

**Perioperative Services,
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The Academy of Integrative Pain Management (AIPM) should soon have targeted dietary recommendations after findings that a poor diet produces signs of inflammation, including C-reactive protein (CRP).

True or False?

Referring to the surgery schedule is the best source for the procedure performed.

T or F?

Check next month's issue for the answer!

Last month's answer is: **True**

Trick question! Well documented Critical Care or Vent Management can be billed separate from surgery but both Vent and CC cannot be billed together.

Ensuring Transparency In Healthcare Performance

A new discussion paper addresses the topic of consumers deserving valid and transparent measures of quality in health care, but a lack of standards and auditing for these measures can misinform them rather than guide their health care choices. The discussion paper titled "Fostering Transparency in Outcomes, Quality, Safety, and Costs" was published as part of *Vital Directions for Health Care*, a publication commissioned by the National Academies of Sciences, Engineering, and Medicine, a consortium of nonprofit institutions that advises the federal government on health issues affecting Americans. The publication is a collection of articles that aims to prioritize key issues for health care leaders and policymakers.

The paper is written by Peter Pronovost, M.D., Ph.D., director of the Armstrong Institute and Johns Hopkins Medicine's senior vice president for patient safety and quality; J. Matthew Austin, Ph.D., an assistant professor at the Armstrong Institute; and other experts in the field. The paper argues for better and consistent measurement and reporting standards to ensure that performance measures inform rather than confuse consumers and appropriately classify the quality of care provided by the nation's health care providers. In their paper, Pronovost and Austin address additional key challenges to produce reliable and valid performance measures.

Challenges include the multistep process of measuring and reporting health care quality (every additional step to the process invites opportunities for errors), no single entity is entrusted with ensuring the validity of the entire process, and lack of funding. "For over two decades, health care stakeholders have agreed that transparency in our industry is essential," Pronovost says. "However, now is the time to improve and make systems more robust to ensure measurements are accurate."

Does Adding Epidural To Anesthesia Improve AAA Repair Survival?

Adding an epidural to general anesthesia improved survival and fewer complications in elective, open abdominal aortic aneurysm (AAA) repair, a recent study in *Jama Surgery* reported. In the retrospective analysis of 1,540 patients in a prospectively-collected database, 63.9% who got combined epidural and general anesthesia had a 5-year estimated overall survival rate of 74% compared to 65% among general anesthesia-only patients. This difference persisted in adjusted analyses.

This combination anesthesia group also had significantly lower odds of surgical re-intervention at 30 days, postoperative bowel ischemia, pulmonary complications, and the need for dialysis.

"Epidural analgesia in addition to general anesthesia should be strongly considered in suitable patients undergoing elective AAA repair," the researchers stated. Open aortic surgery is being overtaken by endovascular aortic repair, which will make randomized trials in open repair difficult, an accompanying editorial added. "Therefore it seems wise to use any adjuncts at our disposal to reduce postoperative complications as long as the costs and risks are low."

Mixed Reactions To CMS Tool Predicting Impact of MACRA On Providers

CMS is considering unveiling a new web-based tool that helps clinicians assess the potential impact of merit-based incentive payment systems (MIPS) on their reimbursement. It will also help them evaluate their performance under the system and provide tips to improve scores. The tool could help ease concerns about the risk undertaken in the new payment models. The tool should make it easier for individual providers to improve performance and for provider executives to set their strategy under MACRA, Rivka Friedman, practice manager, research at the Advisory Board said in response to the news.

Chet Speed, vice president of public policy at American Medical Group Association said the tool should help small practices without strong technology. Others are concerned that actual performance data won't be available until 18 months after a physician sees a patient. Anders Gilberg, senior vice president of government affairs at the Medical Group Management Association said that would provide only a "theoretical estimate." "This move amounts to releasing a crib sheet that will help doctors game the MIPS payment system, the medical equivalent of teaching to the test," said Dr. David Himmelstein, professor of public health, City University of New York at Hunter College and co-founder of the single-payer advocacy group Physicians for a National Health Program. Himmelstein also argues that the tool will divert doctors' focus from caring for patients to caring for the documentation.

The numbers have shown an uptick in the amount of physicians dropping out of government programs because of the increased administrative burden, even though the overall participation in Medicare remains high. So far this year, a total of 19,543 physicians aren't participating in Medicare, according to federal data. That number is up from 3,700 in 2009.