# Welcome to a Special Edition of The Daily News

## Tonight's Topic:

## Public Reporting and You

*Hospital Outpatient Quality Reporting (OQR) Program*
**Support Contractor**

# Learning Objectives

At the conclusion of this program, attendees will be able to:

- ✓ Describe the Next Generation platform.
- ✓ Effectively access publicly available data.
- ✓ Search, filter, and export data related to this program.

mber…Specifications Manual version 11.0b now available…OQR/IQR Quarterly Timeline posted…Tampa, FL- 190°
QUALITY REPORTING NEWS NETWORK
QRNN
The Daily News
with
Angela Anchor
Breaking
News
QRNN
QUALITY REPORTING NEWS NETWORK

# Importance of Public Reporting

- For hospitals:
  - Promote transparency
  - Provide consistent, unified, reliable information for comparison
  - Encourage quality improvement
- For consumers:
  - Promote empowerment
  - Provide data for outcome comparison

Next Generation
QualityNet
QRNN
FieldReporter:BettyNews-Break
Live on the Scene at Next Generation HQ

# Next Generation Changes

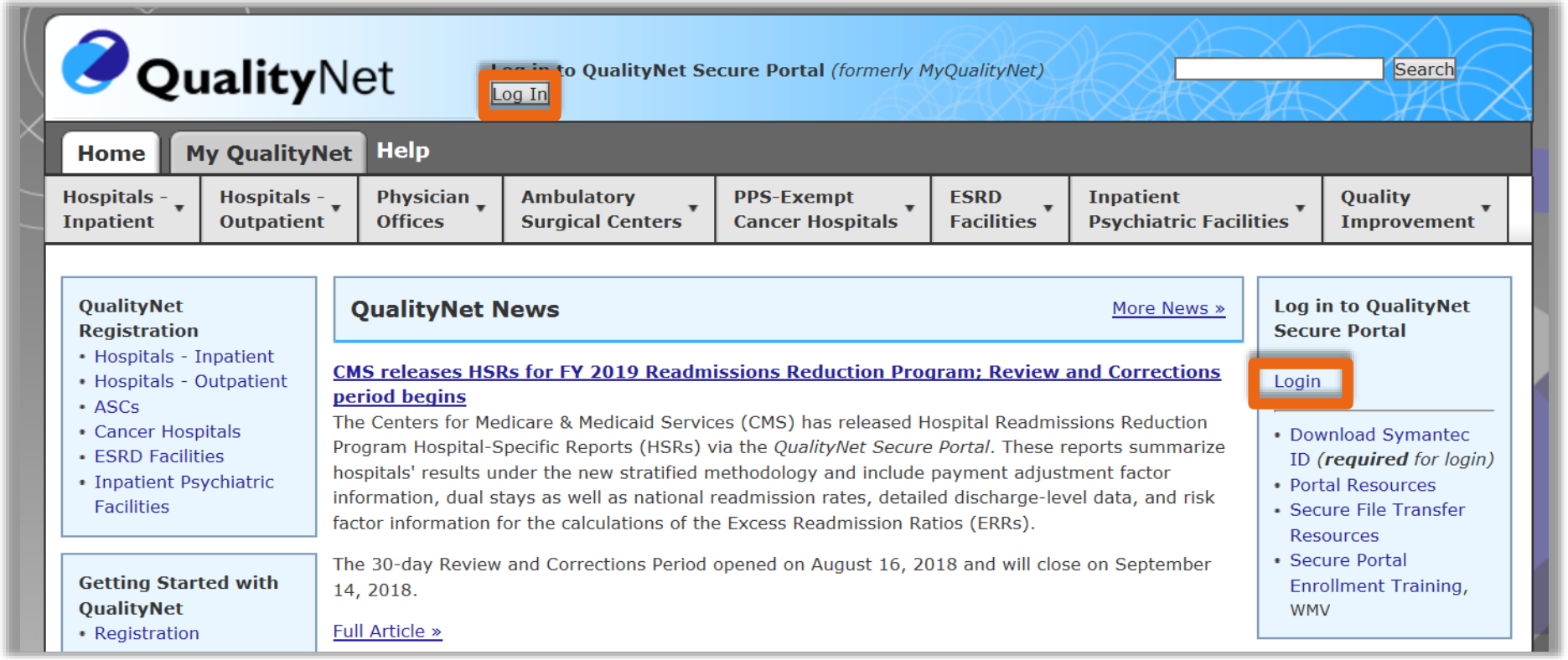
- Redesigned, interactive format
  - Begins with next preview period
- Based on stakeholder insight
- Provides a universal platform across multiple programs
- Consistent across programs
- Aligns with Hospital Compare

# Not Changing

- Submission deadlines
- QualityNet Usernames and Passwords
- Measures displayed

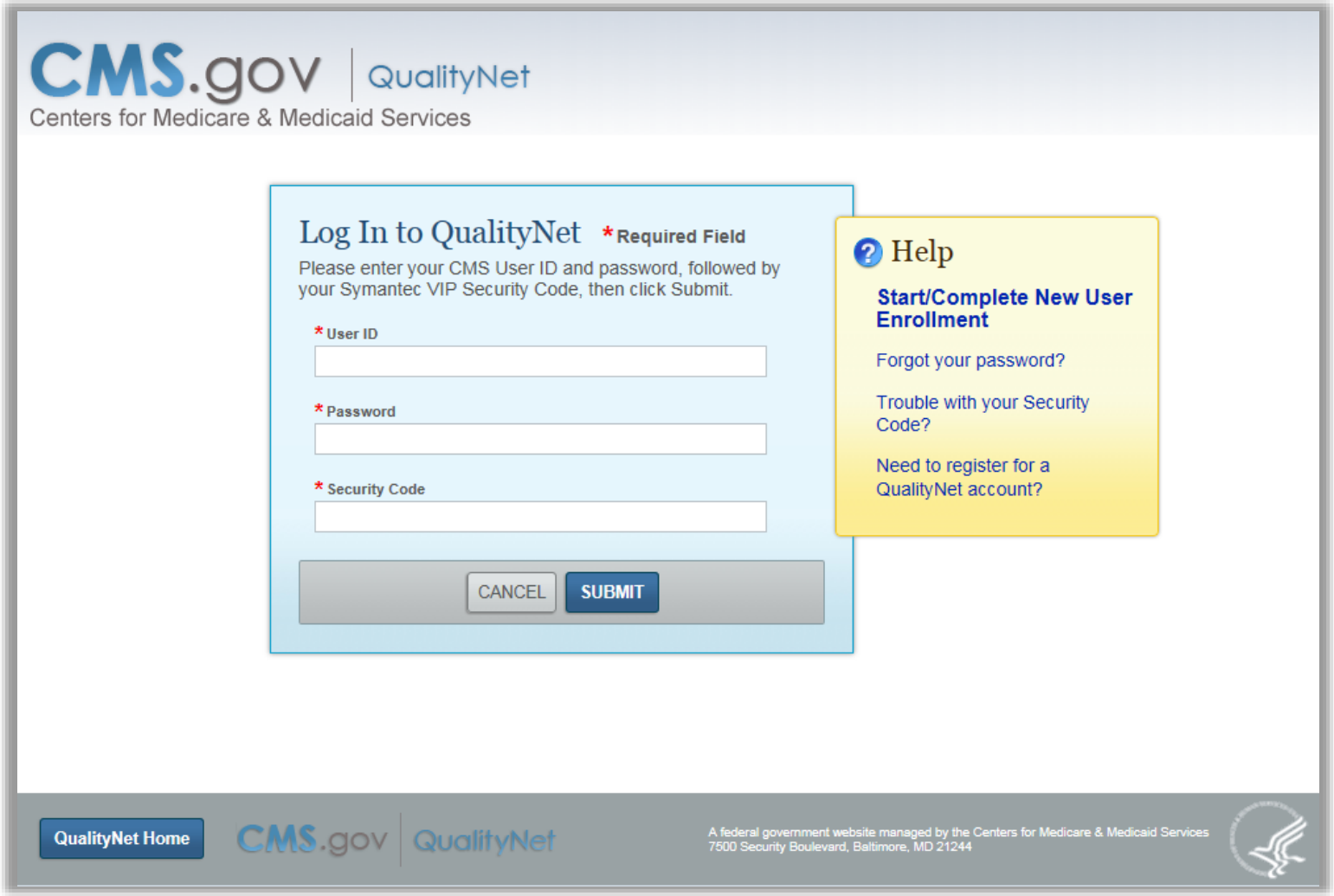
# Log In

www.qualitynet.org

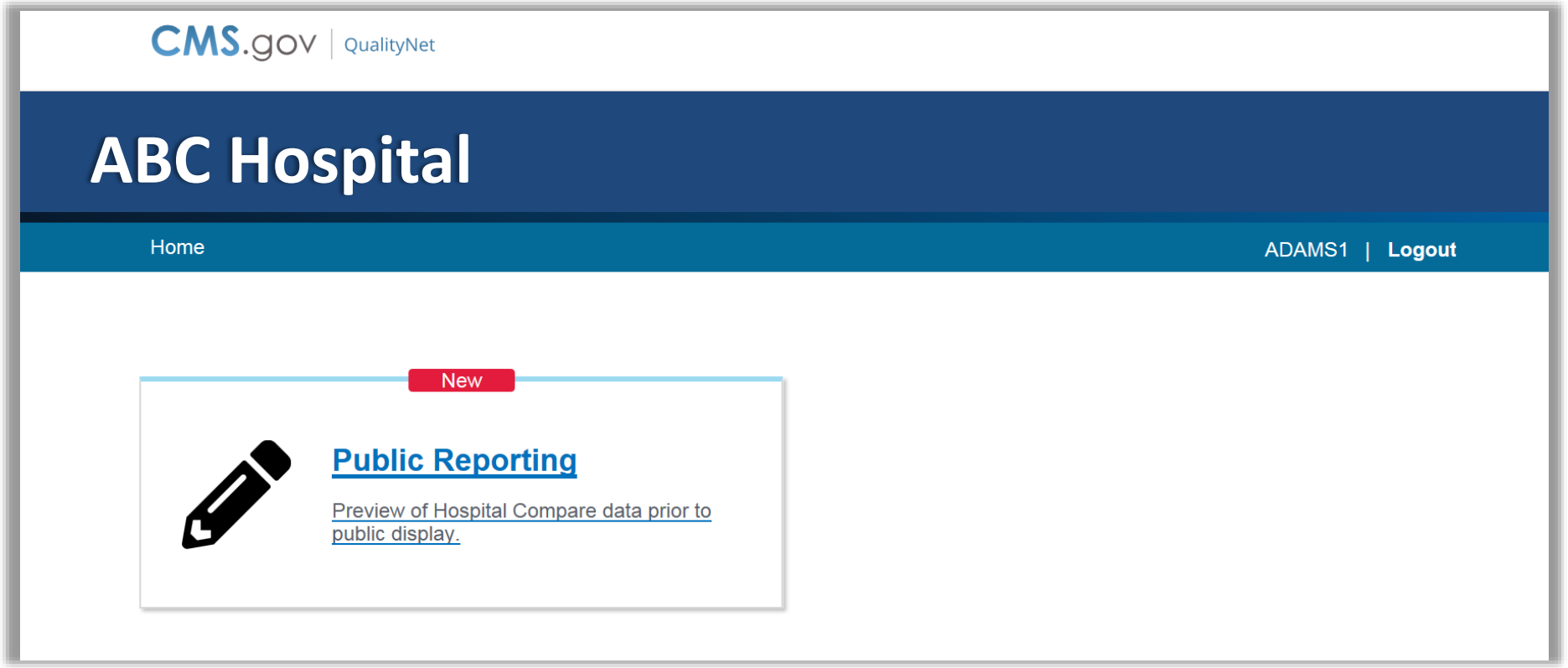


# Select Next Generation

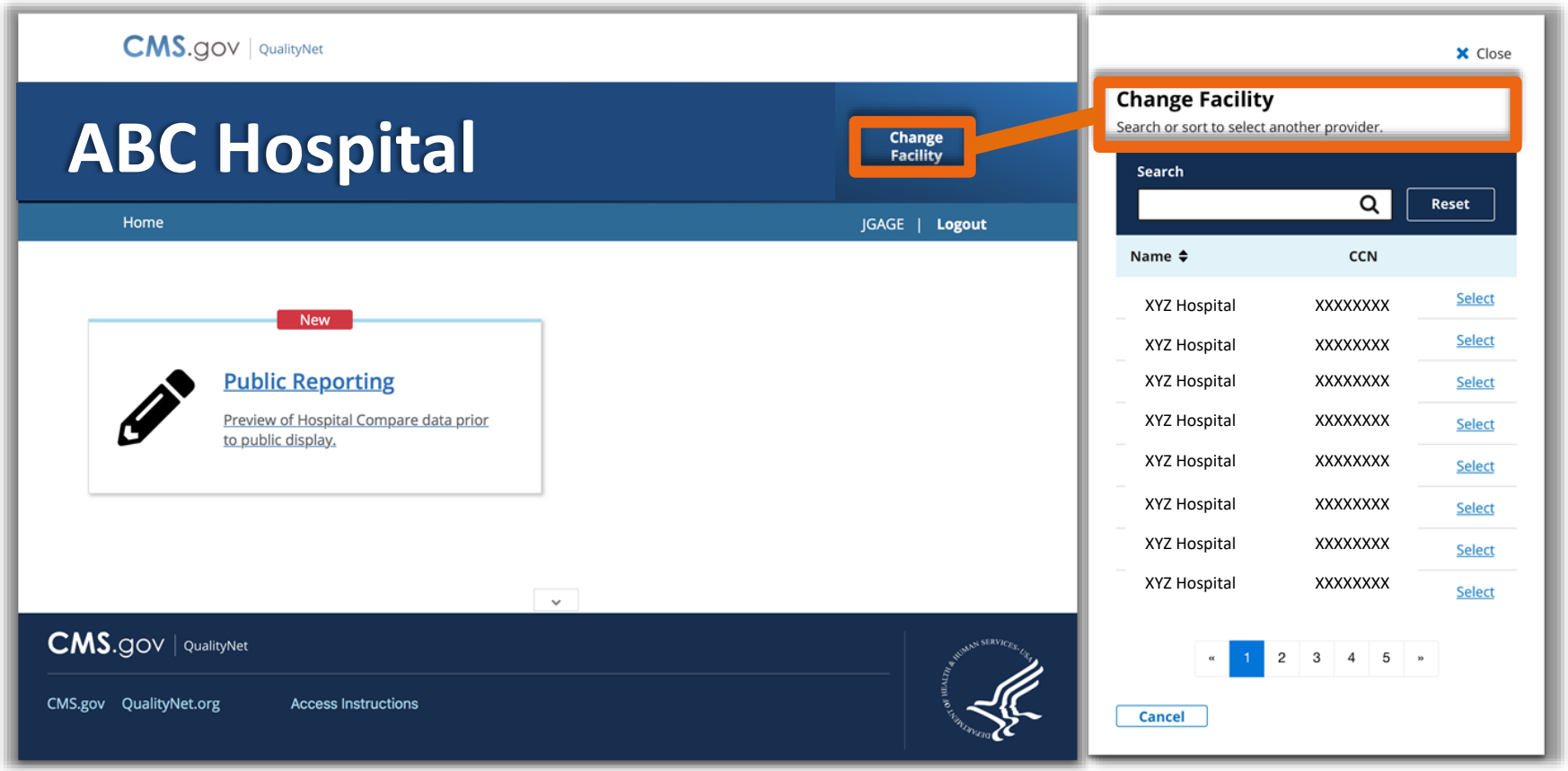
# Access Secure Portal



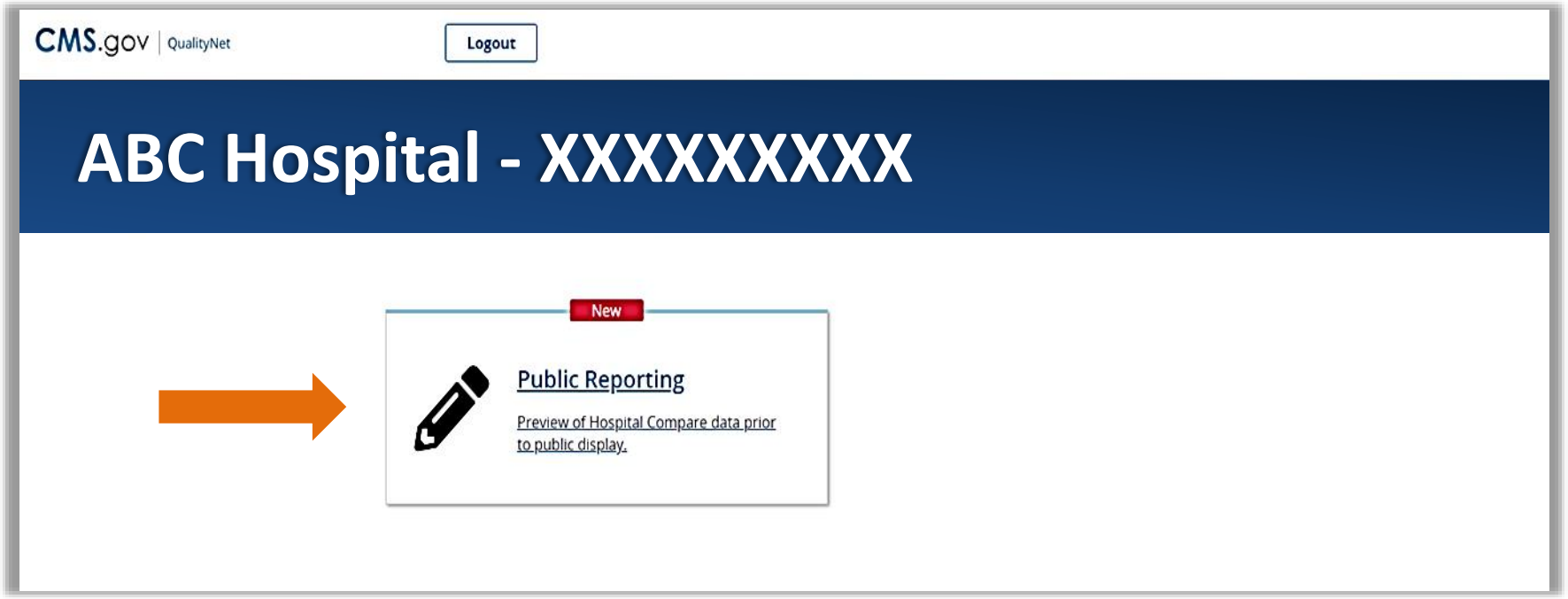
# Single Facility Dashboard



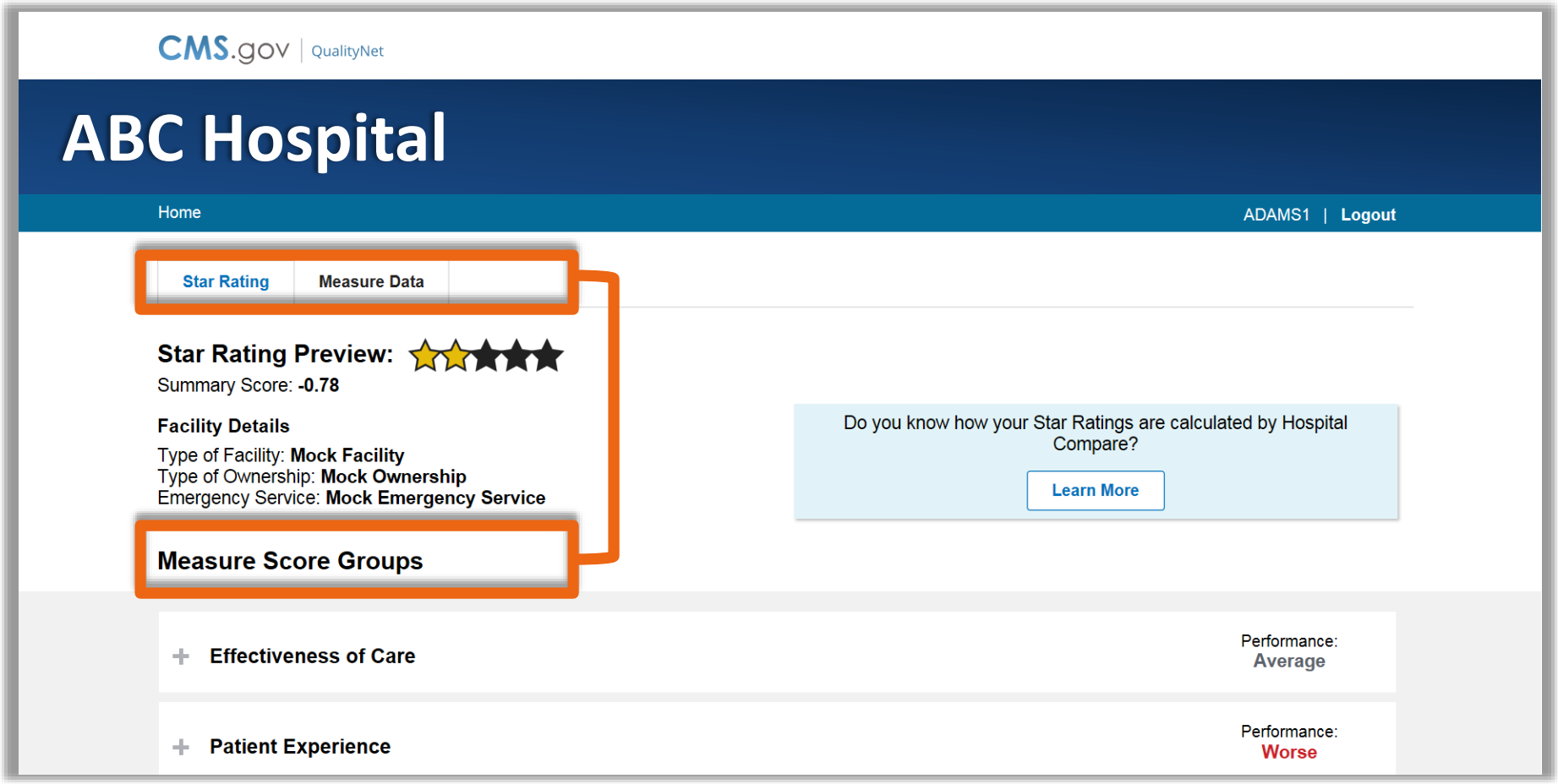
# Multiple Facility Dashboard



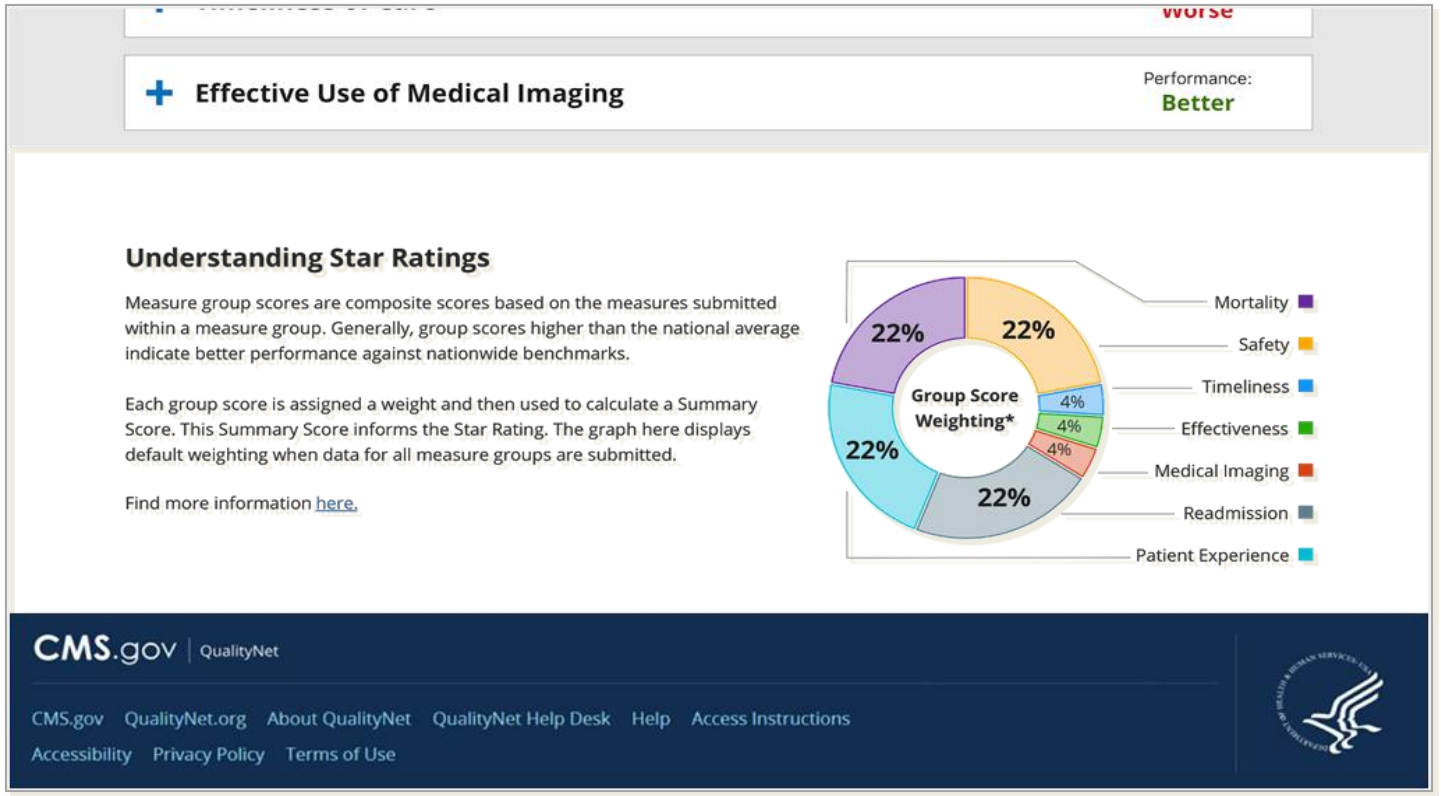
# Choose Public Reporting



# Landing Page



# Star Ratings

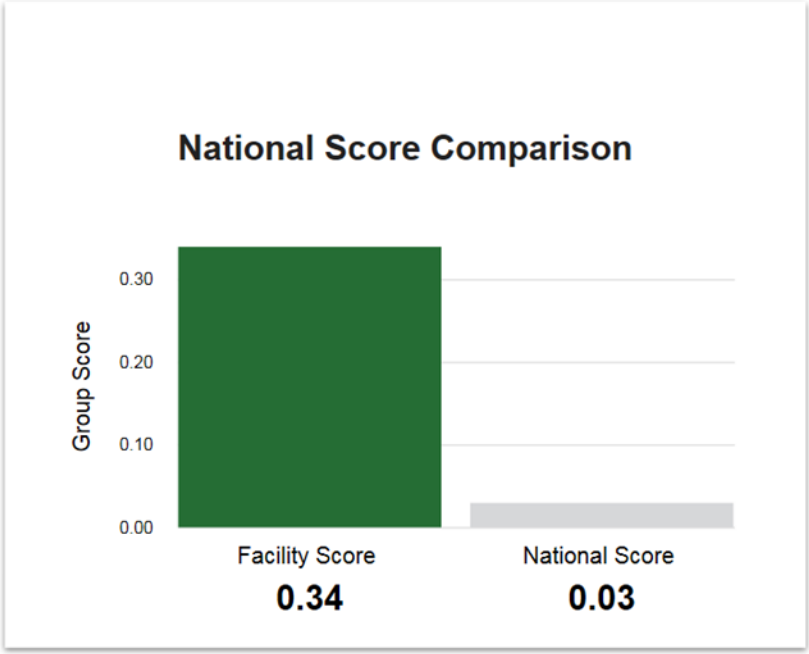


# Star Ratings (cont.)

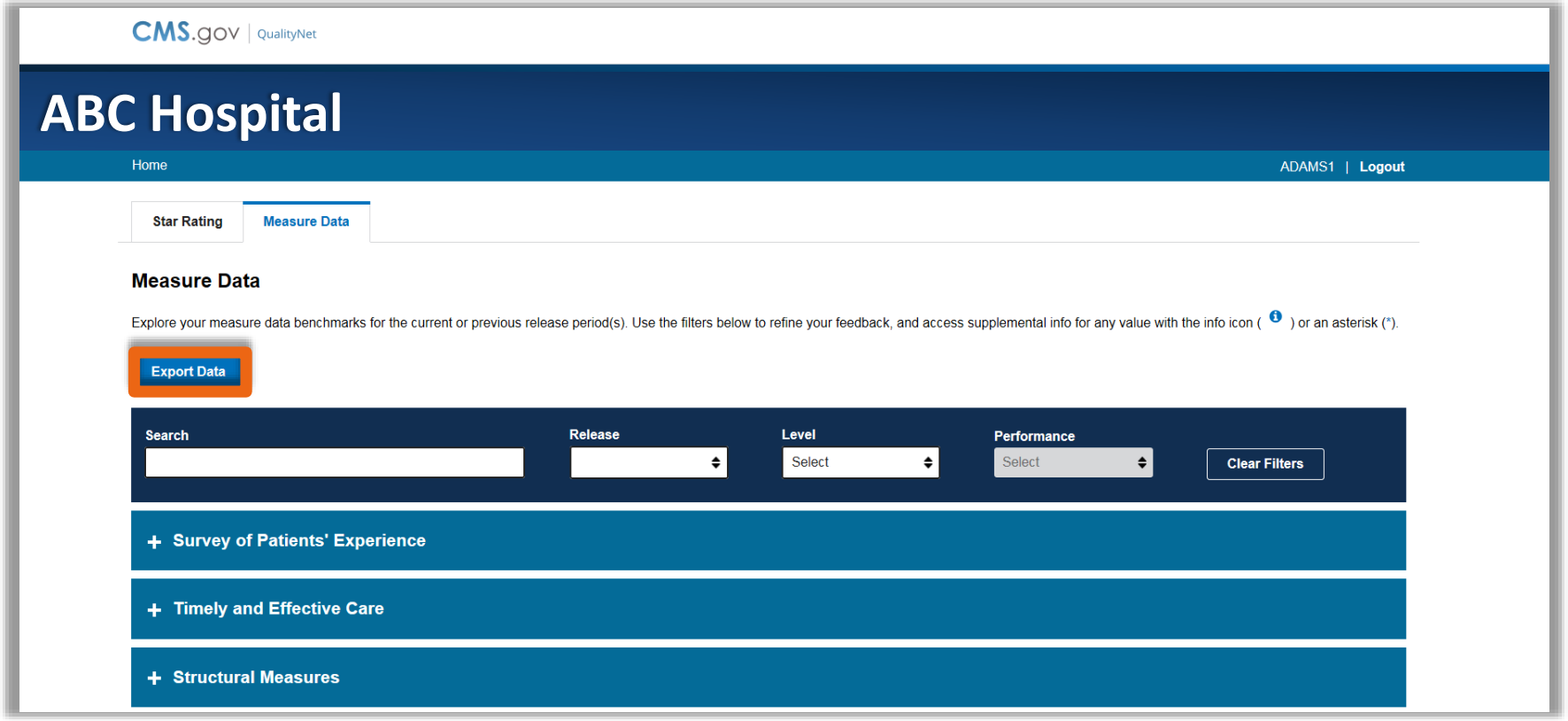
**Effectiveness of Care**

Performance:
Average

**Scored Measures: 8**



# Measure Page Overview



# Timely and Effective Care

## − Timely and Effective Care

### Sepsis

| | Facility Rate | Number of Patients | State Rate | National Rate | Top 10% |
|---|---|---|---|---|---|
| SEP-1 | 20.0% * | 50 * | 22.0% * | 23.0% * | 12.0% |

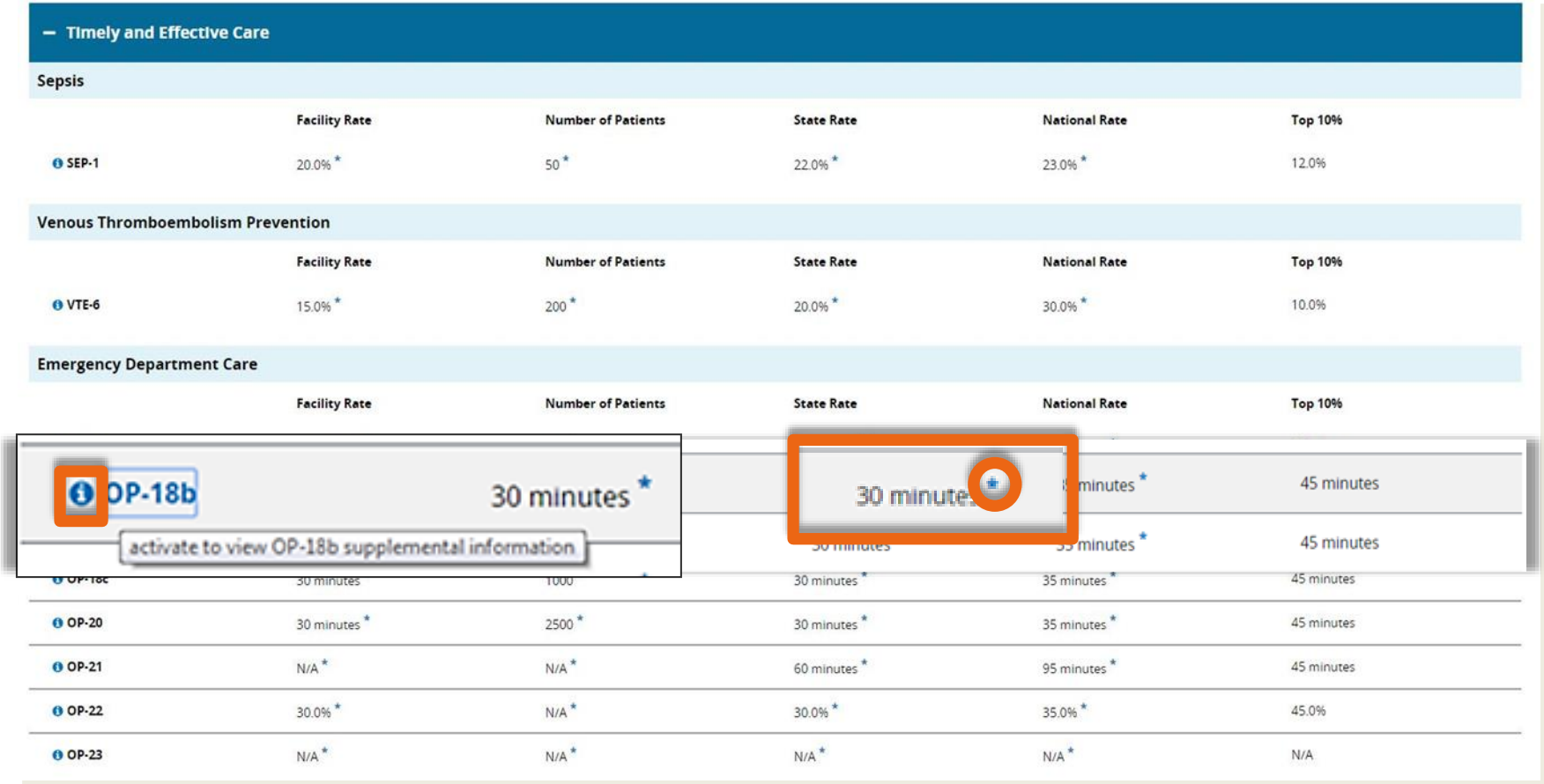
### Venous Thromboembolism Prevention

| | Facility Rate | Number of Patients | State Rate | National Rate | Top 10% |
|---|---|---|---|---|---|
| VTE-6 | 15.0% * | 200 * | 20.0% * | 30.0% * | 10.0% |

### Emergency Department Care

| | Facility Rate | Number of Patients | State Rate | National Rate | Top 10% |
|---|---|---|---|---|---|
| ED-1b | 30 minutes * | 150 * | 30 minutes * | 35 minutes * | 45 minutes |
| ED-2b | 30 minutes * | 150 * | 30 minutes * | 35 minutes * | 45 minutes |
| OP-18b | 30 minutes * | 200 * | 30 minutes * | 35 minutes * | 45 minutes |
| OP-18c | 30 minutes * | 1000 * | 30 minutes * | 35 minutes * | 45 minutes |
| OP-20 | 30 minutes * | 2500 * | 30 minutes * | 35 minutes * | 45 minutes |
| OP-21 | N/A * | N/A * | 60 minutes * | 95 minutes * | 45 minutes |
| OP-22 | 30.0% * | N/A * | 30.0% * | 35.0% * | 45.0% |
| OP-23 | N/A * | N/A * | N/A * | N/A * | N/A |

# Modals



**– Timely and Effective Care**

**Sepsis**

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**Venous Thromboembolism Prevention**

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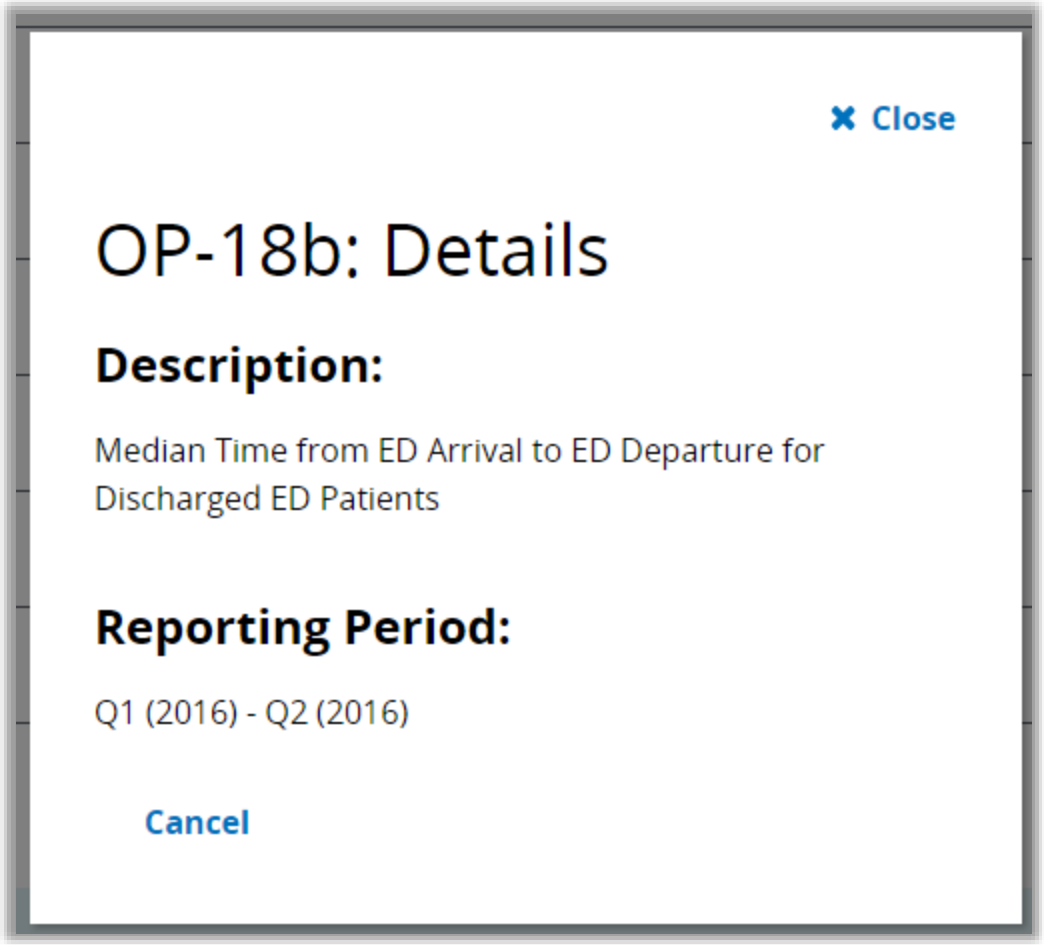
**Emergency Department Care**

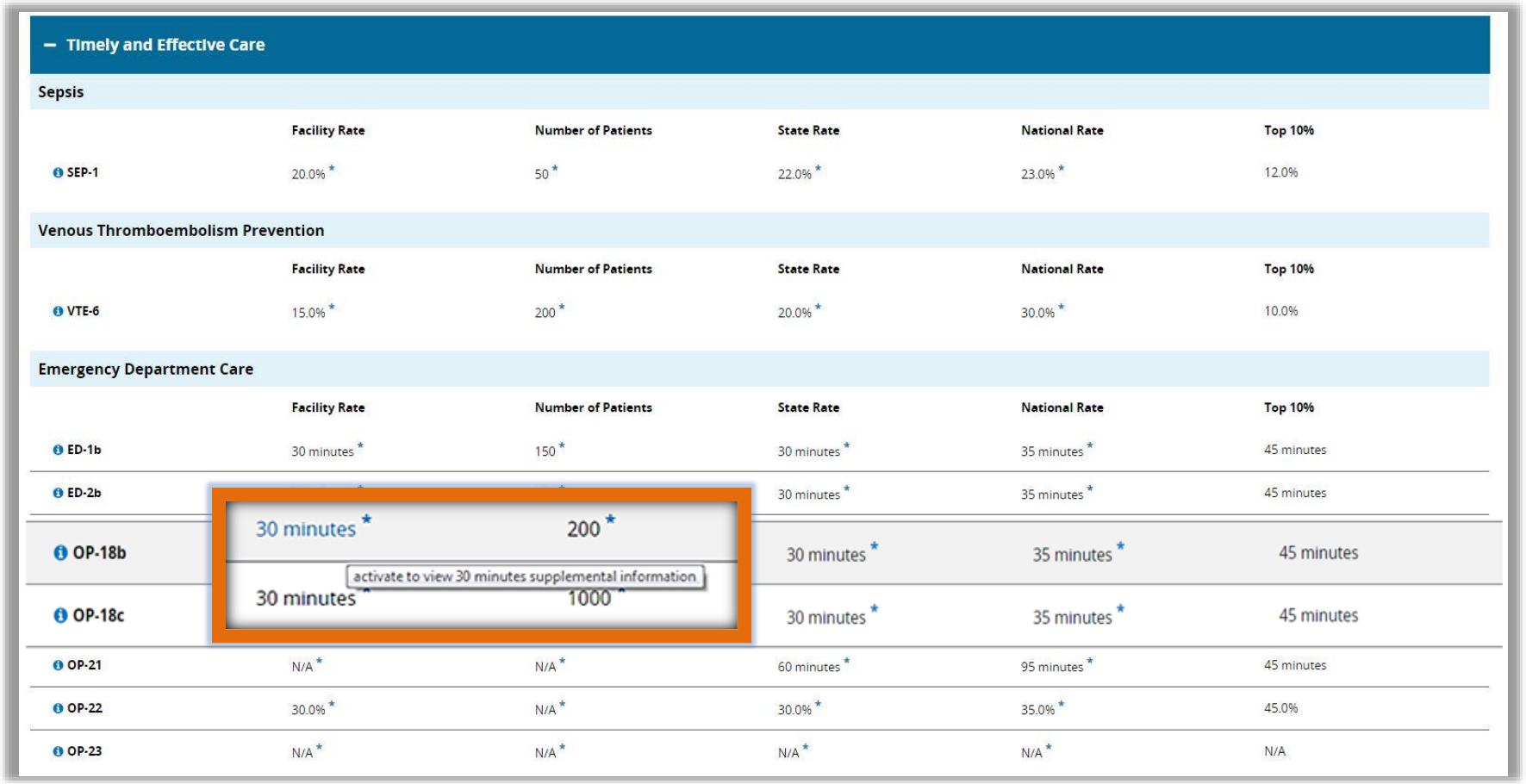
| | Facility Rate | Number of Patients | State Rate | National Rate | Top 10% |
|---|---|---|---|---|---|
| OP-18b | 30 minutes * | | 30 minutes * | minutes * | 45 minutes |
| | | | | minutes * | 45 minutes |
| OP-18c | 30 minutes | 1000 | 30 minutes * | 35 minutes * | 45 minutes |
| OP-20 | 30 minutes * | 2500 * | 30 minutes * | 35 minutes * | 45 minutes |
| OP-21 | N/A * | N/A * | 60 minutes * | 95 minutes * | 45 minutes |
| OP-22 | 30.0% * | N/A * | 30.0% * | 35.0% * | 45.0% |
| OP-23 | N/A * | N/A * | N/A * | N/A * | N/A |

activate to view OP-18b supplemental information

# Measure Details



# Facility Rate Modal



**– Timely and Effective Care**

**Sepsis**

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|---|---|---|---|---|---|
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**Venous Thromboembolism Prevention**

| | Facility Rate | Number of Patients | State Rate | National Rate | Top 10% |
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**Emergency Department Care**

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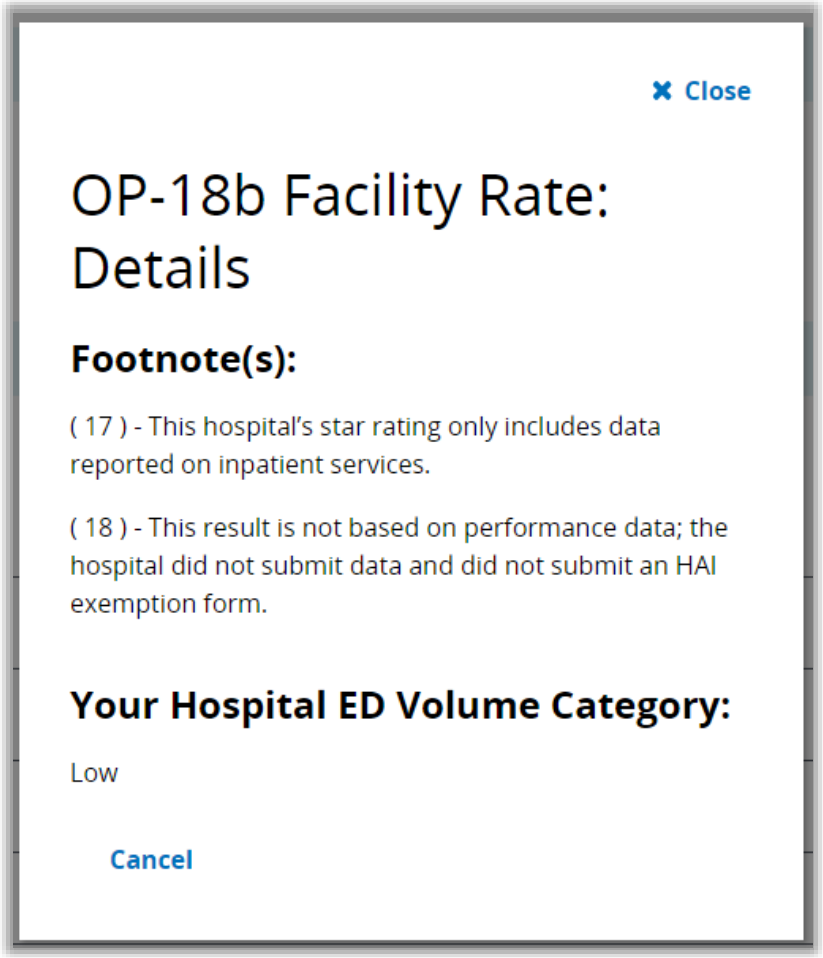
| ED-1b | 30 minutes * | 150 * | 30 minutes * | 35 minutes * | 45 minutes |
| ED-2b | | | 30 minutes * | 35 minutes * | 45 minutes |
| OP-18b | 30 minutes * | 200 * | 30 minutes * | 35 minutes * | 45 minutes |
| OP-18c | 30 minutes * | 1000 * | 30 minutes * | 35 minutes * | 45 minutes |
| OP-21 | N/A * | N/A * | 60 minutes * | 95 minutes * | 45 minutes |
| OP-22 | 30.0% * | N/A * | 30.0% * | 35.0% * | 45.0% |
| OP-23 | N/A * | N/A * | N/A * | N/A * | N/A |

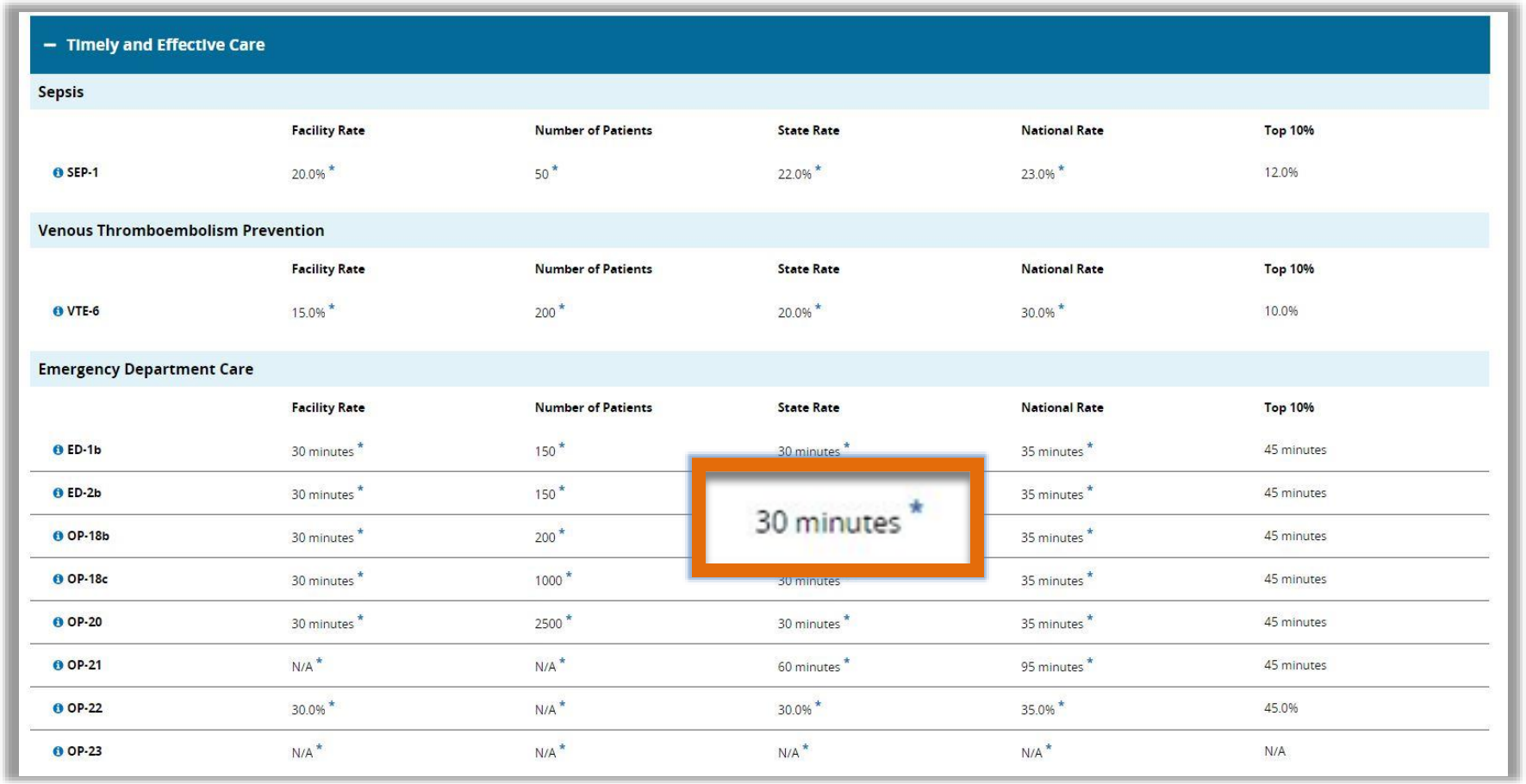
activate to view 30 minutes supplemental information

# Facility Rate Details




Important Note for ED Volume:
Low: 1-19,999
Medium: 20,000-39,999
High: 40,000-59,999
Very High: 60,000+

# State Rate Modal



**– Timely and Effective Care**

**Sepsis**

| | Facility Rate | Number of Patients | State Rate | National Rate | Top 10% |
|---|---|---|---|---|---|
| SEP-1 | 20.0% * | 50 * | 22.0% * | 23.0% * | 12.0% |

**Venous Thromboembolism Prevention**

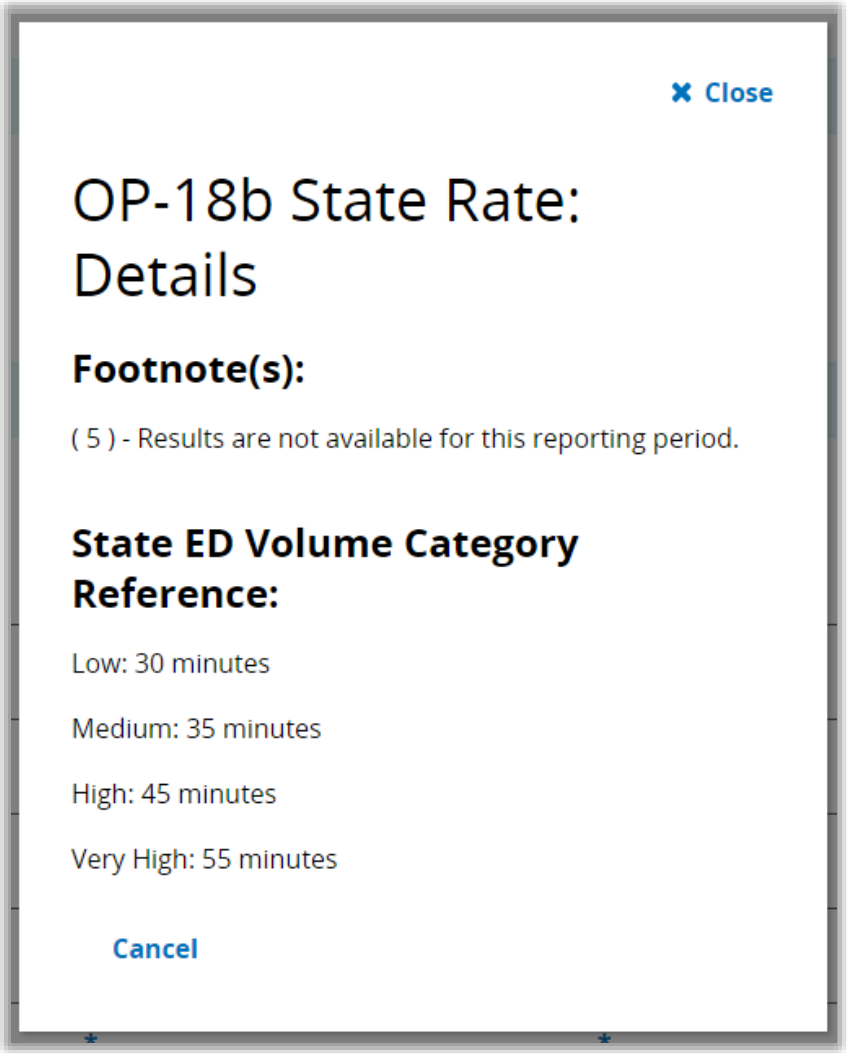
| | Facility Rate | Number of Patients | State Rate | National Rate | Top 10% |
|---|---|---|---|---|---|
| VTE-6 | 15.0% * | 200 * | 20.0% * | 30.0% * | 10.0% |

**Emergency Department Care**

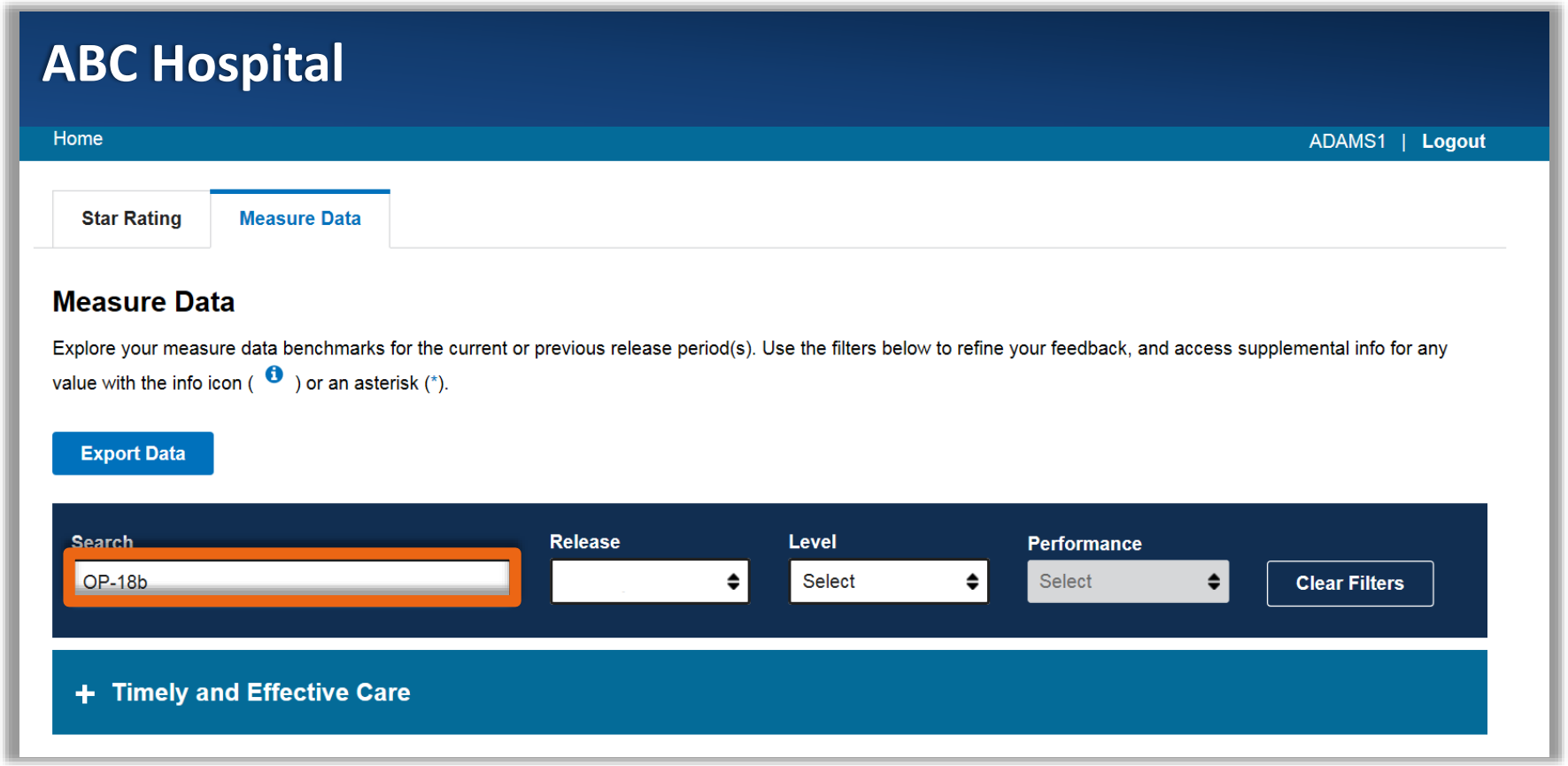
| | Facility Rate | Number of Patients | State Rate | National Rate | Top 10% |
|---|---|---|---|---|---|
| ED-1b | 30 minutes * | 150 * | 30 minutes * | 35 minutes * | 45 minutes |
| ED-2b | 30 minutes * | 150 * | 30 minutes * | 35 minutes * | 45 minutes |
| OP-18b | 30 minutes * | 200 * | 30 minutes * | 35 minutes * | 45 minutes |
| OP-18c | 30 minutes * | 1000 * | 30 minutes | 35 minutes * | 45 minutes |
| OP-20 | 30 minutes * | 2500 * | 30 minutes * | 35 minutes * | 45 minutes |
| OP-21 | N/A * | N/A * | 60 minutes * | 95 minutes * | 45 minutes |
| OP-22 | 30.0% * | N/A * | 30.0% * | 35.0% * | 45.0% |
| OP-23 | N/A * | N/A * | N/A * | N/A * | N/A |

30 minutes *

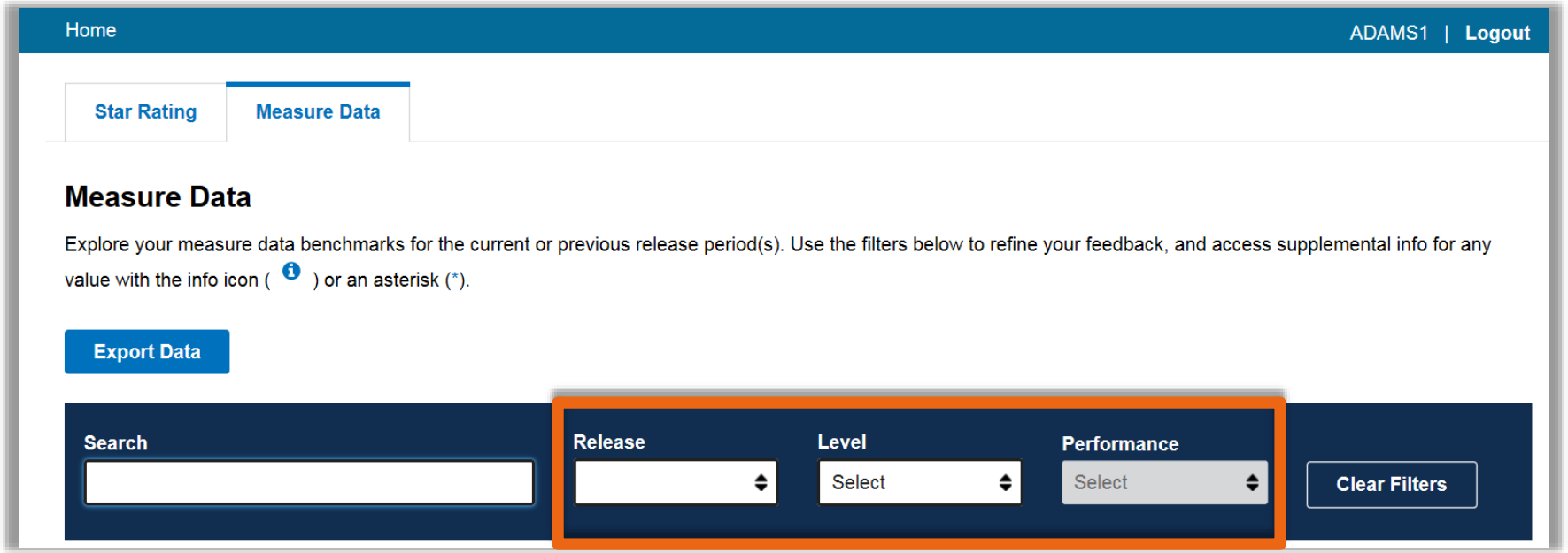
# State Rate Details



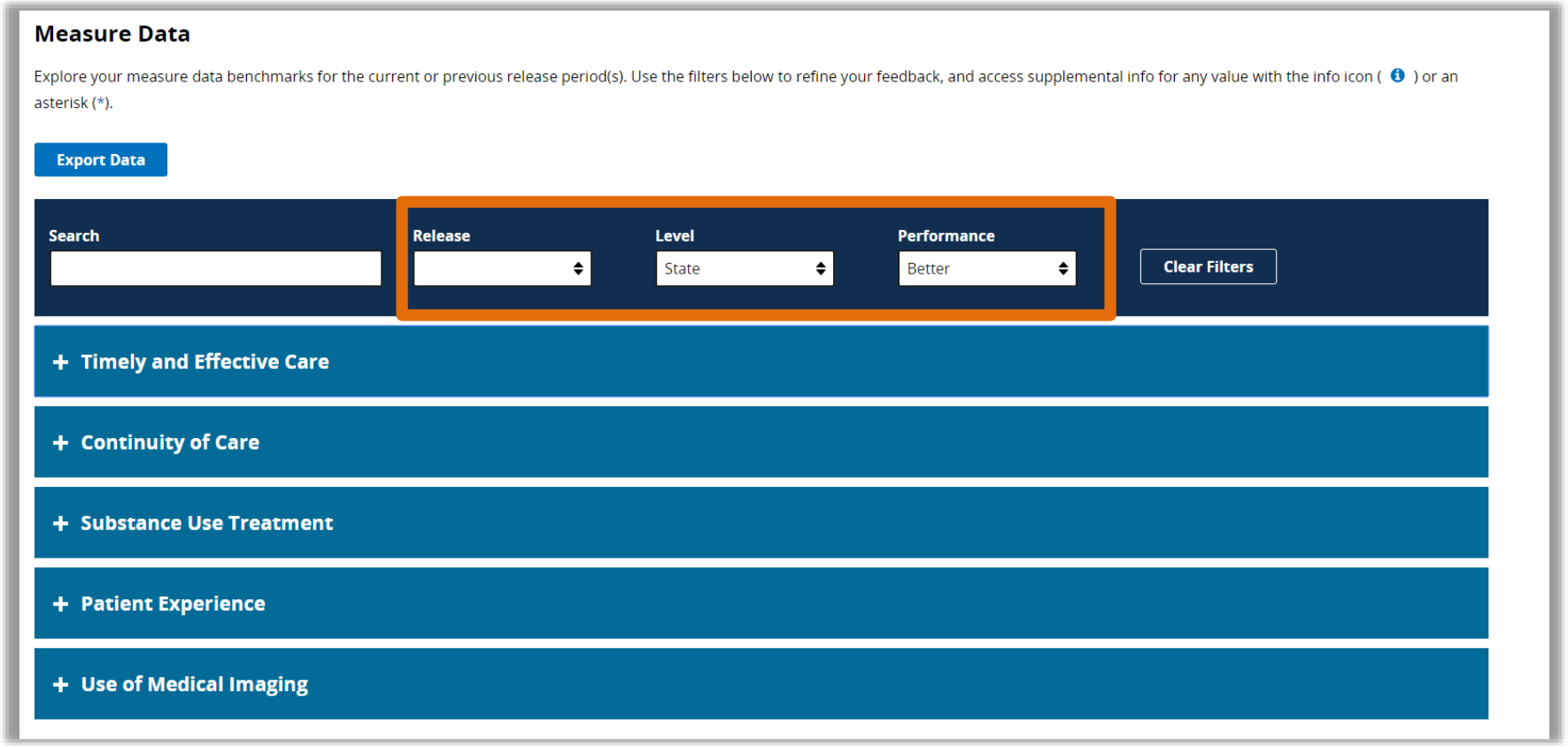
# Search Feature



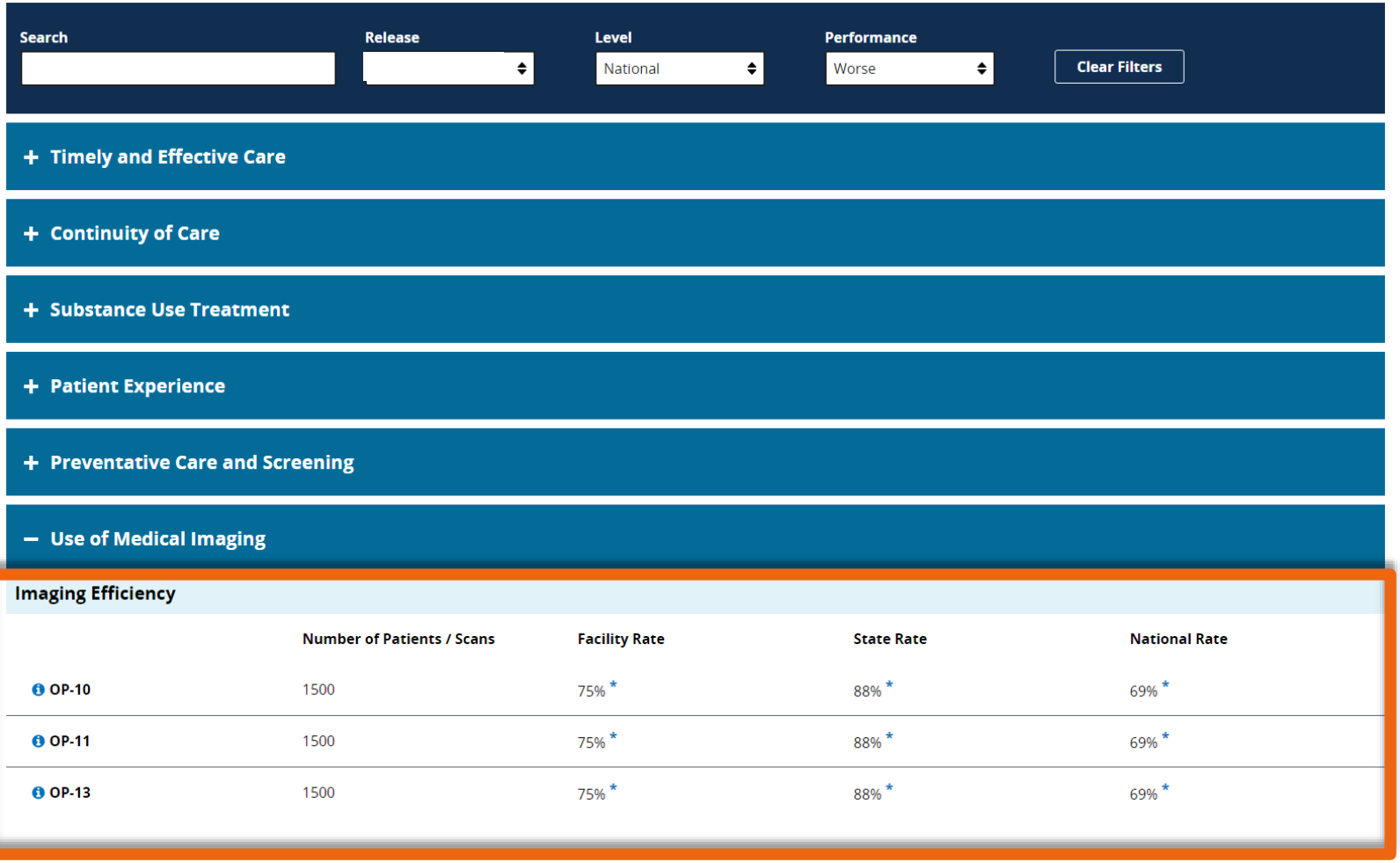
# Filtering by Release



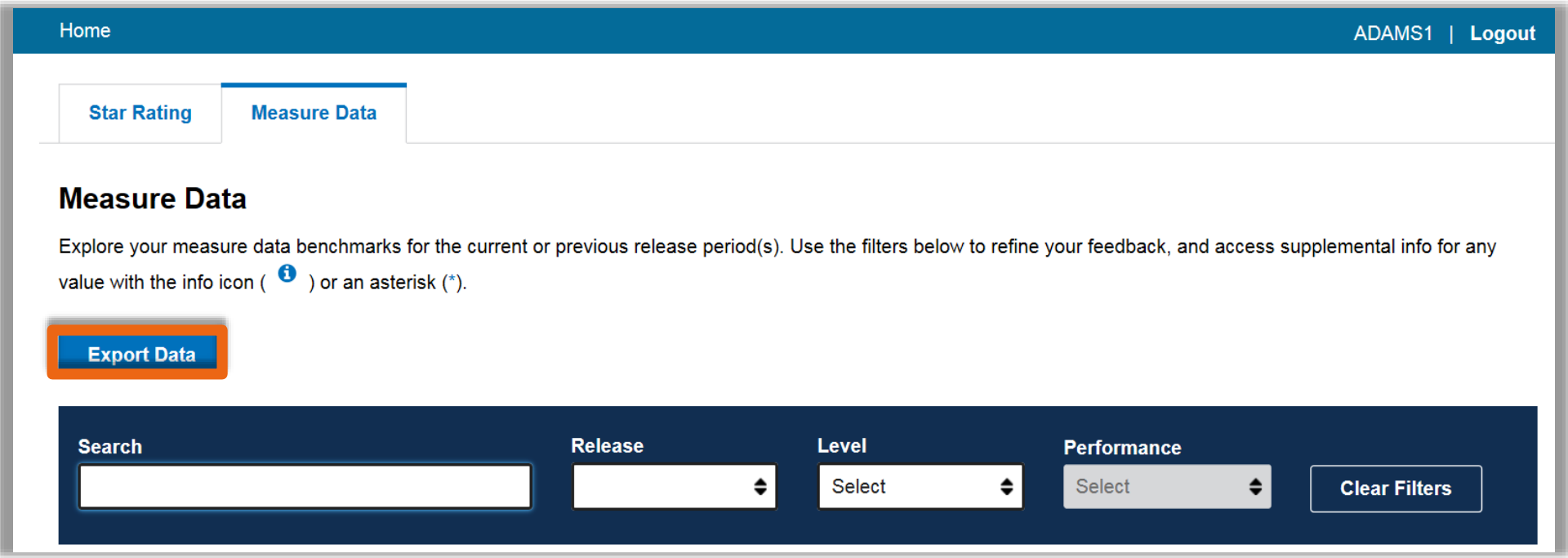
# Filtering by Better Performance



# Filtering by Worse Performance



# Exporting Your Data



# PDF Exports of Preview Data

ABC Hospital
CCN-XXXXXXXX

10/11/2018
Page 29

## Admissions and ED Visits

| | Eligible Discharges | Facility Rate (95% int. limits) | National Rate | National Compare | Facility Compared to Averages | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | Better | Same | Worse | Too Few |
| Rates | | | | | | | | |

**Footnotes:**

4. Data suppressed by CMS for one or more quarters.

## Procedure Specific Outcomes

| | Eligible Discharges | Facility Rate (95% int. limits) | National Rate | National Compare | Facility Compared to Averages | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Better | Same | Worse | Too Few |
| **OP-32**<br>Q1 (2016) - Q2 (2016)<br>Rate of unplanned hospital visits after an outpatient colonoscopy | 120(4) | 0.113(4)<br>(0.093, 0.133) | 13.6 | Better | State | 1 | 39 | 0 | 5 |
| | | | | | Nation | 41 | 2321 | 22 | 1926 |

**Footnotes:**

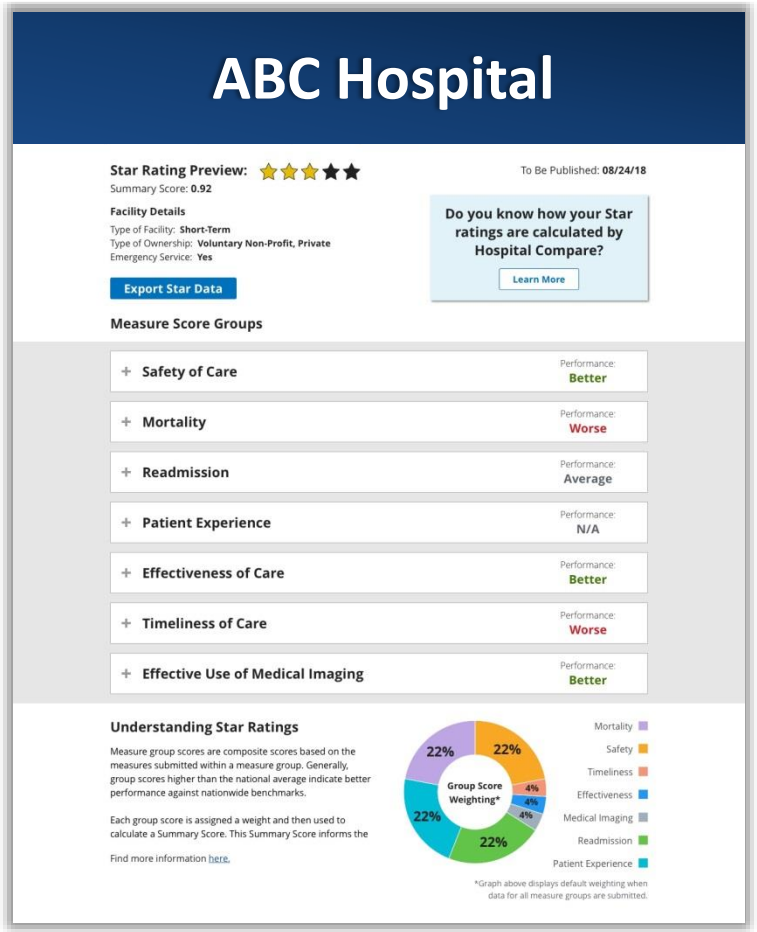
4. Data suppressed by CMS for one or more quarters.

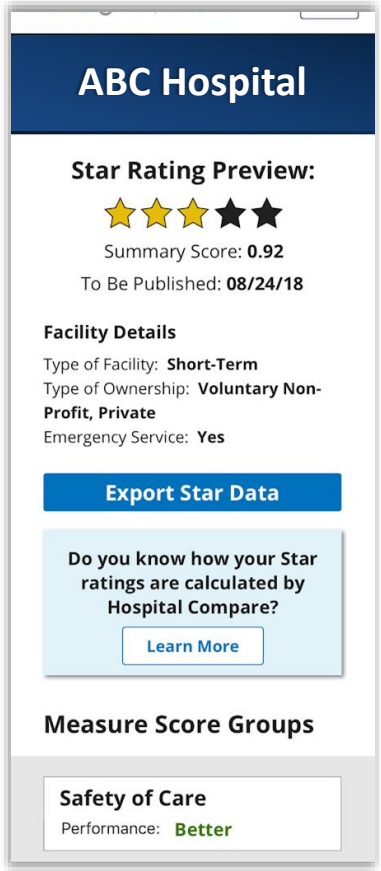
## Excess Days in Acute Care

| | Eligible Discharges | Patients Included | Returned to a Hospital | Measr. Days (95% int. limits) | Compare | Facility Compared to Averages (Days) | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Fewer | Same | More | Too Few |
| **EDAC-30-AMI**<br>Q1 (2016) - Q2 (2016)<br>Excess Days in Acute Care after Hospitalization for | 120(4) | N/A(4) | N/A(13) | 0.113(4)<br>(0.093, 0.133) | Better | State | 1 | 5 | 0 | 5 |
| | | | | | | Nation | 41 | 1926 | 22 | 1926 |

# New Access Methods

| Tablet | Mobile |
| --- | --- |



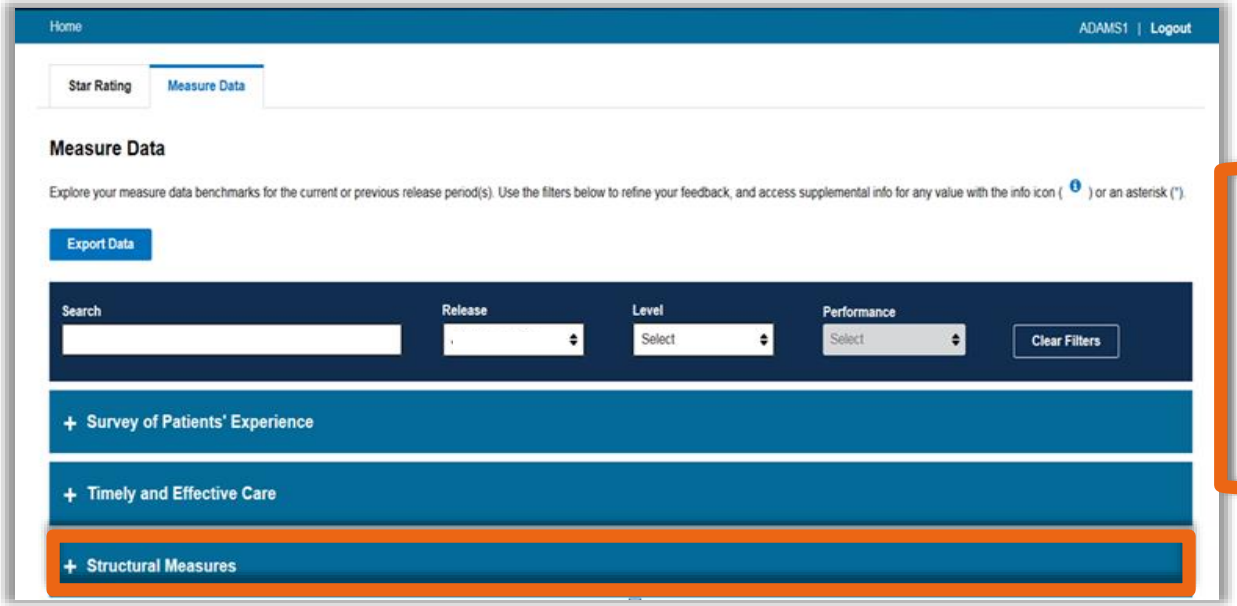
mber…Specifications Manual version 11.0b now available…OQR/IQR Quarterly Timeline posted…Tampa, FL- 190°
QUALITY REPORTING NEWS NETWORK
QRNN
The Daily News
with
Angela Anchor
Breaking
News
QRNN
QUALITY REPORTING NEWS NETWORK

QRNN

Quality Reporting News Network

# Joining us in the studio today: Dale E. Buzz
# Hospital Compare Website Specialist

# Measure Groups




**Measure Groups for OQR:**

- Timely and Effective Care
- Structural Measures
- Unplanned Hospital Visits
- Surgical Procedure Volume
- Use of Medical Imaging

# Timely and Effective Care

## Timely and Effective Care

### Sepsis

| | Facility Rate | Number of Patients | State Rate | National Rate | Top 10% |
|---|---|---|---|---|---|
| SEP-1 | 20.0% * | 50 * | 22.0% * | 23.0% * | 12.0% |

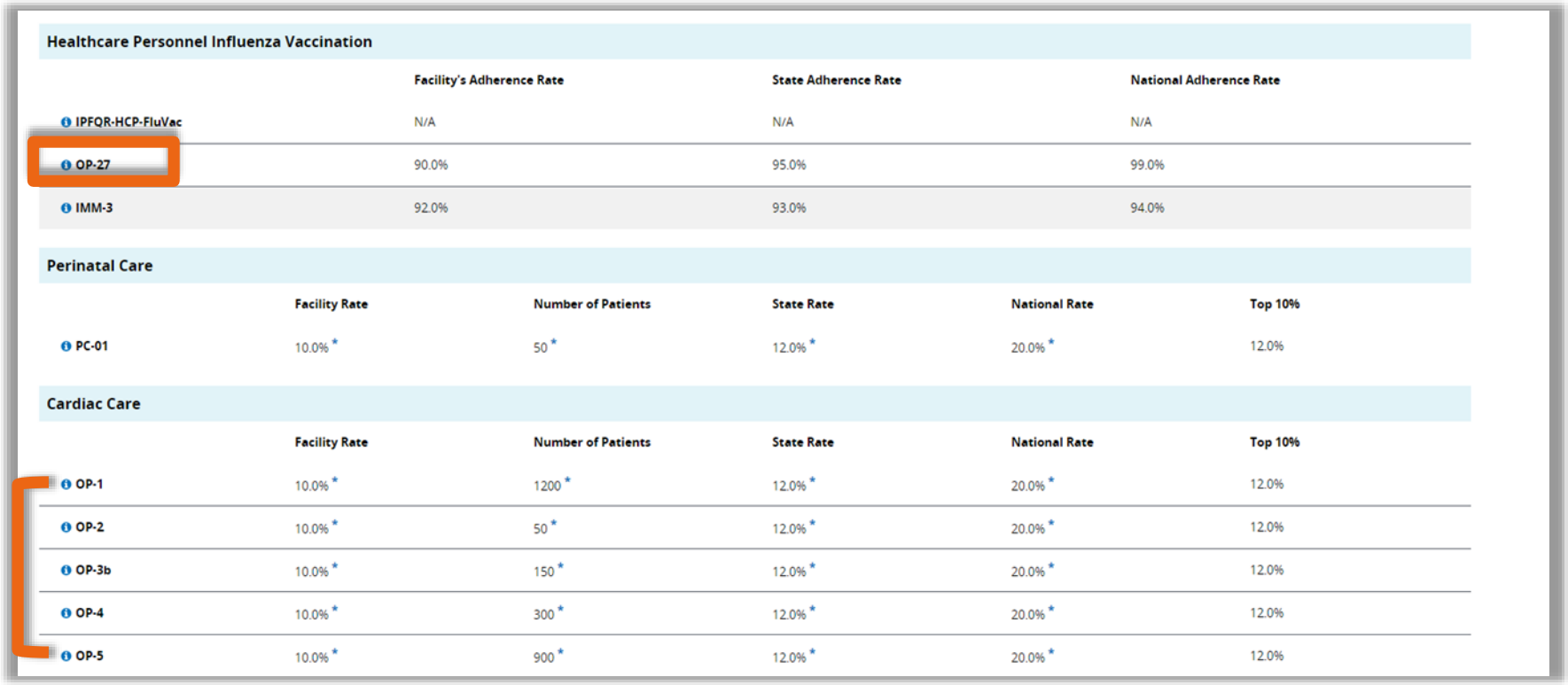
### Venous Thromboembolism Prevention

| | Facility Rate | Number of Patients | State Rate | National Rate | Top 10% |
|---|---|---|---|---|---|
| VTE-6 | 15.0% * | 200 * | 20.0% * | 30.0% * | 10.0% |

### Emergency Department Care

| | Facility Rate | Number of Patients | State Rate | National Rate | Top 10% |
|---|---|---|---|---|---|
| ED-1b | 30 minutes * | 150 * | 30 minutes * | 35 minutes * | 45 minutes |
| ED-2b | 30 minutes * | 150 * | 30 minutes * | 35 minutes * | 45 minutes |
| OP-18b | 30 minutes * | 200 * | 30 minutes * | 35 minutes * | 45 minutes |
| OP-18c | 30 minutes * | 1000 * | 30 minutes * | 35 minutes * | 45 minutes |
| OP-20 | 30 minutes * | 2500 * | 30 minutes * | 35 minutes * | 45 minutes |
| OP-21 | N/A * | N/A * | 60 minutes * | 95 minutes * | 45 minutes |
| OP-22 | 30.0% * | N/A * | 30.0% * | 35.0% * | 45.0% |
| OP-23 | N/A * | N/A * | N/A * | N/A * | N/A |

# Timely and Effective Care (cont.)



**Healthcare Personnel Influenza Vaccination**

| | Facility's Adherence Rate | State Adherence Rate | National Adherence Rate |
|---|---|---|---|
| IPFQR-HCP-FluVac | N/A | N/A | N/A |
| OP-27 | 90.0% | 95.0% | 99.0% |
| IMM-3 | 92.0% | 93.0% | 94.0% |

**Perinatal Care**

| | Facility Rate | Number of Patients | State Rate | National Rate | Top 10% |
|---|---|---|---|---|---|
| PC-01 | 10.0% * | 50 * | 12.0% * | 20.0% * | 12.0% |

**Cardiac Care**

| | Facility Rate | Number of Patients | State Rate | National Rate | Top 10% |
|---|---|---|---|---|---|
| OP-1 | 10.0% * | 1200 * | 12.0% * | 20.0% * | 12.0% |
| OP-2 | 10.0% * | 50 * | 12.0% * | 20.0% * | 12.0% |
| OP-3b | 10.0% * | 150 * | 12.0% * | 20.0% * | 12.0% |
| OP-4 | 10.0% * | 300 * | 12.0% * | 20.0% * | 12.0% |
| OP-5 | 10.0% * | 900 * | 12.0% * | 20.0% * | 12.0% |

# Timely and Effective Care (cont.)

**Cancer Care**

| | Facility Rate | Number of Patients | State Rate | National Rate | Top 10% |
|---|---|---|---|---|---|
| OP-33 | 10% * | 600 * | 12% * | 20% * | 12% |

**Cataracts**

| | Facility Rate | Number of Patients | State Rate | National Rate | Top 10% |
|---|---|---|---|---|---|
| OP-31 | 10% * | 120 * | 12% * | 20% * | 12% |

**Colonoscopy**

| | Facility Rate | Number of Patients | State Rate | National Rate | Top 10% |
|---|---|---|---|---|---|
| OP-29 | 15% * | 8900 | 68% * | 79% * | 29% |
| OP-30 | 15% * | 8900 | 68% * | 79% * | 29% |

# Structural Measures

## – Structural Measures

### Structural Measures

| | Measure Response |
|---|---|
| SM-5 | Yes |
| SM-6 | No |
| OP-12 | N/A * |
| OP-17 | N/A * |
| OP-25 | N/A * |

# Unplanned Hospital Visits

## — Unplanned Hospital Visits

### Procedure Specific Outcomes

| | Eligible Discharges | Facility Rate | National Rate | National Compare |
|---|---|---|---|---|
| OP-32 | 120 * | 0.113 * | 13.6 * | Better |

# Surgical Procedure Volume

## – Surgical Procedure Volume

### Surgical Procedure Volume

| | GI | GU | Nervous System | MS | CV | Eye | Skin | Resp. | Other |
|---|---|---|---|---|---|---|---|---|---|
| OP-26 | 50 * | 70 * | 90 | 110 | 130 * | 250 | 270 | 300 * | 20 |

**Cheat Sheet:**
GI-Gastrointestinal
GU-Genitourinary
MS-Musculoskeletal
CV-Cardiovascular
Resp-Respiratory

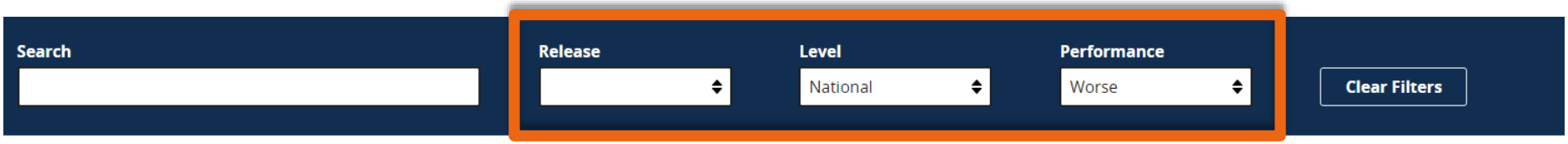
# Use of Medical Imaging

## – Use of Medical Imaging

### Imaging Efficiency

| | Number of Patients / Scans | Facility Rate | State Rate | National Rate |
|---|---|---|---|---|
| OP-8 | 500 | 95% * | 98% * | 99% * |
| OP-9 | 8900 | 15% * | 68% * | 79% * |
| OP-10 | 1500 | 75% * | 88% * | 69% * |
| OP-11 | 1500 | 75% * | 88% * | 69% * |
| OP-13 | 1500 | 75% * | 88% * | 69% * |
| OP-14 | 500 | 95% * | 98% * | 99% * |

# Interpreting Data




**– Use of Medical Imaging**

**Imaging Efficiency**

| | Number of Patients / Scans | Facility Rate | State Rate | National Rate |
|---|---|---|---|---|
| OP-10 | 1500 | 75% * | 88% * | 69% * |
| OP-11 | 1500 | 75% * | 88% * | 69% * |
| OP-13 | 1500 | 75% * | 88% * | 69% * |

# Lower vs. Higher

| Lower Percentages/Minutes Are Better | Higher Percentages Are Better |
|---|---|
| OP-1 | OP-2 |
| OP-3b (min) | OP-4 |
| OP-5 (min) | OP-23 |
| OP-8 | OP-27 |
| OP-9 | OP-29 |
| OP-10 | OP-30 |
| OP-11 | OP-31 |
| OP-13 | OP-33 |
| OP-14 | |
| OP-18b (min) | |
| OP-20 (min) | |
| OP-21 (min) | |
| OP-22 | |
| OP-32 | |

# Footnotes 1, 3, and 4

- **Footnote 1 (FN1):** The number of cases/patients is too few to report.
- **Footnote 3 (FN3):** Results are based on a shorter time period than required.
  - Hospital elected not to submit data, or had no data to submit, or did not successfully submit data to the warehouse for a measure for one or more but not all possible quarters.
- **Footnote 4 (FN4):** Data suppressed by CMS for one or more quarters.
  - Reserved for CMS use.

# Footnotes 5 and 7

- **Footnote 5 (FN5):** Results are not available for this reporting period.
  - Hospital either elected not to submit data or the hospital had no data to submit for a particular measure for all quarters represented in the current preview period.
- **Footnote 7 (FN7):** No cases met the criteria for this measure.
  - A hospital treated patients in a topic, but no patients met the criteria for inclusion in the measure calculation.

# Footnotes 13, 16, and 17

- **Footnote 13 (FN13):** Results cannot be calculated for this reporting period.
  - In use when data is not available for the calculation.
- **Footnote 16 (FN16):** There are too few measures or measure groups reported to calculate an overall rating or measure group score.
  - In use when reported data for fewer than three measures in any measure group used to calculate overall ratings, or reported data for fewer than three of the measure groups used to calculate ratings, or did not report data for at least one outcomes measure group.
- **Footnote 17 (FN17):** This hospital's overall rating only includes data reported on inpatient services.
  - When a hospital only reports data for inpatient services.

# Footnotes 23, 25–27

- Footnote 23 (FN 23): The data are based on claims that the hospital or facility submitted to CMS. The hospital or facility has reported discrepancies in their claims data.
- Footnote 25 (FN 25): State and national rates do include VHA hospital data.
- Footnote 26: State and national rates do include Department of Defense (DoD) hospital data.
- Footnote 27 (FN 27): The Department of Defense (DoD) TRICARE Inpatient Satisfaction Survey (TRISS) does not represent official HCAHPS results and are not included in state and national averages.

*Always refer to the most current version of the Help Guides for updates.

# Help Guide

## Outpatient *Hospital Compare* Preview Quick Reference Guide

### Preview User Interface (UI) Access

**Preview Period**
Preview will be available to participating Outpatient Facilities via the *QualityNet Secure Portal*.

**Access Preview Data:**

1. Navigate to the *QualityNet* website at https://www.qualitynet.org.
2. Select **Login** under the *Log in to QualityNet Secure Portal* header.
3. From the **Choose Your QualityNet Destination** dashboard, select **HQR Next Generation.**
4. Enter your *QualityNet* User ID, Password, and Security Code. Then, select **Submit**.
5. Read the Terms and Conditions statement and select **I Accept** to proceed.
6. A card layout is displayed on the landing page. Select **Public Reporting (PR)**.
7. The page will refresh, and the data will be available to preview.

### Preview Content

**Overall Hospital Quality Star Rating**
Please see the Help Guide for more information.

**Timely and Effective Care Measures**

**Emergency Department Measures**
- OP-18b, OP-18c, OP-20, OP-21, OP-22, OP-23
- OP-18b, OP-18c, OP-20, OP-21, and OP-23 aggregate rates include 2Q 2017 through 1Q 2018 encounters
- OP-18b, OP-18c and OP-20 display the state and national average minutes for hospitals that fall in the Low, Medium, High, Very High, and Overall EDV categories
- OP-18c Measure data will only be included in the downloadable database
- OP-22 data is based on encounters for Calendar Year (CY) 2017

**Immunization Measure**
- OP-27
- Percentages include 2017–2018 flu season data (4Q 2017–1Q 2018)

**Cardiac Care Measures**
- OP-1, OP-2, OP-3b, OP-4, OP-5
- OP-1 Measure data will only be included in the downloadable database
- Aggregate rates include 2Q 2017 through 1Q 2018 encounters

**Cancer Care Measure**
- OP-33
- Data is based on encounters for CY 2017

**Cataract Measure**
- OP-31 voluntary
- Data based on encounters for CY 2017

**Endoscopy/Polyp Surveillance Measures**
- OP-29, OP-30
- Data based on encounters for CY 2017

**Structural Measures**

**Structural Measures**
- OP-12, OP-17, OP-25
- Data based on encounters for CY 2017

**Unplanned Hospital Visits Measure**

**Procedure Specific Outcomes Measure**
- OP-32
- Data is based on encounters for CY 2017

**Surgical Procedure Volume Measure**

**Surgical Procedure Volume Measure**
- OP-26
- Data is based on encounters for CY 2017

**Use of Medical Imaging Measures**

**Imaging Efficiency Measures**
- OP-8, OP-9, OP-10, OP-11, OP-13, OP-14
- Aggregate rates include 3Q 2016 through 2Q 2017 Medicare claims data

Detailed information for measures included in the preview report may be found in the Outpatient *Hospital Compare* Preview Help Guide available on *QualityNet*.

# OP-32 Release Dates

CY 2019 Payment Determination

| Measure | Performance Period | CDR Releases | FSR Release | Public Display | Questions |
|---|---|---|---|---|---|
| Colonoscopy (OP-32) | Jan 1–Dec 31, 2017 | Sep 2017<br>Dec 2017<br>Mar 2018 | Oct 2018 | Next Refresh | Q&A Tool |

*For additional information, please visit [www.qualitynet.org](http://www.qualitynet.org) > Hospitals – Outpatient > Measures > Colonoscopy Measure.*

# OP-35 Release Dates

CY 2020 Payment Determination

| Measure | Performance Period | CDR Releases (Anticipated) | FSR Release (Anticipated) | Public Display | Questions |
|---|---|---|---|---|---|
| Chemotherapy (OP-35) | Jan 1 – Dec 31, 2018 | Sep 2018 (Jan 1 – May 31, 2018)<br>Mar 2019 (Jan 1 – Nov 30, 2018) | Oct 2019 | Next Refresh | Q&A Tool |

*For additional information, please visit www.qualitynet.org > Hospitals – Outpatient > Measures > Chemotherapy Measure.*

# OP-36 Release Dates

CY 2020 Payment Determination

| Measure | Performance Period | CDR Releases (Anticipated) | FSR Release (Anticipated) | Public Display | Questions |
|---|---|---|---|---|---|
| Surgery (OP-36) | Jan 1 – Dec 31, 2018 | Sep 2018 (Jan 1 – May 31, 2018)<br>Mar 2019 (Jan 1 – Nov 30, 2018) | Oct 2019 | Next Refresh | Q&A Tool |

*For additional information, please visit www.qualitynet.org > Hospitals – Outpatient > Measures > Surgery Measure.*

mber…Specifications Manual version 11.0b now available…OQR/IQR Quarterly Timeline posted…Tampa, FL- 190°
QUALITY REPORTING NEWS NETWORK
QRNN
The Daily News
with
Angela Anchor
Breaking
News
QRNN
QUALITY REPORTING NEWS NETWORK

# Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
  - It is your responsibility to submit this form to your accrediting body for credit.

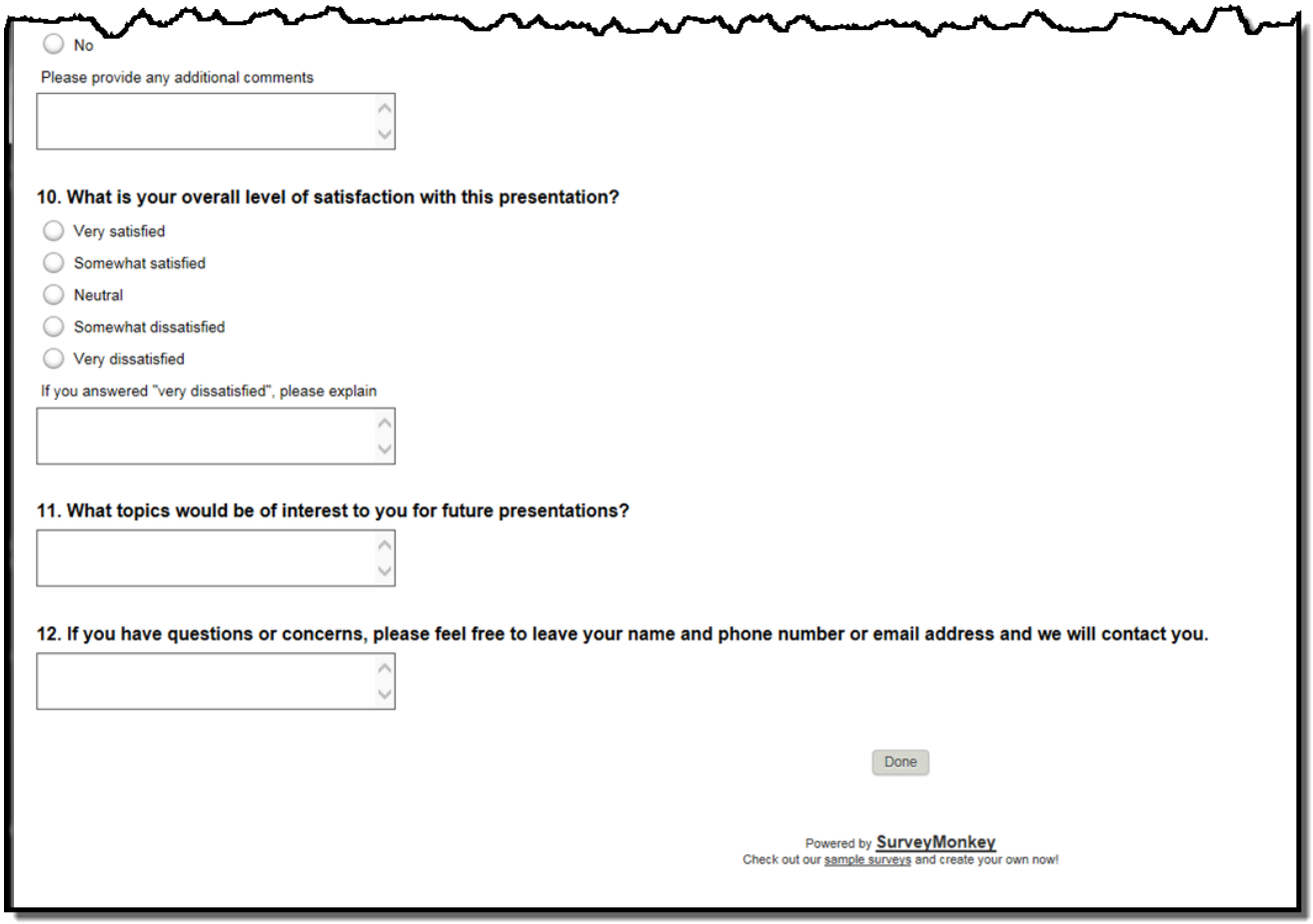
# CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
  - This is separate from registering for the webinar. If you have not registered at the Learning Management Center, you will **not** receive your certificate.
  - Please use your **personal** email so you can receive your certificate.
  - Healthcare facilities have firewalls that block our certificates.

# CE Certificate Problems?

- If you do not immediately receive a response to the email you used to register in the Learning Management Center, a firewall is blocking the survey link.
- Please go back to the New User link and register your personal email account.
- If you continue to have problems, please contact Deb Price at dprice@hsag.com.

# CE Credit Process: Survey



No

Please provide any additional comments

**10. What is your overall level of satisfaction with this presentation?**

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

If you answered "very dissatisfied", please explain

**11. What topics would be of interest to you for future presentations?**

**12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.**

Done

Powered by SurveyMonkey
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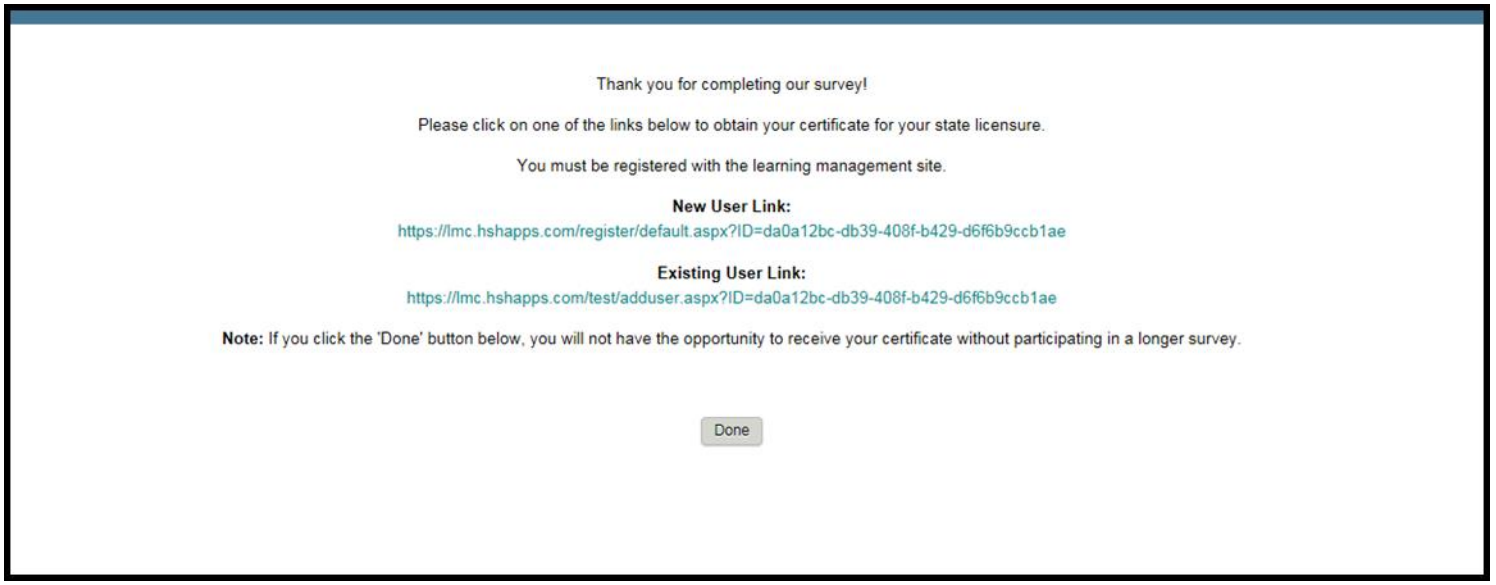
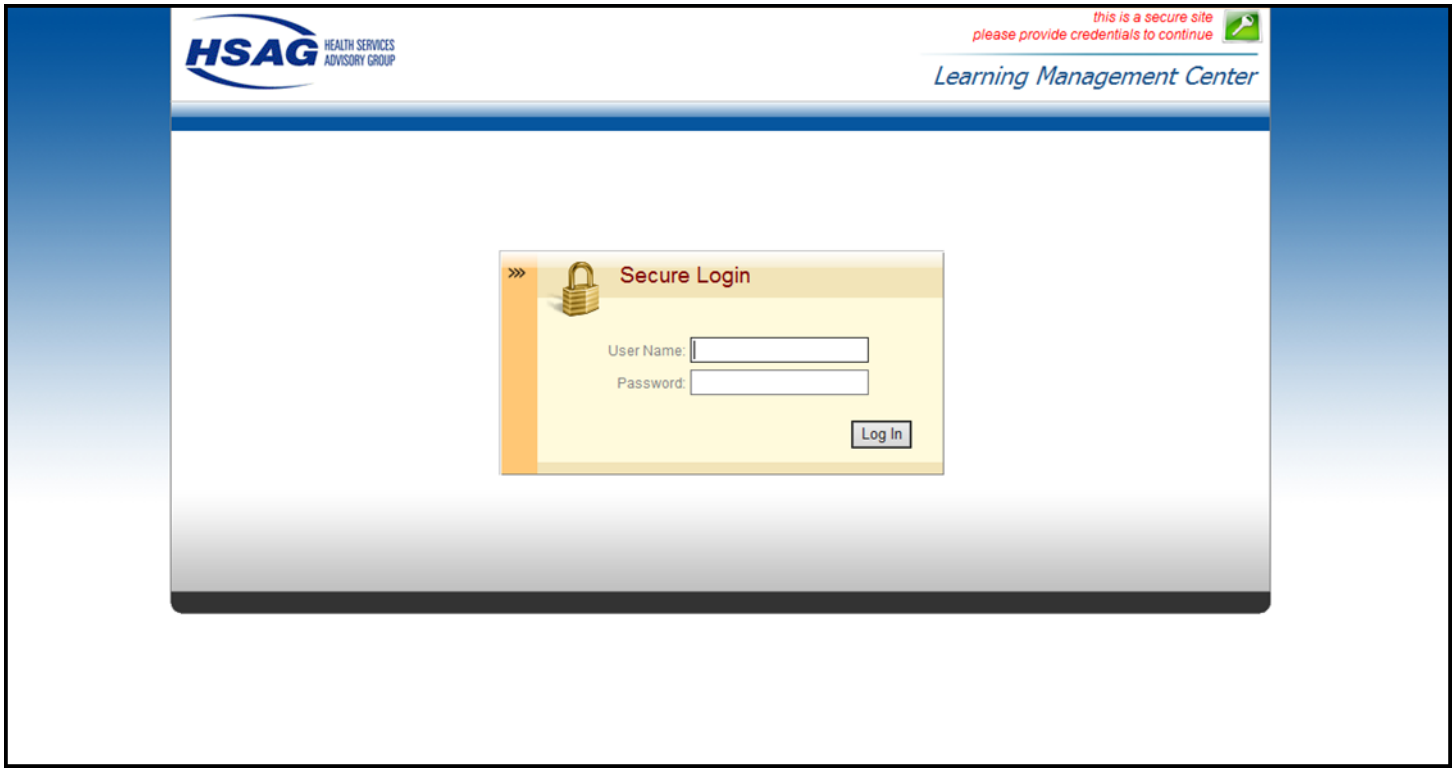
# CE Credit Process



# CE Credit Process: New User

# CE Credit Process: Existing User



# Thank You for Participating!

Please contact the Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at www.qualitynet.org

*Or*

- Call the Support Contractor at 866.800.8756.