



Hospital Outpatient Quality Reporting Program

Support Contractor

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

AM Questions and Answers

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- Question 1:** Hi, thank you. Can you clarify again which measures are only Medicare versus which are all payer?
- Answer 1:** This is Jan, and I will attempt to answer that question, but Marty, feel free to jump in. Those that are claims-based measures are going to be Medicare only because that's the only claims that we have available. Is that correct, Marty?
- Answer 1:** Yes, and that includes all the Imaging Efficiency measures.
- Question 2:** Yes, my question is on outpatient 22. How is that pulled through to QNet? Because I know it's not something we abstract.
- Answer 2:** This is Jan, and if I understand your question, OP-22 is a web-based measure that you enter into that tool. And then that data is put into a table, and then what we're using for the ED volume then is the denominator from OP-22.
- Question 2:** Okay.
- Answer 2:** I hope that answers your question.
- Question 2:** Yes, it does. I'm new to my position, and I was never responsible before for entering this data, so I get it now. Thank you.

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Answer 2: Okay. You're welcome.

Question 3: My question is regarding the Notice of Participation and how often we need to sign that. Is it an annual thing that we fill out, or once we do it, we're good?

Answer 3: No. The Notice of Participation is just done once, and that enrolls you into the program until you withdraw from the program.

Question 3: Thank you.

Question 4: Yes. I was wondering if Karen could go back over the information about when the Surgical Care measures would last report on Hospital Compare due to the APU requirement.

Answer 4: Yes. Jan, feel free also to jump in here, but what I said was, you will no longer need to abstract these measures for encounter dates starting January 1st of 2015. But because this was an APU requirement for Quarter 4 2014, which is part of the 2016 payment year, the data will be publicly reported for the last time in July 2016. I hope that answers your question.

Question 4: It does. Thank you.

Answer 4: Yes, ma'am.

Question 5: Hi, good morning. I came into the conference a little late, so this may have been answered. I apologize for that, but the Hospital Outpatient -- to go to QNet and get that report -- when is the window available for that preview report?

Answer 5: This is Jan. In the -- there's a ListServe notification that will go out to let hospitals know what the preview time period is, and that generally will alert you to it. There's also a QualityNet news article that will be posted on the main pages of QualityNet. Within that, you will have those dates, and I will let you know that the July preview period will be beginning on April 3rd. So you should receive a notice on that date to let you know that they're available. And then it's 30 days for that time period.

Question 5: Okay. Thank you.

Answer 5: You're welcome.

Question 6: Good morning, and congratulations on saying my last name right. Thank you. I have a question related to slide 12. When that was being discussed on the preview report measures, the web-based measures, it was mentioned that the reporting period was from July 1st through November 1st. I believe it said that the 2013 data that was entered during that time

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was, I mean, was entered in July through November of 2014. So this may seem obvious, but I just want to make sure that when I go in to enter July through -- during -- I mean, enter those answers for web-based measures this July through November, I'm going to be entering data for 2014; is that correct?

Answer 6: That's correct.

Answer 6: You're going to enter 2014 data. You're entering it in 2015 for the payment year of 2016. So Hospital Compare will have that available in July of 2016.

Question 6: Okay. Thank you.

Answer 6: Yes, ma'am.

Question 7: Hi, I was call -- I wanted to ask you about the Emergency Department measures, OP-20, the Door to Diagnostic Evaluation by a Qualified Medical Professional. Does this time also include telephone evaluation by a medical professional?

Answer 7: No, the patient would have to -- the measure is set up in the fact that the patient arrives in the emergency room and then would establish with an E&M code, and then would be seen by a provider. So telephone, triage, or assessment wouldn't fit into the measure criteria.

Question 7: Okay, thank you.

Question 8: Yes, hi. Good afternoon. I missed some of the webinar, I'm sorry. So if it was answered, I apologize, but I have a very silly question. If the ED times are in median times, correct --

Answer 8: Correct.

Question 8: They're in median times?

Answer 8: Correct.

Question 8: Okay, when you go to Hospital Compare, it says average, New York average, national average, and that's what the public sees. It doesn't say median time.

Answer 8: That's correct.

Question 8: More like it's the mean time. Why is it that way?

Answer 8: Yes, I'll take that one. Before CMS put these measures out, they frequently will go through some consumer testing, and before they release these

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measures, they found that the public didn't understand median time. The data that's out there is actually median time. However, for -- since Hospital Compare is really supposed to be for the user community, not hospitals, they use "average" because that was understood by Medicare clients in that. So that is the reason. You are correct that it is actually the median time that we're collecting and putting out there, but it's displaying as, when it goes to layman terms, as "average."

Question 8: I figured that was the reason, but then why don't we just use mean time? Why do we use median time?

Answer 8: They didn't understand that one either.

Question 8: But mean is the average. So --

Answer 8: I think median does allow for reducing some of the variability that average has, like those outliers.

Question 8: Oh, all right.

Answer 8: So I think the use of the median is a little more reliable when we're using for our data, and that's really more of a measure scored question than one that I can answer. But I don't know that we always want to use an average, because it does allow for some variation based on those outliers.

Question 8: Thank you. I appreciate that. Thanks.

Question 9: Yes, it's a quick question. The NOP, could you check on QNet for your -- if you have it in, or you have to do it?

Answer 9: Yes, if you go into QualityNet, and I'm not sure of your view, but you can check that you're participating in the program.

Answer 9: And if there's any -- this is Karen -- if there's any doubt and you're not sure, you can always call our support hotline number, which is on the screen, and we can access that information on your behalf if you're really not sure.

Question 9: Thank you.

Answer 9: Yes, ma'am.

Question 10: A quick question on the Surgical Care measures being removed from the dataset. Do we have to edit our measure designation like we do on the inpatient side, or that does not apply for the outpatient side?

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- Answer 10:** You just will no longer submit that data come, what, January 1st, 2015 encounters. So if you're using CART, you'll no longer use CART. And your vendor, if you're using a vendor, should no longer submit data on the Surgical Care measures.
- Question 10:** Okay, so that shouldn't matter. Okay.
- Question 11:** Hey, there. I wanted to know, is every, I guess the denominator, or the population, for all of this reporting, are they all the Medicare Fee-for-Service?
- Answer 11:** I'm not sure I understand your question because some of the measures allow for partial submission. Marty, are you able to answer this one?
- Answer 11:** I'm assuming that what I think you're asking is, for example, the Imaging measures, those are all claims-based measures. So that information and data is collected strictly from Medicare claims. The other clinical measures are -- that data is abstracted from the Medicare as well as non-Medicare patient population.
- Question 11:** Okay, so the Medicare claim ones then, are those just patients that have the pure Fee-for-Service, or the ones that are through all those pass-throughs, like the Advantaged Cares, the HMO Medicares?
- Answer 11:** Correct me if I'm wrong, but I think it's Medicare Fee-for-Service, which includes Medicare Railroad and straight Medicare.
- Question 11:** Okay, because that's what we were figuring. It's usually a much smaller population because so many people are signed up for those HMO and Advantage, and all that stuff, plans. Okay. Thanks.
- Question 12:** Good morning. I was trying to find some confirmation for Outpatient 27, which is the influenza vaccination of employees. And I was just wanting to confirm that that information is automatically pulled from NHSN and that there's nothing additional on the part of the hospital that we need to do for submission for that measure.
- Answer 12:** The hospital has to submit that data through the NHSN. Once that is completed, you are completed. It is reported separately in that it is not done through QualityNet, as the other measures for this program are.
- Question 12:** Great. Thank you.
- Answer 12:** Yes, ma'am.

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- Question 13:** Hi. I apologize if this has been discussed, but on a previous call -- not necessarily from you folks -- OP-26 was discussed, and it was noted that those procedure codes were being reviewed and updated. Can you elaborate on when that might be available, or those codes might be updated and published?
- Answer 13:** That's a great question, and thank you for answering -- asking, I'm sorry. We have just received those codes from the measure developers, and that will be released as a supplemental document, which will be utilized for answering the OP-26 questions in the next round. So come July, you'll use the most current data that's available, which will be the supplemental document for OP-26.
- Question 13:** Where will that be published?
- Answer 13:** That will be published on QualityNet, on the Specifications Manuals. So if you go to QualityNet, go to the Hospitals-Outpatient drop-down and go to the Specifications Manuals. And when you open that up, then that information will be available there.
- Question 13:** Okay. Thank you.
- Question 14:** I'm sorry, I know you were discussing this a little bit earlier, but I'm just still a little bit confused about the ED-Throughput measures. You would be reporting your median time, so that's the time that would go on Hospital Compare, but the state and the national performance says "overall average." Is that overall average of the median times?
- Answer 14:** This one is a bit confusing, and I apologize for that. It is supposed to be the -- what the intent was, let me go back to the intent. The intent was to give you some kind of a benchmark because there are really no benchmarks for the ED measures. What it is explained in April, I will tell you, is not what we really want to have there. What you're going to see in July is going to be much more appropriate for what your needs are. There was a bit of a glitch in how that got put together. It's not like it's totally wrong; it just wasn't how it was designed.
- So what you will be seeing -- and I'm going to talk about what you're going to see in July -- is that, if that's okay. So based on your OP-22 denominator, you will be classified, going into that category of the high, the low, whatever category that would be. And then once you're in that category, they will then look at the timing measures for ED and determine what the state -- for all the hospitals that fell into that category -- what their timing measures were for each one of those. And right now, that's not what's showing for April. The intent is to give you some reference for other hospitals of your volume, how they did on those timing measures, not only in the state but in the

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nation. And that's what we're trying to bring to you in those, like I said, what's there for April was a lot of "not available," which had to do with how it was produced, and it wasn't quite what we had in mind.

But did that answer your question?

Question 14: Well, I was just wondering about the overall average, how that was calculated, if that was an average of everybody's median times?

Answer 14: It's going to be a median time. It's not going to be an average of saying average right now, but again, the intent is to give you a reference and it will --

Question 14: Okay.

Answer 14: Right, and it'll be a median.

Question 14: And will that be the same for inpatient, because we're Critical Access --

Answer 14: Yes.

Question 14: Right now, we're not reporting Outpatient, but we are reporting Inpatient since there's been a shift in all the measures on the inpatient side. Not reporting SCIP anymore or pneumonia for heart --

Answer 14: You will still -- say that again?

Question 14: Oh, so we elected to report on the Inpatient side the ED-Throughput. So essentially, it'll be the same. It'll be a median time in July?

Answer 14: Yes.

Question 14: Okay, wonderful. Thank you.

Answer 14: And those should be carried. So whatever you're seeing on your Outpatient, if you participated, or, I mean, the most important part as far as the category assignment would be is whether or not you submitted OP-22 so that that's available. If it's not, then you'll get a "not available" for the ED volume measure, but you'll still get your calculation for ED 1B and 2B on the Inpatient, if that makes sense.

Question 14: Okay, wonderful. Thank you.

Answer 14: Let me just jump in for a second and add some clarification to what is included in Medicare, and that includes but is not limited to black lung, end stage renal disease, Medicare Fee-for-Service, Medicare HMO, Medicare Advantage, Medicare as a secondary payer, and the Railroad Retirement

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Board. So when you're looking at the claims-based measures, those would be the included groups that are involved in that.

Question 15: Hi. For OP-26 -- so when we're entering 2014 data beginning July 1, 2015, are there any code changes to affect 2014? The supplemental document that's going to come out in June, is that for 2014 encounters?

Answer 15: Yes, that'll be for 2014 encounters collected. I'm sorry I said June earlier. July 1. And that will be -- then it's a whole new set of codes. So you want to look at the codes that are in the Specifications Manual, in the most recent volume that's put out.

Question 15: Okay.

Answer 15: So you will all get a ListServe indicating that the supplemental document has been posted on QualityNet with regard to the newest codes for OP-26, and that is what you're going to use for your data submission for the web-based tools starting July 1, extending to November 1.

Question 16: Hi, I just have a question. What's the best way to distribute these preview reports within your organization? Can you email them with a subject line saying "confidential"? I know there's a Secure Portal now, and speaking with QualityNet in the past, they don't encourage you to just send this data via email within your organization.

Answer 16: I would just say that the only person who has access to that would be the Security Administrator, and then since it would be an internal distribution and there's no PHI on the form, you could certainly email that around your facility. Jan, do you agree?

Answer 16: I think that's each facility's determination. It's their data.

Question 16: Yes, but what's the recommendation from QualityNet is my question.

Answer 16: That again is up to your facility's discretion. There isn't any recommendation offered by the Support Contractor or by QualityNet, as far as I know. That's up to the discretion of the facility on how they want to distribute their own data.

Answer 16: And then keep in mind that this data will be public in a couple of months when it's posted on Hospital Compare.

Question 16: Okay. Thank you.

Marty Ball: All right, well if we have no more questions, this concludes our program for today. I'd like to thank all the speakers and participants for the valuable

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information and questions you provided. We hope you heard some useful information that will help you in your Outpatient Quality Reporting Program. Please remember that you will not receive a WebEx survey for your CE certificate today. It will be sent from WebEx to your email within the next 48 hours. And if you did not get a chance to ask your question, or if you'd like to write in a question to us, use the Question-and-Answer tool located on QualityNet.org, the Hospital Outpatient Program. A Hospital OQR subject matter expert will send you a timely response.

Thank you again, and enjoy the rest of your day.

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