



Public Reporting Preview Reports: Hospital Outpatient Quality Reporting (OQR) Program

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Hospital OQR Announcements

- May 1, 2015, is the next deadline for Clinical Data and Population & Sampling data submissions from Q4 2014 (October 1–December 31, 2014).
- This will be the last quarter that OP-6 and OP-7 will be reported.

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Save the Date

Upcoming Hospital OQR Program
educational webinars:

- April 15, 2015-Digging Deeper into the Data: Understanding QualityNet Reports
- May 20, 2015-Quality Improvement Opportunities with Outpatient Quality Reporting

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Objectives

- Participants will understand how to access their individual Public Reporting Preview Report.
- Participants with an active QualityNet account, affiliated with the facility's CMS Certification Number (CCN), will be able to retrieve a copy of the Preview Report.
- Participants will understand how to run a Facility, State, and National Report.

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Public Reporting Preview Reports: Hospital OQR Program



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Public Reporting: Background

- The Hospital OQR Program was mandated under the Tax Relief and Health Care Act (TRHCA) of 2006. On November 1, 2007, the Hospital OQR Program was implemented through the final rule process.
- Hospitals that meet all program requirements will receive their full Outpatient Prospective Payment System (OPPS) annual payment update.
- Reporting is used to improve the quality of care.

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Preview Report Access

- The preview report can be accessed through the QualityNet Secure Portal.
- Registration instructions are available by selecting the Hospitals-Outpatient link.
- Detailed enrollment and log in instructions can be found on the QualityNet public website by selecting the Portal Resources link.

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Public Display Timeline

Publicly Reportable Quarters Table

| Calendar Year NOP | Publicly Reportable Quarters of Clinical Process Measure Data | Publicly Reportable Quarters of Imaging Efficiency Measure Data |
|----------------------|--|--|
| 2014 | 3Q12 | 3Q12-2Q13 |
| 2014 | 4Q12 | 3Q12-2Q13 |
| 2014 | 1Q13 | 3Q12-2Q13 |
| 2014 | 2Q13 | 3Q12-2Q13 |
| 2015 | 3Q13 | 3Q13-2Q14 |
| 2015 | 4Q13 | 3Q13-2Q14 |
| 2015 | 1Q14 | 3Q13-2Q14 |
| 2015 | 2Q14 | 3Q13-2Q14 |
| 2016 | 3Q14 | 3Q14-2Q15 |
| 2016 | 4Q14 | 3Q14-2Q15 |
| 2016 | 1Q15 | 3Q14-2Q15 |
| 2016 | 2Q15 | 3Q14-2Q15 |

NOP stands for Notice of Participation.

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Rounding Rules

All percentage and median time calculations are rounded to the nearest whole number using the following rounding logic:

- Above **[x.5]**, round up to the nearest whole number.
- Below **[x.5]**, round down to the nearest whole number.
- Exactly **[x.5]** and "x" is an even number, round down to the nearest whole, even number. (Rounding to the even number is a statistically accepted methodology.)
- Exactly **[x.5]** and "x" is an odd number, round up to the nearest whole, even number. (Rounding to the even number is a statistically accepted methodology.)

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Quick Reference Guide

| Outpatient Hospital Compare Preview Report Quick Reference Guide | |
|--|---|
| April 2015 Release - Preview Period December 31, 2014 through January 29, 2015 | |
| Preview Report Access | <p>Preview reports will be available to participating Outpatient Facilities via the QualityNet Internet Portal (December 31, 2014 through January 29, 2015).</p> <p>Preview Reports can be accessed by:</p> <ol style="list-style-type: none"> 1. Accessing the portal, selecting the Outpatient Facility, and downloading the report (Right) under the "Log in to QualityNet Secure Portal" button. 2. Entering your QualityNet User ID, Password, and Security Code and selecting [Submit]. 3. Reading the Terms and Conditions, accepting and selecting I Accept to proceed. <p>Preview Report can be run by:</p> <ol style="list-style-type: none"> 1. Selecting "Run Report" from the "My Report" drop-down. 2. Selecting "Public Reporting - Preview Report" from the list in the "Report Category" drop-down. 3. Selecting "View Report" - the selected report will display under "Report Name". 4. Selecting "Public Reporting - Preview Report" under "Report Name". 5. Selecting [Run Report]. <p><small>† Detailed information for measures included in the preview report may be found in the Outpatient Help Guide available on QualityNet.</small></p> |
| Viewing the Report | <p>Select the [Search Report] tab. The report requested will display as well as the report status. A green check mark will display in the "Status" column when the report is complete. Once complete, the report can be viewed or downloaded.</p> |
| Data Highlights | <p>Structural Web-based Measures Data submitted July 1, 2013 - November 1, 2013, based on hospital participation for Calendar Year (CY) 2012.</p> <p>Clinical Process Measures Aggregate rates include HQ 2013 - 2014 measure data.</p> <p>AMI Cardiac Care (AMI & Chw Pain) OP-1 data are displayed in Report Compare; however, it is included in the downloadable database.</p> <p>EDV (Emergency Department Volume) The EDV measure displays based on the volume of patients submitted by a hospital as the denominator used for the OQR measure for OP-22, Patient Left Without Being Seen. Emergency measures are reported per year.</p> <ul style="list-style-type: none"> • High - value base, included to 50,000 patients per year. • Medium - value base, included to 100,000 patients per year. • Low - value base, included to 200,000 patients per year. • Low - value base, included to 300,000 patients per year. • Low - value base, included to 400,000 patients per year. • Low - value base, included to 500,000 patients per year. • Low - value base, included to 600,000 patients per year. • Low - value base, included to 700,000 patients per year. • Low - value base, included to 800,000 patients per year. • Low - value base, included to 900,000 patients per year. • Low - value base, included to 1,000,000 patients per year. |
| Outpatient Imaging Efficiency (OIE) Measures | <p>Aggregate rates include HQ 2012 - 2013. Measure status: Data (These data are updated monthly as they).</p> |
| Notice of Participation Information | <p>Hospitals, volume of Outpatient Department Quality Reporting (OQR) Program Notice of Participation, or hospital that submitted data for quality improvement purposes, will receive a report displaying only the CMS Certification Number (CCN) and hospital name along with the following language:</p> <p>"An active OQR provider is required to view the Preview Report of a voluntary measure on information that has been made available to the public prior to being publicly reported."</p> <p>Hospital status will change to active should contact the OQR Outreach and Education Program Support Contract via the Outpatient Questionnaire and Answers tool at http://outpatient.qualitynet.org or by calling, toll-free, 800-870-8750 weekdays 9:00 a.m. to 5:00 p.m. EST.</p> |

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Preview Report Details

- Hospital characteristics are displayed at the top of each section.
- CMS Certification Number (CCN) and name are also displayed.
- Type of Ownership appears in the downloadable database but is not publicly displayed.

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Preview Report Measures

- Web-based/Structural Measures
 - Reporting period is from July 1 through November 1
- Clinical Process Measures
 - Reporting period is quarterly
- Imaging Efficiency Measures
 - Claims-based

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Web-Based Measures

- 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-25: Safe Surgery Checklist Use
- OP-26: Hospital Outpatient Volume on Selected Outpatient Surgical Procedures

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Web-Based Measures

- OP-29: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
- OP-30: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps...
- OP-31: Cataracts—Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery

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AMI Cardiac Care Measures

- OP-1: Median Time to Fibrinolysis
- OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival
- OP-3b: Median Time to Transfer to Another Facility for Acute Coronary Intervention
- OP-4: Aspirin at Arrival
- OP-5: Median Time to ECG

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Surgical Care Measures

- OP-6: Timing of Antibiotic Prophylaxis
- OP-7: Prophylactic Antibiotic Selection for Surgical Patients

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Imaging Efficiency Measures

- OP-8: MRI Lumbar Spine for Low Back Pain
- OP-9: Mammography Follow-up Rates
- OP-10: Abdomen CT—Use of Contrast Material
- OP-11: Thorax CT—Use of Contrast Material
- OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low Risk Surgery
- OP-14: Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT)

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Emergency Department Measures

- OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients
- OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional
- OP-22: Left Without Being Seen

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Pain Management Measure

- OP-21: Median Time to Pain Management for Long Bone Fracture

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Stroke Measure

- OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival

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Clinical Process Footnotes (1 of 3)

1. The number of cases/patients is too few to report.
Applied when there are greater than zero (0) and fewer than 11 in the denominator

Note: When this Footnote is applied, data will display on the preview report; however, Hospital Compare will display "Not Available" with Footnote 1.

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Clinical Process Footnotes (2 of 3)

3. Results are based on a shorter time period than required.
Applied when fewer quarters of data than required are displayed
4. Data suppressed by CMS for one or more quarters.
Applied at CMS's discretion

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Clinical Process Footnotes (3 of 3)

5. Results are not available for this reporting period.
Applied when no data are available for display for the measure
7. No cases met the criteria for this measure.
Applied when there were cases in the population but none met the criteria to be included in the measure

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Imaging Efficiency Footnotes (1 of 2)

1. The number of cases/patients is too few to report.
Applied to any measure rate or ratio where the minimum count is not met
4. Data Suppressed by CMS for one or more quarters.
Applied at CMS's discretion

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Imaging Efficiency Footnotes (2 of 2)

5. Results are not available for this reporting period.

Applied to the hospital performance rate when a hospital did not have claims data for this measure.

7. No cases met the criteria for this measure.

Applied to the hospital performance rate when the hospital did not have claims data for a particular measure.

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Where Does the Data Come From?

- The Hospital Compare data are extracted from data entered by the hospitals.
- The Clinical Warehouse stores four quarters of data.
- Hospital Compare provides data from acute care hospitals, including acute care VA hospitals, children's hospitals, and critical access hospitals.

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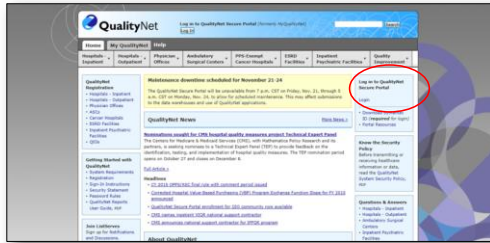
Preview Period

- The preview period is typically 30 days prior to release on Hospital Compare.
- The Preview Report reflects the data entered by your facility.
- The Preview Report can be viewed on the QualityNet website.

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Accessing the Report



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Choose Your QualityNet Destination



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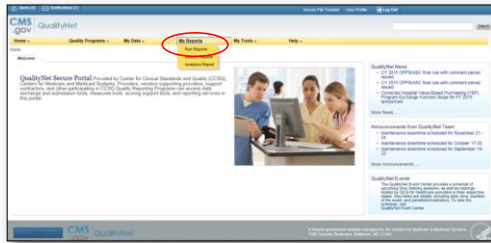
Logging in to QualityNet



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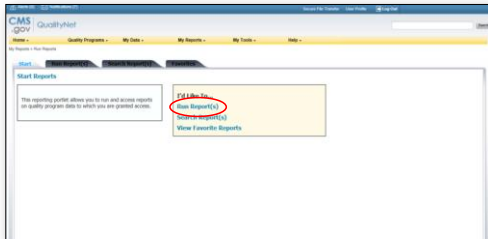
My Report



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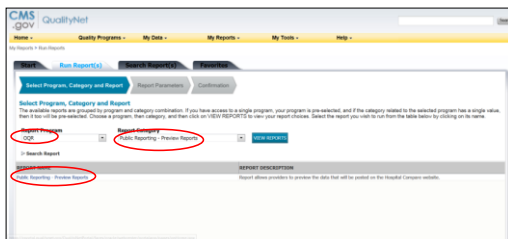
Next Step



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Select Preview Report



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Search Report

The screenshot displays the 'Search Report' interface. At the top, there is a search bar with the text 'OpenStax Commons' and a 'Search' button. Below the search bar, there is a 'Results' tab. The 'Report Submitted' section contains the following text:

Report Submitted

Report Date: 10/10/2015
 Report Title: OpenStax Commons
 Report Description: This report was generated by the OpenStax Commons application. It provides a summary of the search results for the query 'OpenStax Commons'. The report includes the search criteria, the number of results found, and the date of the report.

The 'Results' tab is highlighted, and a red circle is drawn around the 'Results' button in the navigation bar.

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Preview Report (1 of 3)

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Preview Report (2 of 3)

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Preview Report (3 of 3)

Report for Date Range: 10/1/2015 - 10/31/2015 Page 1 of 1

Reporting Period: 10/1/2015 - 10/31/2015
 Reporting Period: 10/1/2015 - 10/31/2015
 Reporting Period: 10/1/2015 - 10/31/2015

| Report Name | Report Category | Report Subcategory | Report Description | Report Status | Report Date |
|---|--|--|--|--|--|
| Report Name: Report Category: Report Subcategory: Report Description: Report Status: Report Date: | Report Category: Report Subcategory: Report Description: Report Status: Report Date: | Report Category: Report Subcategory: Report Description: Report Status: Report Date: | Report Category: Report Subcategory: Report Description: Report Status: Report Date: | Report Category: Report Subcategory: Report Description: Report Status: Report Date: | Report Category: Report Subcategory: Report Description: Report Status: Report Date: |

Report Name: Report Category: Report Subcategory: Report Description: Report Status: Report Date:

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Report Description

Search Reports

Search for reports you have saved. Search for reports you have saved. Search for reports you have saved.

| Report Name | Report Category | Report Subcategory | Report Description | Report Status | Report Date |
|---|--|--|--|--|--|
| Report Name: Report Category: Report Subcategory: Report Description: Report Status: Report Date: | Report Category: Report Subcategory: Report Description: Report Status: Report Date: | Report Category: Report Subcategory: Report Description: Report Status: Report Date: | Report Category: Report Subcategory: Report Description: Report Status: Report Date: | Report Category: Report Subcategory: Report Description: Report Status: Report Date: | Report Category: Report Subcategory: Report Description: Report Status: Report Date: |

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Facility, State, and National Report

Select Program, Category and Report

Report Category: Report Subcategory: Report Description: Report Status: Report Date:

| Report Name | Report Category | Report Subcategory | Report Description | Report Status | Report Date |
|---|--|--|--|--|--|
| Report Name: Report Category: Report Subcategory: Report Description: Report Status: Report Date: | Report Category: Report Subcategory: Report Description: Report Status: Report Date: | Report Category: Report Subcategory: Report Description: Report Status: Report Date: | Report Category: Report Subcategory: Report Description: Report Status: Report Date: | Report Category: Report Subcategory: Report Description: Report Status: Report Date: | Report Category: Report Subcategory: Report Description: Report Status: Report Date: |

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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.

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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.

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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 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 (HHS). FL-COQR-020-0102019-07

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