Welcome!

- Presentation slides can be downloaded from www.qualityreportingcenter.com under Upcoming Events on the right-hand side of the page.

- Audio for this event is available via ReadyTalk® Internet streaming. No telephone line is required.

- Computer speakers or headphones are necessary to listen to streaming audio.

- Limited dial-in lines are available. Please send a chat message if a dial-in line is needed.

- This event is being recorded.

Troubleshooting Audio

Audio from computer speakers breaking up? Audio suddenly stops?

- Click **Refresh** icon
  or
- Click F5
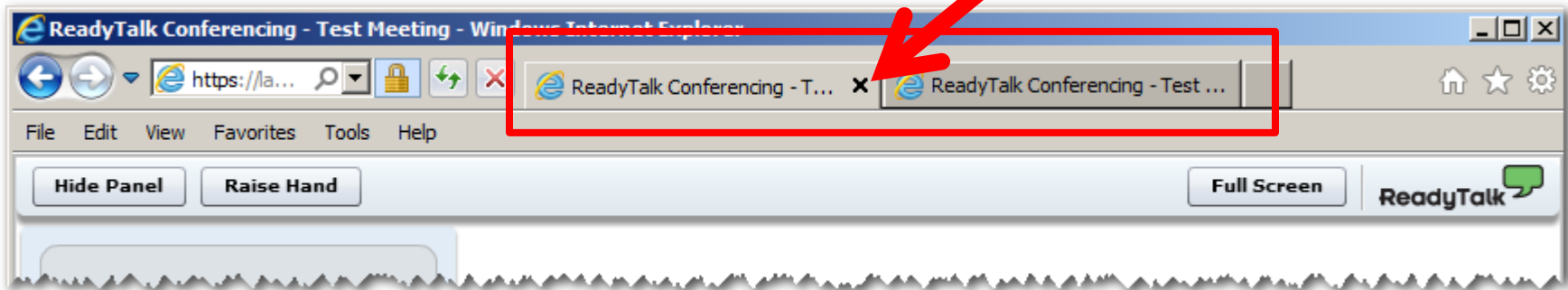
F5

F5 Key
Top row of keyboard
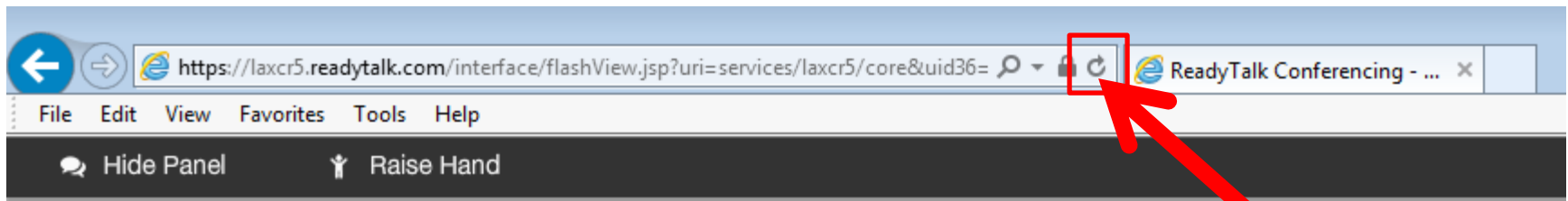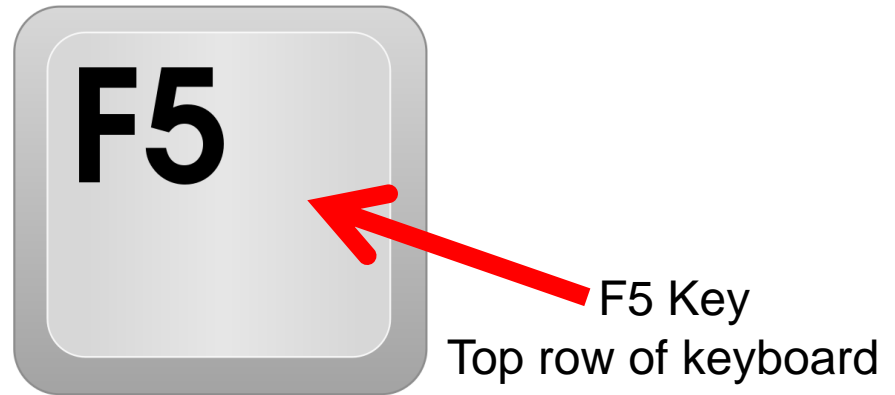
Location of buttons

Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab, and the echo will clear up.

Example of two browsers/tabs open in same event

Submitting Questions

Type questions in the "Chat with Presenter" section located on the bottom-left corner of your screen.

Measure by Measure: Data for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program

Pam Harris, BSN, RN
Project Coordinator
ASCQR Program Support Contractor

February 28, 2018

Announcements

- **May 15, 2018**: Measures submitted via a web-based tool due to QualityNet and the National Healthcare Safety Network (NHSN)

- Please keep your **QualityNet** and **NHSN** passwords current.

  - Log into the system **every 90 days** to prevent password problems.

  - It is recommended that each facility has at least two QualityNet **Security Administrators** (SAs).

- Make sure you are signed up for the **ListServe.**

NHSN Consent Forms

Facility Administrators and Primary Contacts must review and sign updated form

- Form available now
- Must sign electronically by **April 14**
- May **lose access to NHSN** if not signed
- NHSN guidance document available at
  https://www.cdc.gov/nhsn/pdfs/gen-support/ReconsentStepsforUsers-508.pdf

Save the Date

- Upcoming ASCQR Program educational webinar

  - **March 28, 2018** – Identifying and overcoming the most common hurdles

- Notifications of additional educational webinars will be sent via **ListServe**

Learning Objectives

At the conclusion of the program, attendees will be able to:

- Interpret data discussed for the ASCQR Program.

- List common barriers when abstracting the measures discussed.

- Identify reports that will assist facilities in quality improvement initiatives.

Musical Inspiration: Goals and Objectives

The Purpose of Measures

- Reduced Burden
- Meaningful Measurement
- Alignment
- Useful Information
- Transparency
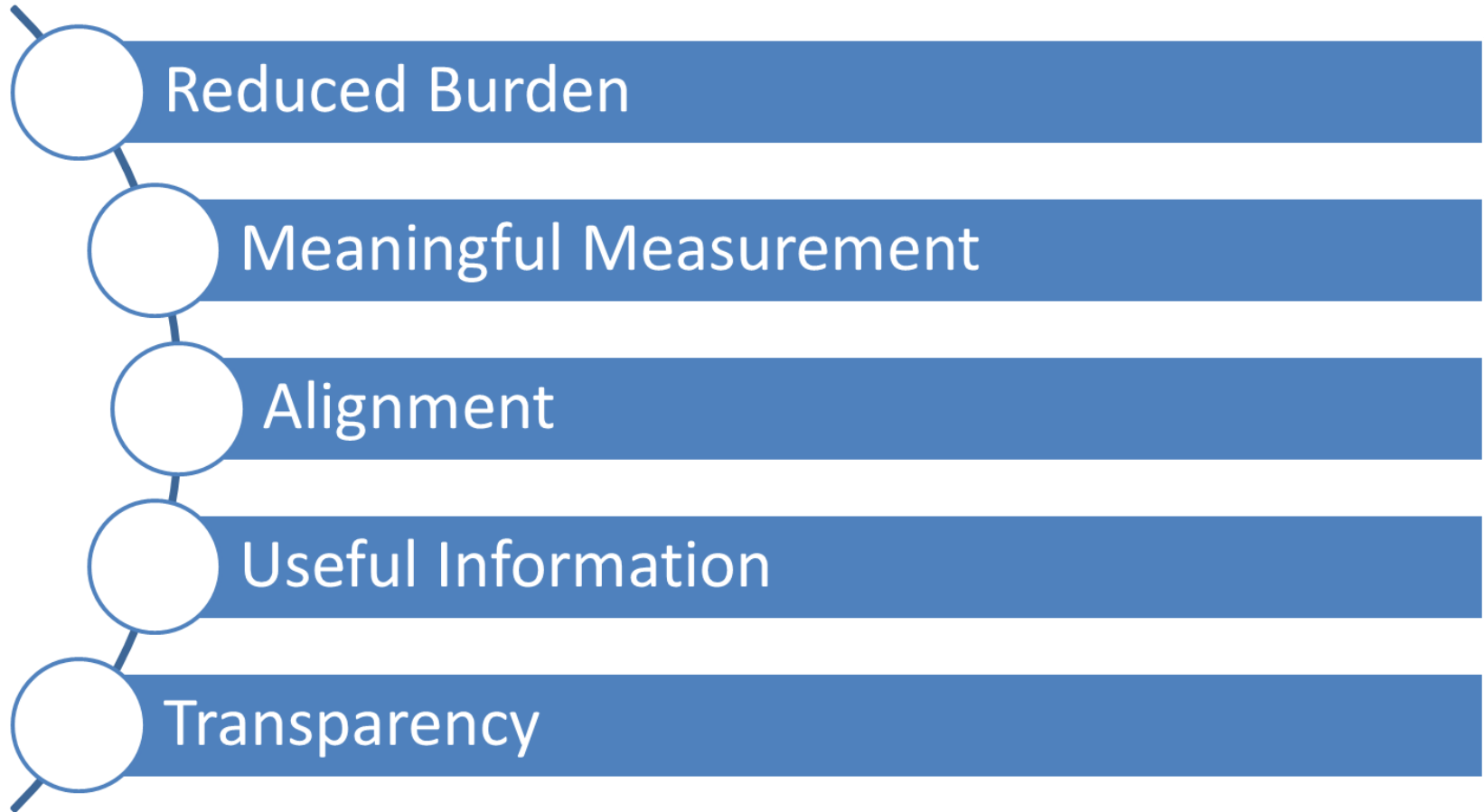
Goals for Reporting

- Assist in transforming healthcare by supporting goals and objectives
- Ensure that people and families are engaged, informed, and empowered partners in care
- Improve communication, care coordination, and satisfaction with care
- Reduce and prevent causes of mortality
- Promote, disseminate, and utilize best practices

Gathering the Instruments: Evaluating Data

Claims-Based Measures

Applying Quality Data Codes (QDCs):

- **ASC-1**: Patient Burn
- **ASC-2**: Patient Fall
- **ASC-3**: Wrong site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
- **ASC-4**: All-Cause Hospital Transfer/Admission

Outcome Measure:

- **ASC-12**: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

Web-Based Measures

Submitted into QualityNet:
- **ASC-9**: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
- **ASC-10**: Colonoscopy Interval for Patients with a History of Adenomatous Polyps–Avoidance of Inappropriate Use
- **ASC-11**: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (voluntary)
- **ASC-13:** Normothermia
- **ASC-14:** Unplanned Anterior Vitrectomy

One More Measure

ASC-8: Influenza Vaccination Coverage among Healthcare Personnel

- Facilities report vaccination data for three categories of personnel

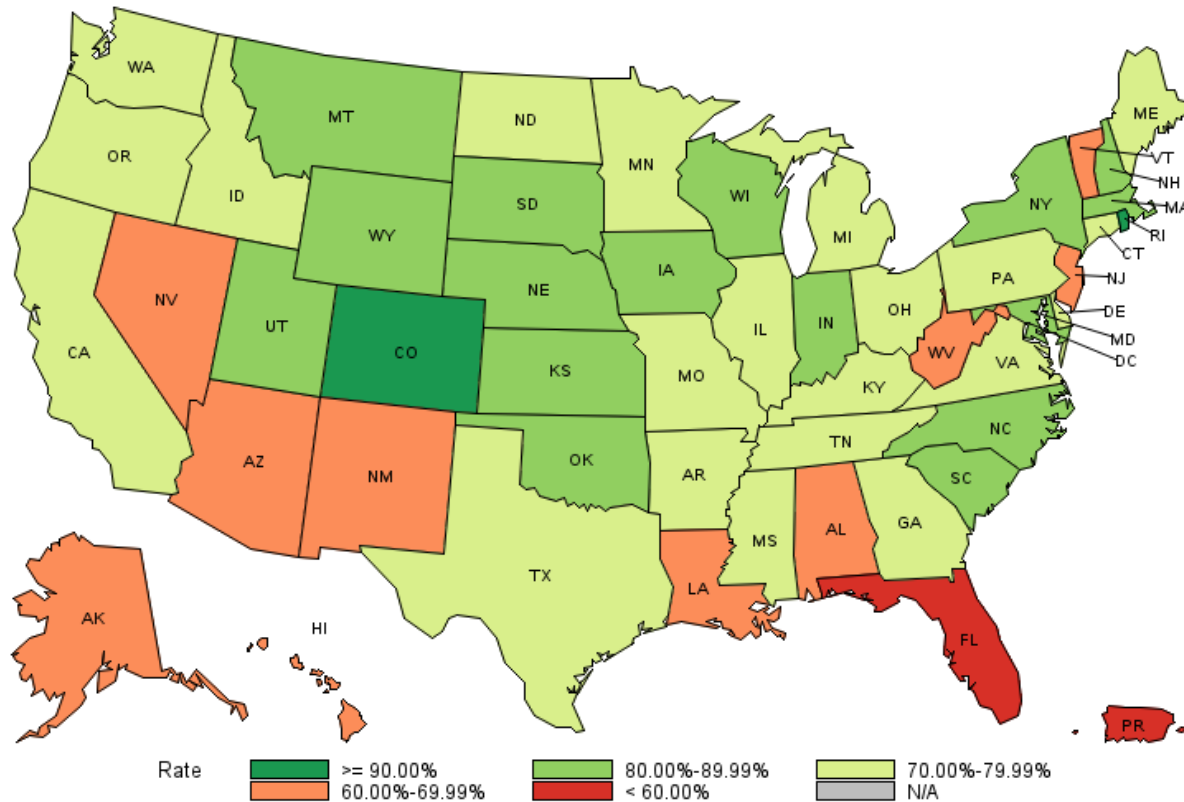- Entered annually via a web-based tool through the NHSN

Stop the Music

Polling Question!

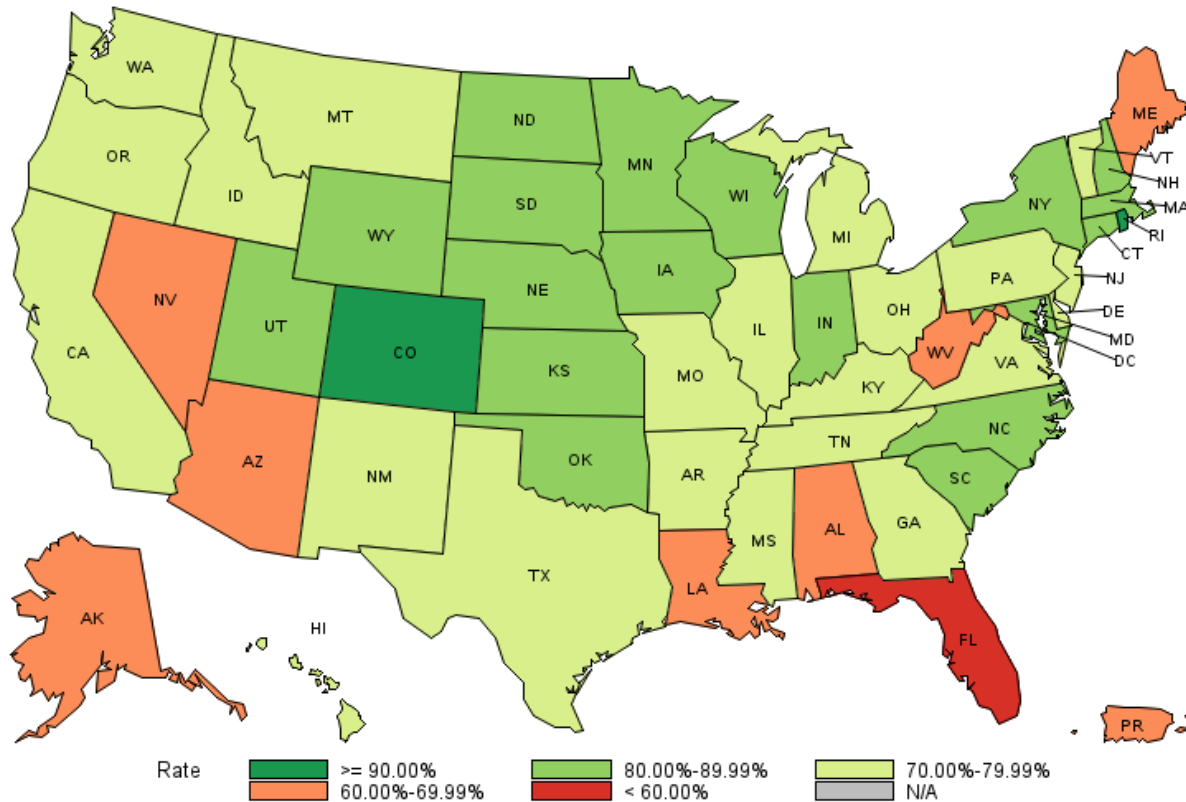# ASC-8 Rate by State for 2014–2015 Flu Season

National ASC-8 Rate: 74.62%

Data Source: Hospital Compare Data for 2014-2015 Flu Season

ASC-8 Rate by State for 2015–2016 Flu Season

National ASC-8 Rate: 76.13%
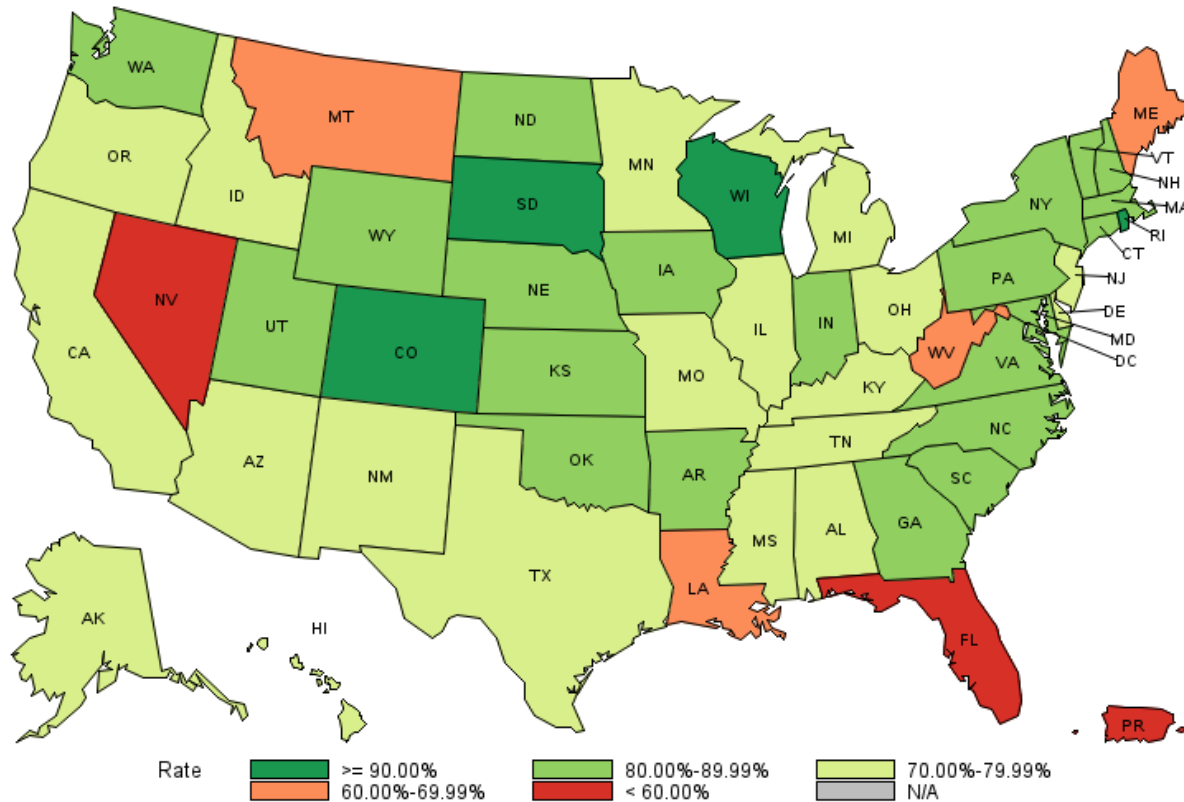
Data Source: Hospital Compare Data for 2015-2016 Flu Season

ASC-8 Rate by State for 2016–2017 Flu Season

National ASC-8 Rate: 77.54%

Data Source: Hospital Compare Data for 2016-2017 Flu Season

Common Issues

- Facility not enrolled in time

- Staff turnover

- Incorrect or missing CMS Certification Number (CCN)

- Failure to add a reporting plan for the current flu season

ASC-9

ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

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

- Entered annually via a web-based tool through QualityNet

ASC-9 Rate by State for 2014

National ASC-9 Rate: 78.38%
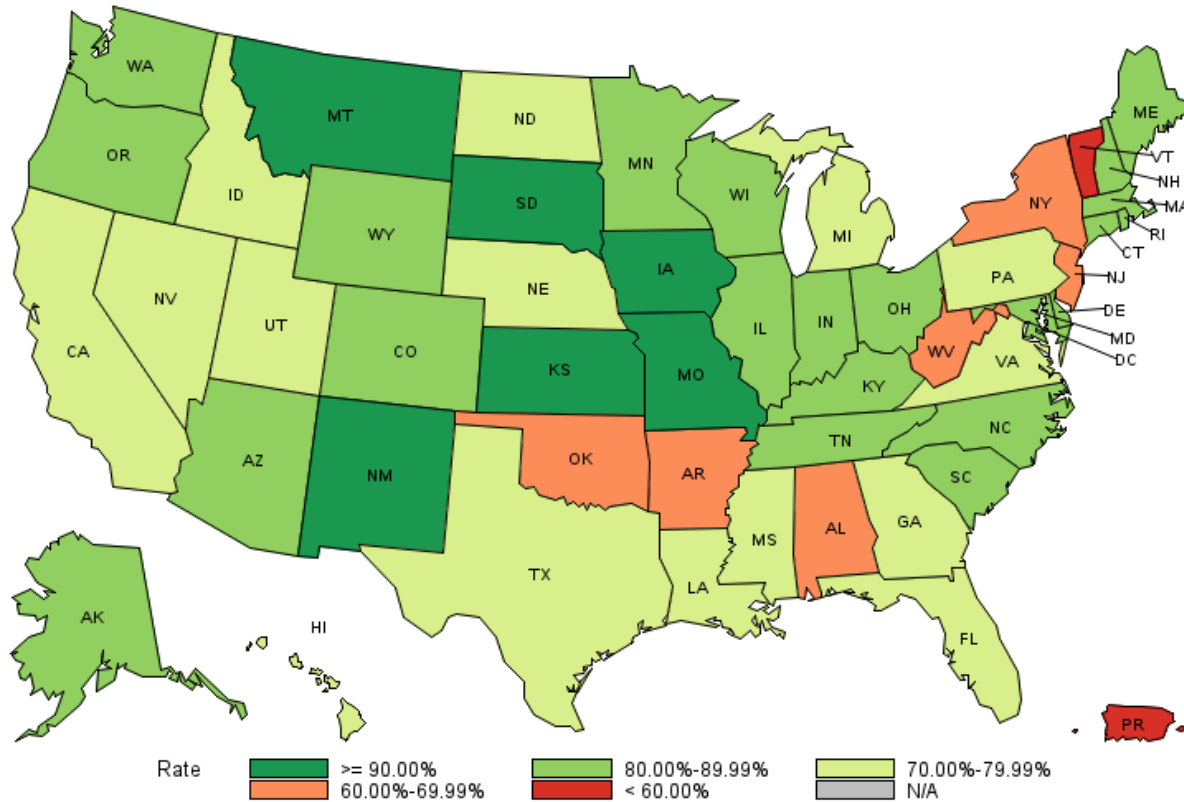
Data Source: Hospital Compare Data for CY 2014

ASC-9 Rate by State for 2015

National ASC-9 Rate: 80.98%

Data Source: Hospital Compare Data for CY 2015
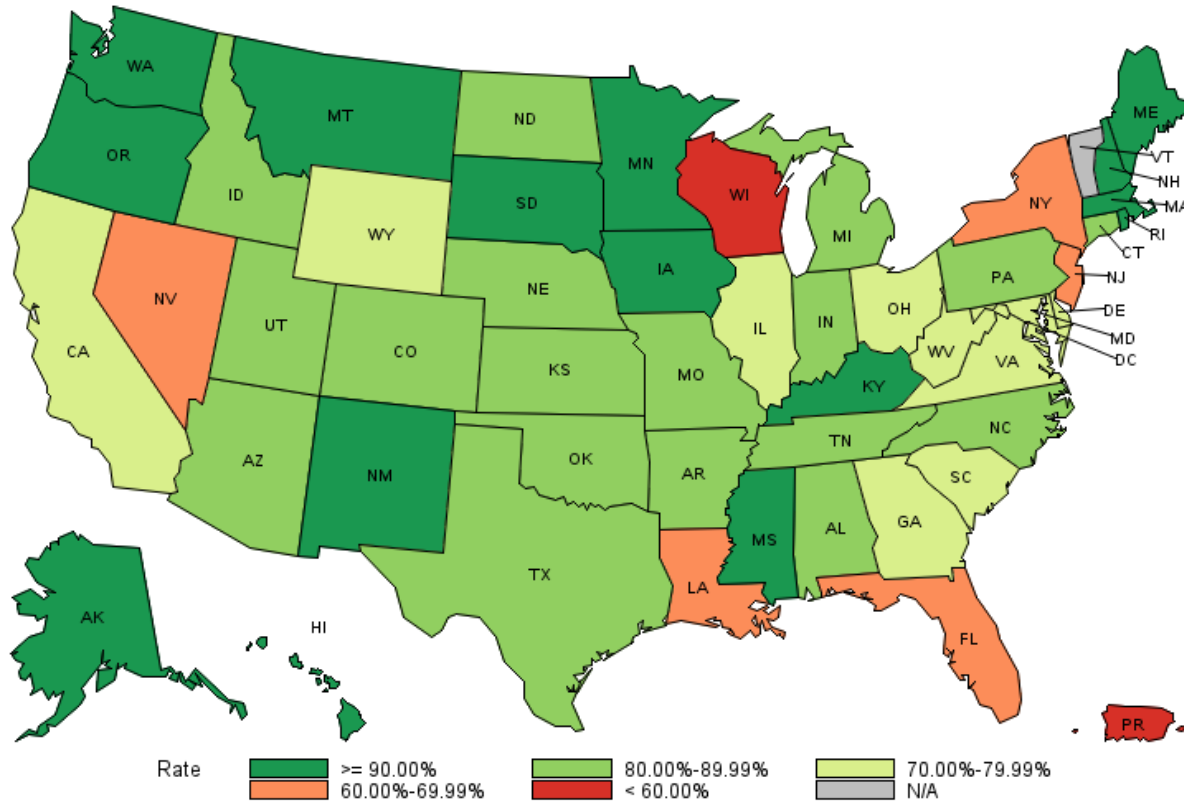
ASC-9 Rate by State for 2016

Common Issues

- Appropriate documentation of a medical reason for exclusion

- Exclusion regarding the age of the patient

- Lack of documentation regarding the follow-up interval

  - Changes were made in the Specifications Manual for clarification

ASC-10

ASC-10: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use

- Percentage of patients aged 18 years and older receiving a surveillance a colonoscopy, with a history of a prior colonic polyp(s) in previous colonoscopy findings, who had a follow-up interval of 3 or more years since their last colonoscopy

- Entered annually via a web-based tool through QualityNet
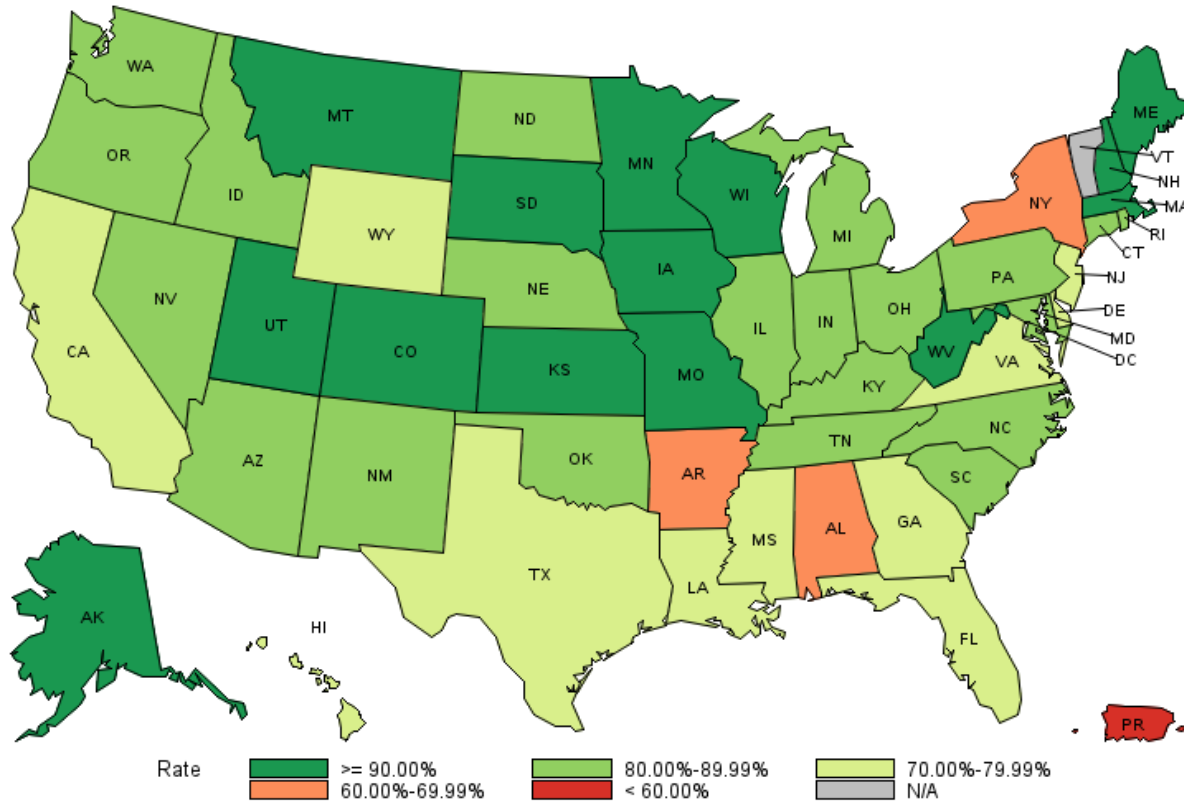
ASC-10 Rate by State for 2014

National ASC-10 Rate: 80.38%
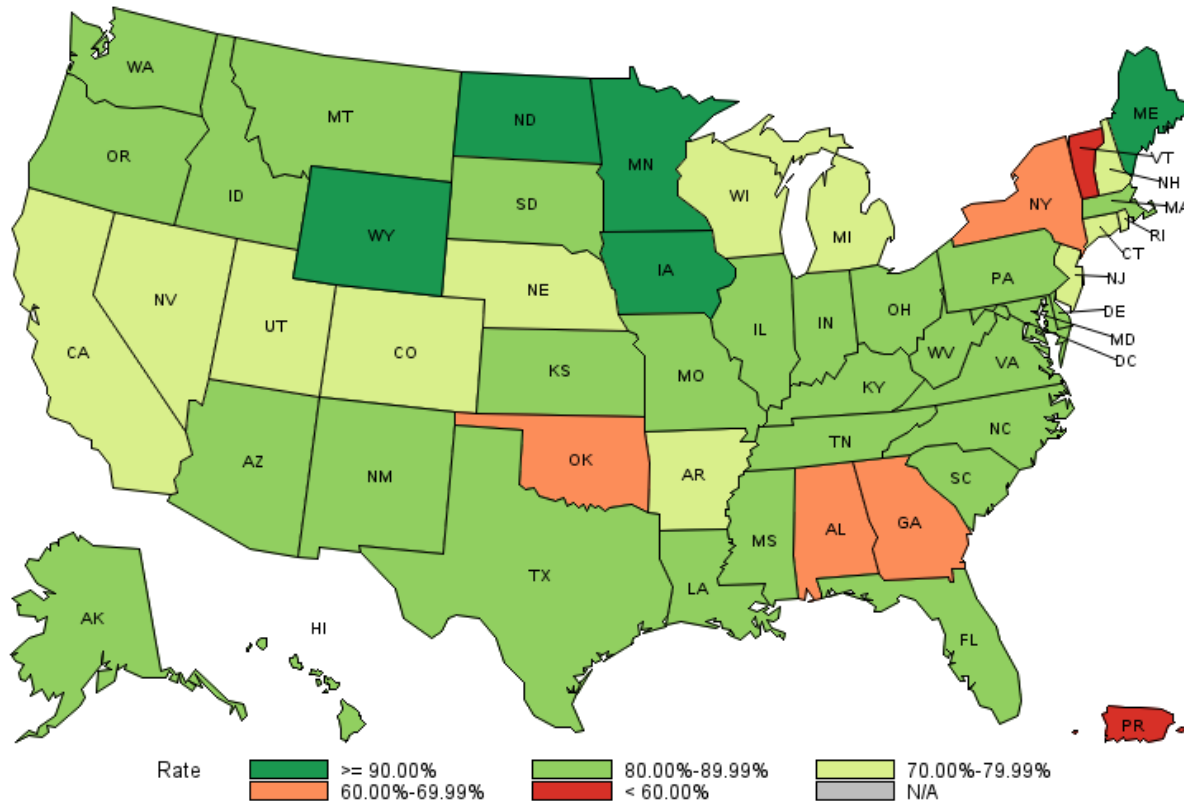
Data Source: Hospital Compare Data for CY 2014

ASC-10 Rate by State for 2015

National ASC-10 Rate: 79.90%

Rate
- >= 90.00%
- 80.00%-89.99%
- 70.00%-79.99%
- 60.00%-69.99%
- < 60.00%
- N/A
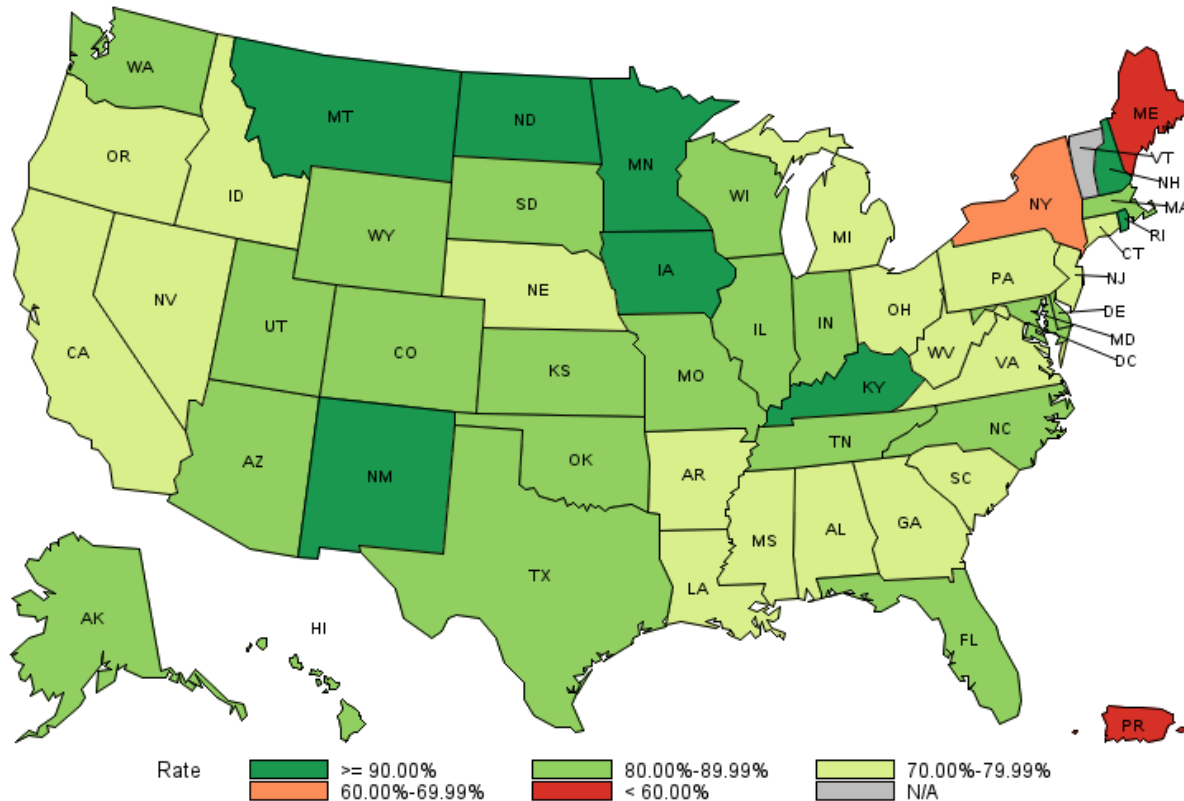
Data Source: Hospital Compare Data for CY 2015

ASC-10 Rate by State for 2016

National ASC-10 Rate: 73.21%
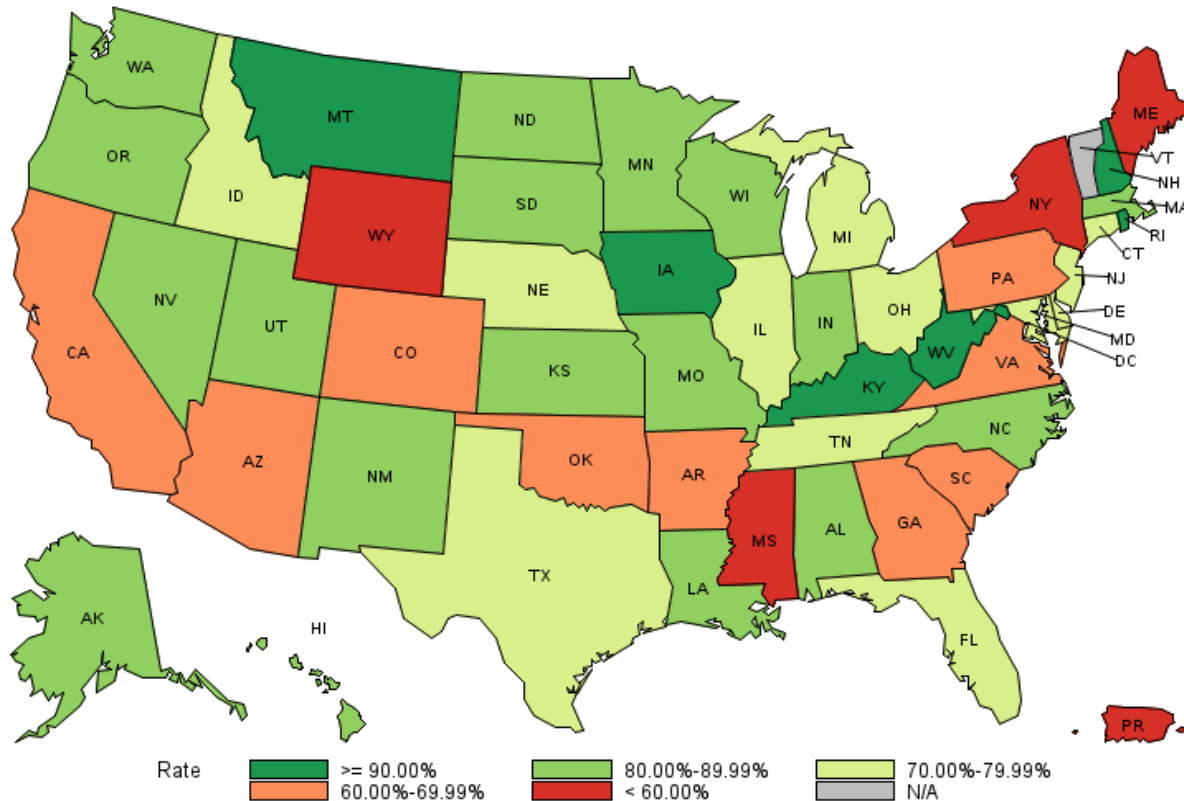
Data Source: Hospital Compare Data for CY 2016

Common Issues

- Confusion about documentation of the last colonoscopy

- Documentation of medical reasons

- Acute symptoms relating to the time interval of the present colonoscopy

ASC-11

ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery

- 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

- Entered annually via a web-based tool through QualityNet

- Voluntary measure

ASC-11 Rate by State for 2015

National ASC-11 Rate: 96.40%

Rate

- ≥= 90.00%
- 80.00%-89.99%
- 70.00%-79.99%
- 60.00%-69.99%
- < 60.00%
- N/A
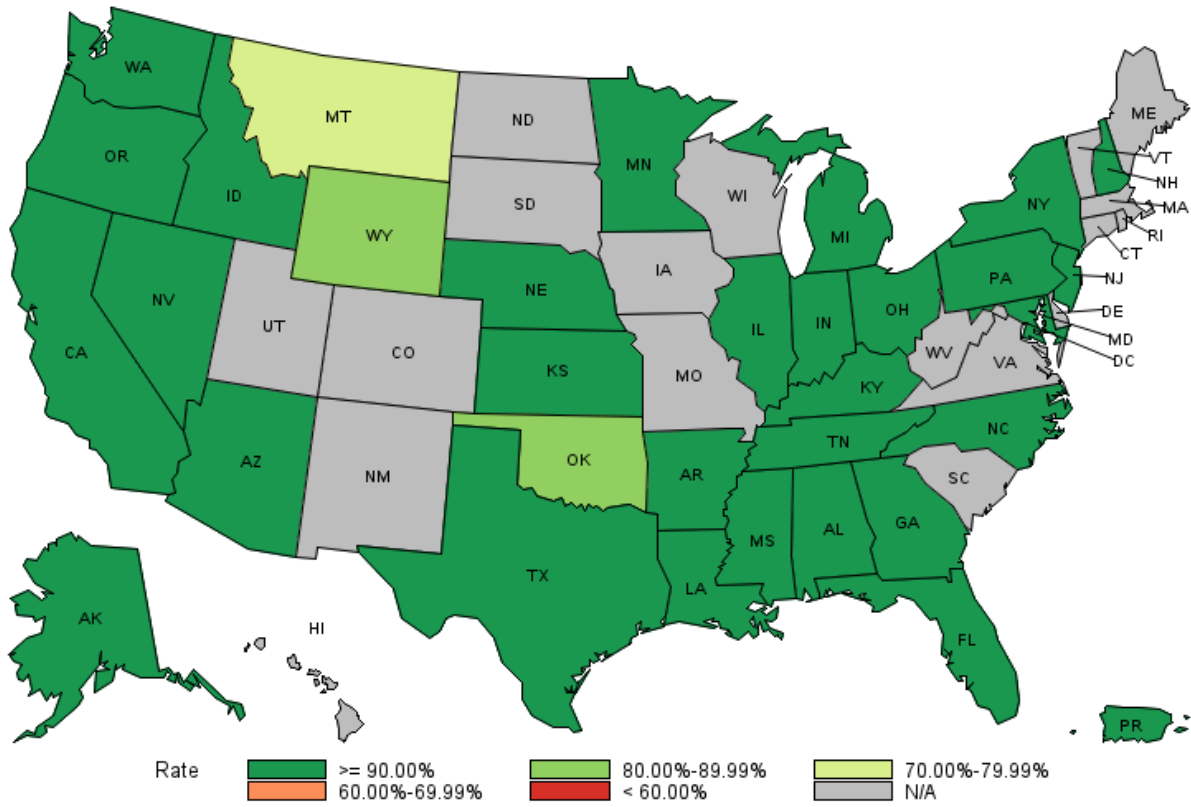
Data Source: Hospital Compare Data for CY 2015

ASC-11 Rate by State for 2016

National ASC-11 Rate: 95.82%

Rate
- >= 90.00%
- 80.00%-89.99%
- 70.00%-79.99%
- 60.00%-69.99%
- < 60.00%
- N/A
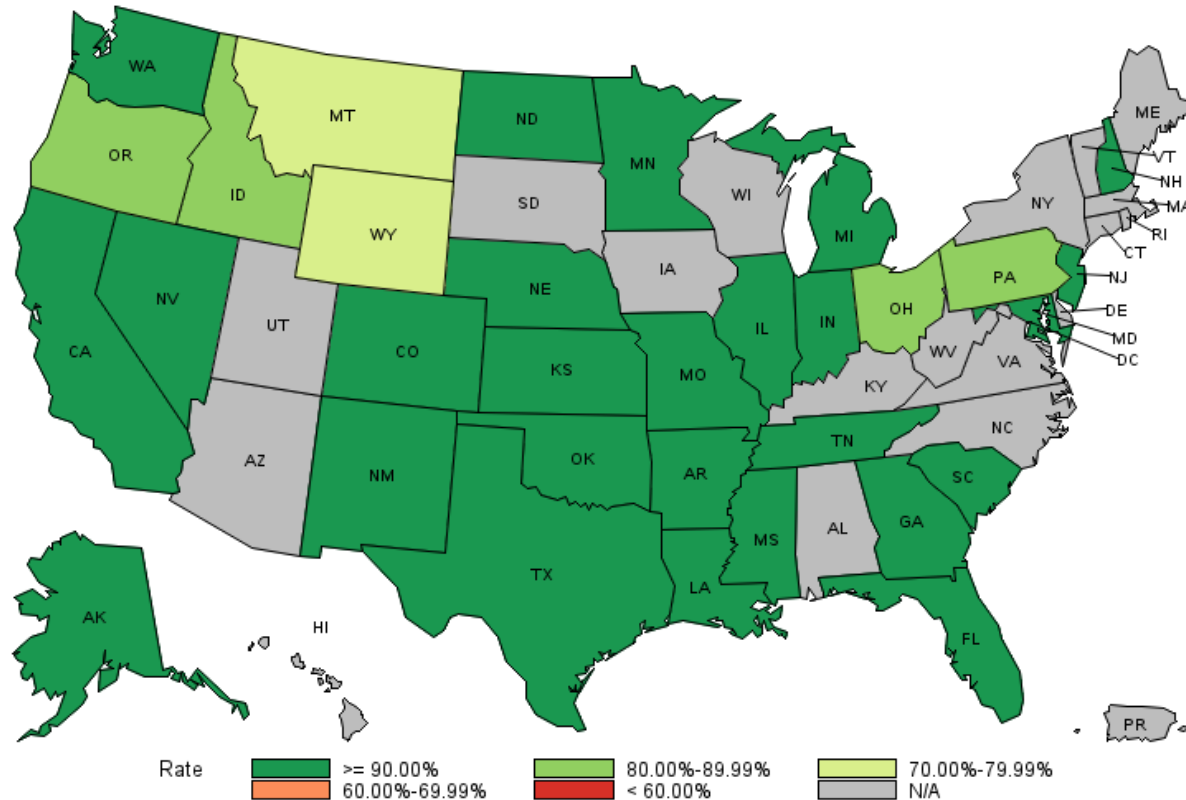
Data Source: Hospital Compare Data for CY 2016

Common Issues

- Confusion about the population and sampling size

- Further clarification necessary on the visual function assessment

  - Same tool must be used pre-operatively and post-operatively

ASC-12

ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

- Estimates a facility-level rate of risk-standardized, all-cause, unplanned hospital visits within 7 days of an outpatient colonoscopy among Medicare fee-for-service (FFS) patients aged 65 years and older

- Outcome measure

  - Data collected via administrative claims data

Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy Measure Comparison

ASC-12

12.50

■ ASC-12

CY 2016
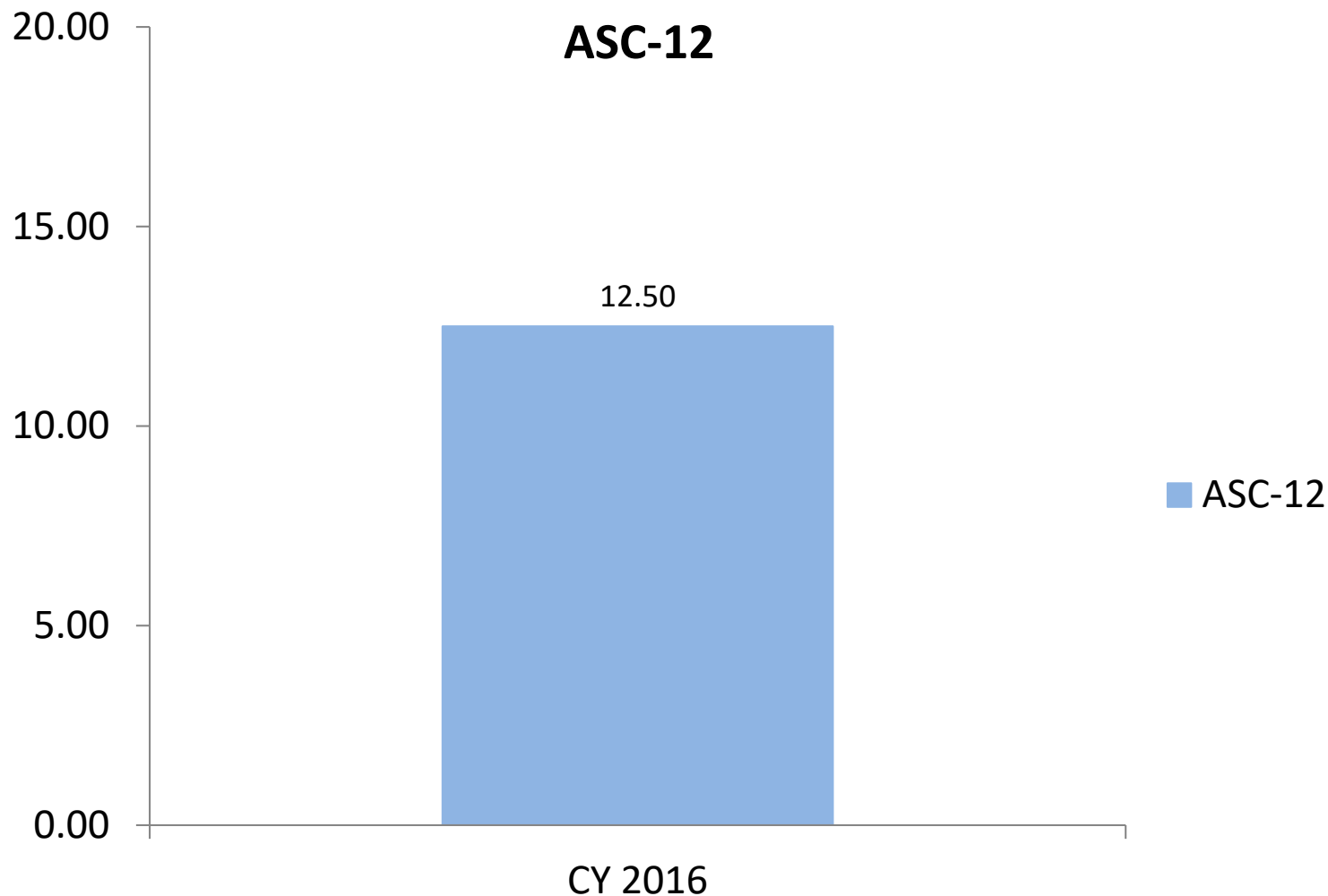
Common Issues

- Claims-based measure that does not necessitate manual abstraction

  - Data are extracted from paid Medicare claims that meet the measure criteria

- How do we know the results of the data that are pulled?

Stop the Music

Polling Question!

Tuning the Instruments: Utilizing Data

Improving Quality Through Data

- CMS seeks to improve the quality of care
- Quality Improvement through data evaluation
  - Various reports available
- Improving performance and quality unique to your ASC setting

Reports

- Generated on demand in the QualityNet Secure Portal:

    - Claims Detail Report

    - Provider Participation Report

- Auto-Routed:

    - ASC-12 reports (outcome measure)

    - Preview Report

Claims Detail Report

Page: 1 of 71

Report Run Date: 02/02/2018

ASC Claims Detail Report
Date of Service Range: 01/01/2017 - 01/01/2018

Data As Of: 01/03/2018

17471356859 ABC Surgery Center, Pawnee, IN

Medicare Beneficiary Identification Number (MBI)	Claim Receipt Date	Date of Service	Quality Data Codes	Last Name	First Name	Date of Birth	Claim Control Number (ICN)
	01/12/2017	01/09/2017	G8907	Smith	Stan	01/28/1942	174713587246859
	01/12/2017	01/10/2017	G8907	Dursley	Dudley	07/21/1936	174713587246859
	01/12/2017	01/10/2017	G8907	Wood	Oliver	12/15/1934	174713587246859
	01/12/2017	01/10/2017	G8907	Filch	Argus	07/25/1948	174713587246859
	01/12/2017	01/10/2017	G8907	Finnigan	Seamus	06/12/1951	174713587246859
	01/12/2017	01/10/2017	G8907	Dean	Thomas	02/09/1948	174713587246859
	01/12/2017	01/09/2017	G8907	Lee	Jordan	08/06/1934	174713587246859
	01/18/2017	01/12/2017	G8907	Weasley	Percy	12/24/1945	174713587246859

Provider Participation Report (PPR)

Report Run Date: 02/02/2018

ASCQR Participation Report

Payment Year: 2018

State: FL
National Provider Identifier (NPI): 4561231235
ASC Name: ABC Surgery Center
ASC City: Kokomo

Active QualityNet Security Administrator: No
Participation Status: Participating

Quality Data Code Submission

Total Number of Claims with QDC[1]:	1156
Total Number of Claims:	1238
Data Completeness:	93%
CMS Required Threshold:	50%

Quarter 1 - 2016 Dates of Service

Claims-Based Measures	Numerator	Denominator	Measure Value	
ASC-1: Patient Burn	0	263	0.000	Per 1000 Admissions
ASC-2: Patient Fall	0	263	0.000	Per 1000 Admissions
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	0	263	0.000	Per 1000 Admissions
ASC-4: Hospital Transfer/Admission	0	263	0.000	Per 1000 Admissions
ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing	36	36	100%	

[1]The "Total Number of Claims with QDC" field displays a count of claims containing at least one Quality Data Code (QDC) relevant to each of the required measures.
**Disclaimer: This report does not confirm or deny whether an ASC qualifies for the full annual payment update.

Another Page of PPR

ASCQR Participation Report

Payment Year: 2018

State: FL
National Provider Identifier (NPI): 18342695745
ASC Name: ABC Surgery Center
ASC City: Kokomo

Active QualityNet Security Administrator: No
Participation Status: Participating

Web-Based Measures:

Submission Status:

ASC-6: Safe Surgery Checklist Use   Yes

Did your facility use a safe surgery checklist based on accepted standards of practice during the designated period?
Yes

Submission Status:

ASC-7: ASC Facility Volume Data   Yes

	Aggregate Count
Eye	1014
Gastrointestinal	251
Genitourinary	0
Musculoskeletal	869
Nervous	260
Respiratory	11
Skin	132
Multi-System	0

	Numerator	Denominator	Percentage	Submission Status:
ASC-9: Endoscopy: Follow-up Interval for Average Risk Patients	18	21	86%	Yes
ASC-10: Endoscopy: Interval for Patients with History of Polyps	12	24	50%	Yes
ASC-11: Cataracts: Improvement in Patient's Visual Function (Voluntary)				No

HAI Measures:

Submission Status:

ASC-8: Influenza Vaccination Coverage among Healthcare Personnel   Yes

¹The "Total Number of Claims with QDC" field displays a count of claims containing at least one Quality Data Code (QDC) relevant to each of the required measures.
**Disclaimer: This report does not confirm or deny whether an ASC qualifies for the full annual payment update

Outcome Measure Reports

- ASCs will receive performance information in two forms:
  - Claims-Detail Report (CDR)
  - Facility-Specific Report (FSR)
- For more information about the colonoscopy measure reports see: www.qualitynet.org > Ambulatory Surgical Centers > Measures > Colonoscopy Measure > Reports

Preview Report

- Allows you to preview your data before it is publicly displayed
- Notification is sent when the preview period opens and when it closes. Preview reports are:
  - Available for approximately 30 days.
  - Transmitted via Secure File Transfer through QualityNet.
- Preview period does **not** serve as a correction period
- Data are refreshed annually in December

Sample: Preview Report

Ambulatory Surgical Center Preview Report
xxx Surgery Center (NPI 100xxxxxxx)
Claims-Based Measures in CY2016 (per 1,000 Claims)

Measure	2015				
	Numerator	Denominator	Rate	National Rate	State Rate
ASC-1 Patient Burn	0	0	N/A(5)	0.181	0.183
ASC-2 Patient Fall	0	0	N/A(5)	0.095	0.079
ASC-3 Wrong Site/ Side/Patient/ Procedure/Implant	0	0	N/A(5)	0.022	0.011
ASC-4 Hospital Transfer/Admission	0	0	N/A(5)	0.41	0.247
ASC-5 Prophylactic Intravenous Antibiotic Timing	0	0	N/A(5)	956.44	961.11

Web-Based Measures in Calendar Years 2016 (Reported in 2017)

	ASC-6	ASC-7 (Data on Selected Surgical Procedure)								ASC-8	ASC-9	ASC-10	ASC-11
		Respiratory	Eye	Genitourinary	Multi-System	Musculoskeletal	GI	Nervous	Skin				
Facility	Yes	0	14	0	0	0	0	0	0	N/A(5)	N/A(5)	N/A(5)	N/A(5)
State	100.00%	183	1184	165	324	688	2863	1544	113	75.68%	74.98%	73.58%	94.07%
National	99.81%	206	1745	452	274	816	3552	1751	146	76.13%	80.98%	79.90%	96.54%

Footnote Legend:

1. The number of cases is too few to report (Denominators greater than 0 and less than 11 will display on the Preview Report, but will not be reported on ASC Compare.)

5. Results are not available for this reporting period (Applied when no data are available for display for the measure).

Note: ASC-12 (Facility 7-day Risk-Standardized Hospital Visit after Outpatient Colonoscopy) data for CY2016 will be provided in the Facility Specific Report via QualityNet.

Fine-Tuning

CMS Strategy Goals

Questions

Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
  - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.

- After completion of the survey, click "Done" at the bottom of the screen.

- Another page will open that asks you to register in HSAG's Learning Management Center.

  - This is separate from registering for the webinar. If you have not registered at the Learning Management Center, you will **not** receive your certificate.

  - Please use your **personal** email so you can receive your certificate.

  - Healthcare facilities have firewalls that block our certificates.

CE Certificate Problems?

- If you do not immediately receive a response to the email you used to register in the Learning Management Center, a firewall is blocking the survey link.

- Please go back to the New User link and register your personal email account.

- If you continue to have problems, please contact Deb Price at dprice@hsag.com.

CE Credit Process: Survey

○ No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

○ Very satisfied
○ Somewhat satisfied
○ Neutral
○ Somewhat dissatisfied
○ Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by **SurveyMonkey**
Check out our sample surveys and create your own now!

CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:
https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae

Existing User Link:
https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae
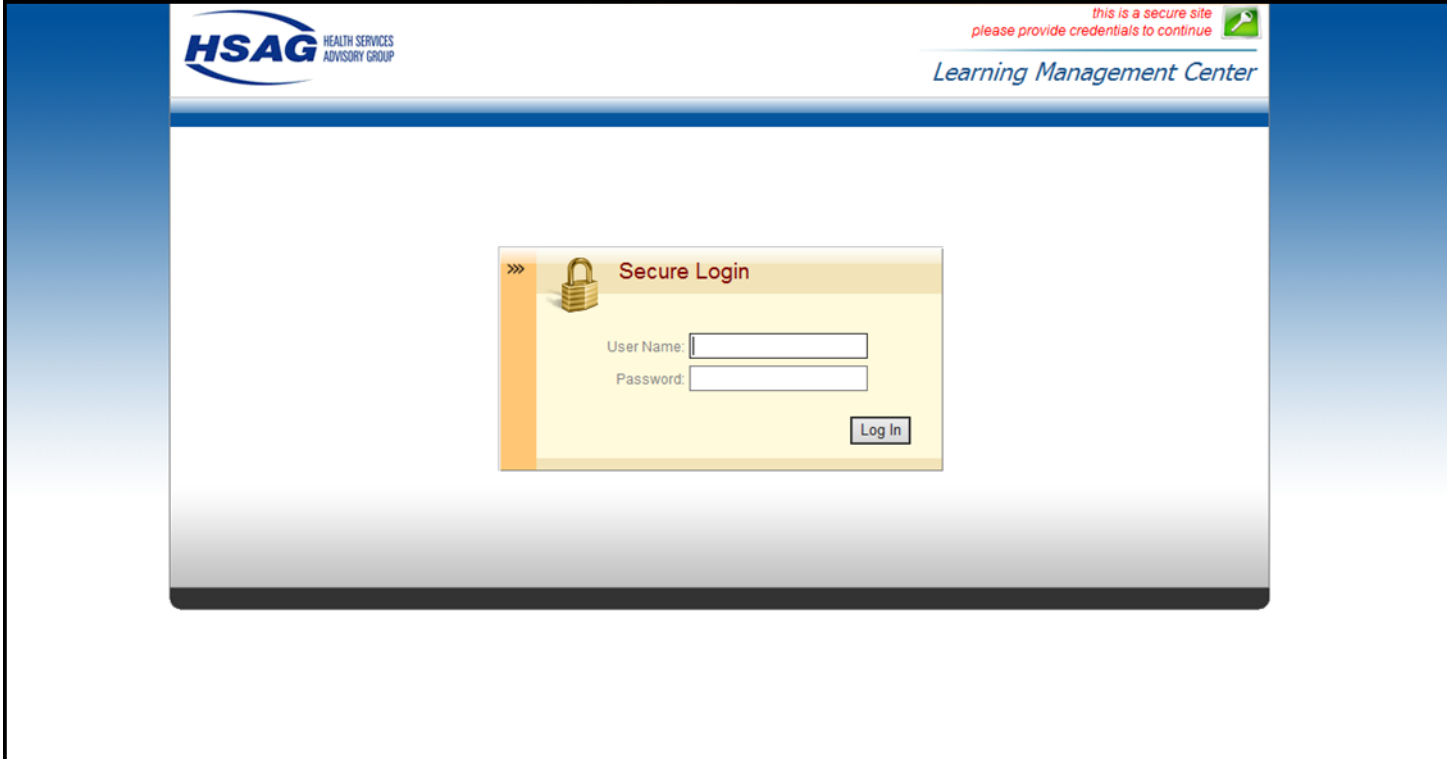
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

CE Credit Process: Existing User

Thank You for Participating!

Please contact the Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at www.qualitynet.org

<p style="text-align:center">Or</p>

- Call the Support Contractor at 866.800.8756.