

Hospital Outpatient Quality Reporting (OQR) Program

HOSPITAL OQR MEASURES SUBMITTED VIA A WEB-BASED TOOL SUBMISSION GUIDELINES FOR PAYMENT YEAR 2021

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For detailed information on each measure, click on the topic above.



GUIDELINES FOR SUBMISSION

- In order for a hospital to submit data, the hospital must authorize a QualityNet Security Administrator (SA), a prerequisite necessary for accessing the QualityNet Secure Portal. The QualityNet SA must enter measure data via the QualityNet Secure Portal.
- The Hospital OQR Program requires only one SA for each facility; however, it is highly recommended that facilities have two; a primary and an alternate.
- If a facility does not perform a particular measure, enter zero on the web-based tool on *QualityNet* at submission time.

TIMELINES FOR SUBMISSION

Payment Year 2021

- Data for OP-22 OP-29, and OP-33 are reported during the submission period that begins on January 1, 2020 and extends through May 15, 2020 for the reference period of January 1, 2019 to December 31, 2019.
- OP-31 continues as a voluntary measure in the calendar year (CY) 2020 OPPS/ASC final rule. While reporting of data is not required for this measure, all data submitted will be publicly reported.

OP-22: LEFT WITHOUT BEING SEEN

Measure Questions:

- What was the total number of patients who left without being evaluated by a physician/APN/PA? _____ (Numerator)
- What was the total number of patients who presented to the ED? _____ (Denominator)

Patient Population: All patients who sign in to be evaluated for emergency services are included in the denominator, including Medicare patients.

Provider: Patients seen by an institutionally credentialed provider (e.g., an obstetric nurse providing an assessment of an OB patient) acting under the direct supervision of a physician are considered as having been seen by a physician/APN/PA.

Q: If a patient is triaged then leaves the ED, is the patient included in the measure?

A: Yes. All patients who sign in to be evaluated for emergency services are to be counted for inclusion in the measure.

Q: What is the difference between left without being seen and left against medical advice?

A: Patients who leave without being seen are not evaluated by a physician/APN/PA. Patients who leave against medical advice do so after examination by a provider. Once a patient is evaluated by a provider, the patient is no longer considered for this measure.

Q: If a patient leaves before being seen by a provider, would the patient have a discharge code?

A: If the patient is assigned an E/M code and there is no documentation of when the patient left the ED, the discharge code would be UTD (#8). However, if the patient was not assigned an E/M code, they would not have a discharge code and would only be included in OP-22, not in the ED-Throughput measures.

OP-29: APPROPRIATE FOLLOW-UP INTERVAL FOR NORMAL COLONOSCOPY IN AVERAGE RISK PATIENTS

Description: Percentage of patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

Denominator: All patients aged 50 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy

Numerator: Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

Q: When a patient comes in for a scheduled screening colonoscopy but has a biopsy performed, would this patient be included in the denominator for this measure?

A: No. If the patient has a biopsy performed, they should not be included because the patient would be expected to have a follow-up colonoscopy prior to 10 years from the date of the exam.

Q: Does the follow-up interval have to be documented in the colonoscopy report?

A: Yes. The physician must document the recommended follow-up time (e.g., 10 years) after the exam is performed in the colonoscopy report.

OP-31: CATARACTS – IMPROVEMENT IN PATIENT’S VISUAL FUNCTION WITHIN 90 DAYS FOLLOWING CATARACT SURGERY *This measure is voluntary. All data submitted for OP-31 will be publicly reported.*

Description: 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, based on completing a pre-operative and post-operative visual function survey.

Denominator: All patients aged 18 years and older who had cataract surgery and completed **both** a pre-operative and post-operative visual function survey

Numerator: Patients 18 years and older who had improvement in visual function achieved within 90 days following cataract surgery, based on completing **both** a pre-operative and post-operative visual function survey

- The encounter dates for OP-31 are January 1 through December 31, 2019. This data will be entered via the QualityNet Secure Portal during the submission period of January 1, 2020 through May 15, 2020.

OP-33: EXTERNAL BEAM RADIOTHERAPY FOR BONE METASTASES

Description: Percentage of patients, regardless of age, with a diagnosis of bone metastases and no history of previous radiation to the same anatomic site who receive external beam radiation therapy (EBRT) with an acceptable fractionation scheme

Denominator: All patients with bone metastases and no previous radiation to the same anatomic site who receive EBRT for the treatment of bone metastases. The data for the denominator may be found in the consultation and office visit notes, outpatient treatment center record, and other-treatment summaries.

Numerator: All patients, regardless of age, with bone metastases, and no previous radiation to the same anatomic site who receive EBRT for the treatment of bone metastases with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/6fxns, 20Gy/5fxns, and 8Gy/1fxn. The data for the numerator may be found in the consultation and office visit notes, outpatient treatment center record, and problem/diagnosis list.