# 2021 Quality Payment Program

#### for Anesthesia Practices

powered by



# **Graphium Health Services**

ICCESS

#### 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.

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#### 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, selfservice intelligence reporting.

III



#### **Full RCM**

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





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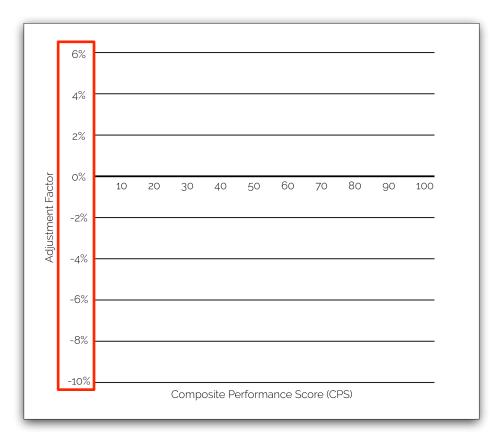
2021 Quality Payment Program Sources

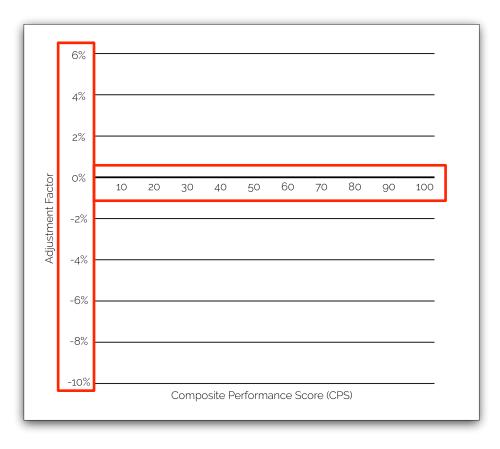
CMS Resource Library

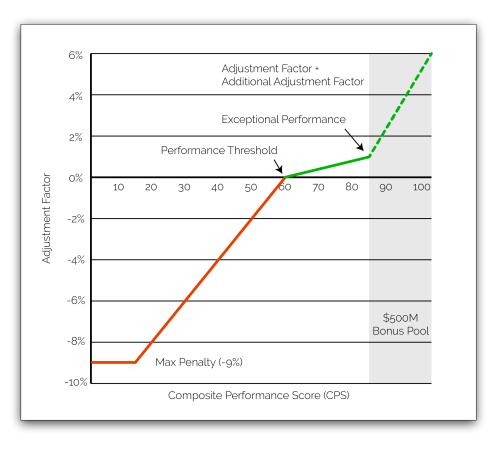
2021 Final Rule (906 pages) 2021 MIPS Cost User Guide

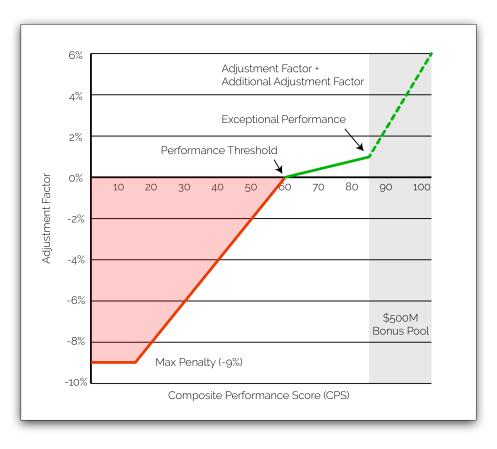
CMS Webinars:

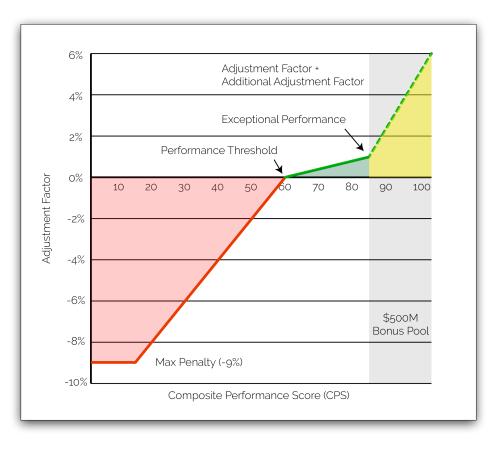
2021 Quality Payment Program Overview Webinar2021 Quality Payment Program Final Rule Overview



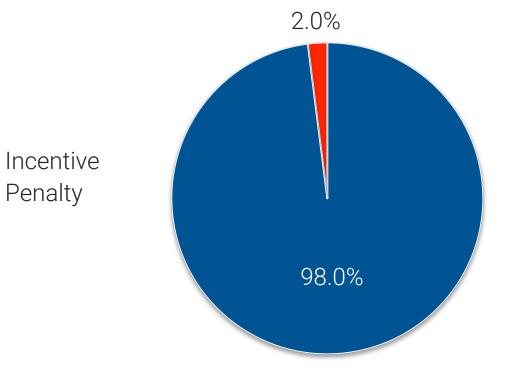






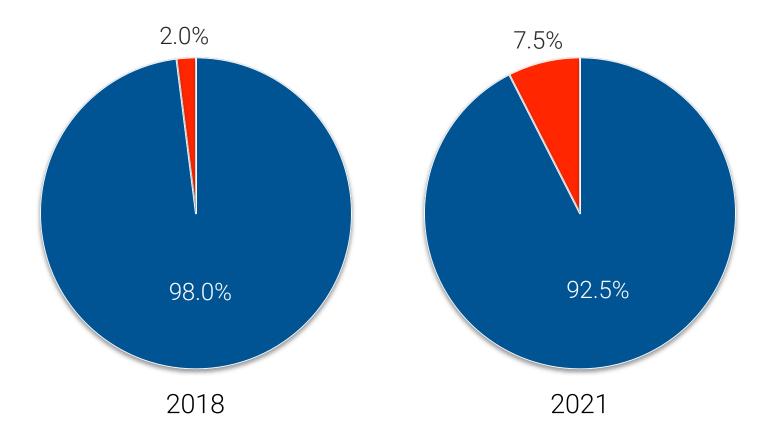


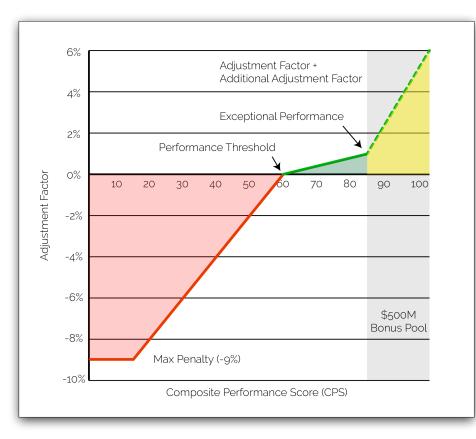
# MIPS Predicted Financial Results (All Participants)



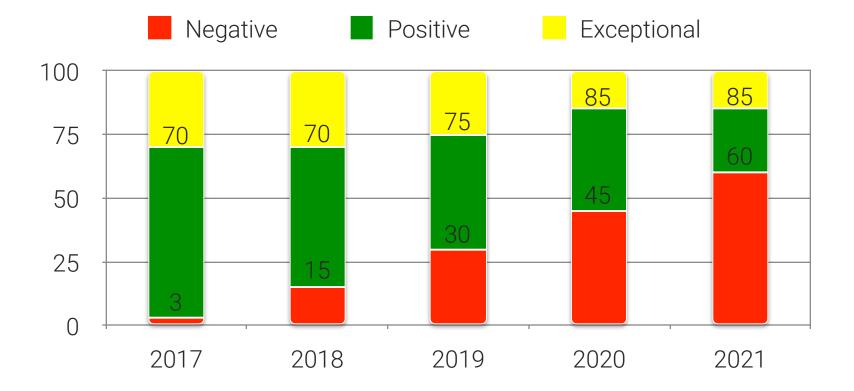
2018

### MIPS Predicted Financial Results (All Participants)





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



Reasons for MACRA Compliance

Avoid Penalty

Earn Bonus Opportunity

### Reasons for MACRA Compliance

Avoid Penalty Earn Bonus Opportunity

### Reasons for MACRA Compliance

#### Avoid Penalty Earn Bonus Opportunity

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

U S Anesthesia Partners of Texas, PA

#### Performance

🔒 Print

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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...<u>Read more</u>

#### 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... <u>Read more</u>

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

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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<sup>™</sup> 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:

 QCDR agreement – Documented arrangement with a QCDR to generate feedback reports summarizing local practice patterns and treatment outcomes, including for vulnerable populations; OR
 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



Educate all Anesthesiologists and CRNAs on 2021 measure definitions

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

Ensure MACRA Ready<sup>™</sup> 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: OINDIVIDUAL

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: OGROUP

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		2022	2023
Jan 1st - Dec 31st	Jan 15th		Jan 1st - Dec 31st
Performance Period	Final da	ata submission to Graphium	MIPS payment adjustments
Projected results available via Graphium Dashboards	Feb 1st Graphiu March 31s	im data submission to QCDR .t	are applied on a claim-by- claim basis to covered professional services billed under the PFS and rendered between January 1 and
Dec 31st	QCDR d	lata submission to CMS	December 31, 2023
TIN attestations for IAs	Summer	Initial results provided by CMS	
	Fall	Appeal CMS results	



Feb Mar Apr May Jun Jul Aug See Ors ma

# 2021 MACRA Ready<sup>™</sup> 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

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

QID 477: Multimodal Pain Management

## 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<sup>™</sup> Layout

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## MACRA Ready<sup>™</sup> Form

#### Admissibility

MACR	A Ready				2021 Sir					
Name			N		Y MEASURES					
DoB		Gndr	100		disposition					
MRN			DD4		PACU/Stepdown O ICU					
EN			-	*if yes* Smoked on DoS O Yes O No Post-op	pain 1 2 3 4 5					
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Facility	(PR		99		7 8 9 10 Ulik					
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			4	Safety	checklist 🔿 Yes 🔿 No					
Anes Start	H	M. A		≥ 2 Mitigations used ○ Yes ○ No Hand	doff used 🔿 Yes 🔿 N-RS 🔿 N					
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() Gen	ORegional	⊖ Spinal		Intra-op CPAP or nasal/oral airway Verification of full reversal Vas Post-op CPAP or nasal/oral airway Recovery is nonsupine	c injury (artenai/ptx)					
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## MACRA Ready<sup>™</sup> Form

Admissibility

Free text comments (iOS only)

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Anes Start	Н		M	M		≥ 2 Mitigations used	() Yes	⊖ No								
Anes End	Н	Н	M	M	51	TOPBANG screen for OSA: Plus 1 for each. OS (S)nores (B)MI > 35	A screen pos	if score $\ge 5$ .	OUTCOMES		⊖ No	ΟYe	s			
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					M	I-RU = Not performed			(If availe	hle or t	o ha rul	mitted I	inter 1			

## MACRA Ready<sup>™</sup> Form

Admissibility

Free text comments (iOS only)

MACRA Measures

Name					M	ACRA MEASURES			QUALIT	Y MEA	SURES			in				
DoB			Gn	-lr		Patient is a smoker	() Yes	() No	Post-op									
MRN			ER)		404	- *if yes* - Rec'd cessation guidance	() Yes	O No	0	PACU/	Stepd	own	O ICU					
EN					QD	└─ *if yes* ──── Smoked on DoS	() Yes	O No	Post-op									
CASE INFOR	MATION							-	0	1	2	3	4 5					
Facility		(ODINIT)	ezin vi			Pre-existing OSA diagnosed <i>if no</i> * — Patient incapacitated	O Yes	⊖ No ⊖ No	6	7	8	9	10 Un	ık				
Tucinty		_			2/68	if no* OSA screen positive	O Yes	O No	Current meds doc 〇 Yes 〇 N-RS 〇 N-RU									
Date		D	D		AQI6	└─ *if yes* ─── OSA education doc	O Yes	O No						N-				
Anes Start	н	н	M			≥ 2 Mitigations used	O Yes	O No				Yes ()						
						_			Hand	doff us	ed O	Yes ()	N-RS ()	N-				
Anes End	Н.	н		M	51	OPBANG screen for OSA: Plus 1 for each. OSA (S)nores (B)MI > 35	screen pos	if score $\geq 5$ .	OUTCOM	MES	С	No	() Yes					
Case	ype () Sti	nd () OB				(T)ired (A)ge > 50yo			🗆 Car	rdiac ar	rest (u	Inplann	ed)					
						(O)bserved apnea (N)eck size > 17"M	or 16"F		D Mys	ocardia	al isch	emia						
Patient	ype () An	nb Olnp	t OED			(P)ressure: HTN (G)ender = Male				ocardia			terventi	~~				
Physical st	atus () 1	02	03		м	itigation strategies that may apply: Mul	timodal an	algesia		expect			terventi	511				
	04	0.5	06	🗆 E			, Epid, or P			contro								
	-	-			-		bation wh	ile awake full reversal		oke, CV		coma rial/ptx						
() Gen	⊖ Reg	ional C	)Spinal				overy is no		<u> </u>					_				
OMAC	OEpi	dural C	LABOR E	oidural		Different element of CETA element	() Yes	O No		eumo ( oiratior		d to ane	sthesia)					
PROVIDER II	FORMATIC	N			G 42	Difficult airway and GETA planned Planned equip used AND				mation								
Surg			cipi Va		ABG	*if yes*- 2nd Provider present	() Yes	() No				anesthe						
Surg		(COMPACE LL	calificatiy		_	≥ 3 Risk factors for PONV	() Yes	O No	□ Peri □ We		l nervi	e injury	post regi	on				
Anes #1					430	- *if yes* Inhal agent used	O Yes	O No			local a	nes tox	icity					
Anes #2		(PRINT LE	GIRLYI		-8	└─ *if yes* ─── Combo therapy used (	-	-		mnerat		5 0'E o	r <35.5°C	_				
					477		516 01						trial extu					
Anes #3	(PRINT LEGIBLY)					Multimodal pain management O Yes O N-RS O N-R								Reintubation (no trial extub)     Inadeguate reversal				
Anes #4					0				🗆 Intr	ractabl		ersai						
COMMENTS						Send Graphium satisfaction survey O Y	es 🔿 Pt D	eclines () No	Une Une	expctd	post-	op vent						
					148	Mobile			D Pro	olongeo	1 PACI	J stay						
					AQI								ion error					
						Email				verse ti aphyla:		sion rea	iction					
					AD	DITIONAL MACRA MEASURES						require	Ы					
					53	Non-OR Setting (eg Rad, ECT, IR, Endo)	() Yes	() No	D Wro	ong sit	e surg							
					MD 5	- *if yes* EtCO2 montoring used	O Yes	() No		ong pa		proced	Ino					
					Н								mission					
					MD 54	Labor Epid converted to C/S	O Yes	O No	🗆 Ung	planne	d ICU	admissi	on					
						- *if yes* Labor epidural failed	() Yes	⊖ No	🗆 Der	ntal tra	uma							
						niled = New epidural for C/S, General anes edation (ie any dose of propofol, etomidat				ual loss	5							
					ę	C-Section performed	() Yes	() No		i arenes	s und	er GA						
					ABG 4	- *if yes* Phenylephrine given (			🗆 Una	able to	intub	ate						
					H			-	- Ain	way fir								
					AQI 56	PRIMARY total knee arthroplasty	() Yes	O No	D Fou	rneal al uipmer		n functior						
					×	- *if yes* - Neuraxial or regional block (		N-RS () N-RU	🗆 Fall	l in OR								
FORM COM	LETION				5	Shoulder arthroscopy/plasty	() Yes	⊖ No	□ Oth	ier								
Set ID		(PRINT I	EGIBLY)		AB(	- *if yes* Upper extremity block (	) Yes ()	N-RS ON-RU	ASA CPT	CODE								
Anes #1 SIGNATURE				ATE / TIME	Ye	s = Interscalene, Sub/Interclavicular, Supra	scapular, o	r Axillary blk	Г									
JANNATORE			U.	sic/ rimb	N	RS = Performed by surgeon, pt/surgeon n	efused, cor	ntraindicated	L L									
					N.	RU = Not performed			(If a	vailable	e or to	he subn	nitted late	er.)				

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MACRA Measures

Additional MACRA Measures

Name					М	ACRA MEASURES	QUALITY MEASURES
DoB			Gn	dr		Patient is a smoker 🔷 Yes 🔿 No	Post-op disposition
MBN					404		○ PACU/Stepdown ○ ICU
EN					B	if yes* Smoked on DoS O Yes O No	Post-op pain
CASE INFORMA	TION					Pre-existing OSA diagnosed O Yes O No	0 1 2 3 4 5
Facility		(DRINT)	ică (R) VI				6 7 8 9 10 Unk
rucincy					52/68	└── *if no* ─── OSA screen positive ○ Yes ○ No	
Date		D	0		AQI	└─ *if yes* ── OSA education doc O Yes O No	Current meds doc 🔿 Yes 🔿 N-RS 🔿 N-
Anes Start	H	н	M			≥ 2 Mitigations used ○ Yes ○ No	Safety checklist O Yes O No Handoff used O Yes O N-RS O N-
Anes End	H	н	M	M	s	' TOPBANG screen for OSA: Plus 1 for each. OSA screen pos if score ≥ 5.	
Caraban	e 🔿 Stnd	() OB				(S)nores (B)MI > 35 (T)ired (A)qe > 50yo	OUTCOMES O No O Yes Cardiac arrest (unplanned)
case typ	e O suid	006				(O)bserved apnea (N)eck size > 17"M or 16"F	Myocardial ischemia
Patient typ	≥ ⊖ Amb	OInp	t OED			(P)ressure: HTN (G)ender = Male	Myocardial infarction
Physical statu	01	O 2	0.2		N	fitigation strategies that may apply: Multimodal analgesia	<ul> <li>Dysrythmia requiring intervention</li> <li>Unexpected death</li> </ul>
- riysicai statu			03	🗆 E		Pre-op CPAP or NIPPV SAB, Epid, or PNB used	Uncontrolled HTN
	04 05 06				-	Pre-op mandibular advncmt device Extubation while awake	□ Stroke, CVA, or coma
() Gen	ORegion	nal C	)Spinal			Intra-op CPAP or nasal/oral airway Verification of full reversal Post-op CPAP or nasal/oral airway Recovery is nonsupine	Vasc injury (arterial/ptx)
OMAC	OEpidu	ral C	LABOR E	oidural	H		<ul> <li>Pneumo (related to anesthesia)</li> <li>Aspiration</li> </ul>
PROVIDER INFO	RMATION				ABG 42		
Surg	71	RINTIP	GIRÍ M		AB	L *ifyes* — Planned equip used AND ○ Yes ○ No 2nd Provider present ○ Yes ○ No	Failed regional anesthetic
July		100111			-	≥ 3 Risk factors for PONV ○ Yes ○ No	<ul> <li>Peripheral nerve injury post region</li> <li>Wet tap</li> </ul>
Anes #1					QID 430	└─ *if yes* ─── Inhal agent used ○ Yes ○ No	Systemic local anes toxicity
Anes #2	6	RINTLE	GIRLM		-18	└─ *if yes* ── Combo therapy used ○ Yes ○ N-RU	□ Temperature <95.9°F or <35.5°C
					~	· ,- · · · · · · · · · · · · · · · · · ·	<ul> <li>Reintubation (planned trial extub)</li> </ul>
Anes #3	()	RINTLE	GIBLY)		QID 477	Multimodal pain management 🔿 Yes 🔿 N-RS 🔿 N-RU	<ul> <li>Reintubation (no trial extub)</li> <li>Inadequate reversal</li> </ul>
Anes #4 (PRINT LEGIBLY)		Ĕ		Intractable N/V			
COMMENTS						Send Graphium satisfaction survey O Yes O Pt Declines O No	Unexpctd post-op vent     Prolonged PACU stay
					AQI 48	Mobile	D Protoriged PACO stay
					×		Medication administration error
						Email	Adverse transfusion reaction
					A	DDITIONAL MACRA MEASURES	Opioid reversal required
						Non-OR Setting (eg Rad, ECT, IR, Endo) () Yes () No	Wrong site surgery
					MD		Wrong patient Wrong surgical procedure
					H		Unplanned hospital admission
					MD 54	Labor Epid converted to C/S O Yes O No	Unplanned ICU admission
							Dental trauma
						ailed = New epidural for C/S, General anes used, or supplemental edation (ie any dose of propofol, etomidate, or nitrous oxide)	Visual loss MH
					9	C-Section performed O Yes O No	□ MH □ Awareness under GA
					ABG 4	*if yes* — Phenylephrine given O Yes O N-RS O N-RU	Unable to intubate
					4	, , , , , , , , , , , , , , , , , , , ,	Airway fire in OR     Correct abrasian
					QI 56	PRIMARY total knee arthroplasty O Yes O No	Corneal abrasion
					AQI	if yes* - Neuraxial or regional block O Yes O N-RS O N-RU	Fall in OR
FORM COMPLE	TION				14.5	Shoulder arthroscopy/plasty 🔿 Yes 🔿 No	Other
Set ID Anes#1		(PRINT L	EGIBLY)		ABC	└── *if yes* ─── Upper extremity block ○ Yes ○ N-RS ○ N-RU	ASA CPT CODE
SIGNATURE			n	TE / TIME		es = Interscalene, Sub/Interclavicular, Suprascapular, or Axillary blk	
			U		N	-RS = Performed by surgeon, pt/surgeon refused, contraindicated	

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MACRA Measures

Additional MACRA Measures

**Quality Process** 

Name					M/	ACRA MEASURES			QUALITY MEASURES	
DoB			Gn	dr		Patient is a smoker	() Yes	O No	Post-op disposition	
MRN					404	*if yes* - Rec'd cessation guidance	O Yes	O No	O PACU/Stepdown O ICU	
EN					ŐÐ	- *if yes* Smoked on DoS	O Yes	O No	Post-op pain	
CASE INFO	RMATION					Pre-existing OSA diagnosed	() Yes	O No	0 1 2 3 4 5	
Facility		(DDINT)	1 BORD VI			*if no* — Patient incapacitated	O Yes	O No	6 7 8 9 10 Unk	
Facility					62/68	- *if no* OSA screen positive	O Yes	O No		
Date	MM		DD		AQ16	- *if yes* OSA education doc	O Yes	O No	Current meds doc 〇 Yes 〇 N-RS 〇 N-I	
Anes Star						≥ 2 Mitigations used	O Yes	O No	Safety checklist 🔿 Yes 🔿 No	
Aries Star						-			Handoff used O Yes O N-RS O N-	
Anes Enc	H.	н	M	M	5/	TOPBANG screen for OSA: Plus 1 for each. OSA (S)nores (B)MI > 35	screen pos	If score $\geq 5$ .	OUTCOMES O No O Yes	
Cas	etype ⊖ S	tnd O O	в			(T)ired (A)ge > 50yo			Cardiac arrest (unplanned)	
Dation		mb Oln	pt OED			(O)bserved apnea (N)eck size > 17"M	or 16"F		Myocardial ischemia	
Fatien	t type O A		pi OED			(P)ressure: HTN (G)ender = Male			Myocardial infarction     Dysrythmia requiring intervention	
Physical	status 🔿 1	O 2	O 3		м		timodal an		Unexpected death	
	04	05	06	ΞE			, Epid, or Pl bation wh		Uncontrolled HTN     Stroke, CVA, or coma	
								full reversal	Vasc injury (arterial/ptx)	
⊖ Ge	n ORe	gional	⊖Spinal			Post-op CPAP or nasal/oral airway Reo	overy is not	nsupine		
OMA	C OEp	oidural	O LABOR E	oidural		Difficult airway and GETA planned	() Yes	O No	<ul> <li>Pneumo (related to anesthesia)</li> <li>Aspiration</li> </ul>	
PROVIDER	INFORMAT	ION			ABG 42		-	-		
Surg		(PRINT L	EGIBLY)		4	2nd Provider present	() Yes	⊖ No	<ul> <li>Failed regional anesthetic</li> <li>Peripheral nerve injury post regional</li> </ul>	
		Transmission 1				≥ 3 Risk factors for PONV	() Yes	O No	Wet tap	
Anes #1		(PRINT L	EGIBLY).		QID 430	- *if yes* Inhal agent used	⊖ Yes	⊖ No	Systemic local anes toxicity	
Anes #2					ō	- *if yes* Combo therapy used (	) Yes () M	N-RS ON-RU	□ Temperature <95.9°F or <35.5°C	
Anes #3		7001NTT I	CCIPI VI		477				Reintubation (planned trial extub)	
Alles #5		(Etailet) E	EGIDEI)		- Š	Multimodal pain management (	⊖Yes ⊖ №	N-RS O N-RU	<ul> <li>Reintubation (no trial extub)</li> <li>Inadequate reversal</li> </ul>	
Anes #4					H	Send Graphium satisfaction survey O		erliner O No	Intractable N/V	
COMMEN	rs					send draphium sausiaction survey () in			Unexpctd post-op vent     Prolonged PACU stay	
					AQI 48	Mobile	-			
									<ul> <li>Medication administration error</li> <li>Adverse transfusion reaction</li> </ul>	
						Email			Anaphylaxis	
					AD	DDITIONAL MACRA MEASURES			Opioid reversal required	
					5	Non-OR Setting (eg Rad, ECT, IR, Endo)	⊖ Yes	⊖ No	<ul> <li>Wrong site surgery</li> <li>Wrong patient</li> </ul>	
					MD	- *if yes* EtCO2 montoring used	O Yes	⊖ No	Wrong surgical procedure	
					54	Labor Epid converted to C/S	() Yes	() No	Unplanned hospital admission	
					MD 5		O Yes	O No		
					Ec	ailed = New epidural for C/S, General anes		nplemental	Dental trauma     Visual loss	
						edation (ie any dose of propofol, etomidat				
					40	C-Section performed	() Yes	⊖ No	Awareness under GA	
					ABG	- *if yes* Phenylephrine given (	) Yes () M	N-RS 🔿 N-RU	Unable to intubate     Airway fire in OR	
					26	PRIMARY total knee arthroplasty	() Yes	⊖ No	Corneal abrasion	
					AQI 56	- *if yes* - Neuraxial or regional block (	-	-	Equipment malfunction     Fall in OR	
					-	Shoulder arthroscopy/plasty	O Yes	O No	Other	
FORM CO	MPLETION	(PRINT	EGIRLY		ABG 4				ASA CRECODE	
Set Anes #1					1	es = Interscalene, Sub/Interclavicular, Supra			ASA CPT CODE	
SIGNATURE			D	ATE / TIME		-RS = Performed by surgeon, pt/surgeon re				
						-RU = Not performed			(If available or to be submitted later.)	

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MACRA Measures

Additional MACRA Measures

**Quality Process** 

Outcomes

Name	eady				м	ACRA MEASURES			QUALITY	MEA	SURES		202	1 Sim
DoB			Gnd			Patient is a smoker	() Yes	() No	Post-op o			-		
MRN			Gilu		QID 404	*if ves* - Rec'd cessation guidance	() Yes	() No		PACU/		lown	0	ICU
EN					₿	*if yes* Smoked on DoS	O Yes	O No	Post-op				0	
CASE INFORMA							-	-	0	1	2	3	4	5
Facility	ii on	an ees is i	- 160 m			Pre-existing OSA diagnosed	() Yes	O No	6	7	8	9	10	Unk
Facility		NUN ULEN			62/68	"if no" — Patient incapacitated           "if no" — OSA screen positive	() Yes	O No						
Date	MM				AQ16	if yes* — OSA education doc	O Yes	O No O No	Current m					S () N-I
Anes Start			M	- 14	1	≥ 2 Mitigations used	O Yes	O No	Safety					
					5	TOPBANG screen for OSA: Plus 1 for each. OSA s			Hand	loff us	ed ()	Yes C	) N-R	S () N-I
Anes End			M	M		(S)nores (B)MI > 35			OUTCON	_		_	0	Yes
Case type	⊖ Stnd	⊖ OB				(T)ired (A)ge > 50yo	1675		Carc Myc			unplan	ned)	
Patient type	⊖ Amb	OInpt	OED		(O)bserved apnea (N)eck size > 17"M or 16"F (P)ressure: HTN (G)ender = Male				□ Myc	ocardia	al infa	rction		
Physical status	01	02	03		M	litigation strategies that may apply: Multi	nodal an	algesia	<ul> <li>Dysrythmia requiring intervention</li> <li>Unexpected death</li> </ul>					
Thysical status		05	06	ΒE		Pre-op CPAP or NIPPV SAB, E	pid, or Pl	NB used	🗆 Und	ontro	lled H	ITN		
								ile awake full reversal	□ Stro			coma erial/pt		
🔾 Gen	ORegiona	05	pinal				ery is not			. injur	y (arte	mai/pt	x)	
OMAC	OEpidural	OL	ABOR Ep	dural	E	Difficult airway and GETA planned	() Yes	O No	Pne     Asp			d to an	esthe	esia)
PROVIDER INFO	RMATION				ABG 42		-	-						
Surg	(PR	INT LÉGI	BLY)		¥	2nd Provider present	() Yes	O №				anesth e injury		regiona
Anes #1	700		ol vy		١.	≥ 3 Risk factors for PONV	() Yes	() No	Wet tap     Systemic local anes toxicity		-			
	(11)				QID 430	*if yes* — Inhal agent used	O Yes	⊖ No						
Anes #2	(PR	NT LEGI	BLY)		ľ	└─ *if yes* ── Combo therapy used ○	Yes O M	I-RS ○ N-RU				95.9°F (		
Anes #3	(PR	INT LEGI	BLY).		QID 477	Multimodal pain management 🔾	Yes O M	i-RS ⊖ N-RU	N-RU     Reintubation (pl     Reintubation (pl     Reintubation (pl     Inadequate reve		o trial			
Anes #4	(PRINT LEGIBLY)				Ĕ	Send Graphium satisfaction survey () Yes	ORD		Intractable N/V					
COMMENTS						Unexpctd post-op vent     Prolonged PACU stay								
					AQI 48	Mobile				-				
					ſ	F						ninistra Ision re		
						Email			□ Ana			5101110	actio	
					A	DDITIONAL MACRA MEASURES						require	≥d	
					53	Non-OR Setting (eg Rad, ECT, IR, Endo)	() Yes	⊖ No	U Wro			lery		
					QW	- *if yes* EtCO2 montoring used	() Yes	O No	U Wro	ong su	rgical	proced		
					5	Labor Epid converted to C/S	() Yes	O No				pital ac admiss		ion
					MD 5		O Yes	O No		nanne	aico	aumis	son	
					F	ailed = New epidural for C/S, General anes u	ed, or su	pplemental	Den Den					
						edation (ie any dose of propofol, etomidate,			D MH					
					ABG 40	C-Section performed	() Yes	() No	□ Awa					
					Ĭ	*if yes* — Phenylephrine given O	Yes () N	4-RS () N-RU	□ Airv	vay fir	e in Ol	R		
					2156	PRIMARY total knee arthroplasty	() Yes	() No	Con			n functio	'n	
					AQI	*if yes* - Neuraxial or regional block ()	Yes () N	i-RS ○ N-RU	🗆 Fall	in OR	di	anedo		
FORM COMPLET	ION				5	Shoulder arthroscopy/plasty	⊖ Yes	⊖ No	□ Oth	er				
Set ID Anes #1	(P	RINTLEG	SIBLY)		ABG	└── *if yes* ─── Upper extremity block ○	Yes O M	I-RS ○ N-RU	ASA CPT	CODE				
SIGNATURE			DA	E / TIME		es = Interscalene, Sub/Interclavicular, Suprasc			Г	-				
					N	-RS = Performed by surgeon, pt/surgeon ref	used, con	traindicated						

#### QID 404: Anesthesiology Smoking Abstinence

M	ACRA MEASURES		
4	Patient is a smoker	⊖ Yes	() No
QID 404	*if yes* - Rec'd cessation guidance	⊖ Yes	() No
a	*if yes* — Smoked on DoS	⊖ Yes	() No
	Pre-existing OSA diagnosed	⊖ Yes	() No
88	*if no* —— Patient incapacitated	⊖ Yes	() No
AQI 62/68	*if no* —— OSA screen positive	⊖ Yes	() No
¥	*if yes* — OSA education doc	⊖ Yes	() No
	$\geq$ 2 Mitigations used	⊖ Yes	() No
	TOPBANG screen for OSA: Plus 1 for each. OSA         (S)nores       (B)MI > 35         (T)ired       (A)ge > 50yo         (O)bserved apnea       (N)eck size > 17"M (C)ender = Male         (P)ressure: HTN       (G)ender = Male	·	if score ≥ 5.
M	Pre-op CPAP or NIPPVSABPre-op mandibular advncmt deviceKtruIntra-op CPAP or nasal/oral airwayVeri	timodal an 5, Epid, or Pl ubation wh fication of overy is no	NB used ile awake full reversal
2	Difficult airway and GETA planned	⊖ Yes	() No
ABG 42	*if yes* - Planned equip used AND 2nd Provider present	() Yes	⊖ No
	≥ 3 Risk factors for PONV	⊖ Yes	⊖ No
QID 430	*if yes* — Inhal agent used	⊖ Yes	() No
0	*if yes* —— Combo therapy used (	) Yes () I	N-RS () N-RU
QID 477	Multimodal pain management (	⊃Yes ∩1	N-RS 🔿 N-RU
	Send Graphium satisfaction survey O Yo	es 🔿 Pt De	eclines () No
AQI 48	Mobile (	-	
	Email		

QID 404: Anesthesiology Smoking Abstinence

AQI 62: Obstructive Sleep Apnea: Patient Education

AQI 68: Obstructive Sleep Apnea: Mitigation Strategies

M	ACRA MEASURES		
4	Patient is a smoker	() Yes	⊖ No
QID 404	*if yes* - Rec'd cessation guidance	⊖ Yes	() No
Ø	*if yes* ———— Smoked on DoS	() Yes	⊖ No
	Pre-existing OSA diagnosed	() Yes	() No
88	- *if no* Patient incapacitated	() Yes	() No
AQI 62/68	- *if no* OSA screen positive	() Yes	() No
AQ	└── *if yes* ──── OSA education doc	⊖ Yes	() No
	$\geq$ 2 Mitigations used	() Yes	⊖ No
ST	TOPBANG screen for OSA: Plus 1 for each. OSA         (S)nores       (B)MI > 35         (T)ired       (A)ge > 50yo         (O)bserved apnea       (N)eck size > 17"M c         (P)ressure: HTN       (G)ender = Male		if score ≥ 5.
м	Pre-op CPAP or NIPPV SAB, Pre-op mandibular advncmt device Extur		NB used le awake full reversal
2	Difficult airway and GETA planned	() Yes	() No
ABG 42	*ifyes*         Planned equip used AND           2nd Provider present	⊖ Yes	⊖ No
0	≥ 3 Risk factors for PONV	() Yes	() No
QID 430	*if yes* — Inhal agent used	⊖ Yes	⊖ No
σ	*if yes* —— Combo therapy used C	Yes ON	I-RS 🔿 N-RU
QID 477	Multimodal pain management C	) Yes 🔿 N	I-RS 🔿 N-RU
	Send Graphium satisfaction survey O Ye	s () Pt De	eclines () No
AQI 48	Mobile (		
	Email		

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

	ACRA MEASURES		
4	Patient is a smoker	() Yes	() No
QID 404	*if yes* - Rec'd cessation guidance	⊖ Yes	() No
Ø	*if yes* — Smoked on DoS	() Yes	() No
	Pre-existing OSA diagnosed	() Yes	() No
68	*if no* —— Patient incapacitated	() Yes	⊖ No
AQI 62/68	*if no* —— OSA screen positive	⊖ Yes	⊖ No
A	*if yes* — OSA education doc	⊖ Yes	() No
	$\geq$ 2 Mitigations used	⊖ Yes	() No
	(S)nores         (B)MI > 35           (T)ired         (A)ge > 50yo           (O)bserved apnea         (N)eck size > 17"M d           (P)ressure: HTN         (G)ender = Male	or 16"F	
	Pre-op CPAP or NIPPVSAB,Pre-op mandibular advncmt deviceExtuIntra-op CPAP or nasal/oral airwayVeriti	timodal an Epid, or Pl bation wh fication of t overy is not	NB used ile awake full reversal
2	Difficult airway and GETA planned	() Yes	() No
ABG 42	*if yes* -         Planned equip used AND           2nd Provider present	() Yes	() No
	≥ 3 Risk factors for PONV	() Yes	() No
ID 430	≥ 3 Risk factors for PONV — *if yes* ——— Inhal agent used	○ Yes ○ Yes	⊖ No ⊖ No
QID 430	1	() Yes	O No
QID 477 QID 430	*if yes* ——— Inhal agent used	⊖ Yes ) Yes ⊖ N	○ No I-RS ○ N-RU
	<i>*if yes*</i> Inhal agent used <i>*if yes*</i> Combo therapy used ()	○ Yes ) Yes ○ M ) Yes ○ M	○ No I-RS ○ N-RU I-RS ○ N-RU
	*if yes* — Inhal agent used     *if yes* — Combo therapy used C     Multimodal pain management C	○ Yes ) Yes ○ M ) Yes ○ M	○ No I-RS ○ N-RU I-RS ○ N-RU

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

141	ACRA MEASURES		
4	Patient is a smoker	() Yes	⊖ No
QID 404	*if yes* - Rec'd cessation guidance	() Yes	⊖ No
α	*if yes* — Smoked on DoS	() Yes	⊖ No
	Pre-existing OSA diagnosed	() Yes	() No
88	*if no* —— Patient incapacitated	() Yes	⊖ No
AQI 62/68	*if no* —— OSA screen positive	() Yes	() No
AC	*if yes* — OSA education doc	() Yes	() No
	≥ 2 Mitigations used	() Yes	⊖ No
	(S)nores(B)MI > 35(T)ired(A)ge > 50yo(O)bserved apnea(N)eck size > 17"M o(P)ressure: HTN(G)ender = Male	r 16″F	
	Pre-op CPAP or NIPPVSAB,Pre-op mandibular advncmt deviceExturIntra-op CPAP or nasal/oral airwayVerific		NB used iile awake full reversal
42	Difficult airway and GETA planned	⊖ Yes	⊖ No
ABG 42	*if yes*- Planned equip used AND 2nd Provider present	() Yes	⊖ No
	≥ 3 Risk factors for PONV	() Yes	() No
QID 430	if yes* — Inhal agent used	() Yes	() No
	- *if yes* Combo therapy used C	Yes ()	N-RS 🔿 N-RU
QID 477	Multimodal pain management C	Yes ()	N-RS 🔿 N-RU
QID 477			en i transforma en
AQI 48 QID 477	Multimodal pain management C		en i transforma en

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

M	ACRA MEASURES						
140	Patient is a smoker	() Yes	() No				
QID 404	*if yes* - Rec'd cessation guidance	() Yes	O No				
ß	*if yes* — Smoked on DoS	() Yes	O No				
	Pre-existing OSA diagnosed	() Yes	O No				
_	<i>if no*</i> — Patient incapacitated	O Yes	O No				
AQI 62/68	*if no* — OSA screen positive	O Yes	O No				
AQI	*if yes* — OSA education doc	() Yes	() No				
1	≥ 2 Mitigations used	⊖ Yes	O 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						
M	Pre-op CPAP or NIPPVSABPre-op mandibular advncmt deviceExtuIntra-op CPAP or nasal/oral airwayVerice	timodal and Epid, or Pi bation whi fication of f overy is nor	NB used le awake full reversal				
2	Difficult airway and GETA planned	() Yes	() No				
ABG 42	*if yes*         Planned equip used AND           2nd Provider present	() Yes	⊖ No				
	≥ 3 Risk factors for PONV	() Yes	⊖ No				
QID 430	*if yes* ——— Inhal agent used	⊖ Yes	⊖ No				
	*if yes* —— Combo therapy used (						
	n jes combo merup juseu (						
QID 477 Q	Multimodal pain management (						
		) Yes () N	I-RS 🔿 N-RU				
	Multimodal pain management (	) Yes () N	I-RS 🔿 N-RU				

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

м	ACRA MEASURES						
4	Patient is a smoker	⊖ Yes	⊖ No				
QID 404	*if yes* - Rec'd cessation guidance	○ Yes	⊖ No				
Ŭ	*if yes* — Smoked on DoS	⊖ Yes	() No				
	Pre-existing OSA diagnosed	⊖ Yes	⊖ No				
8	*if no* —— Patient incapacitated	⊖ Yes	() No				
AQI 62/68	*if no* ——— OSA screen positive	⊖ Yes	() No				
A	*if yes* — OSA education doc	⊖ Yes	() No				
	$\geq$ 2 Mitigations used	⊖ Yes	() No				
	(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						
N	Mitigation strategies that may apply:       Multimodal analgesia         Pre-op CPAP or NIPPV       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						
2	Difficult airway and GETA planned	() Yes	⊖ No				
ABG 42	*ifyes*- Planned equip used AND 2nd Provider present	() Yes	() No				
	≥ 3 Risk factors for PONV	⊖ Yes	() No				
QID 430	*if yes* ——— Inhal agent used	⊖ Yes	() No				
Ø		) Yes () N	I-RS 🔿 N-RU				
QID 477	Multimodal pain management (	⊃Yes ∩N	I-RS 🔿 N-RU				
48	Send Graphium satisfaction survey OY	es () Pt De	eclines 🔿 No				
<b>AQI 48</b>							
14							

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

#### ADDITIONAL MACRA MEASURES

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

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

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

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

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

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

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) O No O Yes \*if yes\* — EtCO2 montoring used O Yes O No Labor Epid converted to C/S O Yes O No 54 MD \*if yes\* — Labor epidural failed () Yes O No Failed = New epidural for C/S, General anes used, or supplemental sedation (ie any dose of propofol, etomidate, or nitrous oxide) ABG 40 C-Section performed O Yes O No \*if yes\* — Phenylephrine given O Yes O N-RS O N-RU PRIMARY total knee arthroplasty O Yes 56 O No AQI \*if yes\* - Neuraxial or regional block O Yes O N-RS O N-RU Shoulder arthroscopy/plasty O Yes O No 41 ABG. \*if yes\* — Upper extremity block () Yes () N-RS () N-RU Yes = Interscalene, Sub/Interclavicular, Suprascapular, or Axillary blk *N-RS* = Performed by surgeon, pt/surgeon refused, contraindicated N-RU = Not performed

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)

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

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

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

#### 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

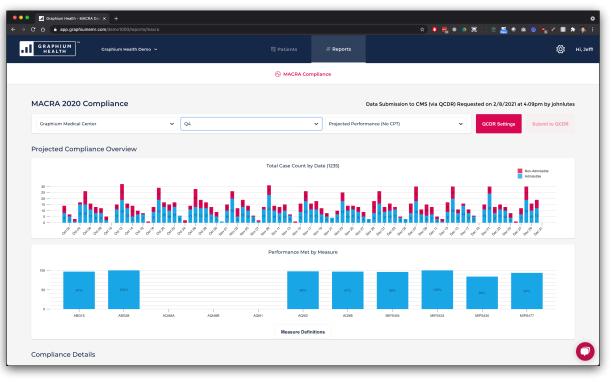




Feb Mar Apr May Jun Jul Aug Ses Des

# MACRA Ready<sup>™</sup> Dashboards

#### 2021 MACRA Ready™ Dashboard...



app.graphiumemr.com

#### app.graphiumemr.com

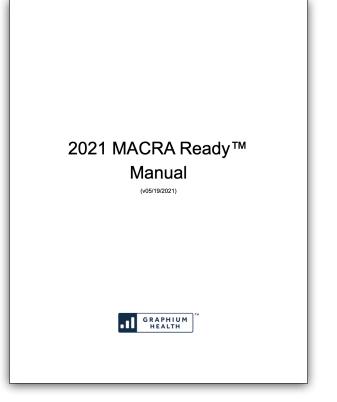
mpliance Details														
By Provider Cases	Population	n Health Quality	Outcomes F	atient Survey	/S									
											Download	CSV	Q Filter Tabl	е
PROVIDER	CASES	FORM CMPLT %	% ADMISSIBLE	ABC16	ABG38	AQ148A	AQ148B	AQ161	AQ162	AQ168	MIPS404	MIPS424	MIPS430	MIPS4
No Provider Specified	4	0% (0 / 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%	100% (3 / 3)	0% (0 / 88)	0% (0 / 0)	0%	100% (9 / 9)	100%	100% (7 / 7)	100% (41/41)	81% (42/52)	92% (81 / 88
GIBSON-03012	163	100%	67% (110 / 163)	100%	100%	0% (0/80)	0%	0% (0 / 0)	89% (8/9)	97% (29/30)	100%	100%	86%	95%
HANSEN-03038	192	100% (192 / 192)	66% (126 / 192)	89% (8/9)	100%	0% (0 / 102)	0%	0%	100%	100%	89% (8/9)	100% (56 / 56)	77%	95% (97/10
HARRIS-03046	161	100%	70%	100%	100%	0% (0 / 83)	0%	0%	100%	100%	100%	100%	89% (39 / 44)	93%
KUHN-03020	186	100%	70%	100%	100%	0% (0 / 102)	0%	0%	94%	89%	100%	100%	95% (56 / 59)	95% (97 / 10)
KUTCH-02048	186	99% (185/186)	100%	100%	100%	0% (0 / 145)	0%	0% (0 / 0)	100%	94%	93% (14 / 15)	100%	78% (60 / 77)	95% (137/14
SCHMITT-02064	224	100%	0% (0 / 224)	0%	0%	0% (0 / 0)	0%	0% (0 / 0)	0%	0%	0%	0% (0 / 0)	0%	0%
STROMAN-03053	173	100%	61%	100%	100%	0% (0/84)	0%	0%	100%	100%	86%	100%	85% (39 / 46)	96%
TROMP-02014	225	100%	100%	100%	100%	0%	0%	0%	100%	98% (63 / 64)	100%	100%	84%	95%
WATSICA-02056	196	100%	0% (0./196)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
WEHNER-02022	210	100%	100% (210 / 210)	(0 / 0) 100% (8 / 8)	(0 / 0) 100% (7 / 7)	(0 / 0) 0% (0 / 155)	(0 / 0) 0% (0 / 0)	(0 / 0) 0% (0 / 0)	(0 / 0) 89% (17 / 19)	100% (47 / 47)	92% (11/12)	(0 / 0) 100% (78 / 78)	(0 / 0) 82% (75 / 91)	(0 / 0) 94% (146 / 15
WILDERMAN-02030	204	100%	100%	90%	100%	0%	0%	0%	100%	94%	100%	100%	92%	93%

2021 MACRA Ready™ Dashboard...

# 2021 Advanced Analytics

≡ .∎		Browse 🗸 Explore 🗸	く 日 ② ⑧
Home	Scorecards Create performance profiles for any Facility, Surgeon, Anesthesiologist, or CRNA for any date range.		
P Overview			
Recently viewed			
♡ Favorites			▝▝▝▋▋▖▖▋▖▋
~>> Popular	Quality Scorecard Efficiency Scorecard	Location Utilization Scorecard Regional Block Scorecard	MACRA Facility Comparisons
Boards	133 Views, By Matthew Oldham	109 Views, By Matthew Oldham         7 Views, By Matthew Oldham	7 Views, By Matthew Oldham
Anesthesia Board			
Applications & Tools			
Shared folders			
Jeff's folder	Time Utilization Scorecard		
All folders	31 Views, By Matthew Oldham		
	Case Details / PHI Tables Individual case/patient data (export with care).	Cancellations Detail (After Indu         8 Views, By Matthew Oldham	Projected MACRA Detail (No CP 22 Views, By Matthew Oldham
	Insightful views into your business.		

# Additional Resources (Share with your group)



2021 MACRA Ready<sup>™</sup> Manual (PDF file)

	EEINITIONS iology Smoking Abstinence	QID 430 Prevention of Post-Operative Nausea and Vomiting (PONV)					
The percentage of o	current smokers who abstain from cigarettes prior to anesthesia						
Patient is a smoker:	ve surgery or procedure. Patient identifies as a smoker (e.g. cigarette, cigar, pipe, e-cigarette or marijuana)	post-operative nausea and vomiting (PONV), who receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of					
Received cessation guidance:	Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of	≥ 3 risk factors for  • Female gender  • History of motion sickness					
Smoked on day of surgery:	surgery. Patients who did NOT abstain from smoking prior to anesthesia on the day of surgery or procedure.	PONV: History of PONV Non-smoker Intended administration of opioids for post-op analgesia					
	e Sleep Apnea: Patient Education	Inhal agent used: Patient received inhalational anesthetic agent Combo therapy used: Patients who receive combination therapy consisting of a					
requiring anesthesi positive, have docu obstructive sleep ap	nts aged 18 years or older, who undergo an elective procedure a services who are screened for obstructive sleep apnes AND, if mentation that they received education regarding their risk for onea (OSA) prior to PACU discharge.	different classes preoperatively and/or intraoperatively. T recommended first- and second-line classes of pharmaco logic anti-emetics for PONV prophylaxis in patients at					
	e Sleep Apnea: Mitigation Strategies	moderate to severe risk of PONV include (but are not limit to):					
requiring anesthesi two or more selecte	nts aged 18 years or older, who undergo an elective procedure a services who are screened for OSA AND, if positive, for whom ed mitigation strategies were used prior to PACU discharge.	TOJ: NK-1 Receptor Antagonists • Phenothiazines • Butyrophenones • Glucocorticolds • Phenylethylamines • Antihistamines • 5-Hydroxytryptamine (5-HT3) Receptor Antagonists • Anticholinergics					
	gnosed: Patient has an existing diagnosis of OSA	Yes - Patient received at least 2 prophylactic pharmacologic					
Patient incapacitate	d: 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	anti-emetic agents of different classes preoperatively and intraoperatively					
OSA screen positive: OSA education	enough to participate in education) Positive patient OSA screen (e.g. STOPBANG) Patient education regarding OSA must include documenta-	N-RS - Documentation of medical reason for not receiving at lea (N-Reason Specified) prophylactic pharmacologic anti-emetic agents of differe classes preoperatively and/or intraoperatively (e.g. intoler					
documented:	tion that a conversation addressing potential implications of OSA on the perioperative course and any recommendations for follow-up care and disease management occurred. Patients with OSA have documentation that two or more	N-RU - Patient did not receive at least 2 prophylactic pharmacolo (N-Reason Unspecified) anti-emetic agents of different classes preoperatively and					
≥ 2 mitigation		intraoperatively					
strategies used:	mitigation strategies were used prior to PACU discharge.	ADDITONAL MACRA MEASURE DEFINITIONS					
	Suspected Difficult Airway Mitigation Strategies						
		MD 53 Use of Capnography for Non-Operating Room Anesthesia Percentage of patients receiving anesthesia in a non-operating room setting with					
planned GETA that	nts with a known or suspected difficult airway who undergo a have both a 2nd provider present AND have difficult airway som prior to the induction.	Percentage of patients receiving anesthesia in a non-operating room setting wh have end-tidal carbon dioxide (ETCO2) monitored using capnography.					
planned GETA that equipment in the ro Provider: Any OR s	nts with a known or suspected difficult airway who undergo a have both a 2nd provider present AND have difficult airway	Percentage of patients receiving anesthesia in a non-operating room setting wh					
planned GETA that equipment in the re Provider: Any OR s who is so QID 424 Periopera Percentage of patie procedures under g for whom at least o	Its with a hown or suppected difficult alrawy who undergo a howe both 2-ad powed present AND have difficult alraway som prior to the induction. If (og physical, CORA, BN, realedant, or an esthesia tech) ley available to assist with the alrawy. <b>two Temperature Management</b> <b>two Temperature Management</b> <b>two Temperature Management</b> <b>two</b> difficult of minutes duration or longer body temperature und 355 degrees	Percentage of patients receiving a mesthesia in a non-operating room setting wh have end vidial carbon dioxide [ETCO2] monitored using capongraphy. MD 54 Labor Epideral Failure when Converting from Labor Analgesia to Cesaram Section Anesthesia The percentage of patients who new pre-existing labor epidural or combined epidurul/spinal technique who require either repeat procedural epidural or typin general anesthesia, or supplemental calciton as diffende bloor for cesaram					
planned GETA that equipment in the re Provider: Any OR s who is so QID 424 Periopera Percentage of patie procedures under g for whom at least o Celsius (or 95.9 deg	nts with a known or suspected difficult airway who undergo a have both a <i>nd</i> provider presert AND have difficult airway som prior to the induction. If (eg. physician: CRAN, RN, resident, or anesthesia tech) ley available to assist with the airway. <b>Utor Temperature Management</b> Ints, regardless of ago, who undergo surgical or therapeutic nemeral or neurasia amenthesia do do minutes duration or longer	Percentage of patients receiving anesthetia in a non-operating non-netting with how end vidial curring of model (EUC) summarized using capoparty. MD 34 Labor Epidural Failure when Converting from Labor Analgesia to Caparana Section Anesthetia epidurul/gional technique when equine interrept provedning epidurul or combined epidurul/gional technique who require the reget provedning epidurul or gin prevent anesthesia, or supplemental addition below for casarana section. For the purpose of this massure, supplemental addition is defined as a					
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2021 MACRA Definition Summary page

#### Questions: Info@GraphiumHealth.com

MACR/ Name			2021 Si IACRA MEASURES OUALITY MEASURES
DoB DoB	Gndr	-	Patient is a smoker O Yes O No Post-op disposition
D0B MRN	(PATIENT STICKER) Gndr	3	
EN		ĝ	
CASE INFOR	MATION		Pre-existing OSA diagnosed O Yes O No 0 1 2 3 4 5
Facility	(point) incluiny		6 7 8 9 10 Uni
Tuciny	0.10001.000000000	62/68	
Date	MM DD	ADI	tituet Oth advertise day O Yes O No
Anes Start		2.6	> 2 Mitigations used O Yes O No
			Handoff used ○ Yes ○ N-RS ○ STOP8ANG screen for OSA: Plus 1 for each. OSA screen pos if score ≥ 5.
Anes End	B B M	10	(Singres (B)MI > 35 OUTCOMES (No OYes
Case	type O Stnd O OB		(T)ired (A)ge > 50yo Cardiac arrest (unplanned)
			(O)bserved apnea (N)eck size > 17"M or 16"F Divocardial ischemia
Patient	type ⊖ Amb ⊖ Inpt ⊖ED		(P)ressure: HTN (G)ender = Male Dysrythmia reguliring interventio
Physical st	atus ○ 1   ○ 2   ○ 3		Mitigation strategies that may apply: Multimodal analgesia 🛛 Unexpected death
	04 05 06	DE	Pre-op CPAP or NIPPV SAB, Epid, or PNB used Uncontrolled HTN Pre-op mandibular advncmt device Extubation while awake Stroke, CVA, or coma
			Pre-op mandibular advncmt device Extubation while awake Stroke, CVA, or coma Intra-op CPAP or nasal/oral ainway Verification of full reversal Vasc injury (arterial/ptx)
⊖ Gen			Post-op CPAP or nasal/oral airway Recovery is nonsupine
OMAC	O Epidural O LABOR Epide		Difficult airway and GETA planned O Yes O No Aspiration
PROVIDER I	NFORMATION	ABG 42	Planned equin used AND
Surg	(PRINT LÉGIBLY)	A	"#yes*Znd Provider present Yes No Failed regional anesthetic Peripheral nerve injury post regional anesthetic
		-	≥ 3 Risk factors for PONV ○ Yes ○ No □ Wet tap
Anes #1		0.430	Systemic local anes toxicity
Anes #2		8	" // "if yes" — Combo therapy used ○ Yes ○ N-RS ○ N-RU □ Temperature <95.9"F or <35.5"C
		-	Relatubation (planned trial extur
Anes #3	(Emmil LEGIBLY)	OID 477	Multimodal pain management O Yes O N-RS O N-RU Reintubation (no trial extub)
Anes #4		F	Intractable N/V
COMMENTS			Send Graphium satisfaction survey () Yes () Pt Declines () No Unexpctd post-op vent
		VOI 48	
		~	Medication administration error
			Email Adverse transfusion reaction
		A	DDITIONAL MACRA MEASURES   Opioid reversal required
		3	
		R I	└─ *if yes* ── EtCO2 montoring used ○ Yes ○ No □ Wrong surgical procedure
		3	Labor Epid converted to C/S O Yes O No Unplanned hospital admission
		ND 5	- *if yes* Labor epidural failed O Yes O No
			Earled = New epidural for C/5, General anes used, or supplemental     Visual loss
			sedation (ie any dose of propofol, etomidate, or nitrous oxide)
		6	C-Section performed O Yes O No Awareness under GA
		ABG	"if yes* — Phenylephrine given ○ Yes ○ N-RS ○ N-RU     □ Unable to intubate     □ Airway fire in OR
		95	PRIMARY total knee arthroplasty O Yes O No Corneal abrasion
		20	"ifyes* - Neuraxial or regional block      Yes      N-RS      N-RU     Equipment malfunction     Fall in OR
FORM COM	PLETION	186.41	Mart Hannahaltah O Yan O N M O N N
Ans 11		-	ASALVI CODE
SIGNATURE	DATE	TIME	res = Interscalene, Sub/Interclavicular, Suprascapular, or Axillary blk V-RS = Performed by surgeon, pt/surgeon refused, contraindicated
			V-RU = Not performed (If available or to be submitted late



