Hospital Outpatient Quality Measures

Kathy Wonderly RN, MSEd, CPHQ
Consultant
Developed: January, 2018
Background

- Hospitals have separate quality measures for the outpatient population. These measures include both clinical data which is abstracted from the patient's medical record and web-based data that is submitted electronically to CMS.

- Like the inpatient data reporting, accurate documentation is key to successful data collection, coding and submission to CMS.

- We will review the measures in the slides that follow.
The Chest Pain/AMI Measures

Accurate documentation of all action and time of interventions is key to meeting this measure.

- **OP-1**: Median Time to Fibrinolysis. *This measure is being discontinued starting April 1, 2018.*
- **OP-2**: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival for AMI Patients
- **OP-3**: Median Time to Transfer of AMI Patient to Another Facility for Acute Coronary Intervention.
- **OP-4**: Aspirin on Arrival. *This measure is being discontinued starting April 1, 2018.*
- **OP-5**: Median Time to ECG for both Chest pain and AMI patients.
Emergency Department Measures

Accurate documentation of action and time of interventions is key.

- OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients.
- OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional. This measure is being discontinued starting April 1, 2018.
- OP-21: Median Time to Pain Management for Long Bone Fracture. This measure is being discontinued starting April 1, 2018
Stroke Measure

- **OP-23: ED—Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation within 45 minutes of Arrival.**

- Meeting this measure required coordination between the ED staff, physician and the imaging department. Research demonstrates that having access to the interpretation of the Head CT or MRI scan real time increases the quality of care the patient receives and reduces the time the patient must stay in the ED.
Imaging Efficiency Measures

These measures are provider driven and requires accurate coding on the submitted billing claim.

- OP-8: MRI Lumbar Spine for Low Back Pain.
- OP-9: Mammography Follow-up Rates.
- OP-10: Abdomen CT—Use of Contrast Material.
- OP-14 Simultaneous Use of Brain CT and Sinus CT.
Web-based Measures

- OP-12: The Ability for Providers with Health Information Technology (HIT) to Receive Laboratory Data Electronically Directly into their ONC-Certified Electronic Health Record (EHR) System as Discrete Searchable Data.
- OP-17: Electronically Track Clinical Results between Visits.
- OP-29: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients younger than 66 years of age or those with a life expectancy of less than 10 years. This requires age or life expectancy documentation by the provider.
- OP-31: Cataracts—Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery (Only for voluntary submission of data. There is no penalty but the results will be publically reported)
- OP-33: External Beam Radiotherapy for Bone Metastases. Patients excluded include those with a primary diagnosis of multiple myeloma, previous radiation to the same site, are part of a clinical trial, have spinal cord compression or decline treatment.
There are three outcome measures included in this group.

- OP- 32 Facility seven day risk standardized hospital visit rate after outpatient colonoscopy.

NEW Measures for 2018

- Op- 35: Admissions and Emergency Department Visits within 30 days of Treatment for Patients Receiving Chemotherapy in a Hospital Outpatient Setting.

- OP-36: Hospital Visits within 7 days after Hospital Outpatient Surgery
OP- 32 Facility seven day risk standardized hospital visit rate after outpatient colonoscopy.

This measure includes only those patients whose ED visits are for a diagnosis indicative of a complication of care for the colonoscopy procedure done at the same hospital.
OP- 35: Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy

- Many hospital admissions and ED visits among cancer patients receiving chemotherapy are caused by predictable and manageable side effects from treatment. Hospitals that provide outpatient chemotherapy should have proactive care plans to address these side effects.

- Patients having a diagnosis of leukemia are excluded from this measure due to the high toxicity of treatment and rate of recurrence.

- The measure includes only outcome conditions demonstrated in the literature to be potentially avoidable in this population. The timeframe for admission or ED visit is 30 days after receiving Chemotherapy. The hospitals that administers the chemotherapy will be “assessed” with the visit.

- Diagnoses included in the manageable side effects are: anemia, dehydration, diarrhea, emesis, fever, nausea, neutropenia, pain, pneumonia or sepsis.

- Part A and Part B claims data will be utilized for this measure. Inpatient admissions and ED visits will be counted separately. A patient will only be counted once in the performance period. If the patient has both an inpatient admission and an ED visit he or she will be counted as an inpatient admission.
OP-36: Hospital Visits after Hospital Outpatient Surgery

- This measure addressed unplanned hospital visits (ED, observation stays, or inpatient admissions) after outpatient surgery. The timeframe for this measure outcome is directly after surgery or within 7 days of surgery.

- This is a claims based measure using Medicare Part A and Part B data. Only procedures on the Medicare list of surgeries for ASC’s are included. However, eye surgeries are excluded from this measure set. If the patient has more than one visit in the timeframe, only the first hospital visit will be counted.
Payment Penalty

- Hospitals that fail to report data in the form, manner and time specified by CMS will incur a 2.0% reduction to their Outpatient Department fee schedule for the year.

- Hospitals that meet the reporting requirements will receive the full payment update factor.
Test Your Knowledge

1. Accurate documentation of interventions and the time interventions is key to meeting the chest pain/AMI measures.
   A. True
   B. False
2. For patients suspected of having acute ischemic or hemorrhagic stroke, the head CT or MRI and an interpretation must be available within ____ minutes of arrival.

1. 30
2. 45
3. 60
3. OP- 35 tracks patients who receive Outpatient Chemotherapy and require an inpatient admission and/or Emergency Department visits within ___ days of chemotherapy administration.

A. 7
B. 15
C. 30
D. 90
The End