

New Quality Reporting Measures for Physician Anaesthesiologists



The Centers for Medicare & Medicaid Services (CMS) have recently approved two new Physician Quality Reporting System (PQRS) measures and 16 non-PQRS measures developed by the American Society of Anesthesiologists (ASA) and Anesthesia Quality Institute (AQI).

The new 36 reporting measures are expected to empower physician anaesthesiologists when reporting on measures that are important to both their patients and their practice as pointed out by ASA President J.P. Abenstein, M.S.E.E, MD. He says that this is an important step because the healthcare world is rapidly moving toward quality-based movement and these measures can help ASA's members and anaesthesia professionals everywhere.

With these new measures in place, physician anaesthesiologists can now report on items such as patient temperature management before, during and after surgery, completion of safety checklists before anaesthesia, administration of antibiotics, as well as pain assessment and patient follow-up.

AQI's National Anesthesia Clinical Outcomes Registry (NACOR) was certified as a QCDR in 2014. The QCDR registry is among the 40 entities that have achieved this designation, enabling registry participants to select performance measures that are targeted toward improving patient safety and care. NACOR tracks patient and disease data to identify areas which can help improve care and physician performance.

"The QCDR designation has been pivotal to improving quality reporting," said AQI Executive Director Richard Dutton, M.D., M.B.A. "ASA can now select and develop its own physician performance measures, rather than being limited to the measures approved by CMS. With 36 measures covering a variety of anaesthesia cases and patient types, ASA and AQI are well positioned to help providers improve patient care, as well as avoid penalties for 2015 reporting."

With these new measures, physician anaesthesiologists who fail to satisfactorily report PQRS in 2015 will face payment penalties of 2 percent in 2017 with an additional negative 2 to 4 percent Value-Based Payment Modifier assessed on their claims that year.

Source: American Society of Anesthesiologists

Image Credit: American Society of Anesthesiologists

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