

# Hospital Outpatient Quality Reporting Program

## Support Contractor

# News

AUGUST 2011

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### Quick Links . . .

**Hospital OQR**  
<http://www.hopqdrponline.com>

**QualityNet**  
<http://www.qualitynet.org>

### Hospital OQR Program

5201 W. Kennedy Blvd.  
Suite 900  
Tampa, FL 33609  
1-866-800-8756

## CMS Encourages Comments on Proposed Rule

Proposed changes to the Hospital Outpatient Prospective Payment System (OPPS) for Calendar Year (CY) 2012 have been posted and are open for public comment through August 30, 2011. The changes are outlined in the CY 2012 Proposed Rule, CMS-1525-P, which can be viewed and downloaded from the Hospital Outpatient Regulation and Notices listed on the Centers for Medicare & Medicaid Services (CMS) website. The proposed OPPS changes would be applicable to services furnished on or after January 1, 2012.

CMS urges the Hospital Outpatient community to participate in the Proposed Rule commenting process to assist in the development of program requirements. CMS also encourages comments on the additional proposed measures that may be added to the Hospital OQR over the next few years. Comments regarding the Proposed Rule and/or the proposed measures may be made at: [www.regulations.gov](http://www.regulations.gov).

The Final Rule will be placed on display and published in November.

### Invitation to Upcoming QIO Webinar Please Join Us!

**When:** Wednesday, September 14, 2011  
**Time:** 2:00 p.m. ET  
**Topic:** QIO Orientation to Hospital OQR

Hospital Outpatient Quality  
Reporting Program  
Support Contractor

WebEx  
Presentation

## Hospital OQR Program SC: Here to assist QIOs

As of August 1, 2011, the Hospital Outpatient Quality Reporting (OQR) Program Support Contractor's (SC's) new task is to assist the QIOs with outpatient data collection issues and quality improvement. FMQAI has been the SC for the Hospital OQR Program, formerly known as the Hospital Outpatient Quality Data Reporting Program (HOP QDRP), since its inception in 2007. Some of the ongoing tasks that FMQAI has been performing over the last four years include:

- Assisting hospitals that want to participate in the Hospital OQR reporting requirements
- Providing various tools on our website such as the Hospital OQR Quick Start Guides
- Preparing and updating the New Hospital Packet, available on our website

- Sending reminders to ensure that hospitals have at least one active Security Administrator
- Contacting hospitals that under-submitted data prior to the deadline by e-mail and/or phone
- Sending Provider Participation Claims Detail Reports three times per quarter
- Assuring that every hospital has answered the Structural Measures questions by the August 15th deadline
- Developing and maintaining the Hospital-Outpatient Questions & Answers Tool found on QualityNet (<https://cms-ocsq.custhelp.com/app/home>) or <http://www.hopqdrponline.com>
- Presenting approximately 10 webinars per year
- Assisting with the annual selection of hospitals to be validated
- Reminding hospitals via e-mail and phone to send in their validation charts before the deadline
- Providing validation educational reviews and comments on validation detail
- Assisting CMS with the hospitals' annual payment determinations

As the Support Contractor, we will continue to provide this support to the hospitals as we concurrently assist the QIOs to transition to liaisons for the hospitals. This transition will occur over the next seven months, with QIOs assuming a support role for the hospitals during this time.

## Inpatient/Outpatient: What are the differences?

The following two tables indicate differences between the Inpatient and Outpatient programs in regard to Measure Information Forms and Sampling Requirements.

<b>Inpatient/Outpatient Specifications Manuals Measure Information Form Crosswalk</b>	
<b>Inpatient</b>	<b>Outpatient</b>
<p><b>Acute Myocardial Infarction</b></p> <ul style="list-style-type: none"> <li>• ICD-9-CM Principal Diagnosis Code</li> <li>• Admission Date</li> <li>• Birth Date</li> <li>• Discharge Date</li> </ul>	<p><b>Acute Myocardial Infarction</b></p> <ul style="list-style-type: none"> <li>• <b><i>E/M Code (see OP Table 1.0 in Appendix A)</i></b></li> <li>• <b><i>Discharge Status (02 or 43)</i></b></li> <li>• Outpatient Encounter Date</li> <li>• Birth Date</li> <li>• ICD-9-CM Principal Diagnosis Code</li> </ul>
<p><b>Median Time to Fibrinolysis</b></p> <ul style="list-style-type: none"> <li>• <b>Included Populations</b> <ul style="list-style-type: none"> <li>• Discharges with:</li> <li>• An ICD-9-CM Principal Diagnosis Code for AMI as defined in Appendix A, Table 1.1</li> <li>• ST-segment elevation or LBBB on the ECG performed closest to hospital arrival</li> <li>• <b><i>Fibrinolytic therapy within 6 hours after hospital arrival</i></b></li> <li>• <b><i>Fibrinolytic therapy is primary reperfusion therapy</i></b></li> </ul> </li> <li>• <b>Excluded Populations</b> <ul style="list-style-type: none"> <li>• Patients less than 18 years of age</li> <li>• <b><i>Patients who have a Length of Stay greater than 120 days</i></b></li> <li>• <b><i>Patients enrolled in clinical trials</i></b></li> <li>• <b><i>Patients received as a transfer from an inpatient or outpatient department of another hospital</i></b></li> </ul> </li> </ul>	<p><b>Median Time to Fibrinolysis</b></p> <ul style="list-style-type: none"> <li>• <b>Included Populations</b> <ul style="list-style-type: none"> <li>• <b><i>An E/M Code for Emergency Department Encounter as defined in Appendix A, OP Table 1.0</i></b></li> <li>• <b><i>Patients discharged/transferred to a short-term general hospital for inpatient care (02) or to a Federal healthcare facility (43)</i></b></li> <li>• An ICD-9-CM Principal Diagnosis Code for AMI as defined in Appendix A, OP Table 1.1</li> <li>• ST-segment elevation or LBBB on the ECG performed closest to ED arrival</li> <li>• Fibrinolytic Administration as defined in the Data Dictionary</li> </ul> </li> <li>• <b>Excluded Populations</b> <ul style="list-style-type: none"> <li>• Patients less than 18 years of age</li> <li>• <b><i>Patients who did not receive Fibrinolytic Administration within 30 minutes and had a Reason for Delay in Fibrinolytic Therapy as defined in the Data Dictionary</i></b></li> </ul> </li> </ul>

**Inpatient/Outpatient Specifications Manuals  
Measure Information Form Crosswalk**

Inpatient	Outpatient
<p><b>Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival</b></p> <ul style="list-style-type: none"> <li><b>Included Populations</b> Discharges with: <ul style="list-style-type: none"> <li>An ICD-9-CM Principal Diagnosis Code for AMI as defined in Appendix A, Table 1.1</li> <li>ST-segment elevation or LBBB on the ECG performed closest to hospital arrival</li> <li><b><i>Fibrinolytic therapy within 6 hours after hospital arrival</i></b></li> <li><b><i>Fibrinolytic therapy is primary reperfusion therapy</i></b></li> </ul> </li> </ul>	<p><b>Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival</b></p> <ul style="list-style-type: none"> <li><b>Included Populations</b> <ul style="list-style-type: none"> <li><b><i>An E/M Code for Emergency Department Encounter as defined in Appendix A, OP Table 1.0 and</i></b></li> <li><b><i>Patients discharged/transferred to a short-term general hospital for inpatient care (02) or to a Federal healthcare facility (43)</i></b></li> <li>An ICD-9-CM Principal Diagnosis Code for AMI as defined in Appendix A, OP Table 1.1</li> <li>ST-segment elevation or LBBB on the ECG performed closest to ED arrival</li> <li>Fibrinolytic Administration as defined in the Data Dictionary</li> </ul> </li> </ul>
<p><b>Admission Date</b></p> <ul style="list-style-type: none"> <li><b>Inpatient Admission Date</b> <u>Suggested Data Sources</u> <ul style="list-style-type: none"> <li><b><i>Physician orders</i></b></li> <li>Face Sheet</li> <li><b><i>UB-04, Field Location: 12</i></b></li> </ul> </li> </ul>	<p><b>Encounter Date</b></p> <ul style="list-style-type: none"> <li><b>Outpatient Encounter Date</b> <u>Suggested Data Sources</u> <ul style="list-style-type: none"> <li>Outpatient record</li> <li>Emergency Department record</li> </ul> </li> </ul>
<p><b>Antibiotic Administration Route</b></p> <ul style="list-style-type: none"> <li><b>Allowable Values</b> <ul style="list-style-type: none"> <li>PO/NG/PEG tube (Oral)</li> <li>IV (Intravenous)</li> <li><b><i>IM (Intramuscular)</i></b></li> <li>UTD</li> </ul> </li> </ul>	<p><b>Antibiotic Administration Route</b></p> <ul style="list-style-type: none"> <li><b>Allowable Values</b> <ul style="list-style-type: none"> <li>PO/NG/PEG tube (Oral)</li> <li>IV (Intravenous)</li> <li>UTD</li> </ul> </li> </ul> <p><b><i>(IM will be added Jan 2012 for GU only)</i></b></p>
<p><b>Antibiotic Name</b> SCIP-Inf: Only abstract: Doses from hospital arrival through the first 48 hours</p>	<p><b>Antibiotic Name</b> <b><i>Documentation that an antibiotic was initiated (started) within 60 minutes (120 minutes for Vancomycin or Quinolones) prior to surgical incision</i></b></p>
<p><b>Median Time from ED Arrival to ED Departure for Admitted ED Patients</b></p> <ul style="list-style-type: none"> <li><b>Included Populations</b> Any ED Patient from the facility's emergency department</li> <li><b>Excluded Populations</b> <ul style="list-style-type: none"> <li><b><i>Patients placed into Observation Services</i></b></li> <li><b><i>Patients with an ICD-9-CM Principal Diagnosis Code in Table 7.01</i></b></li> <li><b><i>Patients who are not ED Patients</i></b></li> </ul> </li> </ul>	<p><b>Median Time from ED Arrival to ED Departure for Discharged ED Patients</b></p> <ul style="list-style-type: none"> <li><b>Included Populations</b> Any ED Patient from the facility's emergency department</li> <li><b>Excluded Populations</b> <ul style="list-style-type: none"> <li><b><i>Patients who expired in the emergency department</i></b></li> </ul> </li> </ul>

Note: Text that is ***bold and italicized*** indicates differences between Inpatient and Outpatient.

## Inpatient/Outpatient Sample Size Requirements

Sample Size Requirements				
Inpatient		Outpatient		
Average Quarterly Initial Patient Population Size "N"	Minimum Required Sample Size "N"	Sample Size Requirements per Quarter per Hospital		
		Population per Quarter	Quarterly Sample Size	Monthly Sample Size
1,551	311	<80	use all cases	use all cases
391 - 1,550	20% of Initial Patient Population size	81 - 100	80	27
78 - 390	78%	101 - 125	95	32
6 - 77	No sampling; 100% Initial Patient Population required	126 - 150	109	37
0 - 5	Submission of patient level data is encouraged but not required. <ul style="list-style-type: none"> <li>• CMS: If submission occurs, 1 - 5 cases of the Initial Patient Population may be submitted.</li> <li>• The Joint Commission: If submission occurs, 100% Initial Patient Population is required.</li> </ul>	151 - 175	121	41
		176 - 200	132	44
		201 - 225	143	48
		226 - 250	152	51
		251 - 275	161	54
		276 - 300	169	57
		301 - 325	177	59
		326 - 350	184	62
		351 - 375	191	64
		376 - 400	197	66
		401 - 425	203	68
		426 - 450	208	70
		451 - 500	218	73
		501 - 600	235	79
		601 - 700	249	83
701 - 800	260	87		
801 - 900	270	90		
901 - 1,000	278	93		
1,001 - 2,000	323	108		
2,001 - 3,000	341	114		
3,001 - 4,000	351	117		
4,001 - 5,000	357	119		
5,001 - 10,000	370	124		
10,001+	377	126		

### Notes from the Hospital OQR Program SC

**OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional** does not include patients who have been admitted as inpatients. Presently, the population of OP-20 is identified using six data elements:

1. Arrival Time
2. Discharge Status
3. E/M Code
4. Outpatient Encounter Date
5. Provider Contact Date
6. Provider Contact Time

**OP-21: ED- Median Time to Pain Management for Long Bone Fracture** does not include patients who have been admitted as inpatients. Presently, the population of OP-21 is identified using four data elements:

1. E/M Code
2. Outpatient Encounter Date
3. Birth Date  $\geq$  2 years
4. An ICD-9-CM Principal Diagnosis Code for Long Bone Fracture as defined in Appendix A, OP Table 9.0

**OP-22: ED- Patient Left Without Being Seen** is to be answered next year from July 1, 2012 to August 15, 2012, and asks for the percent from January 1, 2011 to December 31, 2011. Data will need to be collected by the ED from hospital internal sources (ED Logs, etc.). The Measure requires responses to the following questions:

- What was the total number of patients who left without being evaluated by a physician/APN/PA? \_\_\_\_\_ (numerator)
- What was the total number of patients who presented to the ED? \_\_\_\_\_ (denominator)

**OP-23: ED- Head CT Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT Scan Interpretation Within 45 Minutes of Arrival** does not include patients who have been admitted as inpatients. Presently, the population of OP-22 is identified using four data elements:

1. E/M Code
2. Outpatient Encounter Date
3. Birthdate  $\geq$  18 years
4. An ICD-9-CM Principal Diagnosis Code for Acute Ischemic or Hemorrhagic Stroke as defined in Appendix A, OP Table 8.0

### **Imaging Efficiency Measures**

(OP-8, -9, -10 and -11 and OP-13, -14 and -15)

The data for the Imaging Efficiency Measures are collected from CMS claims by the Lewin Group on an annual basis. A preview report is sent to the hospitals as is a list of claims. The results are posted on Hospital Compare.

Be cognizant of the fact that OP-15: Use of Brain Computed Tomography (CT) in the Emergency Department for Atraumatic Headache produced over 100 comments from hospitals. Most of the comments were submitted by ED physicians who oppose the measure. Comments were submitted to the Lewin Group and CMS.

### **Hospital OQR Benchmarks**

The following table represents the initial release of benchmarks for Hospital OQR using the Achievable Benchmark of Care (ABC™) system. The ABC system is a tool to facilitate the measurement, comparison, and dissemination of benchmarks derived from the process of care practices already being achieved by “best-in-class” providers. It is not a direct outcomes measure. However, because ABCs are typically used to measure the extent of usage of processes of care widely accepted to improve outcomes, it follows that providers achieving high ABC benchmark levels should have better outcomes than providers that do not (University of Alabama at Birmingham [UAB] Center for Outcomes and Effectiveness Research and Education [COERE] Website, <http://main.uab.edu/show.asp?durki=14527>, accessed July 27, 2011).

The administration of fibrinolytics to Medicare beneficiaries and others continues to be a major problem. The median time to transfer is 60 minutes. Given that the AHA/ACC Guidelines recommend that patients undergo PCI in 90 minutes, it would be virtually impossible for most transfers that stay in the transferring hospital for 60 minutes to undergo PCI in 90 minutes or less.

**Hospital OQR Program Median Time  
Q4 2009 to Q4 2010  
Using the ABC Technique**

	Q4-09	Q4-09	Q1-10	Q1-10	Q2-10	Q2-10	Q3-10	Q3-10	Q4-10	Q4-10
Performance Measure	Median	Top 10 <sup>th</sup> Percentile	Median	Top 10 <sup>th</sup> Percentile	Median	Top 10 <sup>th</sup> Percentile	Median	Top 10 <sup>th</sup> Percentile	Median	Top 10 <sup>th</sup> Percentile
OP-1: Median Time to Fibrinolysis	29	14	30	14	29	13	29	14	28	13.5
OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention	64	30	62	30	60	30	60	28	60	30
OP-5: Median Time to ECG	9	0	8	0	8	0	8	0	8	0

**Hospital OQR Benchmarks  
Q4 2009 to Q4 2010**

	Q4-09	Q4-09	Q1-10	Q1-10	Q2-10	Q2-10	Q3-10	Q3-10	Q4-10	Q4-10
Performance Measure	BM	Rate	BM	Rate	BM	Rate	BM	Rate	BM	Rate
OP-2: Fibrinolytic Therapy Received in 30 Minutes of ED Arrival	96.2	53.9	98.4	53.5	98.6	55	97.9	56.7	98.3	58.1
OP-4: Aspirin at Arrival	99.9	95	99.8	95.4	99.8	95.5	99.9	95.6	99.9	95.6
OP-6: Timing of Antibiotic Prophylaxis	99.3	91.5	99.7	93.4	99.6	94.1	99.7	94.5	99.8	95.1
OP-7: Prophylactic Antibiotic Selection	99.7	94.4	99.5	93.6	99.6	94.2	99.8	94.9	99.8	95.3

**Notes**

- The benchmarks reported here are unrelated to the 90th percentiles that are published on Hospital Compare for individual measures.
- Each quarter consists of three months of data.
- Values displayed are in percentages.
- Selected references:
  - Allison, J.J., Kiefe, C.J., & Weissman, N.W. (1999). Can data-driven benchmarks be used to set the goals of healthy people 2010? *American Journal of Public Health*, 89, 61-65.
  - Kiefe, C.J., Weissman, N.W., Allison, J.J., Farmer, R.M., Weaver, M.T., & Williams, O.D. (1998). Identifying achievable benchmarks of care: Concepts and methodology. *International Journal for Quality in Health Care*, 10(5), 443-447.
  - Weissman, N.W., Allison, J.J., Kiefe, C.J., Farmer, R.M., Weaver, M.T., Williams, O.D., . . . Baker, C.S. (1999). Achievable benchmarks of care: The ABCs of benchmarking. *Journal of Evaluation in Clinical Practice*, 5(3), 269-281.
  - Weissman, N.W., Kiefe, C.I., Allison, J.J., Child, J.G., Farmer, R.M., Weaver, M.T., & Williams, O.D. (2001). *Achievable benchmarks of care (ABC™): User manual*. Birmingham, AL: University of Alabama at Birmingham, Center for Outcomes and Effectiveness Research and Education.

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