

# SCQR Conference Call Minutes

Date/Time: 2/9/2023, 2:00pm – 3:00pm

Agenda Topic	Meeting Notes
<p><b>Welcome</b> (Jami)</p>	<ul style="list-style-type: none"> <li>• 2023 Meeting and Conference Call Dates available <a href="#">here</a></li> <li>• Next Meetings:               <ul style="list-style-type: none"> <li>○ <a href="#">April 21</a>, Michigan Union, Ann Arbor</li> <li>○ <a href="#">June 16</a>, SCQR Training Day, Soaring Eagle Casino &amp; Resort, Mt. Pleasant</li> </ul> </li> </ul>
<p><b>MSQC Business</b> (Kathy)</p>	<ul style="list-style-type: none"> <li>• SC Conference Call updates               <ul style="list-style-type: none"> <li>○ P4P timelines- Feb 14<sup>th</sup>, last day to dispute scoring. Anything submitted after this will not be considered</li> <li>○ 2023 QI – <a href="#">kickoff webinars</a> posted on QI webpage</li> </ul> </li> <li>• <a href="#">Form</a> to request hospital contact changes, change hospital name, add a surgeon to Workstation</li> <li>• Patient stories request – email Kathy or MSQCCustomer support if you are aware of a patient who has been impacted with the quality work we have done</li> <li>• Need 1 more site to be on the panel in April</li> </ul>
<p><b>MSQC Education/Training</b> (Cheryl)</p>	<ul style="list-style-type: none"> <li>• New SCQRs Welcome!               <ul style="list-style-type: none"> <li>○ Haley Ludviksen, UM Health West; Vicki Richards Ascension River District</li> <li>○ 5 new SCQRs training in Feb</li> </ul> </li> <li>• PLEASE use the 2023 Manual as you are abstracting 2023 cases. There are many updates &amp; clarifications, retired variables, new tabs, and new additions to the SCQR Resources. Everything new is in grey highlighting. A supplemental document of the overview of changes is also available, please review it.</li> <li>• 2023 IRRs – site list and schedule for audits on IRR <a href="#">webpage</a></li> <li>• 2023 New SCQR training – tentative dates on <a href="#">webpage</a></li> <li>• Postop Outcomes refresher <a href="#">video</a> (SSI, PNA, UTI, Sepsis)</li> <li>• <a href="#">SCQR Newsletters</a>, new issue to be published in Feb</li> <li>• Reports 101, part 1               <ul style="list-style-type: none"> <li>○ <i>MSQC User Guide – Data Entry and Reports</i> in MSQC Workstation Resources – see pp. 18-31</li> <li>○ 2023 MSQC Program Manual -see p. 278</li> <li>○ Example <a href="#">SDE data pull guide</a> for SUCCESS</li> </ul> </li> <li>• Breast training, part 1               <ul style="list-style-type: none"> <li>○ See CPT coding tools in the Manual. If you have definitions questions, please send them in!</li> <li>○ The breast CPT codes will enable the tab, and these 3 variables will always populate within the tab with ANY of the 10,000+ ICD-10 codes you enter (for cancer, non-cancer, any diagnosis; you answer these 3 variables minimally for any breast case):                   <ul style="list-style-type: none"> <li>▪ Is this case a reoperation following a positive margin?</li> <li>▪ Was surgery unilateral or bilateral?</li> <li>▪ Did the patient have another breast-related surgery within 30 days after this procedure?</li> </ul> </li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>○ If you enter one of the ICD-10 codes on p 212 specifically (which are the cancer/DCIS codes), then the cancer- specific variables will also be enabled in addition to the 3 variables above.               <ul style="list-style-type: none"> <li>▪ Date of diagnosis</li> <li>▪ Preop MRI completed</li> <li>▪ Neoadjuvant Therapy</li> <li>▪ Genetic testing for breast cancer</li> <li>▪ Histologic type of breast cancer (select all that apply)</li> <li>▪ TNM Stage</li> <li>▪ Is the margin positive from this procedure?</li> </ul> </li> <li>● Hernia CPT codes               <ul style="list-style-type: none"> <li>○ New Hernia CPT codes were released in October 2022 and several were retired which you may see reflected in your coding department. We will continue using the same hernia CPT codes as in 2023 Manual. For this year, you should code how you have always coded these cases by reviewing the op report, regardless of what the coders code. The new codes are based on hernia size, initial vs. recurrent, reducible vs strangulated. We have a draft crosswalk available, it just needs to be vetted. Below is some good information about the CPT updates (and why the measurement is so important)                   <ul style="list-style-type: none"> <li>▪ <a href="https://www.facs.org/for-medical-professionals/news-publications/news-and-articles/bulletin/january-2023-volume-108-issue-1/new-2023-cpt-coding-changes-impact-general-surgery-related-specialties/">https://www.facs.org/for-medical-professionals/news-publications/news-and-articles/bulletin/january-2023-volume-108-issue-1/new-2023-cpt-coding-changes-impact-general-surgery-related-specialties/</a></li> <li>▪ <a href="https://www.facs.org/media/cx1pzx2u/webinar-slide-deck-anterior-abdominal-hernia-repair.pdf">https://www.facs.org/media/cx1pzx2u/webinar-slide-deck-anterior-abdominal-hernia-repair.pdf</a></li> </ul> </li> </ul> </li> <li>● Thyroid training- Jami is recording a video, and new CPT coding resources are in Manual</li> </ul>
<p><b>2023 MSQC Program Updates</b></p>	<ul style="list-style-type: none"> <li>● See the 2023 Program Updates supplemental document in Workstation Resources</li> <li>● 30 day letters are available in 3 languages in Letter Generation</li> <li>● 30 day PRO + pain &amp; opioid use tabs interaction – patient can select No, None of the above, and the other options in some variables which will cross over into Pain tab as errors (see screenshots below). In Pain tab: you must delete the No, None of the above, I do not remember, since Pain tab will not allow those and the other options to be selected, then you can save the tab. Also, opioid responses in PRO tab will not cross over if opioid d/c prescription info not saved as draft first.</li> </ul>

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	<p>Do you remember if you were given a referral to a smoking cessation program, or a smoking quit line, or if you were given recommendations to start Nicotine Replacement Therapy to help you stop smoking? (select all that apply)</p> <div style="border: 1px solid red; padding: 5px; width: fit-content;"> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Smoking cessation program</li> <li><input checked="" type="checkbox"/> Smoking quit line</li> <li><input checked="" type="checkbox"/> Nicotine Replacement Therapy (like patches, gum, nasal spray, medication, or lozenges)</li> <li><input checked="" type="checkbox"/> I do not remember</li> </ul> </div> <p style="text-align: center; color: red; font-size: small;">If I DO NOT REMEMBER selected, cannot select oth</p> <p>Have you experienced any of the following symptoms that you feel could be related to the catheter use?</p> <div style="border: 1px solid red; padding: 5px; width: fit-content;"> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Pain or discomfort related to the catheter</li> <li><input type="checkbox"/> A feeling of urgency or bladder spasms</li> <li><input type="checkbox"/> Blood in your urine</li> <li><input checked="" type="checkbox"/> Other problems related to urination</li> <li><input checked="" type="checkbox"/> No</li> </ul> </div> <p style="text-align: center; color: red; font-size: small;">If NO, cannot select other answers</p>
<p><b>MSQC QI Updates</b></p>	<ul style="list-style-type: none"> <li>• 2022 PI Scorecard timeline <ul style="list-style-type: none"> <li>○ Can appeal until COB 2/14. Final scorecards will be sent out by 2/28/2023.</li> </ul> </li> <li>• Appropriate Preop Screening – abstraction rules vs. QI measure rules (90-day/30-day; OR date; ED/IP) <ul style="list-style-type: none"> <li>○ Use the Program Manual variable definition to determine if a test meets the criteria for abstraction. Some screening tests require all individual components be performed (such as CBC, BMP), while other tests would be abstracted if any one or more tests in the definition is performed (e.g., coagulation studies, PFT). For example, an H&amp;H performed with no other hematology components would not be considered a CBC.</li> <li>○ Continue to abstract preop screening tests that are performed on the day of surgery. These tests are not excluded from abstraction. We still need to know the frequency of how often this occurs. The MSQC analysts will exclude those tests from your QI measure denominator when they create the reports and calculate your final measurement for scoring.</li> </ul> </li> <li>• Hernia Documentation 2023 <ul style="list-style-type: none"> <li>○ All sites required to collect abdominal hernia size and location, and mesh variables if applicable.</li> <li>○ 2023 QI measure for complete hernia documentation (size and location) is part of PI Scorecard for <u>all</u> sites. (5 points)</li> </ul> </li> <li>• Site visit planning for 2023 <ul style="list-style-type: none"> <li>○ Let us know if your site would like a site visit</li> </ul> </li> <li>• Returns to ED related to Surgery: Yes vs. No vs. Unknown <ul style="list-style-type: none"> <li>○ Please review the cases that are marked ‘no’ or ‘unknown’ to ensure that they are marked correctly. If any changes need to be made to the 2022 cases send the Excel sheet with the information to <a href="mailto:MSQC-info@med.umich.edu">MSQC-info@med.umich.edu</a> by 3/3. See SCQR Forum email from Jami sent on 2/13 for more details.</li> </ul> </li> <li>• 2023 Site-Directed Measure – Webinar recording <a href="#">here</a></li> <li>• 2023 QI project Kickoff Webinars – recordings and slides <a href="#">here</a></li> </ul>

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	<ul style="list-style-type: none"> <li>• QI Project tabs in the Workstation – only need to abstract the tab IF you are doing that project               <ul style="list-style-type: none"> <li>○ The screening tab populates based on CPT code, elective surgical priority, Yes to intended principal procedure</li> <li>○ Frailty tab populates based on surgical priority, certain preop risk factors selected</li> </ul> </li> </ul>
Q&A	<ul style="list-style-type: none"> <li>• Will we be notified prior to the deadline if you are NOT accepting our disputes? Sites that sent in an appeal/ dispute will receive email notification of the review before the final scorecards go out to the sites.</li> <li>• For the 2023 Appropriate Screening Pilot Project, what labs are excluded? Labs drawn in the ED, IP, or Urgent Care would NOT be entered into the Screening QI tab. Since you won't be entering them into the Workstation, they will not be counted in your QI measure.</li> <li>• So if we have an ER EKG 50 days before elective surgery then we don't enter it? The EKG performed 50 days prior to surgery is not entered into the Workstation, because it was performed in the ER. For your QI measure, the analyst will not count the tests performed more than 30 days prior to surgery.</li> <li>• Sometimes we see labs from another hospital or doctor's office in Care Everywhere. Are those tests included? Yes, include the labs found in Care Everywhere that are within 90 days of surgery</li> <li>• So if a patient was inpatient within 90 days prior, these labs are not included. Correct. Do not include labs from an inpatient stay in the Screening tab.</li> </ul> <div data-bbox="483 1373 1458 1822" data-label="Diagram"> </div>

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	<ul style="list-style-type: none"> <li> <p>• Is the QI Measure only for hernias where the tab opens up? Do we still need hernia mesh documentation? Yes the complete hernia documentation is for the abdominal hernias that opens up the Hernia tab. We are not including mesh documentation on the scorecard, but it is still a required variable.</p> </li> <li> <p>• Any update on skin closure with both sutures and glue? You would select suture if they used both sutures and glue.</p> </li> <li> <p>• Smoking for the collaborative wide measure - what is the baseline % Smoking baseline was 16.37%. To get full points, <math>\leq 13.9\%</math> of elective surgeries are performed on smokers, and ranges to <math>\geq 15.7\%</math> for 0 points</p> </li> <li> <p>• When a patient quits smoking for 30 days prior to surgery but cheats and smokes a cigarette once every few days or once a week can we still consider that they've quit for 30 days? Per the definition you would select patient smoked within 30 days if they smoked at any time within 30 days of surgery</p> </li> <li> <p>• Will we be looking at cotinine tests ? MSQC does not require cotinine test to verify a patient has not smoked but it is some surgeons and hospitals policies to do so.</p> </li> <li> <p>• If someone is not smoking, but uses a nicotine patch or gum, does that count as a non-smoker? Correct, this counts as a nonsmoker. Only cigarettes are captured in the Smoking variable.</p> </li> <li> <p>• Can MSQC offer the ability to text surveys? MSQC currently does not offer surveys via text</p> </li> </ul>