

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

Karen VanBourgondien, BSN, RN Hospital OQR Program Education Coordinator

February 18, 2015

Hospital OQR Data Due Dates

- May 1, 2015, is the next deadline for Clinical Data and Population & Sampling data submissions from Q4 2014 (October 1– December 31, 2014).
- The Clinical Data Abstraction Center (CDAC) is expected to mail requests for Q3 2014 (July 1–September 30, 2014) by March 2015. The CDAC will only accept the initial record submitted; no additional documentation or replacement records will be accepted.

/18/2015



Save the Date

- The next Hospital OQR webinar will be March 18, 2015.
- The presentation will summarize Hospital Compare and what it means to your facility.
- Announcements about upcoming webinars will be sent via the Hospital OQR ListServe.



Learning Objectives

At the conclusion of this presentation, attendees will be able to:

- · Identify all the web-based measures.
- Apply knowledge to chart-abstracted measures.
- Identify submission period and population sampling size.

2/18/201





Web-Based Measures



Understanding the OQR Web-Based Measures

Karen VanBourgondien, RN, BSN Hospital OQR Program Education Coordinator HSAG

Web-Based Measures

Reported to QualityNet:

- OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into Their ONC-Certified EHR System as Discrete Searchable Data
- · OP-17: Tracking Clinical Results between Visits
- OP-22: ED-Left Without Being Seen
- OP-25: Safe Surgery Checklist Use
- OP-26: Hospital Outpatient Volume on Selected Outpatient Surgical Procedures

18/2015



Web-Based Measures

Reported to the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN):

 OP-27: Influenza Vaccination Coverage among Healthcare Personnel

2/18/2015



OP-29: Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval...

- Description: Percentage of patients aged 50 years and older receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of a least 10 years for repeat colonoscopy documented in their colonoscopy report.
- Denominator: All patients aged 50 years and older receiving screening colonoscopy without biopsy or polypectomy.
- Numerator: Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.

/18/2015



OP-29 Denominator Exclusions

Documentation of medical reasons(s) for not recommending at least a 10-year follow-up interval.

2/18/201:



Frequently Asked Questions

- Documentation of a medical reason for exclusion.
- Exclusion regarding the age of the patient.
- A lack of documentation regarding the follow-up interval.

2/18/2015



Medical Reason

- What if there is a medical reason for exclusion?
- · Medical reasons include:
 - Above average-risk
 - Inadequate prep
 - Other medical reasons documented by the physician

2/18/2015



Age and Lack of Documentation

- Does the age of the patient impact the recommendation of the follow-up interval for repeat colonoscopy?
- What if there is a range documented by the physician but not an exact number of years?

2/18/201:



Fictitious Patient 1

- 58-year-old male
- · No previous colonoscopy
- Colonoscopy report states normal exam
- Documented follow-up interval is 10 years

2/18/2015



Fictitious Patient 2

- 68-year-old female receiving a screening colonoscopy
- · No previous colonoscopy
- Colonoscopy report states no polyps, no biopsies
- Physician documents this is a high-risk patient and recommends follow-up in five years

/18/2015



Fictitious Patient 3

- 62-year-old male receiving a screening colonoscopy
- Physician performs a biopsy during the colonoscopy and is awaiting results
- Physician documents "awaiting biopsy results, will follow-up in the office"



OP-30: Endoscopy/Polyp Surveillance: ...Avoidance of Inappropriate Use

- Description: Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior colonic polyp(s) in previous colonoscopy findings, who had a follow-up interval of three or more years since their last colonoscopy.
- Denominator: All patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior colonic polyp(s) in previous colonoscopy findings.
- Numerator: Patients who had an interval of three or more years since their last colonoscopy.

2/18/2015



OP-30 Denominator Exclusions

- Documentation of medical reason(s) for an interval of less than three years since the last colonoscopy
- Documentation of a system reason(s) for an interval of less than three years since the last colonoscopy

2/18/2015



Frequently Asked Questions

- · Documentation of medical reasons
- Acute symptoms relating to the time interval of the present colonoscopy
- Confusion in documentation of the last colonoscopy



Medical Reason

- What if there is a medical reason for exclusion?
- · Medical reasons include:
 - High-risk for colon cancer
 - Last colonoscopy was incomplete
 - Last colonoscopy found greater than 10 adenomas
 - Other medical reasons documented by the physician

2/18/2015



Date of Last Colonoscopy

- What if the patient does not know the date of the last colonoscopy?
- Can we use just the year for the date of the last colonoscopy?
- If we have an exact date for the last colonoscopy, how do we abstract that?
- Can we refer to the physician office's medical record for the date of the last colonoscopy?

/18/2015



Fictitious Patient 1

- 30-year-old with a history of polypectomy
- Patient is not sure when the last colonoscopy was
- · Colonoscopy report is unavailable



Fictitious Patient 2

- 48-year-old female who had a previous polypectomy and biopsy with the previous colonoscopy two years prior
- Patient presents with symptoms of abdominal pain and sluggish digestion documented in the current episode of care

2/18/2015



Fictitious Patient 3

- 62-year-old male who had a previous colonoscopy on 01/29/2012
- During the last colonoscopy the patient had multiple polyps removed with biopsy

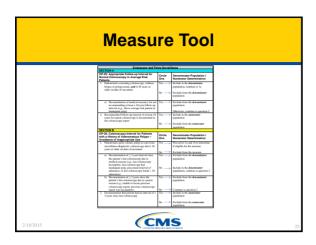
2/18/2015

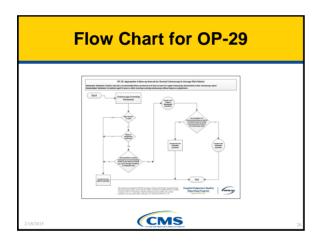


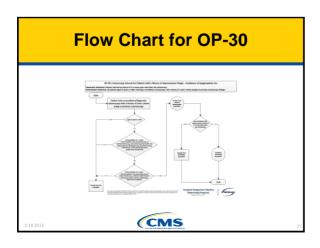
Available Tools

- Fact sheet for both OP-29 and OP-30
- Endoscopy tool for both OP-29 and OP-30
- Denominator Codes for OP-29 and OP-30
- Please visit <u>www.qualityreportingcenter.com</u> to access these documents.









OP-31: Cataracts – Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery

- Description: Percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery.
- Denominator: All patients aged 18 years and older who had cataract surgery and completed both a preoperative and post-operative visual function instrument
- Numerator: Patients who had improvement in visual function achieved within 90 days following cataract surgery, based on completing both a pre-operative and post-operative visual function instrument.

2/18/2015



Sample Size

Endoscopy/Polyp Surveillance (OP-29 and OP-30) or Cataracts (OP-31) Measures

Population Per Year	0-900
Yearly Sample Size	63
Quarterly Sample Size	16
Monthly Sample Size	6
Population Per Year	≥ 901
Yearly Sample Size	96
Quarterly Sample Size	24
Monthly Sample Size	8

/2015

CMS

Web-Based Measure Data Submission Deadlines for CY 2016

Measure Name	Reference Period	Data Submission	
measure Name	(Encounter Dates)	Period	
OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data	Jan 1-Dec 31, 2014	Jul 1-Nov 1, 2015	
OP-17: Tracking Clinical Results between Visits	Jan 1-Dec 31, 2014	Jul 1-Nov 1, 2015	
OP-22: ED Left Without Being Seen	Jan 1-Dec 31, 2014	Jul 1-Nov 1, 2015	
OP-25: Safe Surgery Checklist Use	Jan 1-Dec 31, 2014	July1-Nov 1, 2015	
OP-26: Hospital Outpatient Volume on Selected Outpatient Surgical Procedures	Jan 1-Dec 31, 2014	Jul 1-Nov 1, 2015	
OP-27: Influenza Vaccination Coverage among Healthcare Personnel	Oct 1, 2014-Mar 31, 2015	Oct 1, 2014-May 15, 2015	
OP-29: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	Apr 1-Dec 31, 2014	Jul 1-Nov 1, 2015	
OP-30: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	Apr 1-Dec 31, 2014	Jul 1-Nov 1, 2015	
OP-31: Cataracts – Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	Apr 1-Dec 31, 2014	Voluntary	

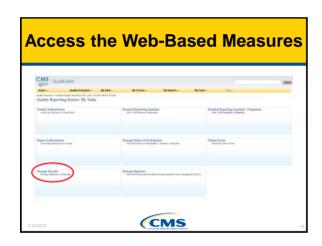


| Home | My Guidates | Help | Hospitals | Help | Hospitals | Help | Hospitals | Hospitals | Physician | Andoddriny | Cancer | ESSD | Imputitive | Im

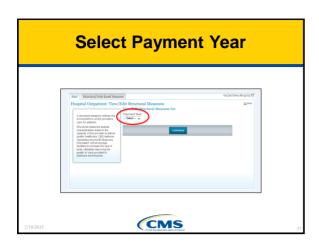


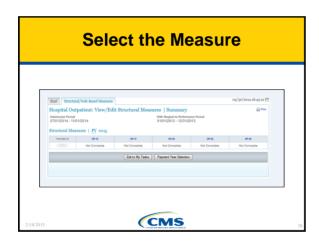


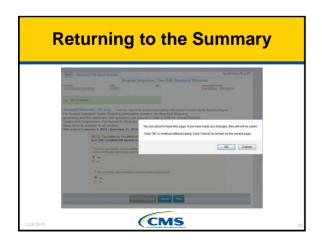












Web-Based Measure Summary | Start | Structural (Neb-Based Measures | Cog (68) 2004 (08-97-04 | 77 | | Hospital Outpatient: View/Edit Structural Measures | Summary | With Beagard to Performance Period | 01-01/2013 - 12/2012013 | | Structural Measures | PY 2015 | Previous Completed | Completed

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professional organizations:
 - 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

	Ŏ.		



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 Outputient and Ambulatory Surgery Centers Value, Incentives, and Quality Reporting Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicard Services (CMS), an assess of the U.S. Department of Health and Human Services. HHSM-500-2013-130071, FL-OOR/ASC-C18-0209/2015-01

