Data Trends for Hospital OQR Claims-Based Imaging Efficiency Measures: PM Questions and Answers

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Question 1: Yes. I was looking for the presentation to print out, and I didn’t see it on the website. The last one I saw was from July.

Answer 1: Okay. It should be right there on – are you on oqrsupport.com?

Question 1: Yes.

Answer 1: Okay, and then you click on “Hospital Outpatient Program," then click on the “Education” link on the left.

Question 1: Okay.

Answer 1: And it should be right there at the top; the webinar should be listed. There should be two slide presentations: one is one slide per page, and one is three slides per page.

Question 1: Okay.

Answer 1: Were you able to find it?
Question 1: No. All I see is the 20 – July 2014 ASQR Program Requirements.

Answer 1: Okay, on the left-hand – just on the left-hand side of the link, click on “Hospital Outpatient,” sounds like you're in the Ambulatory Surgical Center Program.

Question 1: Okay.

Answer 1: And then click “Education,” and then you'll see the slides. If you can't find them, just give us a call, and we'll get you there.

Question 1: I'm there, okay. I apologize, thank you.

Answer 1: That's okay. You're welcome.

Question 2: Thank you. I was wondering if you had done any age stratification on the low back pain measure because it is trending up, and I'm wondering if it has anything to do with the population.

Answer 2: This is Jifeng Ma; I'm a statistician. Generally, when we look at the rate – I mean the rate is calculated by the numerator, denominator, divided by the denominator, or the denominator is the population – generally speaking, if the population is stable, then the rate is not – should be independent of the population. In other words, I don’t think the trend is related to the population side.

Question 2: Thank you.

Answer 2: Does that answer your question?
Question 2: Yes.

Answer 2: Thank you.

Question 3: Thank you. I was wondering – is there a specific patient listing for the cases that would be included into these measures for individual hospitals? Does that get posted to QNet or something if we wanted to pull some cases and look at, maybe, physician ordering patterns or whatnot?

Answer 3: This is Marty Ball at the Hospital Outpatient Program. The data is all claims-based data, and so you would be able to go back into your billing department and have them look up anyone, like, who had – such as for the MRIs – anyone who had an MRI at your facility that was a Medicare population, and then look at any kind of another therapy that was done for them.

Question 3: Sometimes that's easier said than done, so –

Answer 3: I understand that.

Question 3: But you guys don’t – you don’t post the included cases or anything on QNet then?

Answer 3: No, this can amount to thousands and thousands of patients throughout the nation for data.

Question 3: Right.

Answer 3: Somebody at Lewin Group [does it] or [it's] done by Hospital Compare, I'm sorry, and so that's how the numbers are calculated.
Question 3: Okay, and is there a way for us to see our numerator/denominator data for each one of these measures? Is that anywhere?

Answer 3: Yes. You know, if you go on to the Hospital Compare site, then – well, you know, I know this data is downloaded from Hospital Compare, so I know the data is there. I think in the past what I did is I had to go to that site normally under the hospital name, and the measure will show up.

Answer 3: The measure will show up, and there's also files there that the hospitals have access to.

Question 3: Okay, so look at the specific file, data file?

Answer 3: Yeah.

Question 3: Okay. Thank you.

Question 4: I'm sorry. This is just outpatient data; this does not include any inpatient?

Answer 4: Correct, just outpatient data.

Question 4: Okay. And on the MRI, is low back pain the only diagnosis that you consider? I mean, because they have low back pain and also have a malignancy of some type or something like that, do you consider any other diagnosis or just low back pain?

Answer 4: I believe it's just the low back pain.

Question 4: Okay. So it would only be that diagnosis?
Answer 4: Yeah, we can research that further if you'd like. If you'd like to submit that on the Question and Answer tool, we can look into it and see what specific diagnoses are rolled into that subgroup.

Question 4: Okay, thank you.

Question 5: Hi, I have a question. If you could clarify OP-13, the cardiac imaging for preoperative risk assessment, what types of exams are included?

Answer 5: I'm sorry, that's the SPECT MPI, the MRI, MRI studies – so basically, they're looking at those exams prior to the surgeries.

Question 5: Okay, thank you. Thank you very much.

Question 6: I have two questions. One is – why does CMS try to just have the two categories because it seems there's a big discrepancy between rural hospitals and urban? And the second question is regarding why are they not deciding to track the atraumatic headache that presents to the ED and the CT head imaging with that, because that one, I think, is a big area of overuse and waste in the studies we've done in our own facilities?

Answer 6: For your first question you asked why did they just have two categories, and you said urban and rural. That's actually how our statistician broke down the data by dividing up the hospital sizes into the zero to 99. I'll let our statistician speak to that.

Answer 6: Okay, well see, we – normally when we compare the data, you know, we want to use the hospital, the characteristics. The rural/urban is one of the main features, and if you ask them why do I – the way you group the
hospitals into urban and rural, well, we think the urban/rural, they have different patients. We think the other one – and also the practice pattern may be different, so that's the reason we do it. And I think the data can show the two types of hospitals. They do – they have different rates and [we just] want to show the data for the hospitals, so you can – based on whether you're rural or urban – you can use the data to do further improvement.

Answer 6: Thank you, Dr. Ma. For your second question, “Why did they not track OP-15?” – they actually are tracking OP-15; they are just not publically displaying the data at this time.

Question 6: And is there any specific reason they are not displaying it or – it just seemed odd to me because that's a pretty common use of CT of heads, but I guess if there's no answer, that's fine, just curious.

Answer 6: Yeah.

Question 6: Thank you.

Answer 6: You know, we –break down a lot of analysis. I know that, normally, when they delay a measure the reason is someone raised a question, the measure may not be of value for certain criteria, so that's why they delay the measure. That's my guess.

Question 6: The definition may not be quite clear, yeah, that's possible. Thank you so much.

Answer 6: Thank you.
Question 7: Yes, thank you. My question was regarding OP-8, the MRI ordering for lower back seems to be trending in the opposite from the [prior] results. So the question is – do you know if, in the future, reimbursement will be affected by that since they're going to be – providers are going to be [graded] based on performance?

Answer 7: Hi, this is Marty Ball again, and that's always a possibility. We certainly don't – we can't forecast what CMS is planning on doing, but that's possible that's one of the reasons they track the data – to see which way things are trending. Remember that's only a three-year study at this point, so I'm sure they would want a little more data before they made any decisions that were in regards to payment.

Question 7: Okay, all right, thank you.

Question 8: Hi, thank you. Actually, that last question was partially my question as well. But more specifically, what was CMS currently doing with this data? I guess, and, obviously in regards to reimbursement, sounds like nothing is concrete, but I just wanted to hear what specific measures that's coming out as a result of this data.

Answer 8: Well, a lot of what happens with the data, you know, because they do display it on Hospital Compare, it adds a lot of transparency for the hospitals and the public. So, such as the mammography – if a hospital is performing poorly or not doing enough follow-ups, that could look poorly in the public eye, and that's one way CMS works with the data. Another is that they can certainly make different policies from the results of the data. Again, that's a CMS issue; we're a support contractor.

Question 8: Got it, understood. Thank you.
Answer 8: Thanks.

Question 9: Hi, I was just wanting to know how you all recommended or how other facilities tracked the use of physical therapy prior to the lumbar MRIs? I didn’t know if this was typically more the responsibility of the technologist or the ordering physician.

Answer 9: Remember, this data is all claims-based, so if you were to track it in your facility, you would go back and pull your MRIs that have been done on Medicare patients, and then look for other therapies that those patients may have had.

Question 9: So, we would have to actually review charts from the past to determine what the utilization is, is that correct?

Answer 9: Well, it should be all claims-based, so you should – the only thing is, though – is that if Medicare looks at doctor's office visits, clinic visits, and you don’t have access in your facility to all of that data that they're able to look at. So, it would probably be very difficult for you to look at your specific facility data.

Question 9: Okay, that's where I'm having trouble, and any suggestions of how to do it are very much appreciated because the technologists don’t have accessibility to all of that data yet. We are the ones that it seems are required to, I guess, audit a chart prior to performing the MRI, and I was just trying to figure out the best, most productive and efficient way to do that so we can lower our numbers.

Answer 9: That may be a conversation to have with the patient and the physician, the physician, to have that conversation with the patient and see what other
therapies or what other procedures that physician may have attempted prior to the MRI.

Question 9: Okay, that helps, thank you.

Question 10: Yes. My question, I think, has pretty much already been answered, but I know on the inpatient side of things, they send out patient-level data, and so I'm guessing the answer is no. Do they not send out a report that has patient-level data so we can view these patients' charts that you're saying qualify for certain measures, such as the MRI for low back pain?

Answer 10: Well, because the measure is based on the claims and uses the same specification, I think your facility can pull the claim.

Question 10: Okay, so you guys don't ever send out a report? Like I said, I know on the inpatient side of things they send out an actual report that gets specific patient-level data information of the patients who fell under the measure. Is there any, in the future, a possibility of that happening?

Answer 10: No, and –

Question 10: – have a clue?

Answer 10: I think what you may be referring to would be, like, our Claims Detail Report where we have specifics for our measures such as chest pain, stroke, pain management –

Question 10: Right. Yeah, readmission –

Answer 10: We do send out those.
Answer 10: Yeah, in a patient-specific format, but this data is all collected for Hospital Compare, it's all claims-based data, so this – there's no way to specifically -

Question 10: Okay, so just go off specification diagnosis codes and pull from our Medicare claims is the only way to be able to pull? Okay. All right, thank you.

Answer 10: And there is more information on QualityNet about the specifics of the imaging measures and the specifics for what data they utilize when they do pull this data.

Question 10: Okay, all right. Thank you so much.

Question 11: Hi. My question is – a lot of these come from ordering physicians, and we don't have a say as an imaging facility to tell a physician what he can and cannot order, so how do we educate the ordering physicians of these things that are being tracked?

Answer 11: Well, what you can do is, you can show the physicians that many of the measures are National Quality Forum-endorsed and also CMS-endorsed. So, these are measures that have been proven to improve quality, and you can go through the QualityNet where all of this information is and share that information with your physicians. It's hard not to argue that a patient who has a head CT scan and then has a repeat sinus CT scan isn't being over exposed to radiation when that test can be done one time. The Lewin Group – when they've given this presentation before – the physician has said they can make a little bit of difference on the angle of the imaging with the CT scan and catch the sinuses on there.
So, I think there's enough information out there on the websites to support these measures and show that they do have a positive outcome.

Question 11: Okay, yes, because we have adjusted our protocol for head CTs to see if there was something in the sinuses, and then if the physician does feel like the patient needs a sinus CT, then they come back as an outpatient on a different day.

Answer 11: And I think that's perfect. I think that's what these measures are made for, and that's a great quality improvement.

Question 11: Thank you.

Answer 11: Thank you.

Question 12: Yes, I think I've just missed this on the call, or maybe I did not hear what I thought I heard. I understand on the brain CT and sinus CT that it is performed on the same day at the same facility. So, when you say same day at the same facility, if – for example, maybe a three hospital system – if they all fall under the same provider number, they're counted as one facility, or is each facility counted as a separate?

Answer 12: Well, if you report under the same provider ID, then it is one facility.

Question 12: Say that again?

Answer 12: If you report under the same CCN number, if you're reporting your claims under the same provider ID, then it all goes under one.
Question 12: Okay, but for all of the other, are there any other measures that are dependent on that exam occurring at another facility and our facility? I don’t think so.

Answer 12: No, that’s the only measure for the claims-based – is that what you’re speaking of? If it's the dual CTs, but if the sinus and the brain CT are performed at the same facility on the same day, then it would be at your facility, yes.

Question 12: Okay, all right, thank you.

Answer 12: You’re welcome.

Deb Price: And this concludes our program for today. I’d like to thank our speakers and participants for the valuable information and questions you provided. We hope you have heard useful information that will help you in your Hospital Outpatient Quality Reporting Program. Please remember that you will not be sent the WebEx survey for your CE today. It will be sent from WebEx to your e-mail within the next 48 hours. If we did not get to your question, please use the Question and Answer tool located at www.QualityNet.org. A Hospital OQR subject matter expert will send you a timely response. Thank you, and enjoy the rest of your day.

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