Society of Thoracic Surgeons

Adult Cardiac Surgery Database

November 4, 2020





Trusted. Transformed. Real-Time.

Agenda

- Welcome and Introductions
- STS Updates and Important Dates
- Capturing Medicare Insurance
- Chronic Lung Disease Coding
- Aorta Devices
- IQVIA Update
- Q&A Please submit using the Q&A function



STS Updates



• Public Reporting

- Next public reporting consent deadline is December 1
 - First quarter 2021
 - Will include 2020 Harvest 1 data (cases through December 31, 2019)
 - All 5 ACSD composite measures will be included
 - Iso CABG, Iso AVR, AVR+CABG, Iso MVRR, and MVRR+CABG
- STS will send notification to sites in the coming weeks
- Contact Sydney Clinton with questions Sclinton@sts.org

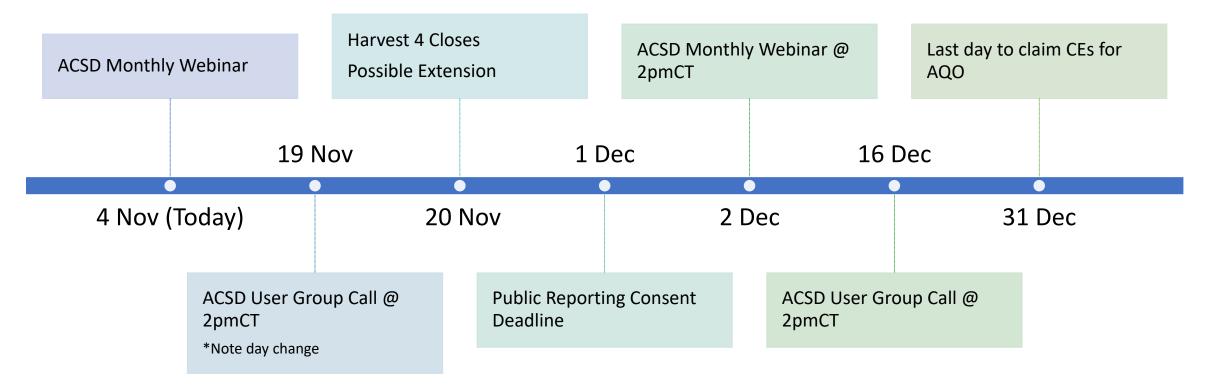
• Harvest Updates

- Harvest 1 2020 results updated last weekend
- Harvest 3 2020 is in analysis
- Harvest 4 2020 set to close on November 20
 - STS is discussing a possible extension
 - More information will be sent to sites next week

• AQO Wrap Up

- All AQO Sessions will be available for an entire year
- CE Credit must be claimed by December 31, 2020
- Access to AQO will be available for purchase in late November via the STS Learning Center for those who did not attend

Important Dates for Adult Cardiac







Capturing Medicare Insurance

- Medicare
 - Plan A Hospital Insurance
 - Inpatient Hospital Stays
 - SNF
 - Hospice
 - Some Home Health Care
 - Plan B Medical Insurance (Fee For Service)
 - Doctor Services
 - Outpatient Care
 - Medical Supplies
 - Preventive Services
 - Plan C Medicare Advantage
 - Commercial Alternative to Medicare Plans A & B
 - Patient forgoes Plan A and B and pays a Commercial Insurance provider for coverage
 - Plan D- Prescription Drug Coverage
 - Plan E Medigap or Supplemental Insurance
 - Discontinue to new enrollees in 2010
 - In addition to Traditional Medicare
 - Plan F, G, N Medigap or Supplemental Insurance
 - In addition to Traditional Medicare

Capturing Medicare Insurance

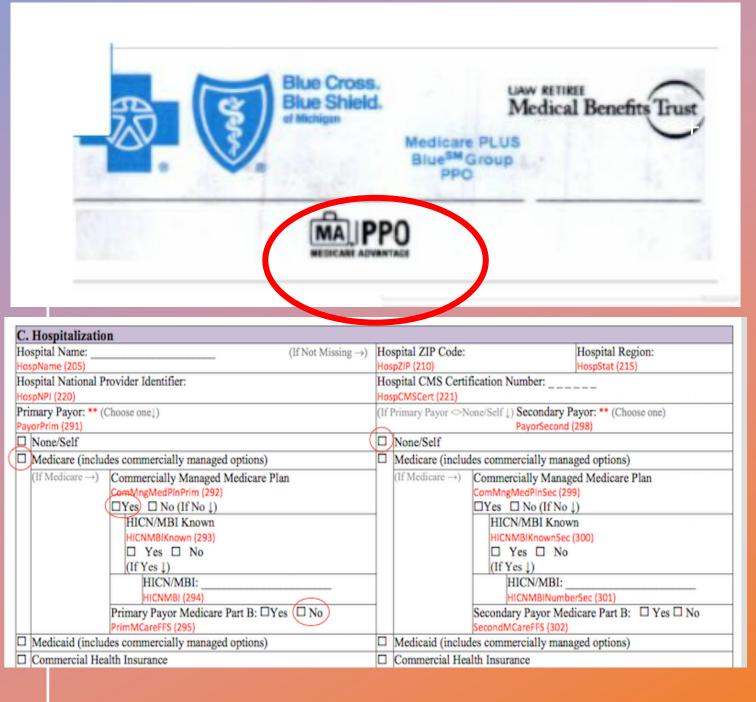
- Plan C Medicare Advantage
 - Commercial Alternative to Medicare Plan A & B
 - Patient forgoes Plans A and B and pays a Commercial Insurance provider for coverage
 - If this is primary, then code
 - Commercially Manager Medicare Plan "Yes" and
 - Primary Payor Medicare Part B "No"
- Supplemental Plans
 - Plan E Medigap or Supplemental Commercial Insurance
 - Discontinue to new enrollees in 2010
 - In addition to Traditional Medicare A & B
 - Plans F, G, N Medigap or Supplemental Commercial Insurance
 - All in addition to Traditional Medicare A & B
 - For those with Primary Medicare then code
 - Commercially Managed Medicare as "No"
 - Primary Payor Medicare Part B as "Yes"
 - Code Secondary as either Commercial Health Insurance or HMO which ever is appropriate
- Patients who are still working or in special situations may have a commercial or HMO insurance as
 primary, which is not a Medicare advantage plan, and may also have Medicare, which would be coded
 as a secondary
 - You need to look to make sure the commercial or HMO insurance is not a Medicare advantage plan

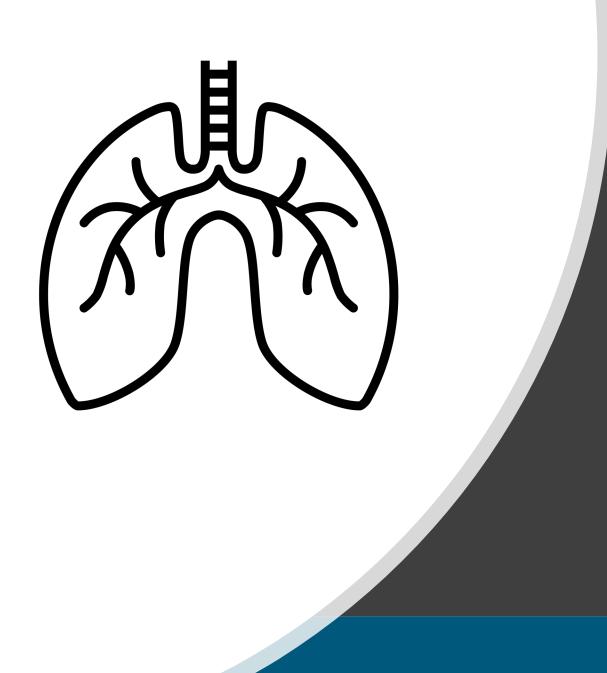


Medicare Primary with Commercial Supplement

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Coverage Number:	Primary Payor: ** (Choose one↓) PayorPrim (291)	(If	Primary Payor <> None/Self 1) Secondary Payor: ** (Choose one) PayorSecond (298)	
Coverage Type: MEDICARE SUPPLEMENT PLAN G	□ None/Self		None/Self	
Please isit us at: www.mutualofomaha.com	Medicare (includes commercially managed options)		Medicare (includes commercially managed options)	
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	Commercial Health Insurance	V	Commercial Health Insurance	4
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Etrablished 1964			sts.org	

Medicare Advantage Commercially Managed Medicare Plan



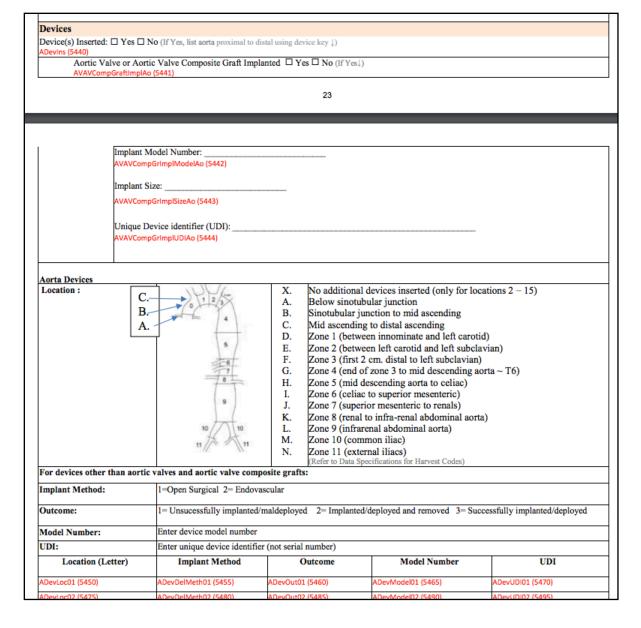


Chronic Lung Disease

- You may use DLCO or DLCO/VA to determine CLD
- Code the worse identified level of severity
 - DLCO/DLCO V/A
 - FEV1
 - ABG
- Starting with November 1 cases
- Refer to the Training Manual will be posted by early next week

Aorta Devices

- Starting with November 1 cases, please enter in the Model Number
- This captures the size of the device
- Too many devices and too many sizes of a device to enter using harvest codes or size fields
- This is a free-text field
- Composite Grafts
 - Enter under AVAVCompGraftImpIAo
 - Will open ADEVLoc01
 - If no other devices were inserted, then leave ADEVLoc01 blank





IQVIA Update Joe Brower & Melanie Bent



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November 2020 Release Updates

The following updates are targeted to be release the weekend of November 7

- ACSD Participant Dashboard Report
 - STS-2994 IMA(Internal Mammary Artery) used displaying incorrect case count
 - Duplicate to item above STS-2219 Dashboard IMA Used case count
 - Duplicate to item above STS-2068 Dashboard IMA Used
 - STS-3581 Dashboard Graphs is not matching for discharge/mortality
 - Duplicate to item above STS-3387 Dashboard report percentages showing 0%

Missing Variable Report

- STS-3419 Inconsistent number returning for SSN data element, parent logic updated
- STS-3603 MVR indicates variables are missing but values are present on the form; Dialysis, Warfarin, Direct Thrombin Inhibitors
- STS-1864 Missing Variable Report showing variables initial extubation date/time as missing, but values are present on the form





New Enhancements

ACSD Uploader Validation Enhancements

The following updates are targeted to be release the **weekend of November 7**

Critical error validations added to the following fields if they are missing in the uploader file submission:

- Surgeon NPI
- Hospital NPI
- *Primary Anesthesia NPI (if site opted in for Anesthesia program)

Records will be dropped if these fields are missing.

Applicable for data versions 2.81/2.9/4.20.2



November 2020 Release Updates Con't

The following updates are targeted to be release the weekend of November 7

ACSD Participant Dashboard Report (non-analyzed) Updates

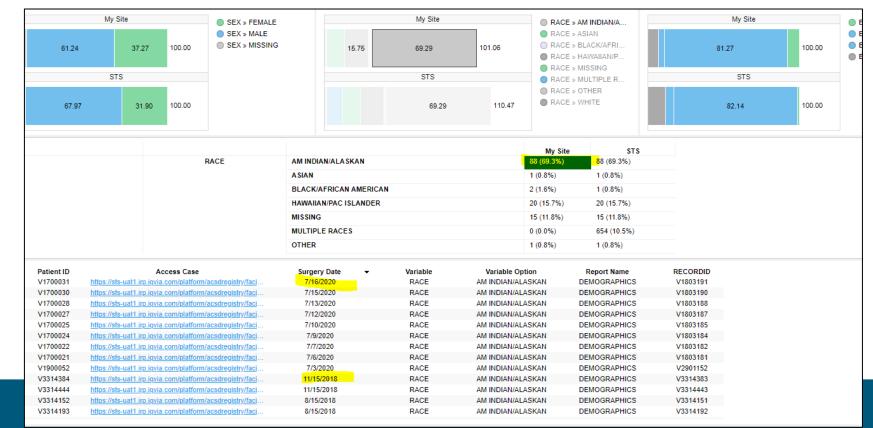
Updates will be applied to incorporate data mapping for identified variables between the 4.20.2/2.9/2.81 versions

- Update applied to incorporate the 4.20.2 Procedure Identification updates to the procedure filtering on the dashboard.
- Update applied to report logic to exclude patients identified as "in hospital-alive" from procID assignment using 4.20.2 variable (dischmtptacutehospstill)
- Update applied to incorporate display label changes to existing variables
- Updates include new fields on the Discharge/Mortality Report section
 - Hospital Discharge Date
 - Missing percentage added
 - Mortality Date
 - Missing percentage added



ACSD 4.20.2 Dashboard Variables

- Race Variable Mapping for handling 4.20.2 and previous versions
- The dashboard will display selected date range with cross over results for multiple data versions in the case drill down



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ACSD 4.20.2 ProcID Filter Logic Updated

• The ACSD dashboard procedure parameter filter has been updated to align with the changes made for the 4.20.2 PROCID chart.

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Procedures	
Select one or more	
All	<u>^</u>
Isolated Coronary Artery Bypass (CABG)	
CAB: On-pump procedures	
CAB: Off-pump procedures	
CAB: Off-pump procedures	



ACSD 4.20.2 Dashboard Updates

Reports

Select each

- Hospital Discharge Date
 - Missing percentage added
- Mortality Date
 - Missing percentage added

Edit Visual	izations View Tools User			
			My Site	STS
	BETA BLOCKER	CONTRAINDICATED	0 (0.0%)	0 (0.0%)
		MISSING	0 (0.0%)	0 (0.0%)
		NO	26 (23.2%)	26 (23.2%)
		YES	86 (76.8%)	86 (76.8%)
	LIPID LOWERING - STATIN	CONTRAINDICATED	0 (0.0%)	0 (0.0%)
		MISSING	0 (0.0%)	0 (0.0%)
		NO	86 (76.8%)	86 (76.8%)
		YES	26 (23.2%)	26 (23.2%)
	LIPID LOWERING - OTHER	CONTRAINDICATED	26 (23.2%)	26 (23.2%)
		MISSING	0 (0.0%)	0 (0.0%)
		NO	0 (0.0%)	0 (0.0%)
		YES	86 (76.8%)	86 (76.8%)
	OPERATIVE MORTALITY	MISSING	0 (0.0%)	0 (0.0%)
		NO	0 (0.0%)	0 (0.0%)
		YES	88 (77.2%)	88 (77.2%)
	HOSPITAL DISCHARGE DATE	MISSING	0 (0.0%)	0 (0.0%)
	MORT-STATUS AT 30 DAYS AFTER	ALIVE	63 (39.1%)	63 (39.1%)
	SURGERY (EITHER DISCHARGED OR IN-HOSPITAL):	DEAD	86 (53.4%)	86 (53.4%)
		MISSING	11 (6.8%)	11 (6.8%)
		UNKNOWN	1 (0.6%)	1 (0.6%)
	MORTALITY - DATE	MISSING	0 (0.0%)	0 (0.0%)
	STATUS AT HOSPITAL DISCHARGE:	DIED IN HOSPITAL	2 (1.8%)	2 (1.8%)
		DISCHARGED ALIVE, DIED AFTER DISCHARGE	112 (98.2%)	112 (98.2%)
		DISCHARGED ALIVE, LAST KNOWN STATUS ALIVE (OTHER THA	0 (0.0%)	0 (0.0%)
		DISCHARGED TO HOSPICE	0 (0.0%)	0 (0.0%)
		IN HOSPITAL, ALIVE	0 (0.0%)	0 (0.0%)
		MISSING	0 (0.0%)	0 (0.0%)



ACSD Participant Dashboard Report

New Report MIPS 2020 Performance Measures Demo Coming this weekend



MIPS 2020 Performance Measures

- Surgeons and delegates can now review their current MIPS 2020 measure status using the new MIPS Performance Measures interactive Dashboard.
- Surgeons who consent via the electronic consent form will have the ability to access and review their 2020 quarterly results.
- The STS will report results on the behalf of consenting surgeons for 9 identified Adult Cardiac quality measures to CMS.
 - Please reference the STS.org website for further details -<u>https://www.sts.org/registries-research-center/sts-national-database/mips-reporting</u>



MIPS 2020 Performance Measures Dashboard

- The MIPS 2020 Report is an interactive dashboard
- Near-real time case data available for surgeon review
- UAT was successfully completed by identified surgeons
 - Feedback
 - "Easy to use!"
 - "Looks great!"
 - "Report is intuitive and like the drill down capability to review cases that are identified as performance not met."

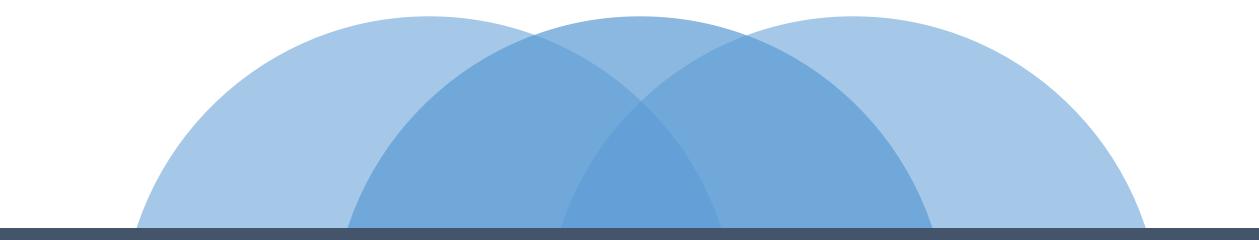


MIPS 2020 Performance Measure Report

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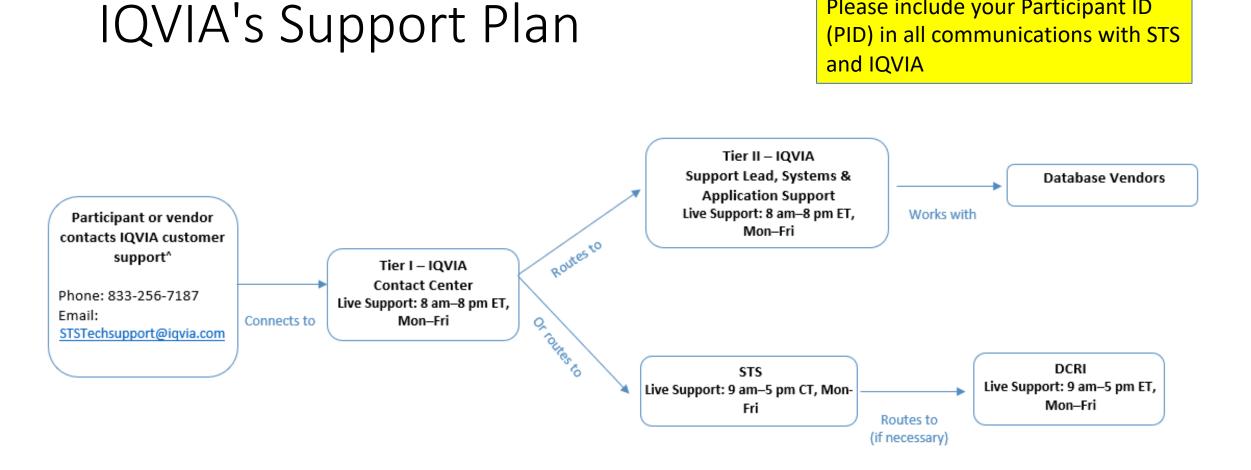




IQVIA Support Plan



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^ Inquiries received outside live support hours will require a 24-hour turnaround window (i.e., one business day) for responses.

Please include your Participant ID

Resources

- STS National Database Webpage
- <u>STSTechSupport@IQVIA.com</u> (Uploader, DQR, Missing Variable, Dashboard, Password and Login)
- Phone Support: 1-833-256-7187
- <u>STS National Database Feedback Form</u>
- Resource Documents
 - Contact Information
 - Webinar Information
 - FAQ Document
 - Go-Live Checklist
 - Tiered-level Support Document
 - Training Videos
 - Link to IQVIA
 - ckrohn@sts.org



Contact Information

- Carole Krohn, Sr. Clinical Manager, STS National Database
 - <u>CKrohn@sts.org</u>
 - 312-202-5847
- Database Operational Questions
 - <u>STSDB@sts.org</u>



Open Discussion

Please use the Q&A Function.

We will answer as many questions as possible.

We encourage your feedback and want to hear from you!