Crunching the Numbers: Reviewing Your Hospital's Data

Presentation Transcript

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Karen:	Thank you for joining us today. My name is Karen VanBourgondien. Our speaker today is Pam Rutherford. Pam will be going over quite a few things with you today. She will review data from the web-based measures that were reported in May of 2019. She's not only going to share the data for hospitals, but also provide a comparison of that same data between hospitals and ASCs. And these are for the measures that are aligned between the Hospital OQR Program and the ASC quality reporting program. She will also briefly review Hospital Compare and Next Generation.
	The learning objectives for this program are listed on this slide. This program is being recorded. A transcript of today's presentation, including the questions and answers received in the chat box, and the audio portion of today's program will be posted at qualityreportingcenter.com at a later date. During the presentation, if you have a question, please put that question in the chat box located on your screen. One of our subject matter experts will respond. Please note, the raised hand feature is not monitored during this presentation. So, again, if you have a question, just enter your question into the chat box. Also, the slides are available on our website. Just click on today's event and you can download the slides. Additionally, they were attached to the webinar reminder email you received for this event. Again, you can get the slides from our website at QualityReportingCenter.com, just look under the Archived Events Tab.
	Before we get started with our presentation, we wanted to respond to some questions we have been getting with respect to the Proposed Rule. As you are hopefully aware, the Proposed Rule was published back in July. CMS did present a webinar outlining these proposals so if you missed that or you are not aware of the proposals, then let me just give a very brief overview.

But before we get into the Rule summary, let me just clear up one issue, and we get this question a lot. We all hear calendar year, payment year- especially with regard to the rulemaking process. And people want to know What does all of this mean? Okay so, a calendar year is just that, January 1 through December 31. That is a calendar year. So, don't let that confuse you when you hear that term added to another term like Payment Determination Year.

So, looking at this diagram, the Reporting Period is the time frame of your patient encounters. The Submission Period is the time frame that you submit your data to CMS. Payment Determination Year is the time frame when CMS will reimburse your facility for each claim submitted during that year. This reimbursement will be the full APU or decreased up to 2 % if your facility did not meet the program requirements.

So, let's put this together with the current time frame for web-based measures as our example. We are currently reporting for the 2021 Payment Determination year. So, what that means is, that we are using January 1 through December 31, 2019 patient encounters for the Reporting Period. You will submit that data to CMS during the Submission Period of January 1 through May 15, 2020. This will be for payment in the calendar year 2021. So, I hope that clarifies things, again, we do get that confusion a lot, people do ask a lot of questions so hopefully that clarifies things for you a little bit. Now, let's talk about some of the highlights from the Proposed Rule.

CMS proposed to remove one measure from the Hospital OQR Program. They proposed to remove OP-33: External Beam Radiotherapy for Bone Metastases beginning with the CY 2022 payment determination. CMS proposed to remove this measure under removal Factor 8; the costs associated with a measure outweigh the benefit of its continued use in the program. They identified issues with reporting this measure. The measure steward has also received feedback on data collection of the measure in the outpatient setting and has indicated new and significant concerns regarding the "radiation delivery" CPT coding used to report this measure. There are also challenges in determining aspects of the numerator, denominator, and sampling for the measure. Manual review of patient records by staff is also required and is labor-intensive and does contribute to burden and difficulty in reporting for this measure.

This measure was also adopted into the PCHQR program. And that program has also proposed to remove the measure due to being overly burdensome and because the measure steward is no longer maintaining the measure. The PCHQR program stated it can no longer ensure the measure is in alignment with clinical guidelines and standards. These are just a few of the rationale points for removal, but we do encourage you to review the Proposed Rule for details OP-33 was the only measure proposed for removal for this program.

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CMS also requested comment on the potential adoption of four patient safety measures for this program, that were previously adopted for the ASC Quality Reporting Program. And those measures would address: Patient Burn, Patient Fall, Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant, and All-Cause Hospital Transfer/Admission. If these measures are adopted into the program, they would further align the Hospital OQR and ASCQR Programs, which would benefit patients because these are both outpatient settings.

CMS also requested public comment on future measures. They wanted comment on any outcome measures that would be useful to add, as well as any process measures that should be eliminated from the program. Through future rulemaking, CMS does intend to propose new measures that support their goal of achieving better health care and improved health for Medicare beneficiaries. There was a comment period, for the Proposed Rule which did end on September 27. CMS does read every comment and comments are addressed in the Final Rule. It is always interesting to see that sort of feedback. So, stay tuned for that!

Now that was an extremely brief overview. For more detailed information, you can access the webinar that CMS presented on the Proposed Rule, and that is on our website, qualityreportingcenter.com, under the archived events tab. And again, we encourage you to read the rule yourself. The direct link to the PDF version of the Proposed Rule is here on the slide for your convenience. The comments and finalized proposals will be announced through the publication of the Final Rule in the next few months. These decisions will make an impact on the data you report, so stay tuned for the publishing of the Final Rule.

So, let's tie the proposed rule and the data we are going to discuss together today, and let's just put it all together and see how one effects the other. Any proposed changes for this program are communicated through the Proposed Rule. The finalized changes are then brought forth by the Final Rule which will impact the Specifications Manual, which you all refer to for your abstracting your data, and then you report that data. And the data that you report is then publicly displayed.

So, in the next few months, CMS will present the Final Rule, and we will let you know of any of the changes in the Specifications Manual as a result of those changes. This will assist you in reporting of data for this program. So again, stay tuned as we move forward to bring all of you this information. So, let's get down on our data review, let me hand things over now to Pam Rutherford. Pam?

Pam: Thanks Karen. You report data. But, where does your data go? How does your data compare to your state? How does it compare to other facilities? How do you find it? What do you do with it? Well, let's talk about some of that.

Any data that you report will be made display publicly on Hospital Compare. Before your data is displayed publicly, you are able to preview that data. Hospitals were given a preview back in August for what is now being displayed on Hospital Compare and you will be given another preview shortly for data that will be displayed in January. Whenever a preview report becomes available, take the time to evaluate it. This is your sneak-peak of what will be posted for everyone to see. In a moment I will briefly touch on Hospital Compare. But now, let's talk and compare the data you reported last May, and then we will return to where you can find this reported data.

You collect and report data. Let's take a look at how your data provides State and National information, and how this data compares to the ASC setting. We are going to review the measures that are shared between these two outpatient settings, which allows you to compare data across programs and different care settings. Now I'm going to be showing you some comparisons slides, and I just want to point out, that when I show OQR data rates, they are rounded to the whole number, but when I show ASC data rates, they are rounded to the second decimal place. Okay, why is did we do this? Well, because these mimics the format of the data displayed on Hospital Compare. So, let's crunch some numbers!

You will notice on the data slides moving forward, that there are color variations indicating each state's percentage rate. The dark blue will correlate with 90% or greater, the medium blue is 80-89.99%, and the light blue is 70-79.99%. The orange horizontal stripe will correlate with 60-69.99%, and the orange vertical stripe is a percentage rate of lower than 60%. Please be advised that all the data I will be showing you is preliminary based on data collected after the submission of deadline May 15, 2019. So, on this slide we are viewing data for OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients.

In summary, this measure is the percentage of patients aged 50-75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least ten years for repeat colonoscopy documented in their colonoscopy report. So, on this slide you are able to view state and national percentage rates and you can see that the outpatient hospital setting for this measure, the national rate is 89%.

Now looking at the same measure in the ASC setting, which is ASC-9, you can see each state's rate and a national rate of 81.24%. To review this measure's data from 2015 through 2018, in a side-by-side measure comparison for both ASCs and hospitals, there has been a general increase in improvement for both programs. For OP-30 Colonoscopy Interval for Patients with a History of Adenomatous Polyps–Avoidance of Inappropriate Use. This measure is the percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior colonic polyp(s) in previous colonoscopy

findings, who had a follow-up interval of 3 or more years since their las colonoscopy. Again, you can view the individual state percentage and for the Outpatient hospitals, there is national rate of 93% for the 2018 data.

Moving to the ASC setting for the same measure, the ASCs display a national rate of 72.97%. This graph shows the performance rates for OP-30 and ASC-10 from CY 2015 to CY 2018. You can see that hospital performance rates have increased, whereas ASCs have gradually declined. As a reminder, this measure has now been removed from both programs

Let's look at our last Hospital Outpatient web-based measure comparison, and that will be for OP-31: Cataracts: Improvement in Patients Visual Function within 90 Days following Cataract Surgery. This measure is the percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery. Remember this measure continues to be voluntary for both programs. And you will notice that the white color on this map that we did not view on the previous maps. And this white color correlates to NA as this is a voluntary measure and not all facilities report data. Again, using the most current preliminary data reported on or before the May 15, 2019 submission deadline, the Hospital Outpatient National Rate for this measure is 98%.

Viewing the same measure, with the same requirements for the ASC setting, which is ASC-11. ASCs display a national rate of 94.45%. When we look at this side-by-side comparison for OP-31 and ASC-11 from 2015 forward, we see an increase in the national rate for hospitals and a decrease in the national percentage rate for ASCs. OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy.

Now this is an administrative claims-based measure. CMS inpatient and outpatient claims are used to determine whether a beneficiary has had an unplanned hospital visit to any acute care hospital within 7 days of an outpatient colonoscopy. The number of unplanned visits is then risk-adjusted based on the previous year's data. You can see this slide is different from the previous diagrams we discussed. As these data are derived from claims, you are viewing data from 2017. The specifics of National rates are indicated by the color-coded boxes at the top of the slide.

It is important to note that a lower rate indicates better performance for this measure. The goal of this measure is to reduce adverse patient outcomes associated with preparation for colonoscopy, the procedure itself, and follow-up care by capturing all unplanned hospital visits following an outpatient colonoscopy.

The outpatient hospital setting has a nationwide risk-adjusted rate of 14.8 unplanned hospital visits within 7 days of an outpatient colonoscopy. Now this is per 1, 000 colonoscopies.

2,913 OP hospitals have an OP-32 rate for CY 2017. Of those, 181 have rates below the 95th percentile, indicating that they are in the top 5 percent of providers.

An OP-32 rate was not calculated for 1,888 participating outpatient hospitals. You can see details of not including these hospitals in the footnotes.

On this slide, again using the same criteria as for OP-32, we are viewing data for the same measure in the ASC Setting, which is ASC-12.
 1,767 ASCs have an ASC-12 rate for CY 2017. Of those, 107 ASCs have rates below the 95th percentile, indicating they are in the top 5 percent of providers.

An ASC-12 rate was not calculated for 3,476 ASCs, again details on those ASC can be seen in the footnotes.

We have given comprehensive webinars on Hospital Compare in the past and they can be found on our website qualityreportingcenter.com, under Archived Events. However, since your data is being displayed now, let's review a few things. You can access your data on the Hospital Compare website, but now you can view your data through the Next Generation platform on QualityNet as well. So, let's begin with Hospital Compare.

You can access the website Medicare.gov/Hospital Compare. The exact link is placed at the top of this slide for your reference. When you access that link, this view will be your landing page. You can find your hospital, others in your area, or any hospital nationwide. Just enter information for your selected hospital and you will be given the landing page for your selected hospital. You will notice the tabs at the top which represent the areas of interest which are publicly displayed. You can click on these tabs to access the various measures reported. Again, I am not going into detail on this aspect today, but I would like to refresh your memory on how to find your hospitals data on Hospital Compare website.

Now let's talk Next Generation. Next Generation was implemented last November. We did present a webinar on this at the time. This new public reporting user interface allows for a consistent experience through the use of one platform and a unified display across multiple programs. Through the streamlining of information, the data is no longer divided by programs but is displayed on one report. For those of you accustomed to the Hospital Compare website you will find this new design in QualityNet familiar. The flow of data and categories of measure groups align creating a consistent way of displaying data, first to the providers during the Preview Report and ultimately to public reporting on Hospital compare.

After you select the log in button on the QualityNet home page, it will bring you to the; Choose Your QualityNet Destination Page. When you click on the arrow-down key, this drop-down menu will appear. Choose the; HQR Next Generation. Here in the search box you will enter your hospital CCN number. So, whether you have a single facility, or you had to choose a facility, all will end up at the dashboard screen which is where you will choose Public Reporting. Click on the blue Public Reporting link and see what happens.

Once the Public Reporting link is selected, you will be directed to the Landing Page. On the landing page, you will find the hospital name along with the hospital characteristics. And here, you will notice there are two tabs across the top of the screen: Star Rating and Measure Data. These will be your navigation tabs and will consistently be available to access as you navigate through the interface. Remember these tabs, they will be mentioned again. The platform will default to the Star Rating, this will not be something you will have to choose.

The Star Rating tab displays the Overall Hospital Star Rating, facility details (i.e., hospital characteristics), overall Hospital Star Rating, and Measure Score Groups. Each group displays the performance for the group and expands to provide additional information. Each group score expands to display the number of scored measures in that group, as well as, a National Score Comparison graph. If you click on the Measures Data tab, you will have access to the various measures just as you did for the Hospital Compare site.

So, if you click on that Measure Data tab, this will be your view. Starting from the top. You will notice the hospital name. There is a blue Export Data button that will allow users the ability to print the Preview Report. Under the Export Data button, you can see a Search field along with other filter features. Now this feature allows users to have flexibility and to prioritize what data displays. Then you will notice blue Measure Groups all the way down the page. Inside the blue Measure Groups are the data. The plus sign next to each Measure Group name has an accordion feature which will allow the user to see the data when it is expanded, and it will hide the data when closed. Again, if you need a refresher or require more details, please view our in-depth webinar we gave when this platform originally deployed. You can find this webinar on our website qualityreportingcenter.com under the Archived Events.

So, to sum things up, be sure to review the data available and put that information into action to implement changes when needed. This can be used to improve quality of care for your patients. Continue to monitor your data and improve quality within your particular facility. We hope all these steps will ensure your continued success. That's all I have today. Karen, back to you.

Karen: Thanks, Pam, for all of that great information. And remember folks, you

can always find all of our educational webinars on our website qualityreportingcenter.com under the Archived Events tab for this program. You know Pam, it's a little early yet, I think we have time, how do you feel about pulling some questions from the chat box that we've been getting, because we have gotten a lot of different kinds of questions and maybe we can just go over those. Some people have the same questions. So how do you feel about going over some of these questions and giving some answers.

Pam: I would love to. Thanks Karen.

Karen: Okay, so here is the first question, and Pam maybe you can answer this. Will OQR, IQR and IPFQR preview reports be available on the same schedule since now all measures are in the same report?

Pam: Each program retains their specific reporting schedules. Okay Karen, I've got one for you; Why would the Hospital Outpatient Program have the same requirements as the ASC program.

Karen: Well Pam, that's a great question. Both programs provide some of the same services, surgery in the outpatient setting. And It has always been CMS's goal to align both the Hospital Outpatient Quality Reporting Program and the Ambulatory Surgery Center Quality Program, so that is one avenue that they are able to meet that goal.

So here is another question Pam, I am new to my role, if I previously had access to the preview report, will I automatically have access to the Next Generation Portal, or will additional access need to be given. And I will go ahead and respond to that Pam. The answer is User rolls are automatically transferred to the Next Generation user interface. So, no additional access will be required for that.

Pam: Ok, Karen, here's the question; The proposed removal of OP-33 beginning with Calendar Year (CY) 2022 Payment determination would be for what abstraction period?

Karen: Okay Pam that's a great question. And that illustrates why we talked about Calendar Year and Payment Determination year earlier in the presentation, because they can get confusing. So, IF OP-33 is finalized for removal beginning with CY 2022 payment determination, you would submit data for the last time this coming May 15, 2020, and that would be using the 2019 patient encounters. You will no longer collect data for that measure beginning with January 1, 2020 encounters. So, I hope that clarifies things.

Here's a good question Pam, and we are getting a lot of these types of questions about this time, it's about Validation. And the person is asking; If we were selected for validation, and we have been for the last couple of quarters, how do

we check to see if we reached the 75% compliance, is there a way to find this data on line. Great question, and yes you can. Hospital staff with the appropriate role will receive email notification when their validation case detail and validation summary reports become available to run. Those reports provide the validation results of abstraction determined by the CDAC on each selected case. These reports are run on the secure side of QualityNet. If you are not familiar with how to run these reports, by all means, give us a call and we will be glad to walk you through this entire process.

Pam, here's a question. And this really doesn't have a whole lot to do with what we Talked about directly, but indirectly, it does. And here's the question; How would I find Benchmarks?

Pam: Oh, that's a good one. Benchmarks for OP-18. You can find the data in QualityNet.org under the "Data Management" tab.

Karen: Yes, and they have recently updated QualityNet. So, if you haven't been in there lately folks, it does look a little bit different. It would be a good idea for them, Pam, for them to go into QualityNet and get familiar with this new updated look. They have the same information, it's just laid out a little bit differently. So, thanks for bringing that up. So, here's another question, I thought that OP-31 was removed from the program.

Pam: No, it has not been removed from the program. It does however, remain voluntary. Which means you are able to report data or not, either decision will not affect payment.

Karen: OK, so the next question; Why do they post the same data in QualityNet and Hospital Compare. So, I'm thinking this person is asking why the same data in Next Generation and Hospital Compare is. So, I'll answer that. Well, the next generation platform is where hospitals can go and preview their individual data and then that data is then, after the preview period, and on these updated schedules, and then all that data is then Publicly Displayed on Hospital Compare. And we know that Hospital Compare, anyone, not just hospitals, anybody can look at that data. So, I hope that answered that question.

Pam: OK Karen, I've got one for you. You mentioned that CMS was asking about new measures in the proposed rule, are these claims based or chart abstracted?

Karen: That is a good question. Now Pam, you did go over briefly the Proposed Rule, and in this Proposed rule, CMS was requesting comment on these measures, as well as the submission method. So, they are just requesting comments on that right now. However, comments and provider feedback will be addressed in the Final Rule.

And Pam, along those lines, here is another question: When is the release date of the Final Rule? Pam mentioned to stay tuned for the Final Rule.

Pam: Yes, and the reason I said stay tuned is because that the exact date is never published. It is usually published some time in November.

Karen: OK Pam, next question. When Pam was going over the proposed rule, she mentioned a 2 percent payment reduction. Could you explain about the 2 percent reduction in the APU and what that means. And I'll go ahead and take that one Pam. So yes, we can absolutely try to explain that. So, in summary. Each year, CMS determines the payment reimbursement your facility will receive for each procedure. That is referred to as the Payment Update. So, if your facility completes or meets the OQR program requirements then you receive that full payment update, which means that during the Payment Determination Year, each claim that your facility submits to Medicare for Payment will be reimbursed at that full Annual Payment Update. But if your facility does not meet the Program Requirements then your reimbursement will be decreased by up to two percent. And I think we have time for just one more question. And the question is: We have an ASC that is part of our hospital and it does not have a separate Medicare Number. Would the ASC measures apply to us? Pam, what do you think?

Pam: If you are billing using your hospital CMS Certification Number, your CCN number, then your hospital should report under the Hospital OQR Program. If your surgery center bills under their own NPI number, then they would be responsible to report to the ASCQR Program.

Karen: Well Pam that's all the time we have for questions, folks, if you have any questions and if for some reason your question was not answered in the chat box, please by all means, put your question in the Question and Answer in QualityNet, and one of our subject matter experts will respond. We do try to address every question in the chat box at the time, but sometimes, if they are coming in really quickly, we can miss them. You can always give us a call too.

So today we talked about the Proposed Rule and the Final Rule, so let me just remind everybody that we always have a webinar to discuss the Final Rule. And I know we talked about this earlier. CMS will present on this webinar, and it is always great to have CMS fill us in on what is happening on the CMS side, and lets us know what the Final Rulings are, and how it is going to impact this program. So, we hope you will join us for that, and as always, we will send out a ListServe announcing that presentation. By the way, if you are not signed up for ListServe, please do so. This is a free email service through QualityNet, and it is a very easy way to keep yourself updated with what's going on with the program.

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