



American Society of
Anesthesiologists™

Central Line
Episode Number 20
Episode Title – NACOR Revisited

(SOUNDBITE OF MUSIC)

VOICEOVER:

Welcome to ASA's Central Line, the official podcast of the American Society of Anesthesiologists, edited by Dr. Adam Striker.

DR. ADAM STRIKER:

Hi, I'm Dr. Adam Striker, editor of ASA's podcast series Central Line. Today, we're going to do something a little different. We're going to revisit past conversations with experts on the topic of NACOR, experts who can illuminate the process and value and exemplify how vital data is for the practice of anesthesiology as we work together to advance patient care. NACOR, the National Anesthesia Clinical Outcomes Registry, was created in 2008. It's designated a qualified clinical data registry by the Centers for Medicare and Medicaid services. Katie Wochos, AQL's Director of Operations, talked to Patrick Riley about why and how practices use NACOR.

(MUSIC)

KATIE WOCHOS:

So practices primarily, uh, there was a big uptick in participating in NACOR, when the, uh, MIPS reporting came into effect, and that is the merit-based incentive payment system. So, that's part of MACRA, part of the Affordable Care Act, where practices can earn a bonus on their Medicare payments and, um, they can also potentially avoid penalties. Or, if they don't participate, they could potentially get, be penalized by CMS.

Another reason that folks participate is for benchmarking. They're able to see how they perform in certain categories or certain, uh, measures against their peers that participate in the NACOR registry. So there's a national benchmark for all folks that are participating in the NACOR registry. They can track their cases, see how they're performing. They can create performance improvement plans, plan-do-study-act, and utilize NACOR do the study part and measure how their performance is improving. They can also use it for contracting and demonstrating their value. So we all know that our members at ASA provide good, quality care to their patients, but NACOR offers the opportunity to demonstrate that value of care that they provide to patients.

PATRICK RILEY:

Well sounds like NACOR can provide something for anesthesia providers in all practice settings. How can providers register for NACOR? And is there a deadline to register for quality reporting?

KATIE WOCHOS:

Great question, Pat. Thanks for asking that. Our deadline is fast approaching; it's going to be here October 31st. The way you can register is by calling the AQI. You can go on to the website and complete the online registration form.

But you should note that there has to be data use agreements in place in order to start contributing to your data to the registry. This can be a little bit of a lengthy process. So you want to get ahead of that and, and get your registration forms in and start setting it up as soon as possible if you want to participate in the program.

PATRICK RILEY:

Well, a lot of people have in the past, because NACOR has 63 million total cases reported. How can providers take advantage of this data set to improve the quality of care that they provide?

KATIE WOCHOS:

Yes, they can participate in NACOR and gain access to this data. That's one of the, uh, benefits of participating in NACOR. You can complete a data use request form, which is located on the website under the research tab. In order to gain access though, you must be contributing data to NACOR. This ensures the natural flow of data into the data registry and making sure that we have a significant amount of data for any future data requests.

When you complete a data request, it is submitted to a committee that it, reviews it for merit and also makes sure that we have enough data to complete your request. If you're looking for information to provide a slide in a slide deck for an upcoming presentation, or if you're preparing a paper and would like to use NACOR data, it does take a little bit of time, so try to plan ahead where you can submit your request, make sure that it goes through the proper channels with the research committee and you get your, your aggregate data set in a timely manner to complete the work you're looking to complete.

(MUSIC)

DR. STRIKER:

Dr. Brian Cammarata of Old Pueblo Anesthesia in an AQI fellow also talked to Patrick Riley about why reporting quality data NACOR or is not just about meeting government requirements. It's about benchmarking, and ultimately, it's about advancing the specialty.

DR. BRIAN CAMMARATA:

Performance, measurement and benchmarking are necessary to improve quality and safety. ASA's National Anesthesia Outcomes Registry, or NACOR, includes more than 60 million anesthesiology cases. This data warehouse, which has been designated by CMS as a qualified clinical data registry is the national steward of anesthesia quality data. NACOR is more than just a tool to report to the government. The information has become an indispensable source of national benchmarks and health practices measure themselves against other practices around the country.

PATRICK RILEY:

It sounds like a win-win scenario. Reporting data gives ASA national benchmarks and helps practices measure themselves against others throughout the country. Why is that important?

DR. CAMMARATA:

AQI participation is a win-win scenario. Data allows practices to demonstrate quality and value objectively. Ultimately, benchmarking is necessary to improve quality and patient safety. Practices can also leverage the data to develop business opportunities, renew hospital contracts, and objectively demonstrate quality to third party payers.

PATRICK RILEY:

So it sounds like having access to national benchmarks is a great reason to enroll in AQI's NACOR portfolio. What are the benefits to seeing national benchmarks?

DR. CAMMARATA:

In modern medical practice, data drives credibility. The NACOR registry provides a vehicle to obtain this data. AQI's NACOR portfolio includes NACOR Basic, NACOR Benchmarking, Quality Concierge and Quality Reporting. Each of these services plays a role in assessing clinical outcomes, benchmarking results, advancing patient safety across the specialty, and promoting individual practices.

A tangible example of data benefiting patient care measures is in the prevention of postoperative nausea and vomiting. Comparing benchmark data with peers nationally could help practices reduce this common and undesirable side effect associated with anesthetics. This ultimately leads to improved patient satisfaction and better Hcahps scores.

PATRICK RILEY:

Well, aside from seeing benchmarks, how can practices use the data to show they are providing quality care?

DR. CAMMARATA:

Again, data allows practices to demonstrate quality and value objectively. ASA's Quality Reporting promotes visibility to practice advancement, adherence to best practices, and better patient outcomes. NACOR allows anesthesiologists to monitor trends in quality and safety of their own practice and to compare themselves against others. Secondly it supports MIPS reporting and allows anesthesiologists to objectively demonstrate quality. Practices should consider participating in Quality Reporting as part of their professional citizenship and to uphold the highest standards of the medical specialty.

(MUSIC)

DR. STRIKER:

With both of these experts flagging how data can shape care, we wanted to learn more. So we turned to Dr. Patrick McCormick of Memorial Sloan-Kettering Cancer Center and Chair of AQI's Data Use Committee. He took us deeper into the topic of how NACOR's data is being used to identify trends that can impact patient care. We asked him why it's important for the specialty that NACOR data is used to support clinical studies.

DR. PATRICK MCCORMICK:

So the academic work done with NACOR data gives us a picture of current practice by anesthesiologists across the entire country. It's really hard to perform epidemiological studies that look at changes in practice over time unless you have data for a wide variety of anesthesiologists working in many different locations. Because NACOR includes data from all regions of the country, and because we have both academic and private practices supplying data to NACOR, it makes it a really unique, special and very powerful, uh, resource for, uh, determining what's going on right now with anesthesiology in the United States.

PATRICK RILEY:

Great. Can you cite a few examples of how NACOR is playing a role in academic research?

DR. MCCORMICK:

So, there is a pretty solid list of about, I'd say about 40 more, more studies that have been done over the last couple of years since NACOR not only started, but first began, uh, sharing data with people who wish to, NACOR participants, who wish to use it. Um, some of the more exciting projects include one intriguing study that found an association between patients with a lower socioeconomic status and that they had lower utilization of antiemetic prophylaxis medication. Which is really kind of an interesting association cuz we don't really see anesthesiology as having that big a role in terms of health disparities within people of different socioeconomic status. So while this being retrospective and an association, uh, is, is simply the building block for future study. It's definitely kind of an unexpected result.

There's another recent study, uh, performed that looked at just emergency surgical cases. Now, if you go to a, a hospital, there just aren't enough emergencies to really say anything, anything interesting about them. But since NACOR includes data from so many locations, there's enough emergencies in NACOR that this study was able to look and see if there is the association that many of us have wondered about, which is that, if you do an emergency in the late shift, is there a higher chance that the patient's going to die? And this study found there was no association between the time of day and perioperative mortality. These kind of studies, uh, and research questions, require a data source.

PATRICK RILEY:

Well, that's fascinating, just those few examples. So it seems that practices have one more good reason to report data through NACOR, and that's providing clinical insight needed for better care. Are there more opportunities for NACOR based research?

DR. MCCORMICK:

As the Anesthesia Quality Institute's quality measures mature, I'm hoping we can explore the trends of which quality measures are being used, and what kinds of improvements practices are seeing. Uh, there may be differences in terms of types of practice or location in the country, or other factors that the, that we're currently, that we are tracking in NACOR.

PATRICK RILEY:

What do you think the future holds for NACOR data being used in academic research?

DR. MCCORMICK:

NACOR's our foundation for developing data that tells us what our members are doing. And, any informed discussion about the future of anesthesiology requires data. What's happening right now? Uh, the (sic) encourages practices to expand the scope of uploaded data, include more than the current minimum data set of just time of start, time of end, and, where you are. We really need useful information, uh, such as patient diagnosis codes, medications given during anesthesia, uh, the more specifics about how the anesthesia was, was used. And of course, more data about patient outcomes, so that we can perform risk stratification uh, and other more advanced techniques to, to answer more interesting questions about how anesthesia is done and what happens after anesthesia for our patients.

(MUSIC)

DR. STRIKER:

We hope listening to these experts discuss NACOR data and how it can be used has been edifying. Join us for another episode of Central Line, coming your way soon.

VOICEOVER:

Track your anesthesia practice's performance through AQI Quality Concierge real-time dashboards and be able to demonstrate your value to negotiate facility and private payer contracts. Find out more about this full service solution at asahq.org/quality-concierge.

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