Your Data is Showing: Public Reporting

Presentation

Moderator:
Karen VanBourgondien, BSN, RN
Education Coordinator, Hospital OQR Program Support Contractor

Speaker:
Pam Harris, RN
Project Coordinator, Hospital OQR Program Support Contractor

September 20, 2017

Dianne Glymph: Good day to everyone, and welcome to our discussion of public reporting. Thank you for joining us today. My name is Dianne Glymph; I'm speaking for Karen VanBourgondien. We are project coordinators for the Hospital OQR Program. Today we will discuss public reporting and display and hopefully provide you with some helpful tidbits of information on this subject.

If you have not downloaded today's handouts, you can get them from our website at qualityreportingcenter.com. Just click on today's event and you should be able to download the slides. In addition, these slides are attached to the invite you were sent for this presentation.

Our speaker for today is Pam Harris, a project coordinator for the OQR Program. Pam has vast clinical knowledge and experience and we look forward to what she will provide today.

Before we begin today's program, I would like to highlight some important dates and announcements.

November 1, 2017 is the submission deadline for Clinical Data and Population and Sampling for Quarter 2 2017; this will be for encounter dates April 1 through June 30, 2017.

And always, please be sure to keep your NHSN and QualityNet access active. The easiest way you can do this by logging in to the NHSN and QualityNet Secure Portal at least every 60 days.

If you want to get the most up-to-date information about the OQR Program, then make sure you are signed up for the ListServe, as this is our main method for communicating information about the program. Maybe you signed up before, but you're not getting notifications? Well, have you changed your email lately? You

can sign up for the ListServe, or you can check what ListServes you signed up for, on the QualityNet home page. That's www.qualitynet.org.

Please join us in October; we will be presenting a webinar to review the reports that are available to assist you in the successful reporting for this program.

CMS will be presenting the Final Rule webinar in November or December. The exact date is not listed, as it depends upon when the rule is published. Be sure to stay tuned for that so that you know what has been finalized and what changes will be occurring for this program.

Any information regarding program updates or educational opportunities will be sent via ListServe.

The learning objectives for this program are listed here on this slide.

This program is being recorded. A transcript of today's presentation, including the questions and answers received in the chat box, and the audio portion of today's program will be posted at qualityreportingcenter.com at a later date.

During the presentation, as stated earlier, if you have a question, please put that question in the chat box located on the left side of the screen. One of our subject matter experts will respond. By having live chat, we hope to accommodate your questions as soon as possible and provide real-time feedback. If your question does not get answered, please know that all questions and answers will be posted on the qualityreportingcenter.com website.

Now, let's turn things over to our speaker, Pam Harris. Pam?

Pam Harris: Thank you, Dianne, and hello to everyone; glad you could join us today. Today we are going to discuss public reporting, and hopefully you will learn some new information.

You are aware that you report data and that data is reported publicly. So, you may have asked yourself: what's the point?

Well, public reporting promotes transparency through the reporting of clinical quality measures.

This data publicly displays hospital performance data in a consistent, unified manner to ensure the availability of credible information about the care delivered in the nation's hospitals, and that includes outpatient care. Providers can utilize this information to improve quality of care for patients.

This information is also of value to consumers which empowers individuals with quality of care information to make more informed decisions about healthcare, so when consumers are looking at the publicly displayed information, they are comparing apples to apples, providing them with the opportunity to make informed decisions and choices.

Before we get into specifics to public reporting, let's briefly touch on the program requirements. To avoid a reduction in payment update, hospitals must adhere to the following requirements.

You must register with QualityNet before reporting data.

You must also maintain a Security Administrator. By the way, it is not required but highly recommended that a facility have more than one Security Administrator.

You need to complete and submit the Notice of Participation which we'll discuss in more detail in a moment.

You will report chart-abstracted, patient-level data quarterly and submit measures annually using an online web-based tool.

Now, we're not going to go into details about these measures today, but we have plenty of resources available on our website if you need more information.

For now, let's discuss the Notice of Participation.

So why are we looking at the Notice of Participation, or the NOP, when we're talking about public reporting? Well, the Notice of Participation affects the data you will or will not see on Hospital Compare.

If your facility is being paid under the OPPS, or the Outpatient Prospective Payment System, and your submitted data is being accepted into QualityNet, then you have pledged. And "pledged" means that your facility has a signed Notice of Participation on file. If you have a Notice of Participation, then all data reported to the Outpatient Quality Reporting Program can be publicly reported.

Do you need to check your Notice of Participation? No. Do you need to renew your Notice of Participation? No, the Notice of Participation automatically renews every year, but if your hospital is paid under the OPPS and has never submitted a Notice of Participation, then you will not be able to submit data to QualityNet, and you will not have data for public display.

Okay, now what if you are a non-Outpatient Prospective Payment System Hospital, like a critical access hospital? These hospitals currently have different Notices of Participation, or pledge options. If your facility has withdrawn or never pledged, then you cannot upload data into QualityNet. So, of course, your data is not going to be displayed publicly.

Now, there are two different Pledges for CAHs. The first is the QI pledge, or Quality Improvement pledge. This is where the facility can submit data, run reports in QualityNet, and then you can compare your data to state and national data, but the data you submit is not publicly reported.

The other pledge is Public Reporting. If your facility is pledged as Public Reporting, then your facility can submit data, run reports, compare your data to

state and national numbers, but just like the name says, this data is publicly reported. So if your facility is submitting data, and your data is being publicly reported, and this is what you want, then please do not go and change your Notice of Participation. This causes a lot of problems for the facility because they go into QualityNet and change their Notice of Participation, then public reporting goes away and you cannot change it back until the next payment year. In other words, what is publicly reported will always align with your pledge.

So, to sum it up – if it ain't broke, don't fix it. Do not change your Notice of Participation unless you fully understand what you are changing. If you need help, then please call our help desk number or send a question through the QualityNet Q&A tool.

Before your data is publicly displayed, there is a period of preview for this data. The preview report is available through QualityNet, and we will discuss that in just a few minutes, but before we do, that let me show you how to find the preview report help guides. There two different help guides for the preview reports. These help guides are updated for each preview report. The first one is about 30 pages long and it goes into very detailed explanations about the preview report, and the second one is a one-page, quick reference guide.

So to find the help guides, you would go to QualityNet.org, and stop on the home page. And no, you don't need to sign into the secure side of QualityNet. Just look at the middle of the page under Headlines. And the preview report I'm pointing to is the October release because the December release is not out yet. But this is where you would find it. But for now, we're going to click on the link shown here.

And it takes you to this page. Now this is a long page, so scroll down until you see the heading "Help Guides and Quick Reference Guides for the Hospital Compare Preview Period." Now the red square is the link for the **Outpatient Quality Reporting Help Guide**, and the orange square is the link for the **Outpatient Preview Report Quick Reference Guide**. So, let's click on the link in the red square.

And it will take you to the "Outpatient Hospital Compare Preview Report Help Guide." Now, I've divided this slide, with the left side of the slide showing the title page, or cover page, and to the right side of the slide showing just a small portion of the Table of Contents for the "Outpatient Hospital Compare Preview Report Help Guide." And this is just to give you an idea of how detailed this guide is. Now this is a great help guide to review if you are new to public reporting, or if you are wanting more to dig into all the information on the Hospital Compare report, then this is your help guide.

Now, let's go back and select the link in the orange square and it'll take you to the **Outpatient Hospital Compare Preview Report Quick Reference Guide**. OK, my favorite help guide. Why? It's a great tool that gives you kind of a snapshot of what you will be looking at. I especially like this help guide because it is short and to the point, and it's only one page.

So, let's hit the highlights here. On the far left, see the red arrows; it gives you how to sign into QualityNet, with a link, and step-by-step instructions on how to run your preview report. We are going to discuss that in just a minute, though, so hang on.

The middle section discusses the data and it is in the same order that the preview report data is displayed, so it's easy to follow. It also provides the dates in which the data is included. Now, this can be confusing, so this is a great reference.

The section to the far right gives further information regarding the ED volume as well as the other measures seen here.

All right, so far, we have gone over how to download your preview report, and the preview report help guides.

So, now let's talk about the preview report.

So, prior to each release of data on Hospital Compare, hospitals are given the opportunity to preview their data during a 30-day preview period. But this report will only be available for 30 days. So once you're notified, via the ListServe, that your hospital's preview report is available, go in and print it, save it, copy it, because after the 30th day, your preview report will not be available.

For the Hospital Outpatient Program, the Hospital Compare Preview Period is not a change or correction period. And what that means is that data in your preview report is the data that will be publicly reported on Hospital Compare, and it is reflective of the data you reported. There are no changes or corrections that can be made to your data after the submission deadline. And maybe this is a good time to talk about your data. What can you do to make sure that your data is, you know, that's going to be on the preview report is correct? Well, recheck your data before the submission deadline. Maybe submit your data one day and then step away, and come back to it the next day, and check the data that you have submitted because if you submitted it wrong, it's going to be publicly reported that way.

So you were notified that your preview report is available; where can you find it? Well, your preview report is located on the QualityNet Secure Portal, so sign in to QualityNet.

After you sign in and choose your program, you will select **My Reports** and a drop-down will appear.

Then select **Run Reports**.

Then under "I'd like to," select **Run Reports**.

Now this is a busy slide, but everything plays a part, so start out under Report Program, the number 1 star. Select from the drop-down OQR, then look under the number 2 star, Report Category, and select Public Reporting–Preview Reports from the drop-down box. Then click on View Reports, that's under the

number 3 star. Then at the lower part of the page, look on the gray bar next to the number 4 star–see Report Name? Then under the Report Name, you will click on Public Reporting–Preview Reports–see the red square? Then roll to the bottom of the page, and select Run Report.

Before we take a look at the preview report we just theoretically ran, let me briefly touch on footnotes as they will come up during the discussion of the preview report. There is a footnote legend at the bottom of the preview report as well.

Over the next few slides, we will look at the footnotes, but please note that some footnotes are somewhat specific to certain measures. This will become more clear as we go over the footnotes.

You can see here on this slide that we are mentioning Footnotes 1, 3, and 4 with a brief description on the situation in which they will be used.

Here we see footnotes 5 and 7, and we will discuss these footnotes as we evaluate our make believe preview report.

Now here we see footnotes 13, 16, and 17. Prior, I mentioned that footnotes can be specific to measures. An example of when you may use Footnote 13 would be for OP-18b and OP-20 when a state does not have a volume to meet the population criteria.

You can see that Footnotes 16 and 17 pertain to the Star Rating.

Also, I want to mention that as this program evolves and measures are added and/or deleted, footnotes may also change to more accurately reflect the measure and footnote criteria. Always reference the most current help guide which I showed you earlier for the most up-to-date information.

Now, it's finally time to take a look at our preview report.

So, here we are at the preview report. Now remember, we just talked about footnotes, and you can see them located toward the bottom of the page there, but for right now, go to the very top of the page.

And the first thing that you see are the headers. And sometimes we ignore the headers because our eyes go straight to the data. Am I right? So, let's stop here and look at the headers because there's a lot of information there.

So, go to where the red arrow is, and that's where we're going to discuss.

At the top of the page, you see references to the reporting periods, and they are broken up into measure sets. The first one is the Reporting Period for Clinical Process Measures. It tells you the quarter, or the time period of the collection of data that is displayed. This information is also what you'll see on the Quick Reference Checklist that we just talked about a few slides back. By the way, I put a little cheat sheet here on this slide where it says "Clinical Process Measures."

You will not see this little cheat sheet on your preview report; this tells you what the clinical process measures are.

Now, for the December preview report, the clinical process measures will include a new quarter of data. These are reported quarterly, and, therefore, they are updated in rolling quarters.

Our next line is the Reporting Period for Outpatient Imaging Efficiency Measures, or the OIE measures. For the December preview report, the OIE measures will NOT change because the OIE measures data are updated annually, or just once a year, in the July preview report.

The next two lines, or headers, are the endoscopy and cataract measures, you can see their quarters here on the preview report. However, for the December Preview, they will both have encounter data dates of First Quarter **2016** to Fourth Quarter **2016** encounters. That is because data for the web-based measures is updated annually in December. Again, that is reflective of when the data is reported. Since they are only reported annually in May, the data only changes annually.

Let me also mention here that with respect to OP-33, it will have its own header beginning in the December release. So moving forward from there, you will see that additional header.

Our next section in the preview report is Star Ratings.

There is a lot of information about Star Ratings. You will also receive Hospital Specific Reports, or HSRs. We encourage you to access these resources. For today's purposes, we will just mention a few key points as it relates to this section.

Your hospital will receive a Star Rating of 1, 2, 3, 4 or 5 stars. You can see this in our example here at the top by the red box.

Below is the group scores section. The individual groups are listed at the far left of the slide. It is important to know that the groups that relate to this program are the last three, Effectiveness of care, Timeliness of care, and Efficient use of medical imaging. You must have data available to be considered for calculation of these measures.

Following down the Preview Report, our next stop is the Web-Based Measures. Now the data in this section is based on the data entered by your hospital into the QualityNet web-based tool. And this section is refreshed or updated annually in December. We just talked about that a couple of slides back.

But now this name Web-Based Measures is a little misleading, as it only references OP-12, -17, -25, and -26. We know that there are other web-based measures such as OP-22, OP -29, OP-30, OP-31, and OP-33. Now, these measures are reported in other areas of the preview report. And OP-33 will be

displayed for the first time in December. So again, under the heading of web-based measures, you have OP-12, OP-17, OP-25 and OP-26.

Moving down to the AMI Cardiac Care measures which include OP-1, OP-2, OP-3b, OP-4, and OP-5. Now remember, this is part of your clinical process measures, which means that this data is refreshed, or updated, quarterly.

You can see that the columns consist of Your Hospital Performance for All Quarters, 10% of All Hospitals Submitting Data Performed Equal to or Better Than, and then, of course, you can see the state and national performance.

You will notice that under Your Hospital Performance for All Quarters there are percentages and minutes, and, of course, this is due to the nature of the measure.

The 10% of All Hospitals Submitting Data Performed Equal to or Better Than – the 90th percentile is calculated for each measure using the un-weighted average, or median, for each eligible hospital and identifying the top 10% of hospitals.

The state and national performance rates are also median times.

Outpatient Imaging Efficiency Measures, or the OIE Measures, are claims-based measures, so these are measures that CMS pulls from your Hospital claims. For these OIE measures, if a Footnote 1 is applied, you will not see the data on your preview report or Hospital Compare.

The Preview Report for the OIE measures is updated, or refreshed, annually in July.

In this example under the Your Hospital Performance for All Quarters column: for OP-8, -9, and -13 you see N/A or 7. A Footnote 7 means no cases met the criteria for this measure. So, this is applied in instances when the hospital did not have claims data that met the measure criteria. For OP-14 you see N/A (1). Footnote 1 is the number of cases or patients is too few to report and would be applied to any measure rate or ratio where the minimum case count was not met. Now, OP-10 and -11, you see a percent and the number of scans.

The 10% state and national performance rates are calculated in the same manner as the cardiac measures we just discussed.

The Emergency Department preview report section reports the ED-throughput measures. You will notice OP-22 here. It is part of the ED-throughput, but it is also a web-based measure. So, OP-18b and OP-20 are updated quarterly; OP-22 will only be updated annually. We're going to speak a little more about this on the next slide.

OP-18b, which is Median Time from ED Arrival to ED Departure for Discharged ED Patients, and OP-20, Median Time from ED Arrival to Provider Contact for ED Patients. Now the preview report contains up to four quarters of data, and it is displayed as a median time, so your performance score is listed on your preview report as minutes, and it also gives your denominator. And this data is refreshed

quarterly. You will notice also that the state and national performance relate times in low, medium, high, and very high, and overall averages in minutes. Incidentally, remember when I mentioned Footnote 13? This is where you would see that utilized–OP-18b and OP-20. Let's say a small state, like Rhode Island, does not have a hospital with an ED Volume to fit one of these categories. In that instance, a Footnote 13 would be applied.

Now, onward to discuss ED Volume. The ED Volume: this is the next section on your preview report and is another area that causes confusion. And what, you say is an EDV? Well, EDV is Emergency Department Volume, and this measure displays the volume of patients submitted as OP-22's denominator. And OP-22 is Left without Being Seen, and you put this data in annually with your web-based measures.

And this number is what determines the category assignment your facility falls in. Now, Emergency Department Volume is categorized for the hospital's benefit. This is what you can use to compare your hospital to like hospitals. So, if you are a hospital seeing 60,000 patients per year, you want to compare yourself to other hospitals seeing 60,000 patients per year. But, if you note that your category assignment is incorrect, that means that your hospital submitted OP-22 denominator data incorrectly. So please, when you submit your data, go back and check it before the deadline for that submission.

All right, moving on. Your next section is Pain Management. This slide displays OP-21, the Median Time to Pain Management for Long Bone Fracture. The data under Your Hospital Performance is based on the median time of the number of patients submitted in your Outpatient Quality Measures. So, see in our example it shows 30 minutes based on 307 patients. The state and national performance are calculated as we discussed prior. Okay?

Stroke is the data for OP-23, Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival. Now your Hospital Performance for All Quarters are back to the percentages. So, your data is the percentage that met the 45 minute time based on the number of patients.

We move on to the next Section and this is the Endoscopy and Polyp Surveillance Measures, which are two measures: OP-29, Appropriate Follow Up Interval for Normal Colonoscopy in Average Risk Patients, and OP-30, Colonoscopy Interval for Patients with a History of Polyps – Avoidance of Inappropriate Use. In this example Your Hospital Performance for All Quarters column you will notice that there is no data. You see N/A (5). So this is telling you that Footnote 5 has been applied to this facility. Now, Footnote 5 is "Results are not available for this reporting period" and is applied when a hospital either did not submit data or did not have an active pledge for this preview period. Of course, we see the 10% of all hospitals, the state and national performance percentages up.

So, this data updates on Hospital Compare only once a year and this is in December.

Now let's go to the next section of the Preview Report, Cataract Surgery.

This data comes from OP-31, the "Percentage of patients aged 18 and older who had cataract surgery and had improvement in their visual function achieved within 90 days following the cataract surgery." This is your voluntary measure, and submission of this data is not required. Now during submission time by entering either zero under OP-31 or leaving it blank is acceptable, as both will get you a Footnote 5, Results are not available for this reporting period. But if you report data, then this data will be displayed publicly. And under Your Hospital Performance for All Quarters, you will see the percentage of patients that met the measure, based on the number of total patients.

By the way, in a couple of weeks when you are able to view your next preview report for the December release, OP-33 will be viewed here as well OP-31

As this is a web-based measure, it is updated annually in December.

So now we turn to the reporting period for hcp flu vac measure, and it lists the Fourth Quarter 2016 through First Quarter 2017 encounters. So this is the OP-27 flu data that your hospital submitted for the flu season from October 1, 2016 through March 31, 2017. And again, for the December release you will be able to view OP-32 here under where you are seeing the OP-27 measure.

Now this flu data was just updated for your October Hospital Compare Preview Report. So, the percentage you see under Your Hospital's Reported Adherence Percentage is the percentage of the number of employees of your hospital that received the flu vaccination.

So now that we've reviewed the preview report, let's fast forward and access your data on Hospital Compare.

Just so everyone's on the same page, your hospital's Hospital Compare data is released for public display four times per year. We've already mentioned some of the data is updated and some is not, based on the reporting period. Now there is no set date for these releases, but it's usually in the months of April, July, October, and December.

So let's look at some of the highlights of Hospital Compare.

Hospital Compare can be found at www.medicare.gov/hospitalcompare. At the top of the slide is a link to the Hospital Compare home page. Now, you can look up a hospital by name, or you can look up hospitals by a ZIP code, city, or even state.

By the way, if you are interested in comparing your hospital with others, you can select up to three hospitals to compare. For your immediate area you can choose the city and state, and the next page would display the hospitals in that area, and then you could compare.

Let's say you just entered your hospital and clicked "search."

Your hospital profile will display, and you will notice the gray tab above your hospital information. This lets you know the information you can find it relates to your hospital. We won't open all the tabs today, but we'll take a look at a few to demonstrate some of the data for this program.

Before we move into the tabs, let me point out that under the General Information to the right, under the red circle. This is where you're going to find information about OP-12, -17, and -25.

So let's take a look at the Timely & Effective Care tab.

Under this tab you will find your OQR data. Now in the December release of Hospital Compare, you will also find the OP-33, EBRT, data under the Timely and effective care tab as well.

When you open these tabs, you will be given your hospital's data, the state and national average for each measure.

You can see the first selection being Cataract surgery outcome, so you would find information regarding OP-31 here.

The colonoscopy follow-up tab would display information for OP-29 and -30.

Under the Heart attack care tab you would find your AMI/Chest Pain measures.

Under Emergency department care you would find you data as it relates to ED-Throughput, Pain Management, and Stroke. Let me also mention here that the Stroke care tab seen here relates to Inpatient measures.

Preventive care you will find OP-27.

The last two options here–Blood clot prevention & treatment and Pregnancy & delivery care–are the Inpatient side of the reporting.

The next tab we will talk about as it relates to Hospital OQR is the Hospital returns tab. So, if you were to click on that tab, circled in red, you would see this view if you were to scroll down the page a bit. These are the options you will see right now. However, in December you will find your OP-32, 7-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy, under the Hospital returns tab.

So let's now move over to our next tab, Use of medical imaging.

This is a partial view of the data you will see for the Outpatient Imaging Efficiency data, which is OP-8, -9, -10, -11, OP-13, and OP-14. Now, these are very easy to find because they have their own tab.

So, we have found every current and a few future Outpatient Program measures on Hospital Compare except for OP-26, which is the Hospital Outpatient Volume

Data on Selected Outpatient Surgical Procedures. So, you know, where is OP-26 on Hospital Compare?

Well, that's an interesting question. And to answer that interesting question, we have to go back to the Hospital Compare home page, but don't put any information in the location or hospital search area. Move on down and look under the Spotlight section.

Keep rolling down the page until you can click on "The number of selected procedures hospital outpatient surgical departments perform…"
Got it circled in red here.

And there you are, OP-26. This page will display, and you will notice it says "Data.Medicare.gov" in the blue here. We'll talk about that in a minute.

Now this is a very large database that you're looking at on this slide. For now, let's assume you want to find data specific to your facility. All you would do is scroll down to your hospital, then use the slide bar down at the bottom to view all the columns of the data that is related to your hospital. Also, you can place your cursor over the very top tool bar for options; it will allow you to sort with various options. You will just place your cursor over the various tabs to do so.

Now, if you want more options, you can go to the green menu button at the top right in the circle. Let's say you want to download this information as it relates to all facilities. You would click on that green menu button and chose Download. This will provide you with the download, but you will be unable to modify it in any way.

Or, you can choose another option. This option we're going to talk about will also allow you access to archived data.

You would just go back to the home page and under the Additional Information section, you would click on the Explore and download Hospital Compare data link.

Then click on either Download CSV Flat Files or "Get Archived Data. If you choose Download CSV flat files, you would be able to access your facility's data and filter it in multiple ways. So let's say we choose Download the flat files.

This is a partial view of what you will see. For this program, let's say you choose the Timely and Effective Care-Hospital. You would double-click, and it would then prompt you as to whether you want to open the document.

Now this is only a portion of what will open. You will have more columns. I just want to show you a bit, and you could sort this, filter, make it your own spreadsheet, whatever it is that suits your needs.

If you wanted to look at previously reported data, then you would click on that blue Get Archived Data button I showed you a couple of slides back.

And it brings you to the Hospital Compare Data Archive file. Here you can search based on the year, but the date that is listed after each file is the date the data was archived. Now that does make it a bit difficult when you are looking for things. Our Subject Matter Expert was kind enough to point out some data points here, and this, too, will allow you to filter, sort, download, and look at your archived data.

Quality Improvement is an entire area in itself. It's important to realize that by reporting, evaluating, and comparing your facility, you can improve quality for patients.

Having information on your facility and how your facility measures up, so-to-speak, on a state and national level is important. Just as important to having the data is making use of it. Using data, whether it is obtained by the sources we have mentioned or by your own internal data analysis, can really provide a platform for you to initiate quality improvement. Some of the objectives you would strive for are noted on this slide.

Now I've added the OQR help desk phone number and a few links in case you have later questions regarding Public Reporting. That's all I have today, Dianne. I hope this webinar gave everyone something they can use. So now, let me turn it back over to Dianne.

Dianne Glymph: Thanks, Pam. We appreciate all the information you shared today. As a reminder, if your question did not get answered in the chat box for some reason, please know that all questions, along with their answers, will be posted on our website–qualityreportingcenter.com–at a later date.

That's all the time we have today. We appreciate your joining us.