



Quality improvement

AAKC reviews data on a regular basis and found a few outliers that prompted further attention. Overall, postoperative nausea and vomiting (PONV) outcomes at the 14 facilities were higher compared to NACOR benchmark data, Chambers says.

“Through the NACOR data, we could see some facilities had lower PONV outcomes,” she says. “We had some facilities that were below the benchmark, and we had physicians talk about how their individual facilities were performing well. We looked into what we could do to improve scores and patient care.”

As a result of reviewing NACOR data, AAKC developed a protocol for preventing and managing PONV in patients based on the number of risks. “We have changed our approach on care and PONV scores have gotten better,” Chambers says.

Postoperative pain management is another area the practice is focusing on, after comparing practice data in NACOR with benchmark scores from more than 25,000 anesthesia clinicians around the country who have submitted approximately 763,000 cases so far in 2018, she says.

NACOR allows more than 120 physician anesthesiologists and anesthesiologists at Western Anesthesiology Associates in St. Louis to benchmark their patient outcomes, professional performance and care processes against their peers across the country.

The practice uses NACOR reports to facilitate local quality improvement by tracking trends in performance and identifying areas where the practice can improve.

“We look at performance on the measures to identify potential gaps in quality,” says Donald Arnold, M.D., president of Western Anesthesiology Associates, Inc. (WAAI). “Separate from payment considerations, the benchmarking information is valuable in working to improve clinical performance.”

Chambers says her practice uses NACOR to track non-MIPS quality measures such as mortality, cardiac arrest and reintubation rates. “With NACOR, we can report above and beyond MIPS because there are a lot of things anesthesiologists want to track,” she says. “Those outcomes are very important to us.”

Dr. Arnold agrees. “These are measures that ASA has determined to be important,” he says. “NACOR provides us with the opportunity to report on performance to our health system and perform improvement work in areas defined by these measures.”

Contributing data to NACOR can lead to a better understanding of where quality gaps exist and help practices benchmark data against their peers. “We continually look at our data to determine what we can improve on so patients have a better experience,” Chambers says. “Because NACOR is anesthesia centric, the measures provide valuable information to our practice.”

Alexander A. Hannenberg, M.D., ASA Interim Chief Quality Officer, says NACOR data will continue growing and help practices build quality improvement processes. “The use of benchmarking to drive improvement marries the power of credible data with the professional ethic of doing our best for our patients,” Dr. Hannenberg says.

NACOR® Helps Practices Build Quality Improvement Processes

Patrick Reilly

Since its inception in 2008, the goal of the Anesthesia Quality Institute’s (AQI’s) National Anesthesia Clinical Outcomes Registry® (NACOR) is to collect data from anesthesia practices around the country to help anesthesiologists assess and improve patient care.

While tremendous energy has been spent the past several years by anesthesia practices to meet Quality Payment Program (QPP) reporting requirements, NACOR has remained true to its mission.

More than a tool for anesthesia practices to meet QPP requirements mandated by the Centers for Medicare & Medicaid Services, NACOR is a registry that provides practices with access to their own data, as well as national benchmarks. Anesthesia practices use data every day to facilitate local quality improvement by tracking trends in performance, identifying where they are out of step with national norms and understanding their community of patients and providers.

Benchmarking performance

Anesthesia Associates of Kansas City (AAKC) is one of more than 600 anesthesia practices reporting data to NACOR in 2018. The practice has 175 physician anesthesiologists and anesthesiologists at 14 facilities in the Kansas City area. The practice sends files to NACOR with data on every anesthesia case performed by the group. AAKC had approximately 86,000 case files in NACOR in 2017, says practice manager Lori Chambers.

“We needed a mechanism for benchmarking data,” Chambers says. “NACOR helps us compare ourselves to other anesthesia practices, so we can see how we are performing.”

NACOR practices have continual, online access to their own data and to national benchmarks. In 2017, more than 9 million cases were added to NACOR. Since NACOR debuted in 2010, more than 58 million cases have been added to the registry. Data can be categorized by facility, provider or common case types.