

## AQI62 Obstructive Sleep Apnea: Patient Education

Percentage of patients aged 18 years or older, who undergo an elective procedure requiring anesthesia services who are screened for obstructive sleep apnea (OSA) AND, if positive, have documentation that they received education regarding their risk for OSA prior to PACU discharge

### **2019 OPTIONS FOR INDIVIDUAL MEASURES:**

SCG Health, Anesthesia Quality Institute, Anesthesia Quality Registry, Anesthesia Business Group QCDR, Advance QCDR, MiraMed, MSN Healthcare Solutions II, LLC, Premier Clinician Performance Registry, the PQR - Anes

**NATIONAL QUALITY STRATEGY DOMAIN:** Effective Clinical Care

**MEASURE TYPE:** Process

**HIGH PRIORITY STATUS:** Not applicable

**SPECIALTY RECOMMENDATION:** Anesthesia Care

**MEANINGFUL MEASURE AREA:** Management of Chronic Conditions

**NQF NUMBER:** Not applicable

**MEASURE PERFORMANCE NOTES:** Traditional (not inverse), single (1) proportional performance calculation

**RISK ADJUSTMENT:** No

### **INSTRUCTIONS:**

This measure is to be reported **each time a patient undergoes an elective procedure** under anesthesia during the reporting period. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### **DENOMINATOR:**

**Denominator criteria (Eligible Cases):** All patients aged 18 years or older, who undergo an elective procedure requiring anesthesia services

**AND**

**Patient encounter during the reporting period (CPT):** 00100, 00102, 00103, 00104, 00120, 00124, 00126, 00140, 00142, 00144, 00145, 00147, 00148, 00160, 00162, 00164, 00170, 00172, 00174, 00176, 00190, 00192, 00210, 00211, 00212, 00214, 00215, 00216, 00218, 00220, 00222, 00300, 00320, 00322, 00350, 00352, 00400, 00402, 00404, 00406, 00410, 00450, 00454, 00470, 00472, 00474, 00500, 00520, 00522, 00524, 00528, 00529, 00530, 00532, 00534, 00537, 00539, 00540, 00541, 00542, 00546, 00548, 00550, 00560, 00562, 00563, 00566, 00567, 00580, 00600, 00604, 00620, 00625, 00626, 00630, 00632, 00635, 00640, 00670, 00700, 00702, 00730, 00731, 00732, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00811, 00812, 00813, 00820, 00830, 00832, 00840, 00842, 00844, 00846, 00848, 00851, 00860, 00862, 00864, 00865, 00866, 00868, 00870, 00872, 00873, 00880, 00882, 00902, 00904, 00906, 00908, 00910, 00912, 00914, 00916, 00918, 00920, 00921, 00922, 00924, 00926, 00928, 00930, 00932, 00934, 00936, 00938, 00940, 00942, 00944, 00948, 00950, 00952, 01112, 01120, 01130, 01140, 01150, 01160, 01170, 01173, 01200, 01202, 01210, 01212, 01214, 01215, 01220, 01230, 01232, 01234, 01250, 01260, 01270, 01272, 01274, 01320, 01340, 01360, 01380, 01382, 01390, 01392, 01400, 01402, 01404, 01420, 01430, 01432, 01440, 01442, 01444, 01462, 01464, 01470, 01472, 01474, 01480, 01482, 01484, 01486, 01490, 01500, 01502, 01520, 01522, 01610, 01620, 01622, 01630, 01634, 01636, 01638, 01650, 01652, 01654, 01656, 01670, 01680, 01710, 01712, 01714, 01716, 01730, 01732, 01740, 01742, 01744, 01756, 01758, 01760, 01770, 01772, 01780, 01782, 01810, 01820, 01829, 01830, 01832, 01840, 01842, 01844, 01850, 01852, 01860, 01916,

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01920, 01922, 01924, 01925, 01926, 01930, 01931, 01932, 01933, 01935, 01936, 01951, 01952, 01953, 01958, 01960, 01961, 01962, 01963, 01965, 01966, 01967, 01968, 01969, 01991, 01992

**DEFINITIONS:**

Anesthesia services include cases using general anesthesia, neuraxial anesthesia and monitored anesthesia care (MAC)

**DENOMINATOR EXCLUSIONS:** Patient has an existing diagnosis of OSA (G47.33)

**DENOMINATOR EXCEPTIONS:** Documentation of patient reason for not providing education regarding risk for OSA (e.g., severe dementia, patient is intubated, patient is not alert or responsive enough to participate in education, other patient reason(s)) (R41.841, R41.82)

**NUMERATOR:**

Patients who are screened for obstructive sleep apnea (OSA) AND, if positive, have documented education regarding their risk for obstructive sleep apnea prior to PACU discharge

**DEFINITIONS:**

Patient education regarding OSA: Education must include documentation that a conversation addressing potential implications of OSA on the patient's perioperative course and any applicable recommendations for follow-up care and disease management occurred. Self-help materials (e.g., brochures, audio/video materials, pamphlets) alone are not sufficient to meet the numerator.

**Numerator Options:**

***Performance Met:***

Patient screened for OSA, assessment negative

***Performance Met:***

Patient screened for OSA, assessment positive and documented perioperative discussion of anesthesia risk with patient and follow-up recommendations communicated

***Performance Not Met:***

No patient screen for OSA OR positive OSA screen result and no documented education regarding risk for obstructive sleep apnea prior to PACU discharge

**RATIONALE:**

ASA/AQI will begin collecting data on this measure in 2019. This measure is an expansion of AQI 51: Assessment of Patients for Obstructive Sleep Apnea, which, in a preliminary sample of available 2018 QCDR performance data including 526 clinicians, demonstrated a mean performance rate of 67.4% with performance ranging from 43.67% to 100%. Given these results, we anticipate adding another step beyond the assessment will demonstrate an even wider gap. Literature shows that obstructive sleep apnea (OSA) affects anywhere between 9-26% of the general population, with increased rates in older adults and 90% of OSA remains undiagnosed. The staggering amount of undiagnosed OSA in the US adult population suggests that there is considerable opportunity to educate patients on the nature and management of the condition.

**CLINICAL RECOMMENDATION STATEMENTS:**

2014 ASA Guidelines on Perioperative Management of Patients with Obstructive Sleep Apnea

“If any characteristics noted during the preoperative evaluation suggest that the patient has OSA, the anesthesiologist and surgeon should jointly decide whether to (1) manage the patient perioperatively based on clinical criteria alone or (2) obtain sleep studies,

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conduct a more extensive airway examination, and initiate indicated OSA treatment in advance of surgery.”

“The patient and his or her family as well as the surgeon should be informed of the potential implications of OSA on the patient’s perioperative course.”

**WORKS CITED:**

Chung, F. et al, 2016. “Society of Anesthesia and Sleep Medicine guidelines on preoperative screening and assessment of adult patients with obstructive sleep apnea.” *Anesth Analg*, 123 (2): 452-473.

Finkel KJ, Searleman AC, Tymkew H, et al. 2009. Prevalence of undiagnosed obstructive sleep apnea among adult surgical patients in an academic medical center. *Sleep Med*;10:753-8.

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