



Hospital Outpatient Quality Reporting Program

Support Contractor

Hospital Outpatient Quality Reporting (OQR) Specifications Manual, Version 8.0a: New Measures and Updates

A.M. Questions and Answers

Moderator:

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Question 1: Hi. I was just thinking more of some clarification. So, for cataracts, can you clarify when we are actually due to submit, and what time frame we're submitting? And the same thing with colonoscopies? I know it sounds like it's voluntary and it goes from calendar year to fiscal years, and it's just a bit confusing.

Answer 1: Okay. For -29, -30, and -31, your submission period starts July 1 and extends to November 1, 2015. The encounter dates for that submission for those measures are April 1 to December 31, 2014. However, -31 is voluntary, so, if you submit the data, that's great. Please know that it is subject to public reporting. If you decide you do not want to submit on -31, that is perfectly fine. You will not have any detriment or payment reduction

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whatsoever. It is on a strictly voluntary basis. Does that answer your question?

Question 2: Yes, thank you. I have a question in regard to OP-26 and it being under review. Is the expectation going to be that -- if there is an addendum needed after they analyze everything, that it will be prior to submittal time for this measure?

Answer 2: I think that we're not quite -- are you talking about the updated codes that we referenced -- that Mr. Dickerson referenced in his presentation? I'm not sure we're clear on what you're asking.

Question 2: Yes, because they're going back through and looking at the data and analyzing the codes. Usually this measure is reported out by November, if I remember correctly, and so I was wondering if the decision for a future addendum -- the expectation is if there will be changes, it's going to be before the submittal time of this measure.

Answer 2: Yes. The addendum, should an addendum happen, the addendum will come out before the July 1 start date for submission. And that addendum would be the one that you want to utilize for the data submission of those codes.

Question 3: Could you please clarify the change in the Specs Manual for pain management? I noticed that at the beginning of the presentation, but it's not quite clear to me what that change is.

Answer 3: It was just the time update?

Answer 3: Hi, we were -- it's just a specific update related to the description of the time. You can definitely view those in the current manual and 8.0a.

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- Answer 3: It was just to help clarify how to abstract pain medication and relate -- how it relates to time.
- Question 4: So what is the difference with the abstraction?
- Answer 4: The abstraction itself is not different. There was just an extra line to help clarify the time. There was some discrepancy on before they arrived at the hospital and after they arrive at the hospital. That change is minimal. And it has really no bearing on how you're going to abstract that measure.
- Question 5: Yes, last year for the IQR program when they retired some of the measures, we needed to go into MyQualityNet to de-select some of those measures. Is that true for the OP-6 and -7? Do we need to de-select those in MyQualityNet?
- Answer 5: Not that we're aware of. If that would be the case, we would definitely notify all facilities. But with the changes, QualityNet is aware of them and will be updating any type of features that you would need to go in there, and when you're submitting -- you know, if you're going through CART, that stuff will be updated after the May 1 deadline.
- Question 6: Thank you for having this presentation today. My question is, at my hospital we try to do abstracting concurrently, and we have not been able to do any abstracting, either inpatient or outpatient, since January 1 because the new CART tool is not on QNet. Do you have any idea when that's going to be installed?
- Answer 6: I do know that QualityNet is currently aware, and we should be updating, I do believe they are updating those at this time. So you should be getting notification -- we'll hopefully be able to notify you as soon as that tool is available.

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- Question 6: But you have no idea when that'll be?
- Answer 6: We can do some research and kind of -- if you could write into the question-and-answer tool, I'll do some research and get back to you as soon as possible.
- Question 7: Hello; my question is pertaining to slides 21 and 29. For 21, you talked about the topped-out measures regarding calendar year 2017. I just want to confirm that reflects 2015 patient encounters.
- Answer 7: That is correct; it does reflect the 2015 patient encounters.
- Question 8: And regarding OP-32, I know it's a voluntary measure, but you mentioned that it's the calendar year 2018 payment determination. What encounters would those be as far as --
- Answer 8: Okay. Let me just first say, I think you're getting confused a little bit. OP-31 is the measure that is voluntary. OP-32 is the new measure being introduced.
- Question 8: Right.
- Answer 8: That will be claims-based, so that's not anything that you're going to have to abstract or look at a chart. That's going to be drawn by CMS automatically from Medicare Fee-for-Service claims.
- Question 9: Okay. What dates of service? It says calendar year 2018.
- Answer 9: The OP-32 for calendar year 2018 payment determination, that's when it will affect your payment. However, they are going to be doing a dry run later this year, and that time will be announced, and further information with regard to that will follow the dry run.

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- Question 10: Good morning. I just wanted to check to see if there were any changes with OP-3, -4, and -5 for public reporting. Will this still be 3b measure 4 and measure 5?
- Answer 10: Hi, this is Nina. Nothing with those measures has been changed, so you're going to keep reporting them just like you are.
- Question 11: Hi. With measures OP-6 and OP-7 being topped-out for 2015 and forward, I was wondering if there were any resources for best practices for those hospitals that did excel in those measures?
- Answer 11: Bob, do you have any idea about that?
- Bob Dickerson: No, I really don't. Could -- could you be a little -- is there something specific you're looking for?
- Question 11: Yes. I'm looking to see how did those hospitals do so well on those particular measures.
- Bob Dickerson: Yeah, I'm not aware of anything available at this point in time. It's something that -- perhaps that there may be something in the future available, but I just don't know.
- Karen VanBourgondien:
- I think what you're asking is, and correct me if I'm wrong, is how do they determine that these measures were doing so well? Is that what your question is? Because as Bob stated in his presentation, the performance generally was extremely high. You're talking about 75 to 90 percentile. Essentially, after collecting the data for an extended period of time, the compliance level with facilities across the board was so high they didn't see any value in continuing to collect the data.

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Now whether or not CMS puts out specific information, I am not aware of. But essentially when you're collecting data for this long of a period of time, and the compliance variance is so low, that's what really drives the notion to have the measure topped out. It's just a consistently high performance rate, and they're very unvarying. So, at that point it's just, it's redundant. So, CMS just, you know, they continually seek to try to lessen the burden on facilities if they can.

Question 11: Right, but for those facilities that did so well, is there a website where we can link up with those facilities to see what performance improvement projects they did?

Bob Dickerson: So you're looking for more of a resource where you can tap into the experience and knowledge of those that were, for lack of a better term, best of the best? So you can take that and learn from it?

Question 11: Yes. Yes. You got it.

Bob Dickerson: Okay. I'm not aware that there's anything available yet. I don't know if there are plans for that or not. Karen or Nina, are you aware?

Answer 11: No. However, I mean, you know, the only thing that we can suggest is Hospital Compare, but as you're aware, that that data is a little bit behind. So this current data wouldn't be displayed for quite some time. I am, again, not aware of any specific plans by CMS to display that kind of information, but if you would like, you can write into the RightNow tool, and we can reach out and see if there's anything available that we can communicate to you about that.

Question 12: Hi, good morning. I just wanted to – Outpatient-15, the use of the brain CT for atraumatic headache, for those it's claimed -- that will also be claims-

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based? Medicare patients only? I just want to clarify the start date and the stop date for what calendar year. Would it be for calendar year 2016?

Answer 12: With regard to -15, the only thing that's changed is CMS is leaving that open year by year so that they can decide if that measure is going to be publicly reported in future rule-making.

Question 13: So okay. Because there has been another webinar I had listened to or I don't know if it was in discussion with our vendor, but I thought that that was going to be deferred. The last time I -- so is it deferred, or are they -- are they collecting our data and they will publicly report? They will publicly report it, but they're collecting our data?

Answer 13: They are deferring the public reporting. The only change for OP-15 is that they could, the -- essentially are saying they're leaving that aspect open, and they will revisit that in a following rule-making period. So, it may stay that way, it may not. That's just -- they can't just say one day, "Okay, now we're going to do it." It has to go all through the process; they have to have the proposed rule, and then they have it finalized.

And the reason that they do that is to really optimize everybody's opportunity and get their input and how they feel about that. So, the only change that they are saying is they're going to leave it at that, next rule-making period. So, essentially there are no changes, as you are aware.

Question 13: Okay, so there aren't -- so they are looking at it though, they're collecting our data, they're looking at it? In order to --

Answer 13: That is correct.

Question 13: To see if they're going to propose it, to be -- and one of the final rules that then it will be publicly-reported?

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Answer 13: That is a possibility.

Question 14: But there's no way for us to see how we're doing based on what they're collecting at this point?

Answer 14: That is correct, as far as we are aware, yes, ma'am.

Question 15: Okay, and then just back -- OP-31, it's voluntary right now. When does it become mandatory? What is historical data for mandatory reporting, and what calendar year would that be for?

Answer 15: Okay. Again, that would have to go through the whole rule-making process. So, right now, it is a voluntary measure. If there was ever going to be a change, it would be put on the MUC list for discussion. Then it would be in the proposed rule for discussion, and then it would go to the final rule for discussion. You would have ample notification that this is at least on the table, so to speak. Right now, right now as finalized in 2015, that measure is voluntary. Whether that changes down the road, that is not known, but you would -- this would be brought up way before, and you would be aware of that.

Question 16: Okay, I'm sorry, and one thing on OP-32. The data is -- it's this -- if a patient has an outpatient colonoscopy but then they present to our particular hospital for some complaint within seven days, how -- and it wasn't -- see you're lucky that just if they come to your hospital doesn't mean the procedure was done there, or are you looking at the colonoscopies who had the procedure at your facility, your hospital, and then they are seen in an ED, be it yours or another one? I'm not sure how you're going to collect that data, where it comes from, how you -- is it driven --

Answer 16: For OP-32, remember that that's all claims-driven. So, what it's looking at is if a patient had a colonoscopy and if they had an outcome—meaning an

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emergency room visit, a hospital visit, an admission, what have you--within seven days of that colonoscopy, that patient is going to be in that measure score. It doesn't matter if they had it at an ambulatory center, but then they end up in your emergency room. What they are looking for is what that patient, did that patient have an event within seven days of a colonoscopy. That's what the measure is about.

Question 17: Okay, so, and it made mention that a lot of the physicians are not aware that patients end up with a complication and are seen in the ED. So, how does that data get back to the physician?

Answer 17: Again, as we mentioned, they are going to run this -- CMS is going to have the dry run. A lot of these issues are coming up, and that's one reason for the dry run. They will have facility-specific reports, they will have patient-level data, all of these things are going to be discussed at a later date after the dry run. And as soon as we are aware of when that dry run will take place, you will be notified.

Question 18: Hi, my question is regarding the question-and-answer tool on QNet. I have several queries out there that have been outstanding since the end of November, and I wondered what's going on with that.

Bob Dickerson: This is Bob. What I can tell you on that is, we're -- that we've received a high volume of questions coming in. So we're currently working through those, but because of that high volume we've got quite a backlog that we're trying to get through.

So, we are working through them, and we will get to your questions, and I do apologize for the delays.

Question 19: So I should just wait then, to -- and eventually someone will get back to me?

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Bob Dickerson: Yes.

Question 20: Hi. I just want a clarification in regards to outpatient surgery. I know as of first quarter 2015, we are no longer required to submit the Inpatient Surgical Care Improvement Project. But in regards to outpatient, would that be the same as well for first quarter 2015? I know that the antibiotics has topped off, those questions, but would we need to submit anything else mandatory?

Answer 20: I think what you're asking is, what is your responsibility for OP-6 and OP-7, is that correct?

Question 20: Yes.

Answer 20: Okay. You're going to continue to collect that data until the fourth quarter 2014 encounters, which will be reported on May 1, 2015. So you're still going to collect that data up until that point. Once it's encounter date January 1, 2015, they are removed. You no longer have to abstract or report on those topped-out measures.

Question 21: My question is, on the inpatient measure side, they're saying that as of January 2016, it'll all be electronically submitted, no more chart abstraction. Will this also be true for the outpatient measures? And if so, what about the ones that are reported to The Joint Commission? Y'all may not can address that part of it.

Answer 21: No, we can't, we can't address The Joint Commission. With regards to the Outpatient Quality Reporting Program, we have not been given that directive. Again, if we ever get information like that, we try to disseminate that immediately to all the facilities that have not been communicated to us at this time.

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Question 22: Yes, I had a question; thank you for taking questions. About the -- about that colonoscopy one, the seven-day risk adjusted -- so the previous caller said if it was done someplace else, basically, it's going to show up in our claims, and then we'll have to talk to the provider that is out in the community that isn't aware this happened. Is that the intent of the measure?

Answer 22: No, the intent is to capture data. CMS is interested in knowing how many adverse, if you will, outcomes occur after colonoscopy. So, the -- what it is measuring is the hospital visit rate after a colonoscopy. It's not going to be the facility's responsibility to track down any providers or anything like that. It is something to say, just related to the insanely high volume of colonoscopies that are done. They will be looking at through the dry run how many visits, hospital encounters, occur within that seven days after colonoscopy.

Question 23: Right, so at this point you're looking for numbers. This is a great measure, by the way. I really appreciate that one. And the second question I have is, I think a previous caller was trying to address this -- we have been using the Specs Manual for the research and the best practices, and when a measure ends, how do we find the new standards of care and continue the good momentum that was started?

Answer 23: There are some evidence-based practice databases; they can be easily accessible online. The easiest way -- there are various organizations that do that. The easiest way to do that is just to Google "best practice" or "evidence-based," but I think it may be worthy if people are still interested in that, if we try to collect some of that information ourselves. And we will send that through the ListServe, or we will have a webinar on that.

So again, if you are interested in that, send a question into the RightNow tool so we can get an idea of what the needs are, and we will try to prepare something in a future webinar with regard to that.

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We will be doing a webinar in a couple of months with regard to quality improvement and how reporting these measures helps you within your facility, so it might be worthy to incorporate that at that time, and that will be forthcoming.

Question 23: Okay, I really appreciate that, and in terms of thinking about us, I work at a rural hospital, and everybody has about five or six jobs. And so, trying to do the research, we'll do that on certain things, but for all the quality measures with so many going away this year for in- and outpatient, that's a bit frightening. So, thank you.

Karen VanBourgondien:

Yes, my pleasure. This concludes our program for today. We'd really like to thank our speakers, and we'd like to thank our participants. We hope you've had some useful information that will help you in your Hospital Outpatient Quality Reporting Program. Please remember also that you will not receive your WebEx survey today for your CE certificate. It will be sent for you by WebEx in your email within about 48 hours. Again, if we didn't get to your question or you have further concerns, please put your question or comment into the question-and-answer tool on QualityNet, and a Hospital OQR subject matter expert will respond to you timely. We appreciate your attendance. Have a great day.