



Guiding Principles for Management of Performance Measures by the American Society of Anesthesiologists

Committee of Origin: Performance and Outcomes Measurement

(Approved by the House of Delegates on October 15, 2000, and last amended on October 17, 2018)

BACKGROUND AND PURPOSE

The American Society of Anesthesiologists (ASA) recognizes the importance of developing quality metrics to collect data on clinical performance and outcomes in today's health care environment. Benchmarking of performance using defined measures or metrics is essential to improving patient care. Furthermore, continued public health awareness and emphasis on the delivery of medical care has elevated issues of patient safety and quality of care. Hospitals, insurers, regulatory bodies, and patients increasingly expect that physicians demonstrate their ability to render high-quality and cost-effective health care. Quality metrics are just one example of a way to continuously assess clinical performance.

As the voice of the specialty of anesthesiology, the ASA should develop and maintain performance measures and feedback mechanisms to allow physician anesthesiologists to benchmark their own outcomes and to facilitate quality improvement. These same tools and mechanisms may also be used to track resource utilization and to establish health care priorities. Measures developed by the ASA may be used, for example, by the Anesthesia Quality Institute (AQI) National Anesthesia Clinical Outcomes Registry (NACOR), federal payment programs and other stakeholders with an interest in processes and outcomes in anesthesiology.

This document is intended to serve as guidance for ASA's quality measure development and maintenance process, that in turn, will allow the ASA to support anesthesiologists' collection, submission and use of performance measurement data. Identification of clinical data that has the potential to improve clinical outcomes is critical to the meaningful improvement of patient outcomes and experience. Such data should include but not be limited to processes of care, clinical and patient-reported outcomes, patient satisfaction, and resource utilization. Quality metrics may include both individual and team based accountability measures. Equally important is the collection of organizational or structural data that will permit identification of relationships between practice characteristics and clinical outcomes.

RESPONSIBILITIES OF CPOM:

1. Develop and maintain performance measures
 - a. Define the principles for developing quality measures in anesthesiology.



- i. Methodology used for developing and validating performance measures should be grounded in evidence-based practice guidelines and other validated scientific literature. Measures or indicators should consult clinical practice parameters when available or applicable to potential measures under development. Measures can be developed routinely as part of ASA development of clinical practice parameters
 - b. Prioritize which measures are needed as recommended by ASA leadership, ASA committees, other ASA members, regulators and those collected as part of the public call for measure concepts.
 - c. Oversee and approve measures developed by a CPOM affiliated workgroup selected by the CPOM Chair and approved by ASA physician leaders. This group consists of physician representatives from CPOM and AQI committees and ASA staff with measurement, data and methodological expertise. Subject matter experts from the ASA membership should be consulted for individual measures as necessary.
 - d. Use ASA and AQI definitions defined by the AQI Ad Hoc Committee on Data Definitions or other ASA or AQI designated entity.
 - i. Data sources may include, but are not limited to, paper medical records, electronic health records, clinical information systems, administrative and claims data, quality capture electronic applications (apps), quality management programs, and patient surveys
 - ii. All performance measures will be periodically assessed and updated as needed by ASA staff experts and clinicians as necessary, to assure continued quality and consistency.
 - e. Facilitate the identification, assessment and adoption of risk-adjustment models.
 - f. Maintain measures within federal stakeholder entities such as the Centers for Medicare & Medicaid Services, National Quality Forum and others as appropriate.
 - g. Represent the perspective of anesthesiology within the national quality measurement landscape.
2. Communicate with ASA members, interested stakeholders and federal entities on measures and development.
 - a. Provide regular opportunities for ASA membership and relevant, external stakeholders to submit feedback on proposed and established performance measures.



- b. CPOM advocates on behalf of membership on which ASA performance measures are best suited for federal quality programs, and which measures should be reserved for local quality improvement projects.
 - c. Contribute to the education of anesthesiologists on the regulatory requirements for quality measure development including the methodological basis required for performance measures and improving patient outcomes, through reporting and analyzing performance measure data.
 - d. CPOM will provide the anesthesiology perspective on measures outside of the specialty, that may affect anesthesiologists, including facility-based measure and shared accountability measures and comment on potential regulatory consequences of federal quality payment programs.
3. Collaborate with AQI regarding relevant structures, processes, and outcomes of care and whether specific performance and/or outcome measures should be presented for federal payment programs or internal reporting.
 - a. CPOM will oversee the design and ongoing evaluation of ASA performance measures. Implementation of measures within NACOR will be the responsibility of AQI, with consultation from CPOM.