Hip and Knee Replacement Surgery Bundled QBP: Use of NACRS Clinic Lite - ***Questions and Answers***

On May 1, 2018 the Rehab Care Alliance (RCA) and Canadian Institute for Health Information (CIHI) presented a webinar to sites participating in the Hip and Knee Bundled Funding Pilot, on the topic of using NACRS Clinic Lite for the collection of outpatient rehab data. The objectives of this webinar were to:

- Provide an overview of the step-by-step process for the collection, storage and reporting of outpatient rehab data for the H&K bundled funding pilot
- Demonstrate the NACRS Clinic Lite web-entry tool
- Provide an opportunity to share lessons learned from representatives who participated in the RCA provincial proof of concept to test the initial version of NACRS Clinic Lite last year

The slides and recording from the webinar are available on Quorum here and here respectively. Below, you will find the questions and answers given during this webinar that address some key areas of interest with respect to the NACRS Clinic Lite data content specifications, data processes, web-entry tool, logistics, and funding.

Questions about Data Content Specifications, Data Processes, etc.

- **When the treatment is provided by the PT and PTA on the same day, I understand that we only count 1 attendance for PT, but do we also include PTA minutes?**
  - Yes, you would include the PTA in the overall sum of PTA minutes provided over the episode of care as well as the PT minutes in the overall sum of PT minutes provided over the episode of care.
  - As you correctly stated, only one attendance day per patient may be reported for each functional centre per day. So, if a PT and PTA (or OT and OTA) provide care to an individual patient during the same 24-hour period, only one attendance day is recorded.
- **Is the date of discharge supposed to be the last date of services received?**
  - Yes.
- **What do we do if there was a combination of face to face and telephone visits if this is a summary record? We can only pick one?**
  - Yes, you can only report one in NACRS clinic lite.
  - In a scenario where the patient receives services over the course of the ambulatory episode of care, both individually and as part of a group in the care plan, complete Mode of Visit (data

element 20) as the most common mode of contact between patient and provider over the course of the episode.

- For those sites who are using the data tracker provided by RCA, if you enter the date of each visit/attendance into the tracker indicating the mode of contact at each point of interaction with the patient, the tracker will automatically calculate the most common mode of contact for entry into NACRS Clinic Lite.

- **What functional centre are we using for reporting as MIS has different functional centres for physio, OT, etc. but NACRS Clinic Lite asks for a single functional centre?**
  - Visit MIS Functional Center Account Code is a mandatory field in NACRS Clinic Lite and the MOHLTC has been asked to identify an MIS code for NACRS reporting. Once confirmed it will be communicated to participating organizations.
  - Please note that the Ontario based MIS/OHRS 'functional centre codes' that generally report separately for PT/OT/SLP etc. are different than the CIHI National Functional Centre Codes, which capture the total utilization in the outpatient facility.
- **Do you count telephone therapeutic interaction as a visit if greater than 5 mins?**
  - Yes. As long as the telephone interaction is providing therapy and not, for example booking an appointment, it would count as a visit or attendance in accordance with the MIS Guideline definition of these (attendance for Allied Health Professionals, visit for Nursing). The minutes will also contribute to the total minutes of care provided over the episode.
- **Can you confirm if we count one attendance and one visit within 24 hours if the patient has seen PT and Nursing?**
  - Attendances are counted for patient interactions with allied health professionals and visits are counted for patient interactions with nursing professionals.
  - If a patient sees a nurse and an allied professional within 24 hours, 1 attendance for the allied health professional and 1 visit for nursing would be counted.
- **If a PT has a group session with 10 patients in one hour Ontario Hospital Reporting System we would report 10 attendance days and 60 minutes of workload. What should we put for service duration in NACRS Clinic Lite for each patient, 6 minutes?**

  - For Group Sessions, since service duration time is recorded on an individual basis, the total time spent is divided among all patients/service recipients. For example, if 6 patients attend a one-hour session, each patient receives 10 minutes.

- **Is a Registered Kinesiologist considered one attendance separate from the PT?**
  - Yes. You can document attendances and minutes with Registered Kinesiologists under the category of "Other" Regulated Health Professional.
- **Are comorbidities not included for reporting in NACRS Clinic Lite, unless providing directed Tx for that comorbidity?**
  - When completing the outpatient rehabilitation summary record for hip and knee bundled care patients, follow the collection instructions for Main Problem, Other Problem and Other Problem Prefix as described in the RCA summary record data content specifications document.
  - All OPR facilities must complete Main Problem as Z50.9 (Rehabilitation).
  - Other Problem captures the condition(s) that require rehabilitative care. For this pilot, codes are provided for Ortho – Hip replacement (Z96.60) and Ortho – Knee Replacement (Z96.61)
  - OPR facilities will use Other Problem Prefix to capture additional information and must be reported with specific patient classifications/ICD-10-CA codes. For this pilot, Other Problem Prefix should be coded as "U" for unilateral.
  - Facilities are **not** required to code additional diseases, disorders or comorbidities on hip or knee OPR abstracts submitted to NACRS Clinic Lite.
  - Other data elements (special project fields) will further describe the patient's condition for which they are seeking rehabilitative care. For this pilot, "Special Project Field: Knee or Hip Replacement - Primary vs. Revision" would be coded as "P = Primary"

Questions about Technical Aspects of NACRS Clinic Lite

- **Do we know if Meditech and CIHI are compatible, so that we can reduce the repetitive data entry example: patient's demographic information?**
  - For Hip and Knee bundled care, a single abstract is submitted to CIHI following completion or discontinuation of the patient's outpatient rehabilitation program. Manual entry of patient demographic information only needs to be done once.

  - Licensed NACRS vendors develop solutions to support data submission and through vendor testing demonstrate their ability to submit ambulatory test data to CIHI. Vendor test status for NACRS Clinic Lite/level 0 is available on CIHI's website. We recommend facilities share the summary record data content specifications with their abstracting vendor as well as discuss the submission of one abstract following completion or discontinuation of the patient's outpatient rehabilitation program.

- **Will there be any opportunity to build Application Program Interfaces (APIs) to integrate data from clinic practice management software into this database?**
  - Building an interface from a facility's clinic practice management software to the NACRS Clinic Lite web entry tool isn't possible. Facilities wishing to develop an interface with their abstracting software should discuss with their NACRS vendor.
- **For using the web entry tool at CIHI, is the intent that you are doing all your data entry at one time for reporting or as you see each patient?**
  - The NACRS Clinic Lite web-entry tool allows sites to begin a record at any time during the patient's episode of care. The record can be updated at subsequent visits and saved.
  - RCA and CIHI encourage sites to submit data on patients who were discharged within a quarter no later than 1.5 months after the end of that quarter, to ensure data quality and timeliness
  - NACRS Clinic Lite data is submitted by fiscal year which starts on April 1 and ends March 31. Fiscal year is determined by the date recorded in the NACRS Visit Date, which is the date of discharge for patients in this bundle. In terms of submission deadlines, Ontario facilities are required to submit fiscal 2018-19 NACRS data to CIHI by May 31, 2019.
- **Also wondering about compatibility with Infomed workload measurement tool**
  - Building an interface from a facility's workload measurement software to the NACRS clinic lite web entry tool isn't possible. Facilities wishing to develop an interface with their abstracting software should discuss with their NACRS vendor.
- **Could one facility submit for a whole region/LHIN?**
  - We would encourage any facility that is providing outpatient rehab services to patients who are part of the bundle to submit their own data to NACRS Clinic Lite

- **If OT and PT are seeing a patient together and have the same employer it counts as one visit. In section 6 you are recording by RHP number of attendances and minutes. Can you explain as this seems confusing?**
  - If an OT and PT see the patient together, those would count as two separate attendances.
  - In the case where two regulated health professionals in the same functional centre (OT and OTA or PT and PTA) are seeing the patient in the same 24 hour period, only one attendance is counted but the minutes are counted for both providers (i.e., count all minutes provided by the PT and PTA)
  - In Section 6 of NACRS Clinic Lite, service utilization is captured for the full episode of care, the total sum of attendances or visits and minutes for that patient
- **Will the tool work with Chrome 64?**
  - The NACRS Clinic Lite web-entry tool is accessible through the following web browsers: Internet Explorer 10, Firefox 40 and Google Chrome 42. CIHI has not tested our web entry tool with Google Chrome 64 but believes it should be ok.
- **Do the Canadian Coding Standards apply to NACRS lite?**
  - When completing the outpatient rehabilitation summary record for hip and knee bundled care patients, follow the collection instructions for Main Problem, Other Problem and Other Problem Prefix as described in the RCA summary record data content specifications document.
- **What kind of unique patient identifiers are used to monitor patients across domains/LHINs?**
  - Patients will be identified by health card number
- **How can you submit level 2 data via an abstracting system when other level 3 data is being submitted? Example ED and Day Surgery.**
  - NACRS Clinic Lite is level 0. Level 3 records will be submitted separately from clinic lite/level 0 records because records in a NACRS file must have the same submission level. We recommend discussing this process with your abstracting vendor.
- **Does it matter the Level status for Level 3 hospitals.**
  - We assume you're referring to the Reporting Level Code submitted on your NACRS Facility Information File. All Ontario NACRS facilities must complete Reporting Level Code as 'D' which will support processing of clinic lite/level 0 records**.**

- **Also what are the submission deadlines for Level 0 data if the discharge is in a different fiscal year (example April 2018 visit is discharge in July 2019)?**
  - The NACRS element Date of Visit (data element 27) determines the submission fiscal year and period. The Ontario MOHLTC hasn't announced 2019-20 submission timelines for NACRS. If, for example, the final visit in the patient's OPR episode of care is July 1, 2019 then the summary record will be submitted in fiscal 2019.
- **Is NACRS Lite abstracting vendor submission based on admission date (Registration Date) or discharge date?**
  - The NACRS element Date of Visit (data element 27) determines the submission fiscal year and period
- **If CIHI NACRS Lite abstracting Vendor Specification is based on Registration date, then how can facilities submit a NACRS Lite Visit when the discharge occurs within a different month or even a different fiscal year? Will CIHI be modifying their vendor specification to support vendor submission based on discharge date?**
  - CIHI isn't modifying vendor specifications. For Hip and Knee bundled care patients a single abstract is submitted to CIHI following completion or discontinuation of the patient's outpatient rehabilitation program. The abstract will have a Date of Visit (data element 27) which reflects the date of the final visit in the patient's episode of care/ date the patient is discharged.
- **Is there a cost for purchase of NACRS lite?**
  - No, there is no cost to use the NACRS Clinic Lite web-entry tool. If you want to submit via e-file submission you would need to speak your vendor about costs associated with an abstracting solution.
- **Do we require a new master institution number or do we use our existing number?**
  - If you are an outpatient rehab provider that already has an ambulatory care master institution number, you would use your existing number.

Questions about Logistics/Next Steps

- **Bundles are calculated on date of hospital discharge, not date of surgery. So we should be looking at discharges April 1 and after?**
  - Yes. All patients who are discharged from acute care for a primary, unilateral, hip or knee replacement who meet the definition according to the HQO QBP Clinical Handbook, and whose surgery was performed at a hospital participating in the bundle will have their data captured as part of this pilot. All outpatient rehab services provided to patients who are part of the their bundle must be submitted to CIHI via NACRS Clinic Lite (web-entry tool or e-file submission)
- **How do we get access to NACRS Clinic Lite? I believe as mentioned this is a beta environment (test) and that the RCA has provided an excel version to use until this is in production. Any idea when the electronic, web-based program will be available?**
  - The web-entry tool for NACRS Clinic Lite is currently available but sites need training and onboarding before they can begin to use it
  - Bundle holders need to provide the names of outpatient rehab service providers to the MOHLTC to obtain training and authorization before use of the web-entry tool or e-file submission
  - MOHLTC will assign AM care institution numbers for those sites that need them
  - MOHTLC will provide site contact information to CIHI and the RCA
  - CIHI and RCA will contact OPR providers for training and onboarding
- **If rehab services are offered through home care, do they also need to submit data into NACRS Lite?**
  - No, services provided by home care providers will be captured through their normal data base and submission process (CHRIS)
- **Who do we contact to arrange additional sessions?**
  - Bundle holders need to provide the names of outpatient rehab service providers to the MOHLTC to obtain training and authorization before use of the web-entry tool or e-file submission and then the MOHLTC will obtain the necessary AM care institution numbers, providing this information to CIHI and RCA
  - CIHI and RCA will contact OPR providers for training and onboarding once these providers are identified

- **How do we know if we are approved for location? As a CPC, what should we be doing to enroll in this process of becoming collaborating partner through a bundle holder?**
  - If you are interested in being an outpatient rehab service provider for this bundled funding pilot, you should contact the bundle holder in your region
- **Who are the bundle holders?**

LHIN	Bundle Holder(s)
Central	• North York General Hospital • Southlake Regional Health Centre • Markham Stouffville Hospital
Central East	• Lakeridge Health • Peterborough Regional Health Centre • Ross Memorial Hospital
Central West	• William Osler Health System
Champlain	• Queensway Carleton Hospital *Participating acute hospital: Montfort Hospital*
Erie St. Clair	• Windsor Regional Hospital • Bluewater Health • Chatham Kent Health Alliance – Public General Hospital
Hamilton Niagara Haldimand Brant	• Joseph Brant • Hamilton Health Sciences • Niagara Health System • St. Joseph's Health Care Hamilton
Mississauga Halton	• Halton Healthcare • Trillium Health Partners
North East	• Health Science North
North Simcoe Muskoka	• Orillia Soldiers' Memorial Hospital • Royal Victoria Regional Health Centre
North West	• Thunder Bay Health Sciences Center *Participating acute hospitals: Dryden Regional Health Centre, Lake of the Woods District Hospital, Riverside Health Care Facilities, Inc.*
South East	• Kingston Health Sciences Center • Quinte Health Care
Toronto Central	• Toronto Central LHIN *Participating acute hospitals: University Health Network, Sinai Health Network, Sunnybrook Health Sciences Centre, Providence, St. Joseph's and St. Michael's healthcare, Michael Garron Hospital, West Park Healthcare Centre*

- **Has there been a standard contract drafted for use by the bundled holders with the outpatient rehab sites, or is each site doing there own?**
  - There is no 'one size fits all' partnership agreement. Sample templates are available on Quorum within the "shared team documents" folder.
  - A partnership agreement can include risk and gains sharing OR can simply outline the agreed price and volumes.
- **Is the Bundle Holder responsible for ensuring that the partner outpatient rehab providers submit their NACRS Lite data?**
  - The outpatient rehab provider is responsible for submitting NACRS Clinic Lite data.
  - The bundle holder is responsible for ensuring that the outpatient provider reports this information.

Questions about the Bundled Funding Pilot overall, including Funding

- **From a previous webinar, I believe the pilot hospitals are looking to partner with CPCs (not private community physio clinics). I am concerned that the administrative load is higher / different than what the CPCs are already doing. Was that taken into account in the funding model? I haven't seen it laid our clearly, but it sounds like the funding suggested is similar to the $312 EOCs. We may need to hire / look for additional support to deliver this care.**
  - Showing the price (and weighting) assigned to outpatient rehab is to explain *how* the bundle price was achieved, and should not be interpreted as restrictions to the type or number of services to be provided, nor as direction on prices to be paid by bundle holders to other providers. It will be up to the bundle holders and the outpatient service providers to determine how to allocate the funds from the bundle.
  - The proposed funding allotments for each part of the patient care journey are outlined as an introductory price and can be negotiated between bundle holders and service providers.
- **Will there be a standard allocation of funds for the rehab portion of the bundle? i.e., if a patient is repatriated from RVH for rehab and another from Collingwood - will the receiving hospital receive the same amount of funds from both bundle holders?**
  - It will be up to the bundle holders and the outpatient service providers to determine how to allot the funds from the bundle.

  - The proposed funding allotments for each part of the patient care journey are outlined as an introductory price and can be negotiated between bundle holders and service providers.

- **Looking at the large workload that is going to be required to capture a reasonably small cohort of patients and their rehab journey, I'm curious of the history behind why this is being explored? Was there a disconnect from treating facilities to the Ministry on the costs associated with the care of this type of patient?**
  - Until now, there has not been any data collection mechanism for patients receiving outpatient rehabilitative care services. As the bundled funding pilots continue to roll-out it will be important to understand the service utilization for patients who receive these services and NACRS Clinic Lite is enabling that to happen
- **Is number of attendances related to the funding, i.e., if one patient has two attendances OT and PT, does it follow that the funding will be for two attendances?**
  - It will be up to the bundle holders and the outpatient service providers to determine how to allot the funds from the bundle.
  - The proposed funding allotments for each part of the patient care journey are outlined as an introductory price and can be negotiated between bundle holders and service providers.