

# Consumer-Purchaser ALLIANCE

Better information. Better decisions. Better health care.



## Analysis of the CY 2015 Final Rule for the Outpatient Prospective Payment System

The Centers for Medicare & Medicaid Services' (CMS) annual comment period on proposed changes to the Outpatient Prospective Payment System (OPPS) addresses public reporting requirements for approximately 4,000 outpatient hospitals and ambulatory surgical centers. The table below describes our comments, as well as CMS' response in the final rule. Notably the measures in these programs continue to trail behind the outcome measures used in the inpatient setting for both public reporting and payment purposes. We are disappointed the Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy was delayed a year but are encouraged that CMS signaled the inclusion of complication and patient experience measures in future years.

CY 2015 Proposal	C-P Alliance Comments	CMS Response
<p>"Topped-out" measures proposed for removal from the Outpatient Quality Reporting Program (OQR) for CY 2017 :</p> <ul style="list-style-type: none"> <li>OP-6: Timing of Antibiotic Prophylaxis</li> <li>OP-7: Prophylactic Antibiotic Selection for Surgical Patients (NQF #0528)</li> <li>OP-4: Aspirin at Arrival (NQF #0286)</li> </ul>	<p>-Supported removal of topped out measures, while advocating for increased attention on outcomes-focused quality issues.</p>	<p><b>-Removal of two out of three proposed topped-out measures.</b> Upon further examination, variation still persists with measure OP-4, and therefore is not being removed.</p>
<p>Exclusion of previously finalized measure from the OQR and Ambulatory Surgical Center Quality Reporting Program (ASCQR) for CY 2016:</p> <ul style="list-style-type: none"> <li>Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (NQF #1536/OP-31/ASC-11)</li> </ul>	<p>-Expressed disappointment with how this measure has been implemented to date, since CMS has not supported the use of a consistent or comparable tool(s) for evaluating visual function. Supported the measure and advocated for the implementation challenges to be addressed.</p> <p>-Urged CMS to identify additional outcome measures (e.g. Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures [NQF# 0564]), to meaningfully evaluate the quality of care provided in the outpatient hospital setting following cataract surgery.</p>	<p><b>-Finalized proposal to remove OP-31 for the FY 2016 payment determination.</b> Outpatient hospitals and ambulatory surgical centers may report this measure voluntarily if they wish for CY 2017 and beyond.</p> <p><b>-Measure concepts and specific measure related to cataract surgery outcomes will be considered for future years.</b></p>
<p>Proposed new measure for OQR and ASCQR CY 2017:</p> <ul style="list-style-type: none"> <li>Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy (OP-32/ASC-12)</li> </ul>	<p>-Supported addition of measure, which addresses a high-volume procedure.</p>	<p><b>-Measure delayed for use in CY 2018, rather than 2017 (as initially proposed).</b> Stakeholder pushback expressed concerns about:</p> <ul style="list-style-type: none"> <li>Lack of NQF endorsement (currently under review by NQF)</li> <li>Low prevalence of complications from colonoscopies</li> <li>Lack of inclusion of sociodemographic factors in the measure's risk adjustment methodology (although no evidence provided to suggest they should be)</li> </ul>

# Consumer-Purchaser ALLIANCE

Better information. Better decisions. Better health care.



CY 2015 Proposal	C-P Alliance Comments	CMS Response
<p>Future areas of measurement for consideration:</p> <ul style="list-style-type: none"> <li>• Electronic clinical quality measures to advance information exchange</li> <li>• Partial hospitalization measures to address the needs of individuals with acute psychiatric illness and prevent the need for (re)hospitalization</li> <li>• Behavioral health measures, particularly for depression and alcohol use</li> <li>• Other measures that align with CMS Quality Strategy and National Quality Strategy</li> </ul>	<p>Examples of measures and measure concepts to fill priority gaps:</p> <ul style="list-style-type: none"> <li>-CAHPS for Ambulatory Surgical Centers</li> <li>-PHQ-9 measures evaluating depression symptoms</li> <li>-Composite of hospital-acquired infection measures for the outpatient setting (e.g., CLABSI, CAUTI, MRSA, AND C DIFF)</li> <li>- High-Acuity Care Visits after Outpatient Cataract Procedure</li> <li>-High-Acuity Care Visits after Outpatient Endoscopy Procedure</li> </ul>	<p><b>-CMS agrees with the cited gaps</b> and plans to:</p> <ul style="list-style-type: none"> <li>• Include a complication measure (anterior vitrectomy) for cataract surgery patients, as well as a patient experience measure for the outpatient setting on the 2014 list of Measures Under Consideration by the Measure Applications Partnership.</li> <li>• Evaluate ongoing opportunities to include patient safety measures and align with other quality reporting programs.</li> </ul>