Specifications Manual Update: Hospital Outpatient Quality Reporting (OQR) Program

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Hospital OQR Program Support Contractor
January 23, 2019
OQR Program Support Contractor Presents

"Touring the Hall of Specifications"

~January 23, 2019~

Starring:
Melissa "SpecMaster" Thompson
RN, BSN,
Specifications Manual Lead
OQR Program Support Contractor

Featuring:
The Hospital Outpatient Quality Reporting (OQR) Program Specifications Manual Versions 12.0 and 12.0a

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Learning Objectives

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

✓ Identify changes to the Specifications Manual through version 12.0a.
✓ State the measures removed from the Specifications Manual based on final rulings.
✓ Describe how these changes will impact abstracting and reporting for this program.
# Removed Measure Reporting Dates

<table>
<thead>
<tr>
<th>Measure</th>
<th>Last Time You Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>OP-5: Median Time to ECG</td>
<td>August 1, 2019 for Q1 2019 data</td>
</tr>
<tr>
<td>OP-9: Mammography Follow-up Rates</td>
<td>Claims through June 30, 2018</td>
</tr>
<tr>
<td>OP-11: Thorax CT – Use of Contrast Material</td>
<td>Claims through June 30, 2018</td>
</tr>
<tr>
<td>OP-14: Simultaneous Use of Brain CT and Sinus CT</td>
<td>Claims through June 30, 2018</td>
</tr>
</tbody>
</table>
## Removed Measure Reporting Dates

<table>
<thead>
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<tbody>
<tr>
<td>OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into Their ONC-Certified EHR System as Discrete Searchable Data</td>
<td>May 15, 2019</td>
</tr>
<tr>
<td>OP-17: Tracking Clinical Results between Visits</td>
<td>May 15, 2019</td>
</tr>
<tr>
<td>OP-27: Influenza Vaccination Coverage among Healthcare Personnel</td>
<td>May 15, 2018</td>
</tr>
<tr>
<td>OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps–Avoidance of Inappropriate Use</td>
<td>May 15, 2019</td>
</tr>
</tbody>
</table>
The Manual Process

Changes are made and recorded in Release Notes

Edits are highlighted in yellow

Manual is posted on Quality Net

Older versions are removed
Specifications Manual Structure

- Release Notes
- Introductory Materials
- Section 1 – Measure Information Forms
- Section 2 – Data Dictionary
- Section 3 – Missing and Invalid Data
- Section 4 – Population and Sampling Specifications
- Section 5 – Hospital Outpatient Quality Measure Data Transmission
- Section 6 – Tools and Resources
- Appendices
Table of Contents

• Version 12.0
  ▪ No change

• Version 12.0a
  ▪ **Removed** Imaging Efficiency Measures OP-9, OP-11, and OP-14
  ▪ **Removed** Web-Based Measures OP-12, OP-17, OP-27, and OP-30
Program Background

- Version 12.0
  - No change
- Version 12.0a
  - **Added** the Paperwork Reduction Act (PRA) disclosure statement after Measures Management Systems text
Using the Manual

• Version 12.0
  ▪ Added Section 6: Tools and Resources

• Version 12.0a
  ▪ No changes
Outpatient Delivery Settings

• Version **12.0**
  - No change

• Version **12.0a**
  - **Removed** Imaging Efficiency Measures OP-9, OP-11, and OP-14
  - **Removed** Web-Based Measures OP-12, OP-17, OP-27, and OP-30
Sections 1.1 and 1.2: Measure Information Forms

Acute Myocardial Infarction (AMI) and Chest Pain (CP)
Included Measures

AMI Measures
- OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED* Arrival
- OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention
- OP-5: Median Time to ECG

Chest Pain Measures
- OP-5: Median Time to ECG

*Emergency Department
OP-2

• Version 12.0
  ▪ Rationale
    • This change reflects updated evidence to support the measure rationale.
  ▪ Measure Analysis Suggestions

• Version 12.0a
  ▪ No changes
• Version 12.0
  ▪ Rationale
    • This change reflects updated evidence to support the measure rationale.

• Version 12.0a
  ▪ No changes
OP-5

- Version 12.0
  - **Rationale**
    - This change reflects updated evidence to support the measure rationale.

- Version 12.0a
  - **Added** “*Data for this measure will no longer be collected after 1Q2019 (encounter dates January 1 through March 31, 2019) for the OQR program. The last data submission deadline for OP-5 will be August 1, 2019.”
Section 1.3: Measure Information Forms

ED-Throughput
Included Measures

- OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients
- OP-22: Left Without Being Seen
OP-18

• Version 12.0
  ▪ Rationale
    • This change reflects updated evidence to support the measure rationale.

• Version 12.0a
  ▪ No changes
Section 1.4: Measure Information Forms

Stroke
Included Measure

- OP-23: Head CT* or MRI** Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival

*Computed Tomography
**Magnetic Resonance Imaging
• **Version 12.0**
  - **Rationale**
    - This change reflects updated evidence to support the measure rationale.
  - **Excluded Populations:**
    - **From:** Patients who left the emergency department against medical advice or discontinued care
    - **To:** Patients who left the emergency department against medical advice, discontinued care, or for whom Discharge Code is not documented or unable to be determined (UTD)

• **Version 12.0a**
  - No changes
Included Measures

- OP-8: MRI Lumbar Spine for Low Back Pain
- OP-9: Mammography Follow-up Rates
- OP-10: Abdomen CT–Use of Contrast material
- OP-11: Thorax CT–Use of Contrast Material
- OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low-Risk Surgery
- OP-14: Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT)
OP-9, OP-11, and OP-14

• Version 12.0
  ▪ No change

• Version 12.0a
  ▪ Removed OP-9, OP-11, and OP-14 from the Specifications Manual
Section 1.6: Measure Information Forms

Measures Submitted via a Web-Based Tool
Included Measures

- OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their Office of the National Coordinator for Health Information Technology (ONC) Certified Electronic Health Record (EHR) System as Discrete Searchable Data
- OP-17: Tracking Clinical Results Between Visits
- OP-27: Influenza Vaccination Coverage among Healthcare Personnel
Included Measures (cont.)

• OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
• OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use
• OP-31: Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery
• OP-33: External Beam Radiotherapy for Bone Metastases (EBRT)
OP-12, OP-17, OP-27, and OP-30

• Version 12.0
  ▪ No changes

• Version 12.0a
  ▪ Removed OP-12, OP-17, and OP-30
  ▪ Removed OP-27

• Version 11.0b
  ▪ Added “Data for this measure is no longer collected after CY 2019 Payment Determination. The last data submission deadline for OP-27 was May 15, 2018.”
• **Version 12.0**
  - **Description**
    - Added “based on completing a pre-operative and post-operative visual function survey”
  - **Numerator Statement**
    - Added 18 years and older
    - Changed “instrument” to “survey”
  - **Denominator Statement**
    - Changed “instrument” to “survey”
OP-31 (cont.)

- Version 12.0
  - Definitions of Performance Met
    - Added Definitions of performance met, not met, and denominator exception by Healthcare Common Procedure Coding System (HCPCS) code

- Version 12.0a
  - No changes
OP-33

• Version 12.0
  ▪ Denominator Exclusions
    • **Removed** the word “primary” from the first bullet point
  ▪ Additional Instructions
    • **Removed** “If the EBRT treatment course is initiated but not completed, the case should still be included.”

• Version 12.0a
  ▪ No changes
Sections 1.7
Measure Information
Forms
Included Measures

• OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

• OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy

• OP-36: Hospital Visits after Hospital Outpatient Surgery
OP-32

- **Version 12.0**
  - No changes

- **Version 12.0a**
  - **Cover Page**
    - **Changed** to reference CY 2016 through CY 2018 as the performance period for CY 2020 payment determination to reflect that the performance period has been extended from one year to three years and text to reflect the performance period for CY 2021 payment determination
    - **Changed** text to reference the latest measure specifications and direct users to the new Question and Answer (Q&A) tool
OP-32 (cont.)

• **Included Population**
  - **Changed** language to include explicit mention of CPT® codes and link to direct users to the Measure Updates and Specifications Report on QualityNet

• **CPT Codes**
  - **Removed** CPT® codes that define the patient cohort

• **Cohort Exclusions**
  - **Added** explicit mention of cohort exclusions and diagnosis codes to a link directing users to the Measure Updates and Specifications Report on QualityNet
  - **Removed** bullet points, Table 1 and Table 2

• **Selected References**
  - **Changed** reference to the 2016 measure specifications with reference to the latest specifications

*Current Procedural Terminology*
OP-35

- Version 12.0
  - No changes
- Version 12.0a
  - Cover Page
    - Changed cover page text to reference the latest specifications and direct users to the new Q&A tool
  - Improvement Noted As
    - Added “A decrease in the hospital-level risk-adjusted rates of inpatient admissions or ED visits” before “Lower rate indicates better quality”
OP-35 (cont.)

• Numerator Statement
  - **Changed** codes section of the numerator description to reference the Measure Updates and Specifications Report on QualityNet

• Cohort Exclusions
  - **Changed** language to explicit mention of cohort exclusions and provided a link to the Measure Updates and Specifications Report on QualityNet
OP-35 (cont.)

• **Risk Adjustments**
  - **Changed** language to point users to the Measure Updates and Specifications Report on QualityNet

• **Measure Calculation**
  - **Changed** the link to point users to the Measure Updates and Specifications Report on QualityNet
OP-36

• Version 12.0
  ▪ No changes

• Version 12.0a
  ▪ Cover Page
  ▪ Changed cover page text to reference the latest specifications and direct users to the new Q&A tool
  ▪ Improvement Noted As
  ▪ Changed the language describing performance improvement
OP-36 (cont.)

• **Included Populations**
  - **Added** reference to point to Measure Updates and Specifications Report on QualityNet

• **Exclusions**
  - **Changed** language to point to Measure Updates and Specifications Report on QualityNet
Arrival Time

• Version 12.0
  ▪ Exclusion Guidelines for Abstraction
    • Added a second bullet to include “Pre-printed times on a vital sign graphic record”

• Version 12.0a
  ▪ No changes
ED Departure Time

• Version 12.0

  ▪ Inclusion Guidelines for Abstraction
    • **Added** “Release time,” “Out time,” “Gone time,” “Transport documented time,” Transfer time,” and “The event log, registration sheet, transfer record, etc. (if a discharge time is noted and the document is part of the permanent medical record)”
ED Departure Time (cont.)

• Version 12.0
  - Exclusion Guidelines for Abstraction:
    • Added “Coding summary,” “physicians discharge summary,” “ED record released from holding time,” “chart closed time,” and “off the tracking board time”

• Version 12.0a
  - No changes
Initial ECG Interpretation

• Version 12.0
  ▪ Qualifiers
    • Added “consider”

• Version 12.0a
  ▪ No changes
Probable Cardiac Chest Pain

• Version 12.0
  ▪ Notes for Abstraction
    • From: “If there is documentation of a differential/working diagnosis of AMI* ..... is of AMI
      and an exclusion term, continue to select Yes.”
    • To: “If there is documentation of a differential/working diagnosis of acute myocardial
      infarction (AMI), select Yes. If there is documentation of a differential/working diagnosis
      of AMI and an exclusion term, continue to select Yes.”
      – “Note that the term ‘rule out’ indicates a differential/working diagnosis.”

*Acute Myocardial Infarction
From: “If there is nurse or physician documentation of an exclusion term, or a term that aligns with an exclusion term, select No.”

To: “If there is a nurse or physician documentation of an exclusion term, or a term that aligns with an exclusion term, select No. If there is nurse or physician documentation of an exclusion term and an inclusion term, continue to select No.”
Inclusion Guidelines for Abstraction

**From:** “Acute Myocardial Infarction and Chest Pain Inclusions”

**To:** “Probable Cardiac Chest Pain Inclusions (note the Probable Cardiac Chest Pain Inclusion List is not all-inclusive, nor is an inclusion term on this list a definitive indication for AMI)”

**Removed** “Acute myocardial infarction (AMI),” “Heart attack,” and Myocardial infarction”

**Added** “The list of terms that definitively indicate AMI: Acute myocardial infarction, AMI; Myocardial infarction…… Nonstrasmural myocardial infarction”
Exclusion guidelines for Abstraction

- **Added** “In addition to the conditions listed below, conditions that cause chest pain but are not cardiac in origin will also be considered exclusions. This includes, but is not limited to, chest pain in response to respiratory, gastrointestinal, and neurological complications.”

- **Removed** “atypical chest pain” and “non-specific chest pain”

- **Version 12.0a**
  - No changes
Transfer for Acute Coronary Intervention

• Version 12.0
  ▪ Notes for Abstraction
    • **Added** “The reason for transfer must be a defined ACI. As such, if implicit reasons for transfer, such as ‘Patient has STEMI *’ or ‘Transferred for cardiology consult to discuss possible cath lab’ are listed, then select value 3.”

• Version 12.0a
  ▪ No changes

* Segment Elevation Myocardial Infarction
Section 4

Population And Sampling
OP-30

- Version 12.0
  - No changes

- Version 12.0a
  - Removed all references to OP-30
Data File Layout

• Version 12.0
  - Hospital Outpatient Clinical Data XML* File Layout
    - **Removed** all reference fields to data related specifically to removed measures OP-1, OP-4, OP-20, and OP-21
  - Hospital Outpatient Population Data XML File Layout
    - **Removed** all reference fields for measure set Pain Management

• Version 12.0a
  - **Added** Submission Instructions for Measures Submitted via a Web-Based Tool

*Extensible Markup Language
Section 6

Tools And Resources
## Section 6: Tools and Resources

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<th>Tools and Resources</th>
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<tr>
<td>Tools and Resources Table of Contents</td>
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<td>Arrival Time Guidelines</td>
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<tr>
<td>Departure Time Guidelines</td>
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<td>Reason for Delay in Fibrinolytic Therapy Guidelines</td>
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<td>OP-29 Tool</td>
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<td>OP-29 Algorithm</td>
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<td>OP-29 Denominator Codes</td>
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<td>OP-29 Fact Sheet</td>
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<td>OP-31 Cataracts Improvement Following Surgery</td>
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</tbody>
</table>
OP-30

- **Version 12.0**
  - No changes
- **Version 12.0a**
  - Removed Algorithm, Denominator Codes, and Fact Sheet
Tables 9.0, 1.1, and 9.1

• Version 12.0
  ▪ Appendix A: ICD-10-CM Diagnosis and CPT® Code Tables
    • Removed OP Table 9.0: Long Bone Fracture and from Table of Contents
  ▪ Appendix C: Medication Tables
    • Removed Table 1.1 and Table 9.1
Tables 7.01 and 8.0

• **Version 12.0a**
  - **Appendix A: ICD-10-CM Diagnosis and CPT® Code Tables**
    - **Table 7.01**
      - **Added** F1223, F1293, F530, F68A, Z62813, Z9142
      - **Changed** code number F53 to F531
      - **Updated** code descriptions to F6810, F6811, F6812, and F6813
    - **Table 8.0**
      - **Added** I6381 and I6389
      - **Removed** I638
      - **Updated** code descriptions to I63219, I63239, I6333, and I63343
Resources

• To locate the Specifications Manual:
  ▪ [www.qualitynet.org](http://www.qualitynet.org)

• Have a question? Use the Questions & Answers tool in QualityNet:
  ▪ [https://cms-ocsq.custhelp.com/](https://cms-ocsq.custhelp.com/)

• Contact the support contractor helpdesk:
  ▪ 866.800.8756
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

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.
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://hmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9cc1ae

**Existing User Link:**
https://hmc.hshapps.com/est/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9cc1ae

**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.