

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.



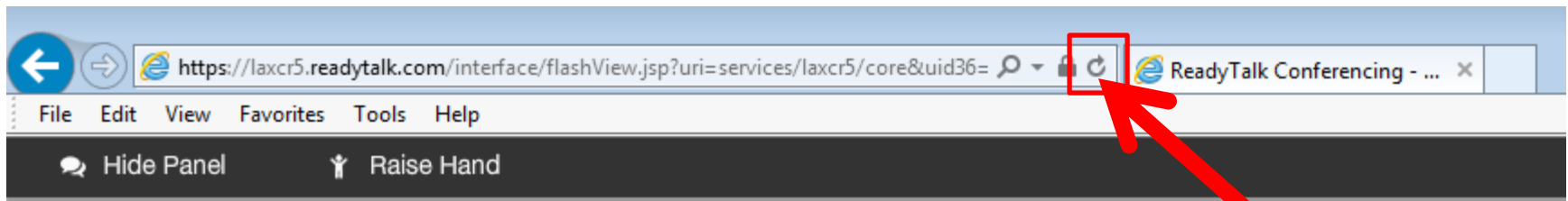
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stops?

- Click **Refresh** icon
or
- Click **F5**



F5 Key
Top row of keyboard

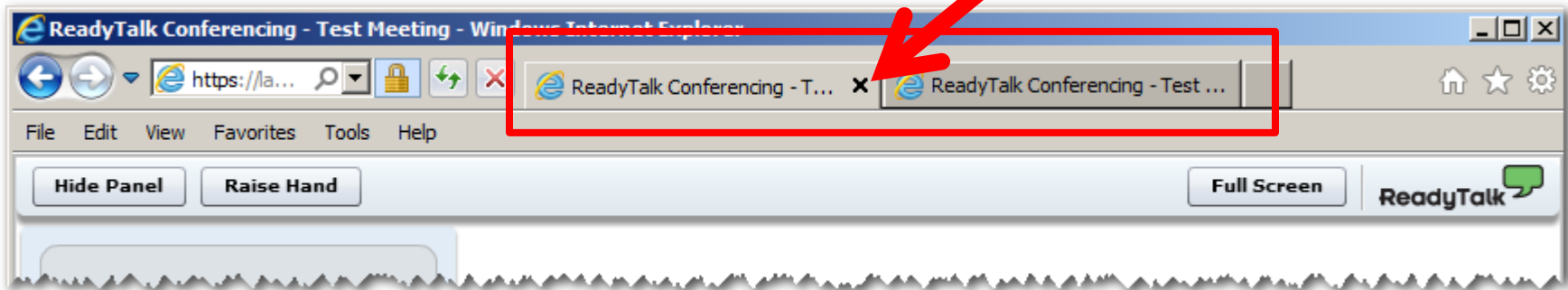


Location of buttons

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.



Discovery: Planet Data



Presented by:

Dianne Glymph, MLIS, Project Coordinator
Hospital Outpatient Quality Reporting (OQR) Program
Support Contractor

September 19, 2018

Save the Date

- Upcoming Hospital OQR Program educational webinars:
 - November: Public Reporting
 - December: Final Rule
- Notifications of additional educational webinars will be sent via ListServe

Learning Objectives

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

- Identify at least three reports to obtain data submitted for the Hospital OQR Program.
- State at least two resources for obtaining data reported for the Hospital OQR Program.
- Describe at least two advantages for initiating quality improvement.

Hospital OQR Proposed Measures for Removal

Measure	Payment Determination Year for Proposed Removal	Last Time You Report
OP-9: Mammography Follow-Up Rates	CY 2021	Claims through June 30, 2018
OP-11: Thorax CT – Use of Contrast Material	CY 2021	Claims through June 30, 2018
OP-14: Simultaneous Use of Brain CT and Sinus CT	CY 2021	Claims through June 30, 2018
OP-5: Median Time to ECG	CY 2021	August 1, 2019 (1Q 2019 data)
OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data	CY 2021	May 15, 2019

Hospital OQR Proposed Measures for Removal (cont.)

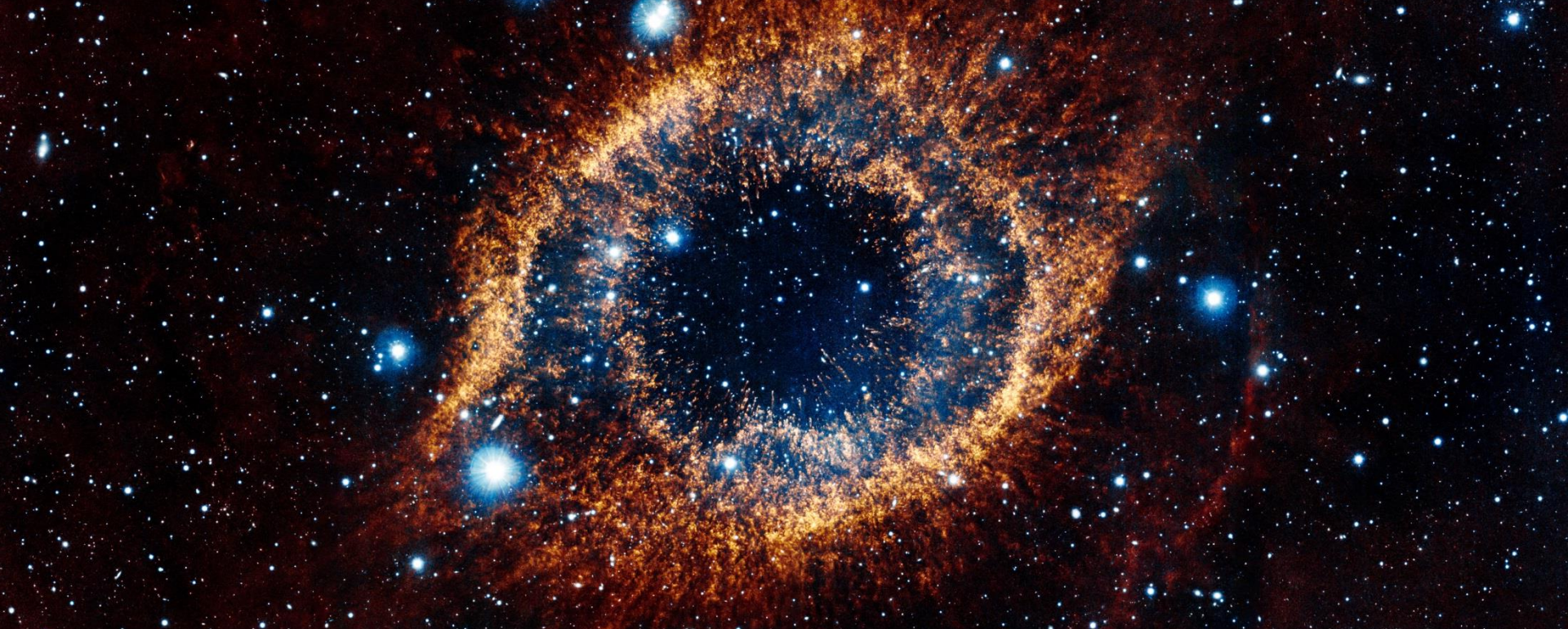
Measure	Payment Determination Year for Proposed Removal	Last Time You Report
OP-17: Tracking Clinical Results between Visits	CY 2021	May 15, 2019
OP-27: Influenza Vaccination Coverage among Healthcare Personnel	CY 2020	May 15, 2018
OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	CY 2021	May 15, 2019
OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps—Avoidance of Inappropriate Use	CY 2021	May 15, 2019
OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	CY 2021	May 15, 2019

Let the Journey Begin



The Great Hunt for Your Data

- Sources of data for the Hospital OQR Program
 - QualityNet
 - Support contractor website
 - Hospital Compare
- Improving quality and performance by analyzing data



Exploring Within Our System

QualityNet Reports

Reports

- Reports run in QualityNet Secure Portal on demand
 - Claims Detail Report
 - Provider Participation Report
 - Facility, State, and National Report
 - Preview Report
- Reports auto-routed via Secure File Exchange
 - Facility-Specific Report (FSR)
 - Claims Detail Report (CDR)

Outcome Measure Reports

- Measures OP-32, OP-35, and OP-36
- Hospitals will receive performance information in two forms
 - CDR
 - FSR
- For more information about the measure reports see: www.qualitynet.org > Hospitals—Outpatient > Measures

Benchmarks of Care

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is a login section with the text "Log in to QualityNet Secure Portal (formerly MyQualityNet)" and a "Log In" button. Further right is a search bar with the word "Search" next to it. Below the header is a navigation bar with tabs for "Home", "My QualityNet", and "Help". Under "My QualityNet", there are several dropdown menus: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement". The "Hospitals - Outpatient" menu is open, showing a list of items: "Hospital Outpatient Quality Reporting Program", "Public Reporting", "E-mail Notifications", "Registration", "Specifications Manual", "Benchmarks of Care" (highlighted with an orange box), "Measures", "Overall Hospital Ratings", "Data Collection (& CART)", "Data Submission", "Data Validation", and "Webinars". To the right of the menu is a "News" section with a "More News >" link. Below the news section is a "Log in to QualityNet Secure Portal" section with a "Login" button and a list of resources: "Download Symantec ID (required for login)", "Portal Resources", and "Secure File Transfer Resources". At the bottom right is a "Questions & Answers" section with a list of topics: "Ambulatory Surgical Centers", "End-Stage Renal Disease (ESRD) QIP", "Hospitals - Inpatient", and "Hospitals - Outpatient".

Choose Your Quarter

[Home](#)
[My QualityNet](#)
[Help](#)

Hospitals - Inpatient ▾
Hospitals - Outpatient ▾
Physician Offices ▾
Ambulatory Surgical Centers ▾
PPS-Exempt Cancer Hospitals ▾
ESRD Facilities ▾
Inpatient Psychiatric Facilities ▾
Quality Improvement ▾

Benchmarks of Care

Benchmarks of Care

The Centers for Medicare & Medicaid Services (CMS) calculates quarterly benchmarks of care, based on hospital data submitted to its clinical data warehouses.

These benchmarks were developed using the [Achievable Benchmarks of Care™](#) (ABC) methodology and are based on the reported performance of the top facilities. ABC benchmarks identify superior performance and encourage performance improvement; they are data-driven, peer-group performance feedback.

ABC Methodology
 Developed at the University of Alabama at Birmingham for the Agency for Healthcare Research and Quality (AHRQ), this methodology identifies benchmark care levels achieved by "best-in-class" providers. Development of benchmarks that are realistic and achievable serves to motivate providers to improve care. The benchmarks represent a measureable level of excellence that exceeds average performance. The ABC methodology ensures both that all superior providers contribute to the benchmark as well as that providers with high performance, but very low numbers of cases do not unduly influence benchmark levels.

Determination of the Benchmarks for Continuous Variable Measures
 For the determination of the 90th percentile (or, top 10 percent) of hospitals on a national basis, the individual provider median times (in minutes) are rank-ordered and the top 10th percentile score identified as the benchmark.

Trends and Benchmarks

Quarters	Inpatient	Outpatient
Fourth Quarter 2016-Fourth Quarter 2017	PDF or XLSX (07/26/18)	PDF or XLSX (07/26/18)
Third Quarter 2016-Third Quarter 2017	PDF or XLSX (04/27/18)	PDF or XLSX (04/27/18)
Second Quarter 2016-Second Quarter 2017	PDF or XLSX (02/08/18)	PDF or XLSX (02/08/18)
First Quarter 2016-First Quarter 2017	PDF or XLSX (10/25/17)	PDF or XLSX (10/25/17)

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Polling Question



A. 14%

B. 25%

C. 35%

D. 20%

E. 6%

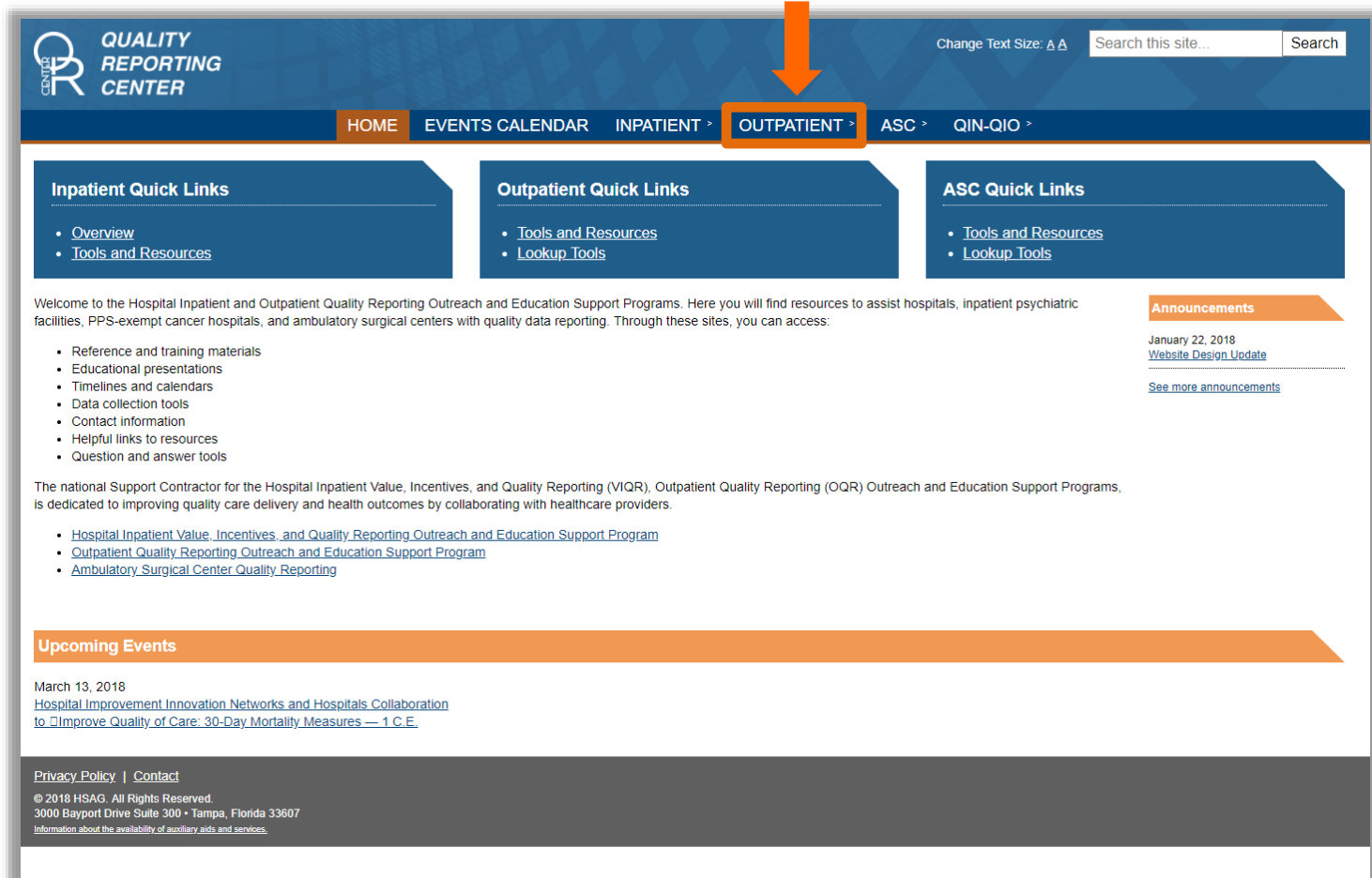


Beyond the Universe of QualityNet

Quality Reporting Center Website

Home Page

www.qualityreportingcenter.com



QUALITY REPORTING CENTER

Change Text Size: [A](#) [A](#) Search this site... Search

[HOME](#) [EVENTS CALENDAR](#) [INPATIENT >](#) **[OUTPATIENT >](#)** [ASC >](#) [QIN-QIO >](#)

Inpatient Quick Links

- [Overview](#)
- [Tools and Resources](#)

Outpatient Quick Links

- [Tools and Resources](#)
- [Lookup Tools](#)

ASC Quick Links

- [Tools and Resources](#)
- [Lookup Tools](#)

Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting. Through these sites, you can access:

- Reference and training materials
- Educational presentations
- Timelines and calendars
- Data collection tools
- Contact information
- Helpful links to resources
- Question and answer tools

The national Support Contractor for the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR), Outpatient Quality Reporting (OQR) Outreach and Education Support Programs, is dedicated to improving quality care delivery and health outcomes by collaborating with healthcare providers.

- [Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Program](#)
- [Outpatient Quality Reporting Outreach and Education Support Program](#)
- [Ambulatory Surgical Center Quality Reporting](#)

Announcements

January 22, 2018
[Website Design Update](#)

[See more announcements](#)

Upcoming Events

March 13, 2018
[Hospital Improvement Innovation Networks and Hospitals Collaboration to Improve Quality of Care: 30-Day Mortality Measures — 1 C.E.](#)

[Privacy Policy](#) | [Contact](#)

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[Information about the availability of auxiliary aids and services.](#)

Navigating the Site

The screenshot shows the Quality Reporting Center website. The header includes the logo, navigation links (HOME, EVENTS CALENDAR, INPATIENT, OUTPATIENT, ASC), a search bar, and a text size selector. A navigation menu is overlaid on the right side, listing various site sections. The main content area features quick links for inpatient and outpatient programs, a welcome message, and a list of resources. An 'Upcoming Events' section is also visible.

QUALITY REPORTING CENTER

Change Text Size: A A Search this site... Search

HOME EVENTS CALENDAR INPATIENT > OUTPATIENT > ASC

Inpatient Quick Links

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- [Tools and Resources](#)

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- [Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Program](#)
- [Outpatient Quality Reporting Outreach and Education Support Program](#)
- [Ambulatory Surgical Center Quality Reporting](#)

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[Privacy Policy](#) | [Contact](#)

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Information about the availability of auxiliary aids and services.

Announcements

January 22, 2018
[Website Design Update](#)
[See more announcements](#)

Navigation Menu:

- OUTPATIENT >
- PROGRAM INFORMATION
- HOQR 101
- PROGRAM RULE HISTORY
- UPCOMING EVENTS
- ARCHIVED EVENTS
- OQR TIMES
- DATA DASHBOARD
- Lookup Tool
- TOOLS AND RESOURCES
- DATA COLLECTION AND CART
- DATA SUBMISSION
- DATA VALIDATION

Data Dashboard



Change Text Size: [A](#) [A](#)

Search this site...

[HOME](#) [EVENTS CALENDAR](#) [INPATIENT >](#) **[OUTPATIENT >](#)** [ASC >](#) [QIN-QIO >](#)

Data Dashboard

[Log In](#) to Access QIC

Search this page:

Search this page

Lookup Tools

The Lookup Tools allow program participants to view if their facility has completed data submission for selected measures, and if certain data reports are available through QualityNet.

Please click here to access the [Lookup Tools](#).

National Maps

The National Maps allow you to view the state and national rates for Hospital Outpatient Quality Reporting Program measures.

Please click here to access the [National Maps](#).



Upcoming Events

July 24, 2018
[CY 2018 eCQM Self-Tools and Resources Hospital IQR and Program Interoperability Program](#)

July 25, 2018
[Overview of the FY 2018 Reduction Program and 1 C.E.](#)

Choose Your Measure

HOME EVENTS CALENDAR INPATIENT > **OUTPATIENT >** ASC > QIN-QIO >

National Maps

Data Submitted via QualityNet Rates
(by State)

- [OP-25 Rate 2016](#)
- [OP-29 Rate 2016](#)
- [OP-30 Rate 2016](#)
- [OP-31 Rate 2016](#)

Data Rates for OP-27
(by State)

- [OP-27 Rate \(2016/2017\)](#)



Your Place in the Data Universe

Review of Data

Measures Aligned for Hospital Outpatient and Ambulatory Surgical Center QR Programs

Influenza Vaccination Coverage among Healthcare Personnel (OP-27, ASC-8)

Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (OP-29, ASC-9)

Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use (OP-30, ASC-10)

Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (OP-31, ASC-11)

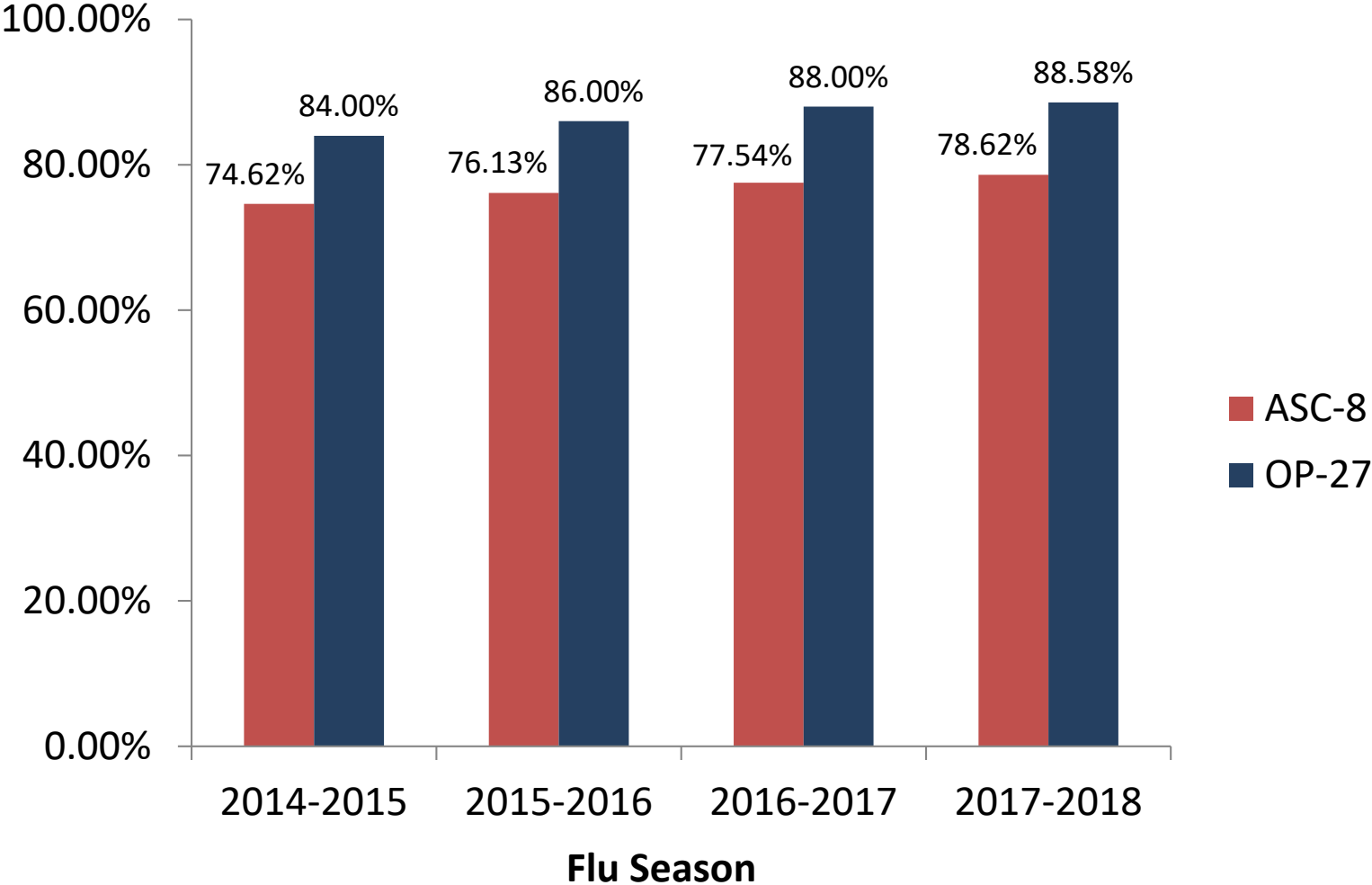
Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy (OP-32, ASC-12)

OP-27

OP-27: Influenza Vaccination Coverage among Healthcare Personnel

- Reported for three categories of hospital personnel
- Entered annually via a web-based tool through the National Healthcare Safety Network
- Submitted per facility

Influenza Vaccination Coverage Among Healthcare Personnel Measure Comparison



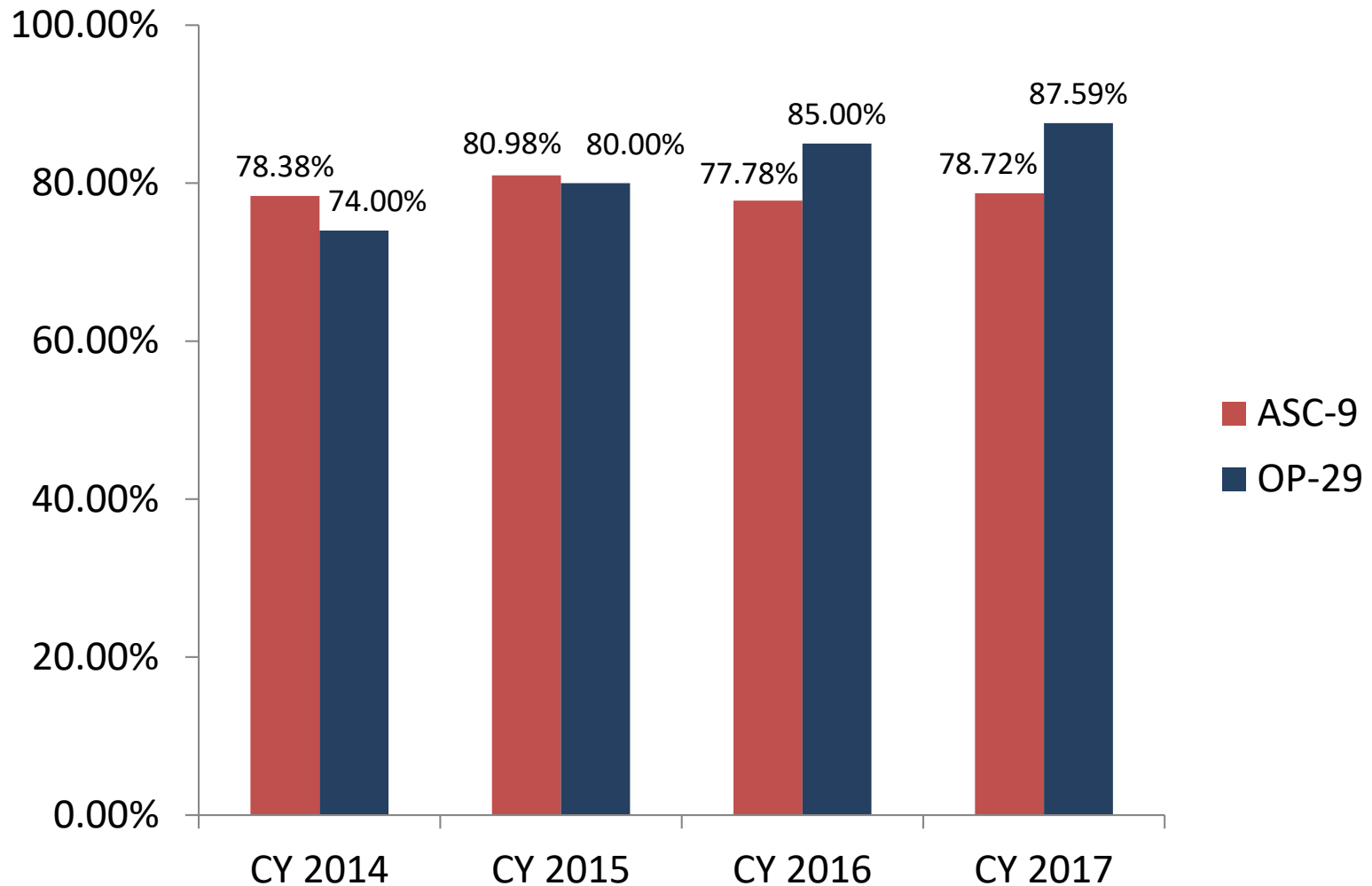
Data source: Hospital Compare and Centers for Disease Control and Prevention

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 10 years for repeat colonoscopy documented in their colonoscopy report

Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients Measure Comparison



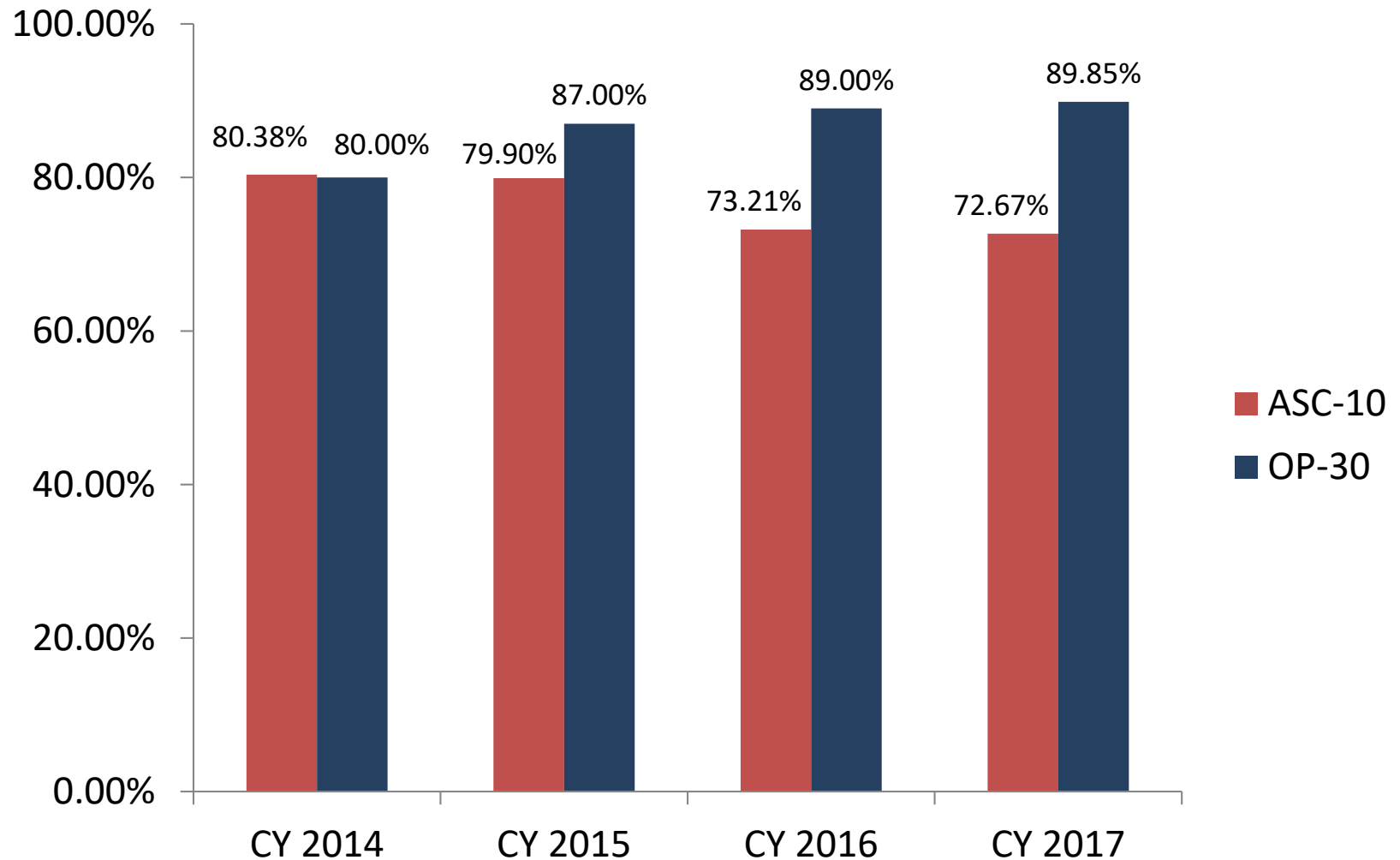
Data source: Hospital Compare and Oracle data warehouse

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 colonoscopy, with a history of a prior colonic polyp(s) in previous colonoscopy findings, who had a follow-up interval of three or more years since their last colonoscopy

Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use Measure Comparison



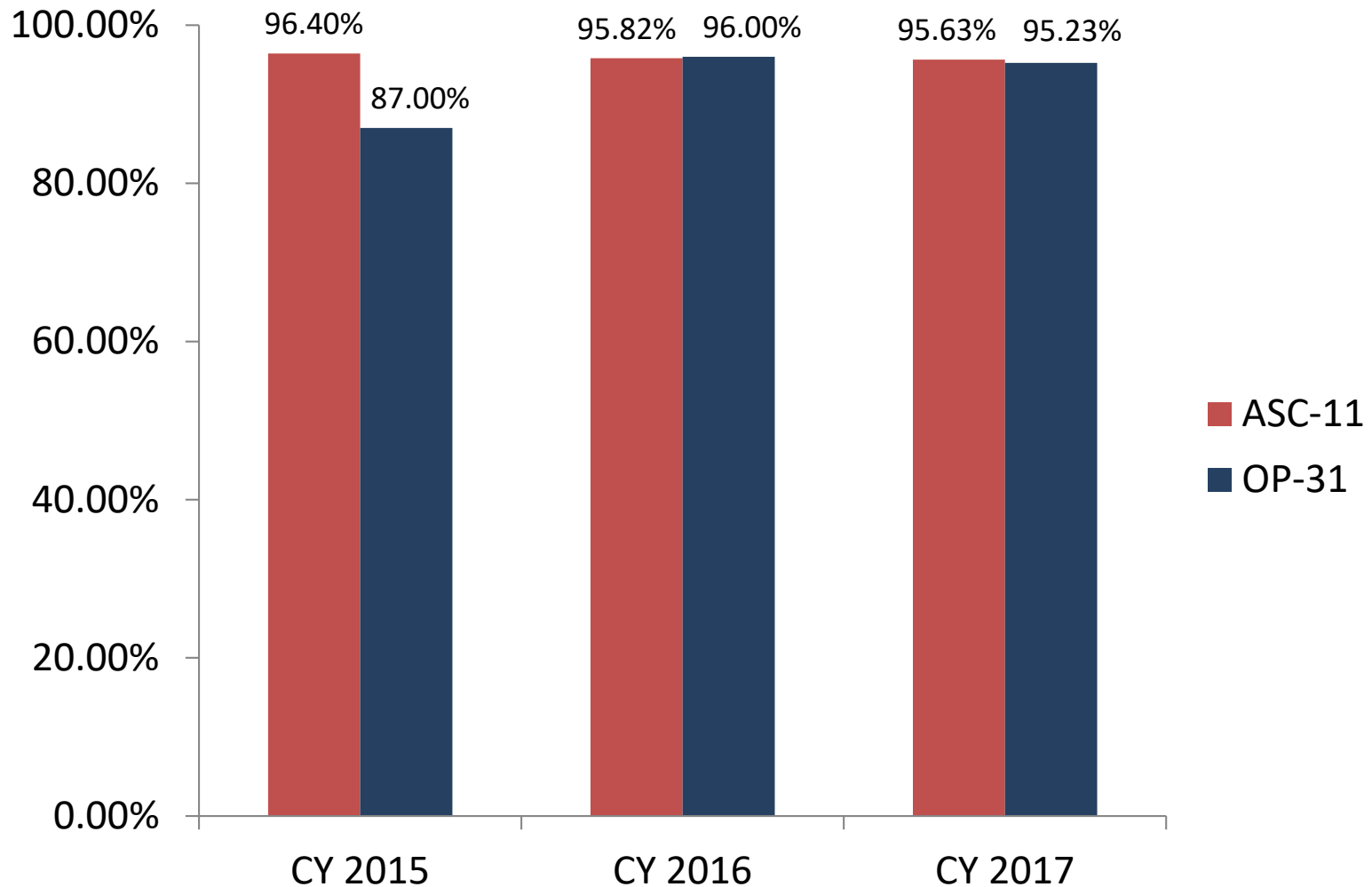
Data source: Hospital Compare and Oracle data warehouse

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
- Voluntary measure

Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary) Measure Comparison



Data source: Hospital Compare and Oracle data warehouse

Polling Question



A. 14%

B. 25%

C. 35%

D. 20%

E. 6%



Where Do You Go from Here?

What Do We Do with the Data?

Quality Improvement (QI) Objectives

- Quality Improvement and Performance
 - Best Practices
 - Evidence-Based Practices
- Better Patient Outcomes
 - Patient-Centered Care
- Cost-Effective Care

Data Can Be Your Friend

What's the point of data?

- Lets you know what is really happening, instead of what you thought is happening
- Shows changes leading to improvements
- Provides justification for administrative support of QI projects and updating processes

Finding the Issues

A primary QI principle is that performance can be measured and compared to identify a need for improvement.

- Your systems create your outcomes.
- What you do is what you get.

In order to **get** something different, you need to **do** something different.

Keys to Success

For effective and successful quality improvement you should

- Recognize a need for improvement.
- Advocate coherently within the organization for improvement.
- Understand the gaps and areas of quality improvement.
- Have the data available.
- Implement a process to achieve your improvement goals.

Continue Your Improvement

- Continuous Quality Improvement (CQI) Projects
 - Continue your improvement efforts
 - Benefit patients as well as your hospital
- Participation in formal quality improvement efforts are required for accreditation, board certification, and, in some cases, payer reimbursement.

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

No

Please provide any additional comments

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.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

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

The screenshot shows a web browser window displaying the registration page for a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the page title is "Learning Management Center". The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The page is framed by a blue border on the left and right sides.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

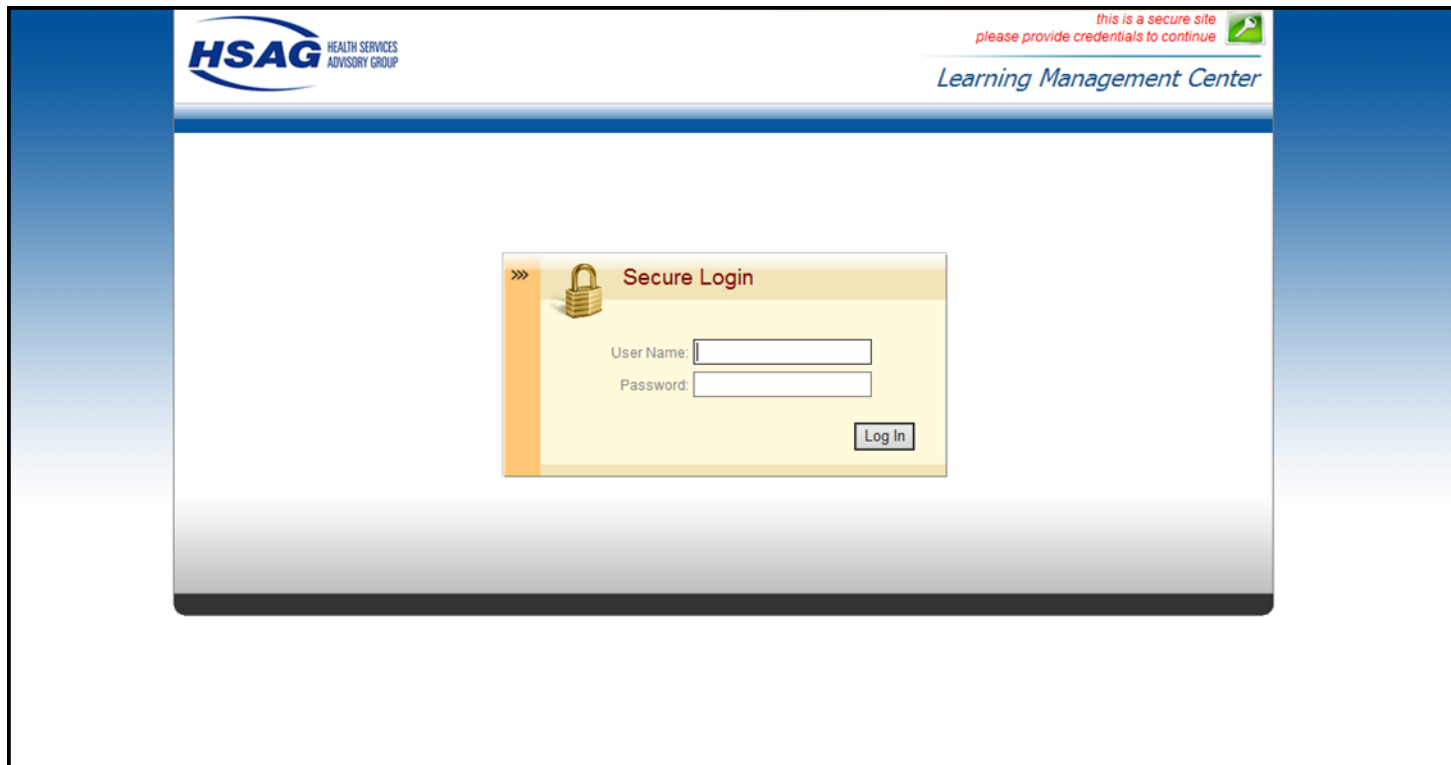
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning reads "this is a secure site please provide credentials to continue" next to a green padlock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a gold padlock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

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.

Resources

- “Quality Improvement Initiatives”
 - <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/QualityImprovementInitiatives.aspx>
- “Six Steps for Implementing Successful Performance Improvement Initiatives in Healthcare”
 - <https://www.healthcatalyst.com/insights/implementing-healthcare-performance-improvement-initiatives/>

Resources (cont.)

- “Quality Improvement in Healthcare”
 - <https://www.medscape.org/viewarticle/561651>
- “Case Studies of Quality Improvement Initiatives”
 - https://www.ahrq.gov/cahps/quality-improvement/reports-and-case-studies/Case-Study_QI-Initiatives.html
- “Healthcare Quality Initiatives: The Role of Leadership”
 - <https://www.isixsigma.com/implementation/change-management-implementation/healthcare-quality-initiatives-role-leadership/>

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