Global Population & Sampling

Presented by [speaker name] (67-minute Webinar) [10-07-2011]

Mary Montury: Hello everyone, welcome to the Global Population & Sampling conference call today. Your phones will be muted and Erin, our operator, will open them for Q&A when Robin is done with the presentation. After the call I’ll send out an email with a link to an evaluation, which we hope you will fill out for us.

Right now I’m please to introduce Robin Carlson, many of you know her very well, she has a broad background in medical record abstraction review and training. She has supervised medical record staff in acute care settings, as well as provided client support counseling for Medical All Systems, Inc. Currently, at Stratis Health, Robin answers data abstraction questions, provides educational conference calls twice a year regarding the specification manual changes. She assists hospitals using the CMS clinical abstraction and reporting tool, the cart tool and coordinates the validation process for data submitted to the QIO Clinical Warehouse.

Robin Carlson: Thanks Mary. Hi everyone. First, I want to say that we don’t normally do calls on Friday, I know it’s not a great time to do a call, but we’re finding out a little here and there from everyone that maybe people weren’t tracking on this new way of doing the population and sampling.

So we waited a little bit to see if CMS was going to put out some kind of call or webinar for the hospitals and although we’re hearing that might still happen, we don’t know when. So the thought was that at the very least if I could take this next hour to make everyone aware of the information and where you can find it, that we can at least do that for everyone.

You have two handouts from Mary. The first is entitled ‘The Global Initial Patient Population & Sampling’ and the reason it has September 1, 2011 date on it is because that was when we, the QIO, received the instruction. You’re hearing exactly what I heard about this. I hope to explain it to you the way it was explained to me and we can understand it.

The other handout was ‘The Global National Hospital In-Patient Quality Measures’ and this is the part in the specs manual, so its pages from the specifications manual that I wanted to pull out so we could talk a little about what was on it before we’re done today.

I’m going to go over the two handouts, not everything, but a few pages and it shouldn’t take too long. Then we’ll open it up for questions. If I don’t know the answer to your questions, because again this is new for everybody, Mary will help me, we’ll take down the questions and make sure to get them back and then get back to everyone else.

I recently heard on a call that the QIO might receive more educational materials, which we would then forward to you.
First, there are a couple things I want to say that’s not in your handouts. I want to hit them so you understand that when we say the term Global Initial Patient Population & Sampling, some folks on the line may not even have a clue what I’m talking about. Let me say that I know we have people from Critical Access Hospitals and PPS Hospitals on the line, so I’ll try to hit what I think will be important to everyone.

The name Global is what CMS is getting for four new measure sets that were just added. Those four measure sets are:

- The emergency department
- Immunization
- Substance use, and
- Tobacco treatment

For CMS, the only two they’re requiring, this is starting with January 1, 2012 discharges, so everything we’re talking about today begins January 1, 2012. The only two of those four measure sets, the new ones that I mentioned, the only two that are required in the State of Minnesota for either CMS or the state are the ED measures and the Immunization measures.

If you choose to do the substance use or the tobacco treatment or you do that for the commission or even just for yourself, we won’t be discussing those because it’s not a CMS requirement.

I just want to say that I’m not talking about new measures at this time. We aren’t talking anything about the measures, this call is only going to be around how to figure out your population & sampling. We will do the usual abstraction changes call, probably in January, because that’s when you’ll begin using those new abstraction data elements.

So again, as of 1/1/12 you’ll have to do the ED and Immunization measures. Before I go into the first handout, a lot of people might ask, if you don’t have an emergency department, do you still have to submit for the ED measure set? The answer is yes, because these ED measures aren’t just for people seen in the ED as far as figuring out your population. When we start with the handouts you will figure out who your population is, but you might have patients in there that were never seen in the emergency department.

That’s fine, because when you see how you have to pick your population you’ll understand that. One of the requirements isn’t just that they were seen in the ED. But one of the data elements you’ll answer asks if the patient was an ED patient and if you say no, then that patient will be excluded from that measure but still needs to be part of your population. ED measures are required, so you have to submit them. So the first thing to remember is that your ED population isn’t just going to be people that have been seen in the ED.

I don’t mean to bounce around, but as I think of things I need to mention them.

For a lot of the critical access hospitals on the call, this whole idea of sampling is going to be new. Your numbers have always been so small in the clinical topics you’ve never sampled, you’ve just done all your cases. However, with the way you need to determine your population now for your ED and immunizations, you might want to sample, because virtually almost everyone that comes in your door—everyone who has been admitted and discharged—is a part of that population.

This is why now you may want to start sampling. We have examples of how you figure this all out, but I wanted to say that sampling may be a new concept to some of you, but this is why we wanted to make sure you were on the call, because now due to the number of cases that might be in those two measures you might want to start sampling. Again, first thing to remember is it’s not just those patients seen in the ED.
The next thing before we go to that first handout is that you want to follow these instructions on how to sample and the first step in this is figuring out your global population, which will be your population for this ED and immunization measure and then you'll determine your clinical topic populations for your AMIs, or whatever. First you have to determine that global population, because from that it might determine where your other cases are from and that's a different concept than before.

We were told, and I don’t have any instruction on this yet, but because someone asked what if we just pick our normal AMIs and our heart failures like we always did and then do our goal to populations, our EDs and immunizations from them and then if we need other numbers just pick. We were told to make sure that our hospitals followed these instructions on how to pick your populations because they said "you might be at risk for validation down the line if you’re not sampling in this correct method". They didn’t elaborate for us either, they said we’ll get more information but I think they’ll look for, if you have this case for immunization and you have this case for ED and this is an AMI patient then you better have done this one as well. They’re really saying this is the way you need to sample.

The last thing before I start on the handout is that for every ED case you have to do the immunization as well, so all your ED and immunization cases are going to be the same cases.

If all this seems confusing and if you’re wondering where this information is, the information about how to figure out your samples and populations are in the specifications manual. How you figure out each population and when I say population, that’s your group of patients and who you need to abstract. Your heart failures and population, those are your heart failure cases and the ones you need to abstract. For your AMI population, those are the cases that meet the criteria that you need to abstract for this.

That information is in the specifications manual where each clinical topic has its own section within that section is the information where you will find out what is your population, which cases do I have to do for the AMI measures, which cases do I have to do for the heart failure measures and then within that section as well is your information on how do I sample?

If your cases are small enough and you’re doing them all, but again within that section is the instruction on how you figure out your sample, because there is a method of figuring it out. You can’t just determine your own sample size. There are instructions as to how you sample. So again, all that information is in the specifications manual behind each clinical topic.

Okay, we’ll start looking at the handout that’s entitled ‘The Global Initial Patient Population and Sampling’.

This is important because this is your population for your global patient population, it’s all patients discharged from acute in-patient care with the length of stay less than or equal to 120 days. That’s your population. There is no age requirement and it’s no this code or that code. There is no global measure set or measures. When you look you won’t see anything that says global, that’s just the way they’ve labeled those because of the fact that it’s virtually all your patients that come in.

The measures that fall under the global population are for us, the emergency department and immunizations. So for CMS, these are included under the global initial patient population. Exclusions are applied at the measure level and not in the initial patient population.

The third page in the handout, the hospitals must submit the same case for all applicable measure sets under the global initial patient population and for us that
means, for every ED case that is submitted to the warehouse, the same case must also be submitted as an immunization case. So you’re doing the same clinical topic for that record and the reason behind a lot of this is that CMS was hoping this would help on how many records you had to pull.

If you have to do the same case for a couple measures then it’s one less extra record that you have to pull. It just seems really complicated on how we’re supposed to figure that out, but hopefully this will help. So every case you do ED on you have to do immunization on.

The global sample size requirement is the next page the pulled sample must be used to identify the data for all measure sets that are transmitted to the warehouse. The next bullet, hospitals that have five or fewer acute in-patient discharges for the global initial patient population are encouraged but not required to submit clinical data.

This is a requirement CMS always has, if you have five or less you don’t have to submit, that’s a CMS requirement not a state requirement, so you’ll do every patient that’s it so disregard that five or fewer thing.

On the next page, global sample size and abstraction requirements– hospitals who choose to submit more than the required minimum sample size must still submit the case for both ED and IMM. So, for example, if your minimum sample size, you figured out your global population and you’re going to sample and your sample size is 153, but you decided you wanted to submit 200 ED cases, than you must submit those same 200 cases for the IMM’s, you can’t only submit 153. They’re probably going to beat this home throughout all this, but the same number you do for ED has to be the same you do for IMM, the same cases.

The page that says global sampling methodology example one, and I don’t know if you all had a color printer or not, but the analogy they used for these next examples for us was if this box of circles was like a bunch of Skittles, I have to try to talk to you like how they talk to me otherwise I’ll get myself mixed up. They’re looking at this, if this was like a bag of Skittles and let me say first, that all these examples are based on someone who samples quarterly.

If you sample monthly and most of you do, you’ll have to look at the monthly requirements for sampling, but these are just examples but so everyone knows they’re based on a hospital who would sample quarterly. So in this first example, when this hospital looked at who their global patient population was, there was 100 patients. So they looked and they had all their acute in-patient discharges with a length of stay of less than or equal to 120 days, which is the requirement for figuring out your global population and they had 100 patients.

That’s all their discharges, all ages, everybody who was admitted with a length of stay less than or equal to 120 days, they had 100 so that’s their global population. When they looked at how they figured out what their sample should be and I will show you where to look at that on the other form, I don’t want to mess this up, but they looked at their sample and their quarterly sample if they had 100 in their initial population their sample would be 100. So they had to do 100 cases, they abstract and submit all cases in the global sample for both ED and IMM.

So they figured out their population from all their acute in-patient discharges with a length of stay of less than or equal to 120 days. They came up with 100 and when they looked at the sample requirements if you had 100 in your initial population your sample needed to be 100, so that means 100 cases they had to do the ED and IMM set.

That takes care of their immunizations and ED population. Now they’re trying to figure out what their AMI cases would be, so if you look at this little diagram, these 100 little
Skittles are the same 100 that was their initial population, their global population. So they have to take that population and then figure out okay, I have to do this many AMIs. You figure out your normal way of how many AMIs you do, so for you critical access hospitals, say you just have five AMIs, so you’ll do all five.

For you PPS hospitals who sampled, however you would normally figure out what your AMI population would be, that’s what you do. So in this example, the AMI population for this hospital was 10, using their normal criteria for figuring out AMI population. But to determine which 10 they do they use that 100 from the global and see if there are 10 AMI cases that were in there. So in this hospital within those 100 they had to do for their global, there were 10 AMI cases. Therefore, all AMI cases from the initial patient population were included in the global patient population so they didn’t have to sample anymore.

I’m kind of hoping that’s clear. They had their global population, which was the 100. They figured out their normal way of how many AMI cases they had to do, which was 10. They had 10 in that global population so they did their 10 and they were good for the AMI.

The next page is heart failure. We’re still talking about the 100 Skittles, because that’s my initial population. When I’m trying to figure out how many heart failure I do in this hospital there were eight. So their initial patient population for heart failure was eight and they’re going to do all eight, that’s their sample size. Then they’re going to use the global sample to determine how many cases met the criteria for heart failure.

From those 100, how many in there were heart failure patients? They had eight, so all the heart failure cases from the heart failure initial patient population are included in the global patient population, so they didn’t have to sample any further.

The next example would be like for pneumonia, same thing. They’re using the initial patient population, that 100 Skittles. They look to figure out what their pneumonia population is, the normal way to find out what their pneumonia population is. They determined their pneumonia population was 20 for that quarter they’re looking at. Their sample size they determined from how you would sample your pneumonia cases if you were sampling, which was also 20. Then you use the global sample to determine how many cases in that 100 met that criteria for being pneumonia cases.

In this example there were 20, so then all their cases for pneumonia they could find in that initial global 100 and they didn’t have to do any additional sampling.

The next example would be for skipped cases—again, you take your initial 100 Skittles and then figure out your normal way of figuring out your skip cases. What’s my population for the cabbages? What’s my population for the hysterectomies? Figure that out and then when you determine how many of those cases you have to do, whether you’re going to do them all or you’re going to do a sample, you go back into your initial 100 cases and see how many fit. If you find enough in that initial 100 that fit then you do those cases and you don’t have to do any additional sampling.

The next page is everything we just said, but is more in a graph rather than the Skittle example. In this first example, the global initial patient population for this hospital was 100 and that was, for this hospital, all acute in-patient discharges with a length of stay less than or equal to 120 days. So because their initial population was 100, when they looked to see what their sample should be that was also 100. So then when you look at the different measure sets, and for ED and IMM, where it says same case abstracted for both, their population is 100, sample is 100 and there are 100 they’re going to do in their sample and they do them all.
For AMI, their AMI population needs to be 10, their sample size is 10 so they need to do all 10 of those. In that global 100 there were 10 AMI cases that fit the criteria so they didn’t have to do anymore cases, they didn’t have to find anymore.

The next examples with a bigger facility, this example is going to show where the cases you might have in your initial population isn’t going to be enough, so we’ll go through a few of these examples.

In this example number two, this hospital when they figured out their global initial patient population, which again is all acute in-patient discharges with a length of stay less than or equal to 120 days, their global initial patient population was 700. These people didn’t want to do all 700 so they needed to figure out what the sample would be and using the sample requirements and again, this is a quarterly sample example, their sample size is going to be 153. So they are going to abstract and submit all cases in the global sample for both ED and IMM, 153 ED and that same 153 for IMMs.

So that big gigantic bag of Skittles there has 1553 in it.

Okay so then that’s their 153 and what they have to do. Those are their immunizations and EDs, now we have to figure out okay, my AMI cases. Looking at their normal way of how they figure out what their AMI cases would be, this hospital has 80. They don’t want to do all 80, so they’re going to figure out what’s my sample using the normal way you would always sample for your AMI, that’s 78 cases.

So they've got to look at these 153 cases that they’ve pulled for their global immunizations, the ED and IMM and there were only 10 cases in that 153 that fit that were AMI, but they have to do 78 so the very last there, if your paper is color, the rest of the Skittles on the bottom to meet the AMI minimum sample size requirement the hospital will need to sample an additional 68 cases from the AMI initial patient population.

First, they knew they had to do 78. They looked to see in their 153 global samples how many cases in there met the AMI requirements and they were only 10, so they had to come up with 68 more cases, so they went back to their AMI initial patient population, which was 80 and pulled 68 more cases from there.

So you look at the heart failure, for this hospital, their initial heart failure population was 40 and because their population was 40 their sample size needed to be 40. Using the regular rules for out to figure out what your heart failure sample would be, so then when they know they have to do 40 they’re going to look at the 153 that were their global population and in that 153, how many cases met the heart failure criteria? In this example there were 20 that qualified for heart failure.

If you look at the heart failure, for this hospital, their initial heart failure population was 40 and because their population was 40 their sample size needed to be 40. Using the regular rules for out to figure out what your heart failure sample would be, so then when they know they have to do 40 they’re going to look at the 153 that were their global population and in that 153, how many cases met the heart failure criteria? In this example there were 20 that qualified for heart failure.

So they can do those 20 but to meet the heart failure minimum sample size requirements, the hospital will need to sample an additional 20 cases from the heart failure initial population. So, they have to go back to their initial patient population of 40 and pull 20 more.

It's the same thing with the pneumonia, the initial population, figuring out your normal way of your pneumonia cases is 120 in this hospital. When they figured out how they were going to sample because they didn’t want to do all 120 their sample size was 60. So they know they have to do 60, they’re going to look in the 153 global population and see how many fit in pneumonia and 30 cases qualified. So they had 30 cases to do from there, but they had to do 60, so they needed to pull 30 more in order to meet the minimum pneumonia size requirements.

I think you can see where at the beginning I said first you have to determine your global population, then from that you’ll go to your regular clinical topics and figure out how many AMI you need to do, how many were in the global and if you have enough fine
but if you don’t have enough then you have to pull more cases from your clinical topic sampling population.

Let me do the first skip one, there was your pneumonia now the skip strata one, just on the same hospital we’re going to do with the 153 cases. Skip strata one, this hospitals initial patient population was 30. They didn’t want to do all 30 so the sample for skip strata one is going to be 17. So they’ll look at the 153, see how many in there might meet the criteria for strata one, and there were 10, which means they’re seven short so they have to go back to their initial patient population for skip strata one and post pull seven more cases.

This example goes through all the different strata and how to figure it out. Then at the end if you go about seven or eight pages you have the example that’s more in a graph. The global sampling methodology example too, where it’s listed more in a graph form if the Skittle thing doesn’t do it for you.

So the global population was 700, which was all their acute in-patient with the length of stay less than or equal to 120 days. The sample size was 153, so then for their measure sets for ED and IMM, they’re going to do 153, their AMI, the population was 80, they have to do 78 and in that 153 there were only 10 that met the requirement, so they have additional cases needed numbering 68.

On the next page you’ll see they gave one more sample and that was an even greater number of cases, but they didn’t do the Skittles because it was going to be way too big of a number of Skittles to put on a page and that’s what we were told. Like, in this example this hospital has, their initial patient population was 1600. All acute in-patients with a length of stay less than or equal to 120 days they had 1600 for the quarter, so their sample size was 306.

So it’s kind of the same way, that’s your ED and immunizations and then you figure out with your other clinical topics normal way of figuring out what your population would be and then if you’re going to sample or if you’re not, figure out how many you have to do and then figure out how many of those cases of the requirements you want and criteria you’re looking for is in that global population. If all of them are in there then you’re great you don’t have to pull anymore, but if they’re not then you have to go back to that clinical topic population and pick the rest of them.

You can look at the rest of these slides. This has always been...for all the cases you submit to the warehouse, that next page...for each patient episode of care the following patient identifiers should match and that is the CMS certification number, patient identifier and admission date, discharge date and birthday. That’s what they use to match up cases.

I’m not going to go over the rest on this handout because I want to get to the other handout in order to show you how to determine your samples, but if I forget to mention this if you have any questions after this call or you don’t get to answer your questions, you know how to get a hold of me to ask your questions.

Now let’s look at the next handout. The global national hospital in-patient quality measures global initial patient population. Again, pages right from the specs manual. I’m not going to read it to you, but just want to hit the highlights where as again I think I mentioned at the beginning, global is just that umbrella name they’re using for these four new measure sets.

For us starting 1/1/2012, we’re just requiring the ED and IMM measures. After that first paragraph this is the big important thing right here, the global initial patient population is defined by two data elements admission date and discharge date. All patients discharged from acute in-patient care with a length of stay less than or equal to 120 days are included in the global initial population and are eligible for sampling.
If you’ve printed this out in color you’ll note this next little paragraph is in blue. The reason is because this is a version update. This is from the specs manual, you’ll see last updated version 4.0a, which means there was a version 4.0. This specs manual came out four months ago, because of the fact there were changes like this, CMS puts a specs manual out pretty far in advance, but when they do that and then they’ve decided something isn’t clear they need to make changes, that’s when revisions come out.

Someone in your hospital then gets emailed from CMS saying, when versions or revisions are released and that’s your notification and sometimes the only notification is that things are changing. So unless they’ve given us some other kind of different education materials like this handout they’ve given us for the population sampling, all we have is the specs manual and when you get notices that’s when we get notices.

So, for the most part we don’t get any other education or notices for anything other than when you guys do.

If you’re not up on the right manual then you’ll have missed a lot of this stuff, because the blue stuff is important. So, if you were looking at version 4.0 and didn’t look at 4.0a then you wouldn’t have some of this information.

If we look now at the fourth paragraph down that says…hospitals must submit the case for all applicable measure sets under the global initial patient population example. For each ED case that is submitted to the QIO clinical warehouse, the same case must also be submitted as an immunization case to the QIO clinical warehouse and that’s what we said, you have to do the same cases for ED as you do for IMM.

I’m going to skip some pages here. You can look at the algorithm yourself. I want to look down at the bottom where it says page five. The global sample size requirements, so this is if you’re thinking about sampling. Hospitals that choose to sample have the option of sampling quarterly or monthly. A hospital may choose to use a larger sample size than is required. Hospitals who choose the initial patient population size is less than the minimum number of cases per quarter for the measure set cannot sample.

The next page (6), this is your instruction. This is how you figure out what your sample size is going to be. You can’t just figure it out on your own, instructions on how to figure out the sample size for your global population and its in the specs manual under global population. If you’re doing quarterly, this is how you sample. Your average quarterly in-patient population on the right hand side would be your minimum sample size. So, if your population and that would be everybody who has an acute in-patient care with a length of stay less than or equal to 120 days, that’s your population.

If it’s between zero and five, which hopefully for a quarter you had that many admissions, but it says the submission of patient level data is encouraged but not required, but it is required so you would need to do all those cases. If you’re between 6 and 152 per quarter, if your global population is between 6 and 152, it’s no sampling 100% initial patient population is required.

So if for a quarter you had 100 patients like our sample that were discharged from acute in-patient care with a length of stay less than or equal to 1230 days, if you had 100 then there’s no sampling, you would have to do 100 of those patients for the immunization and ED.

If you have between 153 and 764, you do 153. If you have between 765 and 1529 you do 20% of that number and if for a quarter you have greater than or equal to 1530 then you have to do 306 ED and IMM cases.
If you do monthly sampling and it seems to me that most people do monthly sampling, that talk to me anyway, you’ll base it on this next box about the monthly. So if your global population which once again would be all patients discharged from acute in-patient care with a length of stay less than or equal to 120 days, if you have less than 51 no sampling 100%. Between 51 and 254 you do 51 and between 255 to 509 you do 20% and if you have greater than or equal to 510 you do 102.

So this is how you’re going to figure out what your population is for your global population. Then the way you figured out your AMI cases and heart failure cases and skip cases is the same sampling criteria that you’ve always used, but the thing you have to do different is make sure that you first take your sample and see how many fits in this global and then see how much you might have to supplement.

Now, we wanted to leave a little time for questions. Hopefully I didn’t talk too fast, but please let me say I only want to talk about questions in regards to something I tried to talk about here today. We aren’t talking about the measures. We’re not talking about abstractions, right now just any questions that have to do with this.

Cheryl Hubrig: My question is this.

We’re a critical access hospital here in Breckinridge. Included in our discharges or admissions we would have newborns, swing bed patients, respite patients. Are those patients included in the population?

Robin Carlson: All patients discharged from acute in-patient care with a length of stay less than or equal to 120 days.

Cheryl Hubrig: So it would include newborns it sounds like and probably respite?

Robin Carlson: I don’t know that that would be considered acute in-patient care. Right off the bat I wouldn’t think that’s acute.

Cheryl Hubrig: The reason I was thinking, I know we have to get those Medicare messages signed on respite patients, which is why I was asking.

Robin Carlson: I don’t think respite care is acute in-patient care.

Cheryl Hubrig: Okay. It sounds good to me I just wanted to post the question.

Robin Carlson: Send that to me and I will check to make sure.

Cheryl Hubrig: Okay, but newborns are included?

Robin Carlson: For figuring out your population there is no age requirement here.

Cheryl Hubrig: Sounds great. Thanks

Janet Wagner: Just to clarify…

For the regular core measures can we choose not to sample on those because generally we need to do 100% of them and then sample on the other or just figure out according to the sampling population?

Robin Carlson: If you don’t want to sample and you wanted to do all your cases, that’s fine.

Janet Wagner: For this global population it will be a pretty big number, but like we have small AMI numbers.

So you either sample all or you sample none is that what you’re telling me?
Robin Carlson: No. I think it's like you said, because your global population is going to be big, because it's virtually everybody who comes in the door, so you might want to sample there. But then if you want to do like you normally did, all your AMIs then you would do all your AMIs.

Janet Wagner: That makes sense.

Robin Carlson: It's only if all your AMIs weren't in this global initial population that you would maybe have to pick more than just these sampling cases.

Janet Wagner: Thank you.

Lanea Mueller: I have a question about the global population for the ED and IMM.

I know that we're not getting into the details about abstracting for the actual measures until January, but since we're having such a global population and I've looked at the algorithms for those measures, what's going to happen if they fall out of the population and we don't have enough for reporting?

For example, we do have a lot of newborns that could fall into that population, but then looking at the criteria for IMM and ED they aren't going to fall into either of those populations, so then we might not have enough reporting for those, because they wouldn't meet the denominator.

Robin Carlson: I'm hearing what you're saying and I'll have to get back to you about that.

Lanea Mueller: Does that make sense, because our inner global population, once we go through the algorithm they'll be kicked out.

Robin Carlson: Right, but I think it fits your population requirements, they will end up being excluded because of the way some of the questions are answered but I think that's just the way it is. It is in your population. I know just what you're saying, I think it's just the way it's going to be I don't know if it's going to require you to do anything else.

Lanea Mueller: Thanks Robin.

Robin Carlson: Email me that question and I will check to confirm. Then we'll have Mary send it out to everybody else if it's something different.

Judy Kundi: I was under the understanding that newborns did not count in your in-patient population just like observation doesn't count.

Robin Carlson: Well, it doesn't say that here. All these things when I read where it said who your patients are and it says all patients discharged from acute in-patient care with a length of stay less than or equal to 120 days, so I don't see any exclusion but I can certainly check and make sure that we get back to everybody.

Judy Kundi: When I report in-patient days for statistical purposes, acute care in-patient days, newborns are not included in that number.

Robin Carlson: Okay, but this is something totally different. This is what we do for the CMS reporting. I don't know that that would follow through for this.

Judy Kundi: Thank you.

Sharon Thomas: Quick question, do the OBs, the moms count in this initial patient population, are they considered acute in-patient?

Robin Carlson: They aren’t excluded.
Sharon Thomas: Thank you.

Robin Carlson: Again you all, this is figuring out your population. When we start going to the different questions that might be asked around the ED and IMM measures, maybe people are going to be excluded because of age range or condition regarding that, but this is figuring out your population, so maybe they will be excluded down at that level, but they are part of your population.

Marilyn Grafstrom: I just went on quality net to download the specs manual and I see there's already a 4.0b.

Robin Carlson: Yes.

Marilyn Grafstrom: Is that then what we want to reference when we...?

Robin Carlson: If you haven’t printed out your specs manual yet or if that’s what you’re going to reference, always reference the most current version. I can tell you that the changes they made in (b), which you would find out if you looked at the release notes, there aren’t a lot of changes and I don’t believe anything pertains to what we’ve talked about here. Thanks for mentioning that. The latest version is 4.0b, but if you go in and pulled up this section that we pulled out for the population here, it might still say last updated version 4.0a because they didn’t make any changes when they did (b), but that is the latest version.

Diana Anderson: Do we submit this information through our same vendor or is there a specific site we’ll be doing that on?

Robin Carlson: No, all of this is still how you would normally submit your cases to the warehouse. If you enter into cart then you’ll do these cases there. Right now the version of cart isn’t set up for immunizations but that will be in a new version. If you use cart you’ll submit your cases through there, and if you’re going to use a vendor then they would submit your cases. .

Diana Anderson: Thank you.

Todd: I’m from District 1 hospital. I have a question about your skip strata 3 example.

So you have a population of 50 that meet strata 3 and they are doing sampling, so they’re only doing 17. Now you have 8 cases that are in the global sample that qualify for strata 3, what happened to the other 9 of the sample 17?

Robin Carlson: The sample 17 is how many of strata 3 you have to do, but in your 153 only 8 of those met the strata 3 requirement, so then you have to go back because you have to do 17 cases, that was your sample size that you figured out for your strata 3, so then you have to go pull the rest of those cases to get that 17.

Todd: Let me ask a different way.

Why would 8 cases match the global sample and nine not from the 17 you’re going to abstract?

Robin Carlson: When you were doing your global sample that was all your patients that were less than 120 days, etc. when you figured out your sample that came out to be the 153 cases. Now keep those off to the side for a minute. Now, when you were figuring out how many cases you had to do for skip strata 3, your initial population for skip strata 3 was 50.
Todd: That means that they qualified for that skip strata.

Robin Carlson: Yes, that procedure what it is for strata 3, you had 50. But you didn’t want to do all 50 so you were going to figure out the sampling methodology for skip strata 3 and that would be 17.

Todd: Okay I’m with you.

Robin Carlson: So, you have to do 17 strata 3 cases, whatever procedure that is. So you’re going to look in your 153 cases that you pulled for your global sampling…

Todd: Which would be admissions right?

Robin Carlson: Would be your discharges…and only 8 of those had whatever that procedure was that qualified for your strata 3.

Todd: Okay.

Robin Carlson: So because you have to do 17 cases, you have to find 9 more cases that had that procedure, and you said that you initially had 50 so you have to find 9 more from that 50.

Todd: Okay. Got it. Thank you.

Robin Carlson: Is that clear?

Todd: Yes, only 8 of them were in-patients but we have to do 17, so we need to do 9 more.

Robin Carlson: Only 8 of them were in the global population, because remember your whole initial population wasn’t just the 153, the 153 was your sampling of that whole global, so you still have a lot of other patients out there.

Todd: We got it.

Robin Carlson: This isn’t easy, I understand.

Cheryl Hubrig: First, instead of the Skittles I wish you would have used M&Ms. Other then that, my question goes back to something Todd said.

I’m confused with the initial, so if my population this 153 that’s the global sampling I have to do for the ER before I do my other sampling is that correct?

Robin Carlson: That’s your sampling that you’ve determined you have to do for your ED and your IMMs.

Cheryl Hubrig: So I have to do that sampling and find that population first and then if my others, the AMI and heart failure, are not included in that because I do 100% of those then I will end up doing those plus what’s in the global sampling?

Robin Carlson: Yes. If by some way and it kind of seems highly unlikely, that you out of that 153 you wouldn’t have an AMI, heart failure or pneumonia case in there, but if you didn’t you’d have to figure out from your normal way of figuring out the other cases and then take from there. But first, the way CMS wants us to do this is to figure out the global population and then use that sampling first to see if you have your other clinical topics in there, because you’ve already pulled that patient.

So they are looking at this as if you’ve already pulled that patient then you can do that one for IMM and ED and for AMI, which is one less AMI case you have to pull again.
Cheryl Hubrig: What I'm looking at here is that our sampling population size isn't enough for heart failure, pneumonia and all those, so I do all of those, 100% of those. But if I would do that, we have probably 100 discharges a month, so if I would do the sampling for the global sampling they might not include all my patients that I need for heart failure and AMI, so I'll have to go back and pull those back also unless I can take all my AMIs and heart failures and do those and then just add...

Robin Carlson: No. That came out strongly because that's how it was told to me too. First you figure out your global population, because they want, if you have people in that global population who fit your AMI or pneumonia, then you want to do those people and then you supplement.

Cheryl Hubrig: Okay, but I still will have to pull more, you'd end up doing more because you needed to do all my heart failures and pneumonias, because I don't have enough of those.

Robin Carlson: Right.

Cheryl Hubrig: I think I got it. Thanks

Linda Bichoff: This is a flip side to one of the questions that came up earlier. Going down the path that you've been discussing, let's say for your example you have global population of 700 and let's say 50% of that global population are newborns. Do you still count the sample of 153 and from that your pneumonia clinical topic measure is 120 and then you’re required to do 60 cases?

So out of the 60 cases let’s say there are five newborns, so those five newborns are going to fall out of the measure, but at that point you’ve already done all that you’re supposed to do to determine your sample so it doesn’t matter that your bottom line applicable cases, if you will, is 55. Is that correct?

Robin Carlson: Would you send that to me? I have to say that we never had any discussion around that. Everything that we talked about was on the sheets I gave you today and the thing I have to keep going back to is what we talked about on how you determine that global population.

We were told there's no age requirements, it's just that acute in-patient discharges with a length of stay less than or equal to 120 days and then from that, when you’re doing your regular requirements for those other populations then you figure out your samples. We didn't have any discussion about meeting the other requirements.

Linda Bichoff: I’m just thinking based on the measure and I don’t want to get into the specifics of the measurement algorithm, but because of newborns and I support the OB service line as well as cap...it looks like it could impact the total cases that maybe should be sampled, but I don’t know.

Robin Carlson: Right. I don’t have any further information. I don't know anything else about the newborns so let me see what I can find out.

Linda Bichoff: Okay I'll send you that question then, thanks.

Robin Carlson: I’ll get that for you and then we’ll have Mary distribute whatever information I can find out regarding the newborns and what that might do to your sampling size. We'll get that out to everyone.

Linda Bichoff: Thank you.

Joanne
Theranger: When you’re talking about your initial population and then you have your global sampling, because we obviously will sample, you’re talking about ED measures you aren’t talking about the outpatient?

Robin Carlson: No, this is in-patient.

Joanne Theranger: I just wanted to clarify that, because the outpatient ED patients wouldn’t be in that population. Then if someone is in-patient and they’re in that, we’ll sample for that global population sampling, but we do 100% of the AMIs and the AMIs that aren’t in that global sampling area, the ones we have to pull extra. Say we had 17 we needed to do, there were 8 in the global sampling so we had to pull 9 from the unsampled population and pull them in. Will we be required to look at the ED and IMM measures on those 9 that we pull in?

Robin Carlson: No.

Joanne Theranger: So we would just do AMI abstraction on those.

Robin Carlson: Yes.

Joanne Theranger: And our vendor should be working with this to get that straightened away.

Robin Carlson: That’s my understanding, but we don’t have anything to do with vendors.

Joanne Theranger: I understand that but I wanted to clarify it in my head that we will have that issue of having to pull some out of the unsampled area of the globals, we’ll have to pull our AMI, heart failure and pneumonias because we do 100% of those. I just wanted to make sure so I can pass on to my supervisor that those will not have the ED and IMM measures.

Robin Carlson: You’ve already figured out what your sample was for that and you’ve done those cases. So if you have to pull because you need more AMI cases, then what was in your global sample then you only have to do those for AMI or pneumonia or whichever clinical topic you’re pulling for.

Joanne Theranger: Which is good, because it cuts down on what potential increase in hours that we’ll have to do, thanks.

Robin Carlson: Before we end I want to say if we do get some more educational materials about any of this sampling stuff or better examples that are M&Ms instead of Skittles, we will send it out to you and figure out if we need to do another call.

Mary Montury: I’m going to send an email to everyone with a link to the evaluation. We hope you will go online and do that. It will take only a few minutes.

Send Robin your questions through email. We’re going to wrap up now. Have a good weekend. Thank you.

If you have questions, please contact Stratis Health, at info@stratishealth.org.

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