Hospital Inpatient Quality Reporting (IQR) Program

Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

Hospital Inpatient Quality Program Measures Overview

Presentation Transcript

Speaker

Candace Jackson, ADN
Project Lead, Hospital IQR Program
Inpatient VIQR Outreach and Education Support Contractor

March 30, 2022

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Candace Jackson: Hello and thank you for tuning into the *Hospital Inpatient Quality Program Measures Overview* On Demand webinar. My name is Candace Jackson, and I am the Hospital Inpatient Quality Reporting Program Lead for the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be your virtual host and speaker for the webinar.

This presentation will provide an overview of the *Specifications Manual for National Hospital Inpatient Quality Measures*, also known as the specifications manual.

At the conclusion of today's event, participants will be able to locate and understand each section of the specifications manual.

This slide lists the acronyms that we will use throughout the presentation.

As stated in the slide, if you have questions that did not get addressed during this presentation, please submit your question to the QualityNet Inpatient Question and Answer Tool at the link provided in the slide.

Prior to 2003, CMS was collecting data, through the Quality Improvement Organizations, also known as the QIOs, on several conditions such as acute myocardial infarction, heart failure, and pneumonia. At the same time, The Joint Commission was also collecting measure data. In 2003, CMS and The Joint Commission started to work together to create and collect a common set of measures to reduce the burden on hospitals. In 2005, the aligned specifications manual was published, and hospitals collected the same measure data for both CMS and The Joint Commission. Over the years, measures were added and removed by either CMS or The Joint Commission. In 2021, the alignment between CMS and The Joint Commission was ended as the only chart-abstracted measure that CMS was collecting was Sepsis, or SEP-1. As The Joint Commission does not collect this measure, the specifications manual became a CMS-only manual.

When going out to the specifications manual page on QualityNet, you will be able to download the whole manual, or you can access the individual sections of the manual.

This slide lists the main sections of the manual that are used when determining the data that are needed to send to CMS. In the following slides, we will go over some of these sections in more detail.

The first section that we will highlight is Using the Manual. For each calendar year, there are two releases of the specifications manual: One manual covers Quarters 1 and 2, and the other manual covers Quarters 3 and 4. When abstracting, you will need to ensure that you are using the correct manual since there are changes from one release to the other. Additionally, there are times when we may need to update and make an addendum to an already published manual. This occurs mainly due to the updates to the ICD-10 diagnosis and procedure codes but could also occur due to an error in the manual or changes in guidelines. This section also defines the initial selection of medical records, which are all episodes of care that are treated under all units or areas of your hospital that are licensed under your acute CMS Certification Number, all episodes of care that are billed under your acute CCN, and all payor sources. So that includes all Medicare and non-Medicare patients. In regard to the CMS Certification Number, an acute CCN will have a 0 as the third digit of the 6-digit number. For the inpatient program, only hospitals that have the third digit of 0 are allowed to submit data to CMS. Additionally, Critical Access Hospitals can also voluntarily submit the inpatient measures to CMS. The Critical Access Hospitals will have a second and third digit of 13 in the CCN.

As you are abstracting the measure data, the section that you will mainly use is the Data Dictionary. The Data Dictionary includes all of the data elements and abstraction guidance that you will need to appropriately abstract each of the data elements that are required to capture and calculate the measure. The Data Dictionary includes the Introduction to the Data Dictionary and the Alphabetical Data Dictionary.

Within the Introduction to the Data Dictionary there are several sections that you are going to want to pay attention to.

It outlines the general data elements that are required for all cases. These are typically demographic or administrative type data elements, such as the patient's race and ethnicity, the postal code, the payment source, and the ICD-10 diagnosis and procedure codes for that episode of care. So, what is an episode of care? An Episode of Care (EOC) is defined as the healthcare services given during a certain period of time, usually during a hospital stay (for example, from the day of arrival or admission to the day of discharge). It also states that the medical record should be abstracted as it was billed. This section also provides you with the general abstraction guidelines. These general guidelines are a resource designed to assist abstractors in determining how a question should be answered. The abstractor should first refer to the specific notes and guidelines under each data element as that guidance takes precedence over the any of the General Abstraction Guidelines. It also provides guidance related to medical record documentation. Many of the guidelines in this section align with other CMS policies, such as the Medicare Conditions of Participation and the Medicare Program Integrity Manual. Here are just a few things that I would like to point out that are included under the Medical Record Documentation: It addresses medical record addendums or late entries that are added after discharge. It specifically states that late entries or addendums can be used, for purposes of abstraction, as long as it has been added within 30 days of discharge. It also specifies how previous documentation or history can be used in abstraction, and it directs that the medical record should be abstracted at face-value. Here are just a few other things that I would like to point out in this section: Each data element provides a list of suggested data sources. The Suggested Data Sources are designed to provide guidance to the abstractor as to the locations or sources where the information needed to abstract a data element will likely be found. However, the abstractor is not limited to these sources for abstracting the information and must review the entire medical record unless otherwise specified in the data element. Many times when abstracting you may find conflicting documentation, this section provides guidance on how to abstract in this circumstance.

Generally, an inclusion takes precedence over an exclusion and would be abstracted as a positive finding, or, for example, answering "Yes," unless otherwise specified in the data element. This is a very useful section and worth your time reading through it.

This slide outlines the different sections within each data element. When abstracting, the sections that will be most relevant are the allowable values, the notes for abstraction, the suggested data sources, and the guidelines for abstraction.

The next section of the manual is the Measurement Information Form, or MIF, that includes detailed information about the measure, including the measure inclusions and exclusions and the measure algorithm. At this time, the only measure that is included in the specifications manual is the SEP-1 measure. We'll go over the MIF in the next few slides.

The next two slides outline each of the sections that are included in the Measure Information Form. Here are just a few things to point out: Right now, the only measure we have is the SEP-1, which is a process measure. A process measure is used to assess a goal directed, interrelated series of actions, events, mechanisms, or steps, such as measure of performance that describes what is done to, for, or by patients, as in performance of a procedure. The improvement is noted as either an increase or decrease in the rate or number of occurrences. For the sepsis measure, the improvement is noted as an increase in the rate. The higher the rate, the better the performance. However, the PC-01 measure is noted as a decrease in the rate. For this measure, you want the numerator to be as close to 0 as possible. The Continuous Variable Statement will only be seen on measures where the outcome is a time. At this time, we do not have any continuous variable measures.

For the data collection approach, retrospective data sources, such as the ICD-10 diagnosis and procedure codes, are required data elements that include administrative data and medical record documents that may not be available until the case is billed.

However, some hospitals may prefer to start to gather data concurrently by identifying patients in the population of interest, which is also acceptable. This approach provides opportunity for improvement at the point of care or service. As far as sampling, both the sepsis and the PC-01 measure allow for sampling. We will discuss sampling later in this presentation.

The Measure Information Form also includes the measure algorithm. Each measure set's Initial Patient Population and associated measures are described by a unique algorithm. An algorithm is a predefined set of rules that help to break down complex processes into simple, repetitive steps. Initial Patient Population algorithms evaluate and identify which Episode of Care (EOC) records are in the measure set's population and are eligible to be sampled. Measure algorithms serve two purposes. First, they evaluate and identify which Episode of Care records contain missing and/or invalid data that will prohibit the ability to properly evaluate the measure. Secondly, they determine if the patient's Episode of Care record belongs in the measure population of interest described by the denominator, and if the patient experienced the event described in the numerator. As you go through the measure algorithm, there are numerous decision points that will result in a measure outcome. We'll briefly go through the applicable outcomes for the sepsis measure.

If a case results in a measure outcome of "B," this means that the case was excluded from the measure denominator. Exclusions are circumstances that may occur during the patient's care that would inappropriately cause the case to pass or fail. Cases that are excluded are still considered part of the Initial Patient Population. So, you would still keep these as part of your population and would submit them to CMS. Cases that result in a measure outcome of "D" mean that the case is in the denominator but not in the numerator. The intent of the measure was not met and thus the case failed. Cases that result in a measure outcome of "E" mean that the case met the intent of the measure and the case passed. These cases are in both the numerator and denominator.

Any cases that have missing data that are necessary to calculate the measure will result in a measure outcome of "X" and will be rejected when submitted to CMS. For additional guidance on how to interpret the measure algorithm, refer to the Sepsis Measure Information Form and Algorithm Overview On Demand webinar.

Section 3 of the manual is the CMS Missing and Invalid Data Policy. As we just talked about, if the file is missing any data elements that are required to calculate the measure, the case will be rejected. The expectation is that any cases that are rejected will be corrected and resubmitted. The other thing that I wanted to note here is the Unable to Determine option. Abstractors must "touch" and provide an answer to every data element that is applicable for the measure to be calculated. While there is an expectation that all data elements are collected, it is recognized that in certain situations information may not be available. If, after due diligence, the abstractor determines that a value is not documented or is not able to determine the answer value, the abstractor must select Unable to Determine, or the UTD answer. For data elements that have the Yes/No allowable values, the allowable value "No" incorporates the "UTD" into the definition. Data elements, like the date and time data elements, will have a separate UTD value.

Section 4 of the manual contains the specifications for population and sampling. This section provides general guidance on how to determine the measure set's Initial Patient Population, sampling approaches, and the transmission of the Initial Patient Population data. What I would like to emphasize here is that the sample size tables that are within this section are examples only and should not be used to determine the Initial Patient Population and sample sizes for the sepsis measure set. To determine the sepsis population and sample sizes, you will need to go to the sepsis Measure Information Form that is located in Section 2 of the manual.

An Initial Patient Population refers to all patients, Medicare and non-Medicare, who share a common set of specified, administratively-derived data elements with a length of stay less than or equal to 120 days, which is the admission date minus the discharge date.

This may include ICD diagnosis codes or other population characteristics such as age. What is important here is that all cases that meet the criteria for the Initial Patient Population are eligible to be sampled, abstracted and submitted to CMS through the *Hospital Quality Reporting Secure Portal*.

Sampling is a process of selecting a representative part of the population in order to estimate the hospital's performance without collecting data for the entire population. Due to measure exclusions, hospitals selecting sample cases must submit at least the minimum required sample size. The sample size tables for each option automatically build the number of cases needed to obtain required sample sizes. Hospitals are not required to sample their data. If sampling offers minimal benefit, the hospital may choose to use all cases. Hospitals that chose to sample have the option of sampling quarterly or sampling monthly and must use the sampling approaches outlined in the specifications manual. Hospitals that choose to sample must ensure that the sample data represents the Initial Patient Population by using either the simple random sampling or systematic random sampling method and that the sampling techniques are applied consistently within a quarter. For example, monthly samples for a measure set must use consistent sampling techniques across the quarterly submission period. If you say you are sampling monthly in January, then you must also sample monthly in February and March. If you say you are not sampling and abstracting 100 percent of your cases in January, then you must also abstract 100 percent of your cases in February and March. The other thing to point out is that if hospitals have five or fewer discharges for Medicare and non-Medicare combined, they are not required to submit patient-level data to the *HQR Secure Portal*. If you do choose to submit that data, they you can just submit one, two, three, or four cases or all five cases.

CMS requires the transmission of Initial Patient Population and sample count data for all chart-abstracted measure sets on a quarterly basis. The submission of this data is done either by direct entry into the *HQR Secure Portal* population and sampling data form or by submitting an XML file through the *HQR Secure Portal.*

The data that are submitted are the Medicare and non-Medicare population sizes, the Medicare and non-Medicare sample sizes, and the sampling frequencies for each month in the quarter.

The Data Transmission section provides the guidelines standard for the submission of the data to *HQR Secure Portal*, and overview of the data required to be submitted and how it is submitted, and the data elements that are used to identify the hospitals and measure sets associated with the transmitted data.

This section of the manual provides an overview of the claims-based measures, NHSN Healthcare Personnel Vaccination measures, and web-based and structural measures collected for the Hospital IQR Program. In addition, this selection provides links to measure resources and email addresses to send questions.

This slide provides a brief description of the different appendices that are within the specifications manual. I just wanted to call out a couple of them. For many measures, eligibility for inclusion or exclusion in the Initial Patient Population interest is defined by the presence of the ICD-10 and diagnosis codes within the medical record. Appendix A contains the ICD-10 codes and tables that define these indicator populations for all measures within each measure set. For right now, it would include the ICD-10 diagnosis codes that include cases in the sepsis Initial Patient Population. The tables include a description of the code as defined in the coding manual and a shortened description that may be used in the data abstraction tool. ICD-10 codes are modified by the National Center for Health Statistics and the Centers for Medicare & Medicaid Services. The code tables in this appendix are evaluated semiannually and modified based on these changes. Potential changes become effective beginning with either April 1 or October 1 discharges. Updates will be provided as indicated. Appendix C contains tables with the specific names that may be associated with medication categories (for example, trade names). These tables are provided to facilitate appropriate data collection of applicable medications. These tables are not meant to be an inclusive list of all therapeutic agents.

Rather, they represent current information available at the time of publication. If you identify any discrepancies. Please report them to us.

Each publication of the manual contains Release Notes. The Release Notes provide the changes or modifications to the specifications manual. The information in this document should be used as a reference, and it is not intended to be used to program abstraction tools. Additionally, we do provide paper tools that can be used during abstracting. Those are located on QualityNet by going to Hospitals-Inpatient, then Data Management, and Abstraction Resources.

Again, if you have questions that are pertinent to the webinar topic, please send them to the QualityNet Inpatient Question and Answer Tool. Thank you for watching our On Demand webinar, and we hope you have a great day.