



## ASC Quality Reporting Program

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### Support Contractor

### CY 2018 OPPS/ASC Final Rule:

### Ambulatory Surgical Center Quality Reporting (ASCQR) Program Presentation Transcript

#### Moderator:

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ASCQR Support Contractor

#### Speaker(s):

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**December 5, 2017**

**2:00 pm**

#### **Karen**

#### **VanBourgondien:**

Hello, everyone. Welcome to the Ambulatory Surgical Center Quality Reporting Program webinar. Thanks for joining us today. If you have not yet downloaded today's handouts, you can get them from our website at [qualityreportingcenter.com](http://qualityreportingcenter.com). Go to the "Events" banner that you'll see on the right side of the page. Click on today's event, and that link that will allow you to access and print out the handouts for today's webinar. They are also attached to the ReadyTalk reminder that you received earlier.

Our speaker today is Dr. Anita Bhatia. Anita is the Program Lead for the ASC Quality Reporting Program and has been with the program since its inception in 2007. She received her PhD from the University of Massachusetts Amherst and her master in public health from Johns Hopkins University. Dr. Bhatia plays a crucial role in the development of the OPPS proposed and final rulings. Her contributions to the rulings are essential to the continuing success of the ASCQR Program. We are fortunate to have Dr. Bhatia's commitment to this program, and ultimately, to patient care outcomes.

Before we get started and I hand things over to Dr. Bhatia, let me just point out a few reminders here. The first one is, and I don't think that we can ever say this enough, please keep your passwords for both QualityNet and NHSN current and active. These are two separate systems, and each account has to be kept active to be able to access the system. The easiest way to do this is to just log in every 90 days or so. This consistent log in will prevent password problems and will keep your account from being locked. If you don't log in within 365 days, your account will be deactivated, and you'll have to go through the entire application process again.

We do highly recommend that you have two active Security Administrators for QualityNet. And also it is highly beneficial to have at

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least two people that are active and available to enter data for the NHSN platform as well. Make sure that you are signed up for the ListServe. This is the main communication platform for this program.

I would like to just mention some upcoming events that perhaps you'll be interested in. January 24, 2018: The Annual Specifications Manual Update. This presentation will discuss the specifications and will cover all the changes since this time last year. On February 28, 2018, we will be presenting 2017 Data for the ASC Program; A Year in Review. In this presentation we will review data over the last year as it relates to this program, and you'll will get a feel for the importance of evaluating the data from the reported measures and how you as a facility and nationally, how everyone performs as a whole. As always, ListServe notifications will be sent for these webinars.

The learning objectives for this program are listed here 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 [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com) at a later date.

During the presentation, as stated earlier, if you have a question, please put that question in the chat box located on the left side of your screen. One of our subject matter experts will respond. Again, by having live chat we hope to accommodate your questions timely and have real-time feedback.

Okay, so, you thought you'd grow old reading hundreds of pages of regulatory text! Well, that's why we're here, to make it simple and easy. We don't you to spend all the time reading hundreds of pages of regulatory text, so we are fortunate to have Anita here today to explain the Final Rule to use and hit the highlights. Without any further ado, let me turn things over to Dr. Anita Bhatia. Anita?

**Anita Bhatia:**

Welcome, everyone. Today we are going over the Ambulatory Surgical Center Quality Reporting, or ASCQR, Program requirements section of the Calendar Year 2018 OPPS/ASC Final Rule. So everyone is starting on the same page, let me give you a very simplified version of the process for publication of this rule; there are many Federal rules. Each July, after months of evaluation, research, writing, and internal vetting, the Calendar Year OPPS/ASC Proposed Rule is placed on display and then published in the *Federal Register*. There is a 60 day comment period; not all Federal rules have comment periods, so we are lucky enough to have one for this rule. Then in November, after reviewing, and considering all public comments received, the Calendar Year OPPS/ASC Final Rule is placed on

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display and then published, again, in the *Federal Register*. Your comments are extremely important to CMS and the rule-making process; every comment is reviewed and considered and by law, must receive a response. In fact, your comments can play a large part in determining what is finalized.

We are going to do an overview today. However, before we do this, let me first show you how to access our final rule and section of interest if you want to read the legal document in the *Federal Register* for additional details or just for fun.

To find the ASCQR Program section in our final rule in the *Federal Register*, you can access the [federalregister.gov](http://federalregister.gov) link, and here it is listed on this slide. The ASCQR section begins on page 52585 this year. I have also included the direct link to the PDF version of the Final Rule in the *Federal Register* on the slide. We will discuss this version in a minute. Let's go find the ASCQR portion of the Final Rule from the home page of the *Federal Register*!

This slide shows the home page for the *Federal Register*; the web address is at the top of this screenshot.

In the red box, we have entered 82; this is the volume number where our section is published this year. FR for *Federal Register*, and then the page number, which again is 52585. Once you have this information entered, just, click the “enter” key.

That search information brings up the link to the Final Rule. You can see it here in the red box highlighted in blue text. Above that you can see the 82 FR 52585 that we originally entered. When you click the title in blue, it will take you to the final rule.

This is the page you will see next. Let me just point out a couple of things here. Now you can just scroll this very, very long page until you reach the ASCQR section. However, to make it easier you can use your “find” feature and enter the page number, which we know is “52585”—I have this in the red box at the left upper corner. This will take you to the ASCQR portion which is in section 14 of this rule. Or, if you prefer to view this document as a PDF, you can click on the PDF icon circled in the lower part of the screen on this slide, circled in red. Use your “find” feature and enter the page number “52585”.

And there you are; here's our pdf version.

Boxed in red at the top is the page number, the volume number and the date of publication—section 14, which is XIV, where the ASCQR portion begins can be seen in the lower red box.

All right, let's discuss what happened with our proposal.

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In our continuing efforts to refine the ASCQR measure set, we proposed and finalized to remove three measures beginning with the CY 2019 payment determination and subsequent years.

We will cover briefly these measures and our reasons for removing them from the program.

These three measures that we finalized for removal are listed here. They are:

ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing

ASC-6: Safe Surgery Checklist Use

ASC-7: ASC Facility Volume Data on Selected Procedures

ASC-5: Prophylactic IV Antibiotic Timing. This measure assesses whether intravenous antibiotics given for prevention of surgical site infection were administered on time per clinical guidelines.

At this point in the program, ASC performance on this measure is so high and unvarying that meaningful distinction in improvement simply cannot be made. Additionally, NQF endorsement was removed because this measure was topped-out.

This measure of facility process assesses whether an ASC employed a safe surgery checklist that covered each of the three critical perioperative periods. These periods are prior to administering anesthesia, prior to skin incision, and prior to patient leaving the operating room.

Again, we find that measure performance is so high and unvarying that meaningful distinctions and improvements in performance can no longer be made.

ASC-7. This is the Facility Volume Data on Selected Procedures. As described on this slide, we have adopted and intend to continue adopting more measures on specific procedure types which we believe provide more valuable information. For example, we will discuss two measures we proposed for adoption that deal with specific surgical procedures, ASC-17 and ASC-18, and we will discuss these later in the presentation.

*“Changes to Existing Measures.”* Let’s touch on changes to the patients’ experience of care survey for the outpatient setting which also includes ASCs.

These are the OAS CAHPS Survey-based measures. We have finalized to delay implementation of these measures, which corresponds to ASC=15a to e. Note we are not removing these measures from the program at this time.

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Public comment was instrumental in the development and finalization of this proposal.

New measures. So, we went over the removal of some measures and we foreshadowed that we also have added some more specific measures. The ASC setting is a very important setting of care and ASCs have become a preferred setting for the provision of low-risk surgical and medical procedures.

We proposed the ASC-16 measure which was related to Toxic Anterior Segment Syndrome, or TASS.

TASS, as you may know, is a complication of anterior segment eye surgery. It's an acute, noninfectious inflammation that typically develops within 24 hours after surgery.

Some concerns regarding this measure were raised in public comment. As listed on this slide, specifically, were low case volume indicating that the measure may not be appropriate for national implementation as well as difficulty in implementation due to required information sharing across clinicians required for this measure.

Thus, we did not adopt this measure in this rulemaking.

The next two measures for discussion are ASC-17 and 18 which are calculated using data from paid Medicare fee-for-service claims. This would include Railroad Board beneficiaries, but does not include Medicare Advantage beneficiaries.

Both ASC-17 and 18 are outcome measures with the outcome of interest being all-cause, unplanned hospital visits within seven days of a specific set of procedures performed at an ASC. Seven-day unplanned hospital visits are measured, as this is an established quality metric in the healthcare literature.

Hospital visits include ED visits, observation stays, and unplanned inpatient admissions. Details regarding measure specifications are described in the final rule text, and links to additional documents are also included there.

As the number of procedures performed in ASCs increases, we believe it is increasingly important to report the quality of care for patients undergoing such procedures in this setting, and we are striving to have measures for specific procedures.

Let's begin with ASC-17 which as the slide says measures Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures.

This slide details why we are looking at orthopedic procedures in this setting. As stated, the numbers and types of procedures being performed in

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ASCs continue to increase. Relevant in this rulemaking, Total Knee Arthroplasty was removed from the inpatient only list. Many of the reasons for hospital visits as listed here following surgery at an ASC are preventable. Tracking and reporting these events can facilitate efforts to lower the rate of preventable adverse events and provide useful information to consumers.

As stated previously, ASC-18 is similar in basis and calculation to ASC-17 except this measure looks at Hospital Visits after Urology Ambulatory Surgical Center Procedures.

“*Public Reporting*”. Before publicly reporting data for the ASC-17 and 18 measures, we intend to conduct a dry run of the measures as we have done for other measures of this type. As you may know, a dry run is a period of confidential reporting during which ASCs may review their measure results, familiarize themselves with the measure methodology, and ask questions.

We will use two years of data and will provide confidential reports for ASCs, including patient-level data for each hospital visit detected by the measure calculation as well as ASC-specific risk-standardized hospital visit rates.

As previously, dry run results are not publicly reported and do not affect payment; these reports are for your information and use.

All right – we have gone through a lot of information. Now it’s time for a fun, exciting poll!

Karen  
VanBourgondien:

Thank you Anita. Yes, lets just take a little break and give a little pop quiz or polling question. So you can see here on the screen, here are your question, and your choices you can also see on the screen. Just click on the screen the choice you want to make, and hit submit.

We see a lot of responses coming in. If you have not yet made your selection, go ahead and make your selection, and hit submit.

OK, we are going to go ahead and close the question, and a majority of you, about 92% chose “Paid Medicare Claims.” So of course, that is the correct answer, and we thank you for your participation, we see that no one chose Santa’s Reindeer. So, that concludes our polling question. We appreciate you providing feedback to us, it gives us a little break and it provides us with a little bit of an idea of where our audience stands on things. So we appreciate it, thank you. Back to you Anita.

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Anita Bhatia: Thank you, everyone, for taking part in our fun poll on some ASC quality reporting measures! So, we'll continue with our content in our final rule, and we also asked for input regarding future measures as we want our measure set to evolve and improve.

We asked for input on a measure assessing the outcome of all surgical site infections following breast procedures. This measure compares the reported number of surgical site infections, or SSIs, observed at an ASC with a predicted value based upon nationally aggregated data.

So, why are we interested in surgical site infection measures? Healthcare-associated infections, or HAIs, are a major cause of morbidity and mortality in healthcare settings, with the most recent prevalence surveys of HAIs estimating that approximately four percent of inpatients in acute care settings have developed at least one HAI, translating to 721,800 infections. Surgical site infection, or SSI, is one of the most common HAIs, comprising approximately 22 percent of all HAIs and contributing greatly to the mortality and cost of burden of HAIs. The trend in surgery transitioning to outpatient and ambulatory surgery settings, due to advances in surgical techniques and economic incentives for ambulatory surgery, make these events an outcome of interest for the ASC Quality Reporting Program.

This slide shows the numerator and denominator for calculating this measure. The numerator for this measure is all SSIs during the 30-day and 90-day postoperative periods following specified breast procedures that are done in ASCs. So, the details regarding the numerator and denominator are here on this slide, and we did ask for comment on this measure. And we thank commenters for their support and recommendations regarding this measure. We will consider the suggestions and concerns that were voiced in the public comment process as we craft future policy. We note that our goal is to develop a parsimonious measure set made up of meaningful measures that fill important gaps with consideration of the impact on burden in the ASCQR Program. So, we also asked for comment with regard to social risk factors in quality reporting.

We understand that social risk factors such as income, education, race and ethnicity, employment, disability, community resources, and social support impact health and healthcare. These factors, which are sometimes referred to as socioeconomic status, or SES, factors or socio-demographic status, or SDS, factors, play a major role in health. So, this slide details some of the information we discussed in the rule. Any proposals would be made in future rulemaking after further research and continued stakeholder engagement, including from NQF, or the National Quality Forum.

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Additionally, we look forward to working with all stakeholders, including NQF, ASPE, the National Academy of Medicine, and the Agency for Healthcare Research and Quality.

We also did take a look at some administrative requirements in this rule-making cycle.

Here we discuss some data submission requirements. And in this rulemaking, we proposed to streamline the process and proposed to expand the online tool to allow for batch submission of measure data beginning—during Calendar Year 2018 and this would impact the Calendar Year 2018 Payment Determination and subsequent years. Batch submission is submission of data for multiple facilities simultaneously using a single, electronic file containing data from multiple facilities submitted via one agent QualityNet account. Under the batch submission process, ASC agents (for example, a corporate representative for a corporate entity consisting of multiple ASC facilities with separate NPIs) would be assigned a vendor ID, and an ASC's representative would submit the Security Administrator, or SA, form with the assigned vendor ID for the agent to establish their own QualityNet account. Additional details regarding logistics of batch data submission will be included in future guidance in the Specifications Manual.

And, of course, we also proposed to make corresponding changes to regulatory text to allow for this ability, and these additions were finalized with data to be submitted during Calendar Year 2018.

*Extraordinary Circumstances Extensions or Exemptions*, also known as ECEs. In reviewing the policies for our various quality reporting programs, we recognized that there were areas in which these programs have some variance regarding ECE requests such as varied designated personnel who would sign the form, various days the form needed to be submitted, and inconsistencies in timelines and specifications in authority as well as the name of the process. So, we proposed to align the naming and the process for the ECE, and we also specified that we intend to complete review of ECE requests within 90 days. These updates to this process were finalized beginning January 1, 2018.

Let's take some time to review what our measure set looks like moving forward.

The measures listed here and on the next few slides are in numeric order, and we can easily view the finalized changes. To hit the highlights here, ASC-5, 6 and 7 are finalized to be removed beginning Calendar Year 2019. And this 2019 refers to payment determination

In this slide, there are no changes for the measures listed



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Again, we can look at the slide and see that the survey measures, ASC 15a through 15e, have been delayed beginning with the Calendar Year 2020 Payment Determination which corresponds to data collection that would have begun in Calendar Year 2018. We continue down the listing and we see that ASC-16 was not adopted for the program and ASC-17 and 18 were adopted, and these will begin to have effect for the ASC Quality Reporting Program beginning with the Calendar Year 2022 Payment Determination. All right, we made it through the entire ASC Quality Reporting section of this year's Calendar Year 2018 OPPS/ASC Final Rule. I will now turn the presentation over to Karen. Karen?

Karen  
VanBourgondien:

Thank you, Anita. Thanks for all that great information. It is certainly helpful to have an abbreviated highlighted version of the Final Rule. We do have a couple of quick links here on the slide. The first one will take you directly to the PDF version of the Final Rule; the second link will take you to the first page of the Final Rule in the Federal Register, and you would then use your "find" feature as Anita demonstrated earlier. By the way, you have to download this PowerPoint to have the links be active and clickable.

As a reminder, questions and answers are posted on our website at [qualityreportingcenter.com](http://qualityreportingcenter.com). Remember, a recording of today's event, as well as the transcript for the presentation and all the Q&As in the chat box, will be posted at that website. Well, that's all the time we have for today. Thank you everyone for joining us. Thank you again, Dr. Bhatia, for all of your time and expertise. Everyone, have a great day!