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.
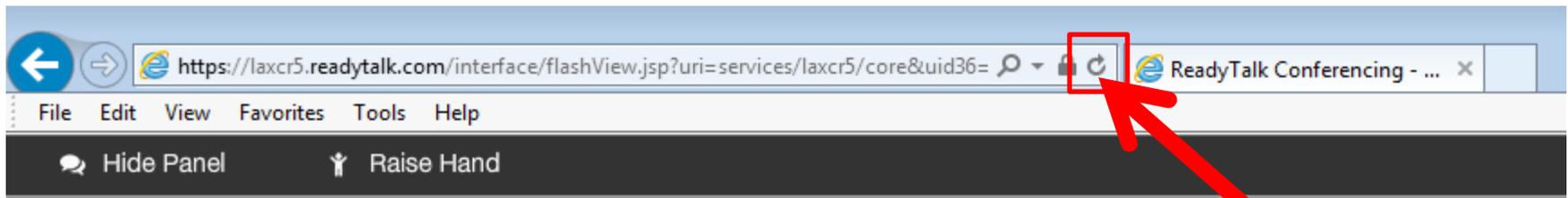
- This event is being recorded.

Troubleshooting Audio

Audio from computer speakers breaking up? Audio suddenly stops?
- Click **Refresh** icon
  or
- Click F5

F5
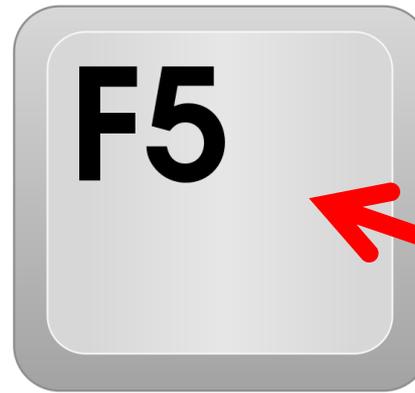
F5 Key
Top row of keyboard

https://laxcr5.readytalk.com/interface/flashView.jsp?uri=services/laxcr5/core&uid36=

File   Edit   View   Favorites   Tools   Help

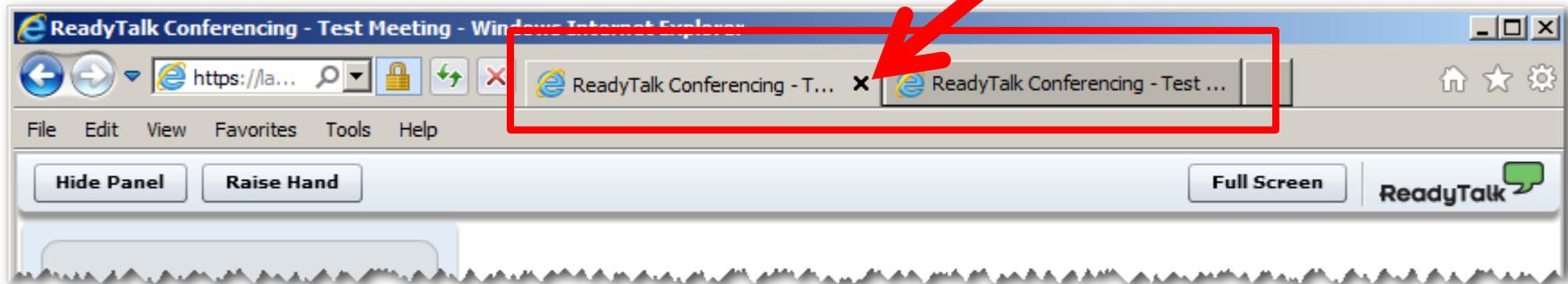💬 Hide Panel   ⅄ Raise Hand

ReadyTalk Conferencing - ...

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 Hospital Outpatient Quality Reporting (OQR) Program

Dianne Glymph, MLIS

Project Coordinator

Hospital OQR Program Support Contractor

February 21, 2018

Announcements

- **May 1, 2018**: Clinical Data and Population and Sampling deadline for Quarter 4 (October 1– December 31) 2017

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

- Please be sure to access the NHSN and the QualityNet Secure Portal **every 60 days** to keep your passwords active.

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 Hospital OQR Program educational webinar:

  - **March 21, 2018:** Answering the most common program questions

- Notifications of additional educational webinars will be sent via ListServe

Learning Objectives

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

- Interpret data discussed for the Hospital OQR Program.

- List common barriers when abstracting the measures discussed.

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

Musical Inspiration: Goals and Objectives

Purpose of Measures

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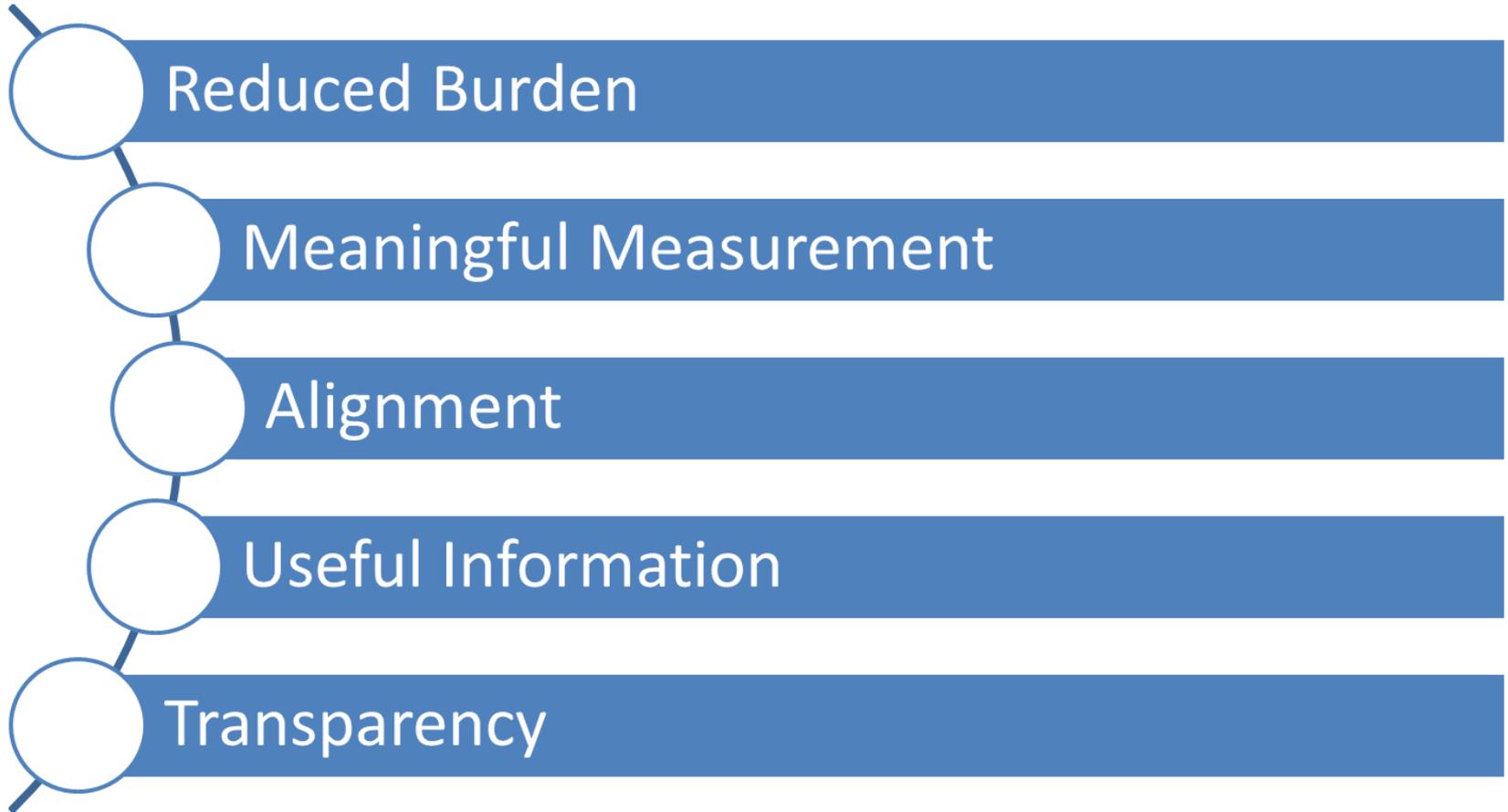
Goals for Reporting

- 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

Measures

- Clinical Data
  - **OP-1**, OP-2, OP-3, **OP-4**, OP-5, OP-18, **OP-20**, **OP-21**, OP-23

- Imaging Efficiency Measures
  - OP-8, OP-9, OP-10, OP-11, OP-13, OP-14

- Measures Submitted via a Web-Based Tool
  - OP-12, OP-17, OP-22, **OP-25**, **OP-26**, OP-27, OP-29, OP-30, OP-31, OP-33

- Outcome Measures
  - OP-32, OP-35, OP-36

Benchmarks

- To review benchmarks and trends access: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228768205213
    - The most current information posted is for Q1 2016 through Q1 2017 data.

# Stop the Music

Polling Question!

OP-27

OP-27: Influenza Vaccination Coverage among Healthcare Personnel

- Facilities report vaccination data for three categories of hospital personnel

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

- Data entered per facility

OP-27 Rate by State for 2014-2015 Flu Season

National OP-27 Rate: 84%

Rate
- >= 90.00%
- 60.00%-69.99%
- 80.00%-89.99%
- < 60.00%
- 70.00%-79.99%
- N/A
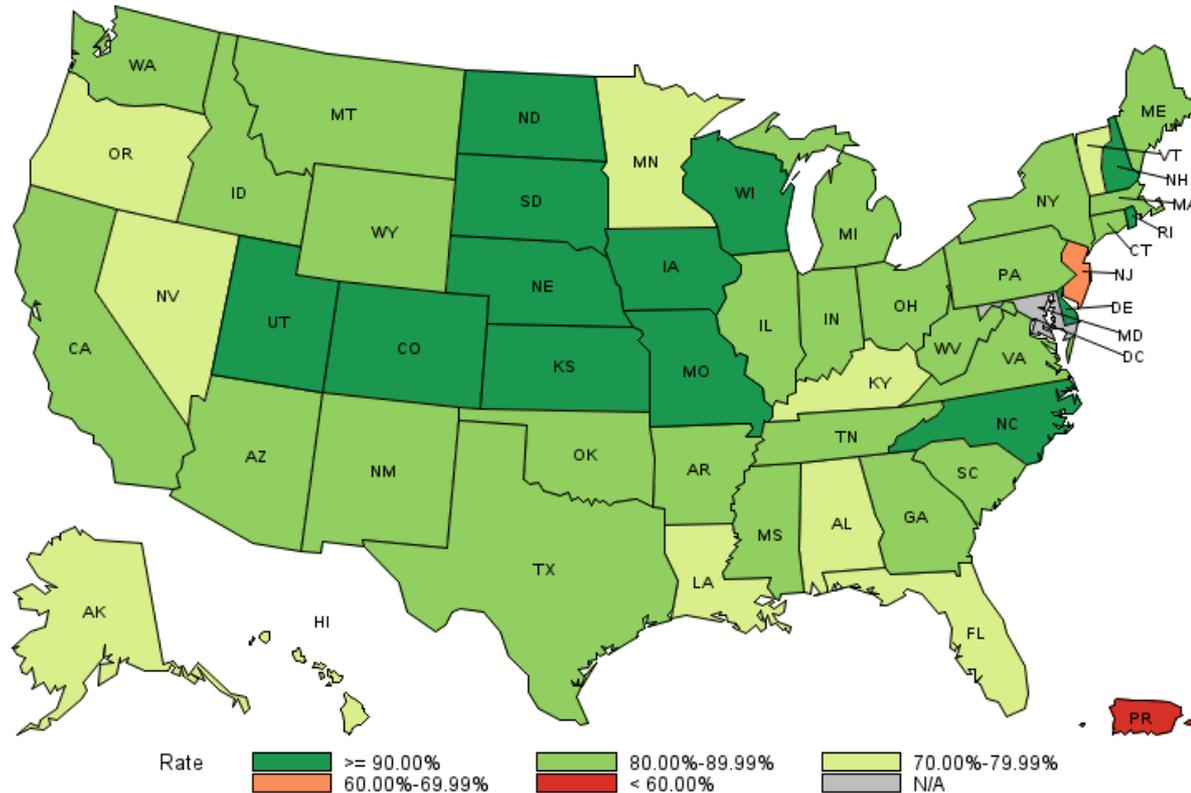
Data Source: Hospital Compare Data for 2014-2015 Flu Season

OP-27 Rate by State for 2015-2016 Flu Season

National OP-27 Rate: 86%

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 2015-2016 Flu Season

OP-27 Rate by State for 2016-2017 Flu Season

National OP-27 Rate: 88%

Rate

>= 90.00%	80.00%-89.99%	70.00%-79.99%
60.00%-69.99%	< 60.00%	N/A
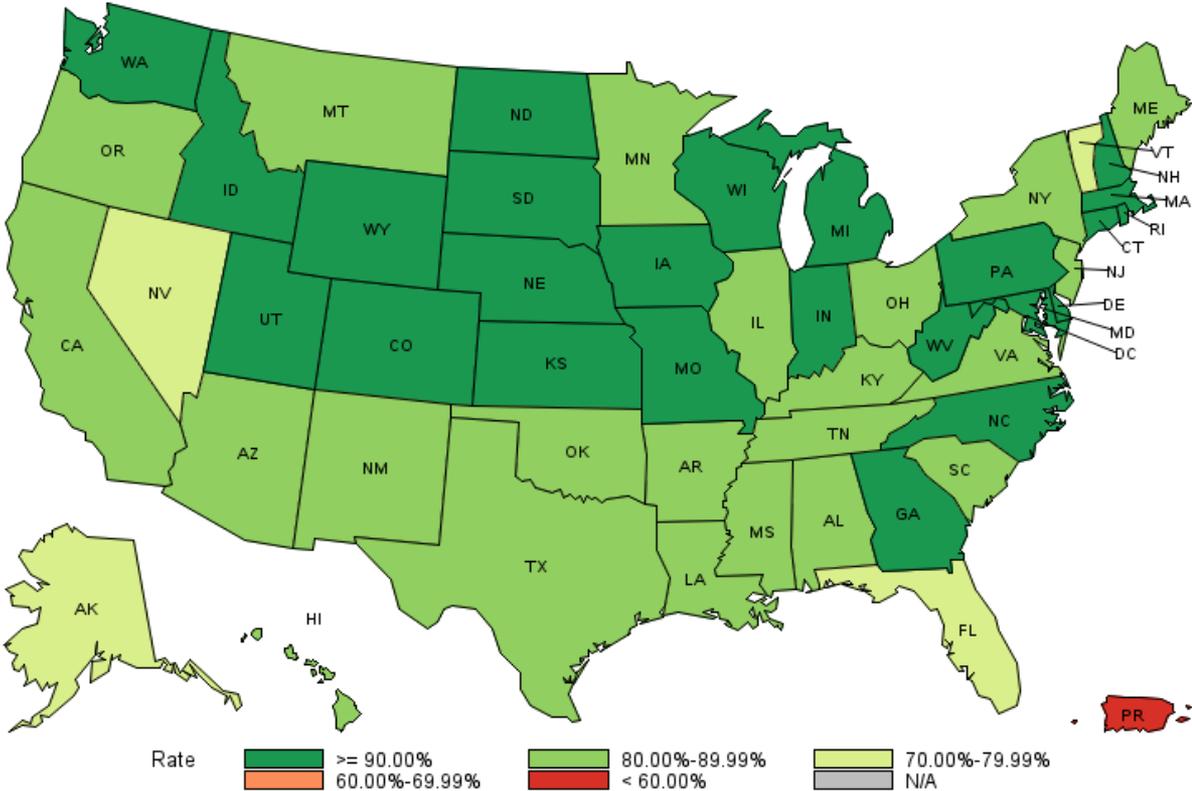
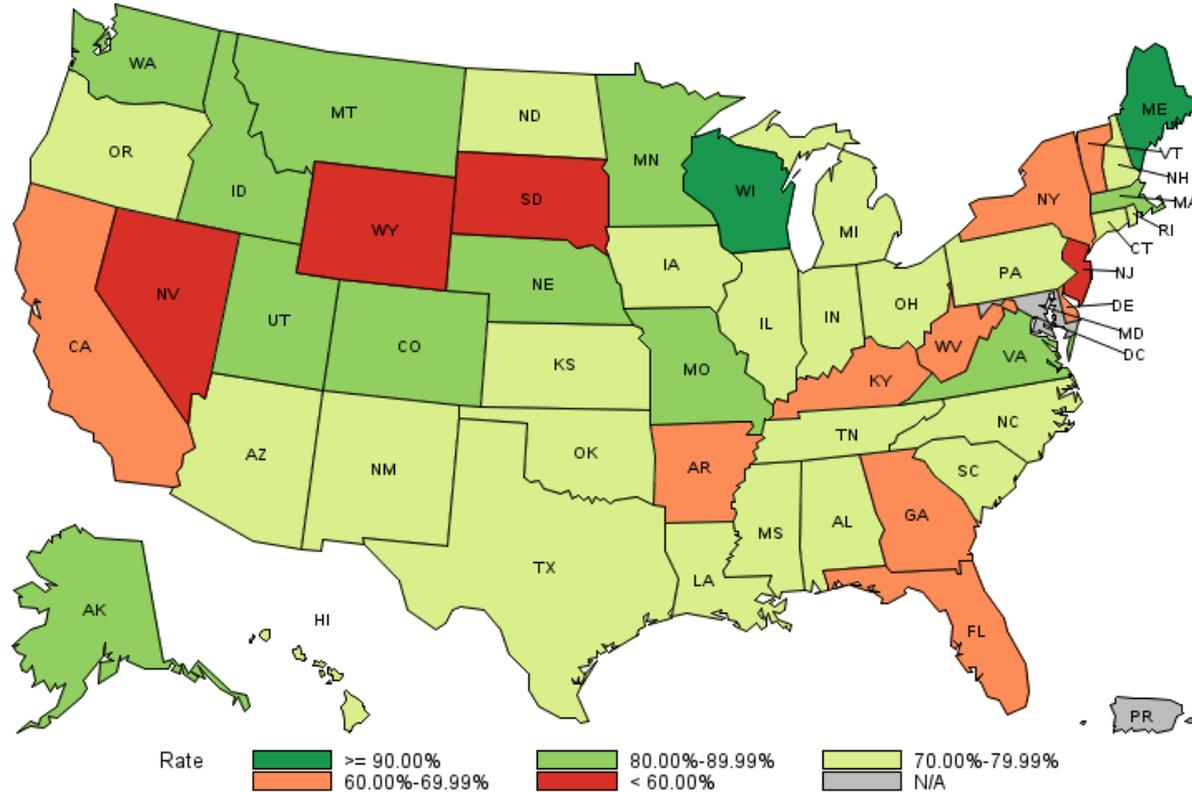Data Source: Hospital Compare Data for 2016-2017 Flu Season

OP-29

OP-29: 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
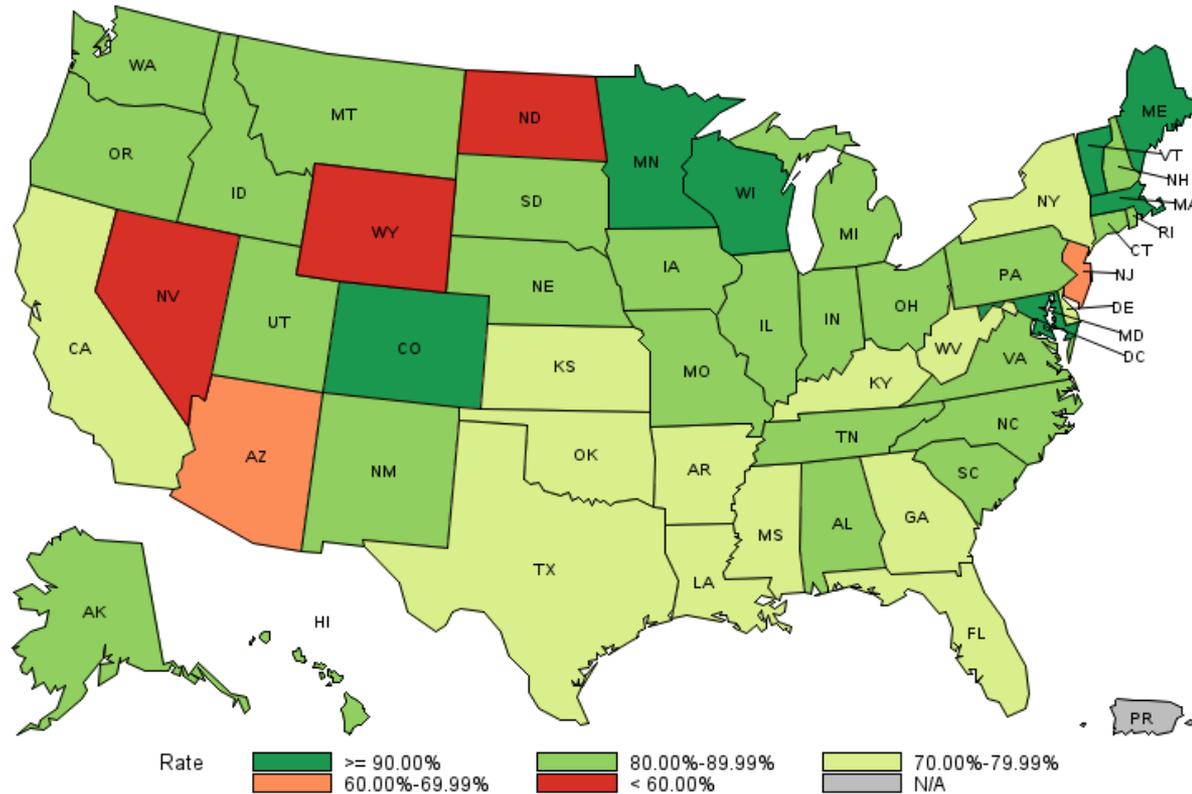
OP-29 Rate by State for 2014

National OP-29 Rate: 74%

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 2014

OP-29 Rate by State for 2015

National OP-29 Rate: 80%

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

OP-29 Rate by State for 2016

National OP-29 Rate: 85%

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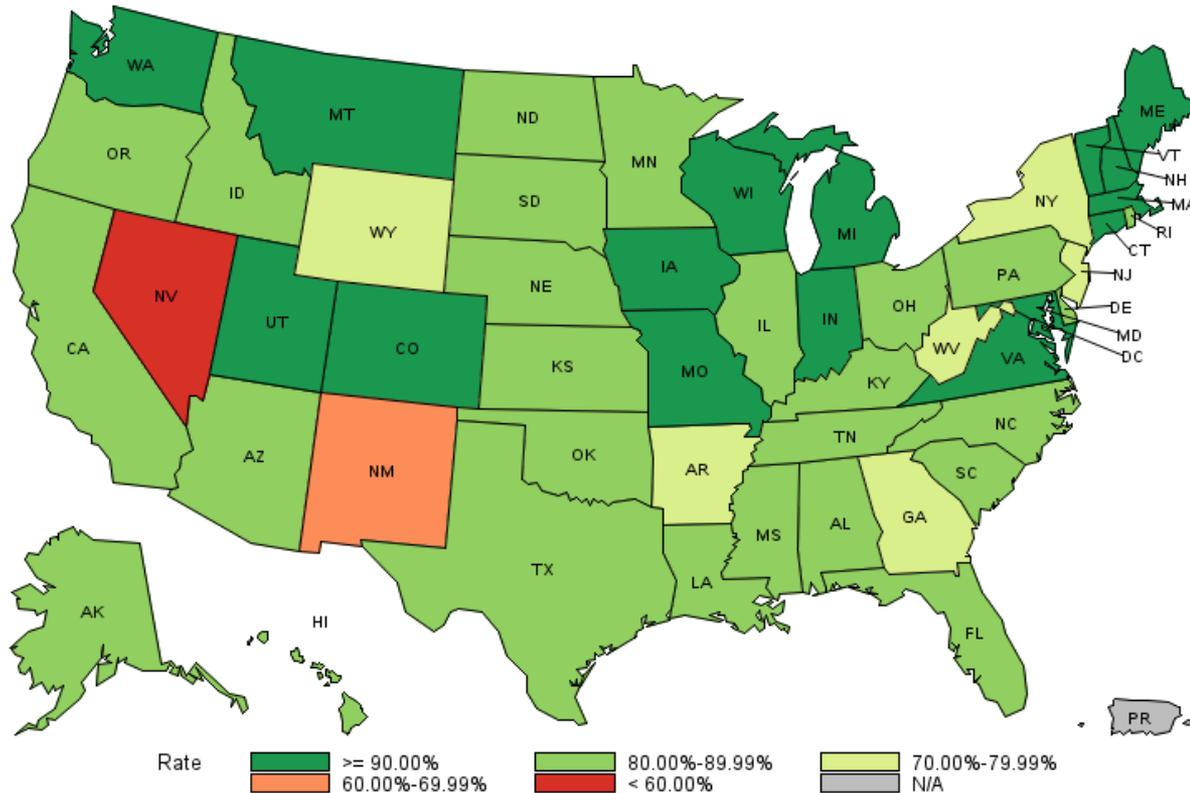
Data Source: Hospital Compare Data for CY 2016

Common Issues

- Appropriate documentation of a medical reason for exclusion

- Exclusion due to the age of the patient

- Lack of documentation regarding the follow-up interval

  - Changes were made in the Specifications Manual for clarification
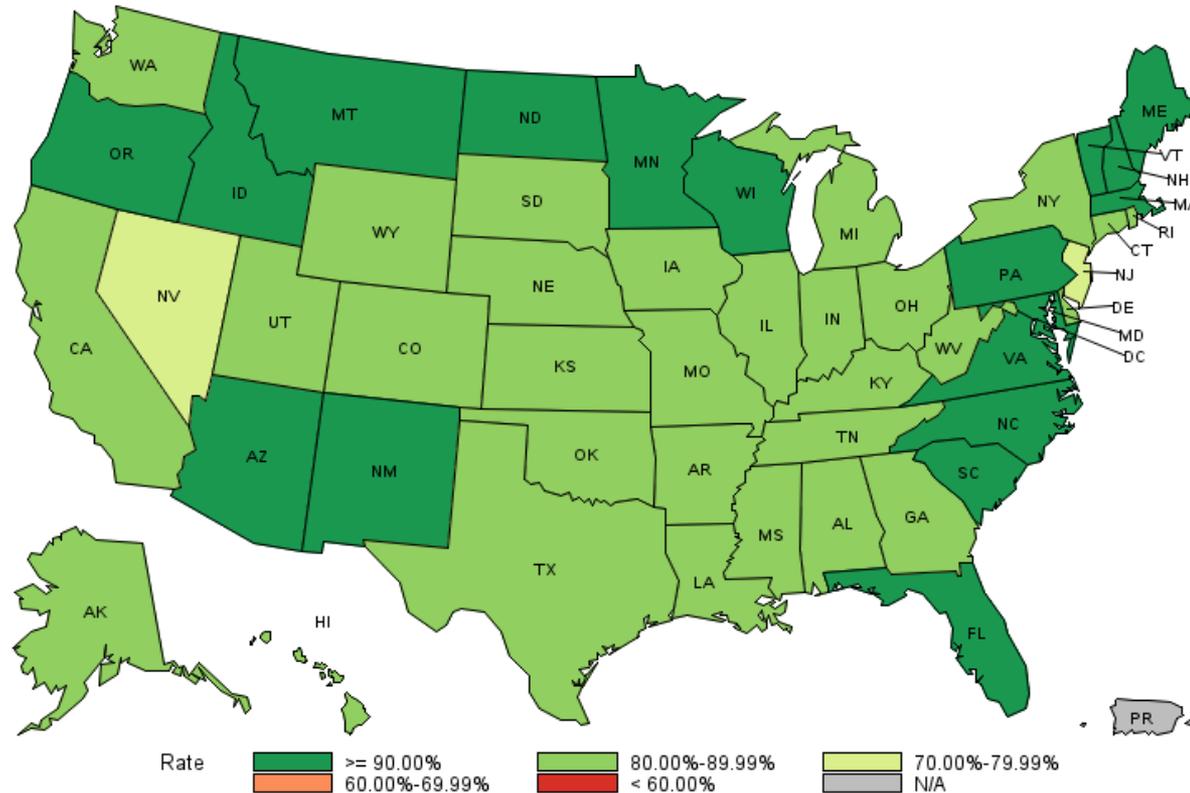
OP-30

OP-30: 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

OP-30 Rate by State for 2014

National OP-30 Rate: 80%

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 2014

OP-30 Rate by State for 2015

National OP-30 Rate: 87%

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

OP-30 Rate by State for 2016

National OP-30 Rate: 89%

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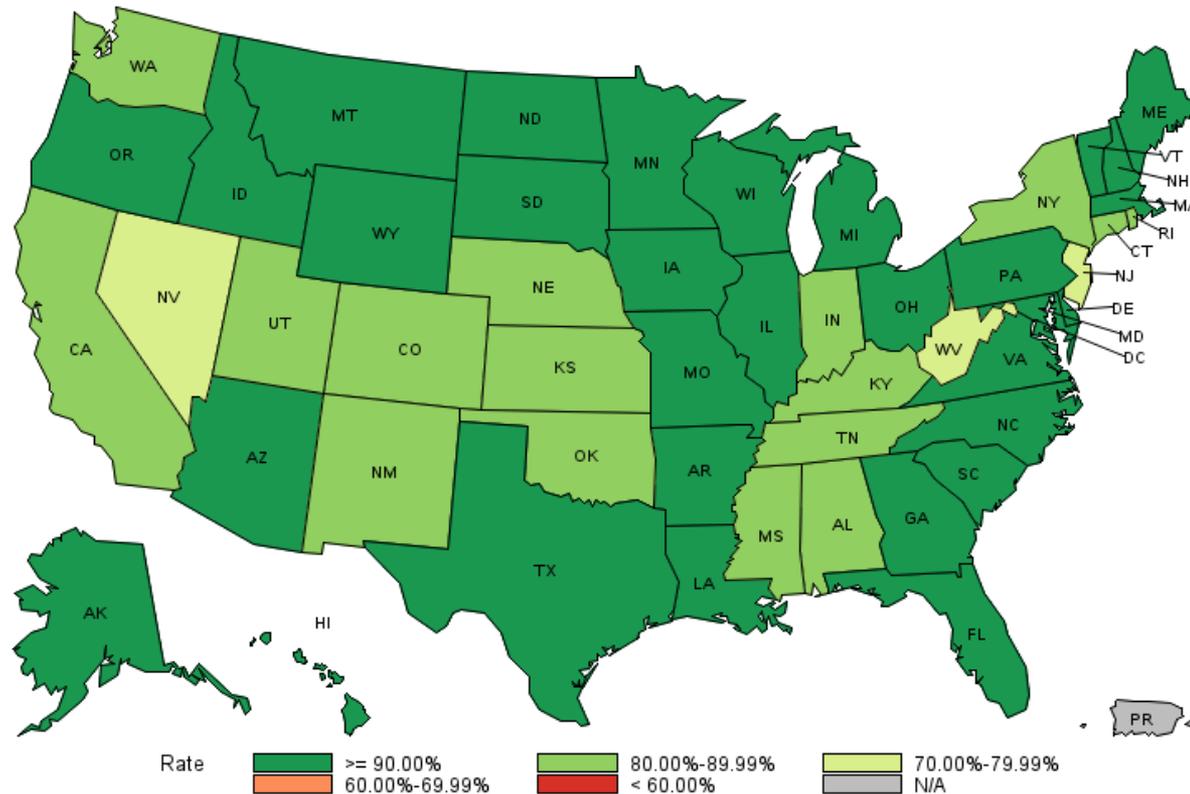
Data Source: Hospital Compare Data for CY 2016

Common Issues

- Confusion about documentation of the last colonoscopy
- Documentation of medical reasons
- Acute symptoms relating to the time interval of the present colonoscopy
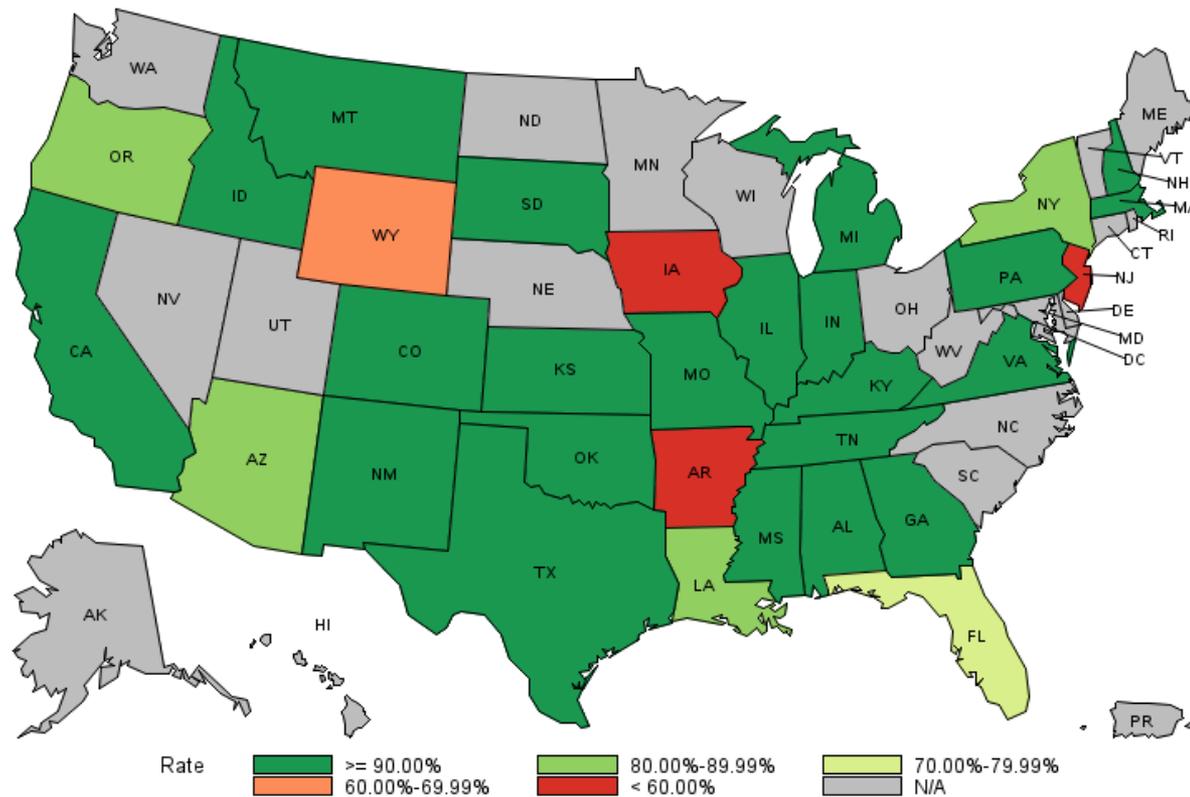
OP-31

OP-31: 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

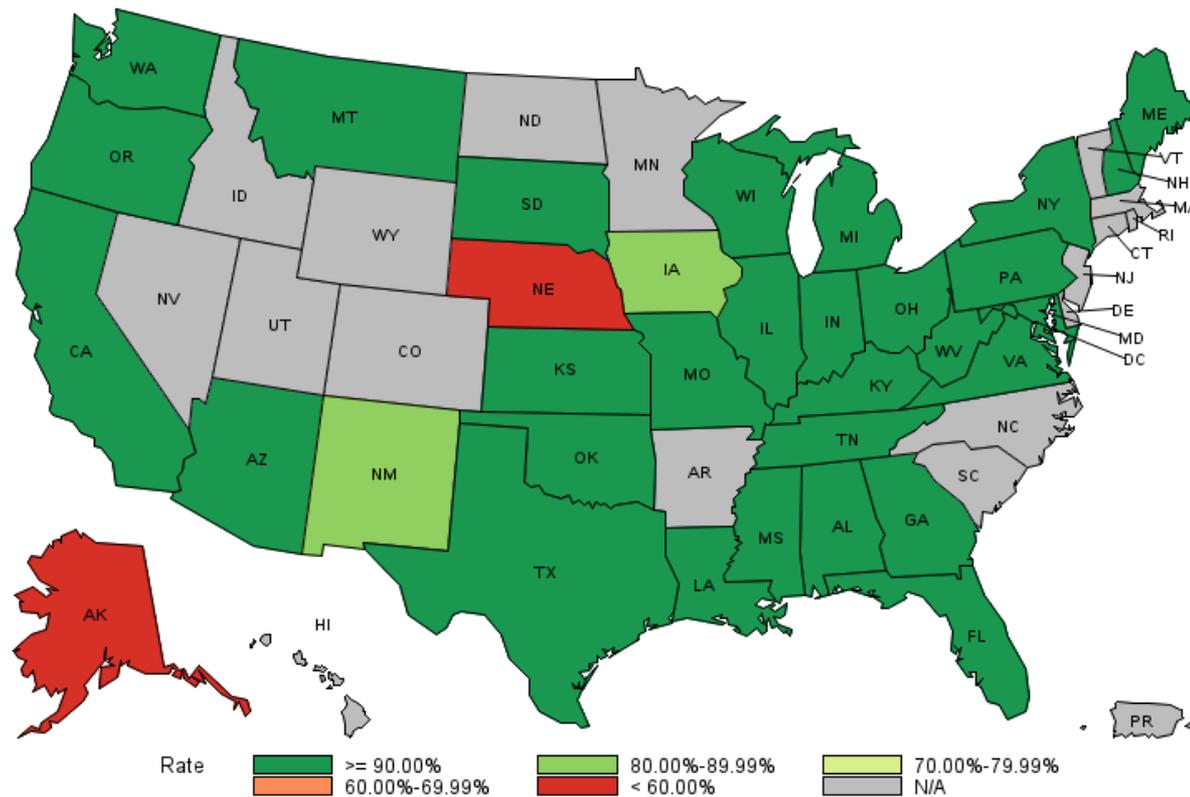- Voluntary measure

OP-31 Rate by State for 2015

National OP-31 Rate: 87%

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

OP-31 Rate by State for 2016

National OP-31 Rate: 96%

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

OP-33

OP-33: External Beam Radiotherapy for Bone Metastases

- Percentage of patients, regardless of age, with a diagnosis of bone metastases and no history of previous radiation who receive external beam radiation therapy (EBRT) with an acceptable fractionation scheme

- Entered annually via a web-based tool through QualityNet

OP-33 Rate by State for 2016

National OP-33 Rate: 82%

Rate

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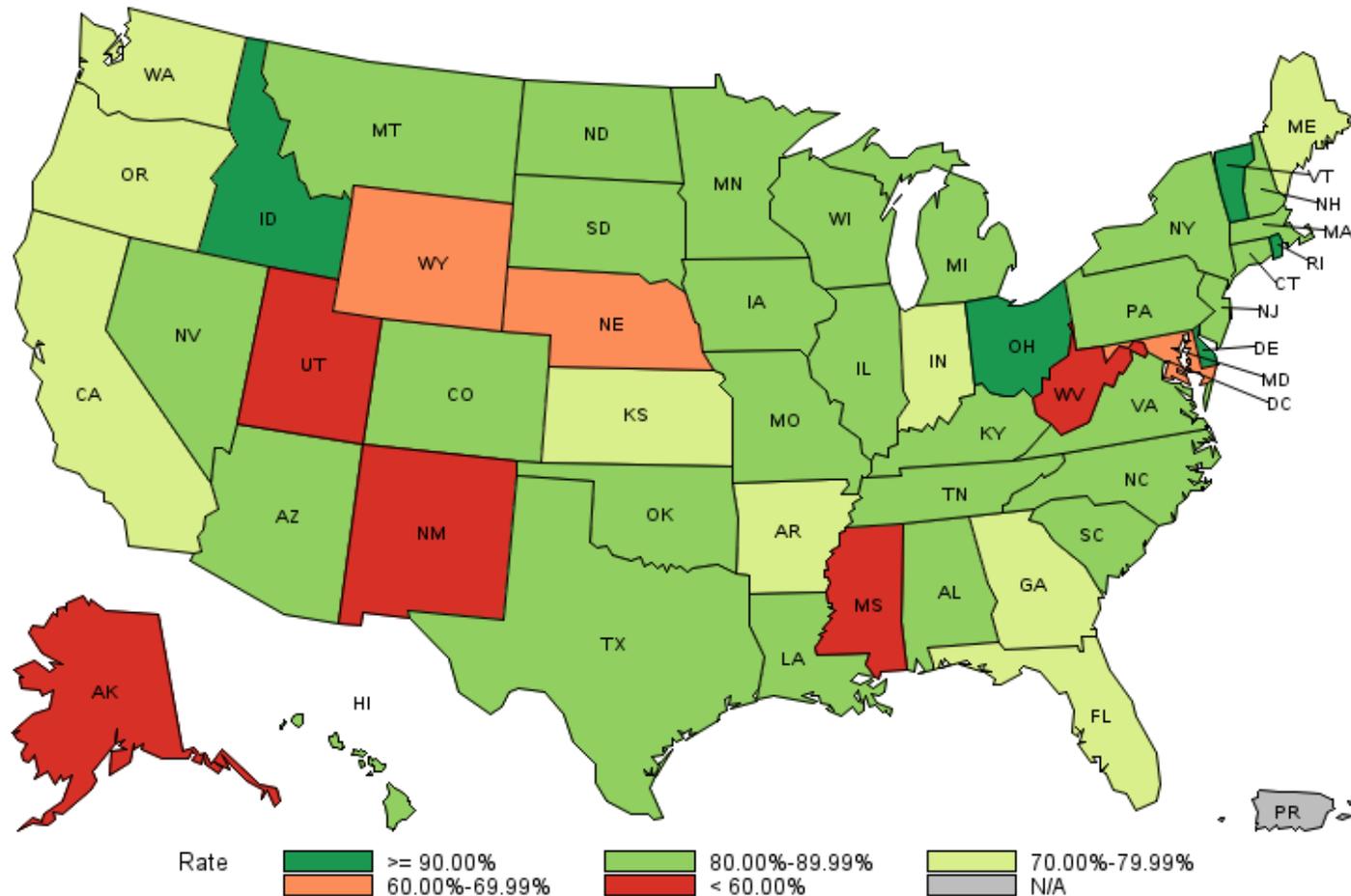
Data Source: Hospital Compare Data for CY 2016

Common Issues

- Clarification necessary for "initial encounter"

- Confusion about separate anatomical sites

- Various reasons for the patient not receiving treatments

  - Modifications were made to version 11.0 of the Specifications Manual.

OP-32

OP-32: 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

OP-32
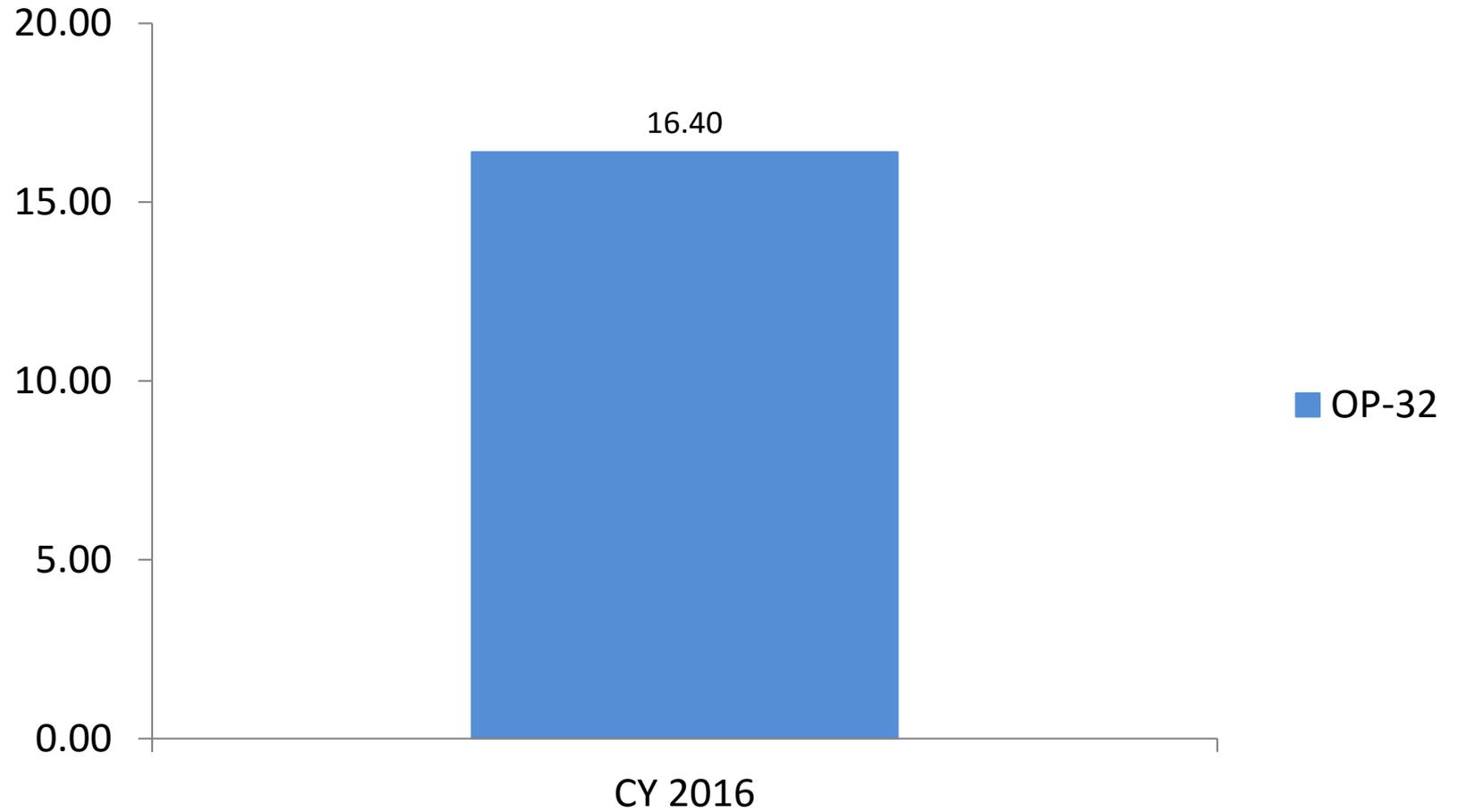
Common Issues

- Claims-based measure which 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

Evaluating Data

- Quality improvement
  - Run and evaluate reports available

- Improving performance unique to your setting
  - Use data to implement quality improvement initiatives

Reports

- Reports run in QualityNet Secure Portal on demand
  - Claims Detail Report
  - Provider Participation Report
  - Case Detail Report
  - Facility, State, and National Report
  - Preview Report

- Auto-routed reports
  - Facility-Specific Report (FSR)
  - Claims Detail Report (CDR)

Claims Detail Report

Purpose

- Provides users with the ability to monitor claims submitted in final action status
- Includes only Medicare FFS claims that have been finalized
- Excludes ED-Throughput claims

Provider Participation Report

Purpose

- Allows hospitals and their vendors to monitor their compliance with program requirements
- Displays summary information of cases accepted into the warehouse
- Updated nightly with all data submitted and successfully processed the previous day

Case Detail Report

Purpose
- Compares the hospital's abstraction data elements to the Clinical Data Abstraction Center's (CDAC's) results
- Provides a list of all elements abstracted on each case
- Grouped primarily by Provider ID, then by Encounter Time Frame, then by Abstraction Control Number

Facility, State, and National Report

Purpose

- Displays the number of hospital records abstracted
- Summarizes and compares, by quarter, the data for the measures chosen at the facility, state, and national level
  - State and national columns are blank until approximately 30 days after the submission deadline for the quarter

Preview Report

- Available prior to display on Hospital Compare

- Must have an active Security Administrator to obtain reports

- Have approximately a 30-day preview period
    - The most recent preview report was made available to facilities this month.

Outcome Measure Reports

- Hospitals will receive performance information in two forms
  - Claims Detail Report
  - Facility-Specific Report
- For more information about the colonoscopy measure reports see: www.qualitynet.org > Hospitals–Outpatient > Measures > Colonoscopy Measure > Reports

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

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
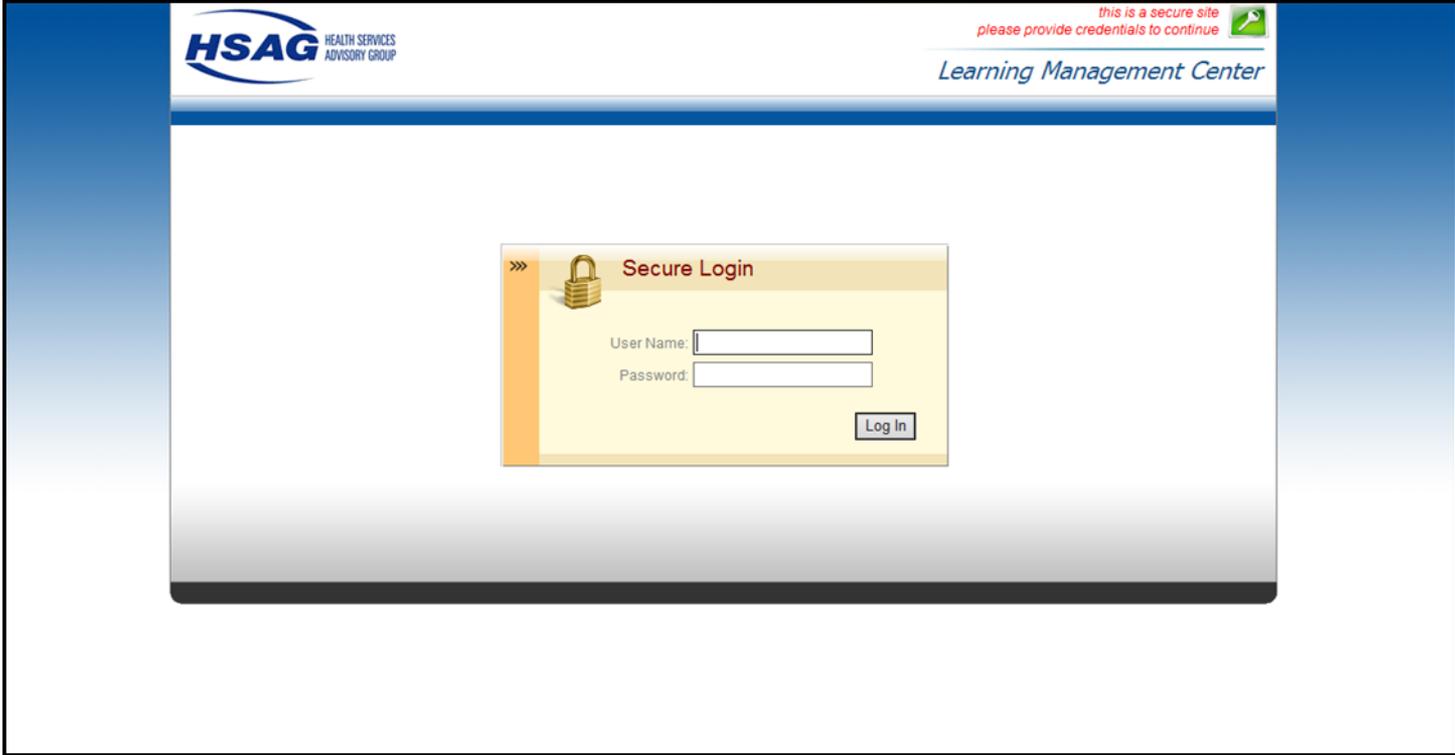
Thank You for Participating!

Please contact the Support Contractor if you have any questions:

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

  Or

- Call the Support Contractor at 866.800.8756.