



Hospital Outpatient Quality Reporting Program

Support Contractor

Understanding Web-Based Measures for the Outpatient Quality Reporting Program (OQR)

Questions & Answers

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Question 1: Hi one quick question – great presentation, by the way. On the – on OP-29, and I may have missed this, I understood the part about the age-related reason for not recommending a repeat in greater than or equal to 10 years if they're between 75 and 84, that they have to link the reason. But what if they will be over 85 in 10 years? Do they still have to link it?

Answer 1: Yes, because that would be the next recommended colonoscopy. So, if they're going to be over 85, then they would be making a recommendation to say that the next colonoscopy wouldn't be necessary due to age.

Question 2: Hi. Thanks for taking my question. I wanted to get some clarification about OP-30 and where you can get the information about when the last colonoscopy was done. Referring to the general abstraction guidelines, it says, "as electronic data is available at all times during the hospitalization, it is acceptable to use this data for abstraction purposes." So, if we have an electronic medical record which has access to all the patient's outpatient documentation, can we use, say, a physician's note from an office visit to get the date of their last colonoscopy?

Answer 2: Yes, ma'am.

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- Answer 2:** Oh – yes, I was just going to say the same thing – that that would be appropriate in an electronic record, because that information is essentially readily and easily accessible at all times.
- Question 3:** Yes. Mine's referring to both OP-29 and -30. I use a contract company that, you know, selects our cases according to the codes and everything. The CPT category 1 modifiers – 52, 53, 73, 74 – I don't totally understand what that is, and how would I know if I have it?
- Answer 3:** I believe those modifiers – and Karen and Marty, correct me if I'm wrong – I believe those modifiers are for early termination of a procedure. And they would be – I would suspect they would be included along with the rest of the coding.
- Answer 3:** Yes. That's correct, Bob. If there are modifiers on there, then that would exclude the case from the measure, like the 52, 53, 73, 74, on OP-30.
- Answer 3:** So, chances are, if those modifiers are on there, you know, in terms of pulling your sample population, you wouldn't see those patients anyway.
- Question 4:** Thank you. One of the questions was answered, about if we could use previous electronic records for information.
- The second question that I have is on OP-30. Can you use any of the documents in the current chart, including nursing notes, stating when the last colonoscopy was done?
- Answer 4:** That is a – thank you for asking that, because that is a frequently asked question that we get. And, yes, the – for OP-30, the documentation needs to be in the current record, but does not have to be limited to a colonoscopy report. By contrast, in OP-29, the documentation does need to be in the current colonoscopy report.
- Question 5:** Yes. Thank you. With regards to OP-29 and -30, our vendor does not support these measures, so the task of identifying a sample comes to us. And I just want to get some clarification on how to do that. So for example, if I were to say I was doing it by year, and I needed 63 cases, can I just start with October 1st and go forward 63 cases? Or does it need to be more elaborate, like choosing so many or something?
- Answer 5:** It should be a random sample. And there are some – there is some guidance in the population sampling portion of the manual to help with that.

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Answer 5: I'd like to add to that, too, that a lot of the facilities, if you go to your billing department, and you take those CPT codes, and you give them the criteria for your patients that are going to fall into that measure, they're going to look for patients over 50, or over 18, depending on OP-29 or -30, and look specifically at the CPT codes and the modifiers that would exclude the patient, and be able to give you a population by looking at the patients that you've seen and have been billed. So that would be probably the best spot to start.

Question 6: Hi. I had a quick question about OP-30. We just recently finished our December cases, so we have our year of cases which is actually – came to a total of 68 cases, with 25 of those being excluded from the denominator – actually, I apologize – excluded from the measure completely.

My question is, I've ran – we have an OQR submission report from our vendor. When I ran it, it was telling me I had 100 percent. But I did have five cases where the – I apologize – where the date of the last colonoscopy was not anywhere in the record. So those were ones that would – I'd consider fell out.

I'm trying to make sure that I'm correct in thinking that my denominator – those five patients – should be in my denominator, not in my numerator. Is that correct?

Answer 6: That sounds correct.

Question 6: Okay. Because I'm thinking my vendor's report is wrong, because it's telling me, instead of having 42 cases, that I have 38 cases, and that I have 100 percent for 38 cases.

Answer 6: Yes. Does that report – do you have the ability to drill down to identify if they are including those cases in the denominator or the numerator?

Question 6: Well, it said – it was funny, because I included them in my sample, but there – it's – when I look at them, they're not included in my sample, if that makes sense. Like, I clicked the box for them to be included in the sample. But, for some reason, once I've run the report, it's saying they're not in the sample.

Answer 6: It sounds like a good thing to contact your vendor about.

Question 6: Yes. It's what I thought. It –

Answer 6: But yes, they should be in the denominator.

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- Question 6:** Okay. That's exactly what I thought. I just wanted to be sure that I was looking at that correct, being that it's the first time running it. All right. Well, thank you very much.
- Question 7:** Yes, thank you. My question was answered for OP-30. Thank you.
- Question 8:** About the sampling, if when you sample, if you're sampling monthly, and you sample sampling – like, you're sampling 10, and three of them come out of the denominator because of medical reasons, and so now you have seven, you have not met that denominator size?
- Answer 8:** That's correct. You would want to add more cases to that to come up with your total sample. It sounds like you're trying to get to 96. So you would want to add three more cases to that that fulfill the denominator criteria.
- Question 9:** Yes. Are you able to hear me?
- Answer 9:** Yes.
- Answer 9:** Yes, ma'am.
- Answer 9:** Yes, we can hear you.
- Question 9:** Okay. My question was concerning Outpatient 29. I've had several of the surgeons request a rationale for it, but I am unable to find that. Where would I be able to find it?
- Answer 9:** When you say “rationale,” do you mean a description of the measure?
- Question 9:** Yes. They're wanting the reason why this measure is being requested, and they're – pretty much, I've had, like, six of them ask for that documentation.
- Answer 9:** Why the measure's being requested – because it's a requirement from CMS.
- Question 9:** Yes, sir. And I have provided them with that information, and they're saying that on all the other measures, that they were given the rationale, which is the reason for the measure, and on this one – and so, I was going through looking for it, and that's why I was wondering if anyone else had had that question come up, or anything.

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Answer 9: Have you looked at the Measure Information Form? Because on that, there is a description of the measure, which is also on this slide 8. It goes into the description. I don't know if, Bob, you have anything to add to that as well.

Answer 9: Yes. I think I know what they're wanting, is on – typically, on the non-web-based measures, there is actually a – in the Measure Information Form, there is actually a rationale that talks about why this measure is important, you know, that maybe there are X number or X percent of colonoscopies that are considered inappropriate per year. And this Measure Information Form for the web-based ones, don't have that rationale paragraph in them. I am honestly not sure if something like that exists in another document or not. Marty or Karen, do you know?

Answer 9: The National Quality Forum has a lot of information about the measures. That would be a good spot where you could look and obtain more information about the measure.

Question 10: Okay. Can you hear me?

Answer 10: Yes.

Question 10: I have a question about OP-30. Can you explain the significance of using the terminology for the denominator, "with a history of colonic polyps in a previous endoscopy finding"; but in the numerator, the terminology says, "with a history of adenomatous polyps." That seems to imply that we're measuring – this measure is related to a specific type of colonic polyp, and that's caused some confusion for us. Can you explain the relevance of using the word "adenomatous"?

Answer 10: I am honestly not sure in – why the language is a little different there. But essentially, if there has been a previous finding of polyps, that would be an indication for, you know, an interval of at least three years. So that would make them eligible for the measure.

But again, I'm not – I'm honestly not sure why – what the rationale is for it being adenomatous in one and just colonic polyps in another. Marty or Karen, do you have any insights into that?

Answer 10: I don't think we have anything further to add to your statement. It – we understand that it can be a little bit confusing. But as Bob said, if they have a history of polyps, this would put them into the measure, providing they meet the other criteria.

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Question 11: Hi. Thank you. I have a question – just further clarification on OP-29. So, I have a – one surgeon who is – if the patient is 75, they are documenting, they do not think further routine screening is necessary. But from what I'm understanding, I need to communicate that they need to further document that this is – this must be due to age. Is that correct?

Answer 11: That's exactly right. And that's – you know, we can assume that's what your physician is indicating, but they – you need to make that clear, as age is the reason – being the medical reason for not having another colonoscopy after the recommended age of 85.

Answer 11: And there's different ways they can document that. I mean, they could document it as “not recommending additional colonoscopies due to age.” They could document, “patient 75 – no need for further colonoscopy.” But there does need to be a reference to the age in there.

Question 12: Hi. Thank you. I just have a couple of follow-ups for OP-29. Number one, can you clarify – I thought I saw on the Q&A site that the biopsy location is only if it's a colon biopsy. Sometimes we do upper GIs with colons, and we'll do upper GI biopsies. But I think on the Q&A they said that was – that wouldn't exclude the patient.

And then, also, something the speaker today said – the medical record can be the source for the medical reason for a follow-up interval greater or less than 10 years for the OP-29. But on the Q&A site, they said that that medical reason also has to be in the colonoscopy report. Could you clarify that?

Answer 12: Yes. For – so, for your second question, for the OP-29 measure, the documentation does need to be in the colonoscopy report.

And your first question – could you please repeat that one again?

Question 12: I'm sorry. You know, you exclude the patient if they've had a biopsy or a polypectomy.

Answer 12: Oh. Okay.

Question 12: And so – but I just want to make sure – on the Q&A site, there were some questions being asked, if that had to be a colon biopsy. And it said it did. But I want to make sure that's true. Because today it just said biopsy. Because we oftentimes have people have upper GI biopsies during, also, and they add on the screening colonoscopy. So, I just was wanting to make sure the upper GIs don't exclude them.

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Answer 12: Yes. It would be the colon biopsy that would exclude them.

Question 12: Okay.

Question 13: Hi. I want some clarification just for OP-30. By definition, it says that the measure is to look at cases that are for surveillance in the population that have had a prior polyp on prior colonoscopy. Correct?

So in the patient that comes in, that they're at – they were recommended to have a return in five years; but now they're at three and a half years, and they're doing a colonoscopy, not as a routine surveillance but because the patient is having abdominal pain, or bleeding, or some other medical concern that's causing them – prompting them to do that sooner than the recommended time period.

We've been excluding those patients from the population, with the understanding that it's for surveillance cases. Is that – are we correct in doing that if there's a documented reason that they're bringing the patient to have the colonoscopy – it's not a surveillance colonoscopy?

Answer 13: Well, the thing to keep in mind there, is the time frame with which the colonoscopy is being performed. So – and you're referencing OP-30. Is that correct?

Question 13: Because our vendor has our questions set up in the algorithm method (inaudible) that the first question is, does the patient have a documented medical reason? So if we answer yes because they're coming in – they're not just having a screening colonoscopy; they are having a documented medical problem – then it excludes them from the measure. But what you're saying is, we should then first look to see, has it been more than three years? And they stay in, even if they're having a medical problem.

Answer 13: Correct.

Question 13: Okay. So, we've been – haven't been doing that.

Answer 13: Because you – I'm sorry. And the rationale is because you've met the time period criteria and asked that you want to keep that patient in your population. If the time frame criteria was less than three years – and really, that question in the tool is really asking, documentation of less than a three-year interval since the last colonoscopy due to a medical reason. So you have to meet the

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criteria both of less than three years, and then you look for the medical reason. I hope that helps.

Question 14: Oh. Yes. I'm sorry. I have a question. Do we have to random sample, or can we submit all of our data?

Answer 14: You can certainly submit it all if you want.

Question 15: Hi. My question has to do with OP-30 and the medical reason. Does the doctor actually have to state the verbiage, "The reason for colonoscopy less than 3 year – or, "The reason for this colonoscopy is because of abdominal pain or bleeding?" Or can they just make a note of that in there: "Patient has a history of abdominal pain," or, "Patient has a history of colon cancer"?

Answer 15: Yes. The statement of the medical reason and the time interval do not necessarily need to be in the same sentence. As long as it can be clearly identified that your time interval is less than three years, and there is a medical reason. You know, and Karen went through some really good examples, you know, of, like, GI bleeding, or, you know – or abdominal pain, or whatever. As long as you can identify that there is a reason in there, it does not need to be in the same sentence.

Question 16: Hi. I just want to clarify, on Outpatient 30 – my coworker had spoken to someone regarding this and was actually told, no, she could not use past information in the electronic health record.

So I just want to clarify that, if you do have an electronic health record where, you know, your clinics and your reports of previous colonoscopies and everything are there readily for you to view, that you can use that information to determine the date of your last colonoscopy.

Answer 16: Yes, that is correct. You can use – if it's in electronic records, it is easily and readily accessible at all times.

Answer 16: I just want to add to that, also, that at this time, these measures aren't being validated; but if they were to be validated, you would have to send in that past electronic health record with the current chart to substantiate that. But as I say, they're not being validated right now, so it's not a concern.

Answer 16: And Marty, actually, thank you for bringing that up because it does represent an important point, is that if – one of the ways to kind of look at this, is if an outside reviewer was able to find that same information – kind of your litmus test.

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Marty Ball: This concludes our program for today. I'd like to thank Karen and Bob for the valuable information they shared with us today. We hope you've heard useful information and it'll help you in your outpatient quality reporting abstractions.

Please remember that you will not receive your WebEx survey from the CE certificate today. It will be sent from WebEx in about the next 48 hours.

If you didn't get a chance to get your question answered, please use the question-and-answer tool located on www.qualitynet.org on the Hospital Outpatient Question-and-Answer tool, and a subject matter expert will send you a response. Thanks again, and enjoy the rest of your day.

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