



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

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# 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.

# 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.



# Web-Based Measures



## Understanding the OQR Web-Based Measures

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*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

# 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

# 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.



# OP-29 Denominator Exclusions

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

# 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.

# 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

# 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?

# Fictitious Patient 1

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

# 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

# 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.



# 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

# 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

# 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?

# 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

# 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

# Available Tools

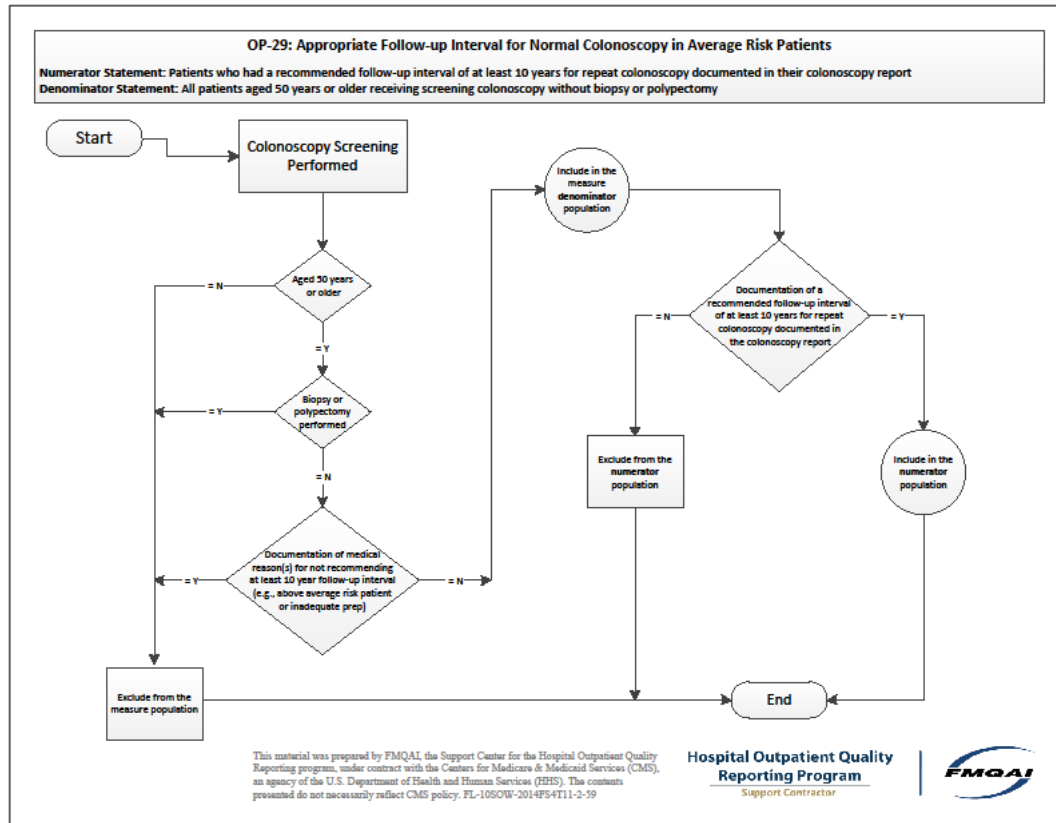
- Fact sheet for both OP-29 and OP-30
- Endoscopy tool for both OP-29 and OP-30
- Denominator Codes for OP-29 and OP-30
- Please visit [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com) to access these documents.



# Measure Tool

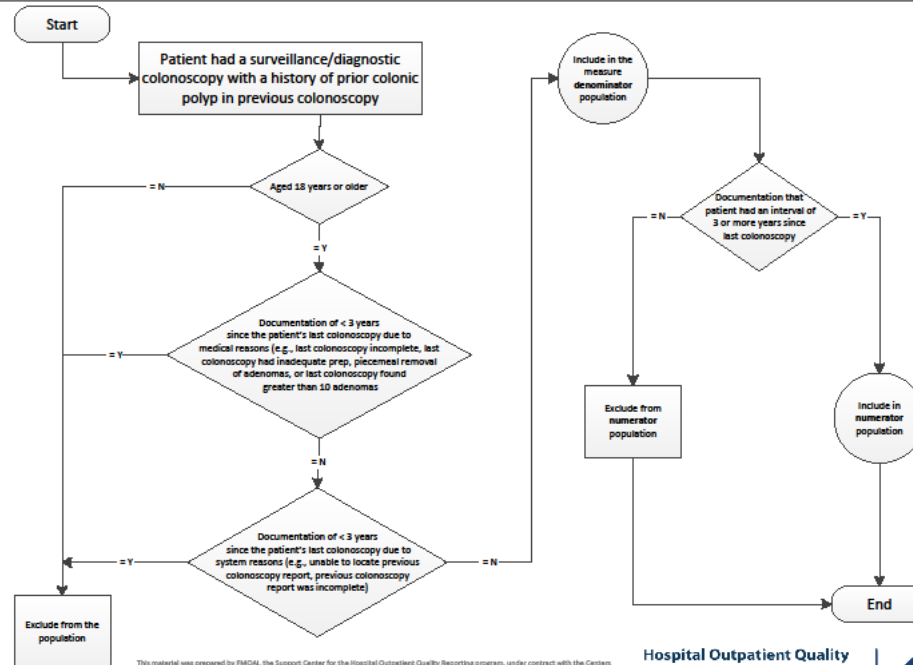
Endoscopy and Polyp Surveillance		
<b>SECTION A</b>		
<b>OP-29: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients</b>	<b>Circle One</b>	<b>Denominator-Population / Numerator Determination</b>
1. Patient had a screening colonoscopy, without biopsy or polypectomy, <b>and</b> is 50 years or older on date of encounter	Yes →  No →	Include in the <i>denominator</i> population, continue to 1a  Exclude from the <i>denominator</i> population
a) Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval (e.g., above average risk patient or inadequate prep)	Yes →	Exclude from the <i>denominator</i> population  Otherwise, continue to question 2
2. Recommended follow-up interval of at least 10 years for repeat colonoscopy is documented in the colonoscopy report	Yes →  No →	Include in the <i>numerator</i> population  Exclude from the <i>numerator</i> population
<b>SECTION B</b>		
<b>OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use</b>	<b>Circle One</b>	<b>Denominator-Population / Numerator Determination</b>
1. Patient had a prior colonic polyp in a previous surveillance/diagnostic colonoscopy and is 18 years or older on date of encounter	Yes →  No →	Proceed to 1a and 1b to determine if eligible for the measure  Exclude from the measure
a) Documentation of ≤ 3 year interval since the patient's last colonoscopy due to medical reasons (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, or last colonoscopy found > 10 adenomas)	Yes →  No →	Exclude from the <i>denominator</i> population  Include in the <i>denominator</i> population, continue to question 2
b) Documentation of ≤ 3 years since the patient's last colonoscopy due to system reason (e.g., unable to locate previous colonoscopy report, previous colonoscopy report was incomplete)	Yes →  No →	Exclude from the <i>denominator</i> population  Continue to question 2
2. Documentation that patient had an interval of ≥ 3 years since last colonoscopy	Yes →  No →	Include in the <i>numerator</i> population  Exclude from the <i>numerator</i> population

# Flow Chart for OP-29



# Flow Chart for OP-30

**OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use**  
**Numerator Statement:** Patients who had an interval of 3 or more years since their last colonoscopy  
**Denominator Statement:** All patients aged 18 years or older receiving a surveillance colonoscopy, with a history of a prior colonic polyp(s) in previous colonoscopy findings



This material was prepared by FMQAI, the Support Center for the Hospital Outpatient Quality Reporting program, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). The contents presented do not necessarily reflect CMS policy. FL-0000W-2014041313-2-00

**Hospital Outpatient Quality Reporting Program**  
Support Contractor



# 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 pre-operative 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.

# Sample Size

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

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

# Web-Based Measure Data Submission Deadlines for CY 2016

Measure Name	Reference Period (Encounter Dates)	Data Submission 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

# Log in to QualityNet Secure Portal

The screenshot shows the QualityNet Secure Portal interface. At the top, there is a navigation bar with tabs for 'Home', 'My QualityNet', and 'Help'. Below this is a horizontal menu with dropdowns for 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'Ambulatory Surgical Centers', 'Cancer Hospitals', 'ESRD Facilities', 'Inpatient Psychiatric Facilities', and 'Quality Improvement'. The 'Hospitals - Outpatient' dropdown is circled in red. On the left side, there are two vertical navigation panels. The top panel is titled 'QualityNet Registration' and lists various facility types. The bottom panel is titled 'Getting Started with QualityNet' and lists steps like 'System Requirements', 'Test Your System', 'Registration', 'Sign-In Instructions', and 'Security Statement'. The main content area features a 'QualityNet News' section with a 'More News »' link. The first news item is titled 'FY 2015 IPPS proposed rule posted, open for public comment' and includes a 'Full Article »' link. Below this is a 'Headlines' section with three bullet points. On the right side, there is a 'Log in to QualityNet Secure Portal' box with a 'Login' button circled in red, and a 'Know the Security Policy' box with a PDF link.

**Home** **My QualityNet** **Help**

Hospitals - Inpatient **Hospitals - Outpatient** Physician Offices Ambulatory Surgical Centers Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

**QualityNet Registration**

- Hospitals - Inpatient
- Hospitals - Outpatient
- Physician Offices
- ASCs
- Cancer Hospitals
- ESRD Facilities
- Inpatient Psychiatric Facilities
- QIOs

**Getting Started with QualityNet**

- System Requirements
- Test Your System
- Registration
- Sign-In Instructions
- Security Statement

**QualityNet News** [More News »](#)

**FY 2015 IPPS proposed rule posted, open for public comment**

The proposed rule for changes to the hospital Inpatient Prospective Payment Systems (IPPS) for acute care hospitals and Fiscal Year (FY) 2015 rates is on display and open for public comment. To be assured consideration, comments must be received no later than 5 p.m. EDT on June 30, 2014.

Included in the regulation are proposed changes to quality reporting requirements for: the Hospital Inpatient Quality Reporting (IQR) Program; the Hospital-Acquired Conditions (HAC) Reduction Program; Electronic Health Records (EHRs); the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program; the Hospital Value-Based Purchasing (VBP) Program; and the Long-Term Care Hospital Quality Reporting (LTCHQR) Program.

[Full Article »](#)

**Headlines**

- [CMS proposes EBRT clinical effectiveness measure for FY 2017 PCHQR Program](#)
- [CMS announces delayed implementation of cataract measure](#)
- [Fiscal Year 2016 Hospital Value-Based Purchasing \(VBP\) Baseline Measures Report now available](#)

**Log in to QualityNet Secure Portal**

**Login**

- [Download Symantec ID \(required for login\)](#)
- [Portal Resources](#)

**Know the Security Policy**

Before transmitting or receiving healthcare information or data, read the [QualityNet System Security Policy, PDF](#)

# Choose Your Destination

**CMS.gov** | QualityNet  
Centers for Medicare & Medicaid Services

## Choose Your QualityNet Destination

Please select your primary quality program to reach the right log in screen for your QualityNet portal.

**Secure File Transfer**

Select your primary quality program:

- End Stage Renal Disease Quality Reporting Program
- Ambulatory Surgical Center Quality Reporting Program
- PPS-Exempt Cancer Hospital Quality Reporting Program
- Inpatient Hospital Quality Reporting Program
- Inpatient Psychiatric Quality Reporting Program
- Outpatient Hospital Quality Reporting Program
- Physicians Quality Reporting System / eRx
- Quality Improvement Organizations

CANCEL



# Access the Secure Portal

**CMS.gov** | QualityNet  
Centers for Medicare & Medicaid Services

### Log In to QualityNet \*Required Field

Please enter your CMS User ID and password, followed by your Symantec VIP Security Code, then click Submit.

\* User ID

\* Password

\* Security Code

### Help

**Start/Complete New User Enrollment**


[Forgot your password?](#)

[Trouble with your Security Code?](#)

[Need to register for a QualityNet account?](#)

[QualityNet Home](#) **CMS.gov** | QualityNet

A federal government website managed by the Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Baltimore, MD 21244



# Access the Hospital OQR Program

Alerts | Notifications | Secure File Transfer | Log Out | Traci Pasquale IFMC - SOP 3

CMS.gov QualityNet

Home ▾ **Quality Programs** ▾ My Data ▾ My Measures ▾ My Scores ▾ My Reports ▾

Home > Go Home

Welcome

**QualityNet Security**

Provided by Center for Clinical Standards and Quality (CCSQ), Centers for Medicare and Medicaid Systems. Providers, vendors supporting providers, support contractors, and other participating in CCSQ Quality Reporting Programs can access data exchange and submission tools, measures tools, scoring support tools, and reporting services in this portal.

Quality Reporting Programs: ASC-Cancer-Psychiatric Facility  
Hospital Inpatient/Outpatient Quality Reporting Program  
Physicians Quality Reporting System/ eRx  
End Stage Renal Disease Quality Reporting Program  
Quality Improvement Organizations

QualityNet News  
More News.....

Announcements from QualityNet Team

- Maintenance downtime scheduled
- Initial Patient Population and Sampling Submission deadline extended
- Maintenance downtime scheduled

More Announcements.....

QualityNet Events

The QualityNet Event Center provides a schedule of upcoming (live) training sessions, as well as trainings hosted by QIOs for healthcare providers in their respective states. Also listed are details, including date, time, duration of the event, and panelists/moderators. To view the schedule, visit QualityNet Event Center.

CMS.gov QualityNet

A federal government website managed by the Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Baltimore, MD 21244

# Access the Web-Based Measures

The screenshot displays the CMS QualityNet web interface. At the top left is the CMS.gov logo and 'QualityNet' text. A search bar is located at the top right. Below the header is a navigation menu with links: Home, Quality Programs, My Data, My Scores, My Reports, My Tools, and Help. The main content area shows the breadcrumb 'Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, PFQR, PCHQR' and the title 'Quality Reporting System: My Tasks'. A grid of task cards is presented, each with a title and a description. The 'Manage Security' card, which includes the subtext 'Manage Multifactor Credentials', is highlighted with a red oval. Other cards include 'Vendor Authorization', 'Hospital Reporting Inpatient', 'Hospital Reporting Inpatient / Outpatient', 'Report Authorization', 'Manage Notice of Participation', 'Online Forms', and 'Manage Measures'.

Task Title	Description
Vendor Authorization	Authorize Vendors to Submit Data
Hospital Reporting Inpatient	View / Edit Measure Designation
Hospital Reporting Inpatient / Outpatient	View / Edit Population & Sampling
Report Authorization	View/Request/Approve Access
Manage Notice of Participation	View/Edit Notice of Participation, Contacts, Campuses
Online Forms	View/Edit Online Forms
Manage Security	Manage Multifactor Credentials
Manage Measures	View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)

# Access the Hospital OQR Web-Based Measures

The screenshot displays the CMS QualityNet web application interface. At the top, there are navigation links for Alerts, Notifications, and Log Out. The main header includes the CMS.gov logo and the QualityNet title. Below the header is a navigation menu with tabs for Home, Quality Programs, My Data, My Measures, My Scores, and My Reports. The breadcrumb trail indicates the current location: Quality Programs > Quality Reporting Programs: ASC-Cancer-Psychiatric Facility > Manage Measures > View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA). The main content area is titled "Select Structural / Web-Based Measures / DACA" and contains two columns. The left column provides definitions for structural and web-based measures. The right column is titled "Select a Program" and lists "Outpatient Structural Measures".

Alerts Notifications Log Out

CMS.gov QualityNet

Home Quality Programs My Data My Measures My Scores My Reports

Quality Programs > Quality Reporting Programs: ASC-Cancer-Psychiatric Facility > Manage Measures > View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)

Start Structural/Web-Based Measures

### Select Structural / Web-Based Measures / DACA

A structural measure reflects the environment in which providers care for patients.

Structural measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes requesting structural measures information will encourage facilities to increase the use of tools, ultimately improving the quality of care provided to Medicare beneficiaries.

Web-Based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes

### Select a Program

Outpatient Structural Measures

# Select Payment Year

Start Structural/Web-Based Measures 04/30/2014 16:43:23 PT

## Hospital Outpatient: View/Edit Structural Measures

Print

View/Edit Structural Measures for:

Payment Year:  
- Select -

CONTINUE

A structural measure reflects the environment in which providers care for patients.

Structural measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes requesting structural measures information will encourage facilities to increase the use of tools, ultimately improving the quality of care provided to Medicare beneficiaries.

# Select the Measure

Start **Structural/Web-Based Measures** 04/30/2014 16:45:12 PT

## Hospital Outpatient: View/Edit Structural Measures | Summary Print

Submission Period: 07/01/2014 - 11/01/2014      With Respect to Performance Period: 01/01/2013 - 12/31/2013

### Structural Measures | PY 2015

Provider ID	OP-12	OP-17	OP-22	OP-25	OP-26
	Not Complete	Not Complete	Not Complete	Not Complete	Not Complete

# Returning to the Summary

Start Structural/Web-Based Measures 05/08/2014 08:24 PT

Hospital Outpatient: View/Edit Structural Measures

Provider [redacted] CCH [redacted] NPI [redacted] Submission Period 07/01/2014 - 11/01/2014

✔ OP-12 Updated

**Structural Measures | PY 2015** \* indicates required for providers participating in the Hospital Outpatient Quality Reporting Program.  
For Hospital Outpatient Quality Reporting participating providers, the Structural Measures question(s) and their applicable child question(s) are required in order to fulfill the Annual Payment Update (APU) requirement. The Centers for Medicare Update (APU) requirement. The Centers for Medicare these items be available for all providers With respect to **January 1, 2013 - December 31, 2013:**

**OP-12: The Ability for Providers with their ONC Certified EHR System as a**

\* Does Did your facility have the ability to use their certified EHR system as discrete search and data exchange?

Yes  
 No

\* Did your facility use this feature during the performance period?

Yes  
 No

You are about to leave this page. If you have made any changes, they will not be saved.  
Click 'OK' to continue without saving. Click 'Cancel' to remain on the current page.

OK Cancel

Return to Summary Submit Print

# Web-Based Measure Summary

Start Structural/Web-Based Measures 05/08/2014 08:59:54 PT

## Hospital Outpatient: View/Edit Structural Measures | Summary

Submission Period 07/01/2014 - 11/01/2014 With Respect to Performance Period 01/01/2013 - 12/31/2013

Structural Measures | PY 2015

Provider ID	OP-12	OP-17	OP-22	OP-25	OP-26
XXXXXX	Completed	Completed	Completed	Completed	Completed

[Exit to My Tasks](#) [Payment Year Selection](#)



# 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](http://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](http://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-Ch8-02092015-01

