



Outpatient Quality Reporting Program

Support Contractor

Tracking Quality Improvement by Using Hospital OQR Data

Questions & Answers

Moderator:

Karen VanBourgondien, BSN, RN
Education Coordinator

Speakers:

Kristy Swanson, BIS
Analytics Manger

Pam Harris, BSN, RN
Project Coordinator

May 18, 2016
10:00 a.m. ET

- Question:** When will we be able to enter into CART 1st quarter 2016?
- Answer:** The CART documents are scheduled to be published on 5.24.2016. This will be version 1.14. The paper tools will be available within the next week.
- Question:** Slide 10 indicates that the data are for calendar year 2017; however, you stated that it is payment year 2017. Which is correct?
- Answer:** For the purposes of this discussion, Calendar Year 2017 and Payment Year 2017 have the same meaning and are used interchangeably in the presentation.
- Question:** Why do the Maryland hospitals get to submit their information voluntarily? I heard this on a webinar yesterday also. Why are they exempt, or are they?
- Answer:** In accordance with Social Security Act Section 1814(b)(3), CMS has exempted hospitals in Maryland from reimbursement under the national payment system and has allowed the state to set reimbursement rates payable by Medicare for applicable services that otherwise would be reimbursed under Medicare's Inpatient Prospective Payment System (IPPS) and Outpatient Prospective Payment System (OPPS).



Outpatient Quality Reporting Program

Support Contractor

- Question:** Is there a hospital-specific report for outpatients that would provide raw data (detailed patient encounters) to validate the Star Rating Report?
- Answer:** If you have any questions regarding the Overall Hospital Quality Star Ratings, please contact the CMS Hospital Compare Star Ratings inbox at cmsstarratings@lantanagroup.com.
- Question:** Are the measure comparisons statistically significant? Were z-scores used, or is this just a comparison?
- Answer:** The comparisons presented were simply the absolute difference in rates/times between the two years. Statistical tests of significance were not performed.
- Question:** What are the performance dates (exact dates) for slide 15?
- Answer:** The maps present payment year 2016 which was encounters occurring between Q3 2014–Q2 2015 (July 1, 2014 – June 30, 2015).
- Question:** Why is waiting for admission orders a problem? Isn't this (18b) an outpatient measure?
- Answer:** If the patient in the ED has to wait for a physician other than the ED physician, like the hospitalist or ortho, to come to the ED and then after evaluation write the admit/observation orders, then this delay causes an increase in the patient's length of stay in the ED. These were examples of one hospital's problems. After evaluating the cause of increased patient time in the ED, this hospital was able to correct the issues, thus decreasing the ED-throughput time.
- Question:** But if they're admitted, they don't count for this measure, do they?
- Answer:** If the patient is admitted into Inpatient status, then correct, they would not be included in the OQR Program. However, if they are admitted as Observation (an outpatient admission), then they would be included for the OQR Program measures.
- Question:** It would seem that the states with lower populations do better with the timing measures. Is population adjusted for when determining performance?
- Answer:** The results presented are simply the aggregate rates/times of all reporting providers. Adjustments for population/rural status were not made.



Outpatient Quality Reporting Program

Support Contractor

Question: We are not always notified when the preview report is available, and I am on several ListServes. How often should we expect to be notified and when?

Answer: The ListServe was sent out on April 20, but this notification did speak to several different subjects. The preview report was available starting May 6, 2016, rather than April 22, 2016, and will stay posted until June 6, 2016. Preview reports are available quarterly.

Question: OP-29 and OP-30 do not have benchmarks but do have top performers. Would it be reasonable to present my hospital's data in comparison to the national top 90th percentile in lieu of a benchmark for the measure?

Answer: Until formal benchmarks are established, the 90th percentile could be used for comparison; however, due to fluctuations in hospital size and incoming patients, performances in one facility could differ from another. Without further information about bed size, patient counts, etc., this may not be a fair representation.

Question: Amidst our proven scientific processes to improve care through best practices, how can standardization and automation of processes begin to compromise critical thinking and erode judgement?

Answer: Continuous Quality Improvement (CQI) is a process that encourages all healthcare team members to continuously ask the questions, "How are we doing?" and "Can we do it better?" Critical thinking is necessary in the process of evaluation. There are items in a process that can be made more functional or faster, like a check sheet, but the development of an improved process requires critical thinking, not the opposite.