



Non-Cardiac Vascular QBP Expansion

Knowledge Sharing Webinar

March 19, 2021

Purpose of Today's Webinar

- To provide a brief overview of the expansion of the Non-Cardiac Vascular (NCV) Quality-Based Procedure (QBP) to include outpatient (same day) procedures and associated mandatory reporting requirements
- To provide an opportunity for knowledge sharing among hospitals regarding identification and coding of outpatient cases performed in the interventional radiology (IR) suite into the National Ambulatory Care Reporting System (NACRS)

Agenda

Time	Discussion	Action	Lead
12:00pm	1. Welcome, Purpose and Agenda	Information	Graham Woodward Senior VP, CorHealth
12:05pm	2. Ministry Welcome	Information	Heather MacDermid Manager (Acting), Implementation Unit (Health), Provincial Programs Branch, MOH
12:10pm	3. Vascular QBP Expansion Overview	Information	Mirna Rahal Senior Director, CorHealth
12:20pm	4. Knowledge Sharing & Discussion <ul style="list-style-type: none"> • Southlake Regional Health Centre – Barb Stanek, Candice Mullings • Hamilton Health Sciences Centre – Anson Trinh, Eley Wisniewski • Kingston Health Sciences Centre, Peterborough Regional Health Centre, Halton Healthcare Services 	Sharing & Discussion	Mike Setterfield Senior Strategist, CorHealth
12:55pm	5. Wrap-up and Next Steps	Discussion	Mirna Rahal Senior Director, CorHealth



Vascular QBP Expansion Overview

Vascular QBP Expansion – Implementing Phase 1 (Inclusion of Outpatient)

- The MOH has confirmed the expansion of the NCV QBP to include outpatient procedures through an Assistant Deputy Minister (ADM) Memo released on Friday February 26, 2021
- This communication included:
 - **ADM Memo:** [Expansion of Non-Cardiac Vascular QBP to Include Outpatient Procedures](#)
 - **Updated QBP Clinical Handbooks:** [Aortic Aneurysm \(AA\)](#) and [Lower Extremity Occlusive Disease \(LEOD\)](#)
 - **Frequently Asked Questions:** [FAQs](#)
- The expansion of the vascular QBP to include outpatient activity is now in effect and applies retroactively to the start of the current FY (April 1, 2020) and future years

Vascular QBP Expansion - Project Background

- Prior to February 26, 2021, the NCV QBP excluded outpatient (same day), urgent/emergent Aortic Aneurysm (AA) and Lower Extremity Occlusive Disease (LEOD) procedures, as well as advanced AA procedures, which created funding fragmentation and misalignment between funding and the evolution towards minimally invasive technology
- In response to feedback from hospitals that provide vascular services, the MOH asked CorHealth to explore and assess the feasibility of expanding the NCV QBP beyond inpatient elective activity
- Over the past year, CorHealth worked with vascular stakeholders and the MOH to develop a phased approach to vascular QBP expansion*:
 - **Phase 1, starting in fiscal year (FY) 2020/21:** aims to expand current QBP to include **outpatient AA and LEOD** procedures
 - **Phase 2, starting in FY 2022/23:** aims to include **urgent/emergent AA and LEOD** procedures and **advanced AA** procedures

**See appendix for more information*

Vascular QBP Expansion - Project Goals

The goals of Phase 1 of the vascular QBP expansion are to:

- Provide immediate flexibility to hospitals to use inpatient QBP funding for outpatient activity
- Support the uptake of minimally invasive and outpatient procedures in Ontario;
- Help relieve pressures on hospital inpatient resources that have become even more constrained during the COVID-19 pandemic; and
- Contribute to the efforts to end hallway medicine in Ontario

Both phases of this expansion will ultimately set the right foundation towards a population-based approach of service provision for patients with vascular disease in Ontario.

Vascular QBP Expansion - Reporting

- To ensure there are no data gaps, hospitals are now required to code all AA and LEOD outpatient procedures performed in the IR suite into NACRS
- Some hospitals are already coding these procedures on a voluntary basis
- For hospitals that are not currently coding these procedures, **mandatory reporting** has now been implemented for FY 2020/21 with retroactive reporting to April 1, 2020 (with a reporting deadline of May 31, 2021)
- To support hospitals with implementing this mandatory reporting change, CorHealth has invited stakeholders from a number of hospitals to share their key success factors and lessons learned regarding the identification and coding of these cases



Knowledge Sharing & Discussion

Southlake Regional Health Centre, Hamilton Health Sciences Centre,
Kingston Health Sciences Centre, Peterborough Regional Health Centre,
Halton Healthcare Services

Knowledge Sharing & Discussion Topics

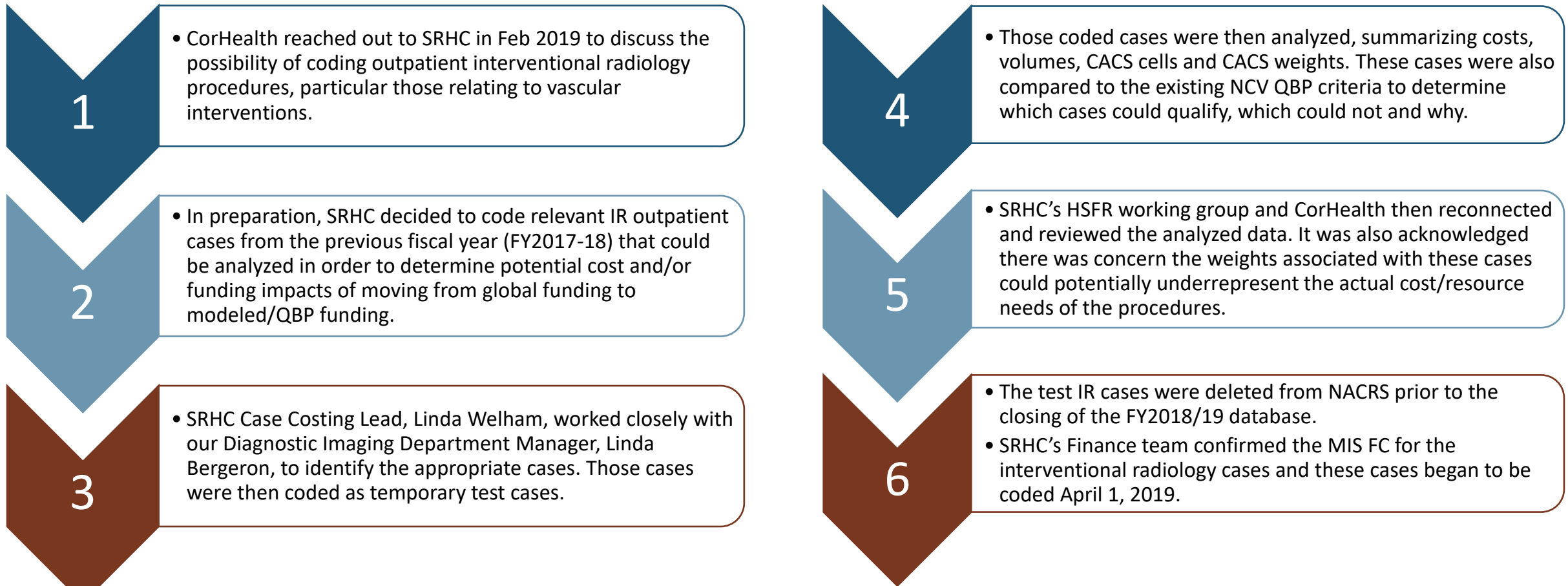
- What approaches have been used to identify outpatient vascular cases done in the IR suite?
- Are there necessary considerations with respect to patient registration to accurately identify and register these cases for coding?
- Have any programs had to change/create processes in order to acquire the required information for accurate coding of these cases?
- Have any programs encountered specific challenges identifying the appropriate vascular cases and/or gathering the necessary information required for coding?



How and When did SRHC start coding Diagnostic Interventional Radiology visits?

BARBARA STANEK, CHIM
MANAGER, DECISION SUPPORT AND HEALTH
INFORMATION SERVICES
CANDICE MULLINGS, DECISION SUPPORT ANALYST
MAR 12, 2021

How the coding of outpatient Interventional Radiology began at SRHC



Diagnostic Interventional Radiology

Registration Type Code and Description	Registration Location Code and Description	MIS FC Code and Description	SDC Volume	Non-Cardiac Vascular QBP Outpatient Qualifying Volumes
SDC - Surgical Day Care	S-DIIR - Diagnostic Interventional Radiology	714152400 – Interventional Radiology	FY2019/20: 1,395	FY2019/20: 124 LEOD cases (9% of coded IR outpatient cases)
			FY2020/21 YTD Feb: 966	FY2020/21 YTD Feb: 96 LEOD cases (10% of coded IR outpatient cases)

- Southlake has Meditech Expense for ADT and WinRecs for coding and abstracting
- The Diagnostic Intervention Radiology visits are uniquely identified through registration location code
- Upon patient registration an abstract is created in NACRS for coder to complete
- All visits are coded and abstracted
- No new FTE were required when this workload was added to the coding team
- Reconciliation is completed with Meditech SUR module and NACRS



Vascular AA LEOD QBP Expansion – HHS Overview

Anson Trinh, Senior Decision Support Advisor

Eley Wisniewski, Manager of Coding, Data Quality and
Chart Completion

March 19, 2021

2016

- CCN Vascular Registry
- Data entry of AA repair & LE revascularization cases
- IR same-day LE not CIHI coded, process developed to identify cases for registry capture
- Decision made to code cases; not required for registry but done to ensure data completeness

2019

- Vascular Registry decommissioned
- Decision to continue process of coding IR Vascular cases
- Anticipation of future requirement

2021

- Vascular QBP Expansion
- Requirement to code all outpatient AA and LEOD procedures in IR suite

Background

Centricity

- Procedures filters to isolate initial list
- E.g. Lower extremity artery Atherectomy



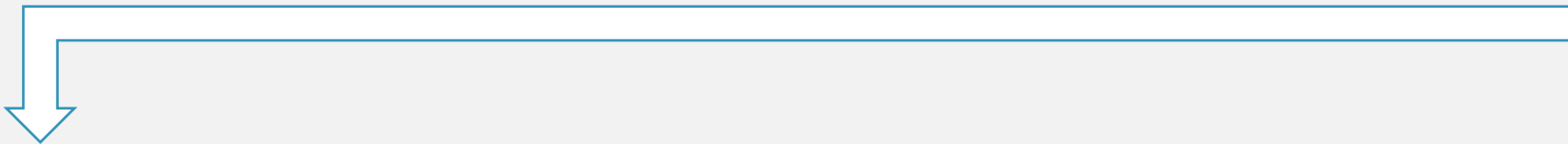
Meditech

- Review clinical details to assess case appropriateness



Monthly List

- Confirmed case list sent out to Decision Support



Decision Support

- Reviews list for IR registered cases (non-coded)
- Sends cases to Patient Reg., Coding, and Case Costing



Patient Reg.

- Changes IR account (non-coded) to Day Surgery registration account type
- Allows interfacing to coding (WinRecs)



Coding


- Submission to CIHI NACRS as Day Surgery care

Centricity Look-up Example

Procedure	Order #	Mod	Study Time
HEART CATHETERIZATION		001.	XA 2021.
XA SELECTIVE 2VESS		002.	XA 2021.
XA ANGIOPLASTY		001.	XA 2021.
TRANSCATH AORTIC VALVE IMPL...		001.	XA 2021.

- Process of identifying IR Vascular case continues to evolve with aim to improve
- Decision Support and IR program working together to improve data entry into the Operating Room Data Repository (OR DR)
 - Early stages of work include cleaning up and proper grouping of procedure mnemonics
- Work done in partnership with Vascular program for vascular cases
 - Reconciliation of list from OR DR and list from Centricity
 - Minimize data leakage/missing cases
- Eventually reduce the amount of manual look-up and work required while maintaining accurate data capture

Process Improvements

The image is a composite of two photographs. The left side shows a laboratory bench with various tools like tweezers and pipettes, and a wooden clipboard with a white sheet of paper. The right side shows a close-up of a hand holding a black pen, writing on a grid pattern on a dark surface. The text 'Thank-you for your time Questions?' is overlaid in white on the right side.

Thank-you for your time
Questions?

Hospital Contacts from Today's Discussion

Hospital	Contact	Title	E-mail
Southlake Regional Health Centre	Barb Stanek	Manager, Decision Support and Health Information Services	BStanek@southlakeregional.org
	Candice Mullings	Decision Support Analyst, Surgical Program	CMullings@southlakeregional.org
Hamilton Health Sciences Centre	Anson Trinh	Senior Decision Support Advisor	trinh@HHSC.CA
	Eley Wisniewski	Manager of Coding, Data Quality and Chart Completion	wisniele@HHSC.CA
Peterborough Regional Health Centre	Lorel Morrison	Director, Diagnostic Imaging, Laboratory and Pharmacy	lmorrison@prhc.on.ca
Kingston Health Sciences Centre	Rajan Gill	Manager, Health Information Services, Health Information Technology Services	Rajan.Gill@kingstonhsc.ca
Halton Healthcare Services	Ailene Gomez	Financial Performance Coordinator	AGOMEZ@haltonhealthcare.com



Wrap-up and Next Steps

Next Steps

- Hospitals to begin mandatory reporting of FY2020/21 outpatient vascular procedures performed in the IR suite:
 - **Retroactive** reporting to **April 1, 2020**, with a reporting **deadline of May 31, 2021**

For more information / questions about this topic:

- [Frequently Asked Questions \(FAQs\)](#)
- **NACRS Data Submission / Coding**
Submit via the Canadian Institute for Health Information's (CIHI) eQuery tool under My Services and by selecting Inpatient/ambulatory abstracting and education (DAD & NACRS) as the question topic
- **QBP Funding**
Submit to the Ministry of Health at HSF@ontario.ca
- **Clinical Questions**
Submit to the CorHealth Ontario Service Desk at service@corhealthontario.ca



Appendix

Vascular QBP Expansion – Intended Benefits

Area of Impact	Benefit / Outcome
Financial flexibility	<ul style="list-style-type: none"> • Provide immediate flexibility to hospitals to use inpatient QBP funding for outpatient activity
Population health	<ul style="list-style-type: none"> • Promote the provision of appropriate care for vascular patients and increased flexibility in care settings • Reduce fragmentation and ensure consistent management of LEOD revascularization and AA repair procedures • Set the right foundation towards a population-based approach of service provision for patients with vascular disease in Ontario
Evidence of care	<ul style="list-style-type: none"> • Align with the evolving evidence that includes individualized treatment approaches based on patient and disease characteristics and patient preference • Eliminate unnecessary hospital inpatient admissions (in order to quality for QBP funding)
Per capita cost	<ul style="list-style-type: none"> • Align with the evolving evidence to shift vascular care towards same day and minimally invasive modalities, creating opportunities to optimize value for money
COVID-19 Response	<ul style="list-style-type: none"> • Support hospitals in responding to COVID-19 by allowing hospitals to treat more patients on an outpatient basis, thus freeing up valuable resources to address the surgical backlog due to COVID-19

Goals of the Phased Approach

- **Phase 1: Aims to address the evolution of care through expansion of the current NCV QBP handbooks to include same day (outpatient) procedures starting in FY 2020/21;**
 - The goal is to advance the uptake of minimally invasive and same day procedures in Ontario to help relieve pressures on hospital inpatient resources that have become even more constrained during the COVID-19 pandemic and contribute to the efforts to end hallway medicine in Ontario.
- **Phase 2: Aims to address urgency through new NCV QBP for urgent/emergent AA and LEOD cases and advanced AA cases starting in FY 2022/23;**
 - The goal is to include urgent/emergent AA and LEOD procedures in the QBP program as well as advanced AA cases. In this phase, a formal carve-out and price would be established for same day and urgent/emergent AA and LEOD procedures as well as advanced AA cases. This will allow for greater visibility into the management of AA and LEOD procedures across the province. In addition, this expansion sets the right foundation towards a population-based approach of service provision for patients with vascular disease in Ontario.

Vascular QBPs Expansion - Key Features & Milestones

Phased Approach to NCV QBP Expansion

Activity	Phase 1 (2020-21 & 2021-22)	Phase 2 (2022-23 & Beyond)
QBP Clinical Handbooks	<ul style="list-style-type: none"> Update NCV QBP Clinical Handbooks (AA & LEOD) to include same day (outpatient) procedures 	<ul style="list-style-type: none"> Update NCV QBP Clinical Handbooks (AA & LEOD) to include urgent/ emergent and advanced (AA) procedures
QBP Funding	<ul style="list-style-type: none"> Provide hospitals with flexibility to use inpatient QBP funding for outpatient procedures No recovery of funds for inpatient QBP volumes not completed during first two years of implementation (e.g., FY 2020/21 and 2021/22) No changes to pricing or carve-out in this initial phase 	<ul style="list-style-type: none"> Establish carve-out and price for same day and urgent/ emergent AA and LEOD procedures and advanced AA cases Update QBP Definitions for LHIN-Managed QBPs (e.g., definitions used for funding)
Data Collection / Reporting Requirements	<ul style="list-style-type: none"> Vascular IR Current State Survey (complete) Mandatory reporting of same day IR procedures into the National Ambulatory Care Reporting System (NACRS) starting in FY 2020/21 (up to May 31, 2021) 	<ul style="list-style-type: none"> Continued reporting of same day vascular volumes in NACRS to support ongoing QBP volume management Reporting of outpatient vascular QBP volumes into the Self Reporting Initiative (SRI) to support QBP volume management (year-end forecasting and in-year reallocations)