Hospital Outpatient Quality Reporting Program Announcements

• Clinical submission deadline for Q3 2012 is due February 1, 2013
• Population and Sampling deadline is also due at this time February 1, 2013
• APU Reconsideration submission deadline is February 3, 2013
• Hospital Compare Preview Reports are now available through January 18, 2013
Objectives

• Review updates for January 2013
• Provide rationale for changes
• Answer questions regarding updates
Outpatient (OP) Measure Sets

- Acute Myocardial Infarction (AMI)
- Chest Pain (CP)
- ED Throughput
- Pain Management
- Stroke
- Surgery
- Imaging Efficiency
- Structural Measures
OP Structural and Surgery Updates
Two Measures Added

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

• **Description:** The use of a Safe Surgery Checklist for surgical procedures that includes safe surgery practices during each of the three critical perioperative periods: the period prior to the administration of anesthesia, the period prior to skin incision, and the period of closure of incision and prior to the patient leaving the operating room.

• **Examples for safe surgery practices are listed in the Measure Information Form.**
OP-26: Hospital Outpatient Volume Data on Selected Outpatient Surgical Procedures

• **Description:** The aggregate count of selected outpatient surgical procedures. Most hospital outpatient procedures (99 percent) fall into one of eight categories: Cardiovascular, Eye, Gastrointestinal, Genitourinary, Musculoskeletal, Nervous System, Respiratory, and Skin. The eight categories and corresponding HCPCS are listed in the following table.

## OP-26: Hospital Outpatient Volume Data on Selected Outpatient Surgical Procedures

<table>
<thead>
<tr>
<th>Procedure Category</th>
<th>Corresponding HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastrointestinal</td>
<td>40000 through 49999, G0104, G0105, G0121, C9716, C9724, C9725, 0170T</td>
</tr>
<tr>
<td>Eye</td>
<td>65000 through 68999, 0186, 0124T, 0099T, 0017T, 0016T, 0123T, 0100T, 0176T, 0177T, 0186T, 0190T, 0191T, 0192T, 76510, 0099T</td>
</tr>
<tr>
<td>Nervous System</td>
<td>61000 through 64999, G0260, 0027T, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0062T</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>20000 through 29999, 0101T, 0102T, 0062T, 0200T, 0201T</td>
</tr>
<tr>
<td>Skin</td>
<td>10000 through 19999, G0247, 0046T, 0268T, G0127, C9726, C9727</td>
</tr>
<tr>
<td>Genitourinary</td>
<td>50000 through 58999, 0193T, 58805</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>33000 through 37999</td>
</tr>
<tr>
<td>Respiratory</td>
<td>30000 through 32999</td>
</tr>
</tbody>
</table>
OP-25 and OP-26

- **Annual data submission period:** See the timeline posted to QualityNet.org for this measure; select Hospitals-Outpatient and then Data Submission in the drop-down menu.

- Data entry will be achieved through the secure side of QualityNet.org via an online tool available to authorized users.
Current Structural Measures

OP-12 and OP-17 Annual Submission Period was updated:

• See the timeline posted to QualityNet.org for this measure; select Hospitals-Outpatient and then Data Submission in the drop-down menu.
Surgery Measures: OP-6, OP-7

• The CPT code 33221 (insertion of pacemaker pulse generator only; with existing multiple leads) was added to Appendix A, Tables 6.0 and 6.1.

• Medications in Appendix C, Tables 6.0, 6.6a and 6.11 were corrected.
OP AMI and CP Updates
January 1, 2013
OP AMI Measures

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

Removed effective August 14, 2012:
• OP-16: Troponin results for Emergency Department acute myocardial infarction (AMI) patients or chest pain patients (with Probable Cardiac Chest Pain) Received Within 60 minutes of arrival
OP Chest Pain Measures

• OP-4: Aspirin at Arrival
• OP-5: Median Time to ECG

Removed effective August 14, 2012:
• OP-16: Troponin results for Emergency Department acute myocardial infarction (AMI) patients or chest pain patients (with Probable Cardiac Chest Pain) Received Within 60 minutes of arrival
OP-16 Removal

• On July 11, 2012, the FDA recalled Alere Triage rapid testing test kits that included troponin testing. The FDA determined that these kits had the potential to be defective.

• CMS removed OP-16 due to these patient safety concerns.
Outpatient AMI and CP Algorithm Changes
AMI and CP Initial Population Algorithm

- *Discharge Status* was changed to *Discharge Code* for the July 2012 encounters.
- Since the discharge status codes continue to be used for billing purposes, we added a note box to the initial population algorithm so that abstractors can make the necessary changes in the demographic information in their abstractions.
AMI and CP Initial Population Algorithm

- Eligible cases using the values in the data element Discharge Code will be equivalent to the previous Discharge Status of 02 and 43.

Note: To determine eligible cases using Discharge Status codes, values = 02 or 43.

Note: To determine ineligible cases using Discharge Status codes, values = 01, 03, 04, 05, 06, 07, 09, 20, 21, 41, 50, 51, 61, 62, 63, 64, 65, 66, or 70.

- If E/M Code is not on OP Table 1.0 (Appendix A), do not process cases that have been rejected before this point in the Data Processing Flow.

- If Discharge Code = 4a or 4d, process all cases that have successfully reached the point in the Data Processing Flow which calls this Initial Patient Population Algorithm.
OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival

- Missing Branch to the left of Arrival Time decision point was removed to provide consistency with the other measure algorithms.
- Arrival Time is a general data element that must be collected for every patient. It will be rejected from the warehouse if arrival time is missing.
OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival

July 2012

[Diagram showing flow of fibrinolytic therapy with arrival time and fibrinolytic administration time]

Time to Fibrinolysis = Fibrinolytic Administration Date and Fibrinolytic Administration Time minus Outpatient Encounter Date and Arrival Time (in minutes)

January 2013

[Diagram showing flow of fibrinolytic therapy with arrival time and fibrinolytic administration time]

Time to Fibrinolysis = Fibrinolytic Administration Date and Fibrinolytic Administration Time minus Outpatient Encounter Date and Arrival Time (in minutes)
OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention

• Missing branch to the left of Initial ECG Interpretation was added to maintain consistency with the other algorithms.
OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention

July 2012

Run cases that are included in the AMI Hospital Outpatient Population Algorithm and pass the edits defined in the Data Processing Flow through this measure

Initial ECG Interpretation

= Y

Missing

Fibrinolytic Administration

= Y

January 2013

Run cases that are included in the AMI Hospital Outpatient Population Algorithm and pass the edits defined in the Data Processing Flow through this measure

Initial ECG Interpretation

= Y

Missing

Fibrinolytic Administration

= Y
Measure Information Form (MIF) References

• Additional (more current) references were added to all the OP AMI and CP MIF Selected Reference sections.
Changes to Data Dictionary for OP AMI and Chest Pain Data Elements
ECG Date and Time (OP-5)

• Instructions were added to select the next subsequent ECG date and time if the abstractor cannot determine that the earliest ECG was completed within one hour prior to arrival. Previously the abstractor selected UTD.

  o Example: Patient arrived to ED directly from clinic. The clinic record mentioned an ECG was performed, but there is no documentation as to when the ECG was performed. The next ECG was performed after arrival to the ED. The abstractor can now use the date and time from the ECG performed after arrival to the ED.
Initial ECG Interpretation (OP-1, OP-2 and OP-3) Changes

• Alignment with the inpatient data element.
  o A Note for Abstraction was added which will allow for the use of the first ECG performed after hospital arrival in cases where the pre-arrival ECG and the first ECG performed after arrival at the hospital are exactly the same amount of time away from Arrival Time.
  o Added to the Inclusion list: “STEMI or equivalent”
  o Added to the ST-elevation Exclusion bullet: ST-elevation described as “non-specific”
Initial ECG Interpretation (OP-1, OP-2 and OP-3)

Clarifications

• Note for Abstraction regarding contradictory documentation was clarified by additional examples that help demonstrate contradictory initial ECG findings:
  
  o Contradictory documentation within the same interpretation or between different interpretations, select “No.” (e.g., “Acute anterior MI” and “no acute MI”)
  
  o Only an Inclusion term and the negation of that same inclusion ( Inferior STE vs. "No STE") is the sort of contradictory documentation that will result in "No."
Initial ECG Interpretation (OP-1, OP-2 and OP-3)

• ECG findings are evaluated line-by-line, and the abstractor should not cross-reference between lines with the EXCEPTION of:
  
  o ST elevation findings AND any mention of early repolarization, left ventricular hypertrophy (LVH), normal variant, pericarditis or Printzmetal/Printzmetal’s variant within one interpretation, select “No.”
  
  o ST elevation/LBBB with any mention of pacemaker findings.
  
  o These findings (Exclusions with “with mention of” phrasing) CAN be cross-referenced between lines.
Initial ECG Interpretation (OP-1, OP-2 and OP-3)

• Inclusion qualifiers and modifiers were updated in data element to align with the inpatient Table 2.6 Qualifiers and Modifiers.
  - Could/may/might be
  - Could/may/might have been
  - Could/may/might have had
  - Could/may/might indicate
Probable Cardiac Chest Pain (OP-4 and OP-5)

• Inclusion qualifiers were updated to align with inpatient.
  - Could/may/might be
  - Could/may/might have been
  - Could/may/might have had
  - Could/may/might indicate
Reason for Delay in Fibrinolytic Therapy (OP-1 and OP-2)

• Alignment with inpatient data element.
• The category “Mechanical circulatory assist device placement” within 30 minutes after hospital arrival replaces "Balloon pump insertion" in the list of automatically acceptable reasons for delay in fibrinolysis.
Reason for Delay in Fibrinolytic Therapy (OP-1 and OP-2)

• “Mechanical circulatory assist devices” include ventricular assistive devices (e.g., LVADs) as well as balloon pumps.

• “Code” was removed from the Cardiopulmonary arrest Inclusion list.
Removed Effective August 14, 2012

- OP-16: Troponin results for Emergency Department acute myocardial infarction (AMI) patients or chest pain patients (with *Probable Cardiac Chest Pain*) received within 60 minutes of arrival.

- Data Elements *Troponin order*, *Troponin Results Date* and *Troponin Results Time* are removed.
OP ED Throughput Measure Set

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

Suspended effective January 1, 2012:

• OP-19: Transition Record with Specified Elements Received by Discharged Patients
OP ED Population and Sampling
January 1, 2013
Sample Size Requirements

• For the ED Throughput measure set, in order to “reduce the burden” of abstraction for smaller hospitals, a ten percent margin of error was employed to limit the number of cases for the sample size requirements.
Table 3: Sample Size Requirements per Quarter per Hospital for ED Throughput Measures

- Population Per Quarter: 0-900
- Quarterly Sample Size: 63
- Monthly Sample Size: 21
- Population Per Quarter: ≥ 901
- Quarterly Sample Size: 96
- Monthly Sample Size: 32
ED Throughput Sample Size

• The quarterly cap sample size for populations 900 or less is 63.
• The quarterly cap sample size for populations greater than 900 is 96.
• You can find an example of OP-18 sample size requirements in Section 4 of the Manual - Population and Sampling Specifications under Sample Size Examples.
OP ED Throughput Algorithm Changes
OP 18: Median Time from ED Arrival to ED Departure for Discharged ED Patients

- A note box was added to the OP-18 algorithm. An episode of care may receive multiple measure category assignments.

![Diagram]

An episode of care may receive multiple measure category assignments for this measure.

Note: Initialize the Measure Category Assignment for OP-18b, OP-18c, OP-18d, and OP-18e = 'B'.

Do not change the Measure Category Assignment that was already calculated for the overall rate (OP-18a).
OP 18: Median Time from ED Arrival to ED Departure for Discharged ED Patients

• OP-18 has multiple measure results or categories (OP-18b, c, d, and e). Since all these measure categories are displayed in one algorithm, the note box is added to alert the readers or programmers about this requirement: instead of producing one measure result, five measure results should be calculated.
OP-22: Left Without Being Seen

• Numerators and denominators will be entered according to the timeline posted to QualityNet.org.
• Denominator = ALL patients that signed into the ED for ED services.
• Numerator = Patients who leave the ED without being evaluated by a physician/APN/PA.
Changes to the Data Elements for OP ED Throughput
Observation Services (OP-18)

• Physician/APN/PA order for observation services – select “Yes.”

• No longer a differentiation between order for observation outside the emergency department or within the emergency department.

• No order for observation services documented by Physician/APN/PA – select “No.”
  o Example: There is no order, but the case manager changes patient’s status to observation – select “No.”
Observation Services

• The same changes are replicated for the inpatient ED Measures ED-1 and ED-2.

• Documentation of an order for observation services written by the physician/APN/PA – select “Yes.”

• Only Allowable Source is physician/APN/PA orders.
OP-23 Stroke Measure

- OP-23: Head CT or MRI Scan Results for Acute ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival
Appendix A – OP Table 8.0 Ischemic and Hemorrhagic Stroke Codes Removed

• The following codes were removed:
  o 433.10 OCL CRTD WO INFRCT
  o 434.00 CRBL THRMBS WO INFRCT
Date Last Known Well and Time Last Known Well

- When there are multiple dates or times documented for *Last Known Well*, the abstractor should follow the added priority list using the time or date recorded according to the following hierarchy:
  1. Neurology
  2. Admitting physician
  3. Emergency department physician
  4. ED nursing notes
  5. EMS
Last Known Well

• The “No” allowable value now includes “unable to determine from the medical record documentation.”

• Discharge Summary is now an Excluded Data Source. All other sources in the permanent medical record are still acceptable.
Time Last Known Well

• The reference to military time was removed in the definition.

• July 2012
  – Definition: The time (military time) prior to hospital arrival ...

• January 2013
  – Definition: The time prior to hospital arrival at which the patient was last known ...
OP-21 Pain Management Measure

• OP-21: Median Time to Pain Management for Long Bone Fracture
Pain Medication Data Element

Added Instructions:

• Select “No” if there is documentation that the patient received oral or parenteral pain medication (e.g., self-administration, physician’s office or ambulance) prior to arrival.

• General Anesthesia is no longer an Inclusion.
  – Removed from the ANESTHESIA OR ANALGESIA list
Questions?

• Information about the Hospital OQR Program and the Specifications Manual is located at [http://www.qualitynet.org](http://www.qualitynet.org).

• To submit questions about the outpatient measures, use the Questions/Answers link on QualityNet at [http://cms-ocsq.custhelp.com](http://cms-ocsq.custhelp.com).

• Contact the Hospital Outpatient Quality Reporting Program Support Contractor at 866-800-8756 or at oqrsupport@fmqai.com.

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