



PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

PCHQR–Public Reporting and Hospital Compare

Moderator:

Debra Price, PhD, MSPH, MEd
Education Coordinator, HSAG

Speakers:

Lynn Jones, BS, MS
PCH Program Manager, HSAG

Henrietta Jones, BA, BSN, RN, CCM, CDMS, CPHQ
PCH Project Coordinator, HSAG

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Operator: This is Conference ID # 4594973.

Mike Seckman: Hello, everyone, and welcome.

Welcome to the PCHQR Public Recording and Hospital Compare WebEx.

My name is Mike Seckman and I will be your virtual host for today's session.

Before we get started, I just want to go over some housekeeping items. I will be with some of the WebEx teachers, as well. As you can see, we are currently streaming the audio for today's call over your computer's speakers. So, there is no telephone line that is required. You can just turn up your speakers, or plug in your headphones if needed, so you can hear the presentation as we go on with today's events.

All lines have been muted, so, please, do not raise your hand since we do not have the ability to ask questions verbally. Additionally, we are currently answering questions using the WebEx or the Chat feature you can see at the bottom left of your screen. There is a "Chat with Presenters" level area of this box where you can type in your questions. And we do ask that you submit them to us so that we can forward them to the proper individual to assist with answering your question toward the end of today's event.

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With that, I will go ahead and turn it over to Deb Price who will serve as your host for today's event.

Deb, the floor is yours.

Deb Price:

Hello and welcome to our monthly webinar. I will be your host for today's event.

Before we begin, I would like to make a few announcements. This program is being recorded. A transcript of the presentation, along with the Qs&As, will be posted to our new inpatient website, www.qualityreportingcenter.com, within two days, and it will be posted to *QualityNet* at a later date.

If you registered for this event, a reminder email with a link to the slides was sent to you one or two hours ago. If you did not receive the email, you can download the slides at our new inpatient website, www.qualityreportingcenter.com.

And now, I would like to introduce our guest speakers for today. Lynn Jones is the project manager and the lead of the PPS-Exempt Cancer Hospital Quality Reporting Program at Health Services Advisory Group. Prior to this role, Lynn worked as a subject matter expert for the Hospital Value-Based Purchasing Program and the Monitoring and Evaluation Program at a federally-funded research and development corporation. Lynn has also extensive experience as a hospital administrator working in multiple cancer centers, including Moffitt Cancer Center here in Tampa. Lynn served over 25 years of his hospital administrator [experience] in the United States Air Force, which included roles as Chief of the Air Force Biometric Reporting TRICARE Policy Development. He served twice on the Air Force Surgeon's staff, and was selected as Senior Healthcare Policy Fellow for the Air Force. He attended LSU [for his degree in] Business Administration and [has] a Master's in Healthcare Administration.

Our second speaker, Henrietta Hight, is a registered nurse with 34 years of experience planning and conducting programs for nursing quality improvement and creating computer software programs for nursing and non-nursing personnel in classrooms, clinical healthcare, and insurance settings. Positions that Henrietta held at Health Service Advisory Group are: the IQC Coordinator; Corporate Educator; Patient-Safety Coordinator; Quality Specialist; and currently she is working with the PPS-Exempt Cancer Hospital Quality Reporting Program.

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Henrietta's nursing background includes Infection Control, Staff Education, Insurance and Disability Case Management, and Quality Improvement Software Development. Her clinical background includes direct patient care and supervisory activities on pediatric and adult medical and surgical units. Prior to nursing, Henrietta taught English as a second language in the U.S. Peace Corps. She has a BS in nursing and a BA in political science and French.

Lynn Jones: Deb, thank you for that introduction.

Today's webinar has been approved for one continuing education credit by the boards listed on this slide. We have had an online C.E. certificate process. You can receive a C.E. certificate in two ways: If you are registered for this webinar in ReadyTalk®, you will automatically have one pop up when the webinar closes. The survey takes you to the certificate. We also will be sending out a survey link in an email to all participants within the next 48 hours. If there are others listening to this event that are not registered in ReadyTalk®, please pass this survey to them so they, too, can get their credit.

This is what the survey will look like. Basically, it pops up at the end of the event, then sent to all of you all within 48 hours. Do not forget to click done. If you have already attended one of our webinars and received C.E. [credit], click "Existing User." If this is your first webinar for credit, click "New User," and by now, you can follow directions on the slide. Please proceed as directed. Oh, do not forget your password. This is an "Existing User" screenshot. Please fill it in and use your complete email address and user ID, the password, get registered.

I would like to take this opportunity to go ahead and turn the program over to Henrietta Hight.

Henrietta Hight: Thank you. As you will notice on this slide, the objectives for today's webinar are to enable the PPS-Exempt Cancer Hospital team members to be able to fulfill the following activities that are part of quality planning initiatives:

First, identify the purpose of Public Reporting and Hospital Compare; next, discuss how to access and run [a] Preview Report for Public Reporting; next, access to *Hospital Compare* data on the *Hospital Compare* website; and then, explain the PCHQR data that is displayed on *Hospital Compare*.

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Before we get started, we do – just a note – we do have a number of people who have registered for the webinar who, looking at the list, we can see, are not associated with any of the PPS-Exempt Cancer Hospitals. We welcome you. However, just to let you know, we will only be looking at the areas of Public Reporting and *Hospital Compare* that address the PPS-Exempt Cancer Hospital Quality Reporting known as the PCHQR Program.

To start our discussion today, we would like to start off with a polling question. Remember, polling questions are anonymous. Your responses will assist us in determining which areas of Public Reporting and *Hospital Compare* we need to be sure to cover today and which areas need additional information.

So, now, the first polling question.

Lynn Jones: First question is, “I understand the concept and processes related to Public Reporting and *Hospital Compare* for the PCHQR Program.

The responses are: “Very Well,” “Somewhat,” “Not Sure,” “It is a Mystery.”

Let us go ahead and vote. And because I know you already have a good idea, we’ll give you an opportunity for 30 seconds on all of our questions.

Looks like we had a number of individuals that were able to respond “Very Well,” “Somewhat,” “Not Sure,” and “It is a Mystery.”

My presentation today will hopefully clarify that.

And with that, let us go ahead and have Henrietta pick this back up.

Henrietta Hight: So now let us look first at “What is *Hospital Compare*?”

First, the concept of Public Reporting is to allow hospitals working with the Centers for Medicare & Medicaid Services, CMS, to publicly report data associated with quality improvement measures.

Hospital Compare is a consumer-oriented website that provides information on how well hospitals provide recommended care to their patients. To give you a little historical background, in 2005, the first set of 10 core Process of Care measures were displayed on such topics as heart attack, heart failure, pneumonia, and surgical care for the Hospital Inpatient Quality Reporting Program.

Then in March 2008, data from the Hospital Consumer

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Assessment of Healthcare Providers and Systems, that we refer to as [the] HCAHPS survey, were displayed. In 2009, CMS also added data on the Hospital Outpatient Facility measures.

On this slide, the important terms or thoughts to remember are *Hospital Compare* versus *publicly recorded hospital quality performance information*.

Hospital Compare presents the information on a website and *Hospital Compare* presents the hospital performance data in a consistent, unified manner. And remember, all information on *Hospital Compare* is public. This means that the *Hospital Compare* data can be viewed by consumers such as patients and family members, providers, and regulatory agencies. Note that there are similar websites, *Compare* websites for nursing homes, home health agencies and also dialysis facilities.

So, let us look at what are the goals of Public Reporting for the PCHQR Program. These are a couple of the main goals but are not limited just to these two goals. But the goals include allowing the public to compare PCHs to make informed healthcare decisions and providing information about current trends in healthcare. In addition to these two goals on the slide, Public Reporting and *Hospital Compare* have other goals. Think about – you know, it allows you, the hospital, or all the PCHs to track their trends over time and ask themselves questions such as, “Are we getting better?” “What are our trends?” “What are our opportunities for improvement?” “What kind of action do you need to take to maintain our current level of improvement or to continue improving?” “Are there lessons we can learn from other PCH’s who are doing better than we are?”

Now, this slide displays information about the Public Reporting requirements that are established by policy, by what are referred to as the Final Rule, the CMS Final Rule.

The Final Rule for fiscal year 2015, we have given you the page references, the Rule gives you a lot of detail about the Public Reporting requirements. Also, the Final Rule for fiscal year 2014 also includes requirements regarding Public Reporting and *Hospital Compare*.

Okay, look at the Final Rule for 2014. There is wording that establishes the procedure for making the data submitted under the PCHQR Program available to the public. And we will see later on in the slide, the 2014 program Final Rule that sets out the

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procedure that allows hospitals to have the opportunity to review their data prior to such data being made public. And, as we will also discuss, that it provides for a Preview Period of 30 days prior to making the data public.

If you will remember, last month's webinar was on the topic of Navigating the *QualityNet* Website, and we did show you where you can find the Final Rules located on the *QualityNet* website under the PPS-Exempt Cancer Hospital tab.

So, just – we are going to be, today, concentrating on the three cancer-specific measures. The first two, the PCH-01 Adjuvant Chemotherapy and the PCH-02 Combination Therapy measures, as we will see, are currently displayed on *Hospital Compare*. That started with the December 2014 release of *Hospital Compare*. And then, as we will see, the PCH-03 Adjuvant Hormonal Therapy measure will be starting to be displayed on *Hospital Compare* starting with the October 2015 *Hospital Compare* release. So, we will be concentrating on these three cancer-specific measures because they are either currently being displayed on *Hospital Compare*, or all three will, well, starting with October 2015, will be displayed.

And you will notice before the term Adjuvant Chemotherapy, we have the identifier PCH-01; and then before Combination Chemotherapy, PCH-02; in front of Adjuvant Hormonal Therapy, PCH-03. When we go through the Public Reporting Preview reports, and also when we get to the *Hospital Compare* website, these abbreviations of PCH-01, PCH-02 and PCH-03 are often used.

So, again, starting with the Final Rule for fiscal year 2014, it was finalized that there would be public display of the following measures for fiscal year 2014 and subsequent years. That is your Adjuvant Chemotherapy and the Combination Chemotherapy. You will probably remember, you began starting to report these two measures with first quarter 2013, and that was, January, February and March of 2013. Generally, with *Hospital Compare*, they give a period of a year of data submission to take place before the data is considered for display for Public Reporting and then display on *Hospital Compare*. Therefore, as we will see in a table on following slide, the first time to see [the] two measures were displayed, as we said before, started with the December 2014 *Hospital Compare* release.

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If you take the time to go back to the fiscal year 2015 Final Rule, in this rule, they did add the Adjuvant Hormonal Therapy. And then they also discussed in the Final Rule for 2015 the public reporting and *Hospital Compare* display of the two healthcare-associated infection (HAI) measures that you all have been reporting, the CAUTI measure and the CLABSI measure. Now, you will notice that there is this indication expected no later than fiscal year 2017. You have been reporting these two measures starting with quarter one 2013, which was January, February and March of 2013, and so, you are probably wondering about if and when these two measures will be displayed on *Hospital Compare*, and why do you use the wording, "expected no later than fiscal year 2017," as shown on the slide. In the final rule for fiscal year 2015, on page 50282, there is the current discussion regarding that. Even though PCHs are reporting CLABSI and CAUTI data to NHSN under the PCHQR Program, due to the low volume of data produced and being reported by [a] smaller number of facilities in fewer than two years, the CDC is unable, at this point, to calculate reasonable and reliable baseline estimates or expected rates which are needed for the purpose of calculating the measure rate. So, therefore, same as estimates that pending the received of reliable rate, (that the probably) the first public posting of the CLABSI and CAUTI data for PCHQR probably will occur by 2017, expected no later than fiscal year 2017.

While we are on this topic, you may be wondering, "Do I need to take notes on this or how am I going to remember these things?" Do not worry. In a couple of slides, there will be a table that you can use to help keep everything straight. In fact, here is the table we were referring to, or I was just referring to. We provided the information in large format so you can print it out and post it somewhere for easy reference. I mean, that is what I have to do.

The table shows the release dates for *Hospital Compare*, the measures displayed, and the quarters involved. As you go down the table from one *Hospital Compare* release to the next, for example, as you go from October 2015 release to the December 2015 release, displayed quarters changed or move forward. This is what is called "rolling quarters."

Let us look at the next slide for more information about the concept of rolling quarters. With the rolling quarters for data use on *Hospital Compare*, data is displayed based on four quarters of data. Until four quarters are displayed, all available quarters are used. Then, once four quarters have been reached and a new quarter is included, the first quarter used is dropped off.

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So you are asking, “Well, what is the use of rolling quarters? What is the benefit of the rolling quarters?” Let us look at an example using what we are calling rolling grades. Okay, we are going to have a little bit of fun with this example. To give you the scenario, I was never really that great at chemistry. So, in high school, at the beginning of the semester, the chemistry teacher told myself, told the rest of the class, that there will be a total of six graded experiments. And then, once we completed four experiments, only the four most recent grades will be used to calculate our final grade average. The teacher explained the reason for this was that sometimes students take a while to understand the material, and that this grading approach gives them a chance to look at the grade trends. You know, are we getting better? We view our work and identify opportunities for improvement.

Here are my grades in the class. And you will notice that starting off with experiment number one and experiment number two, I was, I guess I was still trying to get my act together because I got a 68 and then a 74, which is not real good. But, you know, as I went through the experiments, I identified ways to improve my experiments and my performance. So, the first two grades stopped bringing down my grade as I went through the semester, and they did not get counted in my final grade. So, by the time we finished up all six measures, I had gone from a grade average of 68 to 91.5. That is improvement.

So, the purpose of the rolling quarters in regard to *Hospital Compare* is to give a hospital a chance to improve on their data and performance as they identify opportunities for improvement. Also, if for some reason, a hospital has a quarter that is problematic, resulting in low performance, the rolling quarters will help diminish the overall results as the quarters progress.

And, just a reminder before we look at the topic of accessing and reviewing Public Reporting Preview Reports, again, we do have a number of people that are registered for the webinar who do not appear to be associated with any of the PPS-Exempt Cancer Hospitals. And, again, we welcome you, but just to let you know, we will only be looking at the areas of Public Reporting and *Hospital Compare* that address the PPS-Exempt Cancer Hospital Quality Reporting Program.

And now, as we continue to discuss public reporting and *Hospital Compare* as related to the PCHQR Program, I would like to ask Lynn Jones, the PCHQR Program Manager, to review the area of accessing and reviewing Public Reporting Preview Reports.

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Lynn, it is all yours.

Lynn Jones: Henrietta, thank you very much.

You have really embarrassed me with your illustration of chemistry grades. I was so happy to get out of that chemistry course.

And speaking about getting out of something, I really want you all to be aware that we sincerely request your feedback on ideas for topics. We are trying to address a very unique group of individuals; some individuals have skill in the research and statistical analysis, others do not; and so, if there is a need for additional education, please let us know what that is, and we will provide you that opportunity in the survey that you will complete at the end of this program. We are absolutely soliciting your comments and suggestions with our topics.

In the next slide, assessing and reviewing Public Reporting Preview Reports, because of my experience in hospitals from an administrator's view point, I am going to give you some ideas of success, because we all want to be successful in using the reporting tools that are available for us. And so, as we go through this, just remember that if you do not know what to do, you should be able to contact us and ask us those questions, because we are here to support you.

And in the next series of the slides, we will be looking at the process for Public Reporting and the use of Public Reporting Preview Reports.

First, let us have a polling question. Remember, your answers are anonymous.

Henrietta Hight: So, here is the polling question, polling question number two: "As part of the April 2015 *Hospital Compare* release, the Preview Reports were available during the preview dates of 12/31/14 through 1/29/15.

And the possible answers are: One, "We view this as available;" next choice, "Unaware until after preview period;" or "Did not know what they are;" or "Did not know how to access them."

We will give you 30 seconds to answer the question.

Wow. I am impressed. That is great. I mean, almost, you know, more than half of you indicated that you reviewed the Preview Reports as soon as they were available, and that is super.

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A couple of you said you were not aware about it, about the reports until after the Preview Period, some of you said you did not know what they are, and some of you said, about a quarter of you said you did not know how to access the Preview Report.

In the upcoming slides, the information that Lynn is going to present you, hopefully, will be able to answer all your questions so that you and your senior management will know how to use the Preview Reports, and you will not have any surprises.

Lynn Jones:

Well, now that we have a basic understanding what each of us are in our understanding, let us try and improve the outcome of our discussion.

Prior to the release of data on *Hospital Compare*, hospitals are given the opportunity to review data during a 30-day Preview Period by the *QualityNet Secure Portal*, the only CMS-approved website for secure healthcare quality data exchange at the address that is listed here, <https://www.qualitynet.org>. Preview Period: you know, looking at this slide, this period allows hospitals to review their data before the data is publicly posted on *Hospital Compare*.

That is significant. This is your hospital's opportunity to see your information prior to the public release. A key thing to know here is that during the Preview Period, you cannot change your data. This is an opportunity to review your trends and start planning a course of action, as needed.

Now, what I would like to point out to you about the Preview Period data, it is not publicly reported, you cannot change this data, and a friendly, potentially career-saving bit of information ... "Why bother if you cannot change this?" Well, from my perspective, senior leadership does not like surprises. Give them a chance to work with the Public Relations side of their jobs if it is not an outcome that you are pleased with. It is far better to get out ahead of potentially embarrassing information or information that you need to have a good answer. Or, in case you are positive, they want to be able to brag about this. So, again, if a less than desired results, you have thirty days to get a head to start on planning a course of action for improvement; using the opportunity to look for root causes and information, then also allows 30 days to provide answers. Again, if it is positive, great opportunity to go ahead and get your results out so that you are prepared with – let your physicians know, the nursing staff – This is good news, so make the most of it.

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Please use this table as a reference. I would put this information into your electronic calendar. Don't wait until the end of a period because that gives your hospital less time to react to either the good news or [the] less than desirable.

Remember, there are four *Hospital Compare* releases and four Preview Periods per year. The release date, preview dates are anticipated dates. In other words, things change. That could be weather, could be system problems, et cetera. So, just be prepared and start looking on day one for the anticipated preview date so that you can get a (job) on really what you are going to have to do.

And one little comment before I go on is, make sure you sign up for all the listserve announcements. What we noted in our last survey, or webinar, there were a number of people that had not signed up. So, please, get certified or sign up for your list of announcements, because these announcements will impact the *Hospital Compare* releases for your center.

Preview Report access: how do you get signed up and do this correctly? Register as a *QualityNet* user. Registration instructions are available on the *QualityNet* homepage. Simply select the registration link under the PPS-Exempt Cancer Hospital Quality Reporting Program tab on the *QualityNet* page. The direct link is listed here. We have discussed this in our last webinar, and you can refer to that if you need additional assistance. Assign [the] Hospital Reporting Feedback role. Now, this is assigned by [your] hospital *QualityNet* administrator, the SA. So, before you can access the Preview Reports that are here in *QualityNet*, you must first be registered as a *QualityNet* user. You do not have to be a security administrator, but you need to have a Hospital Reporting Feedback Role identified. Again, the instructions for registering as a *QualityNet* user are here. Please do it today, if you have not enrolled.

This slide is a screenshot from our last webinar. It is simply kind of a reminder, and you can find it on the PPS-Exempt Cancer Hospital tab in *QualityNet*.

You may not realize this, but CMS gets a variety of reports based on all of the data that you are reporting, that shows PCHQR individual hospitals recording activities. In February of 2015, we just completed a report that had and showed that two PCH hospitals did not have a current active Security Administrator. I am working on an email that will be coming to those two. We also had

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two PCH facilities that only have one current sort of active security administrator.

Why is this important to your success? If you cannot properly administer the program and appoint certain individuals that you need to have that authority to see your Preview Reports, your senior leadership may get surprised.

So, again, only the security administrator can add what is referred to as Basic Users [for] the *QualityNet Secure Portal* (or hospital).

To access the Preview Reports, a user does not have to be a security administrator. However, they must be designated a Basic User (into) [with] the role of Hospital Reporting Feedback. You need that to do your Preview Reports – (that) [to] have access.

So, again, make sure you have two security administrators and that you have designated at least one, if not two people, for Hospital Reporting Feedback. You view the registration information and contact us if you need help.

Again, [it is] very important that you have that access. It is kind of like not having a quarterback second string person or second string pitcher in [the] major leagues. So, get that done, and call us if you need help.

Accessing your Preview Report: let us go through these steps. First, go to [the] *QualityNet* public website. Select Login under the log in to *QualityNet Secure Portal* header. Now you are pulling the User ID [and] Password, that Henrietta mentioned earlier, and Security Code. Select Submit. Read the Terms and Conditions statement [and] then select “I Accept” to proceed. If “I Decline” is selected, the program closes. So, you realize that you have to accept or you would not be able to see the documentation that you are interested in.

I suggest keeping these slides handy because [the] upcoming Preview Report Period is April 3rd through May 2nd for July 16, 2015, and then for the releasing for the July 2015 Hospital Compare. So, do your planning now. Get set-up so that you can preview, review these Preview Reports.

The next slide is, again, we went through this. You can read it probably as well as I can read it. Select “PCH” from the Report Program dropdown, select “Public Reporting – Preview Reports” from the list and the Report Category dropdown. Select “New Reports.” The selected report will display on the Report Name.

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Select “Public Reporting – Preview Reports” under Report Name and then select “Run Reports.” We just ran through that. You should be [able] to do it again. Please call us if you have questions.

When you are wanting to view your Preview Report, select the “Search Report” tab. [The] report requested will be displayed, as well as the report status. A green check mark will display in the status column when the report is complete. And once completed, the report can be viewed or downloaded.

Here are some insights that Henrietta informed you all [of]. A number of individuals will be doing the same thing, nationally, not just because – not just the 11 Exempt Hospitals. So, take that into consideration. Do not wait ‘til the very end. It may take a longer length of time for the report to run and be ready for display. So, if you are noticing that, you can logout of the *QualityNet Secure Portal* and come back later to see if the report has run or not. If it does not generate a report, (can put in a real quick question) report the incident, because you certainly need that information.

The slide that you are now looking at is an actual screenshot of one of our actual Preview Reports from one of our 11 Exempt Cancer facilities. Hopefully, one of you would at least recognize this.

It tells from the most recent *Hospital Compare* release back in December of 2014. It displays the two PCH measures for the first quarter 2013, through the third quarter of 2013.

Key words for the footnote: footnote one is used when data indicate that for a measure, the denominator is greater than 0 and less than 11. It is applied on a number of cases when the number of patients does not meet the required minimum amount for public reporting. On a number of cases, [the number of] patients is too small to reliably tell how well the hospital is performing or, or and/or, to protect personal health information.

As the slide indicates on footnote one [it] is indicated [that] the data will display on your Preview Report for user review, but it will not be publicly displayed on *Hospital Compare* at the release time for the public. So, that is a bit of information that you will have that the public will not be able to see.

Let us move in some rounding rules. As we get towards the end of this section, I know there is a lot of statistical analysis that goes on [and] I know that many of you are familiar with this. I just wanted to

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make sure you had the correct information and how CMS likes to have their reports rounded.

The next slide is a review of what we have discussed. And, again, we want you to be successful. So, remember, Preview Periods and releases occur four times per year. Make sure you get this on your calendar. A *Hospital Compare* release occurs during the first month of a (calendar quarter) April, July and October. There is one exception, as always. When the first month of a calendar quarter is December, there used to be a *Hospital Compare* release in January, which is the first month of a calendar quarter. The January release was moved to one month earlier, December, to accommodate the requirements of the Value-Based Purchasing program.

The Preview Period comes about 30 to 45 days before the associated releases. Again, this should be in your calendar and well document so you have that opportunity to look at what is going to be publicly released. And remember, you cannot change it this time.

Are you wondering how you are going to keep all these dates, measures, and quarters straight? Well, we will be providing you a table that brings it all together in more consolidated way.

So, before moving on, let us have another polling question.

Henrietta Hight: Thank you, Lynn.

Third polling question: "What PCHQR measure data are currently displayed on Hospital Compare?" Choices are: "None are displayed yet;" "Only two of three cancer measures display;" "All HAI measures display;" [or] "HCAHPS data is displayed."

So, again, we will give you a few seconds to answer, and then we will look at everybody's results.

Okay everybody, looks like a lot of you have been listening very carefully. Fifty percent of you got the correct answer of only two of three cancer measures display. None of you incorrectly answered all HAI measures display. Some of you indicated the first choice, ten percent, none are displayed yet. Forty percent of you talked about the HCAHPS data and said the HCAHPS data is displayed.

HCAHPS data is not currently displayed on *Hospital Compare*. We anticipate it probably will start to be displayed with [the] December 2015 release of *Hospital Compare*.

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So, thank you, everybody. Now, back we go to the webinar.

Lynn Jones: Another look – This is the measure display schedule for 2015. This table was developed to help bring together all the information we are presenting on this area today. Again, our goal is to help you be as successful as you can be as we move to 2015. The table displays the *Hospital Compare* releases, anticipated preview dates, anticipated *Hospital Compare* release dates, the measures displayed in each release, and the quarters displayed for each measure. I would suggest printing this table and use it for ongoing references. That is what we do if you track of all these dates.

Here are some final important points to keep in mind: Preview Reports are only available on the *QualityNet Secure Portal* during the Preview Period. Once the Preview Period is over, the Preview Report is no longer [accessible]. In other words, if you do not look at this, the public will look at it first, and we go back to surprise is not a good thing. Also, be sure to download or save your Preview Reports for future reference, and you can do this – simply download.

Key points, again, you cannot change the data displayed on the Preview Reports. Use the Preview Period to use the report for important useful purposes including the steps listed on the earlier slide. Let the people know what is going to be displayed so that they can either celebrate or prepare for additional efforts for improvement. And, as I know that you all are doing, try to find ways to improve.

Now, I will turn the next section of the webinar over to Henrietta, our chemistry major, who will be discussing accessing and viewing the *Hospital Compare* data.

Thank you for your time.

Henrietta Hight: Thank you, Lynn, very much for all that interesting information.

Before we go on to the next section of our presentation, I would just like to remind everybody that anytime you log in to *QualityNet*, I like to say *QualityNet* is like a baseball game, three strikes and you are out. In other words, if you are logging in to *QualityNet* and you get to your third attempt and it says they are not happy with your username or password, do not try an additional time. Three attempts is your maximum. If you try it fourth time, your account is going to be locked and you [will] need to get in touch with the *QualityNet* helpdesk to unlock your account. So, the third time, if

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QualityNet is not happy with your username or password, come out, all the way out, of *QualityNet* and come back in and try again.

So now, we are going to be talking about once your *Hospital Compare* data is available. How do you access your data and how do you review the data?

So we are spending a few minutes reviewing the steps. Now, I am not going to go into the steps in great detail because what I would like you to do is use these, these following slides to help you walk through the steps of accessing your *Hospital Compare* data and reviewing the data. Now, the current *Hospital Compare* data for the PCHQR program is from the most recent *Hospital Compare* release which was in December 2014. This is what the homepage for *Hospital Compare* looks like. And you will notice that the first thing that you see, or the first area that you see, on *Hospital Compare* on the homepage, is really a section that applies to the IPPS hospitals, or the acute care hospitals and critical access hospitals because the “Find a Hospital” function gives the public, provider, a patient, a family member, the capability to search for several hospitals at the same time and compare their measure data or measure their performance. At this point, this functionality does not apply to the PCHQR Program hospital.

For the PCHQR data, what you are going to need to do is scroll down to the “Spotlight” section. So you will scroll down the page and what you will see under that area where we saw “Find a Hospital,” there is an area on the left hand side labeled “Spotlight.”

Look for the New PPS-Exempt Cancer Hospital measure data link. Click on the link and this will take you to the current *Hospital Compare* website area for the PPS-Exempt Cancer Hospital Quality Reporting Program. Now, you will notice that there is a date that says “Updated December 18, 2014,” and then it will show that your PCHQR data was for the period starting January 1st and running through September 30th, 2013. And then it will also be indicated – the PCH measures that are displayed on the December 2014 *Hospital Compare*. And you will see that there are the two chemotherapy measures that you are very, very familiar with. Notice that in italic, that third bullet, it says, “Higher numbers are better for both measures.”

And again, the data that is displayed on *Hospital Compare* is public. You and anyone else, including patients and providers, can see your data and the data from other PCHs.

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Scroll down the page and you will see that each PCH participating in the PCH Program are listed. And then, for each PCH, each PCH is listed twice; once for each of the two PCH measure data that are displayed.

Now, with most website, *Hospital Compare* does allow you different ways of you and your data of navigating through the website. For example, you can click on what is called the “PCH Quarterly Measure Data” link which is indicated by the arrow and the red circle indicated in the upper left hand area of the page. This gives you a table with a summary of the PCHQR Data by PCH.

There is also another way to access the data. There is a circle there with an arrow that is indicating the hyperlink, the number hyperlink, or this three-line icon which gives you the ability to see individual measure data. Looking at the PCH Quarterly Measure Data link, it is a table that displays all the PCHs and the associated measure data. And again, remember, everything is public.

If you scroll across the page, and we have indicated two screenshots here, the screenshot on the right, as you scroll across the page, you will see your measure information including numerator, denominator, footnote, reporting start and end dates. And let me ask you, you will notice for the first hospital that is displayed, there is an indication next to the two measures of the numerator, denominator not available, and then the Footnote #1. You remember what Footnote #1 indicates? And then it says Footnote #1. Why is there the notation of “Not Available?”

If you are having trouble remembering the use of Footnote #1, do not worry, we are going to review, [be] reviewing that again in a few minutes. Also, as we indicated, you can review our specific data by clicking on the three-line icon or the number link on a specific row of data.

Now, let us take a little bit of time to get used to [this] because when you click on that link, or the icon, you need to remember to look at the bottom of the screen to see the measure display. And then you need to scroll up and down to see the entire display. This takes a little bit of getting used to. I know when I first started looking at the data, I was thinking, where is it? Where is it? I had to remember to look at the bottom of the screen.

And then, remember again, there are several ways to access or review the measure data. And again, you can click on the number hyperlink or the three-line icon on the initial display screen. And if

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you do that, just remember to look at the bottom of the screen to see the measure display, and as the arrow indicates, scroll up and down to see the entire display.

And we really encourage everyone to go to the *Hospital Compare*, go to the website and practice navigating through the information. That will help you get used to how it performs.

There is another way that you can view your data. The headers on the table are sortable. So, for instance, if you click on the column header to “sort list,” let us say you want to sort the list so that you see all the PC-01 measure arranged together or moved together, and then the PCH-02 measures moved together. You can do that by clicking on the measure on the “Score ID” column header, and that will group those two measures together. This is a really handy process of – especially as additional PCHQR measures are going to be displayed on *Hospital Compare*, you will be able to sort your data the way you want to see it.

And then just a little review about the footnote, and we will be seeing some more about this. For the PCHs, probably one of these two footnotes might display. And then remember again, the Footnote #1 is used when the number of cases or patients is too few to report. It applies to any measure with a denominator greater than 0 and less than 11. And this data does, therefore, does not display on *Hospital Compare*. It does display for the individual hospital on their Preview Report because those are not public. Then there is Footnote #5, “Results are not available for this reporting period.” This could be applied when the hospital either elected not to submit data or the hospital had no data to submit for a particular measure, or when the hospital elected to suppress a measure. The suppression of a measure really applies more to the IPPS hospitals, the acute care, and [the] critical access hospitals. Probably the data you are going to – the footnote you are going to see most often is Footnote #1, because Footnote #5 would be used if the denominator is zero, for instance, if you had no data to submit for a measure for the whole quarter.

And just to give you an idea of what it is going to look like on *Hospital Compare*, we have circled where, for two of the measures, the particular we want to view, particular hospital, and it is USC Kenneth North. But remember, I feel comfortable putting this slide here with your name because, remember, information on *Hospital Compare* is public. And you all apparently had more than 0 but less than 11 cases to report.

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Now, as you explore the *Hospital Compare* website, you will find additional links. For instance there, if you click on the “Data Detail” link, it gives you specific, more specific information about the PCHQR measures displayed on *Hospital Compare*. As the number of measures increases for the PCHQR Program, this page will have additional information, and this page, remember, can be used by providers, patients and other members of the public to learn more about the PCHQR measures.

There is also an area in *Hospital Compare* that is, there is a tab that is entitled “About the Data.” If you click on this tab, you will see on the left-hand side listed the various types of data and explanation of how the data is used, how the measures are selected, what the current data collection periods are, and then, again, the footnote.

Right now, until there is more data in all quarters to be reported for the PCHQR Program. Really, the only area right now that applies to the PCH Program would be the footnotes link. The other links will become more informative as more data are displayed for the PCHQR Program. The footnote – The footnote area we have already talked about, but this will show you what the footnote explanation is on *Hospital Compare*. And you will look and you will see under – next to Footnote #1 over on the right-hand side, “Footnote Details” explains the rationale or the situations in which Footnote #1 would be used. And you will see that the third bullet says, “to protect personal health information,” because that is where we have like a small group of patients.

Then the last area on *Hospital Compare* that would be useful to you is an area called “Resources.” Actually, the “Resources” area is a compilation of all the terms that are used on *Hospital Compare*. So, it is like a glossary.

Now, before we get to the end of the presentation, let us have one more polling question.

Lynn Jones:

What PCHQR measures – oh, let me start over again. “After today's webinar, I understand the concept and processes related to Public Reporting and *Hospital Compare* for the PCHQR Program.” And the answers are (and by the way, this is our way of assessing whether or not we got the right ideas across to you):

You understand it “Very Well,” “Somewhat,” “Not Sure,” “It is Still a Mystery.”

Just go ahead and give us your responses.

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Well, thank you all for your responses. We have moved from a fifty percent up to sixty-five percent, and there are a few saying “It is Still a Mystery.”

Those of you, and any of you who have a question later on, please feel free to call us.

Now, the next couple of slides, we are going to be (trying) to the Points to Remember. These will be your keys to success. And remember, nobody likes surprises.

Henrietta?

Henrietta Hight: Before we wrap up today, just a few points to remember, okay? Remember that the purpose of Public Reporting and *Hospital Compare* allows the public to compare PCHs; to see how they are doing; to [decide] how to make their healthcare decisions. Currently, the only two measures for the PCH Program, [the] PCHQR Program, are those two chemotherapy measures. Remember that the PCH-03, the Adjuvant Hormonal Therapy, that will start to be displayed on *Hospital Compare* with the October 2015 release.

Remember the important information about the Preview Periods and the Preview Reports.

Remember to access your Preview Reports and use them to help improve your performance, to track trends and to develop quality improvement targets.

And please, remember to download and save your Preview Report for future reference, because once the Preview Period is over, the Preview Reports are no longer accessible on *QualityNet*.

And then again, some more measures do not belong, to repeat too much, but use this to refer to and as the measures and associated reporting information becomes accessible, we will let you know.

And let us know if you have any questions.

Now, I would just like to remind everyone to remember the availability of continuing education credit. Feel free to refer to the beginning slides to use – to remind yourself how to apply for continuing education credit.

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And now, I would like to turn the program over to one of our other team members to wrap up. And I thank everybody for attending today.

Lynn Jones: Henrietta, thank you so much.

And thank you all for your time today.

We have run over a little bit, but the purpose of this is to educate you and help you. What we would like you to do is to please give us your suggestions for topics. There will be a survey that pops up immediately following the end of this webinar, and at the end of the survey, that is when you will automatically go into the certification process.

We did not have a lot of questions today. As a matter of fact, we only had one, and that related to HCAHPS. The question was “Whether or not there was specific literature for showing the results and outcomes of the HCAHPS Program.” We will look into that and see if there is a possibility for responding for you on that from the *Hospital Compare* website.

Again, we certainly appreciate your time. We look forward to providing you the transcripts. And by the way, on those transcripts, we will be providing our subjects for the upcoming programs or webinars. I would ask that you submit potential topics once you get those. You can always reach us – I think you all have our emails. We will be more than happy to include you.

Again, thank you for your time and have a great week and a great weekend.

Thank you.

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