



## Quality Reporting Program

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### Support Contractor

## Crunching the Numbers: Reviewing Your Facility's Data

### Presentation Transcript

#### Moderator:

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#### Speaker:

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**Pam:** Good afternoon everyone, thank you for joining us. My name is Pam Rutherford, a Project Manager for the ASC Quality Reporting Program. Our speaker today is Karen VanBourgondien. Karen will review data from the web-based measures that were reported in May of this year. She will not only share the data for ASCs, but also provide a comparison of the data between hospitals and ASCs for the measures that are aligned between the Hospital OQR Program and the ASC quality reporting program. She will also briefly review ASC Hospital Compare and data on [qualityreportingcenter.com](http://qualityreportingcenter.com).

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](http://qualityreportingcenter.com) at a later date.

During the presentation, if you have a question, please put that question in the chat box located on your screen. One of our subject matter experts will respond. Please note, the raised hand feature is not utilized. So, again, just enter your question into the chat box. Also, the slides are available on our website at [qualityreportingcenter.com](http://qualityreportingcenter.com). Just click on today's event and you can download the slides. Additionally, they were attached to the webinar reminder email you received for this event.

Before we get started with our presentation, we wanted to respond to some questions we have been getting with respect to the Proposed Rule. As you are hopefully aware, the Proposed Rule was published July 29. CMS did present a webinar outlining these proposals last month. If you missed that, or are not aware of the proposals, let me just give a very brief overview.

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Before we talk about the Proposed Rule, let me clear up an issue that we get a lot of questions about. We all hear calendar year, payment year-especially with regard to the rulemaking process. What does all of this mean?

Well, a calendar year is just that, January 1 through December 31. That is a calendar year. So, don't let that confuse you when that term is added to another term like Payment Determination.

Looking at the diagram, the Reporting Period is the time frame of your patient encounters. The Submission Period is the time frame that you submit your data to CMS. Payment Determination Year is the time frame when CMS will reimburse your facility for each claim submitted during that year. Remember that reimbursement will be the full APU or decreased up to 2% if your facility did not meet the program requirements.

So, let's put this together with the current time frame for web-based measures as our example. We are currently in the 2021 Payment Determination period. That means we are using January 1 through December 31, 2019 patient encounters for the Reporting Period. You will submit that data to CMS during the Submission Period of January 1 through May 15, 2020. This will be for payment determination year of 2021.

Now, let's talk about some highlights from the Proposed Rule. CMS did propose to adopt one new measure, ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Center, into the ASC Quality Reporting Program beginning with the Calendar Year 2024 payment determination and subsequent years.

This outcome measure examines all-cause, unplanned hospital visits within seven days of any general surgery procedure performed at an ASC. The timeframe for outcome assessment is defined as the interval between procedures and then 7-days after the last procedure. CMS defines an unplanned hospital visit as an ED visit, observation stay, or unplanned inpatient admission. The outcome of hospital visits is limited to 7-days since existing literature suggests that the vast majority of adverse events after outpatient surgery occur within the first 7-days following the surgery.

This will be a claims-based measure using Part A and Part B Medicare claims and enrollment data. Data would be collected from the two calendar years ending two years prior to the applicable payment determination year

CMS intends to conduct a dry run before the official data collection period or any public reporting. A dry run is a period of confidential reporting and feedback during which ASCs may review their dry run measure results, and in addition, further familiarize themselves with the measure methodology and ask questions.

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For this dry run, CMS will use the most current 2-year set of complete claims, and that is usually 12-months prior to the start date, so those will be available at the time of the dry run.

As a reminder, because this will be a claims-based measure the data will be pulled using paid Medicare claims that meet the measure criteria. This will not require manual reporting by the ASC. It is automatic, if you will.

CMS also requested public comment on considering one topic for future implementation. They were seeking public comment on an alternate submission method for ASC-1, Patient Burn, ASC-2 Patient Fall, ASC-3 Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant and ASC-4 Hospital Transfer Admission. This would be an online submission method and would no longer require reporting with QDCs.

Reporting for these measures was suspended in the calendar year 2019 Final Rule. CMS believes these measures provided valuable data and did request comments on alternate submission methods. The comment period did end on September 27th so it is too late to comment at this point however, CMS does address commenters feedback in the Final Rule. This will be interesting so stay tuned and watch for the Final Rule.

That was an extremely brief overview. For more detailed information, you can access the webinar CMS presented. It is on our website at [qualityreportingcenter.com](http://qualityreportingcenter.com), under the archived events tab. We encourage you to read the rule yourself. The direct link to the PDF version of the Proposed Rule is here on the slide for your convenience.

The comments and finalized proposals will be announced through the publication of the Final Rule in the next few months. These decisions all make an impact on the data you report.

Let's tie the proposed rule and the data we are going to discuss today together and see how one effects the other.

Any proposed changes for this program are communicated through the Proposed Rule, the finalized changes are then brought forth in the Final Rule which will impact the Specifications Manual, which you refer to for your abstraction of data, and then you report that data. The data that you report is then publicly displayed.

In the next few months, CMS will present the Final Rule, and we will let you know of any changes to the Specifications Manual as a result of the Final Rule. This will assist you in the reporting of data for this program. So, stay tuned as we bring forth this information.

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So, to get on with our data review, let me hand things over to Karen Vanbourgondien. Karen?

**Karen:** Thanks, Pam. You report data. But, where does your data go? How do you find it? What do you do with it? Well, let's talk about some of that.

Any data that you report will be publicly displayed on Hospital Compare. But before your data is displayed publicly, you are able to preview that data. When you have a preview report become available, take the time to evaluate it. That is your sneak-peak of what will be displayed on ASC Hospital Compare. The last Preview Report for ASCs was provided back in July. This preview provided you with your data, as well as State and National data. Just like the preview of the data, the publicly displayed data can be used as a tool for quality improvement initiative within your ASC. That data you previewed in July is now being publicly displayed on Hospital Compare this month.

In a moment, I will briefly touch on Hospital Compare. For now, let's talk and compare the data you reported last May, and then we will return to where we can find this reported data.

ASC's collect and report data. Let's take a look at how your data provides State and National information. We are going to review the measures that are shared between these the hospital OQR setting and the ASC setting. This allows you to compare data across programs and slightly different care settings.

Now I'm going to be showing you some comparisons slides, and I just want to point out, that when I show OQR data rates, they are going to rounded to the whole number, but when I show ASC data rates, they are rounded to the second decimal place. Okay, so why is did we do this? Well, because that mimics the format of the data displayed on Hospital Compare.

So, let's crunch these numbers!

You will notice on the data slides moving forward, there are color variations indicating each state's percentage rate. The dark blue will correlate with 90% or greater, the medium blue is 80-89.99%, and the light blue is 70-79.99%. The orange horizontal stripe will correlate with 60-69.99%, and the orange vertical stripe is a percentage rate of lower than 60%. Please be advised that all the data I will be showing you is preliminary based on data collected after the submission of the deadline back in May 15th, 2019.

So, on this slide we are viewing data for ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients.

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In summary, this measure is the 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 ten years for repeat colonoscopy documented in their colonoscopy report.

So, on this slide you are able to view state and national percentage rates and you can see that for the ASC setting for this measure, the national rate is 81.24%.

Looking at the same measure in the Hospital OQR setting, we have OP-29. you can see each state's rate and the national rate for this measure on the hospital side is 89%.

To review this measure's data from 2015 through 2018, in a side-by-side measure comparison for both ASCs and hospitals, there has been a general increase in improvement for both programs.

So next, for ASC-10: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use.

Now you will recall, this measure is the 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 3 or more years since their last colonoscopy.

Again, you can view the individual state percentage and for the ASCs, there is a national rate of 72.97% using the 2018 data.

Now moving to the hospital setting for the same measure, which for the hospital setting is OP-30, there is a national rate of 93% for the same year

This graph shows the performance rates for OP-30 and ASC-10 from CY 2015 through CY 2018. You can see that hospital performance rates have increased, whereas ASCs have gradually declined.

Now, just as a reminder, this measure has now been removed from both programs

Ok, so let's look at our last web-based measure comparison for the ASC and hospital setting, and that will be for ASC-11: Cataracts: Improvement in Patients Visual Function within 90 Days following Cataract Surgery.

This measure is the 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. Remember this measure continues to be voluntary for both programs.

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You will notice the white color on this map that we did not view on the previous maps. That white color correlates to NA, not applicable, as this is a voluntary measure and not all facilities report data. Again, using the most current preliminary data reported on or before the May 15, 2019 submission deadline, ASCs display a national rate of 94.45 percent.

Viewing the same measure, with the same requirements for the hospital setting, OP-31 displays a national rate of 98% for the same year.

When we look at this side-by-side comparison for OP-31 and ASC-11 from 2015 through 2018, we see an increase in the national rate for hospitals and a decrease in the national rate for ASCs.

Ok, so now we are going to move into an outcome measure. ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy.

This is an administrative claims-based measure. CMS inpatient and outpatient claims are used to determine whether a beneficiary has had an unplanned hospital visit to any acute care hospital within 7 days of an outpatient colonoscopy. The number of unplanned visits is then risk-adjusted based on the previous year's data.

You can see this slide is different from the previous diagrams we discussed. As these data are derived from claims, you are viewing data from 2017. The specifics of national rates are indicated by the color-coded boxes at the top of the slide.

It is important to note that for this measure, a lower rate indicates better performance for this measure. The goal of this measure is to reduce adverse patient outcomes associated with the preparation for colonoscopy, the procedure itself, and follow-up care by capturing all unplanned hospital visits following an outpatient colonoscopy.

For ASC's, the rate is 12.3 and that is per 1000 colonoscopies. In the ASC Setting, which is ASC-12, 1,767 ASCs have an ASC-12 rate for CY 2017. Of those, 107 ASCs have rates below the 95th percentile, indicating they are in the top 5 percent of providers.

An ASC-12 rate was not calculated for 3,476 ASCs and the details on those ASC can be seen in the footnotes. The outpatient hospital setting has a nationwide risk-adjusted rate of 14.8 unplanned hospital visits within 7 days of an outpatient colonoscopy and remember that is per 1,000 colonoscopies. 2,913 OP hospitals have an OP-32 rate for CY 2017. Of those, 181 have rates below the 95th percentile, indicating they are in the top 5 percent of providers.

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An OP-32 rate was not calculated for 1,888 participating outpatient hospitals. You can, again, see details in the footnotes.

ASC-13: Normothermia. 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 who are normothermic within 15 minutes of arrival in the PACU. Now last May was the first time ASCs reported data on this measure. So, we just wanted to let you know how all of that worked out.

The hospital setting does not have this measure in the Hospital OQR program, so we won't obviously, be comparing to that data. But I wanted to show you the data you all reported for this new measure.

Using the most current preliminary data reported by the May 15, ASCs display a national rate of 85.54%.

Now, on with ASC-14: Unplanned Anterior Vitrectomy. This measure is used to assess the percentage of cataract surgery patients who have an unplanned anterior vitrectomy.

Lower rates indicate better performance. Due to the difference in rates, the colors in this graph correlate with different rates than the previous maps. The dark blue indicates rates of 0.25% or less, the medium blue is 0.26-0.50%, and the light blue is 0.51-1.00%. The orange horizontal stripe will correlate with 1.01-1.50%, and the orange vertical stripe is a percentage rate greater than 1.51%. This newer measure was also reported for the first time back in May.

You can see that ASCs display a national rate of 0.42% and that is based on the data you reported by last May. So, that concludes our data comparison slides but let's just do a real quick review.

I just wanted to touch on ASC-17 and ASC-18 for a minute. I don't want these two measures to be forgotten. ASC-17: Hospital Visits After Orthopedic Ambulatory Surgery Center Procedures and ASC-18: Hospital Visits After Urology Ambulatory Surgery Center Procedures

And you may recall, these two measures were finalized for the CY 2022 Payment Determination Year. And these two measures are claims-based measures, no manual abstraction or reporting of these measures is necessary.

There was a dry run for these measures back in August of 2018. That dry run period ran from August 1 and went through August 30, 2018, that used data from October 1, 2015 through September 30, 2017. Facility-Specific Reports, or FSRs, were sent via the QualityNet Secure Portal during the dry run period. By providing you with an FSR, you were sort of given a sneak peek at the data



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specific to your ASC and can make any necessary changes to improve quality, if it was necessary.

Now moving forward for ASC-17 and ASC-18, CMS will use qualifying orthopedic or urology procedures performed between January 1, 2019 and December 31, 2020 to calculate measure performance for the CY 2022 payment determination. As with ASC-12, the data collected will be put forth in an FSR for ASC-17 and ASC-18

Alright, so we have reviewed some data and as we said before, data reported for the ASC program will be publicly displayed. So, on that note, let's talk about that aspect.

We have given comprehensive webinars on Hospital Compare in the past and they can be found on our website [qualityreportingcenter.com](http://qualityreportingcenter.com), under Archived Events. However, since we are talking about data, preview reports, and publicly displayed data, we are just going to review a few things. If you were to access your data on the Hospital Compare website

To find the ASC section of Hospital Compare, start with the website [Medicare.gov/HospitalCompare](http://Medicare.gov/HospitalCompare) link. The exact link is placed at the top of the slide for reference.

On this slide there is a partial view of the opening page. To find the ASC section, look under the Spotlight column on the far left. You are just going to scroll down until you see the Ambulatory Surgical Centers heading and select that link. Here on this slide, you see that it says Updated February 2019. That is because I captured this screen shot a little while ago. However, once the new data has been displayed publicly, then that particular date will be updated.

You will click on the blue "Ambulatory surgical centers" link and this page will open. The first option displayed is for the ASC program. You will select the link for the Ambulatory Surgical Center Quality Reporting Program which will direct you to the ASC Quality Reporting Program section. This will be your next view.

I want to bring your attention to the different sections in blue at the bottom of the page. Each heading that you see here has an accordion feature. When you click on a heading, that section will open up below it.

You will have access to all data reported that is publicly displayed. We don't have time today to show you every aspect of Hospital Compare. Please feel free to access our previous webinar on this if you need further clarification.

So, if you are not aware, you can also access data on our website [qualityreportingcenter.com](http://qualityreportingcenter.com). To begin, you will enter the address as seen here on



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the slide. [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com). And from that homepage, you will select ASC at the top of the page.

You will see the program menu located on the left side of the page. For our purposes today, we are going to be accessing the drop-down menu for Data Dashboard. In the drop-down menu for this option, you will access the ASC Compare Tool icon.

This view will then open, and you can search ASCs by city, state or zip code, then you just simply click search. If you want to compare ASC's by NPI, you can do that as well. click Search; or if want to compare ASCs by NPI, you can do that as well. At the top of this slide, you will also notice a *Medicare's Hospital Compare Site* link. If you were to choose this option, it would redirect you to the Hospital Compare website. For right now, we are going to search by the city Tampa and the state of Florida, and click Search

The next page will display your options for the search criterion we just entered. This is just a partial view of this result. You would then just select the ASCs you want to compare, or you can "Select all" if you choose and then click the Compare icon in blue towards the top of the page.

Let's say we are going to compare three ASCs; we would make the three selections and click the Compare button. And again, this is a partial view of that result. It gives you a little cheat sheet of applicable notes for each measure reported. This is a very handy tool to assist you in understanding what you are reading in terms of the data reported for this program. You can also click on the link at the bottom of the slide for more information on footnotes.

So, that was a very brief walk-through of this website and Hospital Compare. We are always updating this particular website that I just showed you and we certainly did not cover everything today. So, be sure to check in with this website every now and again. There is a lot of data and a lot of resources available to you.

All right, to sum things up, be sure to review the data available and put that information into action to implement changes when it is necessary. This can be used for quality improvement and quality of care for your patients. Continue to monitor your data and improve quality within your particular ASC.

We hope some of these things were helpful and will ensure your continued success.

That's all I have today. Pam, back to you.

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**Pam:** Thanks Karen for all of that great information. I think we've got a few minutes. So, if you don't mind, we can pick up a few questions out of the chat box and see if we can get them answered while everybody is still here.

**Karen:** I think that's a great idea Pam.

**Pam:** Wonderful. All right. Hang on and let me grab a question here. Someone wants to know how often the data is refreshed on Hospital Compare?

**Karen:** That's a great question. For ASCs, the data on Hospital Compare is refreshed annually. The data you previewed for your web-based measures in July will be published on Hospital Compare shortly. So, you will see that refresh and we did mention that. It should be at the end of the month but stay tuned for that.

**Pam:** Alright Karen, I have another question here. And this one is right down your alley. There's a lot of data out there - who uses the information that's published?

**Karen:** You are right. We actually get that one a lot, don't we? Well, the data is publicly available on Hospital Compare and anyone can access this data. We have heard that a variety of users access and review this data, including Medicare beneficiaries, commercial consumers, healthcare researchers, insurance companies, to name a few. CMS believes it is important for the public to be able to make informed decisions regarding their own healthcare and that providing facility-specific data is a way to do it. It gives the public a platform, if you will, to view and compare ASCs in the same manner that they can view and compare other facilities. So additionally, facilities use this information themselves to compare their ASC against other ASCs, or in their state or region, or nationwide, and this can be helpful internally to build internal benchmarking goals, quality improvement initiatives and the like.

Pam. I have a question for you. And the question is; What is the purpose of previewing our data? I think they are asking why look at our preview report, I think this is what this question means.

**Pam:** Well the purpose of the ASC preview period is to allow ASCs time to preview their data prior to it being publicly displayed on the Hospital Compare website. This gives you first chance to see what your data is looking like.

**Karen:** That's a great answer Pam, here's another question. Can I put our data in quarterly? And I'll go ahead and answer that Pam. The answer is no; unfortunately, web-based measure, and these are the measures that you abstract and report into QualityNet, those data for the ASC program is submitted annually. You do have a long period of time that you can submit that data. The submission period is January 1 through May 15<sup>th</sup> of each year. So, you do have those months to put in all your data. It's just not quarterly.

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**Pam:** Wonderful Karen, alright, I have another question for you. And it is; Is there a list or reference with the dates of everything ASCs need to report?

**Karen:** Okay Pam. That is a good question. There are a lot of resources with dates available, but on our website: [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com). You can access the Tools and Resources tab and the ASCQR 101 tab for this program for various helpful resources.

**Pam:** Okay, thanks Karen. The next question is; If there has been a lapse in reporting due to no assignment of a Security Administrator for a facility, is there a way to "catch up" that reporting?

**Karen:** Okay, so if your ASC missed the submission deadline for the reporting the web-based measures through QualityNet, there is no process to enter them in retrospectively. Now, a moment ago, I mentioned you have several months to enter that data. CMS wants you to have plenty of time. So, anytime between January and May, you can enter your web-based measures. If you do miss that deadline, there is no way to go back and enter it, fix it, edit. Once the submission deadline passes, the warehouse closes, and no edits at all can be made. So, please, please, always make sure you have at least one Security Administrator. Although it is highly advisable that you have two. The simple reason for that you know things happen, people leave, people get sick, maybe there's an emergency, who knows what can happen. If you only have one person that can enter data and that one person is not available, then that sort of leaves you at risk for not being able to enter your data timely. So, we do recommend that you have a least two. So, you don't run into this particular situation. Pam. I have a question for you.

**Pam:** Alright.

**Karen:** Is it too late to submit a comment about the Proposed Rule?

**Pam:** Yes, the last day to submit your comments to CMS regarding the 2020 Proposed Rule was September 27. So no, you cannot submit any comment now. But remember, these comments will be address in the Final Rule. And Karen I think we have time for one more question. And it is; When I received notice that I had a preview report, I went to my secure file transfer, but nothing was there. How can I get a report?

**Karen:** Okay, so again, the last time the ASC's received a Preview Report was back in July. If your preview report is not found in your secure file transfer during that preview period, then call the Support Contractor at 866.800.8756 and we will be glad to help you with that. Remember though, this can only be requested by the QualityNet Security Administrator.

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So, Pam, that's about all the time we have today. As a reminder, all questions and answers from the chat box, the presentation slides and the recording of this event, are posted on our website [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com) and you can access those webinars at any time. So again, that is all the time we have today, thank you everybody for joining us. Let me hand things over to our host to explain the CE process.