Medicare Outpatient Prospective Payment System: Hospital Outpatient Program Quality Data Reporting Program (HOP QDRP)

Proposed Rule for FY 2011: Background on Consumer, Labor and Employer Comments

The Hospital Outpatient Quality Data Reporting Program (HOP QDRP) is a quality data reporting program implemented by the Centers of Medicare & Medicaid Services (CMS) for outpatient hospital services. The HOP QDRP is modeled on the current quality data reporting program for inpatient services, the "Reporting Hospital Quality Data for Annual Payment Update" (RHQDAPU) initiative. As with RHQDAPU, HOP QDRP is intended to provide consumers, purchasers, and other stakeholders with quality information to make more informed decisions via the online public reporting website *Hospital Compare* (www.hospitalcompare.hhs.gov), while encouraging hospitals and clinicians to improve the quality of inpatient care provided to all patients. It is a pay-for-reporting program that went into effect in Calendar Year 2009. For FY 2011, hospitals must report on 11 quality measures related to clinical areas and cross-cutting issues such as Acute Myocardial Infarction (AMI), Chest Pain (CP), Surgery, and Imaging Efficiency. Participating hospitals agree that they will allow CMS to publicly report data for the quality measures. Hospitals that do not participate will experience a 2.0 percent reduction in their Medicare Annual Payment Update. A list of all measures, including those already in place for FY 2011 and those proposed for FY 2012, 2013 and 2014 is at the end of this document.

Under the Affordable Care Act (ACA), CMS will establish a value-based purchasing (VBP) program for hospitals in which value-based incentive payments will be made to hospitals that meet a required set of performance standards. FY 2013 measures will include five conditions and HCAHPS (hospital patient experience). FY 2014 will include measures of efficiency. Selected measures have to be reported on Hospital Compare at least one year prior to being used in the VBP program. Each summer, the Disclosure Project develops a response to the proposed changes to the program for our members to sign on to. The following is a summary of the HOP QDRP-related elements on which we are commenting and our position.

HOP QDRP Element	Consumer, Labor, and Employer Comments
Retirement of Measures: CMS is soliciting comments on whether any current measures in the HOP QDRP program should be retired.	• Retire OP-6, "Timing of Antibiotic Prophylaxis." • This measure may foster the overuse of antibiotics, which has implications for both health care costs and public health and welfare.
Three-Year Plan for HOP QDRP: As in the IPPS proposed rule, the OPPS proposed rule lays out changes to the HOP QDRP program over the three years, whereas traditionally it has only laid out specific changes for the upcoming year.	• Support the concept of a 3-year plan and agree that it is a logical strategy for allowing hospitals to develop more long-term plans in regard to their quality data reporting systems. • Support continued availability of public comment to ensure HOP QDRP reflects alignment with both the ACA and the meaningful use provisions of the American Reinvestment and Recovery Act (ARRA).
New Measures for FY 2012, FY 2013, and FY 2014: New measures proposed to be added in all three years.	• Support all of the measures listed for each of the three years, except for three imaging measures proposed for 2012 that NQF has not recommended for endorsement. (In italics in the chart on the next page)
Proposed Measures and Topics for the Future: New measures and measure topics in areas such as heart failure, surgery, and cancer.	• Support most of the proposed additional measures in these clinical areas, but strongly suggest a) they be reported as composite measures; and b) work be done to ensure measures related to education and patient support do not become meaningless. • Urge CMS to implement a patient experience survey tool as soon as possible to assess patient's experience with care in the outpatient setting. • Support future measure topics related to post-discharge care and readmissions, chemotherapy, and the safe surgery checklist.

HOP QDRP Element	Consumer, Labor, and Employer Comments
Reporting of Ambulatory Surgery Center (ASC) Quality Data: Proposed rule again does not include any requirements relating to quality reporting by ASCs.	• Urge CMS to include ASC reporting in the HOP QDRP program in 2012 and beyond. • Support the development of an ASC value-based purchasing program.

List of Measures for CY 2011- 2014

Proposed HOP QDRP Measurement Set in FY 2011 OPPS Proposed Rule	
Already Existing for CY 2011	
OP-1: Median Time to Fibrinolysis OP-2: Fibrinolytic Therapy Received Within 30 Minutes OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention OP-4: Aspirin at Arrival OP-5: Median Time to ECG OP-6: Timing of Antibiotic Prophylaxis	OP-7: Prophylactic Antibiotic Selection for Surgical Patients OP-8: MRI Lumbar Spine for Low Back Pain OP-9: Mammography Follow-up Rates OP-10: Abdomen CT – Use of Contrast Material OP-11: Thorax CT – Use of Contrast Material
Proposed for CY 2012	
The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their Qualified/Certified EHR System as Discrete Searchable Data	
Preoperative Evaluation for Low Risk Non Cardiac Surgery Risk Assessment	
*Use of Stress Echocardiography, SPECT MPI, and Cardiac Stress MRI post CABG**	
*Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT)**	
*Use of Brain Computed Tomography (CT) in the Emergency Department for Atraumatic Headache**	
Troponin Results for Emergency Department acute myocardial infarction (AMI) patients or chest pain patients (with Probable Cardiac Chest Pain) Received within 60 minutes of arrival	
Proposed for CY 2013	
Tracking Clinical Results between Visits	
Median Time from ED Arrival to ED Departure for Discharged ED Patients	
Transition Record with Specified Elements Received by Discharged Patients	
Door to Diagnostic Evaluation by a Qualified Medical Professional	
ED- Median Time to Pain Management for Long Bone Fracture	
ED- Patient Left Before Being Seen	
ED- Head CT Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT Scan Interpretation Within 45 minutes of Arrival	
Proposed for CY 2014	
Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetic Patients	
Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetic Patients	
Diabetes Mellitus: High Blood Pressure Control in Diabetic Patients	
Diabetes Mellitus: Dilated Eye Exam in Diabetic Patients	
Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients	
Exposure Time Reported for Procedures Using Fluoroscopy	
* *Measures not recommended for endorsement by NQF*	