

Understanding Web-Based Measures for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program

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Submitting Questions

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



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Understanding Web-Based Measures for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program



*Karen VanBourgondien,
BSN, RN
Education Coordinator*

May 27, 2015

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ASCQR Announcements

- The requirement for reporting the claims-based measures is 50 percent or greater for quality data code (QDC) submission via Medicare Fee-for-Service (FFS) claims.
- The submission period for the web-based measures for CY 2016 opened January 1, 2015.
- The technical issue affecting the submission of ASC-9 and ASC-10 has been resolved.
- ASC-8 will be submitted to the National Healthcare Safety Network (NHSN) at www.CDC.gov/NHSN.

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Save the Date

- Next ASCQR Program educational webinars:
 - July 16, 2015: Dry Run Results for ASC-12, presented by Yale
 - July 23, 2015: Discussion of the Proposed Rule led by Anita J. Bhatia, PhD, MPH, from CMS
- Registration announcements will be sent via the ASCQR ListServe.
- Registration and handouts will be posted at www.qualityreportingcenter.com.

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Learning Objectives

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

- Identify all web-based measures
- Apply knowledge to chart-abstracted measures
- Identify submission period and population sampling size.

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Web-Based Measures



*Karen VanBourgondien,
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Education Coordinator*

*Understanding the
ASCQR Web-Based
Measures*

Web-Based Measures

- ASC-6: Safe Surgery Checklist Use
- ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures
- ASC-8: Influenza Vaccination Coverage Among Healthcare Personnel
 - Reported to the Centers for Disease Control and Prevention's (CDC's) NHSN
 - Helpdesk contact: NHSN@CDC.gov

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ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval...

- **Description:** Percentage of patients aged 50 years and older receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of a least 10 years for repeat colonoscopy documented in their colonoscopy report
- **Denominator:** All patients aged 50 years and older receiving screening colonoscopy without biopsy or polypectomy
- **Numerator:** Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

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ASC-9 Denominator Exclusions

- Documentation of medical reason(s) for not recommending at least a 10-year follow-up interval.

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Frequently Asked Questions

- Documentation of a medical reason for exclusion.
- Exclusion regarding the age of the patient.
- A lack of documentation regarding the follow-up interval.

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Medical Reason

- What if there is a medical reason for exclusion?
- Medical reasons include:
 - Above average risk
 - Inadequate prep
 - Other medical reasons documented by the physician

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Age and Lack of Documentation

- Does the age of the patient impact the recommendation of the follow-up interval for repeat colonoscopy?
- What if there is a range documented by the physician but not an exact number of years?

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Fictitious Patient 1

- 58-year-old male
- No previous colonoscopy
- Colonoscopy report states normal exam
- Documented follow-up interval is 10 years

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Fictitious Patient 2

- 68-year-old female receiving a screening colonoscopy
- No previous colonoscopy
- Colonoscopy report states no polyps, no biopsies
- Physician documents this is a high-risk patient and recommends follow-up in five years

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Fictitious Patient 3

- 62-year-old male receiving a screening colonoscopy
- Physician performs a biopsy during the colonoscopy and is awaiting results
- Physician documents "awaiting biopsy results, will follow-up in the office"

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ASC-10: Endoscopy/Polyp Surveillance: ...Avoidance of Inappropriate Use

- **Description:** Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior colonic polyp(s) in previous colonoscopy findings, who had a follow-up interval of three or more years since their last colonoscopy.
- **Denominator:** All patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior colonic polyp(s) in previous colonoscopy findings.
- **Numerator:** Patients who had an interval of three or more years since their last colonoscopy.

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ASC-10 Denominator Exclusions

- Documentation of medical reason(s) for an interval of less than three years since the last colonoscopy
- Documentation of a system reason(s) for an interval of less than three years since the last colonoscopy

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Frequently Asked Questions

- Documentation of medical reasons
- Acute symptoms relating to the time interval of the present colonoscopy
- Confusion in documentation of the last colonoscopy

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Medical Reason

- What if there is a medical reason for exclusion?
- Medical reasons include:
 - High-risk for colon cancer
 - Last colonoscopy was incomplete
 - Last colonoscopy found greater than 10 adenomas
 - Other medical reasons documented by the physician

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Date of Last Colonoscopy

- What if the patient does not know the date of the last colonoscopy?
- Can we use just the year for the date of the last colonoscopy?
- If we have an exact date for the last colonoscopy, how do we abstract that?
- Can we refer to the physician office's medical record for the date of the last colonoscopy?

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Fictitious Patient 1

- 30-year-old with a history of polypectomy
- Patient is not sure when the last colonoscopy was
- Colonoscopy report is unavailable

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Fictitious Patient 2

- 48-year-old female who had a previous polypectomy and biopsy with the previous colonoscopy two years prior
- Patient presents with symptoms of abdominal pain and sluggish digestion documented in the current episode of care

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Fictitious Patient 3

- 62-year-old male who had a previous colonoscopy on 01/29/2012
- During the last colonoscopy the patient had multiple polyps removed with biopsy

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Available Tools

- Fact sheet for both ASC-9 and ASC-10
- Endoscopy tool for both ASC-9 and ASC-10
- Denominator Codes for ASC-9 and ASC-10

Please visit www.qualityreportingcenter.com to access these documents.

Measure Tool

Endoscopy and Polyp Surveillance		
ASC-9	Criteria	Denominator Population
ASC-9: Appropriate Follow-up Interval for Benign Colonoscopy in Average Risk Patients	Circle One	Numerator: Denominator
1. Patient had a colonoscopy within 12 months of previous, with a colonoscopy within 90 days of procedure	Yes	Include in the denominator population, unless in 2.
	No	Exclude from the denominator population.
2. Documentation of patient history that was inconsistent with a colonoscopy within 90 days of procedure (e.g., absent consent and patient or surrogate refusal)	Yes	Exclude from the denominator population.
	No	Exclude from the denominator population.
3. Documentation of follow-up interval of at least 12 months for average-risk patients in the numerator population	Yes	Include in the numerator population.
	No	Exclude from the numerator population.
ASC-10	Criteria	Denominator Population
ASC-10: Endoscopy Interval for Patients with a History of Inflammatory Bowel Disease or Inflammatory Bowel Disease	Circle One	Numerator: Denominator
1. Patient had a colonoscopy within 12 months of previous, with a colonoscopy within 90 days of procedure	Yes	Include in the denominator population, unless in 2.
	No	Exclude from the denominator population.
2. Documentation of patient history that was inconsistent with a colonoscopy within 90 days of procedure (e.g., absent consent and patient or surrogate refusal)	Yes	Exclude from the denominator population.
	No	Exclude from the denominator population.
3. Documentation of follow-up interval of at least 12 months for average-risk patients in the numerator population	Yes	Include in the numerator population, unless in 2.
	No	Exclude from the numerator population.
4. Documentation of follow-up interval of at least 12 months for average-risk patients in the numerator population	Yes	Include in the numerator population, unless in 2.
	No	Exclude from the numerator population.
5. Documentation of follow-up interval of at least 12 months for average-risk patients in the numerator population	Yes	Include in the numerator population, unless in 2.
	No	Exclude from the numerator population.

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

- **Description:** 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
- **Denominator:** All patients aged 18 years and older who had cataract surgery and completed both a pre-operative and post-operative visual function instrument
- **Numerator:** Patients who had improvement in visual function achieved within 90 days following cataract surgery, based on completing both a pre-operative and post-operative visual function instrument

Sample Size

Population Per Year	0-900
Yearly Sample Size	63
Quarterly Sample Size	16
Monthly Sample Size	6
Population Per Year	≥ 901
Yearly Sample Size	96
Quarterly Sample Size	24
Monthly Sample Size	8

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Log in to QualityNet Secure Portal

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Choose Your Destination

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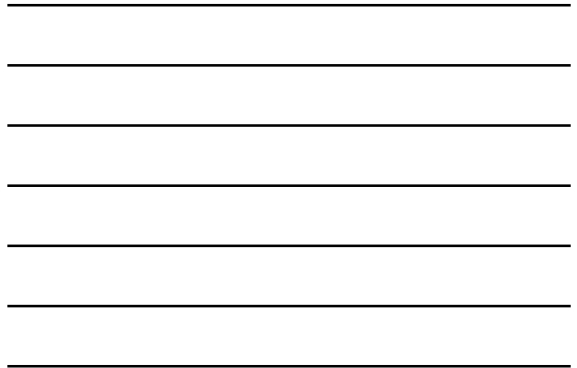
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Access the Secure Portal



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Access the ASC Program

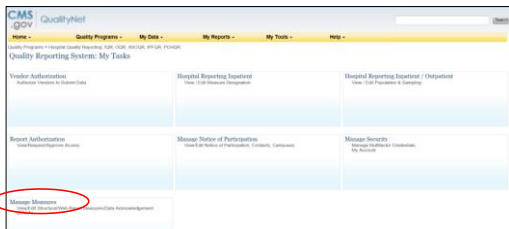


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Access the Web-Based Measures



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Access Manage Measures

The screenshot shows the CMS.gov QualityNet interface. The main heading is "View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)". There are two columns of text. The left column contains introductory information about structural and web-based measures. The right column is titled "Select a Program" and lists "Outpatient Web-Based Measures" and "Ambulatory Surgical Center Web-Based Measures".

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Select Payment Year

The screenshot shows the CMS.gov QualityNet interface for "Ambulatory Surgical Center Web-Based Measures". A dropdown menu for "Payment Year" is visible, with "2016" selected and circled in red. A "CONTINUE" button is located below the dropdown.

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Select the Measure

The screenshot shows the CMS.gov QualityNet interface for "Web-Based Measures | PY 2016". It features a table with columns for "Provider ID", "Measure ID", and "Status". The "Status" column has four entries, all of which are "Incomplete". Below the table is a "Payment Year Selection" button.

Provider ID	Measure ID	Status
ABC-1	ABC-2	Incomplete
ABC-3	ABC-4	Incomplete
ABC-5	ABC-6	Incomplete

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Entering Data in QualityNet for ASC-9 and ASC-10

ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients

Population (Not Required)

What was your hospital's Total Population?

What was your hospital's sample size?

What was your hospital's sampling frequency?
 Quarterly Not Sampled N/A - Submission not required

Numerator

* Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

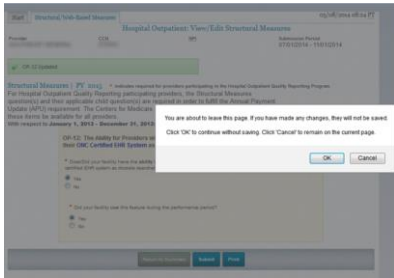
Denominator

* All patients aged 50 years and older receiving screening colonoscopy without biopsy or polypectomy

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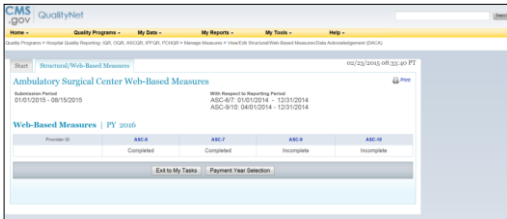
Returning to the Summary



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Web-Based Measure Summary



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Summary

We covered many points of interest today such as:

- The web-based measures for the ASC Program.
- A detailed explanation of ASC-9 and ASC-10.
- Examination of some fictional cases.
- Evaluation of screen shots on the *QualityNet* website.

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Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professional organizations:
 - Florida Board of Nursing
 - 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
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing boards.

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CE Credit Process

- Complete the ReadyTalk® survey you will receive by email within the next 48 hours or the one that will pop up after the webinar.
- The survey will ask you to log in or register to access your personal account in the Learning Management Center.
 - A one-time registration process is required.

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CE Credit Process: Survey

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.

Presented by **James H. Johnson**
Chair and past president, **NSAAG**

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CE Credit Process

Thank you for completing our survey!

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

You must be registered with the learning management site.

New User Link:
https://www.ncspa.com/register/learn.asp?CID=1060&CID_06=03-03-03&CID_04=03-03-03&CID_05=03-03-03&CID_06=03-03-03&CID_07=03-03-03&CID_08=03-03-03&CID_09=03-03-03&CID_10=03-03-03

Existing User Link:
https://www.ncspa.com/register/learn.asp?CID=1060&CID_06=03-03-03&CID_04=03-03-03&CID_05=03-03-03&CID_06=03-03-03&CID_07=03-03-03&CID_08=03-03-03&CID_09=03-03-03&CID_10=03-03-03

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

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CE Credit Process: New User

NSAQ Non-Supervisory Accounting Quarterly

Learning Management Center

Learning Center Registration: QCR: 2015 Specifications Manual Update - 1-21-2015

Email Address:

Last Name:

First Name:

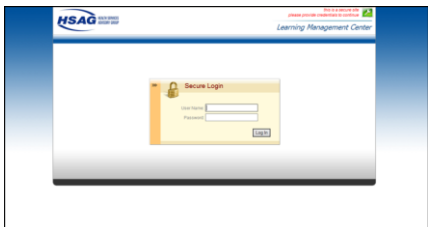
Title:

Organization:

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CE Credit Process: Existing User



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Thank You for Participating!

Please contact the ASCQR Support Contractor if you have any questions:

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

Or

- Call the ASCQR Support Contractor at 866.800.8756.

This material was prepared by the Outpatient Quality Reporting Outreach and Education Support Contractor under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). HHS/OCR/ASC-CR-0112015-01

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