



Quality Reporting Program

Support Contractor

Discovery: Planet Data

Presentation Transcript

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Pam

Rutherford: Good day and welcome to the Hospital Outpatient Quality Reporting Program webinar. Thanks for joining us today. My name is Pam Rutherford, a Project Manager for the Hospital OQR Program, and if you've not yet downloaded today's handouts, you can get them from our website at qualityreportingcenter.com. Just click on today's event, and you can download the handouts from the link there. They are also attached to the invitation you received for this webinar. Our speaker today is Dianne Glymph. Dianne is a Project Coordinator for the Hospital OQR Program, and today we're going to briefly discuss resources to find your data, reports available to allow you to stay on top of your data, and we will briefly touch on why you are collecting and reporting data for this program.

Now, we do want to let you know of some of the upcoming webinars that we will be presenting. We will be presenting information on public reporting. We hope this information will be useful as your Hospital Compare Preview Report will be released at that time, and I'll have a brand-new look and some neat features, so join us. Then in December CMS will present information regarding the Final Rule. This is a great opportunity for you to know what changes have been finalized for the program. The exact date is dependent on when the Final Rule is published. So, please stay tuned. As always, notifications of the webinars are sent through ListServe. If you are not signed up for this free email service, we highly recommend you do so. You can sign up from the home page of QualityNet. It takes about five minutes to do.

The learning objectives for this program are listed on this slide. This program is being recorded. A transcript of today's presentation including the questions and answers received in the chat box and the audio portion of today's program will be posted at qualityreportingcenter.com at a later date. During the presentation, as

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stated earlier, if you have a question, please put that question in the chat box located on the left side of the screen. One of our subject matter experts will respond. Before we get started with our presentation we want to respond to some questions we've been getting with respect to the Proposed Rule. And I just want to review a little to clear up any confusion there might be with Calendar Year, Payment Year, and when do we stop reporting if the Proposed Rules are accepted in the Final Rule.

At the top of the slide we are addressing the claims-based imaging measures for this program. For these measures the data is collected through paid Medicare claims. The hospital does not manually enter this data. OP-9, OP-11, and OP-14, if finalized for removal, will be for the 2021 Payment Determination Year. That means these measures would be publicly displayed for the last time in July 2019 Hospital Compare refresh using data from Quarter 3 2017 through Quarter 2 2018. So, in short, data calculation for these measures would not go beyond Quarter 2 2018 which ended June 30. Now with respect to the chart-abstracted OP-5 measure, if finalized for removal for Payment Year 2021, the last time you enter data for that measure will be the data submission deadline of August 1, 2019. This will be your Quarter 1 2019 data. For the web-based measure OP-12, if finalized for removal and, again, for the 2021 Payment Determination Year, the last time you will enter data into QualityNet for this measure will be the May 15, 2019.

So, this slide reflects the rest of the web-based measures, and all but one measure here are proposed to be removed in the 2021 Payment Determination Year. For OP-17, OP-29, OP-30, and OP-31, if finalized for removal, the last time you will enter data will be the May 15, 2019 deadline. For the OP-27, the proposed removal is for the 2020 Payment Determination. So, if this measure is finalized for removal, you will not report data for this measure again. That refers to this program. Please be advised that this measure may still be a component in other programs. So, please make sure you check that, as well as, any State mandates you may have. I hope that clarifies things for those of you that may not have been clear on these points. So now, let's get on with the presentation. Let me turn the presentation over to Dianne. Dianne?

**Dianne
Glymph:**

Thank you, Pam. We all swim in a universe of numbers, but where do they go once we press send. It's important to know where all the data you report go and what you can do with it. With that, let's begin the journey. I'm going to show you the primary places where you can obtain the data reported for this program.

Where can you find data? QualityNet has reports that a facility can run, at will, or, on demand. We will discuss these reports in just a moment. Another resource for your hospital's data is the support contractor website qualityreportingcenter.com. Of course, all data reported is posted publicly on Hospital Compare. We won't be discussing Hospital Compare specifically today, because we're presenting an in-depth webinar soon on public reporting, so, please join us for that. Utilizing the data reports available can assist you in staying on top of your hospital's data and

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in meeting the hospital's quality goals. Let's begin with QualityNet and the reports available to you on the secure side of this website.

There are many data reports available for you to run in QualityNet. We're only mentioning a few here and won't be going into any great detail on any of these. The Claims Detail Report and the Provider Participation Report are frequently used to keep up with the number of required cases you should be submitting. The Facility, State, and National Report displays the number of hospital records abstracted, and it summarizes and compares by quarter the measure or measures you choose. The Preview Report gives you a sneak peek of your data and is provided to you before these data are displayed publicly. We presented webinars in the past that go into quite a bit of detail about these reports on QualityNet. As a matter of fact, we presented an entire webinar last October that gives you a step-by-step guide on how to run and download QualityNet reports. If you need more information on reports, please access that webinar. It's available in the archived events section of the Hospital OQR division of qualityreportingcenter.com. It is well worth your time. Other reports are auto-generated and sent through Secure File Transfer via QualityNet for the outcome measures OP-32, OP-35, and OP-36 in the form of a Claims Detail Report or a Facility-Specific Report. You remember that OP-32 is the "Facility 7-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy" measure, OP-35 is the "Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy" measure, and OP-36 is the "Hospital Visits after Hospital Outpatient Surgery" measure.

The data reports for the outcome measures noted on this slide aren't run on demand in QualityNet. They're sent by the measure contractor through Secure File Transfer as I mentioned a moment ago. This first report, the Claims Detail Report, has the same name as the one you can run yourself in QualityNet, but don't be confused, same name, completely different report. This Claims Detail Report provides information about your facility's cases that will be included in the measure calculation. This will allow hospitals to observe and correct coding errors in the claims used to calculate the measure and will provide you with the opportunity to improve the quality of care at your hospital. Both the Claims Detail and Facility-Specific Reports include patient level data or included and excluded cases. Only those Facility-Specific Reports, or FSRs, contains measure performance information. The FSR includes State and National measure results, facility level distribution of measure risk factors, and the facility level measure rate and performance category. You can access much more information on these reports on QualityNet by following the pathway shown here on this slide. Specific information about the dry run reports is available by selecting the measure on the left-hand side navigation bar from the measures page. You can also put a question into the QualityNet Question and Answer Tool. When you use this option, the measure contractor will respond to you directly.

Benchmarks. The Benchmarks for this program are another great place to obtain data. These data are on the QualityNet website. From the home page hover your cursor over the Hospital's-Outpatient link, and from the dropdown menu click on

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Benchmarks of Care. You will then see this page, and you can choose the quarter you wish to view. The data for the Outpatient Program are located to the far right under the arrow. These data are updated quarterly. We just discussed them in a relatively recent webinar, so we won't be discussing them in detail today. This is just to remind you of where they can be located and to let you know they are available if you weren't aware.

Our next stop is the support contractor website, qualityreportingcenter.com. This website has so much information. If you've never been to this site, please take the time to do so. You'll likely find what you are looking for and more. After entering the web address, which you can see here at the top of the slide, the home page will display. The first thing I want to show you is the navigation menu under the Outpatient tab. If you hover your cursor over the icon, a dropdown menu will appear.

For our purposes today, from this dropdown menu, we're going to select Data Dashboard. This page will then display. To access data information, you will go to the blue National Maps link. The National Maps will show a state-by-state comparison by measure based on publicly reported data from Hospital Compare. We hope to continue to add more data and information in this area over time. If you click on that link, this page will display, and you can choose which measure data you would like to view. In short, this is another place you can go to view data. This currently has web-based measures; however, as I stated, we will continue to add to this page, so, stay tuned for updates and upgrades.

We presented some data at the beginning of the year and received quite a bit of feedback from participants interested in knowing what the difference in performance was between ASCs and hospitals for the same measure. CMS works with stakeholders to align measures between the Hospital Outpatient and ASC Quality Reporting Programs which are both for the outpatient surgical setting. CMS discussed this with the Proposed Rule presentation a few weeks ago. The measures listed here on the slide are aligned for these two programs.

We'll begin our data overview with OP-27, the "Influenza Vaccination Coverage among Healthcare Personnel" measure that's entered annually. For this measure facilities report vaccination data for three categories of hospital personnel. This is the only web-based measure for this program that is not entered into QualityNet. The data for this measure are entered into the NHSN platform. Also, worth mentioning, is there are numerous programs within CMS for hospitals. Data entered for this particular measure is per facility, not per program, so there is one entry per hospital for this measure. All right, let's look at some numbers. All the data we're reviewing will be the data that were reported by hospitals for this program for OP-27. We'll also check to see how ASCs performed on this same measure, ASC-8, that's also part of the ASC Quality Reporting Program's measure set.

The data you see here, and that you'll see on subsequent slides, are from Hospital Compare. The most recent data from the 2017/2018 flu season are preliminary,

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and they come from the Centers for Disease Control and Prevention. Here, if we view a side-by-side measure comparison for the flu vaccination measure for both ASCs and hospitals from the flu season of 2014/2015 through the most recent submission this year, you can see a general increase in improvement for both programs. However, hospitals have a higher percentage of reporting healthcare personnel vaccinations up to 88.58% with the ASC community at 78.62%.

Ok, so let's move on to OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients. This measure is the percentage of patients 50-75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report. This is also a web-based measure, and it's entered annually into the QualityNet system by both hospitals and ASCs. Let's take a look at how hospitals and ASCs across the nation did with the reporting of this measure.

In looking at the data since 2014, a side-by-side measure comparison for the appropriate follow-up interval colonoscopy measure for both ASCs and hospitals shows that there has been a general increase in improvement for both programs. However, hospitals have a higher percentage of up to 87.59% with the ASC community at 78.72%. A higher percentage indicates better performance.

OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use. This measure is the percentage of patients 18 years and older receiving a surveillance colonoscopy, with a history of a prior colonic polyp in previous colonoscopy findings, who had a follow-up interval of three or more years since their last colonoscopy. So, let's move forward and take a look at the performance of hospitals and ASCs nationally on this particular measure.

Comparing ASCs and hospitals you can see a higher percentage in the data reported by hospitals, and, as before, higher percentages are better. Here's the interesting part, ASCs and hospitals started out almost even; however, ASCs declined in their performance rate; whereas, hospitals increased. In summary, ASCs declined by almost 8%, but during the same timeframe, hospitals increased in performance by almost 10%. In the last year of data, we have, there was a difference of almost 18%.

OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery. This measure is the percentage of patients 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following cataract surgery. This remains a voluntary measure for both programs. Hospitals and ASCs can elect to submit this data or not. Either way does not affect payment. Any data reported, however, is publicly displayed. So, let's look at a few years of data for this measure.

Here, again, higher percentages are better. In this side-by-side comparison from 2015 forward, we see a small decrease in the National rate for ASCs and an

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increase in the National percentage for hospitals. For the most part, very close in their percentage rate.

So, why are you collecting and reporting data? Great question. Whether it be for this program or your own internal processes, collecting and analyzing data can help improve quality within your hospital. Quality improvement is an entire area in itself. The scope of this presentation is to provide you with some general knowledge on why you report these measures, explain why reporting is important, and give you some idea of what you can do with the data you gathered to improve quality within your facility. Having information on your facility and how your facility measures up, so to speak, on a State and National level, is important. Just as important to having the data is making use of it. Using data, whether it is obtained by the sources we've mentioned, or by your own internal data analysis, can really provide the platform for you to initiate quality improvement. Some of the objectives you would strive for are noted on this slide. Rather than drill down and go through each measure in the OQR Program and provide details on how to improve your facility's performance as it relates to the measures individually, let's take a high-level look at some quality improvement ideas.

For those of us for whom the mention of data gives us heartburn, take a deep breath, and let me point out some of the ways that, yes, data can be your friend. Your data lets you know what's really happening versus what you thought was happening. Have you ever had that jaw-dropping moment when a problem is brought to your attention, and you have no idea how it happened because all along you thought it was a process being followed, but you find out really quickly that not only is there not a process, but everyone is doing their own thing, or, you do have a process, but then it turns out the process is not effective? Well, monitoring your processes will give you data to let you know there is a problem before the problem is laid at your feet. Data can show if you're getting it right or if you need to step back and re-evaluate some things. Data is your compass. It shows you the way. Now, one of the biggest things data can do for you is give you administrative support for implementing change. Hospitals, of course, operate on a streamlined budget. Data will help you prove that the changes that need to be made are worth it. An important principle in the field of quality improvement is that performance can be measured and compared to identify a need for improvement. Something to keep in mind is that your systems are creating your outcomes. In short, what you do is what you get. You may not want to hear that, or, you may disagree, but for now, just hold onto that thought. So, to get something different, you have to do something different.

All right, how do you get there? What are the keys to success? Some of the key requirements for effective quality improvement initiatives include the following: you must recognize the need for improvement; you need some buy-in from staff and receive motivation, leadership and advocacy for improvement from the hospital's management; next, you need to have a clear definition of the gaps, or shortcomings, to address; and lastly, you must initiate a process for achieving the desired change.

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Making improvements are great but continuing them is essential. Continue your improvement efforts. They will benefit your hospital, as well as, your patient care. Besides just making things better through quality improvement, having your hospital participate in formal quality improvement efforts are required for accreditation, board certification, and, sometimes, for payer reimbursement. I've really only scratched the surface here today, but at the end of this presentation there are some follow-up resources for those of you who would like more information on quality improvement. They're linked at the very end of this presentation. You can access those links from the slides posted on qualityreportingcenter.com. That's all I have for you today. Let me hand things back over to Pam. Pam?

Pam

Rutherford: Thank you, Dianne. You definitely covered a lot of information, and Dianne, we've been getting quite a bit of questions in the chat box about the Proposed Rule. What do you say we go over some of these questions?

Dianne

Glymph: Oh, I think that's a great idea Pam. Definitely. Let's clear things up while we have the opportunity.

Pam

Rutherford: Ok, great. Here's the first question. Please clarify the data collection periods for the Calendar Year 2019, Calendar Year 2020, and the Calendar Year 2021 Payment Determination Years.

Dianne

Glymph: That's a great question, a big question and a great question. So, let me first explain the Calendar Year 2020 Payment Determination. The quarterly data collection period includes patient encounters from Quarter 2 2018, Quarter 3 2018, Quarter 4 2018, and Quarter 1 2019. So that's April 1, 2018 through March 31, 2019. The web-based measure data collection period, except for OP-27, that's the flu vaccination measure, includes patient encounters from January 1, 2018 through December 31, 2018. The data collection period for OP-27 follows the flu season of October 1, 2018 through March 31, 2019. You would then back these dates up one year for the Calendar Year 2019 Payment Determination or go forward one year for the Calendar Year 2021 Payment Determination. There's a very helpful document on our website that provides this information for you. Our website is qualityreportingcenter.com. You would access the Tools and Resources tab under this program to obtain this information, just click on the Program Resources link to see the Hospital OQR Important Dates document, and we have others right there as well. This section is full of helpful resources.

Pam

Rutherford: Thanks Dianne. Ok, several people have asked this question. If OP-29 and OP-30 are removed for the Calendar Year 2021 Payment Determination, what date would chart abstraction stop? I can go ahead and answer that Dianne. If the removal of OP-29 and OP-30 is finalized in November, the last time hospitals would be required to report data for these measures would be May 15, 2019 using encounters from January 1, 2018 through December 31, 2018.

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Dianne

Glymph: Thanks for catching that one. Pam, here's someone that wants to know if the removal for OP-5 is finalized in November when the Final Rule is published, what will be the last quarter of data that we have to report for this measure? I'll grab this one. If the removal of OP-5 is finalized in November, the last time hospitals would be required to report data for this measure would be August 1, 2019 for Quarter 1 2019 encounters. I'm glad someone asked that question. That's a good point to clarify for everyone.

Pam

Rutherford: Thanks, Dianne. Another point of confusion is with respect to the various colonoscopy measures, and one question is, within our facility we report data for OP-29 and OP-30. If they are removed, would we be required to start reporting on OP-32? And, I'll grab that one Dianne. The OP-32 measure is a claims-based measure currently part of the program, but these data are collected via paid Medicare claims and do not require manual abstraction on the part of the facility.

Dianne

Glymph: We've been getting that question a lot. So, thanks for clearing that up. So, Pam, we've had several people that are confused by payment dates and when they stop reporting. So, let me just clarify this. That information is outlined in the tables at the beginning of this presentation as a reference. So, let's do just a quick review. If removal of OP-27 is finalized in November, the last time hospitals were required to report data for this measure was May 2018 for the Hospital OQR Program. But now IQR Program requirements may differ. So, please contact them at 844-472-4477 or 866-800-8765 with questions about their program requirements. If the removal of OP-5 is finalized in November, the last time hospitals will be required to report data for this measure would be August 1, 2019 for Quarter 1 2019 encounters. If the removal of OP-12, -17, -29, -30, and -31 is finalized in November, the last time hospitals would be required to report data for these measures would be May 15, 2019 for Calendar Year 2018 encounters. I see there are several people asking about when the Final Rule will be published. CMS reviews the Hospital OQR Program requirements each year. Currently, the Proposed Rule for Calendar Year 2019 has been published, and the comment period will close shortly. Once all the comments about the proposals are collected, the proposals, finalized or not, are discussed in the Final Rule. This Final Rule is due to be published in November 2018. After the Final Rule is published, all the documents on qualityreportingcenter.com and qualitynet.org will be updated to reflect the final rulings.

Pam

Rutherford: Thanks, Dianne. By the way, there have been several questions about reports on QualityNet. If you're not familiar as you would like to be about these reports, we previously did a webinar explaining many of the reports that are available. You can access any previous webinar on our website qualityreportingcenter.com. Please access the Archived Event tab for this program. Dianne, I think that's all the time we have today. Thanks again for all the great information you discussed today. We really appreciate it. As a reminder, we post this recording, a word-for-

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word transcript of the recording, and all the questions and answers from the chat box on our website at qualityreportingcenter.com under Archived Events. If any of you have any suggestions on subjects you would like to have covered in upcoming webinars, please be sure to put it in the survey, or you can just email us through the Q&A Tool on QualityNet, or you can simply just give us a call at our help desk. Our number is 866-800-8756. That's all the time we have today. We appreciate you joining us today.