

Welcome!

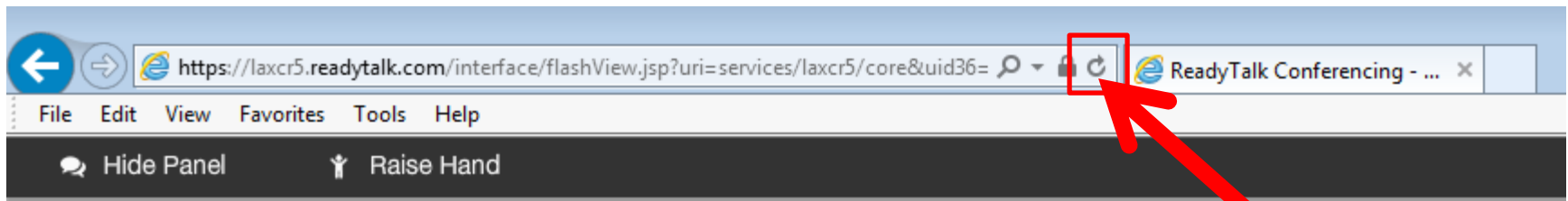
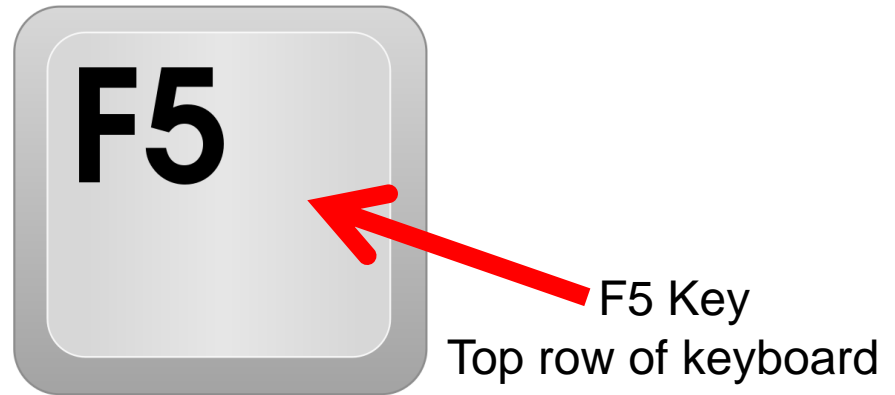
- Presentation slides can be downloaded from www.qualityreportingcenter.com under Upcoming Events on the right-hand side of the page.
- Audio for this event is available via ReadyTalk® Internet streaming. No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming 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**

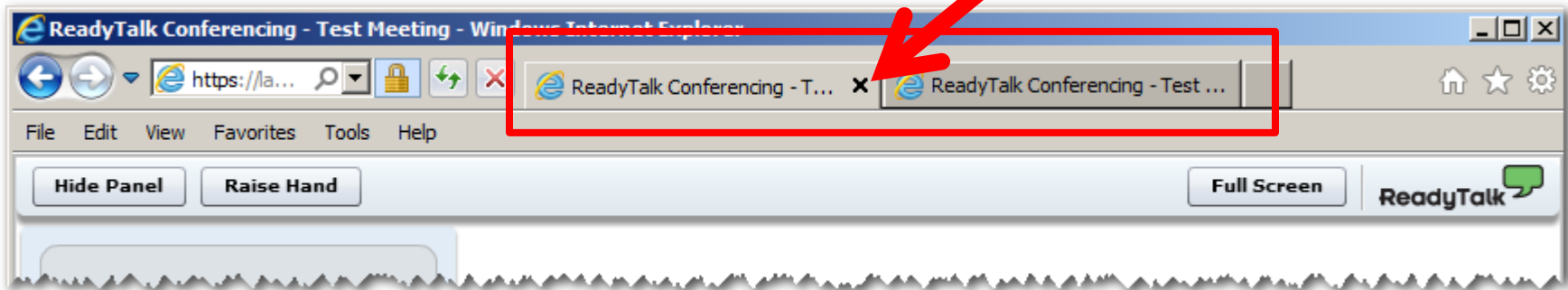


Location of buttons

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.



A screenshot of a web application interface. On the left side, there is a vertical chat window titled "Chat with Presenter" with a text input field and a "Send" button. The main area of the screen is a light gray background. At the top center, there is the CMS logo (Centers for Medicare & Medicaid Services). Below the logo, the text "Welcome to Today's Event" is displayed in a large, bold, blue font. At the bottom of the main area, there is a yellow horizontal line, and below it, the text "Thank you for joining us today! Our event will start shortly." is displayed in a smaller, italicized, blue font. The top of the screenshot shows a dark gray header with buttons for "Hide Chat", "Return Home", "Full Screen", and "ReadyToGo".



Orthopedic and Urology ASC Measures' Dry Run

Ambulatory Surgical Center Quality Reporting (ASCQR) Program

Yale
NewHaven
Health



ASCQR 2018 Dry Run

- CMS will host a dry run from **August 1, 2018 through August 30, 2018** for these two new ASCQR measures:
 1. Hospital Visits after Orthopedic ASC Procedures (ASC-17)
 2. Hospital Visits after Urology ASC Procedures (ASC-18)
- These measures were finalized for the ASCQR Program beginning with the CY 2022 payment determination.

What is a Dry Run?

- The purpose of the dry run is to familiarize facilities with the measures. Facilities can:
 - Review their data.
 - Interpret their results.
 - Ask questions about the measures.
- The dry run is confidential.
 - Results will not be publicly reported or used for payment determination.

Orthopedic and Urology Measures

- Use **Medicare fee-for-service (FFS) claims** to calculate facility-level scores
- Include orthopedic or urology procedures that:
 - Are performed on Medicare FFS patients aged 65 or over who are continuously enrolled in Medicare FFS Parts A and B in the 12 months prior to the procedure;
 - Are routinely performed at ASCs;
 - Involve increased risk of post-surgery hospital visits; and
 - Are routinely performed by orthopedists or urologists.

Overview

- Both measures risk-adjust for differences across ASCs.
 - Patient case mix (age and comorbid conditions)
 - Procedure mix (work Relative Value Units)
- Both measures assess unplanned hospital visits within seven days following eligible orthopedic or urology ASC procedures.
 - Unplanned hospital visits are defined as ED visits, observation stays, or unplanned inpatient admissions.
 - Planned admissions are not counted in the measure score.

Measure Score Calculation

- The measure score for each ASC is the Risk-Standardized Hospital Visit Rate (RSHVR)

$$\text{Risk-Standardized Hospital Visit Rate (RSHVR)} = \frac{\text{Predicted Hospital Visits}}{\text{Expected Hospital Visits}} \times \text{National Observed Rate}$$

- A predicted-to-expected ratio of:
 - >1 indicates ASC's patients have more hospital visits than expected
 - <1 indicates ASC's patients have fewer hospital visits than expected
 - Compared to an average ASC with similar patient and procedural complexity

Measure Score Calculation (cont.)

- CMS calculates an ASC's predicted-to-expected ratio using a hierarchical (two-level) logistic regression model
 - First level: accounts for patient risk factors (risk adjustment)
 - Second level: estimates ASC's contribution to patient risk of hospital visits
- This approach accounts for clustering of patients within ASCs and differences in sample sizes

Accessing Your Facility's Results

- Facility-Specific Reports (FSRs) containing results for both measures will be provided via the *QualityNet Secure Portal* beginning **August 1**.
 - FSRs contain patient-level data, facility-specific results, and state and national results.
 - ASCs that do not receive an FSR can access a mock FSR on *QualityNet*.
- Results are calculated using procedures that occurred between October 1, 2016 and September 30, 2017.
- Contact the *QualityNet* Help Desk for assistance.

Dry Run Resources

- Detailed information about the measures and dry run will be available via *QualityNet* during the dry run at (qualitynet.org) > Ambulatory Surgical Centers > Measures > (Orthopedic or Urology) Measure Dry Run.
- CMS will host a National Provider Call on **August 21, 2018** from 2:00-4:00 pm EST.
 - Instructions to register will be available on *QualityNet*.
- Facilities may submit questions about the measures or the dry run to ASCmeasures@yale.edu.
 - **Note:** FSRs will contain Protected Health Information (PHI). Do not email your FSR or submit patient identifiable information to this address.

A stage with a blue floor and a blue curved ceiling. A row of spotlights is mounted on a truss above the stage, casting beams of light down. The background is dark blue.

The Abstraction Challenge Show: Real Questions, Real Answers

**Ambulatory Surgical Center Quality Reporting (ASCQR)
Program Support Contractor**

July 18, 2018

Learning Objectives

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

- ✓ Identify how to seek assistance for program-related questions and issues.
- ✓ Describe at least ten common barriers when abstracting measures for this program.
- ✓ State how to contact Subject Matter Experts (SMEs) with questions.

Your Game Show Host



Game Rules

- Each contestant chooses a category.
- Each question is assigned a point value.
- If the contestants are unable to answer a question, they may use 1 of 3 lifelines.



Contestant #1



Contestant #1

Name

Marylou

Occupation

Abstractor for ABC Surgery Center. She has been abstracting for the ASCQR Program for five years.

Interests

Her favorite food is pizza, and she loves dogs.

Contestant #2



Contestant #2

Name

Spencer

Occupation

Data abstractor for XYZ Surgery Center. He has been abstracting for the ASCQR Program for one year.

Hobbies

His favorite food is sushi, and he enjoys skiing.

Categories

ASC-8

ASC-9

ASC-10

ASC-11

ASC-12

ASC-13

ASC-14

**Program
Questions**

Categories

ASC-9

ASC-9

ASC-10

ASC-11

ASC-12

ASC-13

ASC-14

Program
Questions

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

Question

ASC-9: 100 Points

The physician documented in the colonoscopy report “Recommend repeat colonoscopy depending on pathology results.” There is not a documented follow-up interval.

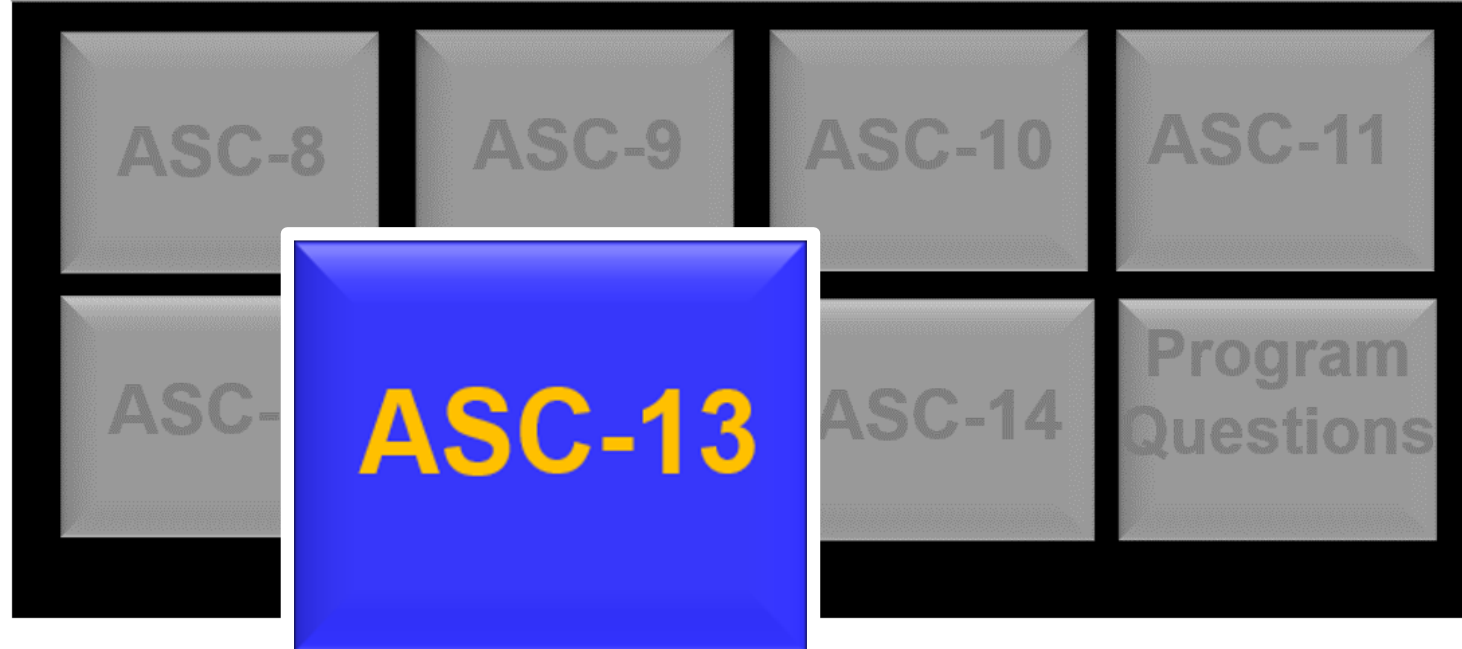
Should this case be a denominator exclusion?

Answer

Yes. This case would be excluded. If the patient had a biopsy or polypectomy, they do not meet the denominator statement criteria:

- All patients aged 50-75 years of age receiving screening colonoscopy **without** biopsy or polypectomy

Categories



ASC-13: Normothermia

Question

ASC-13: 200 Points

What if you don't perform any procedures that last for 60 minutes or longer at your facility? What do you record in this measure performance?



ASK an SME

To Ask a Question

www.qualitynet.org

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet) Search

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

QualityNet Registration

- Hospitals - Inpatient
- Hospitals - Outpatient
- Physician Offices
- ASCs
- Cancer Hospitals
- ESRD Facilities
- Inpatient Psychiatric Facilities
- QIOs

Getting Started with QualityNet

- Registration
- Sign-In Instructions
- Security Statement
- Password Rules
- QualityNet System Security Policy, PDF

Join Listserves

Sign up for Notifications and Discussions.

Known Issues - Hospital Reporting

QualityNet News [More News >](#)

New CMS HSR tutorial video released

The Centers for Medicare & Medicaid Services (CMS) has released a new video to assist participants in the Hospital Inpatient Quality Reporting (IQR) program with interpreting and understanding their Hospital-Specific Reports (HSRs).

[Full Article >](#)

Headlines

- CMS releases April 2018 *Hospital Compare* preview reports
- FY 2018 program results for three Value-Based Purchasing programs updated on *Hospital Compare* site
- Hospitals selected for FY 2020 inpatient quality reporting chart-abstracted data validation
- CY 2018 OPPS/ASC final rule with comment period
- CY 2018 OPPS/ASC Final Rule displayed
- CMS grants exemptions for Quality Program participants in FEMA disaster areas affected by Northern California Wildfires
- CY 2017 eCQM Reporting Updates and Resources for the Hospital IQR and Medicare EHR Incentive Programs Issued
- CMS releases December 2017 *Hospital Compare* preview reports
- CMS grants exceptions for Quality Program participants in FEMA disaster areas in Puerto Rico and U.S. Virgin Islands affected by Hurricane Maria
- CMS will not update *Hospital Compare* Star Ratings Data in October 2017
- CMS grants exceptions for Quality Program participants in FEMA disaster areas in Florida, Puerto Rico, and U.S. Virgin Islands affected by Hurricane Irma
- CMS will hold a second Review and Comment Period for the FY 2019 IAC Reduction Program

Log in to QualityNet Secure Portal

Login

- Download Symantec ID (**required** for login)
- Portal Resources
- Secure File Transfer Resources

Questions & Answers

- Ambulatory Surgical Centers
- End-Stage Renal Disease (ESRD) QIP
- Hospitals - Inpatient
- Hospitals - Outpatient
- Inpatient Psychiatric Facilities
- PPS-Exempt Cancer Hospitals

Note: First-time registration required

Downloads

- CART - Inpatient

Question

ASC-13: 200 Points

What if you don't perform any procedures that last for 60 minutes or longer at your facility? What do you record in this measure performance?

Answer

This measure includes only procedures performed under general or neuraxial anesthesia of 60 minutes or more in duration. Cases that do not meet these requirements should not be included in the denominator and would not be included in the measure performance.

Categories

ASC-8

ASC-9

ASC-10

ASC-11

ASC-12

ASC-13

ASC-14

Questions

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

Question

ASC-11: 200 Points

What visual function survey tools are acceptable to use for the measure?

Answer

Examples of the tools for visual function assessment can be found in the Measure Information Form (MIF) of the Specifications Manual. The same data collection instrument must be used pre-operatively and post-operatively.

Categories

ASC-8

ASC-9

ASC-10

ASC-11

ASC-12

ASC-13

ASC-14

Program
Questions

**ASC-8: Influenza Vaccination Coverage
among Healthcare Personnel**

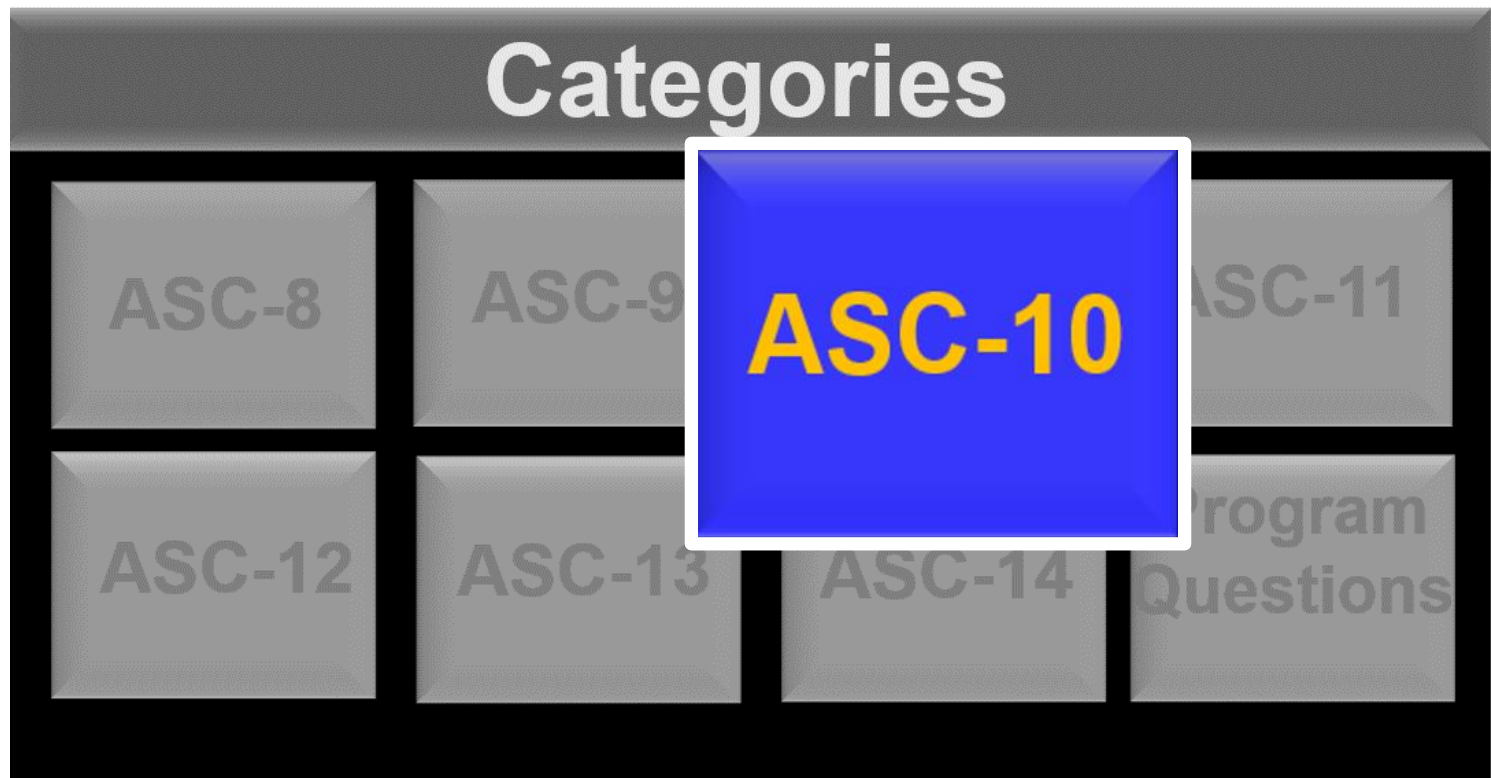
Question

ASC-8: 300 Points

What if a student or staff member is at the center and then gets their flu shot later in the month? Does that count as a vaccination for the month they were at the center?

Answer

As long as they receive their flu shot during the current flu season, then it should be included in your facility's reporting. Anyone who works at your facility during the reporting period and who is vaccinated anytime during the influenza season (October 1 through March 31) is counted as vaccinated.



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

Question

ASC-10: 200 Points

The physician writes on the H&P: "WM presents for colon cancer screening; he had a polyp on exam in 2008."

How do I answer documentation that the patient had an interval of three or more years since the last colonoscopy?

Answer

The documentation provided does not indicate a colonoscopy was performed and would not be used to establish the interval since the last colonoscopy.

Categories

ASC-8

ASC-9

ASC-10

ASC-11

ASC-12

ASC-13

ASC-14

Program
Questions

ASC-14: Unplanned Anterior Vitrectomy

Question

ASC-14: 300 Points

A patient is brought to the hospital for a cataract surgery and there is no mention of an anterior vitrectomy noted on that cataract visit, but two days later an unplanned anterior vitrectomy is noted within our ASC medical record.

Should this “secondary vitrectomy” be ignored due to the fact it was completed at a separate outpatient visit?



Ask the Audience

Answer

This is an ASC measure. As a result, in order for a cataract surgery case to be included in the denominator for this measure, the cataract surgery must have originally been performed in the ASC. The case you describe would not be included because the cataract surgery was performed in the hospital.

Categories

ASC-8

ASC-9

ASC-10

ASC-11

ASC-12

ASC-13

ASC-14

Program
Questions

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

Question

ASC-12

Who reports the ASC-12 data?

Answer

ASC-12 is calculated using Medicare claims submitted for payment; therefore, ASCs do not have to manually abstract and report data for this measure.

Categories

ASC-8

ASC-9

ASC-10

ASC-11

ASC-12

ASC-13

ASC-14

**Program
Questions**

Program Questions

Question

Program Question: 200 Points

I know I can run reports on QualityNet to keep up with my data.

Is there a particular report I can run to see the status of my Quality Data Codes (QDCs) and web-based measures?



Phone an Expert

Answer

- Your facility can generate these reports on demand in the QualityNet Secure Portal
 - Claims Detail Report
 - Provider Participation Report
- For detailed instructions, access previous webinars under the Archived Events tab for this program on the www.qualityreportingcenter.com website.

Question

ASC-13: 400 Points

Our surgical records have an Anesthesia Start time and an Induction time documented.

What should we use as the Anesthesia Start Time to determine Anesthesia Time?

Answer

This measure includes not only general anesthesia but also spinal and epidural anesthesia; therefore, it is important to use the definition of duration in the specifications, which references the time from anesthesia start to anesthesia end. We recommend working with anesthesia providers to gain an understanding of the practices of administration of general/spinal/epidural anesthesia within your center. Anesthesia providers understand when this period of time begins and ends based on their approach to the administration of anesthetics and the processes in their center.

Question

ASC-13: 400 Points

- A Medicare patient had an epidural started in Pre-Operative (pre-op) holding at 0800. The patient entered the operating suite at 0810.
- The documented end time of anesthesia was 0905. The patient's body temperature of 96.5° was recorded at 0920. The nurse practitioner documented intentional hypothermia for the procedure.

Is this patient excluded from the measure?

Answer

Yes. The documentation of intentional hypothermia is a Denominator Exclusion. This case would not be included in the measure.

Question

ASC-13: 300 Points

The sample size requirement for ASC-13 is 96 per year, if the population is greater than or equal to 901. As of today, we have a sample size of 148.

Can our ASC stop tracking these for the year?

Answer

- The population and sampling specifications for this measure are if your facility has greater than or equal to 901 cases annually that have met the denominator criteria.
 - The ASC-13 denominator criteria are the number of patients who have received general or neuraxial anesthesia for 60 minutes or longer.
- If you have greater than or equal to 901 cases, then your sample size is 96 of those charts.
- It is not recommended to pre-select 96 charts that have met the denominator criteria to avoid tracking the data for the rest of the year.

Question

ASC-14: 200 Points

For this measure, we use CPT codes 66982, 66983, and 66984 which are all related to cataract surgery.

If a cataract surgery is completed on day one and the patient returns on day three for the unplanned vitrectomy, are these unplanned vitrectomies captured if the cataract surgery was done on a separate visit? I know that they are “typically” done at the same visit, but how are the separate visits addressed? Would that separate visit then be considered a planned vitrectomy, since it was then scheduled?

Answer

- The CPT codes are used simply to identify cataract surgeries which make up the denominator of the measure.
- The numerator should capture all unplanned vitrectomies, so the fact that the visits were separate has no bearing on whether or not the case should be included.
- If the vitrectomy is unplanned, it should be included in the numerator.

Question

ASC-9: 400 Points

How do we determine the patient population for the measure and subsequently determine the sample size? Is it the total number of patients seen in the ASC?

Answer

- The population for the measure includes all cases that meet the denominator criteria using the CPT, ICD-10, and HCPCS Codes. These codes are available within the MIF in the Specifications Manual.
- In Version 7.0a of the Specifications Manual, you will refer to the Quality-Data Coding & Sampling Specifications section, Table 3, to obtain the minimum sample size requirement.

Question

Program Question: 300 Points

We are only reporting ASC-1 through ASC-4 now, right? We do not have to report ASC-5 for the program. Is this correct?

Answer

Yes, you are correct. ASC-5 was removed from the program in the CY 2018 Final Rule. If you had no adverse events you will report one code, G8907. If you did have an event, you will report four codes to address each of these four measures.

Question

ASC-13: 500 Points

A private pay patient received general anesthesia. The anesthesiologist documented the start time as 0730 and end time as 0825. The patient's arrival time into PACU was documented as 0832. The patient's body temperature at 0837 was 97.8° F.

Should I include this patient in the measure?



Ask the Audience

Answer

The anesthesia duration time is not equal to or greater than 60 minutes; therefore, this patient should **not** be included in the measure.

Question

ASC-14: 400 Points

When submitting facility information for ASC-14, may the facility use the sampling technique?

Answer

- No, you will not be able to "sample" for ASC 14. This measure will be reported as a numerator and denominator.
 - The denominator will be the total number of cataract surgery patients.
 - The numerator will be the total number of unplanned anterior vitrectomies.
- The expected number of unplanned anterior vitrectomy cases should be so small that sampling is not needed.

Bonus Question

ASC-13: 500 Points

- A patient received general anesthesia for a surgical procedure. The anesthesiologist documented the start time as 1010.
- There is no documented end time.
- The patient's arrival in the PACU is recorded at 1115 with a body temperature recorded at 1125 of 97°F.

Is this patient included in the measure?

Answer

- No. This patient should not be included in this measure.
- Arrival in PACU is only used to determine if the patient's body temperature meets the duration and required temperature for inclusion in the numerator.
- Anesthesia end time cannot be substituted with arrival in PACU time.

Today's Champion



A stage scene with a row of spotlights at the top, casting beams of light down. A large, bright blue light effect is visible at the bottom of the stage. The text "Thank You for Playing" is centered in the middle of the image.

Thank You for Playing

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>

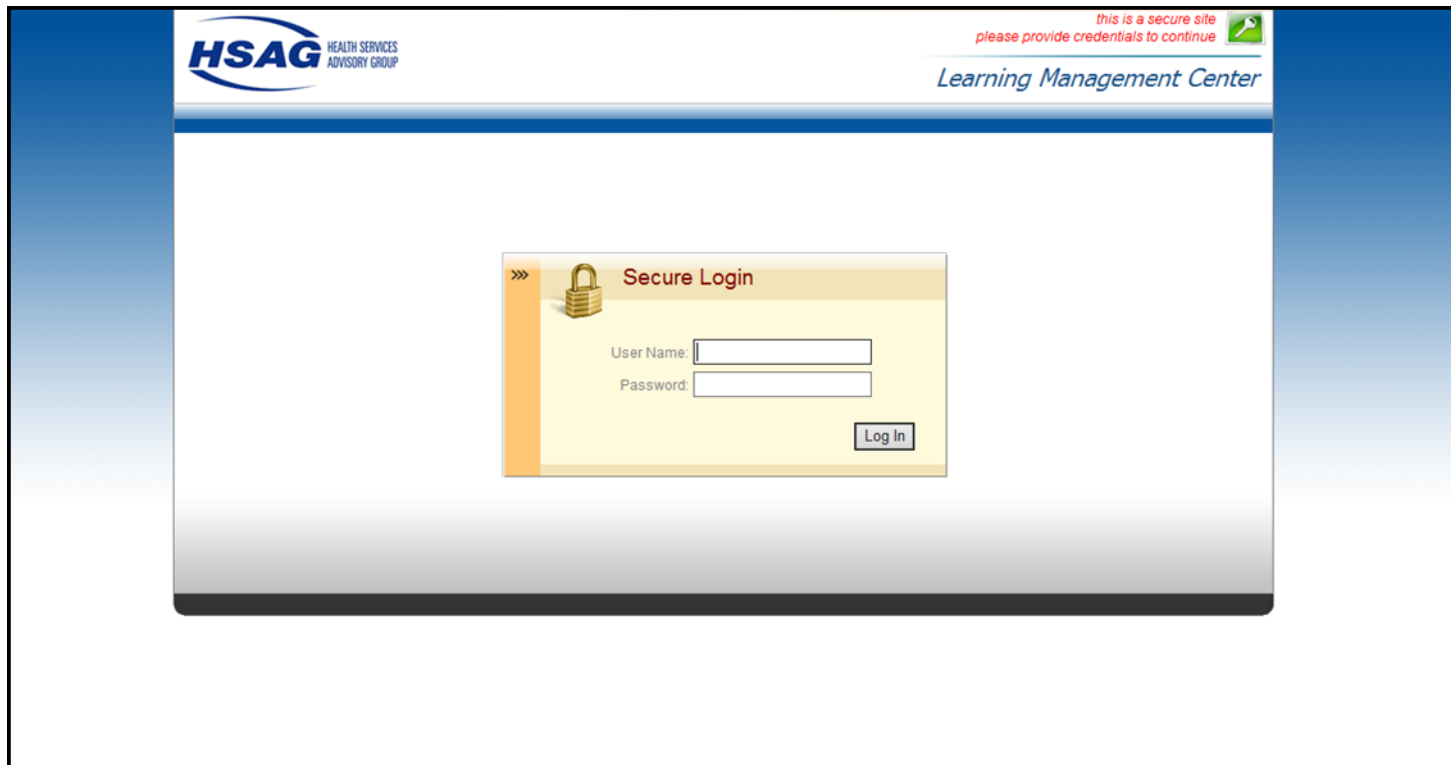
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web page for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, there is a security notice: "this is a secure site please provide credentials to continue" next to a small green icon. Below this is the text "Learning Management Center". The main heading of the page is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form includes four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The entire form is enclosed in a white box with a blue border.

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning reads "this is a secure site please provide credentials to continue" next to a small icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:", followed by a "Log In" button.

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

Or

- Call the Support Contractor at 866.800.8756.