Welcome!

- Presentation slides can be downloaded from [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com) under Upcoming Events on the right-hand side of the page.
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- This event is being recorded.
Troubleshooting Audio

Audio from computer speakers breaking up? Audio suddenly stops?

• Click **Refresh** icon or
• Click F5
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.
CY 2018 Hospital Outpatient Quality Reporting (OQR) Program
Proposed Rule

Anita Bhatia, PhD, MPH
Program Lead, Hospital OQR Program
Centers for Medicare & Medicaid Services (CMS)
August 2, 2017
Save the Date

National Confidential Reporting Periods (Dry Runs)

• Upcoming dry runs of two measures for the Hospital Outpatient Quality Reporting (HOQR) program:
  
  ▪ **August 15, 2017 through September 14, 2017**: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy measure (OP-35)
  
  ▪ **September 1, 2017 through September 30, 2017**: Hospital Visits after Hospital Outpatient Surgery” measure (OP-36)

• The purpose of the dry runs is to familiarize facilities with the measures in advance of public reporting and payment determination.
Dry Runs

• CMS will provide facilities with confidential Facility-Specific Reports (FSRs) for the measures via the QualityNet Secure Portal at the start of each dry run.

• FSRs contain patient-level data, facility-specific results, and state and national results for the measures.

• CMS will hold National Provider Calls to present measures’ methodology and address questions:
  - Wednesday, August 23, 2017 at 1pm Eastern: Chemotherapy (OP-35) National Provider Call
  - Thursday, September 14, 2017 at 1pm Eastern: Surgery (OP-36) National Provider Call

Do NOT email your FSR nor submit patient-identifiable information (e.g., date of birth, social security number, health insurance claim number, dates, procedure codes) to this address. Sending screenshots and/or describing a patient listed in your FSR is considered Protected Health Information.
Additional Information

• Detailed information about the measures and upcoming dry runs will be available prior to the dry runs on QualityNet at:
  - (https://www.qualitynet.org) > Hospitals - Outpatient > Measures > Chemotherapy Measure Dry Run
  - (https://www.qualitynet.org) > Hospitals - Outpatient > Measures > Surgery Measure Dry Run

• CMS encourages facilities to review their measure results and ask questions about the measures during the dry run periods.
  - Send questions about the chemotherapy measure to CMSChemotherapyMeasure@yale.edu.
  - Send questions about the surgery measure to CMSHOPDSurgeryMeasure@yale.edu
Locate the calendar year (CY) 2018 OPPS/ASC Proposed Rule in the Federal Register

Identify proposed changes to the Hospital OQR Program in the CY 2018 OPPS/ASC Proposed Rule

Submit comments to CMS regarding the CY 2018 OPPS/ASC Proposed Rule
Question and Answer Limitations

- During the course of this webinar, CMS:
  - Can only address procedural questions and comment submissions
  - Cannot address ANY rule-related questions
- Your understanding of these constraints is appreciated.
- CMS looks forward to your formal comments on the Proposed Rule.
Proposed Rule CY 2018

Locating the Rule
Federal Register Link


- The Hospital OQR Program section begins on p. 33671 of the *Federal Register*
Accessing the Federal Register

www.federalregister.gov
Finding the Right Page

It looks like you were searching for the citation 82FR33671.

We’ve found the following document on page 33558 of volume 82.

Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs

This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for CY 2018 to implement changes.

A Proposed Rule by the Centers for Medicare & Medicaid Services on 07/20/2017
Pages 33558-33724 (167 pages)
Navigating the Federal Register

Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs

A Proposed Rule by the Centers for Medicare & Medicaid Services on 07/20/2017

Comments on this document are being accepted at Regulations.gov.

SUBMIT A FORMAL COMMENT

AGENCY:
Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION:
Proposed rule.
Proposed Rule CY 2018

Seeking Public Comment
Social Risk Factors

CMS review of information:

• Considerations for strategies to account for social risk factors

• National Quality Forum (NQF) to undertake a two-year trial period to assess whether risk adjustment for social factors is appropriate
What Do You Think?

Seeking public comment on:

• Whether CMS should account for social risk factors in the Hospital OQR Program
  ▪ If so, what methods would be most appropriate?

• Which social risk factors might be most appropriate for reporting stratified measure scores and/or potential risk adjustment
Proposed Rule 2018

Measures Proposed for Removal
Measure Removal Criteria

• Measure performance is so high and unvarying that meaningful improvements can no longer be made (topped out)
  ▪ There is statistically indistinguishable performance at the 75th and 90th percentiles of national performance.
  ▪ The measure’s truncated coefficient of variation is less than or equal to 0.10.

• Performance or improvement does not result in better patient outcomes
Measure Removal Criteria (cont.)

- Measure does not align with current clinical guidelines or practice
- Availability of a more broadly applicable measure for the topic
- Availability of a measure that is more proximal in time or more strongly associated with desired patient outcomes
- Collection or public reporting leads to a negative unintended consequence such as patient harm
Measures Proposed for Removal

Beginning with the **CY 2020** payment determination:
- OP-21: Median Time to Pain Management for Long Bone Fracture
- OP-26: Hospital Outpatient Volume on Selected Outpatient Surgical Procedures

Beginning with the **CY 2021** payment determination:
- OP-1: Median Time to Fibrinolysis
- OP-4: Aspirin at Arrival
- OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional
- OP-25: Safe Surgery Checklist Use
Proposal Removal of OP-21

Median Time to Pain Management for Long Bone Fracture

- Proposed removal beginning with the CY 2020 Payment Determination due to:
  - Misinterpretation of the intent of the measure
  - Avoiding any potential ambiguity and misinterpretation of the measure
Proposed Removal of OP-26

Hospital Outpatient Volume on Selected Outpatient Surgical Procedures

- Proposed removal beginning with the CY 2020 Payment Determination due to:
  - Lack of evidence to demonstrate a link to improved clinical quality
  - Not demonstrating insight into facilities’ overall performance or quality improvement
  - Burden of reporting outweighs the value
Proposed Removal of OP-1

Median Time to Fibrinolysis

- Proposed removal beginning with the CY 2021 Payment Determination due to:
  - Availability of another measure more strongly associated with desired patient outcomes
  - Continuing to collect these data would be redundant
Proposed Removal of OP-4

Aspirin at Arrival

• Proposed removal beginning with the CY 2021 Payment Determination due to:
  ▪ Performance is high and unvarying
  ▪ Burden of reporting outweighs the value
## Analysis

<table>
<thead>
<tr>
<th>Encounters</th>
<th>Number of Hospitals</th>
<th>75th Percentile</th>
<th>90th Percentile</th>
<th>Truncated COV</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY 2014</td>
<td>1,706</td>
<td>100.00</td>
<td>100.00</td>
<td>0.030</td>
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<tr>
<td>CY 2015</td>
<td>1,749</td>
<td>100.00</td>
<td>100.00</td>
<td>0.035</td>
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<td>CY 2016</td>
<td>1,803</td>
<td>100.00</td>
<td>100.00</td>
<td>0.042</td>
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</tbody>
</table>
Proposed Removal of OP-20

Door to Diagnostic Evaluation by a Qualified Medical Professional

• Proposed removal beginning with the CY 2021 Payment Determination due to:
  ▪ Performance or improvement does not result in better patient outcomes
Proposed Removal of OP-25

Safe Surgery Checklist Use

• Proposed removal beginning with the CY 2021 Payment Determination due to:
  ▪ Performance is so high and unvarying that meaningful improvements cannot be made
  ▪ Reducing administrative burden
## Analysis

<table>
<thead>
<tr>
<th>Encounters</th>
<th>Number of Hospitals</th>
<th>Rate</th>
<th>75th Percentile</th>
<th>90th Percentile</th>
<th>Truncated COV</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY 2012</td>
<td>3,227</td>
<td>0.910</td>
<td>100.000</td>
<td>100.000</td>
<td>0.314</td>
</tr>
<tr>
<td>CY 2013</td>
<td>3,184</td>
<td>0.949</td>
<td>100.000</td>
<td>100.000</td>
<td>0.232</td>
</tr>
<tr>
<td>CY 2014</td>
<td>3,177</td>
<td>0.963</td>
<td>100.000</td>
<td>100.000</td>
<td>0.196</td>
</tr>
<tr>
<td>CY 2015</td>
<td>3,166</td>
<td>0.970</td>
<td>100.000</td>
<td>100.000</td>
<td>0.176</td>
</tr>
</tbody>
</table>
Proposed Rule CY 2018

Changes to Existing Measures
Survey Measures

• Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey-based measures

• Propose to delay OAS CAHPS measures beginning with the CY 2020 determination and subsequent years.
  - Implementation date will be determined in future rulemaking.
Measures and Topics for Future Consideration
Future Measure Topics

CMS is seeking to:

• Develop a comprehensive set of quality measures
• Ensure that new measures achieve better health
• Align measures across programs
• Move towards outcome measures and away from clinical process measures
Possible eCQM

OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival

• Future adoption of electronic version
• Would significantly reduce administrative burden
• Electronic Clinical Quality Measure (eCQM) has not yet been developed
Proposed Rule CY 2018

Public Display of OP-18c
Public Reporting

Median Time from ED Arrival to ED Departure for Discharged ED Patients – Psychiatric/Mental Health Patients

• Proposing to update public reporting for OP-18
• Could publicly report as early as July 2018 using patient encounters during the third quarter of 2017
Proposed Rule CY 2018

Administrative Requirements
Participation Status

- Proposing changes to the Notice of Participation (NOP) submission deadline
  - To begin with the **CY 2020** Payment Determination
  - Revise NOP submission deadlines so hospitals are required to submit an NOP any time prior to registering on *QualityNet*
  - Make conforming revisions
Annual Payment Determinations

• Proposing to revise the data submission requirements for hospitals that did not participate the previous year
  ▪ To begin with the CY 2020 Payment Determination
  ▪ Hospitals must submit data beginning with encounters occurring during the first calendar quarter of the year prior to the affected annual payment update
Validation Requirements

• Proposing to change the validation requirements for chart-abstracted measure data submitted directly to CMS
  ▪ To begin with the CY 2020 Payment Determination
  ▪ Clarifying the hospital selection process
  ▪ Codifying the procedure for target hospitals
  ▪ Updating the educational review process
Educational Review Changes

Proposing to formalize the process

• If results of an educational review indicate that CMS incorrectly scored a hospital, the corrected score will be used in the final validation score.

• If an educational review requested for any of the first three quarters yields incorrect validation, CMS would use the corrected score. For the last quarter, the existing reconsideration process would be used.
Process Changes

• Informal process:
  ▪ Selected hospitals may request an educational review to better understand the results and request a review of discrepancies.
  ▪ The hospital has 30 calendar days to contact the Validation Support Contractor to request a review.

• Use process similar to the reconsideration process:
  ▪ To evaluate a validation score, CMS would review data elements labeled as mismatched.
  ▪ CMS would consider the written justifications provided in the educational review request.
Extraordinary Circumstances
Extensions or Exemptions (ECEs)

Five areas of variance in ECEs among CMS programs:

• Allowing the facilities to submit a form signed by CEO versus CEO or designee
• Requiring the form be submitted at varying days following the event
• Inconsistency in timelines to provide a formal response
• Variances in CMS authority to grant ECEs due to CMS system issues
• Inconsistencies in verbiage
ECEs

• Proposed changes:
  ▪ To begin with the **CY 2020** Payment Determination
  ▪ Change the name from Extraordinary Circumstances Extensions or Exemptions to Extraordinary Circumstances Exceptions
  ▪ CMS will strive to complete review of each ECE request within 90 days of receipt
Measures Moving Forward
## Claims-Based Measures as Proposed

<table>
<thead>
<tr>
<th>Measure</th>
<th>CY 2020 and Subsequent Payment Determinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>OP-8: MRI Lumbar Spine for Low Back Pain</td>
<td>Yes</td>
</tr>
<tr>
<td>OP-9: Mammography Follow-Up Rates</td>
<td>Yes</td>
</tr>
<tr>
<td>OP-10: Abdomen CT – Use of Contrast Material</td>
<td>Yes</td>
</tr>
<tr>
<td>OP-11: Thorax CT – Use of Contrast Material</td>
<td>Yes</td>
</tr>
<tr>
<td>OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low Risk Surgery</td>
<td>Yes</td>
</tr>
<tr>
<td>OP-14: Simultaneous Use of Brain CT and Sinus CT</td>
<td>Yes</td>
</tr>
<tr>
<td>OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy</td>
<td>Yes</td>
</tr>
<tr>
<td>OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy</td>
<td>Yes</td>
</tr>
<tr>
<td>OP-36: Hospital Visits after Hospital Outpatient Surgery</td>
<td>Yes</td>
</tr>
</tbody>
</table>
## Measures Submitted via a Web-Based Tool as Proposed

<table>
<thead>
<tr>
<th>Measure</th>
<th>CY 2020 and Subsequent Payment Determinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>OP-12: The Ability for Providers with HIT to Receive Laboratory Data</td>
<td>Yes</td>
</tr>
<tr>
<td>Electronically Directly into their ONC-Certified EHR System as</td>
<td></td>
</tr>
<tr>
<td>Discrete Searchable Data</td>
<td></td>
</tr>
<tr>
<td>OP-17: Tracking Clinical Results between Visits</td>
<td>Yes</td>
</tr>
<tr>
<td>OP-22: Left Without Being Seen</td>
<td>Yes</td>
</tr>
<tr>
<td>OP-25: Safe Surgery Checklist Use</td>
<td>Proposed Removal CY 2021</td>
</tr>
<tr>
<td>OP-26: Hospital Outpatient Volume on Selected Outpatient Surgical</td>
<td>Proposed Removal CY 2020</td>
</tr>
<tr>
<td>Procedures</td>
<td></td>
</tr>
<tr>
<td>OP-27: Influenza Vaccination Coverage among Healthcare Personnel</td>
<td>Yes</td>
</tr>
<tr>
<td>OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in</td>
<td>Yes</td>
</tr>
<tr>
<td>Average Risk Patients</td>
<td></td>
</tr>
<tr>
<td>OP-30: Colonoscopy Interval for Patients with a History of Adenomatous</td>
<td>Yes</td>
</tr>
<tr>
<td>Polyps–Avoidance of Inappropriate Use</td>
<td></td>
</tr>
<tr>
<td>OP-31: Cataracts: Improvement in Patient’s Visual Function within 90</td>
<td>Yes</td>
</tr>
<tr>
<td>Days Following Cataract Surgery</td>
<td></td>
</tr>
<tr>
<td>OP-33: External Beam Radiotherapy for Bone Metastases</td>
<td>Yes</td>
</tr>
</tbody>
</table>
# Chart-Abstracted Measures Requiring Patient-Level Data as Proposed

<table>
<thead>
<tr>
<th>Measure</th>
<th>CY 2020 and Subsequent Payment Determinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>OP-1: Median Time to Fibrinolysis</td>
<td>Proposed Removal CY 2021</td>
</tr>
<tr>
<td>OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival</td>
<td>Yes</td>
</tr>
<tr>
<td>OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention</td>
<td>Yes</td>
</tr>
<tr>
<td>OP-4: Aspirin at Arrival</td>
<td>Proposed Removal CY 2021</td>
</tr>
<tr>
<td>OP-5: Median Time to ECG</td>
<td>Yes</td>
</tr>
<tr>
<td>OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients</td>
<td>Yes</td>
</tr>
<tr>
<td>OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional</td>
<td>Proposed Removal CY 2021</td>
</tr>
<tr>
<td>OP-21: Median Time to Pain Management for Long Bone Fracture</td>
<td>Proposed Removal CY 2020</td>
</tr>
<tr>
<td>OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Proposed Rule CY 2018

Commenting
Deadline for Comments

• Comments must be received no later than 5 p.m. ET on September 11, 2017, if delivered by regular mail, express or overnight mail, or by hand or courier.

• Comments submitted electronically will be accepted until 11:59 p.m. ET.

• CMS encourages submission of electronic comments to www.regulations.gov.

• Responses to comments will be in the Final Rule, to be issued November 2017.
Submitting Comments

1. Enter CMS in the [Search for] box.
2. Select the [Search] button.
Submitting Comments (cont.)

3. Filter: Comment Period = Open; Document Type = Proposed Rule
4. Scroll: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; etc.
5. Select: [Comment Now] button
The system will guide you through a three-step comment process.

**Step 1.** Enter your comment and contact information.
   a. Required fields have (Required) next to the field name.
   b. Comments can be up to 5,000 characters.
Comment on Proposed Rule: Step 1 (cont.)

c. You can upload a file if you wish.

d. Enter your contact information.

e. If submitting a comment on behalf of a third party, enter the organization’s name.

f. When finished entering your comment and contact information, select the [Continue] button.
Comment on Proposed Rule: Step 2

Step 2. Your Preview: Shows how your comment* and information** will appear on regulations.gov.

*Your Comment, files you uploaded, Country, and State or Province will appear on Regulations.gov.

**Your Name, ZIP/Postal Code, and Organization Name will not appear on Regulations.gov.

a. Select the [Edit] button to edit your comment and contact information.
b. When finished previewing, check the box to acknowledge that you have read and understand the provisions of commenting.
c. If all information is correct, select the [Submit Comment] button.
Step 3. Your Receipt:

Your comment is assigned a tracking number. Take a screenshot of this page or save your tracking number. You can use your tracking number to learn the status of your comment.
References

• Proposed Rule:

• Comment Site:
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

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.
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-d5f6b9cc1ae

**Existing User Link:**
https://lmc.hshapps.com/test/addruser.aspx?ID=da0a12bc-db39-408f-b429-d5f6b9cc1ae

**Note:** If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.
CE Credit Process: New User
CE Credit Process: Existing User
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](http://www.qualitynet.org)

  Or

• Call the Support Contractor at 866.800.8756.