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From: Quality Reporting Notification

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To: ASCQR Initiative Discussions

Subject: Quality Reporting Center's Biweekly News Blast



Ambulatory Surgical Center Quality Reporting News Blast

www.qualitvreportingcenter.com

We've been receiving questions lately about the endoscopy/colonoscopy surveillance measures: ASC-9 (Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients) and ASC-10 (Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use). When gathering information for these measures, you might have some of the same questions, so we're putting them together here so you can scope them out:

- For ASC-10, does the physician need to document that the patient had a history of polyps on every chart that is sampled for this measure? If so, where does the physician document this?
 - No. There is no need for documentation in the medical record that the patient had a history of polyps; the denominator criteria determine the measure population. If the patient meets the denominator criteria (and does not meet the exclusion criteria), the case will remain in the denominator, even if there is not specific documentation stating that the polyps were found by colonoscopy.
- What criteria should be used to determine the number of cases for sampling for ASC-9 and ASC-10? Is the number of cases going to be the same for both measures to determine the sample size (either 63 or 96), or is the number of cases dependent upon the measure, i.e., screening or surveillance?

The sample size for each measure is determined by the number of cases that meet the denominator criteria, which are different for each of the two measures:

- ASC-9 Denominator Statement: "All patients aged 50 to 75 years receiving screening colonoscopy without biopsy or polypectomy."
- ASC-10 Denominator Statement: "All patients aged 18 years and older receiving a surveillance colonoscopy with a history of a prior colonic polyp(s) in previous colonoscopy findings."

From this population you will select the required patients: 63 for 0–900 cases, or 96 for 901 or more cases. Oversampling by 10 percent is recommended when obtaining your sample population. Some of the cases sampled will be removed by denominator exclusions, so oversampling allows a facility to reach the full sample requirements of either 63 or 96 cases.

That's a lot to digest, so give us a call at 866-800-8756 or email us at oqrsupport@hsag.com if you need any further clarification.