



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

Mathematica, Telligen, Yale, and HSAG

January 21, 2015

Hospital OQR Announcements

- The list of hospitals selected for calendar year (CY) 2016 validation has been posted to www.QualityNet.org.
- Record requests to the new selection of validated hospitals were sent to the Medical Records contact in December 2014.
- The Clinical Data Abstraction Center (CDAC) is currently validating records from Q2 2014.
- February 1, 2015, is the next deadline for Clinical Data and Population & Sampling data submission from Q3 2014 (July 1 – September 30, 2014).

Save the Date

- The next Hospital OQR webinar will be February 18, 2015.
- The presentation will review the web-based measures, with a focus on OP-29 and OP-30.

Learning Objectives

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

- Discuss final CY 2015 changes to the Hospital OQR Program measures and Specifications Manual, emphasizing the CY 2016 and 2017 payment determinations.
- Identify additional resources for implementation of the CY 2015 Final Rule for the Hospital OQR Program.



Hospital OQR Specifications Manual Updates



Presenters:

- Mathematica
- Telligen
- Yale
- HSAG

Specifications Manual Changes

- Changes to the manual from Version 7.0b to 8.0
- Changes to the manual from Version 8.0 to 8.0a

7.0b to 8.0 Changes (1 of 3)

- Measure Information Forms (MIFs)
 - Removal of left bundle branch block (LBBB) from acute myocardial infarction (AMI) measure set
 - Clarification for Pain Management abstraction
 - Removal of V13.89 from OP-29 and OP-30

7.0b to 8.0 Changes (2 of 3)

- Data Dictionary
 - Addition of a new data element: *Rectal Culture-Guided Antibiotic*
 - Updated *Last Known Well* and *Time Last Known Well*
 - Updated *ICD-9-CM Principal Diagnosis Code*
 - Updated *Initial ECG Interpretation*
 - Updated *Pain Medication Date and Time*
 - Updated *Patient HIC#*
 - Updated *Payment Source*
 - Updated *Postal Code*

7.0b to 8.0 Changes (3 of 3)

- Population & Sampling Specifications
 - Sample Size Requirements updated to reflect OP-29 and OP-30 requirements
- Hospital Outpatient Department Quality Measure Data Transmission
 - Updated Hospital Clinical Data XML file layout

Changes from 8.0 to 8.0a

- Table of Contents
- Acknowledgement
- Outpatient Delivery Settings
- Measure Information Forms (MIFs)
- Surgery Measure Set
- OP-15
- OP-31
- OP-32
- Data Dictionary
- Population and Sampling Specifications
- Hospital Outpatient Department Quality Measure Data Transmission
- Appendices

Table of Contents

- Removed 1.6 Surgery from Section 1: Measure Information
- Changed 1.7 – Imaging Efficiency to 1.6 – Imaging Efficiency
- Changed 1.8 – Web-Based Measures to 1.7 – Web-Based Measures
- Added Subsection 1.8 – Outcome Measures
- Added OP-32 Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy to Subsection 1.8 – Outcome Measures

Outpatient Delivery Settings

- Removed Surgery table in its entirety
- Added Outcome Measures table
- Added “OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy” to Outcome Measures table

MIF Introduction

- Changed description example “surgical patients who received prophylactic antibiotics consistent with current guidelines” to “median time from ED arrival to provider contact for emergency department patients”
- Changed Improvement Noted As second bullet example “surgical site infections” to “a decrease in median value”

Population & Sampling Specifications (1 of 2)

- Sample Size Requirements
 - Removed sixth bullet in its entirety
- Sampling Requirements
 - Removed Table 4 footer: This table is based on a 12-month period. The reporting period for CY 2014 will only be nine months; the table has not been adjusted to reflect this.

Population & Sampling Specifications (2 of 2)

- Sample Size Examples – Chart-Abstracted
 - Removed second and fourth bullets in their entirety
- Sampling Approach Examples
 - Changed Surgery references to Pain Management and reduced sample sizes
- Outpatient Population and Sample Size Examples
 - Changed Surgery references to Chest Pain

Hospital Outpatient Department Quality Measure Data Transmission

- Submission Threshold
 - Changed Surgery in first sentence under Submission Threshold to Stroke
 - Removed in its entirety the third bullet under Submission Threshold Examples
- Missing Data Policy
 - Removed last two paragraphs of this section in their entirety
- Outpatient Sampling Frequency
 - Changed Surgical example under Notes for Abstraction to Stroke

Appendix A

- Indices 6.0 – 6.7 have been removed.
- The tables have also been removed in their entirety.

Appendix B

- Glossary of Terms
 - Removed “such as the OP Surgical measures” from the measure-specific data elements definition
 - Removed “ASA PS classification for surgical patients” from the third bullet under the patient factor definition
 - Removed prophylactic antibiotic in its entirety
 - Removed therapeutic antibiotic in its entirety

Appendix C

- Index has been removed in its entirety.
- The medication tables have also been removed in their entirety.



Outpatient Surgery Measures



*Mathematica/Telligen
OP-6, OP-7, OP-26*

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Surgery Set: OP-6, OP-7 (1 of 4)

- OP-6: Timing of Prophylactic Antibiotics
- OP-7: Prophylactic Antibiotic Selection for Surgical Patients
- “Topped-out” – Removed for Hospital OQR Program beginning with CY 2017 payment determination

Surgery Set: OP-6, OP-7 (2 of 4)

- Changes to the Hospital Outpatient Quality Reporting Specifications Manual
 - “Hospital Outpatient Department Quality Measures Surgery” section removed
 - Includes:
 - Measure Information Forms
 - Algorithms
 - Algorithm narratives

Surgery Set: OP-6, OP-7 (3 of 4)

Surgical set-specific data elements removed:

- Antibiotic
- Antibiotic Allergy
- Antibiotic Name
- Antibiotic Route
- Antibiotic Timing
- Case Canceled
- Clinical Trial
- CPT Code
- CPT Code Date
- Infection Prior to Anesthesia
- Rectal Culture-Guided Antibiotic
- Replacement
- Vancomycin

Surgery Set: OP-6, OP-7 (4 of 4)

- Changes effective January 1, 2015, with Hospital OQR Specifications Manual v. 8.0a
- Encounter dates 01/01/2015 – 09/30/2015
- **Note:** Continue to collect OP-6 and OP-7 data for encounters through 12/31/2014. The data submission deadline is May 1, 2015, for Q4 2014 encounters.

OP-26: Hospital Outpatient Volume on Selected Outpatient Surgical Procedures

- Surgical Procedure Codes are under review.
- If changes need to be made to the surgical procedure codes in Table 1, they will be reflected in a future addendum.



Measure Overview



OP-31 and OP-32

*Yale-New Haven
Health Services
Corporation
Center for
Outcomes
Research and
Evaluation
(YNHHSC/CORE)*

OP-31 and OP-32

- OP-31: Cataracts – Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
- OP-32: Facility 7-day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

OP-31

A paragraph added to the Measure Information Form (last paragraph of the MIF):

“Finalized in the CY 2015 OPPS/ASC final rule, hospitals have the option to voluntarily collect and submit data for OP-31 for the CY 2017 payment determination and subsequent years. All data submitted voluntarily will be publically reported as discussed in the CY 2014 OPPS/ASC proposed rule (78 FR 43645) and final rule with comment period (78 FR 75092).”

OP-32

OP-32: Facility 7-day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

Colonoscopy Measure Rationale (1 of 2)

- High volume – 1.7 million colonoscopies performed annually among Medicare FFS patients using measure cohort definition*
- Many post-colonoscopy hospital visits are currently not visible to providers performing the procedure
 - Documented that gastroenterologists are unaware of many complications [Leffler et al., 2010]
 - Technical expert panel favorably reviewed measure in development; supported by National Quality Forum Steering Committee

*Estimate based on 20% sample of Medicare FFS patients



Colonoscopy Measure Rationale (2 of 2)

- Outcome is preventable
 - Leading causes of hospital visits: abdominal pain, abdominal distension, nausea, vomiting, pulmonary and cardiovascular complications
 - Most severe causes of hospital visits: colonic perforation and gastrointestinal bleeding
- Measure shows variation in facility performance

Colonoscopy Measure Overview (1 of 2)

- Measure Score
 - Rate of risk-standardized, all-cause, unplanned hospital visits within 7 days of an outpatient colonoscopy
 - Outpatient Departments (OPDs) and Ambulatory Surgical Centers (ASCs)
- Cohort
 - Medicare FFS patients aged >65 years undergoing colonoscopy
 - Exclusions – colonoscopies for patients with history of IBD and diverticulitis

Colonoscopy Measure Overview (2 of 2)

- Outcome
 - Any emergency department (ED) visit, observation stay, or unplanned inpatient admission within 7 days
- Data
 - Claims
- Risk-Adjustment Model
 - Hierarchical logistic regression
 - 15 variables

Risk Adjustment Variables

- Concomitant Endoscopy
- Polypectomy during Procedure
- Chronic Heart Failure
- Ischemic Heart Disease
- Stroke/TIA
- Chronic Lung Disease
- Metastatic Cancer
- Liver Disease
- Iron Deficiency Anemia
- Disorders of Fluid, Electrolyte, Acid Base
- Pneumonia
- Psychiatric Disorders
- Drug and Alcohol Abuse/Dependence
- Age by Arrhythmia Interaction

2015 Dry Run

- CMS plans to hold a dry run of the measure later in 2015 (timing to be determined).
- CMS will share information related to measure scores and address questions from hospitals and other stakeholders during the dry run.

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professions:
 - Florida Board of Nursing
 - 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
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing Boards.

CE Credit Process

- Complete the WebEx survey you will receive by email within the next 48 hours.
- 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.
- Additional details are available at:
www.qualityreportingcenter.com.

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.

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-Ch8-01092015-01

