Ambulatory Surgical Center Quality Reporting (ASCQR) Program

Outpatient Quality Program Systems and Stakeholder Support Team

The Escape Room:
The Search for Clues in Your Data Abstraction

Presentation Transcript

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June 23, 2021
2 p.m. Eastern Time (ET)

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Pamela Rutherford: Good afternoon, everyone. Welcome to today's webinar. Thank you for joining us. My name is Pam Rutherford, and I also have Karen VanBourgondien with me.

Today we are going to be covering some frequently asked questions for the measures for this program. We are presenting this information with a theme of an escape room, which is very fun. Hopefully, you have had the opportunity to experience one. Although we have this theme to make it a little fun, we have picked some pretty challenging scenarios. We are going to try to get as many scenarios as we can in the time with you today. We will also be involving you directly with some of these abstracting dilemmas, so put your thinking caps on!

To help us answer your questions, we are fortunate today to have the measure writers here with us. We have the Lewin Group, Mathematica, Yale, Lantana, and Telligen. These contractors all work to improve quality by bringing these measures together. We are very lucky to have them here today to share their expertise. They were also very instrumental in the creation of this event. We could not have brought this to you without their collaboration. So, we thank them for their time.

We will be using a lot of acronyms in our scenarios. We realize you most likely know all of these. However, we have provided a list here for reference, should you need them.

The learning objectives for this presentation are listed here on the slide.

Although we will have some interactive scenarios with you, you can also ask questions directly. So, during the presentation, if you have a question, please put that question in the chat box located on your screen. One of the subject matter experts I mentioned earlier will respond.

Let me make just a few program announcements before we get started. The calendar year (CY) 2022 proposed rule will be published soon, likely sometime next month. Now, of course, we will be presenting a webinar discussing all of the proposals that relate to this program shortly after the publication of this rule. So, don't miss that.

It is a very helpful way of helping you stay informed of any changes that may be coming our way for the program. Also, there is a 60-day comment period. This is your opportunity to communicate your opinions about the proposals directly to CMS and a great way to impact decisions for the program.

If you have not yet downloaded today's slides, you can get them from our website, QualityReportingCenter.com. The direct link is on this slide, and we will also put that direct in the chat box. Slides for our presentations are always posted prior to the event. The event reminder email we send out the week of the event will state that and will provide a direct link to the slides. So, you can access it there.

Let's begin in our escape room and start figuring out some scenarios. Karen? What do you think?

Karen VanBourgondien: Absolutely, Pam, I think we are ready to go. Pam and I will be going over scenarios today, as she mentioned. In order to advance through the rooms, we will need to successfully conquer these scenarios. So, let's begin. Let's get started.

Pam Rutherford: Like any good escape room, you can ask for clues. However, for today's purposes, we are going to be discussing the specifications manual throughout this entire presentation. We talk with many of you, whether it is through our events, by email, or even by phone. There are many of you who are not aware of the specifications manual or even where to locate it. So, we are going to stop a minute and go over that.

From the home page of QualityNet, to find the specifications manual for this program, select the Ambulatory Surgical Centers box. We do have the link to QualityNet at the top of the slide.

Here on the right side of the page, you have several choices. You do have the ability to view all of the specifications manuals by selecting View all Specifications Manuals, next to the red arrow. This would provide access to all of the various versions and the encounter periods they reference.

Please make sure you access the correct version of the manual. For the July 19, 2021, deadline, now this is the new deadline as the May 17, 2021, deadline was extended. You would use the 2020 specifications manual with the encounter dates of January 1, 2020, through December 31, 2020. Now, we just did a webinar back in April on discussing the manual, so we are not going into detail today. We just want to show you where you can find this. If you are not familiar with this very important document, please review that webinar. Okay, let's get back to our escape room.

So, today, we are going to be covering the web-based measures. The web-based measures for this program are ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients; ASC-11: Cataracts - Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery; ASC-13: Normothermia; and ASC-14: Unplanned Anterior Vitrectomy. In our first section, or room, we're going to be covering ASC-9. So, let's get to the first scenario.

The situation is a 70-year-old patient had a colonoscopy done at our ASC. Other than "return PRN," there is no documentation of a recommended follow-up colonoscopy. The question being asked is, "Would this case be excluded from the denominator?"

Karen VanBourgondien: Okay, Pam. To address this scenario, we would consider the denominator exclusions in the manual, which read, in part, "Documentation indicating no follow-up colonoscopy is needed or recommended is only acceptable if the patient's age is documented as greater than or equal to 66 years old, or life expectancy of less than 10 years."

The answer is yes. This case would be excluded from the denominator because of the patient's age and guidance that specifies, "Documentation indicating no follow-up colonoscopy is needed or recommended is only acceptable if the patient's age is documented as ≥66 years old, or life expectancy of less than 10 years."

Pamela Rutherford: Great answer, but that one was pretty easy. The next scenario is similar . It has to do with ASC-9 and the dominator exclusion related to age. In this case, the patient's 66 years old. The physician documents in the colonoscopy report: "Repeat colonoscopy PRN for screening purposes." The abstractor wants to know, "Is this acceptable documentation to exclude this case?"

Karen VanBourgondien: So, again, we will go back to the denominator exclusions for this measure. This aspect of exclusions states, "Documentation indicating no follow-up colonoscopy is needed or recommended is only acceptable if the patient's age is documented as ≥66 years old, or life expectancy of less than 10 years." So, given this information, we can now answer the question.

This case would be excluded from the denominator because of the patient's age and the guidance that specifies documentation indicating no follow-up colonoscopy is needed or recommended, and it is acceptable if the patient's age is greater than or equal to 66 years old, or again, a life expectancy of less than ten years, as we just discussed. Pam, back to you.

Pamela Rutherford: We are almost to the next room. All right. Let's go to our next scenario, and it is also about ASC-9. The situation is as follows: A patient arrived for a screening colonoscopy, and there is the following documentation in the medical record: "Diverticulosis in the sigmoid colon and in the descending colon. The examination was otherwise normal. No specimens were collected. Recommendation: Discharge patient to home. Consider FIT testing for non-invasive means of screening for polyps and lesions as we were unable to reach the cecum." The question is, "Would this case be excluded based on a medical reason?" Good question.

Karen VanBourgondien: It is a good question. So, when finding the answer, you would go back to the denominator exclusions found in the manual. Additionally, we are paying particular attention to the part of this exclusion that states, "Documentation of a medical condition or finding can be used as a medical reason(s) for denominator exclusion purposes only if the documented recommended follow-up interval is less than 10 years."

So, in this scenario the answer is no. This case will not be excluded. You cannot exclude a case from the measure based on a medical reason if there is no documentation recommending a follow-up interval of less than 10 years. So, this case will fail the measure because a follow-up interval for a repeat colonoscopy was not documented. So, what this means is, this case would be in your denominator, but it would not be in your numerator.

Pamela Rutherford: Now, while we are talking about ASC-9, the escape room management wants to provide you with a few more pieces of information that are important. In other words, it's a clue. We get a lot of questions about how to determine what a population and sample size for each measure is and where to find this information. So, let's use ASC-9 in our example here.

The numerator statement for this measure is: patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report. You would pull in all the cases that meet the numerator statement. This number will be your numerator. The denominator statement for ASC-9 is: all patients aged 50 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy. To determine the denominator, you will refer to the Measure Information Form using the denominator statement, denominator criteria, and the denominator exclusions. All cases that meet these criteria will be in your total population.

So, let's say, for your ASC, you have a total number of 786 cases that meet these denominator criteria. So, that is our total population. That is a large number of cases and CMS does not want to burden ASCs with having to abstract 786 cases. So, you will refer to the sampling guidelines put forth in Section 2 of the specifications manual. Table 3, found in Section 2 of the manual, tells you what your sampling specifications are for ASC-9, ASC-11, and ASC-13. You can see it provides yearly, quarterly, and monthly sample size specifications. For our purposes today, we are going to look at the yearly sample size as it relates to our ASC-9 abstraction.

Remember our total population is 786. According to this table, for 0–900 cases, the minimum yearly sample size is 63. You would submit 96 cases if you had 901 or more total cases for your population. So, let's pull all of this information together here. In our example, we have a total annual measure population of 786. We looked at the sampling specifications and found that for 0–900 cases we would have a minimum sample size of 63. That minimum sample size is also your denominator. In this example, we are going to say that out of those 63 cases that we looked at, okay, in the denominator, 60 of those cases met the numerator criteria.

In our example case today, we have a total population of 786 and, according to Table 3 in the specifications manual, our minimum number of cases to report is 63, which is also our denominator. Out of those 63 cases, 60 of them met the numerator criteria.

Now, this is the way your submission should look in HQR if you chose to submit all of this. The numerator and denominator are the only mandatory fields. So, please note that the sampling frequency is auto-selected as N/A, and you can change that, if you wish. I hope this clarifies the question regarding total population, sample size, and denominator.

Well, great job, everyone. Congratulations! You have earned the key to go into the next room.

Our first scenario in this room is for ASC-11 Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery. Remember this measure is voluntary.

The inquirer asks, "Can a provider make their own Visual Function Assessment Tool, or are they required to use one of the 'appropriately validated' ones, such as National Eye Institute Visual Function Questionnaire, the Visual Function (VF-14), the modified Visual Function-8, the Activities of Daily Vision Scale (ADVS), the Catquest, or the modified Catquest-9?" Karen, can you assist me with this please?

Karen VanBourgondien: That was a mouth full. So, but to answer this, of course, we will go to the manual. In the specifications manual under Additional Information [Instruction], which you can see here, it does say, in part, "An appropriate data collection instrument is an assessment tool that has been validated for the population for which it is being used." So, based on this information, we can answer the question. So, the answer to this scenario, Pam, that you posed is, while a provider is not limited to using the data collection instruments listed in the manual, the instrument must be "appropriate" and "validated" for the population for which it is being used.

Pamela Rutherford: Everyone is going great with the questions; the key to the next room is getting closer. Next up, we have an ASC-13: Normothermia question. The abstractor has the following situation: The patient arrived in the PACU at 7 a.m., and his temperature was 95 degrees F. At 7:10 a.m., his temperature was re-taken and was 96.8 degrees F. The question is, "Is it true that if multiple temperatures were taken within 15 minutes of arrival to the PACU, if one of the temperatures is 96.8 F or greater, the patient belongs in the numerator?"

Karen VanBourgondien: Okay, so let's review the manual and see what it says about ASC-13. The description for this measure states, "This measure is used to assess the percentage of patients having surgical procedures under general or neuraxial anesthesia of 60 minutes or more in duration are normothermic within 15 minutes of arrival in PACU." The numerator is: surgery patients with a body temperature equal to or greater than 96.8 Fahrenheit recorded within fifteen minutes of arrival in PACU.

The denominator is: all patients, regardless of age, undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes. So, we are armed with quite a bit of information. Let's see what the answer is.

As we just discussed, the numerator would include a surgery patient with a temperature equal to or greater than 96.8 Fahrenheit recorded within fifteen minutes of arrival to PACU. So, the answer to the original question is yes. It does not matter if there were multiple temperatures recorded, as long as one of the temperatures taken is 96.8 degrees or greater within 15 minutes of arrival to PACU. In this case, there was a temperature of 96.8 within 15 minutes of arrival to PACU.

Pamela Rutherford: Excellent job. Our next scenario is also about ASC-13. Although a colonoscopy can take more than an hour, ASCs usually use conscious sedation for these procedures, not general anesthesia. The questioner states, "On occasion we have a colonoscopy case that lasts longer than 60 minutes, but we do not have a PACU. How would we abstract for patients who did not enter a PACU after surgery?" Well, that's another great question. Karen?

Karen VanBourgondien: Okay, so remember the description for this measure is, "This measure is used to assess the percentage of patients having surgical procedures under general or neuraxial anesthesia for 60 minutes or more in duration and are normothermic within 15 minutes of arrival in PACU." If the ASC does not have a PACU and recovering patients return to their pre-op room for post-anesthesia care, the pre-op room is then, in effect, serving as a PACU for purposes of this measure. Those patients should be included if general anesthesia is used. As we discussed a moment ago, typically, conscious sedation is used for these procedures. However, if your ASC did us general anesthesia for these procedures, they would be included.

A colonoscopy case lasting longer than 60 minutes and using the general anesthesia would require the patient's body temperature to be recorded within 15 minutes of PACU arrival and, in this case, the pre-op room for post-anesthesia care. If the case did not meet these criteria, it would be excluded from the measure.

Pamela Rutherford: Wonderful, great job. You now have the key to move on to the next room. You are getting really good at this.

Okay, in the new room, our first scenario relates to ASC-14: Unplanned Anterior Vitrectomy. The scenario is as follows: A patient is brought to our ASC for a cataract surgery, but there was no mention of an unplanned anterior vitrectomy noted on that cataract visit. Two days later, an anterior vitrectomy is noted in the medical record. The question is, "Should this secondary visit for the anterior vitrectomy be ignored since it was completed on a separate visit?"

Karen VanBourgondien: So, let's review the specifications manual and see what is says for ASC-14. The description for this measure is, "This measure is used to assess the percentage of cataract surgeries that have an unplanned anterior vitrectomy." The numerator is all cataract surgeries that had an unplanned anterior vitrectomy. The denominator is all cataract surgeries. Additionally, under Definitions, it states an anterior vitrectomy that was not scheduled at the time of the patient's admission to the ASC.

So, as we can see from the information we just reviewed, this measure only includes an anterior vitrectomy that was not scheduled at the time of the patient's admission to the ASC. The vitrectomy would have to be performed during the cataract surgery and would not include a vitrectomy done on a different encounter date.

Pamela Rutherford: Okay, in our next scenario for ASC-14, the abstractor states, "It is not unusual to have an anterior vitrectomy performed due to bag rupture during the cataract surgery." The question she asked is, "Do we submit only those who come in for a separate procedure?"

Karen VanBourgondien: So, we just discussed the description on the previous slide, and you can also see it here again on the slide. Again, this measure is used to assess the percentage of cataract surgeries that have an unplanned anterior vitrectomy. The vitrectomy would have to be performed during the cataract surgery encounter and would not include a vitrectomy done outside of the cataract surgery admission date.

Any unplanned anterior vitrectomy that was not scheduled at the time of the patient's admission to the ASC would be included. So, in this case, it is an unplanned event and would be included in the measure as it occurred at the time of the cataract surgery.

Pamela Rutherford: Great job, everyone. You made it through. That concludes the scenario-based information.

Now, we do want to hit a few more pieces of information that are important and that we do get a lot of correspondence about. First of all, we are all aware of the challenges COVID has brought to the healthcare community. A common question is, "How is reporting for ASC-11, ASC-13, and ASC-14 impacted by COVID-19?"

In response to the COVID-19 pandemic, as a relief to facilities and providers, CMS released the COVID-19 exception memo. Under this COVID-19 exception, CMS did not require facilities to report data from January 1 through June 30, 2020, for the web-based measures. However, data from this period could be voluntarily reported. If facilities opted to include data for the entire 12 months, the results reported for calendar year 2022 payment determination will include data for all 12 months (January 1, 2020–December 31, 2020). Now, additionally, information can be found at the website we have on the slide. Kind of in a nutshell, if you reported the 12 months of data from January 1 through December 31, that data are what would be used for 2022 payment determination. If you chose to submit only the six months of data, that is what will be used.

Now, we did not review these today, but listed here are the outcome measures for this program. These are claims-based and do not require manual abstraction on the part of the ASC. Data are collected via paid Medicare Fee-For-Service claims that meet measure criteria. They are ASC-12, ASC-17, ASC-18, and ASC-19. Now, remember, ASC-19 data will not be used until payment year 2024.

Reports are sent for these measures and are called Facility-Specific Reports, or FSRs. We get questions about this report.

The answer is the FSRs include information such as facility-level measure results, state and national results, Medicare claims data that are used to calculate measure results, measure performance information, and a summary of each facility's case mix. The FSRs released in spring of 2021 covered public reporting period 2021 for the ASC-12, ASC-17, and ASC-18 measures. Again, ASC-19 will be included for payment year 2024 and beyond.

Great job. I think that is all we are going to be covering today. Karen, can you wrap things up for us?

Karen VanBourgondien: Sure, Pam. Here we have some resources available for you. Again, the slides are available on QualityReportingCenter.com. You can simply click on the link here to access those slides. Remember, we will have the recording of this event up in the next few days, and we will have a transcript. That should be available in the next couple of weeks.

As always, with any program-related questions, give us a call at our help desk, and that number is (866) 800-8756. Thanks again for joining us today. We hope this was a little fun and very helpful.

We would also like to again thank the Lewin group, Mathematica, Yale, Lantana, and Telligen for their collaboration and time. We really do appreciate it. Have a great day everybody.