input type="checkbox"/> Unplanned hospital admission <input type="checkbox"/> Unplanned ICU admission <input type="checkbox"/> Dental trauma <input type="checkbox"/> Visual loss <input type="checkbox"/> MH <input type="checkbox"/> Awareness under GA <input type="checkbox"/> Unable to intubate <input type="checkbox"/> Airway fire in OR <input type="checkbox"/> Corneal abrasion <input type="checkbox"/> Equipment malfunction <input type="checkbox"/> Fall in OR <input type="checkbox"/> Other _____	
		ASA CPT CODE _____ (If available or to be submitted later.)	

Q10-24 will be calculated based on other fields - Anes Start (or time, Primary Anesthetic Type, and Temperature < 35.5°C outcome)

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Admissibility

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MACRA Measures

MACRA Ready 2021 Simple

Name DoB _____ Gndr _____ MRN _____ EN _____	MACRA MEASURES QID-404 Patient is a smoker Yes No "if yes" - Rec'd cessation guidance Yes No "if yes" - Smoked on DoS Yes No	QUALITY MEASURES Post-op disposition <input type="radio"/> PACU/Stepdown <input type="radio"/> ICU Post-op pain 0 1 2 3 4 5 6 7 8 9 10 Unk
CASE INFORMATION	Pre-existing OSA diagnosed Yes No "if no" - Patient incapacitated Yes No "if no" - OSA screen positive Yes No "if yes" - OSA education doc Yes No "if yes" - ≥ 2 Mitigations used Yes No	Current meds doc <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU Safety checklist <input type="radio"/> Yes <input type="radio"/> No Handoff used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU
Facility _____ Date _____ Anes Start _____ Anes End _____	STOPRANG screen for OSA: Plus 1 for each, OSA screen pos if score ≥ 5. (Snores) (BIMI) > 35 (Tired) (Age) > 50y (Observed apnea) (Neck size) > 17"m or 16"F (Pressure: HTN) (Gender = Male)	OUTCOMES <input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> Cardiac arrest (unplanned) <input type="checkbox"/> Myocardial ischemia <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Dysrhythmia requiring intervention <input type="checkbox"/> Unexpected death <input type="checkbox"/> Uncontrolled HTN <input type="checkbox"/> Stroke, CVA, or coma <input type="checkbox"/> Vasc injury (arterial/ptx)
Case type <input type="radio"/> Stnd <input type="radio"/> OB Patient type <input type="radio"/> Amb <input type="radio"/> Inpt <input type="radio"/> OED	Mitigation strategies that may apply: Pre-op CPAP or NIPPV Pre-op mandibular advmct device Intra-op CPAP or nasal/oral airway Post-op CPAP or nasal/oral airway	<input type="checkbox"/> Pnuemo (related to anesthesia) <input type="checkbox"/> Aspiration <input type="checkbox"/> Failed regional anesthetic <input type="checkbox"/> Peripheral nerve injury post regional <input type="checkbox"/> Wet tap <input type="checkbox"/> Systemic local anes toxicity <input type="checkbox"/> Temperature <95.9°F or <35.5°C <input type="checkbox"/> Reintubation (planned trial extub) <input type="checkbox"/> Reintubation (no trial extub) <input type="checkbox"/> Inadequate reversal <input type="checkbox"/> Intractable N/V <input type="checkbox"/> Unexptcd post-op vent <input type="checkbox"/> Prolonged PACU stay
Physical status <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"/> E	Difficult airway and GETA planned Yes No "if yes" - Planned equip used AND 2nd Provider present Yes No ≥ 3 Risk factors for PONV Yes No "if yes" - Inhal agent used Yes No "if yes" - Combo therapy used Yes No N-RS N-RU	<input type="checkbox"/> Medication administration error <input type="checkbox"/> Adverse transfusion reaction <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Opioid reversal required <input type="checkbox"/> Wrong site surgery <input type="checkbox"/> Wrong patient <input type="checkbox"/> Wrong surgical procedure <input type="checkbox"/> Unplanned hospital admission <input type="checkbox"/> Unplanned ICU admission
<input type="radio"/> Gen <input type="radio"/> Regional <input type="radio"/> Spinal <input type="radio"/> MAC <input type="radio"/> Epidural <input type="radio"/> LABOR Epidural	PROVIDER INFORMATION ABIC-02 Surg _____ ABIC-03 Anes #1 _____ ABIC-04 Anes #2 _____ ABIC-05 Anes #3 _____ ABIC-06 Anes #4 _____	<input type="checkbox"/> Dental trauma <input type="checkbox"/> Visual loss <input type="checkbox"/> MH <input type="checkbox"/> Awareness under GA <input type="checkbox"/> Unable to intubate <input type="checkbox"/> Airway fire in OR <input type="checkbox"/> Corneal abrasion <input type="checkbox"/> Equipment malfunction <input type="checkbox"/> Fall in OR <input type="checkbox"/> Other
COMMENTS	Send Graphium satisfaction survey <input type="radio"/> Yes <input type="radio"/> Pt Declines <input type="radio"/> No Mobile _____ Email _____	ASA CPT CODE _____ (If available or to be submitted later.)
ADDITIONAL MACRA MEASURES	MD-53 Non-OR Setting (eg Rad, ECT, IR, Endo) Yes No "if yes" - EXCO2 monitoring used Yes No MD-54 Labor Epid converted to C/S Yes No "if yes" - Labor epidural failed Yes No	
FORM COMPLETION ID _____ Signature _____ Date / Time _____	Failed = New epidural for C/S, General anes used, or supplemental sedation (ie any dose of propofol, etomidate, or nitrous oxide) ABIC-40 C-Section performed Yes No "if yes" - Phenylephrine given Yes No N-RS N-RU ABIC-41 PRIMARY total knee arthroplasty Yes No "if yes" - Neuraxial or regional block Yes No N-RS N-RU ABIC-42 Shoulder arthroscopy/plasty Yes No "if yes" - Upper extremity block Yes No N-RS N-RU	

QID-424 will be calculated based on other fields - Anes Start/End time, Primary Anesthetic Type, and Temperature - 28.5°C outcome.

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MACRA Measures

ADDITIONAL MACRA Measures

MACRA Ready		2021 Simple	
Name DoB MRN EN Gndr		MACRA MEASURES QD0-404 Patient is a smoker <input type="radio"/> Yes <input type="radio"/> No "if yes" - Rec'd cessation guidance <input type="radio"/> Yes <input type="radio"/> No "if yes" - Smoked on DoS <input type="radio"/> Yes <input type="radio"/> No	
CASE INFORMATION Facility Date Anes Start Anes End Case type <input type="radio"/> Stnd <input type="radio"/> OB Patient type <input type="radio"/> Amb <input type="radio"/> Inpt <input type="radio"/> OED Physical status <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="checkbox"/> E <input type="radio"/> Gen <input type="radio"/> Regional <input type="radio"/> Spinal <input type="radio"/> MAC <input type="radio"/> Epidural <input type="radio"/> LABOR Epidural		A03-6208 Pre-existing OSA diagnosed <input type="radio"/> Yes <input type="radio"/> No "if no" - Patient incapacitated <input type="radio"/> Yes <input type="radio"/> No "if no" - OSA screen positive <input type="radio"/> Yes <input type="radio"/> No "if yes" - OSA education doc <input type="radio"/> Yes <input type="radio"/> No "if yes" - ≥ 2 Mitigations used <input type="radio"/> Yes <input type="radio"/> No STOPBANG screen for OSA: Plus 1 for each, OSA screen pos if score ≥ 5. (Snoring) (BMI > 35) (Tired) (Age > 50y) (Observed apnea) (Neck size > 17"m or 16"F) (Ppressure: HTN) (Gender = Male)	
PROVIDER INFORMATION Surg Anes #1 Anes #2 Anes #3 Anes #4		A8C-02 Mitigation strategies that may apply: Pre-op CPAP or NIPPV <input type="radio"/> Yes <input type="radio"/> No Pre-op mandibular advncmt device <input type="radio"/> Yes <input type="radio"/> No Intra-op CPAP or nasal/oral airway <input type="radio"/> Yes <input type="radio"/> No Post-op CPAP or nasal/oral airway <input type="radio"/> Yes <input type="radio"/> No Recovery is nonsupine <input type="radio"/> Yes <input type="radio"/> No "if yes" - Difficult airway and GETA planned <input type="radio"/> Yes <input type="radio"/> No "if yes" - Planned equip used AND 2nd Provider present <input type="radio"/> Yes <input type="radio"/> No "if yes" - ≥ 3 Risk factors for PONV <input type="radio"/> Yes <input type="radio"/> No "if yes" - Inhal agent used <input type="radio"/> Yes <input type="radio"/> No "if yes" - Combo therapy used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU QD0-477 Multimodal pain management <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU Send Graphium satisfaction survey <input type="radio"/> Yes <input type="radio"/> Pt Declines <input type="radio"/> No	
COMMENTS A01-08 Mobile Email		ADDITIONAL MACRA MEASURES MD-51 Non-OR Setting (eg Rad, ECT, IR, Endo) <input type="radio"/> Yes <input type="radio"/> No "if yes" - ETCO2 monitoring used <input type="radio"/> Yes <input type="radio"/> No MD-54 Labor Epid converted to C/S <input type="radio"/> Yes <input type="radio"/> No "if yes" - Labor epidural failed <input type="radio"/> Yes <input type="radio"/> No Failed = New epidural for C/S, General anes used, or supplemental sedation (ie any dose of propofol, etomidate, or nitrous oxide) A8E-00 C-Section performed <input type="radio"/> Yes <input type="radio"/> No "if yes" - Phenylephrine given <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU A02-05 PRIMARY total knee arthroplasty <input type="radio"/> Yes <input type="radio"/> No "if yes" - Neuraxial or regional block <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU A8E-01 Shoulder arthroscopy/plasty <input type="radio"/> Yes <input type="radio"/> No "if yes" - Upper extremity block <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU	
FORM COMPLETION ID Anes #1 SIGNATURE DATE / TIME		QD0-424 (will be calculated based on other fields - Anes Start/End time, Primary Anesthetic Type, and Temperature < 35.5°C outcome) QUALITY MEASURES Post-op disposition <input type="radio"/> PACU/Stepdown <input type="radio"/> ICU Post-op pain 0 1 2 3 4 5 6 7 8 9 10 Unk Current meds doc <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU Safety checklist <input type="radio"/> Yes <input type="radio"/> No Handoff used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU OUTCOMES <input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> Cardiac arrest (unplanned) <input type="checkbox"/> Myocardial ischemia <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Dysrhythmia requiring intervention <input type="checkbox"/> Unexpected death <input type="checkbox"/> Uncontrolled HTN <input type="checkbox"/> Stroke, CVA, or coma <input type="checkbox"/> Vasc injury (arterial/pts) <input type="checkbox"/> Pnuemo (related to anesthesia) <input type="checkbox"/> Aspiration <input type="checkbox"/> Failed regional anesthetic <input type="checkbox"/> Peripheral nerve injury post regional <input type="checkbox"/> Wet tap <input type="checkbox"/> Systemic local anes toxicity <input type="checkbox"/> Temperature <95.9°F or <35.5°C <input type="checkbox"/> Reintubation (planned trial extub) <input type="checkbox"/> Reintubation (no trial extub) <input type="checkbox"/> Inadequate reversal <input type="checkbox"/> Intractable N/V <input type="checkbox"/> Unexpctd post-op vent <input type="checkbox"/> Prolonged PACU stay <input type="checkbox"/> Medication administration error <input type="checkbox"/> Adverse transfusion reaction <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Opioid reversal required <input type="checkbox"/> Wrong site surgery <input type="checkbox"/> Wrong patient <input type="checkbox"/> Wrong surgical procedure <input type="checkbox"/> Unplanned hospital admission <input type="checkbox"/> Unplanned ICU admission <input type="checkbox"/> Dental trauma <input type="checkbox"/> Visual loss <input type="checkbox"/> MH <input type="checkbox"/> Awareness under GA <input type="checkbox"/> Unable to intubate <input type="checkbox"/> Airway fire in OR <input type="checkbox"/> Corneal abrasion <input type="checkbox"/> Equipment malfunction <input type="checkbox"/> Fall in OR <input type="checkbox"/> Other ASA CPT CODE (If available or to be submitted later.)	

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Admissibility

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MACRA Measures

Additional MACRA Measures

Quality Process

MACRA Ready		2021 Simple	
Name DoB _____ Gndr _____ MRN _____ EN _____		MACRA MEASURES Q09-004 Patient is a smoker <input type="radio"/> Yes <input type="radio"/> No "if yes" - Rec'd cessation guidance <input type="radio"/> Yes <input type="radio"/> No "if yes" - Smoked on DoS <input type="radio"/> Yes <input type="radio"/> No	
CASE INFORMATION Facility _____ Date _____ Anes Start _____ Anes End _____ Case type <input type="radio"/> Std <input type="radio"/> OB Patient type <input type="radio"/> Amb <input type="radio"/> Inpt <input type="radio"/> OED Physical status <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> E <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> Gen <input type="radio"/> Regional <input type="radio"/> Spinal <input type="radio"/> MAC <input type="radio"/> Epidural <input type="radio"/> LABOR Epidural		A03-008 Pre-existing OSA diagnosed <input type="radio"/> Yes <input type="radio"/> No "if no" - Patient incapacitated <input type="radio"/> Yes <input type="radio"/> No "if no" - OSA screen positive <input type="radio"/> Yes <input type="radio"/> No "if yes" - OSA education doc <input type="radio"/> Yes <input type="radio"/> No ≥ 2 Mitigations used <input type="radio"/> Yes <input type="radio"/> No STOPBANG screen for OSA: Plus 1 for each, OSA screen pos if score ≥ 5. (Snoring) (BMI) > 35 (Tired) (Age) > 50y (Observed apnea) (Neck size > 17"m or 16"F (Ppressure: HTN) (Gender = Male)	
PROVIDER INFORMATION Surg _____ Anes #1 _____ Anes #2 _____ Anes #3 _____ Anes #4 _____		A8C-02 Mitigation strategies that may apply: Pre-op CPAP or NIPPV <input type="radio"/> Yes <input type="radio"/> No Pre-op mandibular advncmt device <input type="radio"/> Yes <input type="radio"/> No Intra-op CPAP or nasal/oral airway <input type="radio"/> Yes <input type="radio"/> No Post-op CPAP or nasal/oral airway <input type="radio"/> Yes <input type="radio"/> No Recovery is nonsupine <input type="radio"/> Yes <input type="radio"/> No "if yes" - Difficult airway and GETA planned <input type="radio"/> Yes <input type="radio"/> No Planned equip used AND 2nd Provider present <input type="radio"/> Yes <input type="radio"/> No ≥ 3 Risk factors for PONV <input type="radio"/> Yes <input type="radio"/> No "if yes" - Inhal agent used <input type="radio"/> Yes <input type="radio"/> No "if yes" - Combo therapy used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU Multimodal pain management <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU	
COMMENTS A01-08 _____ Mobile _____ Email _____		Q10-077 Send Graphium satisfaction survey <input type="radio"/> Yes <input type="radio"/> Pt Declines <input type="radio"/> No ADDITIONAL MACRA MEASURES MD-51 Non-OR Setting (eg Rad, ECT, IR, Endo) <input type="radio"/> Yes <input type="radio"/> No "if yes" - EXCO2 monitoring used <input type="radio"/> Yes <input type="radio"/> No MD-54 Labor Epid converted to C/S <input type="radio"/> Yes <input type="radio"/> No "if yes" - Labor epidural failed <input type="radio"/> Yes <input type="radio"/> No Failed = New epidural for C/S, General anes used, or supplemental sedation (ie any dose of propofol, etomidate, or nitrous oxide) A8E-00 C-Section performed <input type="radio"/> Yes <input type="radio"/> No "if yes" - Phenylephrine given <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU A02-05 PRIMARY total knee arthroplasty <input type="radio"/> Yes <input type="radio"/> No "if yes" - Neuraxial or regional block <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU A8E-01 Shoulder arthroscopy/plasty <input type="radio"/> Yes <input type="radio"/> No "if yes" - Upper extremity block <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU	
FORM COMPLETION ID _____ Anes #1 _____ SIGNATURE _____ DATE / TIME _____		QUALITY MEASURES Post-op disposition <input type="radio"/> PACU/Stepdown <input type="radio"/> ICU Post-op pain 0 1 2 3 4 5 6 7 8 9 10 Unk Current meds doc <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU Safety checklist <input type="radio"/> Yes <input type="radio"/> No Handoff used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU OUTCOMES <input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> Cardiac arrest (unplanned) <input type="checkbox"/> Myocardial ischemia <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Dysrhythmia requiring intervention <input type="checkbox"/> Unexpected death <input type="checkbox"/> Uncontrolled HTN <input type="checkbox"/> Stroke, CVA, or coma <input type="checkbox"/> Vasc injury (arterial/pts) <input type="checkbox"/> Pnuemo (related to anesthesia) <input type="checkbox"/> Aspiration <input type="checkbox"/> Failed regional anesthetic <input type="checkbox"/> Peripheral nerve injury post regional <input type="checkbox"/> Wet tap <input type="checkbox"/> Systemic local anes toxicity <input type="checkbox"/> Temperature <95.9°F or <35.5°C <input type="checkbox"/> Reintubation (planned trial extub) <input type="checkbox"/> Reintubation (no trial extub) <input type="checkbox"/> Inadequate reversal <input type="checkbox"/> Intractable N/V <input type="checkbox"/> Unexpctd post-op vent <input type="checkbox"/> Prolonged PACU stay <input type="checkbox"/> Medication administration error <input type="checkbox"/> Adverse transfusion reaction <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Opioid reversal required <input type="checkbox"/> Wrong site surgery <input type="checkbox"/> Wrong patient <input type="checkbox"/> Wrong surgical procedure <input type="checkbox"/> Unplanned hospital admission <input type="checkbox"/> Unplanned ICU admission <input type="checkbox"/> Dental trauma <input type="checkbox"/> Visual loss <input type="checkbox"/> MH <input type="checkbox"/> Awareness under GA <input type="checkbox"/> Unable to intubate <input type="checkbox"/> Airway fire in OR <input type="checkbox"/> Corneal abrasion <input type="checkbox"/> Equipment malfunction <input type="checkbox"/> Fall in OR <input type="checkbox"/> Other	
		ASA CPT CODE _____ (If available or to be submitted later.)	

Q10-074 will be calculated based on other fields - Anes Start/End time, Primary Anesthetic Type, and Temperature - ZS5C Outcome

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Admissibility

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MACRA Measures

ADDITIONAL MACRA Measures

Quality Process

Outcomes

MACRA Ready		2021 Simple	
Name DoB _____ Gndr _____ MRN _____ EN _____		MACRA MEASURES Q09-004 Patient is a smoker <input type="radio"/> Yes <input type="radio"/> No "if yes" - Rec'd cessation guidance <input type="radio"/> Yes <input type="radio"/> No Q09-005 "if yes" - Smoked on DoS <input type="radio"/> Yes <input type="radio"/> No	
CASE INFORMATION Facility _____ Date _____ Anes Start _____ Anes End _____		A03-008 Pre-existing OSA diagnosed <input type="radio"/> Yes <input type="radio"/> No "if no" - Patient incapacitated <input type="radio"/> Yes <input type="radio"/> No "if no" - OSA screen positive <input type="radio"/> Yes <input type="radio"/> No "if yes" - OSA education doc <input type="radio"/> Yes <input type="radio"/> No ≥ 2 Mitigations used <input type="radio"/> Yes <input type="radio"/> No STOPBANG screen for OSA: Plus 1 for each, OSA screen pos if score ≥ 5. (S)nores (I)lness (A)ge > 50y (O)bserved apnea (N)eck size > 17"m or 16"F (P)ressure: HTN (G)ender = Male	
Case type <input type="radio"/> Std <input type="radio"/> OB Patient type <input type="radio"/> Amb <input type="radio"/> Inpt <input type="radio"/> OED Physical status <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> E <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		Mitigation strategies that may apply: Pre-op CPAP or NIPPV _____ Multimodal analgesia _____ Pre-op mandibular advcmnt device _____ SAB, Epid, or PNB used _____ Intra-op CPAP or nasal/oral airway _____ Extubation while awake _____ Post-op CPAP or nasal/oral airway _____ Verification of full reversal _____ Recovery is nonsupine _____	
PROVIDER INFORMATION Surg _____ Anes #1 _____ Anes #2 _____ Anes #3 _____ Anes #4 _____		A8C-02 Difficult airway and GETA planned <input type="radio"/> Yes <input type="radio"/> No "if yes" - Planned equip used AND 2nd Provider present <input type="radio"/> Yes <input type="radio"/> No Q10-030 ≥ 3 Risk factors for PONV <input type="radio"/> Yes <input type="radio"/> No "if yes" - Inhal agent used <input type="radio"/> Yes <input type="radio"/> No "if yes" - Combo therapy used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU Q10-077 Multimodal pain management <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU	
COMMENTS A01-08 _____ Mobile _____ Email _____		Send Graphium satisfaction survey <input type="radio"/> Yes <input type="radio"/> Pt Declines <input type="radio"/> No ADDITIONAL MACRA MEASURES MD-53 Non-OR Setting (eg Rad, ECT, IR, Endo) <input type="radio"/> Yes <input type="radio"/> No "if yes" - EXCO2 monitoring used <input type="radio"/> Yes <input type="radio"/> No MD-54 Labor Epid converted to C/S <input type="radio"/> Yes <input type="radio"/> No "if yes" - Labor epidural failed <input type="radio"/> Yes <input type="radio"/> No Failed = New epidural for C/S, General anes used, or supplemental sedation (ie any dose of propofol, etomidate, or nitrous oxide)	
FORM COMPLETION ID _____ Anes #1 _____		A8E-00 C-Section performed <input type="radio"/> Yes <input type="radio"/> No "if yes" - Phenylephrine given <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU A02-05 PRIMARY total knee arthroplasty <input type="radio"/> Yes <input type="radio"/> No "if yes" - Neuraxial or regional block <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU A06-01 Shoulder arthroscopy/plasty <input type="radio"/> Yes <input type="radio"/> No "if yes" - Upper extremity block <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU Yes = Interscalene, Sub/Intercavicular, Suprascapular, or Axillary blk N-RS = Performed by surgeon, pt/surgeon refused, contraindicated N-RU = Not performed	
SIGNATURE _____ DATE / TIME _____		QUALITY MEASURES Post-op disposition <input type="radio"/> PACU/Stepdown <input type="radio"/> ICU Post-op pain 0 1 2 3 4 5 6 7 8 9 10 Unk Current meds doc <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU Safety checklist <input type="radio"/> Yes <input type="radio"/> No Handoff used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU OUTCOMES <input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> Cardiac arrest (unplanned) <input type="checkbox"/> Myocardial ischemia <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Dysrhythmia requiring intervention <input type="checkbox"/> Unexpected death <input type="checkbox"/> Uncontrolled HTN <input type="checkbox"/> Stroke, CVA, or coma <input type="checkbox"/> Vasc injury (arterial/pts) <input type="checkbox"/> Pnuemo (related to anesthesia) <input type="checkbox"/> Aspiration <input type="checkbox"/> Failed regional anesthetic <input type="checkbox"/> Peripheral nerve injury post regional <input type="checkbox"/> Wet tap <input type="checkbox"/> Systemic local anes toxicity <input type="checkbox"/> Temperature <95.9°F or <35.5°C <input type="checkbox"/> Reintubation (planned trial extub) <input type="checkbox"/> Reintubation (no trial extub) <input type="checkbox"/> Inadequate reversal <input type="checkbox"/> Intractable N/V <input type="checkbox"/> Unexpctd post-op vent <input type="checkbox"/> Prolonged PACU stay <input type="checkbox"/> Medication administration error <input type="checkbox"/> Adverse transfusion reaction <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Opioid reversal required <input type="checkbox"/> Wrong site surgery <input type="checkbox"/> Wrong patient <input type="checkbox"/> Wrong surgical procedure <input type="checkbox"/> Unplanned hospital admission <input type="checkbox"/> Unplanned ICU admission <input type="checkbox"/> Dental trauma <input type="checkbox"/> Visual loss <input type="checkbox"/> MH <input type="checkbox"/> Awareness under GA <input type="checkbox"/> Unable to intubate <input type="checkbox"/> Airway fire in OR <input type="checkbox"/> Corneal abrasion <input type="checkbox"/> Equipment malfunction <input type="checkbox"/> Fall in OR <input type="checkbox"/> Other _____	
		ASA CPT CODE _____ (If available or to be submitted later.)	

2021 MACRA Measures

QID 404: Anesthesiology Smoking Abstinence

MACRA MEASURES									
QID 404	Patient is a smoker <input type="radio"/> Yes <input type="radio"/> No								
	<input type="checkbox"/> *if yes* — Rec'd cessation guidance <input type="radio"/> Yes <input type="radio"/> No								
	<input type="checkbox"/> *if yes* — Smoked on DoS <input type="radio"/> Yes <input type="radio"/> No								
AQI 62/68	Pre-existing OSA diagnosed <input type="radio"/> Yes <input type="radio"/> No								
	<input type="checkbox"/> *if no* — Patient incapacitated <input type="radio"/> Yes <input type="radio"/> No								
	<input type="checkbox"/> *if no* — OSA screen positive <input type="radio"/> Yes <input type="radio"/> No								
	<input type="checkbox"/> *if yes* — OSA education doc <input type="radio"/> Yes <input type="radio"/> No								
	≥ 2 Mitigations used <input type="radio"/> Yes <input type="radio"/> No								
<p><i>STOPBANG screen for OSA: Plus 1 for each. OSA screen pos if score ≥ 5.</i></p> <p>(S)nores (B)MI > 35 (T)ired (A)ge > 50yo (O)bserved apnea (N)eck size > 17"M or 16"F (P)ressure: HTN (G)ender = Male</p>									
<p><i>Mitigation strategies that may apply:</i></p> <table border="0"> <tr> <td>Pre-op CPAP or NIPPV</td> <td>Multimodal analgesia SAB, Epid, or PNB used</td> </tr> <tr> <td>Pre-op mandibular advncmt device</td> <td>Extubation while awake</td> </tr> <tr> <td>Intra-op CPAP or nasal/oral airway</td> <td>Verification of full reversal</td> </tr> <tr> <td>Post-op CPAP or nasal/oral airway</td> <td>Recovery is nonsupine</td> </tr> </table>		Pre-op CPAP or NIPPV	Multimodal analgesia SAB, Epid, or PNB used	Pre-op mandibular advncmt device	Extubation while awake	Intra-op CPAP or nasal/oral airway	Verification of full reversal	Post-op CPAP or nasal/oral airway	Recovery is nonsupine
Pre-op CPAP or NIPPV	Multimodal analgesia SAB, Epid, or PNB used								
Pre-op mandibular advncmt device	Extubation while awake								
Intra-op CPAP or nasal/oral airway	Verification of full reversal								
Post-op CPAP or nasal/oral airway	Recovery is nonsupine								
ABG 42	Difficult airway and GETA planned <input type="radio"/> Yes <input type="radio"/> No								
	<input type="checkbox"/> *if yes* — Planned equip used AND 2nd Provider present <input type="radio"/> Yes <input type="radio"/> No								
QID 430	≥ 3 Risk factors for PONV <input type="radio"/> Yes <input type="radio"/> No								
	<input type="checkbox"/> *if yes* — Inhal agent used <input type="radio"/> Yes <input type="radio"/> No								
	<input type="checkbox"/> *if yes* — Combo therapy used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU								
QID 477	Multimodal pain management <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU								
AQI 48	Send Graphium satisfaction survey <input type="radio"/> Yes <input type="radio"/> Pt Declines <input type="radio"/> No								
	Mobile <input type="text"/>								
	Email <input type="text"/>								

2021 MACRA Measures

QID 404: Anesthesiology Smoking Abstinence

AQI 62: Obstructive Sleep Apnea: Patient Education

AQI 68: Obstructive Sleep Apnea: Mitigation Strategies

MACRA MEASURES									
QID 404	Patient is a smoker <input type="radio"/> Yes <input type="radio"/> No								
	<input type="checkbox"/> <i>*if yes*</i> - Rec'd cessation guidance <input type="radio"/> Yes <input type="radio"/> No								
	<input type="checkbox"/> <i>*if yes*</i> - Smoked on DoS <input type="radio"/> Yes <input type="radio"/> No								
AQI 62/68	Pre-existing OSA diagnosed <input type="radio"/> Yes <input type="radio"/> No								
	<input type="checkbox"/> <i>*if no*</i> - Patient incapacitated <input type="radio"/> Yes <input type="radio"/> No								
	<input type="checkbox"/> <i>*if no*</i> - OSA screen positive <input type="radio"/> Yes <input type="radio"/> No								
	<input type="checkbox"/> <i>*if yes*</i> - OSA education doc <input type="radio"/> Yes <input type="radio"/> No								
	≥ 2 Mitigations used <input type="radio"/> Yes <input type="radio"/> No								
<p><i>STOPBANG screen for OSA: Plus 1 for each. OSA screen pos if score ≥ 5.</i></p> <p>(S)nores (B)MI > 35 (T)ired (A)ge > 50yo (O)bserved apnea (N)eck size > 17"M or 16"F (P)ressure: HTN (G)ender = Male</p>									
<p><i>Mitigation strategies that may apply:</i></p> <table border="0"> <tr> <td>Pre-op CPAP or NIPPV</td> <td>Multimodal analgesia SAB, Epid, or PNB used</td> </tr> <tr> <td>Pre-op mandibular advncmt device</td> <td>Extubation while awake</td> </tr> <tr> <td>Intra-op CPAP or nasal/oral airway</td> <td>Verification of full reversal</td> </tr> <tr> <td>Post-op CPAP or nasal/oral airway</td> <td>Recovery is nonsupine</td> </tr> </table>		Pre-op CPAP or NIPPV	Multimodal analgesia SAB, Epid, or PNB used	Pre-op mandibular advncmt device	Extubation while awake	Intra-op CPAP or nasal/oral airway	Verification of full reversal	Post-op CPAP or nasal/oral airway	Recovery is nonsupine
Pre-op CPAP or NIPPV	Multimodal analgesia SAB, Epid, or PNB used								
Pre-op mandibular advncmt device	Extubation while awake								
Intra-op CPAP or nasal/oral airway	Verification of full reversal								
Post-op CPAP or nasal/oral airway	Recovery is nonsupine								
ABG 42	Difficult airway and GETA planned <input type="radio"/> Yes <input type="radio"/> No								
	<input type="checkbox"/> <i>*if yes*</i> - Planned equip used AND 2nd Provider present <input type="radio"/> Yes <input type="radio"/> No								
QID 430	≥ 3 Risk factors for PONV <input type="radio"/> Yes <input type="radio"/> No								
	<input type="checkbox"/> <i>*if yes*</i> - Inhal agent used <input type="radio"/> Yes <input type="radio"/> No								
	<input type="checkbox"/> <i>*if yes*</i> - Combo therapy used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU								
QID 477	Multimodal pain management <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU								
AQI 48	Send Graphium satisfaction survey <input type="radio"/> Yes <input type="radio"/> Pt Declines <input type="radio"/> No								
	Mobile <input type="text"/>								
	Email <input type="text"/>								

2021 MACRA Measures

QID 404: Anesthesiology Smoking Abstinence

AQI 62: Obstructive Sleep Apnea: Patient Education

AQI 68: Obstructive Sleep Apnea: Mitigation Strategies

ABG 42: Known or Suspected Difficult Airway Mitigation Strategies

MACRA MEASURES	
QID 404	Patient is a smoker <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - Rec'd cessation guidance <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - Smoked on DoS <input type="radio"/> Yes <input type="radio"/> No
AQI 62/68	Pre-existing OSA diagnosed <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if no* - Patient incapacitated <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if no* - OSA screen positive <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - OSA education doc <input type="radio"/> Yes <input type="radio"/> No
	≥ 2 Mitigations used <input type="radio"/> Yes <input type="radio"/> No
STOPBANG screen for OSA: Plus 1 for each. OSA screen pos if score ≥ 5.	
	(S)nores (B)MI > 35
	(T)ired (A)ge > 50yo
	(O)bserved apnea (N)eck size > 17"M or 16"F
	(P)ressure: HTN (G)ender = Male
Mitigation strategies that may apply:	
Pre-op CPAP or NIPPV	Multimodal analgesia SAB, Epid, or PNB used
Pre-op mandibular advncmt device	Extubation while awake
Intra-op CPAP or nasal/oral airway	Verification of full reversal
Post-op CPAP or nasal/oral airway	Recovery is nonsupine
ABG 42	Difficult airway and GETA planned <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - Planned equip used AND 2nd Provider present <input type="radio"/> Yes <input type="radio"/> No
QID 430	≥ 3 Risk factors for PONV <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - Inhal agent used <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - Combo therapy used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU
QID 477	Multimodal pain management <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU
AQI 48	Send Graphium satisfaction survey <input type="radio"/> Yes <input type="radio"/> Pt Declines <input type="radio"/> No
	Mobile <input type="text"/>
	Email <input type="text"/>

2021 MACRA Measures

QID 404: Anesthesiology Smoking Abstinence

AQI 62: Obstructive Sleep Apnea: Patient Education

AQI 68: Obstructive Sleep Apnea: Mitigation Strategies

ABG 42: Known or Suspected Difficult Airway Mitigation Strategies

QID 430: Prevention of Post-Operative Nausea and Vomiting

MACRA MEASURES	
QID 404	Patient is a smoker <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - Rec'd cessation guidance <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - Smoked on DoS <input type="radio"/> Yes <input type="radio"/> No
AQI 62/68	Pre-existing OSA diagnosed <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if no* - Patient incapacitated <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if no* - OSA screen positive <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - OSA education doc <input type="radio"/> Yes <input type="radio"/> No
≥ 2 Mitigations used <input type="radio"/> Yes <input type="radio"/> No	
<i>STOPBANG screen for OSA: Plus 1 for each. OSA screen pos if score ≥ 5.</i>	
(S)nores (B)MI > 35	
(T)ired (A)ge > 50yo	
(O)bserved apnea (N)eck size > 17"M or 16"F	
(P)ressure: HTN (G)ender = Male	
<i>Mitigation strategies that may apply:</i>	
Pre-op CPAP or NIPPV	Multimodal analgesia SAB, Epid, or PNB used
Pre-op mandibular advncmt device	Extubation while awake
Intra-op CPAP or nasal/oral airway	Verification of full reversal
Post-op CPAP or nasal/oral airway	Recovery is nonsupine
ABG 42	Difficult airway and GETA planned <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - Planned equip used AND 2nd Provider present <input type="radio"/> Yes <input type="radio"/> No
QID 430	≥ 3 Risk factors for PONV <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - Inhal agent used <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - Combo therapy used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU
QID 477	Multimodal pain management <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU
AQI 48	Send Graphium satisfaction survey <input type="radio"/> Yes <input type="radio"/> Pt Declines <input type="radio"/> No
	Mobile <input type="text"/>
	Email <input type="text"/>

2021 MACRA Measures

QID 404: Anesthesiology Smoking Abstinence

AQI 62: Obstructive Sleep Apnea: Patient Education

AQI 68: Obstructive Sleep Apnea: Mitigation Strategies

ABG 42: Known or Suspected Difficult Airway Mitigation Strategies

QID 430: Prevention of Post-Operative Nausea and Vomiting

QID 477: Multimodal Pain Management

MACRA MEASURES	
QID 404	Patient is a smoker <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - Rec'd cessation guidance <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - Smoked on DoS <input type="radio"/> Yes <input type="radio"/> No
AQI 62/68	Pre-existing OSA diagnosed <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if no* - Patient incapacitated <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if no* - OSA screen positive <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - OSA education doc <input type="radio"/> Yes <input type="radio"/> No
	≥ 2 Mitigations used <input type="radio"/> Yes <input type="radio"/> No
STOPBANG screen for OSA: Plus 1 for each. OSA screen pos if score ≥ 5.	
	(S)nores (B)MI > 35
	(T)ired (A)ge > 50yo
	(O)bserved apnea (N)eck size > 17"M or 16"F
	(P)ressure: HTN (G)ender = Male
Mitigation strategies that may apply:	
Pre-op CPAP or NIPPV	Multimodal analgesia SAB, Epid, or PNB used
Pre-op mandibular advncmt device	Extubation while awake
Intra-op CPAP or nasal/oral airway	Verification of full reversal
Post-op CPAP or nasal/oral airway	Recovery is nonsupine
ABG 42	Difficult airway and GETA planned <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - Planned equip used AND 2nd Provider present <input type="radio"/> Yes <input type="radio"/> No
QID 430	≥ 3 Risk factors for PONV <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - Inhal agent used <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - Combo therapy used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU
QID 477	Multimodal pain management <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU
AQI 48	Send Graphium satisfaction survey <input type="radio"/> Yes <input type="radio"/> Pt Declines <input type="radio"/> No
	Mobile <input type="text"/>
	Email <input type="text"/>

2021 MACRA Measures

QID 404: Anesthesiology Smoking Abstinence

AQI 62: Obstructive Sleep Apnea: Patient Education

AQI 68: Obstructive Sleep Apnea: Mitigation Strategies

ABG 42: Known or Suspected Difficult Airway Mitigation Strategies

QID 430: Prevention of Post-Operative Nausea and Vomiting

QID 477: Multimodal Pain Management

AQI 48: Patient-reported experience with Anesthesia

MACRA MEASURES	
QID 404	Patient is a smoker <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - Rec'd cessation guidance <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - Smoked on DoS <input type="radio"/> Yes <input type="radio"/> No
AQI 62/68	Pre-existing OSA diagnosed <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if no* - Patient incapacitated <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if no* - OSA screen positive <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - OSA education doc <input type="radio"/> Yes <input type="radio"/> No
	≥ 2 Mitigations used <input type="radio"/> Yes <input type="radio"/> No
STOPBANG screen for OSA: Plus 1 for each. OSA screen pos if score ≥ 5.	
(S)nores (B)MI > 35	
(T)ired (A)ge > 50yo	
(O)bserved apnea (N)eck size > 17"M or 16"F	
(P)ressure: HTN (G)ender = Male	
Mitigation strategies that may apply:	
Pre-op CPAP or NIPPV	Multimodal analgesia SAB, Epid, or PNB used
Pre-op mandibular advncmt device	Extubation while awake
Intra-op CPAP or nasal/oral airway	Verification of full reversal
Post-op CPAP or nasal/oral airway	Recovery is nonsupine
ABG 42	Difficult airway and GETA planned <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - Planned equip used AND 2nd Provider present <input type="radio"/> Yes <input type="radio"/> No
QID 430	≥ 3 Risk factors for PONV <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - Inhal agent used <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> *if yes* - Combo therapy used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU
QID 477	Multimodal pain management <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU
AQI 48	Send Graphium satisfaction survey <input type="radio"/> Yes <input type="radio"/> Pt Declines <input type="radio"/> No
	Mobile <input type="text"/>
	Email <input type="text"/>

2021 MACRA Measures

QID 404: Anesthesiology Smoking Abstinence

AQI 62: Obstructive Sleep Apnea: Patient Education

AQI 68: Obstructive Sleep Apnea: Mitigation Strategies

ABG 42: Known or Suspected Difficult Airway Mitigation Strategies

QID 430: Prevention of Post-Operative Nausea and Vomiting

QID 477: Multimodal Pain Management

AQI 48: Patient-reported experience with Anesthesia

QID 424: Perioperative Temperature Management

OUTCOMES	<input type="radio"/> No	<input type="radio"/> Yes
<input type="checkbox"/> Cardiac arrest (unplanned)		
<input type="checkbox"/> Myocardial ischemia		
<input type="checkbox"/> Myocardial infarction		
<input type="checkbox"/> Dysrhythmia requiring intervention		
<input type="checkbox"/> Unexpected death		
<input type="checkbox"/> Uncontrolled HTN		
<input type="checkbox"/> Stroke, CVA, or coma		
<input type="checkbox"/> Vasc injury (arterial/ptx)		
<input type="checkbox"/> Pneumo (related to anesthesia)		
<input type="checkbox"/> Aspiration		
<input type="checkbox"/> Failed regional anesthetic		
<input type="checkbox"/> Peripheral nerve injury post regional		
<input type="checkbox"/> Wet tap		
<input type="checkbox"/> Systemic local anes toxicity		
<input type="checkbox"/> Temperature <95.9°F or <35.5°C		
<input type="checkbox"/> Reintubation (planned trial extub)		
<input type="checkbox"/> Reintubation (no trial extub)		
<input type="checkbox"/> Inadequate reversal		
<input type="checkbox"/> Intractable N/V		
<input type="checkbox"/> Unexpctd post-op vent		
<input type="checkbox"/> Prolonged PACU stay		
<input type="checkbox"/> Medication administration error		

2021 Additional MACRA Measures

ADDITIONAL MACRA MEASURES	
MD 53	Non-OR Setting (eg Rad, ECT, IR, Endo) <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — EtCO2 monitoring used <input type="radio"/> Yes <input type="radio"/> No
MD 54	Labor Epid converted to C/S <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — Labor epidural failed <input type="radio"/> Yes <input type="radio"/> No
<i>Failed = New epidural for C/S, General anes used, or supplemental sedation (ie any dose of propofol, etomidate, or nitrous oxide)</i>	
ABG 40	C-Section performed <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — Phenylephrine given <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU
AQI 56	PRIMARY total knee arthroplasty <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> - Neuraxial or regional block <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU
ABG 41	Shoulder arthroscopy/plasty <input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — Upper extremity block <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU
<i>Yes = Interscalene, Sub/Interclavicular, Suprascapular, or Axillary blk</i>	
<i>N-RS = Performed by surgeon, pt/surgeon refused, contraindicated</i>	
<i>N-RU = Not performed</i>	

2021 Additional MACRA Measures

MEDNAX 53: Use of Capnography for Non-Operating Room Anesthesia

ADDITIONAL MACRA MEASURES			
MD 53	Non-OR Setting (eg Rad, ECT, IR, Endo)	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — EtCO2 monitoring used	<input type="radio"/> Yes	<input type="radio"/> No
MD 54	Labor Epid converted to C/S	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — Labor epidural failed	<input type="radio"/> Yes	<input type="radio"/> No
<i>Failed = New epidural for C/S, General anes used, or supplemental sedation (ie any dose of propofol, etomidate, or nitrous oxide)</i>			
ABG 40	C-Section performed	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — Phenylephrine given	<input type="radio"/> Yes	<input type="radio"/> N-RS <input type="radio"/> N-RU
AQI 56	PRIMARY total knee arthroplasty	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> - Neuraxial or regional block	<input type="radio"/> Yes	<input type="radio"/> N-RS <input type="radio"/> N-RU
ABG 41	Shoulder arthroscopy/plasty	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — Upper extremity block	<input type="radio"/> Yes	<input type="radio"/> N-RS <input type="radio"/> N-RU
<i>Yes = Interscalene, Sub/Interclavicular, Suprascapular, or Axillary blk</i>			
<i>N-RS = Performed by surgeon, pt/surgeon refused, contraindicated</i>			
<i>N-RU = Not performed</i>			

2021 Additional MACRA Measures

MEDNAX 53: Use of Capnography for Non-Operating Room Anesthesia

MEDNAX 54: Labor Epidural Failure when Converting from Labor Analgesia to Cesarean Section Anesthesia

ADDITIONAL MACRA MEASURES			
MD 53	Non-OR Setting (eg Rad, ECT, IR, Endo)	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — EtCO2 monitoring used	<input type="radio"/> Yes	<input type="radio"/> No
MD 54	Labor Epid converted to C/S	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — Labor epidural failed	<input type="radio"/> Yes	<input type="radio"/> No
<i>Failed = New epidural for C/S, General anes used, or supplemental sedation (ie any dose of propofol, etomidate, or nitrous oxide)</i>			
ABG 40	C-Section performed	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — Phenylephrine given	<input type="radio"/> Yes	<input type="radio"/> N-RS <input type="radio"/> N-RU
AQI 56	PRIMARY total knee arthroplasty	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> - Neuraxial or regional block	<input type="radio"/> Yes	<input type="radio"/> N-RS <input type="radio"/> N-RU
ABG 41	Shoulder arthroscopy/plasty	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — Upper extremity block	<input type="radio"/> Yes	<input type="radio"/> N-RS <input type="radio"/> N-RU
Yes = Interscalene, Sub/Interclavicular, Suprascapular, or Axillary blk			
N-RS = Performed by surgeon, pt/surgeon refused, contraindicated			
N-RU = Not performed			

2021 Additional MACRA Measures

MEDNAX 53: Use of Capnography for Non-Operating Room Anesthesia

MEDNAX 54: Labor Epidural Failure when Converting from Labor Analgesia to Cesarean Section Anesthesia

ABG 40: Hypotension Prevention After Spinal Placement for Elective Cesarean Section

ADDITIONAL MACRA MEASURES			
MD 53	Non-OR Setting (eg Rad, ECT, IR, Endo)	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — EtCO2 monitoring used	<input type="radio"/> Yes	<input type="radio"/> No
MD 54	Labor Epid converted to C/S	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — Labor epidural failed	<input type="radio"/> Yes	<input type="radio"/> No
<i>Failed = New epidural for C/S, General anes used, or supplemental sedation (ie any dose of propofol, etomidate, or nitrous oxide)</i>			
ABG 40	C-Section performed	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — Phenylephrine given	<input type="radio"/> Yes	<input type="radio"/> N-RS <input type="radio"/> N-RU
AQI 56	PRIMARY total knee arthroplasty	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> - Neuraxial or regional block	<input type="radio"/> Yes	<input type="radio"/> N-RS <input type="radio"/> N-RU
ABG 41	Shoulder arthroscopy/plasty	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — Upper extremity block	<input type="radio"/> Yes	<input type="radio"/> N-RS <input type="radio"/> N-RU
<i>Yes = Interscalene, Sub/Interclavicular, Suprascapular, or Axillary blk</i>			
<i>N-RS = Performed by surgeon, pt/surgeon refused, contraindicated</i>			
<i>N-RU = Not performed</i>			

2021 Additional MACRA Measures

MEDNAX 53: Use of Capnography for Non-Operating Room Anesthesia

MEDNAX 54: Labor Epidural Failure when Converting from Labor Analgesia to Cesarean Section Anesthesia

ABG 40: Hypotension Prevention After Spinal Placement for Elective Cesarean Section

AQI 56: Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA)

ADDITIONAL MACRA MEASURES			
MD 53	Non-OR Setting (eg Rad, ECT, IR, Endo)	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — EtCO2 monitoring used	<input type="radio"/> Yes	<input type="radio"/> No
MD 54	Labor Epid converted to C/S	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — Labor epidural failed	<input type="radio"/> Yes	<input type="radio"/> No
<i>Failed = New epidural for C/S, General anes used, or supplemental sedation (ie any dose of propofol, etomidate, or nitrous oxide)</i>			
ABG 40	C-Section performed	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — Phenylephrine given	<input type="radio"/> Yes	<input type="radio"/> N-RS <input type="radio"/> N-RU
AQI 56	PRIMARY total knee arthroplasty	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> - Neuraxial or regional block	<input type="radio"/> Yes	<input type="radio"/> N-RS <input type="radio"/> N-RU
ABG 41	Shoulder arthroscopy/plasty	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — Upper extremity block	<input type="radio"/> Yes	<input type="radio"/> N-RS <input type="radio"/> N-RU
<i>Yes = Interscalene, Sub/Interclavicular, Suprascapular, or Axillary blk</i>			
<i>N-RS = Performed by surgeon, pt/surgeon refused, contraindicated</i>			
<i>N-RU = Not performed</i>			

2021 Additional MACRA Measures

MEDNAX 53: Use of Capnography for Non-Operating Room Anesthesia

MEDNAX 54: Labor Epidural Failure when Converting from Labor Analgesia to Cesarean Section Anesthesia

ABG 40: Hypotension Prevention After Spinal Placement for Elective Cesarean Section

AQI 56: Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA)

ABG 41: Upper Extremity Nerve Blockade in Shoulder Surgery

ADDITIONAL MACRA MEASURES			
MD 53	Non-OR Setting (eg Rad, ECT, IR, Endo)	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — EtCO2 monitoring used	<input type="radio"/> Yes	<input type="radio"/> No
MD 54	Labor Epid converted to C/S	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — Labor epidural failed	<input type="radio"/> Yes	<input type="radio"/> No
<i>Failed = New epidural for C/S, General anes used, or supplemental sedation (ie any dose of propofol, etomidate, or nitrous oxide)</i>			
ABG 40	C-Section performed	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — Phenylephrine given	<input type="radio"/> Yes	<input type="radio"/> N-RS <input type="radio"/> N-RU
AQI 56	PRIMARY total knee arthroplasty	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> - Neuraxial or regional block	<input type="radio"/> Yes	<input type="radio"/> N-RS <input type="radio"/> N-RU
ABG 41	Shoulder arthroscopy/plasty	<input type="radio"/> Yes	<input type="radio"/> No
	<input type="checkbox"/> <i>*if yes*</i> — Upper extremity block	<input type="radio"/> Yes	<input type="radio"/> N-RS <input type="radio"/> N-RU
<i>Yes = Interscalene, Sub/Interclavicular, Suprascapular, or Axillary blk</i>			
<i>N-RS = Performed by surgeon, pt/surgeon refused, contraindicated</i>			
<i>N-RU = Not performed</i>			

2021 MACRA Ready™ iOS Demo

Dynamic question requirement feedback

Better form completion rates

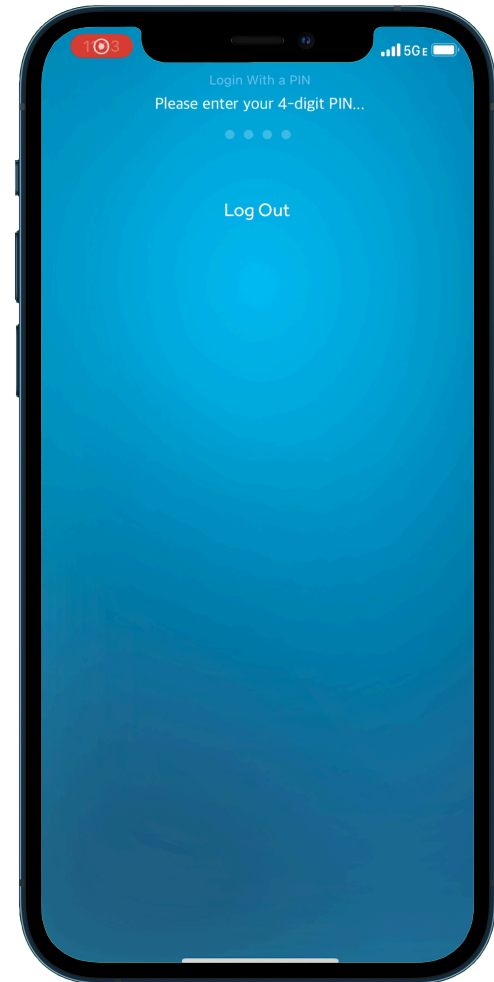
No more illegible fields

Easy to use Templates

Access to optional MACRA Definitions Page

Any user may add data from anywhere at any time

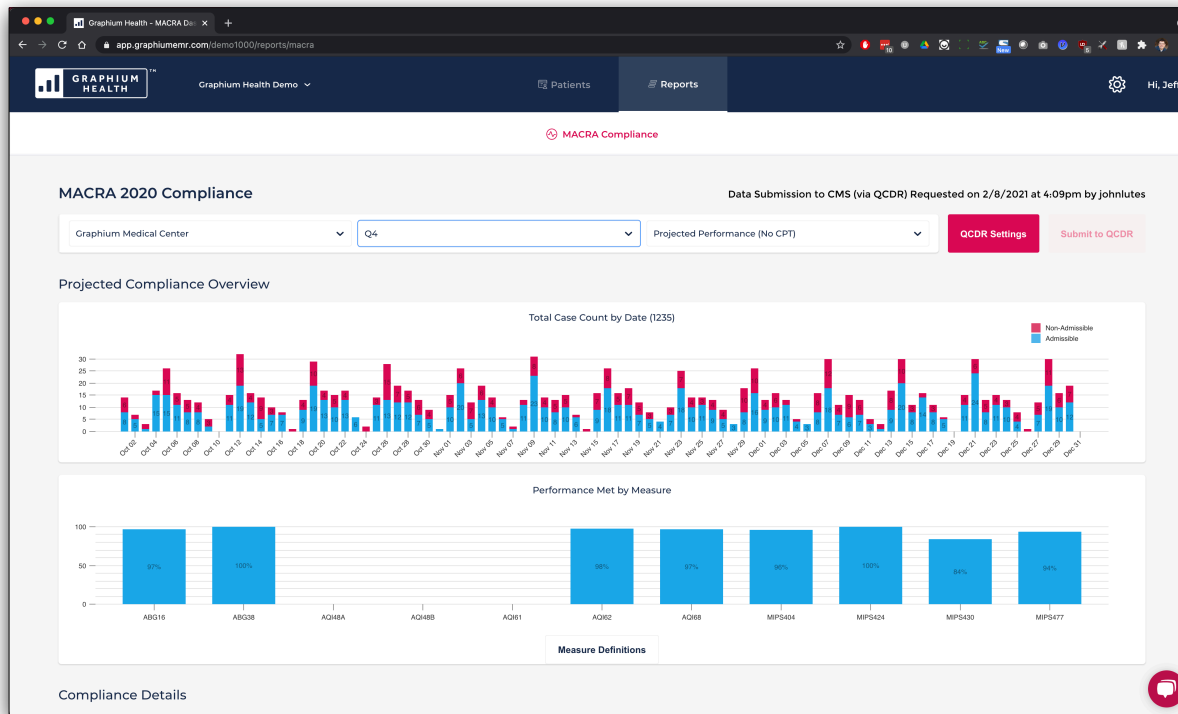
Results immediately available in Dashboards





MACRA Ready™ Dashboards

2021 MACRA Ready™ Dashboard...



2021 MACRA Ready™ Dashboard...

Compliance Details

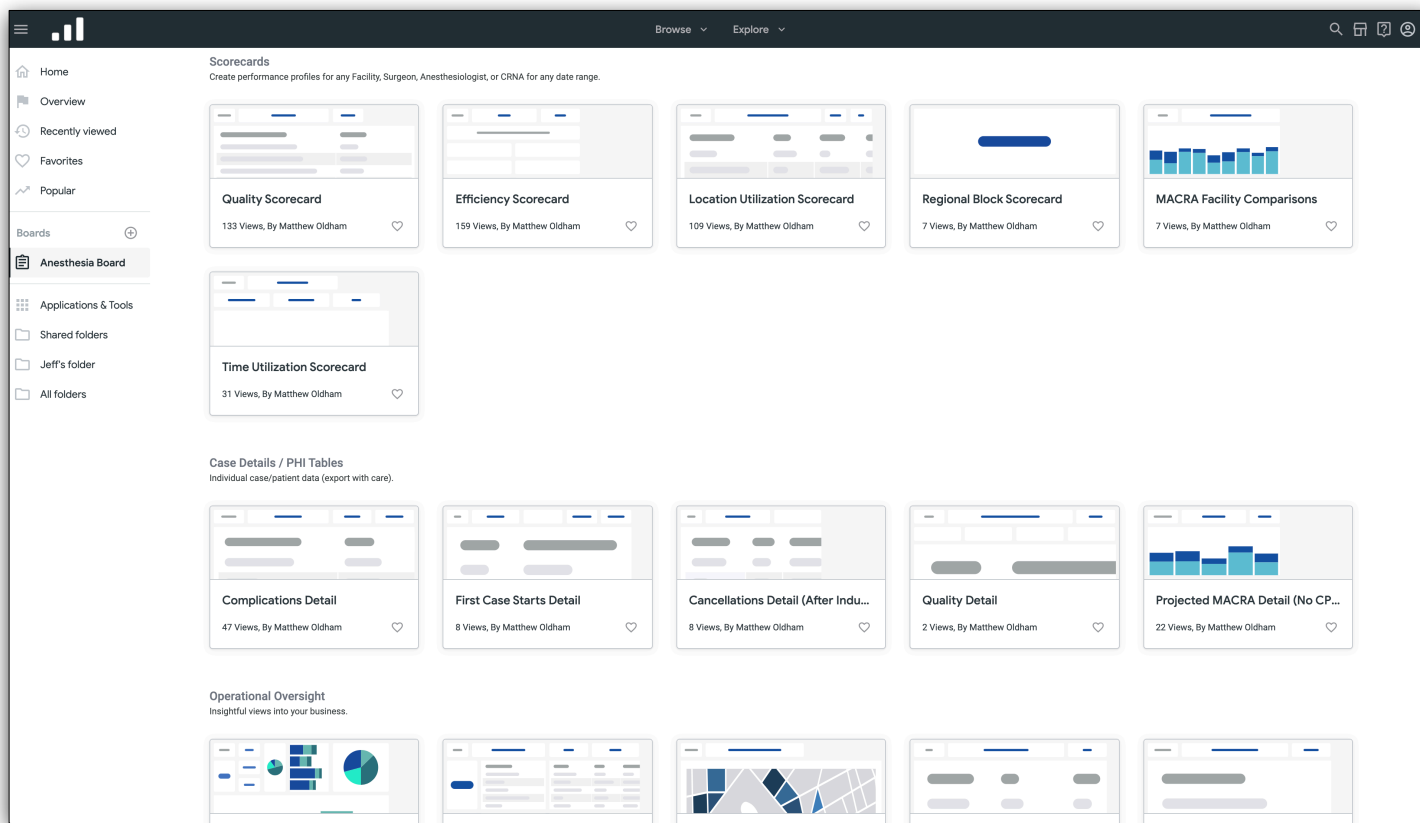
By Provider Cases Population Health Quality Outcomes Patient Surveys

Download CSV Filter Table

PROVIDER	CASES	FORM CMLPT %	% ADMISSIBLE	ABC16	ABC38	AQ148A	AQ148B	AQ161	AQ162	AQ168	MIPS404	MIPS424	MIPS430	MIPS477
No Provider Specified	4	0% (0 / 4)	- (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)
BEER-03061	168	100% (168 / 168)	68% (114 / 168)	100% (2 / 2)	100% (3 / 3)	0% (0 / 88)	0% (0 / 0)	0% (0 / 0)	100% (9 / 9)	100% (24 / 24)	100% (7 / 7)	100% (41 / 41)	81% (42 / 52)	92% (81 / 88)
GIBSON-03012	163	100% (163 / 163)	67% (110 / 163)	100% (1 / 1)	100% (1 / 1)	0% (0 / 80)	0% (0 / 0)	0% (0 / 0)	89% (8 / 9)	97% (29 / 30)	100% (4 / 4)	100% (38 / 38)	86% (38 / 44)	95% (16 / 80)
HANSEN-03038	192	100% (192 / 192)	66% (126 / 192)	89% (8 / 9)	100% (8 / 8)	0% (0 / 102)	0% (0 / 0)	0% (0 / 0)	100% (3 / 3)	100% (38 / 38)	89% (8 / 9)	100% (56 / 56)	77% (48 / 62)	95% (87 / 102)
HARRIS-03046	161	100% (161 / 161)	70% (113 / 161)	100% (6 / 6)	100% (5 / 5)	0% (0 / 83)	0% (0 / 0)	0% (0 / 0)	100% (9 / 9)	100% (27 / 27)	100% (1 / 1)	100% (48 / 48)	89% (39 / 44)	93% (77 / 83)
KUHN-03020	186	100% (186 / 186)	70% (130 / 186)	100% (5 / 5)	100% (3 / 3)	0% (0 / 102)	0% (0 / 0)	0% (0 / 0)	94% (16 / 17)	89% (33 / 37)	100% (8 / 8)	100% (44 / 44)	95% (56 / 59)	95% (87 / 102)
KUTCH-02048	186	99% (185 / 186)	100% (86 / 186)	100% (7 / 7)	100% (7 / 7)	0% (0 / 145)	0% (0 / 0)	0% (0 / 0)	100% (22 / 22)	94% (49 / 52)	93% (4 / 15)	100% (70 / 70)	78% (80 / 102)	95% (137 / 144)
SCHMITT-02064	224	100% (224 / 224)	0% (0 / 224)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)
STROMAN-03053	173	100% (173 / 173)	61% (105 / 173)	100% (3 / 3)	100% (3 / 3)	0% (0 / 84)	0% (0 / 0)	0% (0 / 0)	100% (6 / 6)	100% (39 / 39)	86% (6 / 7)	100% (47 / 47)	85% (39 / 46)	96% (81 / 84)
TROMP-02014	225	100% (225 / 225)	100% (225 / 225)	100% (8 / 8)	100% (7 / 7)	0% (0 / 177)	0% (0 / 0)	0% (0 / 0)	100% (2 / 2)	98% (83 / 84)	100% (4 / 4)	100% (36 / 36)	84% (89 / 106)	95% (168 / 177)
WATSIKA-02056	196	100% (196 / 196)	0% (0 / 196)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)	0% (0 / 0)
WEHNER-02022	210	100% (210 / 210)	100% (210 / 210)	100% (8 / 8)	100% (7 / 7)	0% (0 / 158)	0% (0 / 0)	0% (0 / 0)	89% (17 / 19)	100% (47 / 47)	92% (1 / 12)	100% (78 / 78)	82% (75 / 91)	94% (146 / 155)
WILDERMAN-02030	204	100% (204 / 204)	90% (184 / 204)	100% (9 / 9)	100% (8 / 8)	0% (0 / 162)	0% (0 / 0)	0% (0 / 0)	100% (25 / 25)	94% (84 / 88)	100% (1 / 1)	100% (86 / 86)	92% (81 / 88)	93% (151 / 162)

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2021 Advanced Analytics



Additional Resources (Share with your group)

2021 MACRA Ready™ Manual (v05/19/2021)



2021 MACRA Ready™ Manual (PDF file)

MACRA MEASURE DEFINITIONS	
<p>QID 404 Anesthesiology Smoking Abstinence The percentage of current smokers who abstain from cigarettes prior to anesthesia on the day of elective surgery or procedure.</p> <p><i>Received as a smoker:</i> Patient identifies as a smoker (e.g. cigarette, pipe, cigar, e-cigarette or marijuana).</p> <p><i>Received cessation guidance:</i> Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery.</p> <p><i>Smoked on day of surgery:</i> Patients who did NOT abstain from smoking prior to anesthesia on the day of surgery or procedure.</p>	<p>QID 430 Prevention of Post-Operative Nausea and Vomiting (PONV) Percentage of patients, aged 18 years and older, who undergo a procedure under an inhalational general anesthetic, AND who have three or more risk factors for post-operative nausea and vomiting (PONV), who receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively.</p> <p><i>3 Risk factors for PONV:</i></p> <ul style="list-style-type: none"> Female gender History of motion sickness History of PONV Non-smoker <p><i>Intended administration of opioids for post-op analgesia:</i></p> <p><i>Inhal agent used:</i> Patient received inhalational anesthetic agent.</p> <p><i>Combo therapy used:</i> Patients who receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively. The recommended first- and second-line classes of pharmacologic anti-emetics for PONV prophylaxis in patients at moderate to severe risk of PONV include (but are not limited to):</p> <ul style="list-style-type: none"> NK1 Receptor Antagonists Phenothiazines Butyrophenones Glucocorticoids Phenylethylamines Antihistamines 5-Hydroxytryptamine (5-HT3) Receptor Antagonists Anticholinergics <p><i>Yes:</i> Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively.</p> <p><i>N/A/S:</i> Documentation of medical reason for not receiving at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (e.g. intolerance or other medical reason).</p> <p><i>N/R/U:</i> Patient did not receive at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively.</p>
<p>ADJ 68 Obstructive Sleep Apnea Mitigation Strategies Percentage of patients aged 18 years or older, who undergo an elective procedure requiring anesthesia services who are screened for obstructive sleep apnea (OSA), if positive, have documentation that they received education regarding their risk for obstructive sleep apnea (OSA) prior to PACU discharge.</p> <p>ADJ 68 Obstructive Sleep Apnea Mitigation Strategies Percentage of patients aged 18 years or older, who undergo an elective procedure requiring anesthesia services who are screened for OSA AND, if positive, for whom two or more selected mitigation strategies were used prior to PACU discharge.</p> <p><i>Pre-existing OSA diagnosed:</i> Patient has an existing diagnosis of OSA.</p> <p><i>Patient incapacitated:</i> Documentation of patient reason for not providing education regarding risk for OSA (e.g., severe dementia, patient is intubated, patient is not alert or responsive enough to participate in education).</p> <p><i>OSA screen positive:</i> Positive patient OSA screen (e.g. STOPBANG).</p> <p><i>OSA education documented:</i> Patient education regarding OSA must include documentation that a conversation addressing potential implications of OSA on the perioperative course and any recommendations for follow-up care and disease management occurred.</p> <p><i>2+ mitigation strategies used:</i> Patients with OSA have documentation that two or more mitigation strategies were used prior to PACU discharge.</p>	<p>ADDITIONAL MACRA MEASURE DEFINITIONS</p> <p>MD 53 Use of Capnography for Non-Operating Room Anesthesia Percentage of patients receiving anesthesia in a non-operating room setting who have end tidal carbon dioxide (ETCO2) monitored using capnography.</p> <p>MD 54 Labor Epidural Failure when Converting from Labor Analgesia to Cesarean Section Anesthesia The percentage of patients who have pre-existing labor epidural or combined epidural-signal techniques who require either repeat procedural epidural or spinal, general anesthesia, or supplemental sedation as defined below for cesarean section. For the purposes of this measure, supplemental sedation is defined as any dose of propofol, etomidate, or nitrous oxide.</p> <p>ADG 40 Hypotension Prevention After Spinal Placement for Elective Cesarean Section Percentage of patients, who present for elective Cesarean section under spinal anesthesia who have phenylephrine infusions started prophylactically to prevent hypotension.</p> <p>ADG 56 Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA) Percentage of patients, regardless of age, that undergo primary total knee arthroplasty for whom neuraxial anesthesia and/or a peripheral nerve block is performed. Revision of total knee arthroplasty or prosthesis removal do not qualify.</p> <p>ABG 41 Upper Extremity Nerve Blocks in Shoulder Surgery Percentage of patients who undergo shoulder arthroscopy or shoulder arthroplasty who have an upper extremity nerve block performed before or immediately after the procedure.</p> <p><i>Upper extremity block:</i> Interscalene, Subintercavicular, Suprascapular, or Axillary.</p>
<p>ABG 42 Known or Suspected Difficult Airway Mitigation Strategies Percentage of patients with a known or suspected difficult airway who undergo a planned GEA that have both a 2nd provider present AND have difficult airway equipment in the room prior to the induction.</p> <p><i>Provider:</i> Any OR staff (eg. physician, CRNA, RN, resident, or anesthesia tech) who is solely available to assist with the intubation.</p> <p>QID 424 Perioperative Temperature Management Percentage of patients, regardless of age, who undergo surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer for whom at least one body temperature greater than or equal to 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) was achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time.</p> <p>QID 477 Multimodal Pain Management Percentage of patients, regardless of age, undergoing selected elective surgical procedures that were managed with multimodal pain medicine - defined as the use of 2 or more drugs and/or interventions, NOT including systemic opioids, that act by different mechanisms for providing analgesia. Opioids may be administered for pain relief when indicated but will not count towards this measure.</p> <p>ADJ 481 Patient-Reported Experience with Anesthesia Percentage of patients aged 18 and older, who were surveyed on their patient experience and satisfaction with anesthesia care and who reported a positive experience. Survey needs to be sent within 30 days of anesthetic. Performance rate will be a function of percentage of surveys sent plus positive response rate.</p> <p><i>Send Graphium assessment/satisfaction survey:</i> Graphium will email and/or text a single survey covering both patient satisfaction (ADJ 48) and post-discharge follow-up (ADJ 61).</p> <p><i>Yes:</i> Graphium is approved to send and patient agrees to receive electronic satisfaction and post-discharge follow-up survey.</p> <p><i>No/Declines:</i> Patients who are non-entitled, unable to be surveyed due to a language/medical reason, or who decline to be surveyed.</p> <p><i>No:</i> Graphium is not authorized to send a satisfaction and post-discharge follow-up survey. To be used when either surveys are not desired OR another survey service used.</p>	<p>ADJ 481 Patient-Reported Experience with Anesthesia Percentage of patients aged 18 and older, who were surveyed on their patient experience and satisfaction with anesthesia care and who reported a positive experience. Survey needs to be sent within 30 days of anesthetic. Performance rate will be a function of percentage of surveys sent plus positive response rate.</p> <p><i>Send Graphium assessment/satisfaction survey:</i> Graphium will email and/or text a single survey covering both patient satisfaction (ADJ 48) and post-discharge follow-up (ADJ 61).</p> <p><i>Yes:</i> Graphium is approved to send and patient agrees to receive electronic satisfaction and post-discharge follow-up survey.</p> <p><i>No/Declines:</i> Patients who are non-entitled, unable to be surveyed due to a language/medical reason, or who decline to be surveyed.</p> <p><i>No:</i> Graphium is not authorized to send a satisfaction and post-discharge follow-up survey. To be used when either surveys are not desired OR another survey service used.</p>

8/2/18/2021

2021 MACRA Definition Summary page

Questions: Info@GraphiumHealth.com

MACRA Ready 2021 Simple

<p>Name: _____ Gndr: _____</p> <p>DOB: _____ MRN: _____ EN: _____</p>		<p>MACRA MEASURES</p> <p>Pre-existing OSA diagnosed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Facility: _____</p> <p>Date: _____</p> <p>Anes Start: _____</p> <p>Anes End: _____</p>		<p>QUALITY MEASURES</p> <p>Post-op disposition: <input type="checkbox"/> PACU/Stepdown <input type="checkbox"/> ICU</p> <p>Post-op pain: 0 1 2 3 4 5 6 7 8 9 10 Unk</p> <p>Current meds doc: <input type="checkbox"/> Yes <input type="checkbox"/> NRS <input type="checkbox"/> NRU</p> <p>Safety checklist: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Handoff used: <input type="checkbox"/> Yes <input type="checkbox"/> NRS <input type="checkbox"/> NRU</p>	
<p>CASE INFORMATION</p> <p>Case type: <input type="checkbox"/> Sndr <input type="checkbox"/> OB</p> <p>Patient type: <input type="checkbox"/> Amb <input type="checkbox"/> Inpt <input type="checkbox"/> OED</p> <p>Physical status: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> E</p> <p>Gen: <input type="checkbox"/> Regional <input type="checkbox"/> Spinal</p> <p>MAC: <input type="checkbox"/> Epidural <input type="checkbox"/> LABOR Epidural</p>		<p>STOPBANG screen for OSA: Plus 1 for each, OSA screen pos if score > 5</p> <p>(Snore) (BMI) > 35</p> <p>(Tired) (Age) > 50yr</p> <p>(Observed apnea) (Neck size) > 17cm or 16" (Pressure: HTN) (Gender = Male)</p>		<p>OUTCOMES <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Cardiac arrest (unplanned)</p> <p><input type="checkbox"/> Myocardial ischemia</p> <p><input type="checkbox"/> Myocardial infarction</p> <p><input type="checkbox"/> Dyspnea requiring intervention</p> <p><input type="checkbox"/> Unexpected death</p> <p><input type="checkbox"/> Uncontrolled HTN</p> <p><input type="checkbox"/> Stroke, CVA, or coma</p> <p><input type="checkbox"/> Vasc injury (arterial/ptx)</p> <p><input type="checkbox"/> Pneumo (related to anesthesia)</p> <p><input type="checkbox"/> Aspiration</p> <p><input type="checkbox"/> Failed regional anesthetic</p> <p><input type="checkbox"/> Peripheral nerve injury post regional</p> <p><input type="checkbox"/> Wet tap</p> <p><input type="checkbox"/> Systemic local anes toxicity</p> <p><input type="checkbox"/> Temperature <95.0F or >101.5C</p> <p><input type="checkbox"/> Reintubation (planned trial extub)</p> <p><input type="checkbox"/> Reintubation (no trial extub)</p> <p><input type="checkbox"/> Inadequate reversal</p> <p><input type="checkbox"/> Intractable N/V</p> <p><input type="checkbox"/> Unexpected post-op stay</p> <p><input type="checkbox"/> Prolonged PACU stay</p> <p><input type="checkbox"/> Medication administration error</p> <p><input type="checkbox"/> Adverse transfusion reaction</p> <p><input type="checkbox"/> Anaphylaxis</p> <p><input type="checkbox"/> Opioid reversal required</p> <p><input type="checkbox"/> Wrong site surgery</p> <p><input type="checkbox"/> Wrong patient</p> <p><input type="checkbox"/> Wrong surgical procedure</p> <p><input type="checkbox"/> Unplanned hospital admission</p> <p><input type="checkbox"/> Unplanned ICU admission</p> <p><input type="checkbox"/> Dental trauma</p> <p><input type="checkbox"/> Visual loss</p> <p><input type="checkbox"/> MH</p> <p><input type="checkbox"/> Awareness under GA</p> <p><input type="checkbox"/> Unable to intubate</p> <p><input type="checkbox"/> Always full in OR</p> <p><input type="checkbox"/> Corneal abrasion</p> <p><input type="checkbox"/> Equipment malfunction</p> <p><input type="checkbox"/> Fall in OR</p> <p><input type="checkbox"/> Other</p>	
<p>PROVIDER INFORMATION</p> <p>Surg: _____</p> <p>Anes #1: _____</p> <p>Anes #2: _____</p> <p>Anes #3: _____</p> <p>Anes #4: _____</p>		<p>Mitigation strategies that may apply:</p> <p>Pre-op CPAP or NIPPV</p> <p>Pre-op mandibular advncd device</p> <p>Intra-op CPAP or nasal/oral airway</p> <p>Post-op CPAP or nasal/oral airway</p> <p>Difficult airway and GETA planned <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Planned equip used AND 2nd Provider present <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>≥ 3 Risk factors for PONV <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Initial agent used <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Combo therapy used <input type="checkbox"/> Yes <input type="checkbox"/> NRS <input type="checkbox"/> NRU</p> <p>Multimodal pain management <input type="checkbox"/> Yes <input type="checkbox"/> NRS <input type="checkbox"/> NRU</p> <p>Send Graphium satisfaction survey <input type="checkbox"/> Yes <input type="checkbox"/> Declines <input type="checkbox"/> No</p> <p>Mobile: _____</p> <p>Email: _____</p>		<p>ADDITIONAL MACRA MEASURES</p> <p>Non-OR Setting (eg Rad, ECT, IR, Endo) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ECO2 monitored used <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Labo Epid converted to CS <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Labo epidural failed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Failed or New epidural for CS, General anes used, or supplemental sedation (ie any dose of propofol, etomidate, or nitrous oxide)</p> <p>C-section performed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Phenylephrine given <input type="checkbox"/> Yes <input type="checkbox"/> NRS <input type="checkbox"/> NRU</p> <p>PRIMARY total knee arthroplasty <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Neuraxial or regional block <input type="checkbox"/> Yes <input type="checkbox"/> NRS <input type="checkbox"/> NRU</p> <p>Shoulder arthroscopy/platey <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Upper extremity block <input type="checkbox"/> Yes <input type="checkbox"/> NRS <input type="checkbox"/> NRU</p> <p>Yes = Interscalene, Sub/Intercalicular, Suprascapular, or Axillary blk</p> <p>NRS = Performed by surgeon, pt/surgeon refused, contraindicated</p> <p>NRU = Not performed</p>	
<p>FORM COMPLETION</p> <p>Signature: _____ DATE/TIME: _____</p>		<p>ASA CPT CODE</p> <p>(If available or to be submitted later.)</p>			

