Open Forum: Quality Improvement in Ambulatory Surgery Centers

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Objectives

• Understand the changes to the ASC quality reporting program for the current and future calendar years
• Hear and share promising practices, lessons learned, and challenges related to quality improvement in ASCs
• Network with ASC professionals from across the region
Polling Question

Do you currently receive reporting updates from the QualityNet ListServe?

• Yes
• No
• What is the QualityNet ListServe?

QualityNet ListServe

• Notification resource for CMS quality reporting programs
• Users can subscribe to email notifications related QualityNet enhancements, new releases, timeline or process/policy changes, and application or initiative alerts
QualityNet ListServe: How to Sign Up

- Visit https://www.qualitynet.org/dcs/ContentServer?pageName=QnetPublic/ListServe/Register
- Enter email address that will receive the notifications
- Scroll down to “Program Notifications” and select the list for Ambulatory Surgical Centers

Payment Determination Year 2018

Data Collected in 2016 → Reported in 2017 → For Payment in 2018
Measure Reporting Dates

ASC-12
Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

CMS Outcome Measure (Claims-Based)
- Estimates a facility-level rate of risk-standardized, all-cause, unplanned hospital visits within seven days of an outpatient colonoscopy among Medicare Fee-for-Service (FFS) patients aged 65 years and older.
Polling Question

Are you using the claims details reports to identify opportunities to improve on ASC-12?

• No, we have never looked at them
• Yes, we are looking at them and have identified quality care issues
• Yes, we are looking at them and have identified coding issues
• Yes, we are using them and have not identified any opportunities for improvement

ASC-12 Resources

• The Quality Reporting Center Website
  • http://www.qualityreportingcenter.com/asc/

• QualityNet Ambulatory Surgical Center Quality Reporting Program
  • https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772497737
Payment Determination Year 2019

Data Collected in 2017 → Reported in 2018 → For Payment in 2019

Measure Reporting Dates

<table>
<thead>
<tr>
<th>Number</th>
<th>Measure Reporting Dates</th>
<th>Data Submission Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC-1</td>
<td>Patient Burn</td>
<td>Claims submitted for services furnished between January 1, 2017 and December 31, 2017</td>
</tr>
<tr>
<td>ASC-2</td>
<td>Patient Fall</td>
<td>Claims submitted for services furnished between January 1, 2017 and December 31, 2017</td>
</tr>
<tr>
<td>ASC-3</td>
<td>Wrong Site, Wrong Site, Wrong Patient, Wrong Procedure, Wrong Admit Date</td>
<td>Claims submitted for services furnished between January 1, 2017 and December 31, 2017</td>
</tr>
<tr>
<td>ASC-4</td>
<td>All-Cause Hospital Transfer/Admission</td>
<td>Claims submitted for services furnished between January 1, 2017 and December 31, 2017</td>
</tr>
<tr>
<td>ASC-5</td>
<td>Prophylactic Interventions (IV) Antibiotic Timing</td>
<td>Claims submitted for services furnished between January 1, 2017 and December 31, 2017</td>
</tr>
</tbody>
</table>

### Change in Submission Deadline

All web-based measures will be due by May 15, 2018.

<table>
<thead>
<tr>
<th>Number</th>
<th>Measures Submitted via a Web-Based Tool</th>
<th>Data Collection Period</th>
<th>Submission Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC-7</td>
<td>ASC Facility Volume Data on Selected ASC Surgical Procedures**</td>
<td>January 1, 2017 – December 31, 2017</td>
<td>January 1, 2018 – May 15, 2018</td>
</tr>
<tr>
<td>ASC-8</td>
<td>Influenza Vaccination Coverage among Healthcare Personnel†</td>
<td>October 1, 2017 – March 31, 2018</td>
<td>October 1, 2018 – May 15, 2018</td>
</tr>
<tr>
<td>ASC-9</td>
<td>Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients</td>
<td>January 1, 2017 – December 31, 2017</td>
<td>January 1, 2018 – May 15, 2018</td>
</tr>
<tr>
<td>ASC-10</td>
<td>Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyp – Avoidance of Inappropriate Use</td>
<td>January 1, 2017 – December 31, 2017</td>
<td>January 1, 2018 – May 15, 2018</td>
</tr>
</tbody>
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### Payment Determination

Year 2020

- **Data Collected in 2018**
- **Reported in 2019**
- **For Payment in 2020**
Overview of Changes

- Two new measures collected via CMS web-based tool:
  - ASC-13: Normothermia Outcome
  - ASC-14: Unplanned Anterior Vitrectomy
- ASC-15: Five Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey (OAS CAHPS) measures
**ASC-13: Normothermia Outcome**

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 PACU.

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**Poll**

If ASC-13 will affect your facility, have you been tracking on normothermia for patients under anesthesia?

- This measure will not affect our facility because we do not have patients under anesthesia for an hour or more
- This measure will affect our facility and we have been tracking on normothermia
- This measure will affect our facility and we have not yet been tracking on normothermia
ASC-14: Unplanned Anterior Vitrectomy

Percentage of cataract surgery patients who have an unplanned anterior vitrectomy performed when vitreous inadvertently prolapses into the anterior segment of the eye during cataract surgery.

Poll

If ASC-14 will affect your facility, have you been tracking on unplanned anterior vitrectomies?

- This measure will not affect our facility because we do not perform cataract surgery
- This measure will affect our facility and we have been tracking on unplanned anterior vitrectomies
- This measure will affect our facility and we have not yet been tracking on unplanned anterior vitrectomies
Poll

Is your facility collecting patient feedback using a standard survey tool?
• No, we do not currently use a standard survey tool to collect patient feedback
• Yes, we use a standard survey tool and we are using results to inform quality improvement initiatives
• Yes, we use a standard survey tool but we are not routinely using results to inform quality improvement initiatives

What are OAS CAHPS?
• Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey
• Produce comparable data to allow for comparisons between hospital outpatient departments (HOPDs) and ASCs
• Gather data that is meaningful to consumers and allows them to make more informed choices when selecting an HOPD or ASC
• https://oascahps.org/
ASC-15: OAS CAHPS Questions

37 Questions:
• ASC-15a: About Facilities and Staff (6)
• ASC-15b: Communication about Procedure
  – Before your procedure (2)
  – About your Procedure (5)
• ASC-15c: Preparation for Discharge & Recovery (9)
• ASC-15d: Overall Rating of Facility (1)
• ASC-15e: Recommendation of Facility (1)
• Demographic/About You Questions (13)

Survey Administration

• Random sample of eligible patients with at least one outpatient surgery/procedure during the sample month
• Three methods: mail-only, telephone-only, mixed mode
• Contract with CMS-approved vendor
• CMS to propose format and timing for public reporting in future rulemaking
Data Collection

- Calendar Year 2018 to affect Payment Determination Year 2020
- Collect data monthly
- Submit data quarterly
- Minimum of 300 completed surveys in the year

Poll

Do you have any concerns about implementing OAS CAHPS at your facility?

- Yes
- No
Questions?

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