Hospital Outpatient Quality Reporting Program

Support Contractor

Hospital Outpatient Quality Reporting (OQR) Specifications Manual, Version 8.0a: New Measures and Updates

P.M. Questions and Answers

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January 21, 2015
2:00 p.m. ET

Question 1: Hi. Just a point of interest question, especially as it relates to outpatient colonoscopies or colonoscopies in general. I realize why it will go against the facility reporting for results. but do you know if there are any plans for provider-specific data pulls and information back to them, especially with colonoscopy? Some of the complications have nothing to do with the facility, but everything to do with technique.

Answer 1: Hi. The purpose of the measure is to abstract information regarding how much of these patients-- how many of these patients who are having colonoscopies are returning to the hospital within seven days. So the rationale for the measure is to reduce the adverse patient outcomes associated, basically, with the preparation for the colonoscopy, also the procedure itself, and the follow-up care.

With those things in mind, by capturing and making more visible to providers and patients all the unplanned hospital visits with regard to having a colonoscopy, the measure score will assess quality, and hopefully inform quality improvement initiatives as a result of that.

Question 2: I just have one question about OP-32 on the readmissions. Will that be only the readmits back to the original hospital, or will it also gather if the patient ends up at another institution? Thank you.

Answer 2: Yes. Again, what is going to happen is they will-- this is all claims-based. So it is not going to matter if, let's say for example, a patient has a colonoscopy at the outpatient center of Hospital A, but maybe they visited the ED Department in Hospital B. It's not going to matter.

The information is going to be pulled by the Medicare claim itself. So that data is what's being collected. It's not going to matter what facility the patient had the colonoscopy in and where they ended up going, whether it be inpatient-- if they ended up being inpatient, whether it was an emergency room visit, it's all-cause within that seven-day period.

Question 3: Hi there. I actually have a question about OP-31. You mentioned that everyone probably knows about this measure, and I know nothing about it. So where do I go to get information about that? Obviously, it's outside of the scope of this, but can you tell me where I might get some training?

Answer 3: Yes, of course. We have our own website as well as QualityNet. They all provide information on this measure. But let me just say, in short, that OP-31 has to do with cataracts. And what it is looking for is patients having cataract surgery that they have a pre-op and a post-op visual function test. And they compare to basically see if there's improvement in visual function after 90 days after the procedure. That is a little nutshell version of what that measure is.

Again, you can get further information on qualitynet.org, or you can go to our website which is qualityreportingcenter.com. But as to follow up with that, that measure is voluntary. So let's say for example -- your hospital does cataract surgeries. If you did not want to submit data on this measure, then that would be fine. You wouldn't have any detriment to your facility with regard to program requirements.

It's okay if you submit it. It's okay if you do not. But once you have a chance to evaluate those websites that I gave you, if you have any questions, by all means, please use our question-and-answer tool on QualityNet, and we will be happy to either call you or answer your question in the tool.

Question 4: Yes, please. My question is that for also being able to keep track of the patients who have undergone a colonoscopy exam in our facility and they have a return within the seven days, what do you suggest on how to track those patients?

Answer 4: Okay. With regard to this measure, again, Medicare is going to be pulling the claims. Once they do the dry run, and they have some initial data on this information that we're talking about -- the seven-day who comes back, who doesn't; that kind of thing -- they will disseminate that information to the facilities. And they will give the facility information, and they'll also have patient-level data that they are hoping is what is going to provide quality improvement out of that information. So you don't have to track anything. This is data that is going to be pulled from your Medicare claims.

They will do all the work and basically send you the report. After the dry run, then they will further answer questions with regard to that measure. And that's an undetermined time at this time. But certainly, when we find out when the dry run is going to come, that information will be disseminated promptly.

Question 5: Hi. Good afternoon. My question is pertaining to the ED -- Outpatient ED-Throughput measures OP-18b and OP-20. Is that okay to ask the question about that, the Hospital Compare Preview Report?

Answer 5: We will be happy to answer that. But I think in this forum, if you don't mind, if you can put that in the QualityNet question-and-answer tool, we'd be happy to just give you a phone call back, if that's okay.

Question 5: Sure.

Question 6: Yes. I was wondering if, on the OP-32 measure, if critical access hospital patients are to be included in this dry run as well.

Answer 6: I am not sure of that answer, to be honest with you. It is, to my knowledge, that it's going to be all Medicare claims. If you don't mind, I will be happy to get that to the measure writers and get an answer for you, unless, Elizabeth, you have anything to add to that.

Elizabeth Bainger: I apologize. Could you restate the question?

Question 6: Yes. We are a critical access hospital, and we do colonoscopies, so I was wondering if our patients would be included in the dry run as well.

Answer 6: That is a good question. And as a matter of fact, I have a meeting with the D1 coordinator next week about that issue. So if we could get back to you with a response to that, I'd appreciate it.

Question 6: Okay, thank you.

Elizabeth Bainger: FMQAI, if you can make sure that stays on the agenda for me, so that I'm sure to follow up on that to get an answer?

Answer 6: No problem.

Question 7: Hi. I had a question concerning OP-31. Can you please tell us what the voluntary reporting period is, the dates?

Answer 7: Should your facility wish to report that information, you would begin collecting this year from January 1 to December 1 of 2015. And then you would submit that, just like all of your other web-based measures, from July 1 to November 1 of 2016. So that would be next year you would be submitting this year's information.

Question 8: And again, it is voluntary? Only because it's a 90-days out, and our hospital doesn't typically see patients. It would be the physician's office.

Answer 8: Yes. That is correct. That is actually one of the reasons why CMS is continuing to make that voluntary. There seem to be some issues, basically, of what you're saying as how to obtain the pre-test versus the post-test. And there seems to be some difficulty with that.

CMS did seek to lessen the burden with regard to that, and that is why it's a voluntary measure. So again, you can submit that data, but you do not have to.

A word of caution: if you do submit information on OP-31, that information would be subject to public reporting.

Question 9: Yes. This is in regards to OP-32. And I guess it's just kind of more of getting an understanding of the rationale behind the measure because it’s looking at a colonoscopy patient and all-cause readmission. So the patient had a colonoscopy, and four days later they come in for -- I don't know, a broken thumb or finger through the ED -- we're going to get dinged for that? But that has absolutely nothing related to the actual colonoscopy.

So I don't really see how that is going to improve quality because there's nothing you would have done from a colonoscopy standpoint to prevent that

readmission. So I don't understand why we wouldn't be looking at specific codes related to abdominal pain and rectal bleeding or GI bleeding, or something like that, as you revisit patients.

I guess I'm trying to understand what the point is looking at all causes.

Answer 9: Yes. And I believe that is a big reason for the dry run that they will be doing upcoming later this year. The rationale for that is there is such a wide range of procedure-related adverse events. And I understand what you're saying. A person has a colonoscopy, but let's say they sawed the tip of their finger off, and they come to the ED. One doesn't have anything to do with the other, and you're right.

So the purpose -- one of many reasons why they're doing the dry run is to try to extrapolate information as to how best to disseminate information that is related to the colonoscopy.

So I think it would be very valuable information after the dry run. And the measure writers can present their information and get back to the facilities on the information that they found.

Question 10: I just have one more quick question on the OP-32 colonoscopy measure. Do we know when they will begin publicly reporting the data from that after the dry run?

Answer 10: They are going to do the dry run, collect this information, and present it. At that time, they may have that decision. Right now, I can't answer to that. They haven't disseminated that information.

Question 11: Hi, great. Thank you. I have a question also on OP-32, and I apologize. Do you have an expected time for specification release on that?

Answer 11: The OP-32 specifications have actually already been released. They were in that 8.0a update. So you should be able to view it right now; you have that ability. They wanted it to be released for this year for the dry run, so you guys could get a handle on it of what was coming out of those claims-based measures.

Question 12: For OP-32, what if the patient is not exactly sure when they had this colonoscopy? What if they say, about a week ago, maybe five days, maybe eight days ago? A lot of patients are not sure of these things.

Answer 12: Yes, we know. Well again, the data is going to be pulled from the Medicare claims. So it's okay if the patient doesn't remember because the Medicare billing will reflect that procedure time.

Question 13: Okay. So it's not our responsibility to know that?

Answer 13: No. This is all claims-based driven. This is all abstracted from claims. There is no abstraction responsibility whatsoever to the facility.

Question 14: Yes. I have a question on OP-31, the cataracts, visual function within 90 days following the surgery. Is this an abstracted measure or a claims-based?

Answer 14: OP-31 is a chart-abstracted measure. So your facility would work with the providers, with the physician offices, to get the pre- and post-op, and you would report that. So it just depends on what your facility decides.

Question 15: Okay. So it's probably like a yes or no question?

Answer 15: No. This would be a numerator and denominator measure.

Question 16: Yes. I have a question about OP-29 and OP-30. Are there any other removed codes?

Bob Dickerson: This is Bob. No, just the code that Nina mentioned earlier is the only one that was removed.

Karen VanBourgondien: This does conclude our program for today. I'd like to thank all our speakers, and we'd like thank our participants as well. We hope what you've heard is useful information that will help you on your Hospital OQR Program.

Please remember that you will not receive your WebEx survey today for your CE certificate. It will be sent by WebEx to your email within the next 48 hours or so.

In addition, if you have any further questions or concerns, please use the question-and-answer tool located on qualitynet.org, and a Hospital OQR subject matter expert will send you a timely response.

Thank you very much, and have a great rest of your day.

Elizabeth Bainger: Is it too late for me to just add something real quick?

Karen VanBourgondien: No. Go ahead.

Elizabeth Bainger: Okay. This is Elizabeth. I'm from CMS. I'm Elizabeth Bainger. I'm the program lead for Outpatient Quality Reporting. And I just wanted to listen in today just to get a feel for what hospitals are thinking of the measures that are coming out.

I know that the colonoscopy measure is a source of concern for many people. Believe me, we at CMS are listening to you; we're listening to the associations. That's why we're doing the dry run first, so we can get a better feel for this measure.

The first question had to do with why aren't we sending out provider reports, and actually that is not an oversight on our part. We are clearly going to try to drive communication between the hospitals and the providers. We want

to provide the hospitals with this information so that they can direct quality improvement initiatives, and that may include communications with specific providers. So I did want to address that question.

And then I do want to reassure the person who asked about the critical access hospitals that I will get back to them with a response. Thank you.

Karen VanBourgondien: Thank you, Elizabeth. I appreciate that.

This material was prepared by the Outpatient and Ambulatory Surgery Centers Value, Incentives, and Quality Reporting Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. HHSM-500-2013-13007I, FL-OQR/ASC-Ch8-02192015-06