



Outpatient Quality Reporting Program

Support Contractor

CY 2017 OPPTS/ASC Proposed Rule: Hospital Outpatient Quality Reporting (OQR) Program

Questions & Answers

Moderator:

Pam Harris, BSN
Project Coordinator

Speakers:

Elizabeth Bainger, DNP, RN, CPHQ, Program Lead, Hospital OQR, CMS
Liz Goldstein, PhD, Director, Division of Consumer Assessment and Plan Performance, CMS
Grace H. Im, JD, MPH, Program Lead, Hospital Inpatient Quality Reporting, CMS
Vinita Meyyur, PhD, Measures Lead, Hospital OQR, CMS

July 25, 2016
2:00 p.m. ET

Question: For OP-35, this data will be collected on the facility that provides the chemo, correct? Not the facility that receives the patient as an admission or an ED visit?

Answer: Yes, you are correct. This measure will be reported for the hospitals that provide chemotherapy, as patients and their consequent outcomes are attributed to the Hospital OPD that provides the chemotherapy treatment.

Question: For OP-35, can the outpatient chemotherapy treatment be at another hospital and then the patient comes to your facility? They would then be included, correct?

Answer: If your question refers to a patient receiving chemotherapy at two hospitals, then yes, a patient may be included in the cohort for more than one hospital if the patient received hospital outpatient chemotherapy during the performance period by more than one hospital. So, if a patient received chemotherapy at another hospital and then came to your hospital to receive chemotherapy, the patient may be included in the cohort for both hospitals. If your question refers to a patient that received chemotherapy at another hospital and was subsequently admitted to your hospital for one of the qualifying conditions, then this patient's outcomes would be attributed to the hospital that provided the chemotherapy



Outpatient Quality Reporting Program

Support Contractor

treatment. A qualifying admission or ED visit does not have to occur at the same hospital that provided the chemotherapy treatment.

Question: For OP-36, is the admission directly after surgery only the "unplanned" one? Some outpatient surgeries plan to stay overnight.

Answer: We are using Medicare's list of covered ASC procedures, even though this is for the OQR Program. By only including surgeries on this list in the measure, we effectively do not include surgeries performed at hospitals that typically require an overnight stay.

Question: Is this survey in addition to our HCAHPS Survey we already do?

Answer: This is a separate survey from HCAHPS.

Question: Does the patient survey apply to the acute care hospitals that do same day surgery?

Answer: Yes. As long as the acute care hospital bills through OPPS and meets the other eligibility requirements, then the OAS CAHPS would apply. Same day surgery units would be outpatient surgeries, so those would be eligible.

Question: Are hospital-based outpatient surgery clinics involved in this measure?

Answer: We include outpatient surgery departments that perform same day procedures.

Question: Are there different requirements being proposed for Critical Access Hospitals (CAHs)?

Answer: As with all measures in the Hospital OQR Program, CAHs may voluntarily report data.

Question: Is this survey only for outpatient ambulatory surgery centers and not for a hospital that does outpatient surgery on the hospital CCN?

Answer: This is for both outpatient ambulatory surgery centers and hospital outpatient departments that perform same day surgery.

Question: Are there different requirements being proposed for Critical Access Hospitals?

Answer: No, the Outpatient Program remains voluntary for the Critical Access Hospitals, but the requirements are the same for voluntary participation.



Outpatient Quality Reporting Program

Support Contractor

- Question:** Our Hospital Reporting Provider Participation Report, Inpatient indicates “No” for IQR-AMI. I understand that a zero (0) must be entered; however, I am not able to enter it. I received instructions from QNet; however, AMI is not available to edit. Is this because it was removed as a chart-abstracted measure? If so, when completing the checklist and reviewing the report, should AMI be included? Is it fine for it to state, “No”?
- Answer:** This is for the Outpatient Quality Reporting Program. We are unable to speak regarding the Inpatient Quality Reporting Program. You can call the inpatient help desk at 866.800.8765 or 844-472-4477.
- Question:** Is the Safe Use of Opioids measure being proposed for the Hospital OQR Program?
- Answer:** Currently, this is a measure concept, and we are seeking comment. We are unable to comment on future rulemaking; however, I strongly urge you to submit your question/comment via the regulations.gov website; the direct link is: https://www.regulations.gov/comment?D=CMS_FRDOC_0001-1994.
- Question:** What is “regulations.gov”?
- Answer:** A discussion will be coming right up. The slide presentation will demonstrate how to submit comments via regulations.gov.
- Question:** Regarding OP-36, does the measure population include all payers or only Medicare?
- Answer:** OP-36 includes Medicare FFS patients aged 65 years and older undergoing same day surgery (except eye surgery) in hospitals.
- Question:** Does the proposed rule include eliminating Clinical Decision support and Computerized Provided Order Entry from the objective measures from Eligible Hospitals?
- Answer:** This presentation is focused on the Hospital OQR Program; I think your question might be more suited to the EHR Incentive Program. You may contact them directly at 866.800.8765 or 844-472-4477.



Outpatient Quality Reporting Program

Support Contractor

Question: Regarding OP-35, is the numerator the number of patients predicted to have the adverse outcome or the number of patients who do have the adverse outcome?

Answer: Predicted. For additional details on how OP-35 is calculated, you can access the website <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html>.

Question: What population will be pulled into the opioid use measure? For example, if an adult gets a prescription through the ED for an opioid but is not on the med long term, will this be included?

Answer: Currently, this is a measure concept, and we are seeking input for future consideration into the program. We strongly urge you to submit your comments to CMS via the regulations.org website. The direct link for comment is: https://www.regulations.gov/comment?D=CMS_FRDOC_0001-1994.