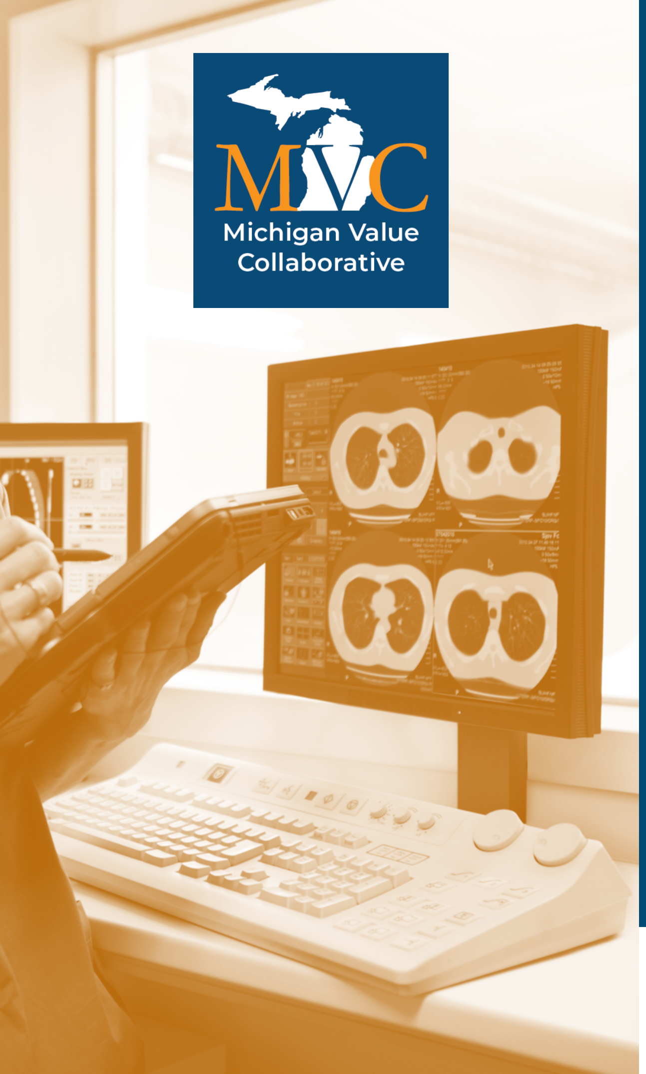

MVC Preoperative Testing Report Review Webinar

June 7, 2023

Support for the Michigan Value Collaborative is provided by Blue Cross Blue Shield of Michigan as part of the BCBSM Value Partnerships program. Although BCBSM and MVC work in partnership, the opinions, beliefs, and viewpoints expressed by MVC do not necessarily reflect the opinions, beliefs, and viewpoints of BCBSM or any of its employees.

Today's Presenters

Brad Raine, MS
MVC Analyst

Hari Nathan, MD, PhD
MVC Director

Housekeeping

Recording

- This session is being recorded; slides and the recording will be shared with attendees.

Questions

- We will be monitoring the chat throughout the presentation so feel free to add questions there any time.

Agenda

- Report walkthrough (Brad)
- Report Q&A (MVC team)
- How to use your report's data (Hari)

Why Do We Care?

In low-risk surgery, routine testing

- does not improve patient outcomes
- causes treatment delays and cascade effects
- costs the U.S. an estimated $85.2 million annually

Medical societies and literature recommend against this practice.

Choosing Wisely

Choosing Wisely has assembled hundreds of clinical recommendations that aim to reduce unnecessary testing, are supported by evidence, are free from harm, and are truly necessary.

Of these recommendations, Choosing Wisely has a top 12 list, which includes guidelines for preoperative testing in patients scheduled to undergo low- and/or intermediate-risk non-cardiac surgery.

They are based on the recommendations put forth by the following professional societies:

- *American Academy of Ophthalmology*
- *American College of Physicians*
- *American College of Radiology*
- *American College of Surgeons*
- *American Society of Anesthesiologists*
- *American Society for Clinical Pathology*
- *American Society of Echocardiography and*
- *Society of Thoracic Surgeons*

Preoperative Testing Cohort

- MVC-defined Cholecystecomy, Inguinal Hernia Repair, and Lumpectomy episodes
- Only laparoscopic episodes are included in this cohort (Cholecystecomy episodes with a CPT code of 47562, Inguinal Hernia Repair episodes with a CPT code of 49650, or Lumpectomy episodes with a CPT code of 19301, on either a facility or a professional claim)
- Episodes are only included if they occurred in the outpatient setting, did not have a claim from the Emergency Department, and if the length of stay of the index claim was between 0 and 2 days

Report Walkthrough

Brad Raine, MS, MVC Analyst

What questions do you have about the report?

Leveraging Your Data
How can sites take action?

Sample Next Steps

Data and clinical feedback are valuable tools in the QI process

Gather data on your patients to establish a baseline: is your testing rate too high?

Discuss results with a multidisciplinary team (surgeons, anesthetists, preop clinic, PCPs): what drives testing in your patients?

Make a plan to follow up and measure progress at multiple timepoints throughout the project period

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Create Data-Driven Counterarguments

Common Points of Resistance or Myths about Preoperative Testing

- "It's better to be safe than sorry."
- "I don't want my case to get canceled."
- "I don't see any benefits to this."
- "There's no harm in ordering these tests."
- "Everybody orders these tests."

De-Implementation Barriers

- Gathering good data and clinical feedback
- Provider habits
- Conflicting EMR processes

Provider Education

NEW RESOURCE WEBSITE

Supported by MSQC, MPrOVE, & MVC

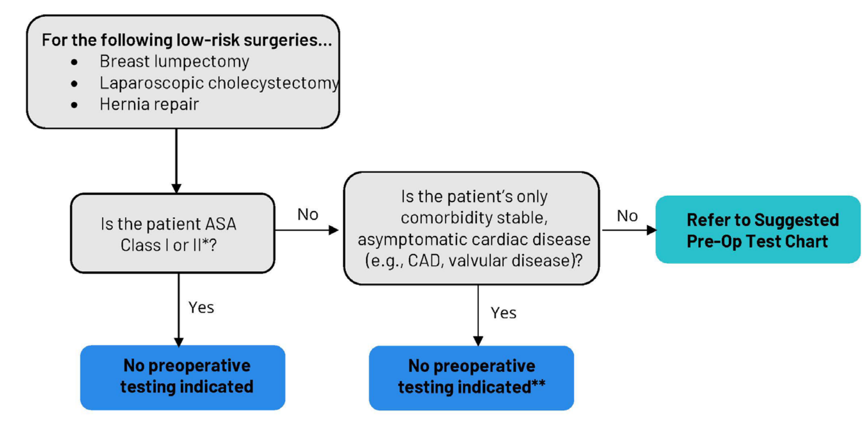
https://sites.google.com/umich.edu/waivetheworkupmichigan/home

Decision Aid

Insert your hospital logo here

This resource was developed in partnership with MPrOVE, MSQC, and MVC.

Pre-Op Testing Decision Aid for Low-Risk Surgeries



***American Society of Anesthesiologist (ASA) Physical Status Classification System:**

ASA Class I: Normal healthy patient. Non-smoking, no or minimal alcohol use, no acute or chronic disease, normal BMI.

ASA Class II: Mild systemic disease without substantive functional limitations. Current smoker, obesity (30<BMI<40), well-controlled DM/HTN, mild lung disease.

ASA Class III: Severe Systemic disease with substantive functional limitations, poorly controlled DM/HTN, COPD, morbid obesity (BMI ≥ 40), active hepatitis, alcohol dependence or abuse, pacemaker, moderate reduced ED, ESRD on HD, prior MI, CVA, TIA, or CAD/stents.

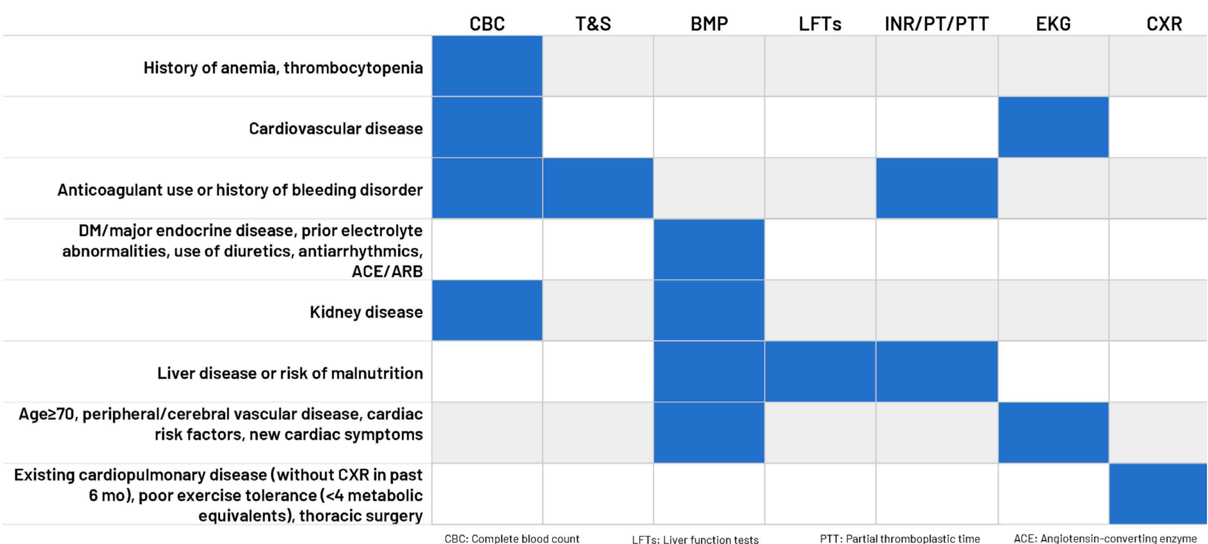
**May consider EKG if none available within the past ~6 months

All recommendations in this document pertain to non-pregnant, adult patients undergoing low-risk procedures. They do not replace clinical judgment and are intended as guidance only.

Preop Testing Chart

Insert your hospital logo here

This resource was developed in partnership with MPrOVE, MSQC, and MVC.



Suggested Pre-Op Tests for Patients Undergoing Low-Risk Surgery Who Are ASA III or Above

This chart does not replace clinical judgment and is intended as guidance only

	CBC	T&S	BMP	LFTs	INR/PT/PTT	EKG	CXR
History of anemia, thrombocytopenia	■						
Cardiovascular disease	■					■	
Anticoagulant use or history of bleeding disorder	■	■			■		
DM/major endocrine disease, prior electrolyte abnormalities, use of diuretics, antiarrhythmics, ACE/ARB			■				
Kidney disease	■		■				
Liver disease or risk of malnutrition			■	■	■		
Age≥70, peripheral/cerebral vascular disease, cardiac risk factors, new cardiac symptoms			■			■	
Existing cardiopulmonary disease (without CXR in past 6 mo), poor exercise tolerance (<4 metabolic equivalents), thoracic surgery							■

CBC: Complete blood count
T&S: Type and screen
BMP: Basic metabolic panel
LFTs: Liver function tests
INR: International normalized ratio
PT: Prothrombin time
PTT: Partial thromboplastic time
EKG: Electrocardiogram
CXR: Chest radiography
ACE: Angiotensin-converting enzyme inhibitors
ARB: Angiotensin receptor blocker

References:

- Mocon A, McRitchie D, Tharani A. *Drop the Pre-Op: A toolkit for reducing unnecessary visits and investigations in pre-operative clinics.* Ontario, CA. 2019.
- Chow, W. B., Rosenthal, R. A., Merkow, R. P., Ko, C. Y., & Esnaola, N. F. (2012). Optimal preoperative assessment of the geriatric surgical patient: a best practices guideline from the American College of Surgeons National Surgical Quality Improvement Program and the American Geriatrics Society. *Journal of the American College of Surgeons, 215*(4), 453-466.
- National Guideline Centre (UK). Preoperative Tests (Update): Routine Preoperative Tests for Elective Surgery. London: National Institute for Health and Care Excellence (NICE); 2016 Apr. (NICE Guideline, No. 45.) Acknowledgements.

Peer Support

Upcoming Events

- **Preoperative Testing Workgroup, August 1, 1 – 2 p.m.**
  Presenter: Nick Berlin, MD, MPH, MS
  To register: https://umich.zoom.us/j/93811796828

- **Preoperative Testing Workgroup, October 26, 11 a.m. – 12 p.m.**
  Topic: Roundtable Shareout from YOU
  To register: https://umich.zoom.us/j/93037915704

Thank you!

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