Questions on CMS quality reporting plan

The government’s long-awaited plan for quality reporting by ambulatory surgery centers (ASCs) was issued July 1, 2011. If the proposal is finalized later this fall, the time-line could be short. ASCs might need to have quality-reporting systems in place as early as January 1, 2012.

Under the proposal, which is part of Medicare’s draft 2012 outpatient payment rule, Medicare-certified ASCs would need to start collecting data on 7 quality measures the first of next year to prepare to meet reporting requirements necessary to receive a full Medicare payment update in 2014.

Proposed quality measures
Six of the proposed measures were developed by the ASC Quality Collaboration (AQC), and the seventh is from Medicare’s physician quality reporting initiative (chart, p 28).

Four more measures are proposed for future years:
• surgical site infection (SSI) rate
• use of a safe surgery checklist
• ASC facility volume data for selected procedures
• flu vaccination rate for ASC health care personnel.

Glass half full or half empty?
For the ASC community, the proposal is a case of the glass being half full or half empty.

“We’re gratified that CMS (Centers for Medicare and Medicaid Services) has come out with a proposal for quality reporting. But the rule itself is generating more questions than answers,” says David Shapiro, MD, board chair for the ASC Association. The industry has urged CMS to move forward with ASC quality reporting since it was authorized in a 2006 law.

“We are quite happy they have decided to implement our measures that reflect the quality of care given in the ASC,” says Dr Shapiro, referring to the AQC measures. “We have always felt we are providing high-quality care for our patients. So I think it will be a good thing to have all Medicare-certified ASCs reporting. I think it will prove what we have been so proud of in the quality of care we provide to Medicare beneficiaries.”

The AQC, a cooperative effort by ASC organizations and companies, issues free quarterly reports on its quality measures (www.ascquality.org). The most recent report from the first quarter of 2011 included data from 1,255 ASCs. The data are from 2 primary sources: aggregated data from large ASC management companies and data from the ASC Association’s Outcomes Monitoring Project.

A lot of concerns
But ASCs also have a lot of concerns about how CMS would approach the mechanics of reporting, the administrative burden that reporting would impose, and the short
time line. A final rule could be published as late as November 1, 2011, giving ASCs little time to get up to speed to comply with parts of the rule taking effect for 2012.

Dr Shapiro said the ASC community was drafting comments to be submitted by the deadline of August 30, 2011. It was also seeking face-to-face meetings with CMS to discuss its questions and the possibility of more lead time.

**Why these measures?**

CMS says it is focusing on measures that have a high impact and support the government's priorities for improved outcomes, quality, safety, efficiency, and patient satisfaction. It plans to align ASC quality reporting with that for hospitals and physicians.

Generally, CMS says it favors measures endorsed by the National Quality Forum (NQF) because the forum represents multiple stakeholders and uses a rigorous process to develop measures. The AQC measures are NQF endorsed, but not all of the other proposed measures are.

**How would data be collected?**

In the proposal, the data would need to be reported to several different entities. “We are very concerned about the administrative burden,” says Dr Shapiro, noting most ASCs are small, averaging 2 ORs, and often don’t have electronic medical record systems or a dedicated quality management staff.

For the first 7 measures, CMS proposes that ASCs submit data using new quality data codes on Medicare claims starting on January 1, 2012; CMS is still developing the codes. A lot of details are still absent, Dr Shapiro notes. Among the questions: What are the codes? How will they be used? What will count as sufficient data for submission to CMS? How will the data be validated? How will CMS deal with low-volume facilities?

For reporting of the SSI rate and flu vaccination rate, proposed to start in 2013, ASCs would use the National Healthcare Safety Network (NHSN), the free internet-based surveillance system maintained by the Centers for Disease Control and Prevention (CDC). It is not yet known for which procedures the ASC SSI rate would be reported.

“This can be a very labor-intensive process,” Dr Shapiro says. “For a hospital or insurer with the staff and resources, that’s one thing. But how will it work for a mom-and-pop ASC where even the administrator is often staffing cases?”

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### Proposed ASC quality measures for reporting to Medicare

**Proposed measures to be reported beginning in CY 2012 for CY 2014 payment determination**

| ASC-1 | Patient burn |
| ASC-2 | Patient fall |
| ASC-3 | Wrong site, wrong side, wrong patient, wrong procedure, wrong implant |
| ASC-4 | Hospital transfer/admission |
| ASC-5 | Prophylactic intravenous antibiotic timing |
| ASC-6 | Ambulatory surgery patients with appropriate method of hair removal |
| ASC-7 | Selection of prophylactic antibiotic; first or second generation cephalosporin |

**Additional proposed measure to be reported beginning in CY 2013 for CY 2014 payment determination**

| ASC-8 | Surgical site infection rate |

**Additional proposed measures to be reported for CY 2015 payment determination**

| ASC-9 | Safe surgery checklist use |
| ASC-10 | ASC facility volume data on selected ASC surgical procedures. These include certain HCPCS codes for gastrointestinal, eye, nervous system, musculoskeletal, skin, and genitourinary procedures |

**Additional proposed measure to be reported beginning in CY 2013 for CY 2016 payment determination**

| ASC-11 | Influenza vaccination coverage among health care personnel |

**Source:** Centers for Medicare and Medicaid Services. Proposed outpatient payment rule. CMS-1525-P. July 1, 2011.

Blue = ASC Quality Collaboration measures.
Some infection reporting for ASCs is already mandated at the state level. Ten states currently expect ASCs to report at least some health care-associated infections: Arkansas, Colorado, Hawaii, Massachusetts, Missouri, Nevada, New Hampshire, New Jersey, Oregon, and Texas.

What’s at stake?
Another big question is how ASCs’ quality reporting will be tied to Medicare reimbursement. CMS says data collection would start to affect ASC Medicare payments in 2014, but it’s not clear how. Would ASCs that do not report have a portion of their annual Medicare payment update withheld, as hospitals do? Would their facility’s performance on the quality measures be tied to Medicare payments in some way?

CMS proposes to make the ASC quality data public on a CMS website after ASCs have had a chance to preview it. Whether CMS will provide additional feedback to individual facilities on their performance is unclear.

Future measures proposed
CMS asked for comment on 3 proposed measures that would not affect Medicare payments until 2013 or after.

Surgical safety checklists
CMS proposes that ASCs report on use of a safe surgery checklist during 2012 to receive their full payment update in 2015. The data would be collected during a 45-day period from July 1 through August 15, 2013.

The checklist would need to cover 3 periods: prior to anesthesia, prior to skin incision, and prior to the patient leaving the OR. One example is the World Health Organization’s Surgical Safety Checklist (www.who.int/patientsafety/safesurgery/ss_checklist/en/index.html).

CMS says it proposes to assess whether ASCs use a checklist in general, not whether they use it for any individual procedures.


ASC facility volume data
In another proposed measure, ASCs would submit data on how many procedures their facility performed in 6 categories that account for 98.5% of ASC procedures:
• gastrointestinal
• eye
• nervous system
• musculoskeletal
• skin
• genitourinary.

The data would apply to the 2015 payment determination. Specific HCPCS codes would be reported in each category. The data would cover 2012 and would be reported during a 45-day window from July 1 to August 15, 2013.

As the rationale, CMS points to studies linking better patient outcomes to the volume of surgical procedures a facility performs. Those studies are primarily for high-risk inpatient procedures such as heart surgery, abdominal aortic aneurysm repair, and esophageal and pancreatic resection. CMS also notes that many websites serving consumers provide information on procedure volumes.
Flu vaccinations
ASCs would need to report the percentage of their health care personnel immunized for flu in a proposed measure that would affect 2016 payments. CMS notes that immunization can help prevent the spread of flu from personnel to patients. ASCs would report the measure through the NHSN for the period of October 1, 2013, to March 31, 2014.

Reiterating that the ASC industry is “thrilled that CMS has come out with this proposal,” Dr Shapiro adds, “on the other hand, we really want to work with them to make sure we get this right.”

—Pat Patterson

The CMS proposed outpatient payment rule is posted at www.cms.gov/ASCPayment/ASCRN/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=descending&itemID=CMS1249114&intNumPerPage=10

Resources
These documents have details about the first 7 proposed ASC quality measures.

ASC Quality Measure Implementation Guide  www.ascquality.org/qualitymeasures.cfm