# Quality Reporting Program

## Support Contractor

### CY 2019 OPPS/ASC Final Rule: Ambulatory Surgical Center Quality Reporting (ASCQR) Program

### Presentation Transcript

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**January 10, 2019**

**Karen VanBourgondien:** Hello everyone. Welcome to the Ambulatory Surgical Center Quality Reporting Program webinar. Thank you so much for joining us today. My name is Karen VanBourgondien the Education Lead for this program. Our speaker today is Dr. Anita Bhatia. Anita is the Program Lead for the ASCQR Program and has been with the program since its inception in 2012. She received her PhD from the University of Massachusetts Amherst and her Masters 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 this program. We are fortunate to have Dr. Bhatia's commitment to this program and ultimately to patient care outcomes. I will turn things over to Dr. Bhatia in just a few moments.

Please join us for our next webinar in January, The Annual Specifications Manual Update. This presentation will discuss the Specifications Manual and will cover all of the changes in the manual since last year. As always, ListServe notifications will be sent regarding this webinar.

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 on qualityreportingcenter.com at a later date. If you have a question, please put your question in the chat box that's located on the left side of your screen, and a subject matter expert will respond.

Today we are going to go over the Calendar Year 2019 Final Rule. For those of you who are not familiar or are new to the ASCQR Program let me just give you a

very simplified version of the rule process. Each July, after months of evaluation, research, and writing, the Proposed Rule is published. From the release date of the Proposed Rule the public has sixty days to submit comments regarding the program changes proposed. Then, in November, after reviewing and considering all of your comments, the Final Rule is then published. Let me briefly demonstrate how to locate the Final Rule.

To find the ASCQR section of the Final Rule begin by accessing the federalregister.gov link. The ASCQR section begins on page 59110. I have also included a direct link to the PDF version of the Final Rule, and we will discuss that in just a moment. So, let's go find the ASCQR portion of the Final Rule from the home page of the *Federal Register*. So, if you were to enter federalregister.gov into your browser, the home page for the *Federal Register* will display. To find the Final Rule you will enter the information necessary. In the box at the top right you will enter the volume number, which is 83, FR for *Federal Register*, and then the page number. For ASC it is 59110. Once you have this information typed in just click the enter key on your computer.

That search brings up the link to the Final Rule. The area highlighted in yellow displays that 83 FR 59110 that we just entered. Below this you can see the link to the Final Rule in blue. When you click the title in blue, it will take you to the Final Rule.

This is the page you will see next, and this is the Final Rule. So, let me just point out a couple of things here. You can just simply scroll down this very long document until you reach the ASCQR section; however, if you want to make it a little easier, you can use your find feature and enter the page number which we know is 59110, and I have this at the top of the slide, and that will take you directly to the ASC portion which is Section 14. If you prefer to view this document as a PDF, you can simply click on the PDF link that we have circled here, and again, you would use your find feature and enter that same page number.

And here you are. At the top in the box area you will notice the page number, the volume number, and the date it was published. Section 14, again, is where the ASCQR portion of the Final Rule begins, and that is circled here on this slide. So, now that you know how to find the Final Rule let's discuss what was finalized for this program. Without any further delay, let me turn things over to Dr. Anita Bhatia. Anita?

**Anita Bhatia:** Thank you. Welcome everyone. I am Anita Bhatia, and I am the Program Lead at CMS for the Ambulatory Surgical Center Quality Reporting Program. We opened our rulemaking efforts this year with a discussion of social risk factors. We discussed the importance of improving beneficiary outcomes and discussed our commitment to ensuring that medically complex patients, including those with

social risk factors, receive excellent care. Studies show that social risk factors, such as, being near or below the poverty level as determined by the Department of Health and Human Services, belonging to a racial or ethnic minority group, or living with a disability can be associated with poor health outcomes. Some of this disparity is related to the quality of healthcare. The National Quality Forum, or NQF, is now undertaking an extension of the socioeconomic status trial which is allowing further examination of social risk factors in outcome measures. While we did not specifically request comments on social risk factors in the Calendar Year 2019 Proposed Rule, we received several comments with respect to social risk factors. Commenters encouraged us to stratify measures by other social risk factors, such as, age, income, and educational attainment. We thank commenters for sharing their views and their willingness to support the efforts of CMS and NQF on this important issue. We take this feedback seriously and will continue to review social risk factors on an ongoing and continuous basis. In addition, we both welcome and appreciate stakeholder feedback as we continue our work on these issues.

For the removal of measures from the program, we have finalized specified criteria or factors. In this rulemaking cycle we proposed to eliminate one Measure Removal Factor and add two new Measure Removal Factors to better reflect our measure removal policy. We also made one clarification to a Measure Removal Factor.

We proposed to remove the Ambulatory Surgical Center Quality Reporting Program's Measure Removal Factor 2, "availability of alternative measures with a stronger relationship to patient outcomes." Previously, commenters remarked on the duplicative nature of the program's Measure Removal Factor 2 with Measure Removal Factor 6 which is the "availability of a measure that is more strongly associated with desired patient outcomes for the particular topic." In re-evaluating those comments we came to agree that Measure Removal Factor 2 is repetitive with Factor 6. Therefore, we proposed to remove Factor 2 and add a new Factor 2, "performance or improvement on a measure does not result in better patient outcomes." So, you can see here that rulemaking comments are important for policy making even ones from previous years. We believe that this new factor is applicable in evaluating the ASC Quality Reporting Program quality measures for removal because we have found it useful for evaluating measures in the Hospital Outpatient Quality Reporting Program which also evaluates measures for the outpatient surgical setting. After consideration of the public comments we received we finalized our proposal to add this new Removal Factor to the ASC Quality Reporting Program. Stated again, that "performance or improvement on a measure does not result in better patient outcomes" beginning with the effective date of the Calendar Year 2019 Final Rule with comment period as we proposed.

We also proposed to adopt an additional factor to consider when evaluating measures for removal, and that would be Measure Removal Factor 8, "the costs

associated with a measure outweigh the benefit of its continued use in the program." We believe that adding this additional Measure Removal Factor will advance our efforts to ensure that the ASC Quality Reporting Program measure set continues to promote improved health outcomes for beneficiaries while minimizing the overall costs associated with the program. In weighing the costs against the benefits, we evaluate the benefits of the measure as a whole, but in particular, we assess the benefits through the framework of our Meaningful Measures Initiative. We also proposed to clarify Factor 1 regarding our methodology for calculating the truncated coefficient of variation, or TCOV, when assessing topped-out status where lower measure rates indicate better performance, especially for when assessing rare event measures. After consideration of the public comments we received, we finalized our proposal to adopt Measure Removal Factor 8 and our clarification to Factor 1.

We continue to refine our measure set, and we proposed to remove a total of eight measures from the ASC Quality Reporting Program across the Calendar Year 2020 and Calendar Year 2021 Payment Determination.

The claims-based measures ASC-1 through ASC-4 were proposed to be removed from this program for the Calendar Year 2021 Payment Determination and subsequent years.

The ASC-8 measure, Influenza Vaccination Coverage among Healthcare Personnel, is the only measure that was proposed to be removed beginning with the Calendar Year 2020 Payment Determination. ASC-9, 10, and 11 were all proposed to be removed for the Calendar Year 2021 Payment Determination and subsequent years. We note here on the slide that ASC-11 is a voluntary measure.

Let's begin this discussion regarding measure removals with the measures that were finalized for removal. Later in the presentation we have a handy chart that provides the last date you will need to report data for each removed measure.

We proposed to remove the Influenza Vaccination among Healthcare Personnel measure beginning with the Calendar Year 2020 Payment Determination under Measure Removal Factor 8. We have concluded that the costs associated with this measure outweigh the benefits of its continued use in the program. While this measure does not require review of many records, this measure still poses information collection burden on facilities due to the requirement to identify personnel who have been vaccinated against influenza and for those not vaccinated the reason why. The costs associated with this measure are multi-faceted and include not only the burden associated with reporting but also the costs associated with implementing and maintaining the program. In addition, CMS must expend resources in maintaining information collection systems, analyzing reported data, and providing public reporting of the collected information. CMS believes that influenza vaccination is an important measure

area, and this measure is part of the Merit-Based Incentive Payment System, or MIPS, as well as, the Hospital Inpatient Quality Reporting Program. After consideration of the public comments we received we are finalizing our proposal to remove ASC-8, Influenza Vaccination among Healthcare Personnel, from the ASC Quality Reporting Program beginning with the Calendar Year 2020 Payment Determination. This means you will no longer have to report data for this measure for this program. However, please check with other programs and your state or employer requirements. The removal of this measure applies only to this program.

Next, we're gonna discuss the ASC-10 measure which assesses interval appropriateness of endoscopy for patients with a history of adenomatous polyps. Inappropriate intervals for beneficiaries for this procedure may contribute to inappropriate increased beneficiary cost and increase unnecessary risk of harm. There are unique documentation burdens, specifically for ASC-10, due to the need to evaluate extensive patient history. We believe this adds undue burden to ASCs, particularly small ASCs, especially for those that do not have electronic health records, or EHR, and this measure is more burdensome than ASC-9 which assesses interval appropriateness for this procedure for normal risk patients. We noted in our rule discussion that we also have a measure that tracks adverse patient outcomes as measured by unplanned hospital visits within 7 days following colonoscopy with the ASC-12 measure. Thus, after consideration of the public comments we received, we finalized our proposal to remove ASC-10. The last time you will report for this measure will be May 15, 2019 using encounters from January 1, 2018 through December 31, 2018.

Let's now discuss the measures that we proposed for removal but are being retained in the program.

We proposed to remove ASC-1, -2, -3, and -4 as measure performance among ASCs is so high and unvarying that meaningful distinctions and improvement in performance can no longer be made. For each of these measures we stated in our proposals that we believe that removal from the ASC Quality Reporting Program measure set was appropriate as there was little room for improvement. Due to public comments however, we have re-evaluated. In the Proposed Rule we stated our belief that the measures met the criteria for being topped-out. However, we have reviewed many studies in addition to the public comments received that showed the importance of measuring and reporting the data for these events. We have now come to believe that these measures may be more valuable to stakeholders then initially perceived. As we discussed in the Proposed Rule, these measures provide beneficiaries and ASC stakeholders with vital information about patient burns, patient falls, wrong site, wrong side, wrong patient, wrong procedure, and wrong implant event, as well as, for hospital transfers or admissions that take place in the ASC setting, and we now believe that it would be prudent to retain these measures to continue to detect and prevent these events. However, we do have concerns that since the data for these measures is currently

limited to Medicare beneficiaries, we have concerns about our data submission method. Thus, we are suspending their data collection beginning with the Calendar Year 2019 reporting period which corresponds to the Calendar Year 2021 Payment Determination until further action in rulemaking with the goal of updating the measures including data submission method for these measures.

ASC-9. So, we've mentioned this a little bit as we've been discussing measures. We proposed to remove ASC-9 assessing interval appropriateness for endoscopy for average risk patients beginning with the Calendar Year 2021 Payment Determination and for subsequent years with reasons along the lines discussed for ASC-10 which assesses this concern for higher risk patients. As when discussing the proposed removal of ASC-10, we discussed that we have a measure that tracks adverse patient outcomes as measured by unplanned hospital visits within seven days following colonoscopy with the ASC-12 measure when we proposed the removal of ASC-9. While we propose to remove this measure because we believe the costs associated with the measure outweighed the benefits of its continued use in the program, after reviewing public comments we re-evaluated our data and analysis. Upon reviewing the measure set as a whole, we now believe the ASC-9 assesses a distinct clinical area not addressed by ASC-12. Because this measure tracks the number of beneficiaries who had a recommended follow-up interval of at least ten years for repeat colonoscopy documented in their colonoscopy report, we believe it provides important information to beneficiaries on the avoidance of inappropriate endoscopies/colonoscopies. ASC-9 evaluates over-utilization that can lead to the over-use of resources and unnecessary risk to beneficiaries from possible procedure complication and harm. Therefore, we are not finalizing our proposal to remove this measure. This measure will remain in the program until further action in rulemaking.

ASC-11, a cataract surgery related measure, was proposed to be removed. Since the adoption of this measure we have come to believe that it can be operationally difficult for ASCs to collect and report the data for this measure. We proposed that the costs associated with the measure outweighed the benefits of its continued use in the program. In our Proposed Rule we further stated that we believe the high technical and administrative costs of this measure outweighed the limited benefit associated with the continued use in the program. Although only a subset of ASCs voluntarily report this measure, we have now come to believe that it is considered very meaningful to those ASCs that do report because these facilities do so in a consistent manner. We think providing data on this voluntary measure is still helpful for the public because it shows how an ASC performs over time and in comparison to other ASCs even if compared to a small group. Due to the voluntary nature of the measure we believe that it is inherently not more burdensome than valuable because ASCs are not required to submit data. Those that do not have the capacity to report do not have to; thus, creating no extra burden. Thus, those that do report do so voluntarily and has continued to report over the years. Therefore, we are not finalizing our proposal to remove ASC-11.

We are retaining a similar measure under the Hospital Outpatient Quality Reporting Program.

To clarify further what we have discussed earlier about the measures finalized for removal, we have this outline for you. You will pause your reporting of ASC-1through ASC-4 beginning January 1, 2019 until further action in future rulemaking. As ASC-8 was finalized for removal for Payment Year 2020, you will no longer be required to report data for this program for this measure. Remember that this relates to this program only. If you report data for this measure for other programs, or you have state or employer specific requirements, please be aware of that and verify what you are required to do. ASC-10 is finalized for removal for the Calendar Year 2021 Payment Determination. The last time you will need to report data for this measure will be by May 15, 2019, and this reporting will be for the reporting period of January 1, 2018 through December 31, 2018.

We requested comments on data validation for ASC measure data. There currently is no validation required for ASC Quality Reporting measure data, and we believe ASCs may benefit from the opportunity to better understand their data and examine potential discrepancies. We believe the ASC Quality Reporting Program may similarly benefit from the opportunity to produce a more reliable estimate of whether an ASC's submitted data have been abstracted correctly and provide more statistically reliable estimate of the quality of care delivered in specific ASCs, as well as, at the national level. We specifically requested comments on whether the Hospital Outpatient Quality Reporting Program's validation policy would be an appropriate model for the ASC Quality Reporting Program. We did receive comments, and we thank the commenters for their feedback supporting validation for the ASC Quality Reporting Program and for the possible use of a specific measure, ASC-13. We agreed with commenters that it is most feasible to begin potential future validation of measures in the ASC Quality Reporting Program with a single measure. We will further assess the potential burden impact of the potential future validation of any ASC Quality Reporting Program measures.

We proposed in our Proposed Rule to change the reporting period for ASC-12 from one year to three years beginning with the Calendar Year 2020 Payment Determination. This change would lead to the use of claims data from January 1, 2016 through December 31, 2018 for calculating the measure and would utilize a three-year time interval for subsequent years. The annual reporting requirements for facilities would not change because this is a claims-based measure. However, with a three-year reporting period the most current year of data would be supplemented by the addition of two prior years. We did finalize our proposal to change the reporting period for ASC-12 from one year to three years beginning with the Calendar Year 2020 Payment Determination and for subsequent years. The reporting period, as stated, for this first change will be January 1, 2016

through December 31, 2018. All right, we have made it through our proposals and finalized proposals for the Calendar Year 2019 Final Rule with comment period. Let me turn the presentation back over to Karen.

**Karen VanBourgondien:** Thank you Anita. We always appreciate your time in bringing everyone all of this great information. You certainly have covered a lot. So, let me just try to summarize. The measures here and on the next few slides are in numeric order, and we can easily view the finalized changes for each measure. The claims-based measures, ASC-1 through ASC-4, have been suspended pending further rulemaking decision. Dr. Bhatia mentioned earlier that you would suspend your reporting of these measures after December 31, 2018. That is because claims reported through December 31, 2018 would affect the 2020 Payment Determination Year. ASC-8 has been finalized for removal beginning with the Calendar Year 2020 Payment Determination. That means you will no longer report data for this measure. Please note, and as Dr. Bhatia did mention, that the measure's removed for this program only. It is still included in many other programs. Make sure you comply with requirements that you have for other programs and/or state regulations.

As ASC-9 was not finalized for removal, you will report that measure as you always have been. However, ASC-10 was finalized for removal for the Calendar Year 2021 Payment Determination. The last time you will report data for this measure will be May 15, 2019, and this will be using the reporting period of January 1, 2018 through December 31, 2018. ASC-11 was also not finalized for removal, and reporting will be ongoing and unchanged. It is still voluntary, so you can choose to report data for this measure or not. Either decision will not affect your payment. If you do report data for this measure, it will be publicly displayed. ASC-12, this measure will continue in the program. The only change for this measure, and this was addressed earlier by Dr. Bhatia, is with respect to the reporting period being threes years prior to the Payment Year. As this is a claims-based measure, it does not require manual abstraction on the part of the ASC.

There were no proposed changes to ASC-13 and ASC-14. These are newer measures, and the reporting period for these measures began January 1, 2018, and you will report data for these two measures for the first time in May of 2019. ASC-17 and ASC-18 were finalized in the 2018 Final Rule, and you will begin with the Calendar Year 2022 Payment Determination.

We have a couple of links here on this slide. The first one will take you directly to the first page of the Final Rule in the *Federal Register*, and you would just, again, use your find feature. The second link will take you directly to the PDF version of the Final Rule. By the way, you must download the powerpoint to have those links be active and clickable. Anita, we have a few minutes. Do you mind if we just take a few questions?

**Anita Bhatia:** No, this will be great.

**Karen VanBourgondien:** Ok, I stopped and sort of clustered together by measure, so, the first question is the NHSN website is very burdensome, and it is difficult for our ASC to keep our accounts active when it's only utilized once a year, especially since we are not part of a hospital system. Why can't the measure be redeveloped and submitted through QualityNet in the future?

**Anita Bhatia:** Well, that's a great question. We agree that ASCs face an undue burden from registering and maintaining access to the CDC's NHSN system for this one measure as compared to other quality reporting programs that require access for several healthcare safety measures. We will continue to assess our measure set and will consider future measures including the potential for a redeveloped measure submitted via QualityNet that addresses influenza vaccinations for healthcare workers as part of our goal to maintain a robust measure set.

**Karen VanBourgondien:** Thank you Anita. Here is another question about ASC-8. Why did CMS remove ASC-8 from the program? Isn't influenza vaccination a public health issue?

**Anita Bhatia:** Well Karen, yes. CMS agrees that influenza vaccination for both patients and healthcare personnel is important in the ASC setting, as well as, other healthcare settings, and we believe that these two activities are both intended to address a public health concern of reducing influenza infection. We believe the effects of removing this measure from the ASC Quality Reporting Program are mitigated as the issue is addressed by other initiatives, such as, state laws and employer programs that require influenza vaccination of healthcare workers. Further, we have retained the measure in the Hospital Inpatient Quality Reporting Program; thus, requiring reporting for the short-term acute care hospital setting.

**Karen VanBourgondien:** One more question about ASC-8, and the question is doesn't the reporting of data for ASC-8 play a critical role in the CMS quality strategy and the national quality strategy in terms of immunization efforts? Wouldn't removing this measure from the program create greater inconsistency across the quality reporting programs?

**Anita Bhatia:** Well Karen, we do agree that influenza is a critical public health issue that is part of the CMS quality strategy and the national quality strategy. Through our Meaningful Measures Initiative, it is our goal to ensure that we are addressing high impact measure areas that safeguard public health while minimizing the level of burden for providers and suppliers. We believe that the burden of reporting this

measure is greater for ASCs compared to the relative burden for hospitals participating in the Hospital Inpatient Quality Reporting Program, as well as, another program, the HAC Reduction Program. The entire burden of registering for and maintaining access to the CDC's NHSN system for ASCs, especially independent or free-standing ASCs, is due to this one measure; whereas, for hospitals participating in those programs, they must register and maintain an NHSN access for several healthcare safety measures, not just one.

**Karen VanBourgondien:** Thank you Anita. We do have a few questions about the ASC-1 through ASC-4 measures. The first question is why can't the ASC-1 through ASC-4 measures be redeveloped for all payers and reported through QualityNet to further reduce burden and ensure data is posted publicly for accountability and for quality improvement?

**Anita Bhatia:** We did receive this comment through the rulemaking process, and we very much thank these commenters for this suggestion; however, because the data for these measures are currently collected via Medicare FFS claims, as specified in the Specifications Manual, we are unable to include data from other payers for which Medicare does not receive FFS claims. As we noted in our Final Rule, we are re-evaluating these measures including the method of data submission, and we will be making such considerations available through future rulemaking.

**Karen VanBourgondien:** Dr. Bhatia, here's a question about ASC-10 and 12, and the commenter is asking ASC-10 and ASC-12 fall into different meaningful measures categories, and ASC-10 is not only overly burdensome to collect and report, but I'm not sure I agree with CMS' assessment that the costs of the measure outweigh the benefits.

**Anita Bhatia:** Well Karen, that's a well thought out question, and in answering we adopted ASC-10 into the ASC Quality Reporting Program because we believed it is important for ASCs to be active partners in avoiding inappropriate use and ensuring beneficiaries at their facilities are referred for follow-up at appropriate intervals in alignment with current guidelines. We note that this same measure is available through the MIPS, as well as the QPP, and although MIPS eligible clinicians may voluntarily select measures from the list of options, we expect a portion of MIPS eligible clinicians will provide meaningful data to CMS about avoiding inappropriate use for this subset of patients. As discussed in the presentation, we are retaining ASC-9 in order to retain a measure assessing inappropriate use of colonoscopies in the ASC Program. ASC-9 deals with colonoscopy for average risk patients. So, in the rulemaking process, after reconsideration, we believe there would be a measurement gap if both ASC-9 and -10 were removed, but because of the unique burden associated with ASC-10, we did finalize the removal of ASC-10 but retained ASC-9. Removing ASC-10 while

retaining ASC-9 best enables us to assess this important clinical area while ensuring that the costs of the measure do not outweigh the benefits.

**Karen VanBourgondien:** Thank you Dr. Bhatia. Here's a question about ASC-11. Why is CMS retaining ASC-11? The lack of consistent data and difficulty in abstracting the data from ophthalmologists' medical records poses a significant burden for reporting this measure.

**Anita Bhatia:** Well Karen, there were a lot of considerations that went into this discussion of retaining or removing ASC-11. We did receive comments requesting that measures, including ASC-11, be retained. We did re-evaluate all of our measure proposals and looked at our data. We found that a core group of facilities reported on this voluntary measure. Although only a subset of ASCs voluntarily report data for this measure, we believe this measure is considered very meaningful by those that do report. Because this subset has consistently reported this measure, we are able to make the data publicly available year after year. We believe providing data on this voluntary measure is still helpful for the public because it shows how an ASC performs over time and in comparison, to other like facility.

**Karen VanBourgondien:** Thank you Anita, appreciate that. That's all the time we have today. We want to thank everybody for joining us, and again, thank Dr. Anita Bhatia for her time. We appreciate all your expertise. Just as a reminder, a recording of today's event, as well as a transcript for the presentation and all the questions and answers in the chat box, will be posted on our website at qualityreportingcenter.com at a later date. We appreciate, again, everybody joining us. Have a great day.