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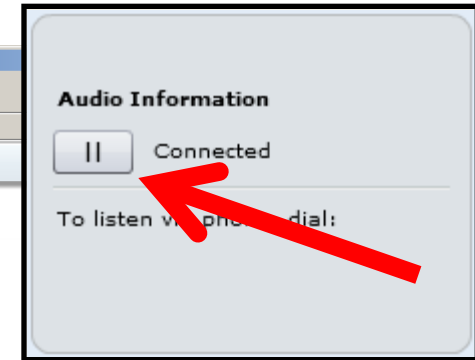
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Troubleshooting Audio

Audio from computer speakers breaking up? Audio suddenly stop?
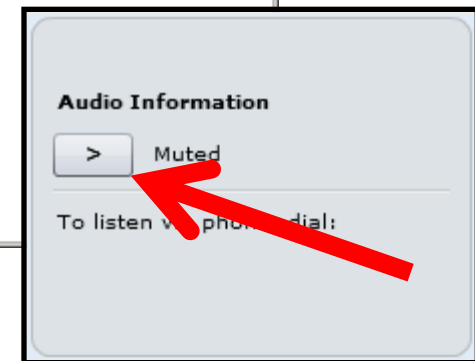
- Click <u>Pause</u> button

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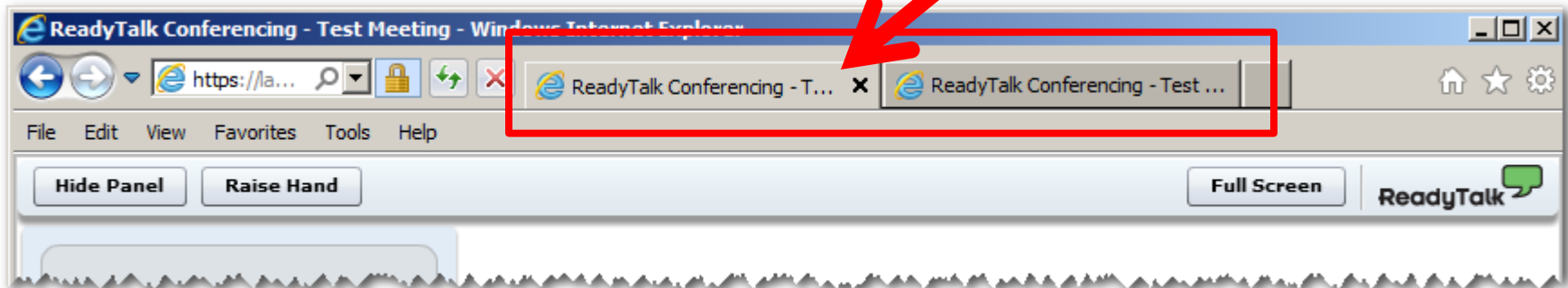- Click <u>Play</u> button
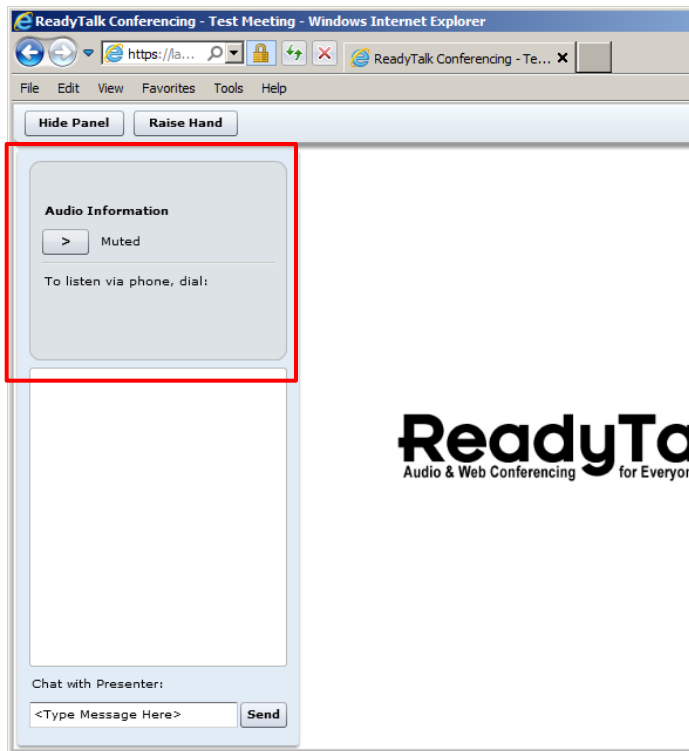
Location of audio controls

Step 1

Step 2

Troubleshooting Echo

- Hear a bad echo on the call?

- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.

- Close all but one browser/tab, and the echo will clear up.

Example of two browsers/tabs open in same event

Submitting Questions

Type questions in the "Chat with Presenter" section, located in the bottom-left corner of your screen.

Hospital OQR
Imaging Efficiency Measures

April 20, 2016

Announcements

- January 1 – May 15, 2016: Submission period for web-based measures

- Deadline for Clinical Data and Population and Sampling submissions from Q4 (October 1-December 31) 2015 was **extended to June 1, 2016**

- Please be sure to access the QualityNet Secure Portal every 60 days to keep your password active

Save the Date

- Upcoming Hospital Outpatient Quality Reporting (OQR) Program educational webinars:

  - May 18, 2016: Data and Quality Improvement for the Hospital OQR Program

- Notifications of additional educational webinars will be sent via ListServe

Learning Objectives

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

- List the rationale for developing imaging efficiency measures

- Describe specifications for the six imaging efficiency measures

- Explain how data for the imaging efficiency measures are collected and can be used to improve performance

Hospital OQR
Imaging Efficiency Measures

Presented by:

The Lewin Group

Agenda

- Background on Outpatient Imaging Efficiency (OIE) measure development process

- Review of measure specifications

- Collection of data for the OIE measures

- Questions and Answers

- Continuing Education Credit

BACKGROUND ON OIE MEASURE DEVELOPMENT PROCESS

Selecting Measures Evaluating Imaging Efficiency (1 of 4)

- Purpose of reporting on hospital use of imaging

  - Promote high-quality, efficient ("absence of waste") care

  - Reduce unnecessary exposure to contrast materials and/or radiation

  - Ensure adherence to evidence-based medicine and practice guidelines

  - Provide data to consumers/other stakeholders about facilities' imaging use

Selecting Measures Evaluating Imaging Efficiency (2 of 4)

- CMS adopted 4 imaging efficiency measures
  - **OP-8:** MRI Lumbar Spine for Low Back Pain [NQF #0514]
  - **OP-9:** Mammography Follow-Up Rates
  - **OP-10:** Abdomen Computed Tomography—Use of Contrast Material
  - **OP-11:** Thorax CT—Use of Contrast Material [NQF #0513]

- All 4 measures were added to the Hospital Outpatient Quality Reporting (OQR) Program in 2010

Selecting Measures Evaluating Imaging Efficiency (3 of 4)

- CMS added 3 additional imaging efficiency measures to Hospital OQR in 2012

  - **OP-13:** Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery [NQF #0669]

  - **OP-14:** Simultaneous Use of Brain Computed Tomography and Sinus CT

  - **OP-15:** Use of Brain Computed Tomography in the Emergency Department for Atraumatic Headache

    - CMS removed OP-15 for the calendar year 2017 payment determination and subsequent years

Selecting Measures Evaluating Imaging Efficiency (4 of 4)

- CMS selected measure concepts for which there was opportunity for improvement

- Measures were specified by:
  - Aligning with available clinical guidance
  - Incorporating feedback from experts and other stakeholders

- CMS conducted a dry run for each measure in the year before its implementation
  - Allowed facilities to review patient-level data before public reporting

Measure Maintenance and Implementation (1 of 4)

- CMS performs annual maintenance on each of the imaging efficiency measures, including:

  - Performing a review of updates to the literature and clinical practice guidelines

  - Identifying newly developed measures that are related and or competing

  - Discussing any potential updates with a technical expert panel (TEP)

Measure Maintenance and Implementation (2 of 4)

- CMS uses a TEP composed of a variety of stakeholders, perspectives, and areas of expertise, including:
  - Patients and caregivers
  - Consumer advocates
  - Clinicians
  - Informaticists, epidemiologists, and measurement science experts
  - Health system and hospital representatives
  - Payers and purchasers
  - Healthcare disparities experts

Measure Maintenance and Implementation (3 of 4)

- TEP members provide input on clinical & methodological aspects of the imaging efficiency measures, including:

  - Issues related to measure testing

  - Proposed measure updates

  - Stakeholder perspectives on changes to measure specifications

Measure Maintenance and Implementation (4 of 4)

- Data for each imaging efficiency measure are posted to Hospital Compare (https://www.medicare.gov/hospitalcompare)
  - Data are refreshed annually in July
  - CMS reports performance for each measure at the facility, state, and national level

- Purpose of publicly posting results
  - To help improve facilities' quality of care by distributing objective, easy to understand data on hospital performance, and quality information from consumer perspectives

REVIEW OF MEASURE SPECIFICATIONS

OP-8: MRI Lumbar Spine for Low Back Pain

Measure Concept	This measure evaluates the percentage of MRI lumbar spine scans for patients with low back pain for which antecedent conservative therapy was not attempted prior to performing the scan.
Numerator	MRI of the lumbar spine studies with a diagnosis of low back pain (from the denominator) without the patient having claims-based evidence of prior antecedent conservative therapy.
Denominator	MRI of the lumbar spine studies with a diagnosis of low back pain on the imaging claim.
Denominator Exclusions	-Lumbar spine surgery -Infectious conditions -Treatment fields for radiation therapy -Trauma -Unspecified immune deficiencies -HIV	-Cancer -Spinal vascular malformations -Spinal abnormalities associated with scoliosis -IV drug abuse -Intraspinal abscess	-Congenital spine & spinal cord malformations -Spinal cord infarctions -Syringohydromyelia -Neurologic impairment	-Inflammatory and autoimmune disorders -Neoplastic abnormalities -Postoperative fluid collections and soft tissue changes

- Higher percentages may mean the facility is performing too many unnecessary MRIs

- Lower percentages are better

OP-9: Mammography Follow-Up Rates

Measure Concept	This measure calculates the percentage of patients with mammography screening studies that are followed by a diagnostic mammography, ultrasound, or MRI of the breast in an outpatient or office setting within 45 days.
Numerator	The number of patients who had a diagnostic mammography study, ultrasound, or MRI of the breast study following a screening mammography study within 45 days.
Denominator	The number of patients who had received a screening mammography study.
Denominator Exclusions	None

- Hospitals that are rated well have a percentage of about 9%

- A follow-up rate near 0% may indicate missed cancer; a rate higher than 14% may mean there is unnecessary follow-up

OP-10: Abdomen CT—Use of Contrast Material

Measure Concept	This measure calculates the percentage of abdomen studies that are performed with and without contrast out of all abdomen studies performed (those with contrast, those without contrast, and those with both).
Numerator	The number of abdomen CT studies with and without contrast (combined studies).
Denominator	The number of abdomen CT studies performed (with contrast, without contrast, or both with and without contrast).
Denominator Exclusions	-Adrenal mass -Blunt abdominal trauma -Hematuria -Infections of kidney -Jaundice -Liver lesion -Malignant neoplasm of bladder -Malignant neoplasm of pancreas -Diseases of urinary system -Pancreatic diseases -Unspecified disorder of kidney and ureter

- Higher percentages may mean that too many patients are being given a double scan when a single scan is all they need

- Lower percentages are better

OP-11: Thorax CT—Use of Contrast Material

Measure Concept	This measure calculates the percentage of thorax studies that are performed with and without contrast out of all thorax studies performed (those with contrast, those without contrast, and those with both).
Numerator	The number of thorax CT studies with and without contrast (combined studies).
Denominator	The number of thorax CT studies performed (with contrast, without contrast, or both with and without contrast).
Denominator Exclusions	-Internal injury of chest, abdomen, and pelvis -Injury to blood vessels -Crushing injury

- Higher percentages may mean that too many patients are being given a double scan when a single scan is all they need

- Lower percentages are better

OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery

Measure Concept	This measure calculates the percentage of stress echocardiography, single photon emission computed tomography myocardial perfusion imaging (SPECT MPI) or stress magnetic resonance imaging (MRI) studies performed at a hospital outpatient facility in the 30 days prior to an ambulatory low-risk, non-cardiac surgery performed anywhere.
Numerator	Of patients in the denominator, number of stress echocardiography, SPECT MPI and stress MRI studies performed at the hospital outpatient department within 30 days of an ambulatory low-risk, non-cardiac surgery performed at any location (e.g., other hospital, physician office).
Denominator	Number of stress echocardiography, SPECT MPI, and stress MRI studies performed at the hospital outpatient department.
Denominator Exclusions	Patients with a diagnosis in three or more of the following categories: -Diabetes mellitus -Renal insufficiency -Stroke/ transient ischemic attack -Prior heart failure -Ischemic heart disease

- Higher percentages may mean that too many cardiac scans were done prior to low-risk surgeries

- Lower percentages are better

OP-14: Simultaneous Use of Brain CT and Sinus CT

Measure Concept	This measure calculates the percentage of brain CT studies with a simultaneous sinus CT (i.e., brain and sinus CT studies performed on the same day at the same facility).
Numerator	Of studies identified in the denominator, studies with a simultaneous sinus CT study (i.e., on the same date, at the same facility as the brain CT).
Denominator	Brain CT studies
Denominator Exclusions	-Neoplasms -Trauma -Orbital cellulitis -Intracranial abscess

- Higher percentages may mean that too many patients are being given both a brain and sinus scan, when a single scan is all they need

- Lower percentages are better

IMAGING EFFICIENCY MEASURE DATA

Data Source

- Values posted on Hospital Compare are calculated using 100% fee-for-service Medicare data

  - These data include all claims paid under the Outpatient Prospective Payment System (OPPS) at facilities eligible for participation in the Hospital OQR Program

- Hospitals and vendors do not need to submit additional data for the imaging efficiency measures

Calculating the Imaging Efficiency Measures (1 of 2)

- For the current release on Hospital Compare (July 2015–June 2016), the data collection period was from July 1, 2013 through June 30, 2014

- For the next Hospital Compare release (July 2016–June 2017), the data collection period will be from July 1, 2014 through June 30, 2015

Calculating the Imaging Efficiency Measures (2 of 2)

- Facility-level data for the imaging efficiency measures are calculated and reported on Hospital Compare annually

  - Preview reports based on data from July 1, 2013–June 30, 2014 were made available to hospitals in April 2015

  - Preview reports based on data from July 1, 2014–June 30, 2015 are anticipated to be made available to participating hospitals this month

- Preview reports allow hospitals a chance to review their data and submit questions in advance of public reporting

Measure Exclusions (1 of 2)

- If an imaging procedure is performed at a facility, it is linked to the Hospital OQR facility's CMS Certification Number (CCN)

- Five of the six imaging efficiency measures remove imaging studies because of a measure exclusion

  - OP-8 and OP-13 look backward for conditions that may have been diagnosed in a patient's history

  - OP-10, OP-11, and OP-14 look for diagnoses on the imaging claim

Measure Exclusions (2 of 2)

- OP-8, MRI Lumbar Spine for Low Back Pain, looks back up to 5 years preceding the imaging study

- OP-13, Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery, looks back up to 3 years preceding the imaging study

- Keep in mind—conditions diagnosed in a patient's history may not have occurred at your facility

Understanding and Improving Performance (1 of 4)

- CMS occasionally receives questions about the accuracy of facility data

  - The imaging efficiency measures use Medicare fee-for-service data

    - These data rely on final, post-adjudicated claims

    - Because these data represent care actually provided to a patient, use of claims are considered an accurate representation of services performed

Understanding and Improving Performance (2 of 4)

- Concerns about performance scores reported on Hospital Compare or included in preview reports should be reported to the OQR Outreach and Education Support Contractor via the Outpatient Questions and Answers tool:

  - *Website:* https://cmsocsq.custhelp.com

  - *Customer Service Line:* 866-800-8756 [7:00 AM–6:00 PM ET, M–F]

Understanding and Improving Performance (3 of 4)

- The imaging efficiency measures provide an opportunity for facilities to identify areas of improvement

- CMS does not prescribe any practice changes based on these data

  - Facilities can work with their physicians, staff, and Quality Innovation Network (QIN)/Quality Improvement Organization (QIO) to identify ways to improve performance

Understanding and Improving Performance (4 of 4)

- Facilities can also use this information internally
  - Using a facility's claims data, sites can identify ordering patterns for physicians (ordering/radiology) and other clinical staff
  - This approach would model the support provided by QIOs/QIN-QIOs, which identify practitioners who should participate in educational initiatives

- Facilities can also develop process improvements to ensure the appropriate use of imaging

Questions

CONTINUING EDUCATION CREDIT PROCESS

CE Approval

- This program has been approved for 1.0 continuing education 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.
- Nationally accepted by all state Boards of Nursing

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- If you do not <u>immediately</u> receive a response to the email that you used to register in the Learning Management Center, a firewall is blocking the link that is sent in response.

- Please go back to the **New User** link and register your personal email account.

  - Personal emails are not blocked by firewalls.

CE Credit Process

- Complete the ReadyTalk® survey you will receive by email within the next 48 hours or the one that will pop up after the webinar.

- The survey will ask you to log in or register to access your personal account in the Learning Management Center.

  - A one-time registration process is required.

CE Credit Process Survey

○ No
Please provide any additional comments

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[                    ]
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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

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

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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.

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Existing User Link:
https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

CE Credit Process: Existing User

Thank You for Participating!

Please contact the Hospital OQR Support Contractor if you have any questions:

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

Or

- Call the Hospital OQR Support Contractor at 866.800.8756.