

Managing Data for Cardiac Outcomes Reporting

CCORP Data Abstractor Training
February 11, 2015

Agenda

- Welcome and Introductions
- CCORP Update
- Quality Reports
- Required Data Elements-version 6.2 (effective with July 1, 2014 discharges)
- Practice Scenarios
- Q & A

Training Objectives

- To define CCORP and its data submission and correction process
- To understand how the CCORP public reports are produced and used
- To understand data quality reports
- To understand CCORP data element definitions
- To understand why proper and consistent coding are critically important to generating accurate quality-of-care analyses
- To understand how to review hospital records and documentation to accurately code cases

History of CCORP

- 1996-2002 voluntary program. Over 75 hospitals participated.
- 2001 Senate Bill 680 passed. Mandated public reporting of risk-adjusted outcomes for all California non-federal hospitals that perform CABG surgery.
- The first public hospital report was released in February 2006. Subsequently, hospital reports are released yearly and surgeon reports every other year.

History of CCORP

■ Milestones

- 2003-2004 Report included finding for Internal Mammary Usage.
- 2007 Report included hospital level outcomes for post-operative stroke (2006-2007 combined).
- 2009 Report will include hospital level outcomes for readmissions.
- 2009 was the first year of on-line data submission.

■ Successes

- Operative mortality rate has dropped from 3.91% in 2003 to 2.11% in 2012.
- IMA utilization has increased from 89.6% in 2003 to 96.5% in 2012 (note: this increase is partially due to exclusions that have been added overtime).
- Five successful surgeon statement (appeals) processes.

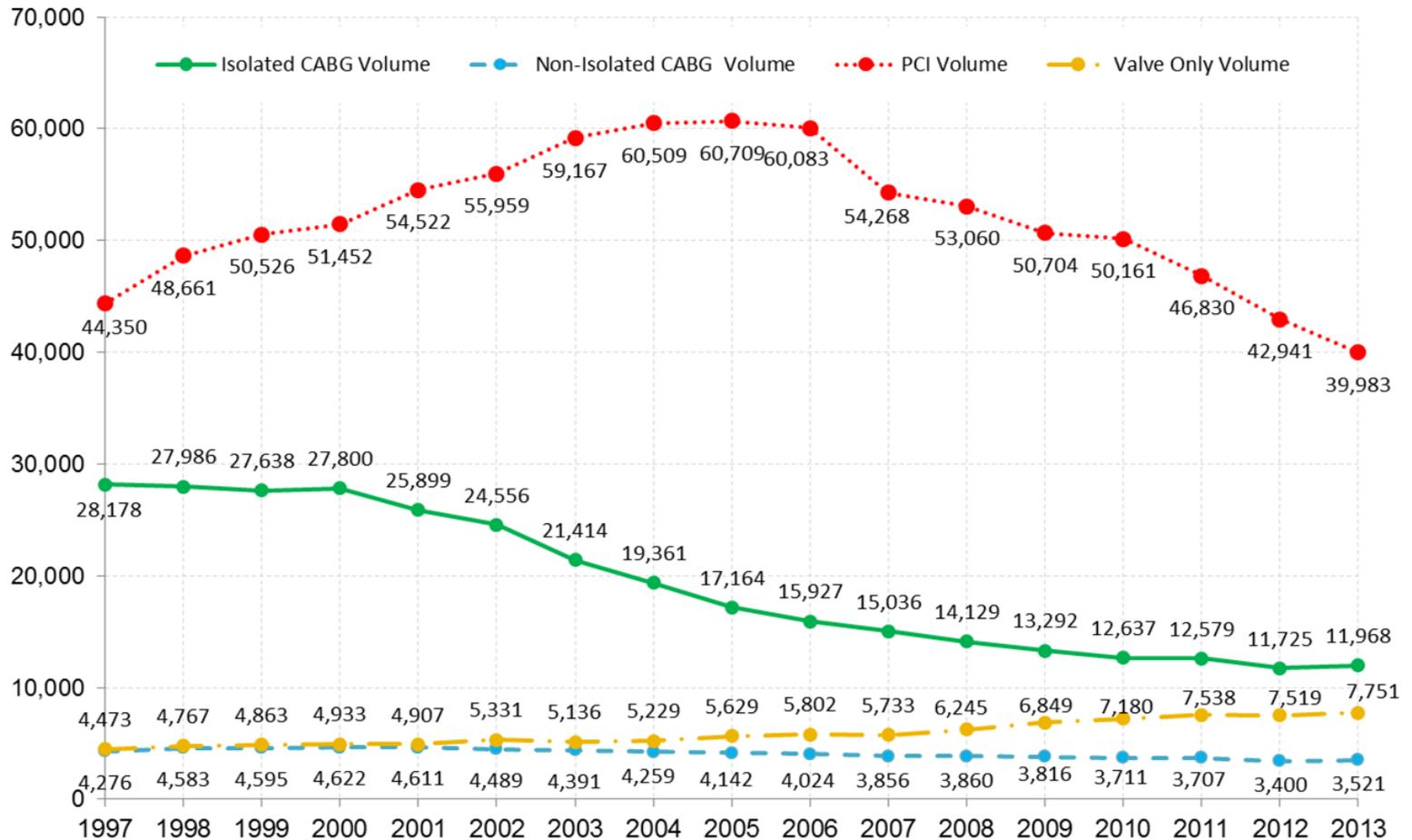
CCORP Mandate (California Health and Safety Code Sections 128745-128750)

- Mandates OSHPD to:
 - Publish risk-adjusted outcomes reports for CABG
 - Hospital level every year
 - Surgeon level every other year
 - Obtain the necessary data to produce risk models and reports
 - Establish Clinical Advisory Panel (CAP)
 - Give hospital a 60-day review period
 - Statements include in public report
 - Give surgeons a 30-day review period
 - Statements reviewed by CCORP and CAP
 - Audit data
 - Evaluate impact of public reports

Clinical Advisory Panel

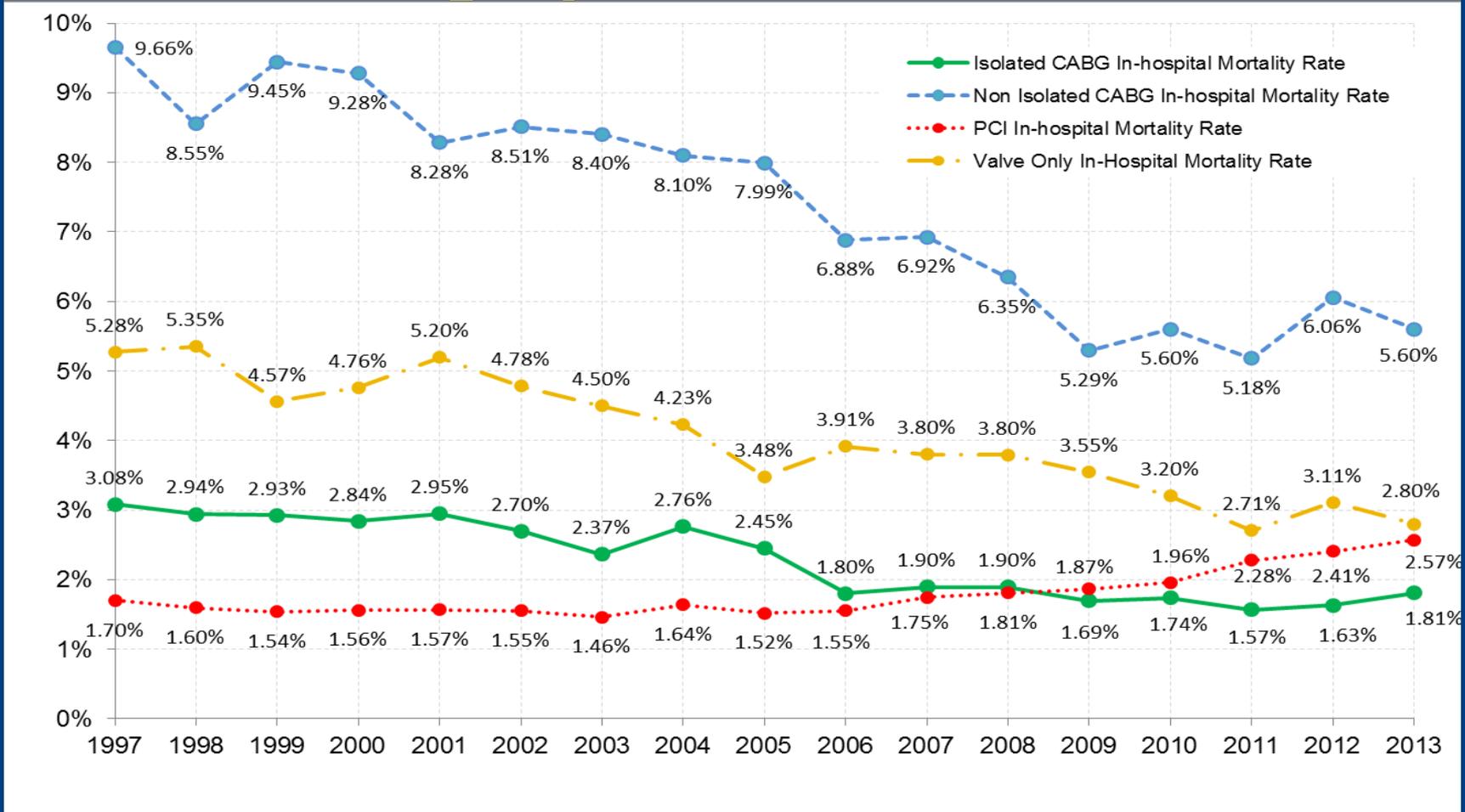
- Made up of representatives from California Chapter of ACC, California Medical Association, consumer groups
- The panel's role is to:
 - Recommend data elements
 - Review and approve risk-adjustment models
 - Review physician statements
 - Consult on report materials
- Public meetings are held once to twice a year
- Last meeting: February 3, 2015

Volume of Isolated CABG, Non-Isolated CABG, PCI and Valve Surgery in California 1997-2013



Data Source: California Patient Discharge Data (OSHPD)

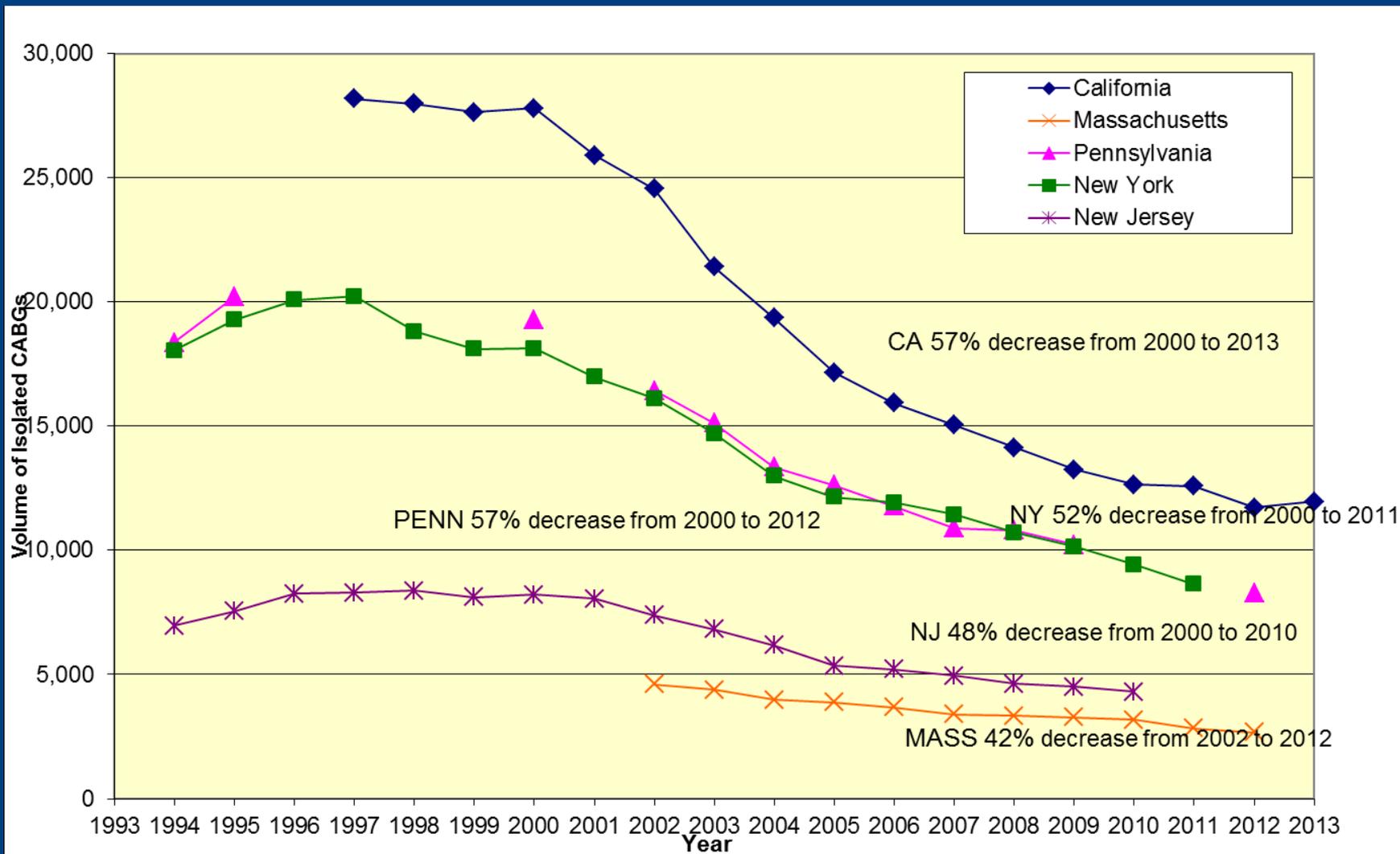
In-Hospital Mortality Rates for Isolated CABG, Non-Isolated CABG, PCI and Valve Surgery in California 1997-2013



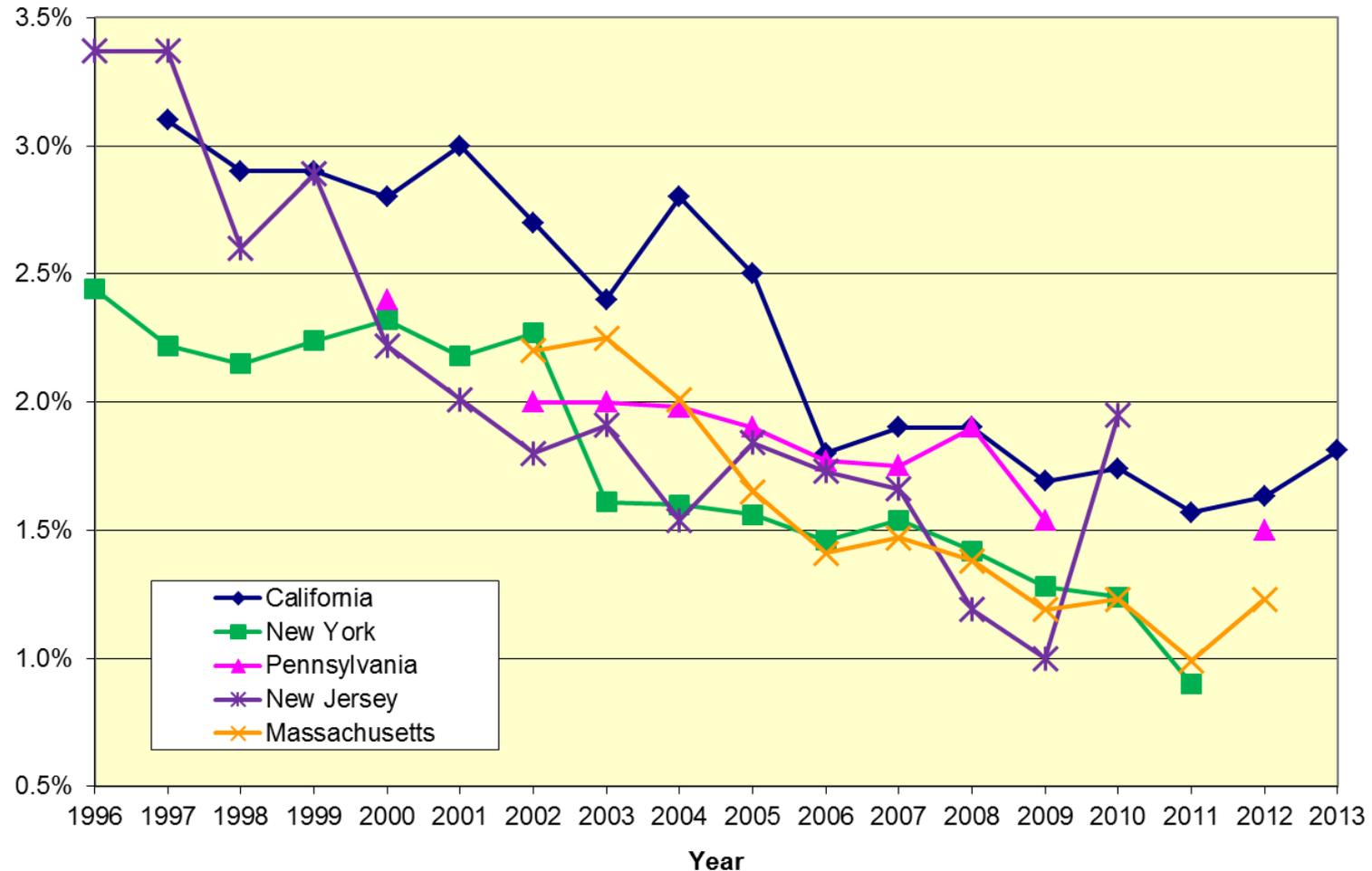
Hospital Volume and Related Statistics Over Time

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total # CABG performing hospitals	121	120	120	121	121	120	119	120	122	124	125
Mean isolated CABG volume	176	159	141	129	122	117	112	103	102	94	94
Mean non-isolated CABG volume	37	38	37	36	35	34	33	33	32	27	30
# hospitals performing only isolated CABG	5	3	2	2	4	3	1	3	2	4	5
# hospitals < 100 cases	31	32	36	44	51	50	54	60	62	67	68
# hospitals < 30 cases	3	5	6	9	8	7	7	6	8	12	9
Lowest volume hospital	25	5	7	2	1	6	8	4	1	4	1

Isolated CABG Volume: CABG Reporting States (1996-2013)



Observed Isolated CABG Inpatient Mortality Rates for CA and other States (1996-2013)



Note: rates may be defined slightly differently from state to state

CCORP Overview

- Approximately 127 hospitals in California perform CABG surgery.
- Hospital data submissions include both isolated and non-isolated CABG cases. Starting with 2013 data, public reports will include hospital risk-adjusted mortality rates isolated valve + CABG cases.
- Submissions DO NOT include non-CABG open heart cases.

Data Submission and Correction Process

- Each six months of data (Jan-Jun and Jul-Dec) is due 90 days after report period (Stage 1).
- Cardiac Online Reporting for California (CORC) is used for file upload or online data entry.
- Test submission function available.
- Data passes or fails submission and immediate feedback is displayed.
- A notice is sent to the primary data contact if documentation is needed for cardiogenic shock and/or salvage cases (acceptance pending review).
- A Data Quality Report is automatically created when data is accepted.
- Extensions (up to 28 days) can be requested/approved by OSHPD for valid reasons.

Data Submission and Correction Process (cont.)

- After clean data are in from all hospitals, CORC is opened for a 20-day data correction period (Stage 2).
- After CCORP has reviewed all data, CORC is open for the final 30-day data correction period. Hospitals receive a Data Discrepancy Report. After hospitals finalize data, surgeon certification forms are generated (Stage 3).
- Each surgeon must attest to the accuracy of the data for his or her CABG surgeries AND hospitals should fax all completed and signed Surgeon Certification Forms **within** the final 30-day correction period.

Producing the Public Reports

- CCORP data is linked to state death records to determine deaths that occurred after discharge but with-in 30-days.
- A subset of hospitals are audited.
- The Clinical Advisory Panel approves risk-adjustment models and report contents.
- Preliminary Results are sent to hospitals (every year) and surgeons (every other year).
- The mortality, post-op stroke, and readmission cases are sent to each hospital for review.

Producing the Public Reports

- Hospitals have 60 days to submit a statement if they believe the risk-adjusted outcomes do not accurately reflect the quality of care provided. Statements will be included in the public report.
- Surgeons have 30 days to submit a statement if they believe the risk-adjusted outcome does not accurately reflect the quality of care provided.
 - OSHPD reviews statements and makes determinations.
 - If a surgeon is not satisfied with the OSHPD determination they may forward the statement to the Clinical Advisory Panel (CAP) for review.
 - The CAP's determination is considered final.
- CCORP prepares public report.
- Approved at Department and Agency level.

How Public Reports Are Used (cont.)

- Allows consumers to make informed healthcare decisions for themselves, family or friends.
- Allows payers and employers with information to help them spend their healthcare dollars more effectively.
- Provides benchmarks so hospitals and surgeons can:
Measure their own performance, Review patient care practices, Improve their quality outcomes

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Disability	Medicare Part A	Invalid Code	Blank / Not Reported



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Coronary Artery Bypass Graft (CABG) Surgery in California

CCORP public reports

CABG surgery is the most common surgical procedure for treating coronary artery disease. In this surgery, a vein or artery from another part of the body is used to create a new path for blood to flow to the heart, bypassing the blocked artery. Coronary artery disease is the leading cause of all adult non-maternal admissions to California hospitals, representing nearly 9% of all admissions. It is a chronic condition in which cholesterol and fat solidify to form plaque along the linings of the coronary arteries. If plaque continues to build up, blood vessels can be restricted or blocked leading to chest pain or a heart attack.

[Go to CABG Outcomes Report for: 2011](#) | [2009-2010](#) | [2009](#) | [2007-2008](#) | [2007](#) | [2005-2006](#) | [2005](#) | [2003-2004](#) | [2003](#) | [2000-2002](#) | [1999](#) | [1997-1998](#)

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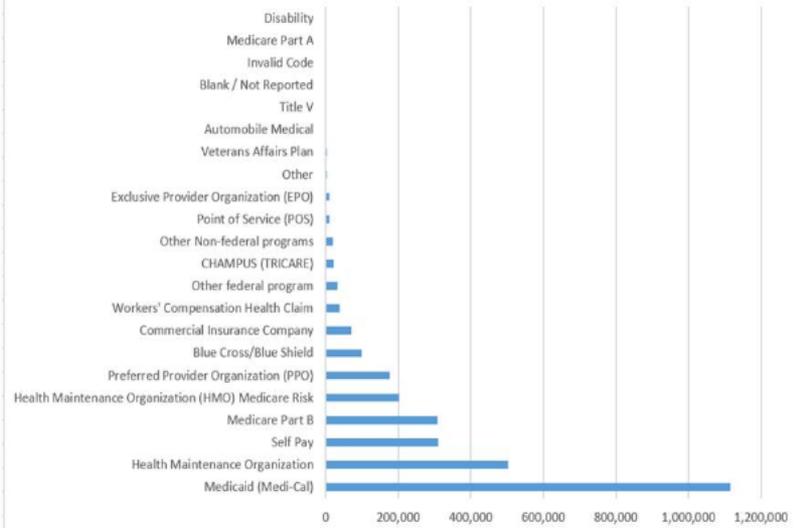
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Latest on CCORP related regulations

Emergency Department Encounters by Payer, 2014 3rd Quarter



Published on January 9, 2015



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Submit Data



OSHPD has five innovative reporting systems: **Automated Licensing Information and Report Tracking System (ALIRTS)**, **Medical Information Reporting for California (MIRCal)**, the **System for Fair Price Hospital Reporting (SyFPHR)**, **Cardiac On-Line Reporting for California (CORC)** and **System for Integrated Electronic Reporting and Auditing (SIERA)**. These automated online reporting systems collect and report patient level and facility utilization data, hospital fair pricing policies, licensing information and CABG Surgeries information.

- **Home Health Agency and Hospice Reporting**
 - Annual Utilization (ALIRTS)
- **Hospital Reporting**
 - Annual Financial
 - Annual Utilization (ALIRTS)
 - CABG Surgeries (CORC)
 - Chargemaster
 - Community Benefits
 - Fair Pricing Policies
 - Inpatient Discharges (MIRCal)
 - Quarterly Financial (SIERA)
 - Hospital Annual Financial Reporting Forms & Instructions
 - Logon to SIERA
- **Licensed Midwife Annual Reporting**
 - California Licensed Midwife Annual Report (LMAR)
 - The Medical Board of California - Licensed Midwives page
- **Long-Term Care Facility Reporting**
 - Annual Financial
 - Annual Utilization (ALIRTS)
 - LTC Facilities Annual Financial Reporting Forms and Instructions
 - Logon to SIERA
- **Primary Care Clinics Reporting**
 - Annual Utilization (ALIRTS)
- **Specialty Clinics Reporting**
 - Annual Utilization (ALIRTS)
 - Ambulatory Surgery Encounters (MIRCal)
- **Patient Level Reporting**
 - Ambulatory Surgery Encounters (MIRCal)
 - CABG Surgeries (CORC)
 - Emergency Department Encounters (MIRCal)
 - Inpatient Discharges (MIRCal)
 - Patient Transfer Reporting Form (The Medical Board of California)

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