



Hospital Outpatient Quality Reporting Program

Support Contractor

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

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Marty Ball:

Hello, and welcome to the Hospital OQR Program webinar. Thank you for joining us today. My name is Marty Ball, and I am the Project Manager for the OQR Program. If you've not yet downloaded today's handouts, you can get them from our website at www.qualityreportingcenter.com. Go to the Events banner on the right side of the page. Click on "Today's Events." Go down to "Event Resources" at the bottom of the page, and there will be a link that you can follow to access and print the handouts for today's webinar.

Before I begin today's program, I would like to highlight some important dates and announcements. May 1 is the next deadline for Quarter 4 Clinical Data and Population and Sampling Data submission. This will encompass encounter dates of October 1 through December 31 of 2014. This must be completed by May 1. We cannot stress how important it is to not wait until the last minute. The QualityNet website gets very busy and slows down considerably during submission times. We do not want to see anyone not be able to have a timely submission due to technical difficulties. Again, do not wait until the last minute. CMS provides a lengthy submission period. Please take advantage of that.

Please remember that this will be the last quarter that OP-6 and -7 will be reported. These measures were removed in the 2015 Final Rule affecting 2017 payment determination, which is the patient encounter period from January 1, 2015, through December 31, 2015.

On April 15 we will be presenting the webinar "Digging Deeper Into the Data." This will be a comprehensive explanation of the various reports on

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QualityNet: how to run them, what they mean, and why they are important. We get a lot of questions on the reports, and there seems to be a need for further explanation of what the reports are for. Please join us for that. Additional webinars and educational opportunities will be forthcoming. Notifications for the webinars will be sent via Listserve from us, the Support Contractor. Please make sure you are signed up for the Listserve, and that can be done on the home page of QualityNet.

The learning objectives for this program are listed here on slide 4. This program is being recorded. The transcripts of today's presentation and the audio portion of today's presentation will be posted at www.qualityreportingcenter.com at a later date. During today's webinar, please do not use the Chat feature on the WebEx screen since we do not monitor that function during the program. However, we will follow this presentation with a Question-and-Answer session until the top of the hour. I would also like to mention that we have a subject matter expert joining us today for the Question-and-Answer portion after the presentation, Jan Fredericksen. Jan is the public reporting lead at HSAG and has been working on public reporting in various capacities since the program began.

I'm pleased to introduce our speaker today, Karen VanBourgondien. Karen joined HSAG/FMQAI in 2012 and began working on the OQR team last year. Karen earned her bachelor's degree in nursing from the University of South Florida. She has extensive clinical experience in ICU, CCU, PACU, pre-op, and the emergency department. She also has clinical education experience as well as data collection, clinical abstraction, and clinical quality improvement. So now, I will turn the presentation over to Karen.

Karen

VanBourgondien: Hello everyone, and thank you for joining us. Today, we are going to be discussing Hospital Compare and public reporting. We will discuss the components of the reports, Hospital Compare, how to run the reports, and how to analyze them. I've got some background information as outlined on this slide. The initial implementation of the Outpatient Prospective Payment System and Ambulatory Surgical Center, or OPPS/ASC, was released November 1, 2007. The Hospital OQR Program was mandated under the Tax Relief and Healthcare Act of 2006. The initial program implementation was finalized in calendar year 2008. The OPPS/ASC final rule with comment period was released November 1, 2007—the initial implementation of the Hospital OQR Program.

Under the Hospital OQR Program, hospitals that meet full program requirements, including the reporting of data for standardized measures on the quality of hospital outpatient care, will receive their full OPPS annual payment update. Reporting is used to encourage hospitals and clinicians to improve quality of care and to empower Medicare beneficiaries and other

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consumers with quality of care information to make more informed decisions regarding healthcare.

As a reminder, one of the program requirements for OQR participation is to complete a Notice of Participation, or NOP. By completing the NOP, the facility agrees to publicly report their data. If you are unable to obtain your preview report, you may not have submitted your NOP. If you are one of these facilities, please make sure that your facility completes one by accessing the online Notice of Participation application on the QualityNet website.

So that's some of the background information. Let's discuss how to access these reports. Facilities may access the preview reports when they are posted on the QualityNet Secure Portal during the 30-day preview period. You must be a registered user to access these reports. If you have not yet become a registered user, the full instructions are available on QualityNet.

Once you have access to the QualityNet Portal and are given the appropriate roles by the Security Administrator, you can view and run various reports, which we will be discussing as we move forward in this presentation. But before we get into the actual reports, let's talk about some very general information.

As noted on this slide, the reporting of measure data is based on your hospital's Notice of Participation status. Hospital OQR Program-eligible hospitals with an active NOP will have submitted data to be publicly reported. This timeline is readily available and accessible on QualityNet.

There are some basic rounding rules that will help you figure things out when you are looking at your reports. This slide displays the rounding rules used for Hospital Compare. All percentage and median time calculations, be it provider, state, and national, are rounded to the nearest whole number using the rounding logic seen on this slide unless otherwise stated. There is a quick reference guide which is shown here on this slide, and this is also located on the QualityNet website. We will discuss topics on this guide in a little more detail as we proceed. Just be aware that this reference guide is available, and it is somewhat of a cheat sheet, if you will. It can be a very handy tool.

So let's begin discussing the preview report itself. The preview report displays your hospital characteristics information at the top of each section. Some of the details are shown here on this slide. Your hospital CMS Certification Number, or CCN, and name will display above the hospital characteristics information. Hospital characteristics include your hospital's address, city, state, ZIP code, telephone number, county name, type of facility, type of ownership, and emergency service provided status. Type of

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ownership is not publicly reported; however, it is available in the downloadable database on Hospital Compare.

If the hospital characteristics displayed are incorrect, your facility should contact your state survey agency CASPER coordinator to complete the information.

So let's discuss the preview report itself for a minute. We will look at a sample of the report as well later in the presentation. But for now, let's just discuss the various sections. The first section of the preview report displays the web-based (structural) measures. Data are entered into the web-based data collection tool from July 1 through November 1, so this, again, is only entered annually. The second section of the preview report displays the clinical process measure sets. Previously, these clinical process measure sets included AMI/Cardiac Care, Pain Management, and Surgical Care. Remember, the surgical measures are topped-out and will no longer be reported after May 1 of this year. So obviously, moving forward, they will not be incorporated. We will discuss this in a little more detail in just a minute.

In this second section, where the clinical process measure sets are displayed, the measure sets contain four rolling quarters of data and display as an aggregate rate or median time. When a new quarter is added, the oldest quarter drops off. The measures are calculated from Medicare and non-Medicare patient encounter data submitted by the facility.

Each measure displays your hospital performance for all quarters when submitted, 10 percent of all hospitals submitting data performed equal to or better than, state performance, and national performance.

Web-based measures -- now we're going to talk about these separately. On the next couple of slides are the web-based measures. The reporting of the web-based measures is based on the annual submission versus quarterly, so the submission period ends November 1 with the data from the prior year being reported in July. So for example, encounters occurring in 2013 are entered into the web-based tool from July 1 to November 1, 2014. The data is then released on Hospital Compare in July 2015. Hospital Compare is then showing the most recent data available, which is the 2013 encounters.

On this slide you will see the new measures. The reporting of OP-29 and OP-30 is not expected to publicly display until late 2016. As you will recall, OP-31 is reported voluntarily; however, if you do report this data, it is subject to public reporting.

As noted on this slide, the AMI/Cardiac Care Measures are noted here. For OP-1, measure data displayed on the preview report will be available through the download process but will be excluded from display on Hospital

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Compare. CMS consumer testing found users obtained the same information for the OP-1 and the OP-2, so the decision was to only show OP-2 on the site and include OP-1 for researchers.

OP-4: Aspirin at Arrival -- this includes both chest pain and heart attack patients. With regard to OP-5, the median time to ECG also includes both chest pain and heart attack patients.

Each measure will display your patient performance for all quarters when submitted, 10 percent of all hospitals submitting data performed equal to or better than, for example, the 90th percentile, state performance, and national performance. Now, those state and national performance rates for the clinical process measures are calculated on the data in the warehouse, regardless of whether your hospital elected to opt out of public reporting data on Hospital Compare. The state performance rate is derived by summing the numerators of all cases in the state divided by the sum of the denominators in the state. Median times are identified using all cases in the state.

The national performance rate is derived by summing the numerators of all cases in the nation divided by the sum of the denominators in the nation. Median times are identified using all cases in the nation. The 90th percentile is calculated for each measure using the unweighted average, or median, for each eligible hospital, and then identifying the top 10 percent of the hospitals.

Surgical care measures -- now remember, OP-6 and -7 are being removed from this program, as they have been topped-out. This was in the final rule and is reflected in the Specs Manual. You will no longer need to abstract for these measures for encounter dates starting January 1 of 2015. However, it is anticipated that since they were APU-required for Quarter 4 2014 data, and as part of the 2016 payment year, the data will be publicly reported for the last time in July 2016.

The third section of the preview report displays the outpatient Imaging Efficiency measures. These measures are calculated by the CMS Imaging and Efficiency Measures Support Contractor using the calendar year Medicare Fee-for-Service paid claims. The data are uploaded annually with the July Hospital Compare release. Some rates or ratios for hospitals will not be displayed due to minimum case counts not being met. The imaging efficiency measure displays your hospital performance of all quarters when submitted, and for the 10 percent of all hospitals submitting data performed equal to or better than category, this measure displays N/A in this column.

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For state and national performance, these two rates are the weighted average for each measure and calculated based on the Medicare claims data.

The fourth section of the preview report displays the emergency department measures. The measures contain up to four quarters of data and display as a median time. Again, the measures are calculated for Medicare and non-Medicare patient data. Emergency department volume measures display based on the volume of patients submitted by a hospital as the denominator used for the measure of OP-22: Patient Left Without Being Seen.

Category assignments are very high when these values are greater than 60,000 patients per year. High values range from 40,000 to 59,999 patients a year. Medium values range from 20,000 to 39,999 patients per year, and low values below 19,999 patients per year. When we view an actual preview report later in the presentation, we will discuss the ED volume a little more.

Now for the state performance, median times are identified using all cases in the state. OP-18b and OP-20 display the state average minutes for hospitals that fall in the low, moderate, high, very high, and overall categories. National performance and immediate times are identified using all cases in the nation. Again, the 90th percentile is calculated for each measure using the median for each eligible hospital and then identifying the top 10 percent of the hospitals.

The fifth section of the preview report displays the Pain Management measure. As with the other clinical measures, your hospital will be displayed on the performance of all quarters when submitted, 10 percent of all hospitals submitting data performed equal to or better than, and then, of course, your state and national performance.

The sixth section of the preview report displays the stroke measure, OP-23: Head CT Scan Results For Acute Ischemic Stroke Or Hemorrhagic Stroke Patients Who Received Head CT Or MRI Scan Interpretation Within 45 Minutes Of ED Arrival. Again, this measure displays your hospital performance for all quarters when submitted, 10 percent of all hospitals submitting data performed equal to or better than, and the state and national performance.

On the next few slides, we're going to discuss the footnotes used in the Hospital Compare report. These same footnotes apply to all the clinical process data, such as the Emergency measures, Pain Management, Cardiac Care measures, and Stroke measures. The Imaging Efficiency measure footnotes are slightly different, and we will discuss them as well.

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The number 1 footnote—this is applied to any measure rate where the denominators are greater than zero but less than 11—data will not display on Hospital Compare.

Footnote number 3 is applied when a hospital elects not to submit data, had no data to submit, or did not successfully submit data to the warehouse for a measure for more -- one or more, but not all possible quarters.

The number 4 footnote is the suppression of data of one or more quarters, and this is applied at CMS' discretion.

The number 5 footnote is when a hospital either elected not to submit data, or the hospital had no data to submit for a particular measure for all quarters in the current preview period.

The footnote number 7 is utilized when a hospital treated a patient population but those patients did not meet the criteria for inclusion in the measure calculation. In the case of footnote 7, the hospital actually submitted cases to the warehouse, but all the cases for the measure were excluded from the denominator. This is different than not submitting any cases for the measure for the reporting period where footnote number 5 would have been applied.

So now, for the Imaging Efficiency footnotes, keep in mind that these measures are all claims-based. The footnote number 1 is used when the number of cases is too few to report. The number 4 footnote is utilized when data is suppressed and would again be used at CMS's discretion. The number 5 footnote is used when results are not available and is applied to the hospital performance rate for situations when a hospital did not have claims data for a particular measure.

The number 7 footnote is applied to the performance rate when a hospital did not have claims data for a particular measure.

All right, so where does this data come from? As you are aware, hospitals enter their data as outlined in the program requirements. This data reflects what is entered into the warehouse. The data is collected and stored for the purposes of quality improvement as well as public reporting. By participating in the program, hospitals agree to public reporting.

The data in the clinical warehouse is updated quarterly for each participating hospital. Remember, when a new quarter is added, the last quarter falls off the public reporting. Hospital Compare provides data from acute care general hospitals, including acute care VA hospitals, children's hospitals, and Critical Access Hospitals. Critical Access Hospitals receive no financial incentive to report, since they are not paid under the OPSS.

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As noted on this slide, the preview report reflects the information that your facility has entered into the warehouse, either through data submission or via the web-based tools. It is an expectation that you, the facility, correct and verify your data prior to submission deadlines.

So now we've talked about the various components of the preview report and Hospital Compare, so let's talk about how we can access some of these reports on QualityNet. To access your preview report, you go to the QualityNet home page. On the right-hand side, you will find the log-in, which you will use to enter the Secure Portal.

The next page will require you to choose the program you wish to enter. You will choose the Outpatient Hospital Quality Reporting Program, as seen on this slide.

The next page will bring you the log-in for the Secure Portal. Enter your user ID, password, and security code using the VIP access code which is the Symantec validation process. To enter the VIP access code, click on the icon that kind of looks like two pieces of paper, to the right of the security number. This will allow you to copy the number into your log-in. You have 30 seconds to complete the process, so be sure you have allowed enough time to paste the series of six numbers into the log-in, and then click Submit. A warning page will then appear, telling you that you are entering a government information site. You can just scroll down and select Accept.

You will then see the home page that provides you with different drop-down boxes. Any time you want to run a report, you will access the My Reports tab shown here on this slide. Given that information for this scenario, you will choose the section titled My Reports. In this drop-down, choose Run Reports.

This opens to a page that provides options for you to either run or search your reports. Here, you would want to choose Run Reports again. To obtain your preview report, you select OQR from the drop-down menu under the Report Program box. Under the Report Category, you will select the Public Reporting Preview Report.

Now, if you do try to access this outside the preview report period, reports will not be available. You will notice on the page, encircled in red under Report Name, it says Public Reporting Preview Reports. This is only visible during that 30-day preview period. If you access this report outside that preview period, it will state No Reports Available. The next page will open, and select the Search Reports tab.

So let's review a sample preview report. Starting at the top of the report, you will see the report header containing the program, Hospital Outpatient

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Quality Reporting, and the reporting period for third quarter 2013 through second quarter 2014 discharges. Note there is also a report run date and page numbering in the top section as well. The facility CCN is followed by the facility name. Note there are a few instances where your facility name may have changed. However, if the information has not been updated by the state Survey and Certification department, it may still display as the previous name.

Just below the facility name there is a section containing some facility demographic information such as city, state, phone number, county name, where the facility is located, type of facility -- such as an acute, critical access, or psychiatric hospital -- and the type of ownership, and whether your facility provides emergency services.

The report is separated into three columns. The first column on the left is the facility-specific data. The column in the middle contains the data for all facilities within your individual state, and the far right column contains the national data.

The third page of the preview report displays OP-21 and OP-23 in the same format as we just mentioned on the previous slide. So that sums up the preview report summary. Let's talk just a brief minute about the situation of searching reports.

When you search for a report that you have previously run, your view from the Reports page will show all the reports that you have previously run unless you have deleted them. This slide demonstrates that view. On the left-hand side, you can see the status of the report. Note below in the status column are green check marks. You will see these when the report is complete. In the right-hand column under Action, you will see a grey magnifying glass. Click on this icon to view your report. The green arrow pointing down indicates you can download the report. The yellow star indicates you can open this to save the report into a new folder or an existing folder. The last icon, the red circle with a line through it, indicates you can select it to delete the report.

Before we conclude the presentation, we'd like to just briefly mention, just so that you are aware, that there is a facility, state, and national report. However, there are some functionality issues, and it generates incomplete data on this report.

This concludes the presentation for public reporting. We hope it has been of value to you and you're able to use it, and it can assist you. I will now turn things back over to Marty.

Marty Ball:

I just wanted to cover a few things that we had some questions about this morning, maybe head off your questions this afternoon. I know we've

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spoken about OP-6 and -7 quite a bit during the presentation, but I just wanted to say that OP-6 and -7 will not be collected for public reporting for encounters as of January 1, 2015, because it's been topped-out and put in the rule of last year to take it out. This will be data that's submitted with a deadline of August 1 of 2015, quarter 1. If your facility inadvertently submits the surgical measures with encounter dates after January 1 into the clinical warehouse prior to mid-June, the data will be accepted into the warehouse, but this data will be suppressed. It will not be publicly reported.

If your facility inadvertently submits surgical data after mid-June, you will receive an error message that the data is rejected. We encourage facilities not to submit any outpatient surgical data into the warehouse with encounter dates of January 1, 2015, and forward.

I have a message for the CART users. If you use CART for your data uploads, there's a new CART tool that is an update, and that's 1.12.0. And this will be an update for January 1, 2015, abstractions. With this update, CART has a new password utility tool, and the old tool will not work and will lock users out of CART. So QualityNet has asked that if you need assistance uploading this new update for CART, that you give the Help Desk a call, and they'll be able to help you with the upload of that new program. And this has been added to the Known Issues list.

On April 1 or before, a supplemental document for Specifications Manual 8.0a will be released on QualityNet. This document will have the updated surgical procedure codes for the entry of OP-26 on the web-based measures or surgical procedures volume. Also on April 1, 2015, the Specifications Manual 8.1 will be released. This manual will be effective with quarter 4 October 1 to December 31, 2015, data abstraction. The supplemental document for manual 8.0a will have the same surgical procedure code table as the 8.1 Specifications Manual. And these codes, which will be the most up-to-date on the QualityNet Specifications Manuals, will be used for the OP-26 web-based measure data entry July 1 through November 1, 2015, for OP-26.

I'd like to remind everyone that this webinar has been approved for one continuing education credit by the Boards listed on this slide, and we now have an online CE certificate process. There are three methods for receiving the CEs: two through the WebEx and one through the phone only. If you registered for this webinar through WebEx, you will receive a survey from WebEx within 48 hours. It will not arrive today. Once you have completed the survey, you will be sent to a site to download your CE certificate. If you are listening to this WebEx with a colleague that logged onto the WebEx, ask them to forward the survey that will be sent to them from WebEx. If you are listening to the WebEx webinar by phone only, since you did not register with WebEx, you will not receive a survey with the

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link for the CEs. In approximately three weeks, an online version of the webinar will be posted to our website listed here on the next slide, and you can get your CE certificate from that.

END

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