Hospital Outpatient Quality Reporting Program

Support Contractor

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

Presentation Transcript

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Operator: Good morning, ladies and gentlemen, and thank you for waiting. Welcome to the 2015 Specifications Manual Update Conference Call. All lines have been placed on a listen-only mode, and the floor will be open for your questions and comments following the presentation. Without further ado, it is my pleasure to turn the floor over to your host, Ms. Karen VanBourgondien. Ms. VanBourgondien, the floor is yours.

Karen VanBourgondien: Thank you, Les. Hello and welcome to the Hospital Outpatient Quality Reporting Program webinar. Thank you for joining us today. My name is Karen VanBourgondien, and I am the education coordinator. If you have not yet downloaded today's handouts, you can get them from our website at www.qualityreportingcenter.com. Go to the Events banner on the right side

of the page. Click on today's event. Go down to Event Resources at the bottom of the page. There will be a link there that will allow you to access and print the handouts for today's webinar.

Before we begin today's program, I would like to highlight some important dates and announcements. Hospitals selected for calendar year 2016 validation have been posted to the QualityNet website at www.qualitynet.org. Record requests for the new selection of validation hospitals were sent to the medical record contact your facility has listed as the contact person. The CDAC is currently validating records from Q2 2014.

As noted on this slide, the original due date for the Q3 2014 population and sampling data submission was February 1. However, CMS has extended this deadline due to QualityNet maintenance. The new deadline for Q3 2014, which is for encounter dates July 1 to September 30, 2014, is now February 8. Please make a note of that.

On February 18 we will be presenting a webinar called “Understanding the Web-Based Measures.” During this webinar, we will discuss all the web-based measures, but we will have a focus on OP-29 and -30. We have received quite a bit of feedback from you with a lot of questions regarding all of the measures, but really particularly -29 and -30. Therefore, we do find it necessary to provide some additional education, and, hopefully, this will clarify things and make abstractions for these measures a little smoother for you.

Additional webinars and educational opportunities will be forthcoming, and, of course, notifications of these will be sent by ListServe.

The learning objectives for this program are listed here on slide 4. The program is being recorded. A transcript of today's presentation and the

audio portion of today's program will be listed on qualityreportingcenter.com at a later date.

During today's webinar, please do not use the chat feature that you see on your WebEx screen. We do not monitor this function during the program. However, we will follow the presentation with a question-and-answer session until the top of the hour.

This presentation is a collaborative effort with the measure writers, measure stewards, and the program support contractors. As we proceed through the presentation, the various presenters will be introduced. HSAG will be presenting on behalf of Yale. We will begin with HSAG and present some of the changes to the Specifications Manual that are not measure-specific. Now with that, it is my pleasure to introduce our first speaker, Nina Rose.

Ms. Rose received her bachelor of science in family and consumer sciences from Ohio University, and her master's degree in gerontology from the University of South Florida. She joined the HSAG team two years ago, and has assisted in the development of educational materials for both the Hospital Outpatient Quality Reporting Program, as well as the Ambulatory Surgical Center Quality Reporting Program. Nina is a project coordinator for both of these programs, and is the Specifications Manual project lead. And now, I'll turn this portion over to Nina.

Nina Rose: Hi, everyone. As Karen just said, my name is Nina, and I am a project coordinator and the manual production lead here at HSAG. Today, we'll be going over the changes for the Specifications Manual. We will be discussing the changes for Manual 7.0b to 8.0, then continue on with 8.0 to 8.0a.

Now, before we proceed with any changes, let's talk about the process briefly. As you know, you have been using Specifications Manual Version

7.0b and will continue to do so for encounter dates up until December 31 of 2014. Starting with encounters January 1, 2015, you'll be using version 8.0a. As things came to light with regard to certain measures, final tweaks and changes were made, resulting in the addendum of 8.0. The important thing to remember is to always use the manual that corresponds with the correct encounter dates.

On the next couple of slides, we're going to discuss briefly the changes from 7.0b to 8.0. This overview is not all-encompassing, so please refer to release notes to familiarize yourself with all of these changes.

In the interest of simplicity and time, we will discuss the more important issues and relevant changes as they relate to the Specifications Manual version moving forward.

For the measures OP-1,-2 and-3, left bundle branch block has been removed. One of the reasons for this change was to align with the latest STEMI clinical guidelines from the American College of Cardiology Foundation and the American Heart Association. They no longer support taking left bundle branch block on the presenting ECG as a criterion for candidacy for acute reperfusion.

With regard to pain medication, another clarification was offered to help in abstraction for pain medication related to the description of time, and, of course, ICD-9 code V13.89 was removed from OP-29 and -30, and the removal stemmed from the code being non-specific for history of colonic polyps.

On this slide, you will notice the various changes made in the data dictionary from Version 7.0b to 8.0. We will discuss briefly the rationales of these changes. Some of these changes are now obsolete but still worthy of discussion to provide clarity in the entire process, as to the hows and whys

of the process. In other words, why there was a certain element at one point and then the reason it was removed or changed.

Rectal culture-guided antibiotic was added to address the need for alternative antimicrobial prophylaxis when directed by the perioperative culture. The updates to *Last known well* and *Time last known well* were to clarify the abstraction guidelines for data elements and to align more closely with the HIQR Specifications Manual.

ICD-9 codes were updated to mirror the changes in the Specifications Manual for the National Hospital Inpatient Quality Measures. And as stated before, left bundle branch block does not meet the criterion for candidacy for reperfusion, which impacted initial ECG interpretation.

Also, this change provides clarification to the methodology for abstraction of this element. There were also changes so that the cases with an initial ECG finding of not being a STEMI would be excluded from the reperfusion measures. Pain medication date and time changes were made to assist to clarify in abstraction; and with respect to patient HIC number, payment source, and postal codes, the changes were minor, and this was done to align with the changes in the Specifications Manual for the National Inpatient Hospital Quality Measures.

In the population and sampling section, the sample size requirements were updated to reflect OP-29 and -30. As you will recall, the reference period for these measures for calendar year 2016 was only nine months. For subsequent years, the reference period will be 12 months. Table 4 in Specifications Manual 8.0 describes the sample size requirements per year, per hospital for OP-29, -30 and -31. There were additions to bullets under Table 4 to clarify the population and sampling requirements for these measures.

As for the data transmission section, there were some changes made to align with the Specifications Manual alphabetical data dictionary, thus making the process more uniform.

All right, now from 8.0 to 8.0a. As you can see here on the slide, several changes took place in this addendum. We will stop here for a minute and very briefly touch on some of these changes, but we'll expand on others and later changes in later slides.

The changes made in the table of contents were made to reflect the changes in the manual. This is relatively straightforward, but we will discuss this further in a moment.

With regard to acknowledgement, the current CPT language was revised to reflect the current copyright year. The surgery measure set was eliminated, as they were topped out and will no longer be abstracted after December 31, 2014, encounters. And those will be submitted May 1, 2015.

For OP-15, there was clarification to allow open-ended clarity rather than year-by-year. The change states that CMS will confirm public reporting of this measure in future rule-making. OP-31 changes reflect the voluntary submission of this measure as finalized in the calendar year 2015 final rule. OP-32 is being updated to reflect the addition of this measure, and the data dictionary changes reflect examples related to removal of the surgery measure set as we mentioned before. The data element list also reflects the surgery measure set being removed.

As you can see, there are minor changes made to the table of contents, but to reflect the updates and additions to the manual. We will go through the specific changes as we proceed through this presentation.

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The Outpatient Delivery Setting section located on page 9 of the Specs Manual has been updated to reflect the removal of the Surgery measures OP-6 and OP-7 and the addition of OP-32. We removed the Surgery table and added the outcome measures table for OP-32, Facility 7-day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy. This new measure will be discussed later in this presentation

The measure information form introduction section was updated to reflect the removal of the Surgery measure set, again, OP-6 and -7. We basically needed to update a lot of the examples. In the measure information forms introduction we changed the description, for example, from surgery patients who received prophylactic antibiotics consistent with current guidelines to median time from ED arrival to provider contact for emergency department patients. We also changed the example in the second bullet under improvement noted as from surgery site infection to a decrease in median value.

In the population and sampling specifications, again, there was updating with regard to the removal of -6 and -7. As a consequence, there were some changes in the examples of population and sampling. Now they relate to pain management versus the surgical population.

Under the sample size requirements, we removed the sixth bullet in its entirety. This bullet discussed how we were -- how there were not requirements for stratified sampling for the Surgery measure set. And under the sampling requirements, we removed the footnote regarding the reported period of nine months for calendar year 2014.

Continuing on, we also removed the second and fourth bullet in their entirety under the chart-abstracted sample size examples, as they specifically pertained to the Surgery sampling. Finally, we changed the Surgery references to Chest Pain under the outpatient population and

sample size examples on pages 4-12 and 4-13. These changes were to assist in consistency and flow using the present measure.

Like the other sections, the Hospital Outpatient Department Quality Measure Data Transmission section needed any Surgery references to be updated. So again, the examples relate to ED-Throughput and Stroke rather than Surgery. Under the submission threshold section, we changed the word “Surgery” in the first segment to “Stroke,” and then removed the third bullet under the examples in its entirety.

Under missing data policy, we removed the last two paragraphs in their entirety as both paragraphs reference the Surgery measures set explicitly. Finally, under the Outpatient Sampling Frequency Notes For Abstraction section, we change the surgical example to a stroke example, as we noted a moment ago.

And finally, the appendices. While changes from the following slides are relatively straightforward, we still want to spend a few moments discussing them. In the appendices, we removed both the index and the tables themselves, all sections related to the Surgery measure set; specifically, tables 6.0 to 6.7 have been removed in Appendix A.

In Appendix B, we removed two definitions in their entirety, prophylactic antibiotic and therapeutic antibiotic. Obviously, with the removal of the Surgery measures, these terms will not be utilized.

We also removed the mention of the Surgery measure set from the measure-specific data elements and patient factor.

And finally, in measures, Appendix C, the Index and Medication Tables for 6.0 to 6.12 have been removed. With the removal of -6 and -7, these will not be needed. The changes in the appendices do reflect the most current

changes, and the majority of these changes were related to these topped-out two measures.

And Karen, this completes my section, so I'm going to turn it back over to you.

Karen VanBourgondien: Thank you, Nina, for your presentation on some of the changes. Now, we are going to move into the next portion of the presentation which is more of the measure-specific issues. I would like to introduce our next speaker, Bob Dickerson. Mr. Dickerson is the lead house informatics solution coordinator for the measures development and maintenance team at Telligen. He is a registered respiratory therapist with a master's degree in health sciences administration from the University of St. Francis. Bob has numerous years of hospital and healthcare system-based experience, analyzing and incorporating quality measures, as well as evidence-based care into healthcare quality process improvement initiatives. These initiatives result in better patient care outcomes and increased compliance with quality measures. Now, I would like to turn this portion of the presentation over to Bob. Bob?

Bob Dickerson: Thank you very much Karen, and good morning, everyone. On this next slide, we're going to start a discussion of changes to the measure, the Surgery measure set, in accordance with the Calendar Year 2015 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs, Final Rule that was released on November 10, 2014.

OP-6, which is timing of prophylactic antibiotics, and OP-7, prophylactic antibiotic selection for surgical patients measures, are topped-out, meaning that they have consistently high performance rates among hospitals that is

so high and unvarying that meaningful distinctions and improvements in performance can no longer be made. As such, they're being removed from the Hospital OQR Program beginning with the calendar year 2017 payment determination. This means that, beginning with calendar year 2015 patient encounters, you will no longer need to submit data for OP-6 and OP-7.

Now, the topped-out criteria have been revised, and that is available in the final rule if you're interested in reading more about that. Basically, what they've -- in that revision they've identified that statistically indistinguishable performance in the 75th and 90th percentiles and a truncated coefficient of variation of less than or equal to 0.1 is how they're defining topped-out measures.

So, starting with our next slide, are some of the changes you'll see in the Hospital OQR Specs Manual as a result of this change. The changes you see in the manual as a result include removal of the Hospital Outpatient Department Quality Measures Surgery section, and the content which includes the OP-6 and OP-7 measure information forms, the algorithms, and the algorithm narratives.

The next slide outlines data elements specific to the Surgery measures set, and there are 13 data elements specific to the surgical measures set that are being removed from the alphabetical data element list. These data elements are all specific to the surgical measures set, and removal of them will not impact other outpatient measures. The data elements being removed include all the antibiotic-related data elements, case canceled, clinical trial, CPT code-related data elements, infection prior to anesthesia, the rectal culture-guided antibiotic, which was originally planned as a new data element for addition to the manual prior to the determination and the final rule to remove OP-6 and OP-7, and replacement and vancomycin.

On the next slide are a couple of important points related to dates of the changes for these measures. As we mentioned, these changes will take effect starting January 1, 2015, with version 8.0a of the Hospital OQR Specs Manual. Now, this version is for encounter dates from January 1, 2015, through September 30, 2015. Please note that you do need to continue to collect data for OP-6 and OP-7 for encounters through December 31, 2014, using version 7.0b of the Hospital OQR Specs Manual. The date of the submission deadline for the fourth quarter of 2014 encounters is May 1, 2015, so you're still going to be using that for a bit yet. Just keep in mind you don't actually -- you won't actually stop submitting OP-6 and OP-7 until after May 1.

This concludes the changes to the surgical measures set, OP-6, and OP-7 for version 8.0a of the Hospital OQR Specs Manual. On our next slide, I do want to make a note regarding OP-26.

OP-26 is the Hospital Outpatient Department Volume For Selected Outpatient Surgical Procedures measure. The surgical procedure codes list in table 1 remains unchanged in this addendum to the January 1, 2015, manual. However, the data and the codes are currently being analyzed, and if, as a result of the data analysis, there are changes that need to be made to the codes in table 1, they will be reflected in a future addendum to the January 1, 2015, version of the manual.

Karen? Back to you.

Karen VanBourgondien: Thank you Bob, we appreciate your presentation. Now, we're going to be switching gears to address the measures of OP-31 and OP-32. Yale is the measure steward and has provided the information regarding these measures. However, we will be presenting this information on Yale's behalf.

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This slide presents the description of the two measures that we will be discussing. Further slides will discuss each measure in greater detail. I am sure that most of you are already aware of OP-31 -- Cataracts, Improvement in Patient's Visual Function Within 90 Days Following Cataract Surgery. The new measure, OP-32, which is Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy.

We will discuss the update as it applies to OP-31: Cataracts–Improvement in Visual Function Within 90 Days Following Cataract Surgery. As a subcontractor to Yale, New Haven Health Services Corporation Center for Outcomes Research and Evaluation works on the development re-evaluation and implementation of outpatient outcome efficiency measures project, and Mathematica is coordinating updates to this measure in the OQR Specifications Manual.

The paragraph on this slide in quotes was added to the measure information form, also known as the MIF, and is taken directly from the final rule. Essentially, hospitals that choose to submit data should submit this data using the existing data submission requirements and deadlines. If you do not submit data for OP-31, you will not be subject to any payment reduction with respect to this measure during the period of voluntary reporting.

On this slide, you can see the new measure, OP-32: Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy. This measure is an administrative claims-based data measure, so there is no abstraction responsibility on the part of the facility. CMS has finalized adoption of this measure in the Hospital OQR Program for the calendar year 2018 payment determination and subsequent years.

Let's talk about the rationale for a few minutes of why they are introducing this measure. Colonoscopy is a very common procedure. It is estimated

that 1.7 million colonoscopies are performed annually among Medicare, Fee-for-Service patients. Given the widespread use of colonoscopy in the outpatient setting, understanding and minimizing procedure-related adverse events is a high priority. Many post-colonoscopy hospital visits after a colonoscopy are currently not visible to providers performing a procedure. In other words, providers are not aware that there were complications related to the procedure.

Furthermore, the outcome is preventable. Leading causes of hospital visits after colonoscopy include abdominal pain, abdominal distension, nausea, vomiting, and pulmonary and cardiovascular complications. The most severe cases of hospital visits include colonic perforation and gastrointestinal bleeding.

In addition, the measure shows variation in facility performance. This measure will address this information gap and promote quality improvement. The technical expert panel favorably reviewed the measure during development, and the measure is supported by the National Quality Forum Steering Committee.

On the next couple of slides, we will discuss the measure in overview. The colonoscopy measure score is the rate of risk-standardized, all-cause, unplanned hospital visits within seven days of an outpatient colonoscopy. This includes colonoscopies performed in outpatient departments and ambulatory surgical centers. The measure will include Medicare Fee-for-Service patients aged 65 years and older undergoing a colonoscopy. However, the measure does exclude colonoscopies for patients with history of inflammatory bowel disease or diverticulitis.

The measure outcome is any emergency department visit, observation stay, or unplanned inpatient admission within seven days. These are collectively referred to as hospital stays. The data source as we noted is claims data,

which means that information will be pulled directly from Medicare claims. Again, as we mentioned earlier, this is all done by Medicare, and the facility has no abstraction responsibility for this measure.

Risk adjustment associated with this measure includes 15 variables which we will see on the next slide.

The facility-specific rates are adjusted for differences in patient characteristics such as age, clinical risk factors, and procedural variables. The measure aims to adjust for factors that are unrelated to quality and case mix differences across facilities. This slide presents an overview of these risk adjustment variables.

CMS plans to hold a dry run of the measure later in 2015. The timing of the dry run is to be determined and will be announced at a future date. The dry run provides the opportunity for facilities to receive confidential reports of their data prior to future public reporting.

The goal is to give facilities the opportunity to learn and become familiar with the colonoscopy measure and their results confidentially.

In addition to reporting the measure score, CMS intends to provide facilities with facility-specific reports, containing confidential patient-level data on all patients included in the measure score. In order to better inform and provide quality improvement efforts, CMS will share the information related to measure scores and address questions from hospitals and other stakeholders during the dry run period.

This concludes this portion of the presentation regarding OP-31 and 32. I want to take some time to thank the presenters for all the information that was shared. We will now have time available to answer questions until roughly the top of the hour.

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While we wait for the first question, I'd like to remind you that this webinar has been approved for one continuing education credit by the Boards listed here on slide 37. We now have an online CE certification process. There are three methods for receiving your CEs -- two through WebEx and one through the phone only. If you registered for this webinar through WebEx, you will receive a survey from WebEx within about 48 hours, so it will not arrive today. Once you have completed the survey, you will be sent to a site to download your CE certificate.

If you are listening to the webinar with a colleague that did log into WebEx, just ask them to forward the survey from WebEx to you.

If you are listening to the webinar by phone only, since you did not register with WebEx, you will not receive the survey with the link for the CEs. In about three weeks, an online version of this webinar will be posted on our website, qualityreportingcenter.com; it is listed on this slide. You can go there to get your CE certificate.

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