ASCs face learning curve as quality reporting goes online

Computers and computer-driven devices have transformed the way healthcare is delivered, and use of the technology has led to greater efficiency, error reduction, and the ability to perform some previously impossible procedures. However, it is not always easy to incorporate computer tools into traditional activities such as quality tracking and reporting.

Among the latest challenges for ambulatory surgery center (ASC) staff has been learning to use the QualityNet website to report new quality measures. Nurses, billing staff, and administrators report a variety of difficulties, ranging from shifting reporting timetables to privacy concerns to unavailability of patient information.

Meanwhile, the Centers for Medicare & Medicaid Services (CMS) and the ASC Quality Collaboration (ASCQC), a consortium of ASCs, professional associations, and accrediting organizations, are working to develop resources to help ASCs overcome these obstacles.

A long process

Ezra Erb, BSN, RN, CNOR, is administrator of Aloha Surgical Center, Kahului, Hawaii, and the primary security administrator of Aloha’s quality reporting program. CMS recommends appointing 2 of the highest-ranking executives as security administrators, who then appoint other staff members as users to enter data on QualityNet.

Aloha has been using QualityNet since 2013. Erb recalls that the registration process took longer than expected, and staff were uncomfortable about disclosing the detailed personal information they were asked to provide, including mortgage loans, bank accounts, and home addresses.

Recently, additional staffers had to register with QualityNet to be able to report on quality measures for specific procedures. This requirement, Erb says, elicited a new wave of questions about the registration procedures and disclosure of personal information.

“Set aside time for the process,” he advises others. “Don’t think you can just sit down and type in the information the day before the data is due. It will take several weeks.” Security administrators also should explain to new users the reason for all those questions related to verifying their identity, and they should reassure staff that the information will remain confidential.

Going online

The advent of QualityNet was no surprise. Formerly known as QNet Exchange, the site was established in 2001 by CMS to collect data from healthcare providers including hospitals, ASCs, physician offices, nursing homes, and outside data vendors.

ASCs were not required to participate until 2012, when they began to register on the site in preparation for reporting in 2013 on 2 measures: use of a safe surgery checklist and case volume for specified procedures.

In early 2014, ASCs began collecting data for 2 additional measures related to colonoscopies. (Implementation of a third measure, effectiveness of cataract surgery, had been expected but was delayed by CMS.)
Thus far, the process has not been smooth; ASCs are reporting difficulty with registration, further problems logging on, and a series of legislated deadline changes that have created a bewildering implementation calendar.

The registration process begins when the security administrator completes a form downloaded from QualityNet.org and has the signature notarized. The security administrator then mails the form to a contractor in Tampa, Florida. That office returns, by mail, a password and user name. The security administrator uses this information to download a program that generates a personal identification number (PIN). The PIN provides access to the QualityNet logon page. Users must be authorized by the security administrator and then go through the same process to gain access. (Details are on QualityNet.org in the ASC section. The contractor is Florida’s Medicare Quality Improvement Organization.)

**Security vs convenience**

CMS determined in 2013 that QualityNet should be a secure portal to prevent any disclosure of patient-specific information. CMS contracted with the data security firm Symantec and the credit reporting firm Experian to use the credentialing system developed jointly by the 2 companies. The system provides secure access to state and federal insurance exchanges under the Affordable Care Act as well as QualityNet.

ASCs and other healthcare organizations immediately expressed concerns about the site. For example, to register, users were asked to enter their Social Security numbers (SSNs). The numbers would appear on the screen, visible to anyone who walked by. To further identify themselves, users had to disclose their bank account numbers, credit history, home mortgage amounts, and other sensitive financial information. If an answer did not match Experian’s data file, the system then asked additional questions.

In response to the complaints, the QualityNet help desk issued a memorandum promising to mask the SSN entries and to provide “less invasive” proofing questions. It concluded, “CMS would like to reiterate they are sensitive to the concerns that have been expressed regarding the process used to validate Personally Identifiable Information (PII) and would like to reassure the public that:

- your PII is not stored by CMS
- your PII is securely sent to Experian using strong encryption
- you are verifying the PII that Experian already has on record.”

The CMS memo and modifications to the process reassured many users. Donna Slosburg, BSN, LHRM, CASC, says she no longer hears as many concerns about registering for QualityNet. Slosburg is executive director of the ASCQC.

**Case of the missing cell**

However, users are still having problems logging on—possibly, some speculate, because of conflicts between Symantec’s security systems and their own. Certain browsers have been temporarily unable to open QualityNet.

When the August 2013 deadline for reporting was approaching, users at an ASC in Mississippi could not log on. A call to the help desk resulted in a workaround. CMS emailed the ASC an Excel spreadsheet with instructions to enter the data and return it.

Excel, however, has a habit of reconfiguring cells to fit the data they contain. As a staff member struggled with the unfamiliar software, a column of cells disappeared, unnoticed, under another. That column was titled “ASC 6: Patient safety checklist in use? Enter Yes or No.” Another column, titled “ASC 7: Facility volume data,” also disappeared. When CMS staff opened the file, those cells were empty, and the ASC received a report saying it had failed to comply with quality reporting requirements for those measures.
“It was an IT issue,” explains Lee Anne Blackwell, BSN, EMBA, RN, CNOR, vice president of clinical services at Practice Partners, Birmingham, Alabama, a firm that manages ASCs. First, the security function was not operating properly, preventing users from logging on. To use a secure site like QualityNet, the organization must have its own compatible software, properly installed. The best way to ensure compatibility, Blackwell advises, is to work with a local IT expert.

Then CMS suggested a workaround requiring a level of computer skills that may be common in hospitals but lacking in a small ASC. “You may have a very competent nurse who doesn’t know about Excel,” Blackwell says.

Another feature of QualityNet is that passwords are cancelled if not used regularly. In its current form, the quality reporting program calls for collecting data throughout 2014 but waiting to report it until 2015. However, if a user lets 120 days pass without logging on, the account will be deactivated.

To avoid having to re-register, Slosburg advises visiting the site every 1 or 2 months. “I counsel people to go in and look around, just to stay active, even though you only report once a year,” she says.

CMS has made resources available, from the specification manual to webinars. For system problems, unless an ASC has a qualified systems analyst on staff, the place to go is the QualityNet help desk. “The help desk is very accommodating,” Blackwell says.

Help is available from 7 am to 7 pm central time. Email qnetsupport@sdps.org, or call 866-288-8912. For a general source of information, visit qualitynet.org and click on the menu item “ASCs” on the left side of the screen.

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**ASCQR Program Measures**

<table>
<thead>
<tr>
<th>Number</th>
<th>Measure title</th>
<th>Type of measure</th>
<th>Initial encounter/reporting date</th>
<th>Initial payment determination year</th>
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<tbody>
<tr>
<td>ASC-1</td>
<td>Patient burn</td>
<td>Claims-based</td>
<td>October 1, 2012</td>
<td>CY 2014</td>
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<tr>
<td>ASC-2</td>
<td>Patient fall</td>
<td>Claims-based</td>
<td>October 1, 2012</td>
<td>CY 2014</td>
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<tr>
<td>ASC-3</td>
<td>Wrong site, wrong side, wrong patient, wrong procedure, wrong implant</td>
<td>Claims-based</td>
<td>October 1, 2012</td>
<td>CY 2014</td>
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<tr>
<td>ASC-4</td>
<td>Hospital transfer/admission</td>
<td>Claims-based</td>
<td>October 1, 2012</td>
<td>CY 2014</td>
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<tr>
<td>ASC-5</td>
<td>Prophylactic intravenous (IV) antibiotic timing</td>
<td>Claims-based</td>
<td>October 1, 2012</td>
<td>CY 2014</td>
</tr>
<tr>
<td>ASC-6</td>
<td>Safe surgery checklist use</td>
<td>Web-based</td>
<td>CY 2012</td>
<td>CY 2015</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>July-August 2013</td>
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<td>ASC-7</td>
<td>ASC facility volume data on selected ASC surgical procedures</td>
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<td>CY 2012</td>
<td>CY 2015</td>
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<tr>
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<td>July-August 2013</td>
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<td>ASC-8</td>
<td>Influenza vaccination coverage among healthcare personnel</td>
<td>Web-based via NHSN</td>
<td>Entry TBD; October 2014-March 2015 (tentative)</td>
<td>CY 2016</td>
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<td>ASC-9</td>
<td>Endoscopy/polyp surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients</td>
<td>Web-based</td>
<td>CY 2014</td>
<td>CY 2016</td>
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<td></td>
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<td>April 1-December 31, 2014</td>
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<td>ASC-10</td>
<td>Endoscopy/polyp surveillance: Colonoscopy interval for patients with a history of adenomatous polyps—avoidance of inappropriate use</td>
<td>Web-based</td>
<td>CY 2014</td>
<td>CY 2016</td>
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<td>April 1-December 31, 2014</td>
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<td>ASC-11</td>
<td>Cataracts—improvement in patient’s visual function within 90 days following cataract surgery</td>
<td>Web-based</td>
<td>CY 2014</td>
<td>CY 2016</td>
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<td></td>
<td></td>
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<td>January 1, 2015/To be determined</td>
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*Source: Centers for Medicare & Medicaid Services*
Measure mix-ups
The latest CMS specification manual, version 3.0c, was released in April and contains details for the new measures. It lists the codes for procedures that must be tracked under ASC-9 and ASC-10.

On April 2, CMS announced that it would delay implementation of ASC-11, which covers improvement in visual function 90 days following cataract surgery. That meant that instead of starting the day before, April 1, to track cataract patients, ASCs could postpone data collection until January 1, 2015. (The deadline had already been extended once, from January 1, 2014.)

The announcement read in part, “CMS believes that ASCs should be a partner in the care of patients before, during, and after procedures that are performed in their facilities. While CMS continues to believe that the functional status of the patient after cataract surgery should be a concern for the ASC, it recognizes operational difficulties with this specific measure and is delaying the start of data collection from April 1, 2014, until January 1, 2015.”

Meanwhile, the data collection for ASC-9 and ASC-10, for colonoscopy intervals, began April 1, 2014, and will be reported on QualityNet between January 1 and August 15, 2015. Reports will affect payment updates in 2016.

CMS also is reviewing data collection methods for the eye procedure follow-up, currently a survey of a portion of the patients treated. Given the strong objections of ophthalmologists, the measure may even be abandoned, as was a second cataract follow-up measure.

Erb says the new measures add complexity to QualityNet reporting. “Checklist and volume were fairly simple and could be found without pulling specific patient records,” he notes. “The new measures, follow-up to GI and eye procedures, are controversial because they are more complex and require clinical analysis.”

—Paula DeJohn

References

DeJohn P. New quality measures, tight deadline mark CMS payment rule for ASCs. OR Manager. 2013(10)29-30.