



CMS Measure ID/CMS QCDR ID: CAP 28

Measure Title: *Helicobacter pylori* Status and Turnaround Time

Measure Specifications

<p>Measure Description</p>	<p>Percentage of stomach biopsy cases with gastritis that addresses presence or absence of <i>Helicobacter pylori</i> included</p> <p>AND</p> <p>meet the maximum 2 business day turnaround time (TAT) requirement (Report Date – Accession Date ≤ 2 business days).¹</p> <p>INSTRUCTIONS: This measure has two performance rates that contribute to the overall performance score:</p> <ol style="list-style-type: none"> 1. Percent of cases in which presence or absence of <i>Helicobacter pylori</i> is addressed. 2. Percent of cases that meet the maximum 2 business day turnaround time. <p>The overall performance score submitted is a weighted average of: (Numerator 1 + Numerator 2)/(Denominator 1 + Denominator 2).</p>
<p>Denominator Statement</p>	<p>All final pathology reports for stomach biopsy cases with a diagnosis of chronic gastritis, chronic inactive gastritis, lymphocytic gastritis, chronic active gastritis or gastric lymphoma.</p> <p>CPT®²: 88305</p> <p>AND</p> <p>ICD10:</p> <ul style="list-style-type: none"> • K29.20: Alcoholic gastritis without bleeding • K29.30: Chronic superficial gastritis without bleeding • K29.31: Chronic superficial gastritis with bleeding • K29.4: Chronic atrophic gastritis • K29.40: Chronic atrophic gastritis without bleeding • K29.41: Chronic atrophic gastritis with bleeding • K29.5: Unspecified chronic gastritis • K29.50: Unspecified chronic gastritis without bleeding • K29.51: Unspecified chronic gastritis with bleeding • K29.70: Gastritis, unspecified, without bleeding • K29.71: Gastritis, unspecified, with bleeding
<p>Denominator Exclusions</p>	<p>Gastric resections</p>
<p>Denominator Exceptions</p>	<p>Cases requiring intra-departmental or extra-departmental consultation</p>
<p>Numerator Statement</p>	<p>Final pathology report for stomach biopsy cases with a diagnosis of chronic gastritis, chronic inactive gastritis, lymphocytic gastritis, chronic active gastritis or gastric lymphoma that address the of the presence or absence of <i>Helicobacter pylori</i> organisms</p> <p>AND</p>

¹ Highlights indicate changes from 2018 reporting to 2019 reporting

² CPT copyright: 2018 American Medical Association. All rights reserved.

Last updated: 1/21/2019



	<p>The final pathology report is in the laboratory/hospital information system with result verified and reported by the laboratory, available to the requesting physician(s) within 2 business days.</p> <p>Numerator definitions:</p> <ol style="list-style-type: none"> 1. The presence or absence of <i>Helicobacter pylori</i> can be determined by any method deemed appropriate by the case pathologist, including but not limited to routine H&E sections, immunohistochemical stains, or special stains. 2. Documentation of the presence or absence of <i>Helicobacter pylori</i> can occur anywhere in the final pathology report deemed appropriate by the case pathologist (e.g. final diagnosis line, microscopic description, comment, etc.). 3. Turnaround Time (TAT): The day the specimen is accessioned in the lab to the day the final report is signed out. Business days counted only. 4. Accession Date: The date recorded in the laboratory/hospital information system that documents when a specimen was received by the laboratory. 5. Report Date: The date recorded in the laboratory/hospital information system that documents when a result is verified and reported by the laboratory and is available to the requesting physician(s) (signed out). 6. Signed Out: The pathology report with a final diagnosis is released.
<p>Numerator Exclusions</p>	<p>None</p>
<p>Measure Information</p>	
<p>NQS Domain</p>	<p>Communication and Care Coordination</p>
<p>Meaningful Measures Area(s)</p>	<p>Transfer of Health Information and Interoperability</p>
<p>Meaningful Measure Rationale</p>	<p><i>Helicobacter pylori</i> infection increases the risk for gastric cancer; treatment of the infection reduces that risk and can only be effectively applied following appropriate testing (1).</p> <p>The average TAT for surgical pathology reports is an indicator of a laboratory's efficiency and can also affect coordination of patient care. Prior studies have shown that the average time to verification is 2 days (2-5).</p> <ol style="list-style-type: none"> 1. Batts KP, et al Appropriate use of special stains for identifying <i>Helicobacter pylori</i>: Recommendations from the Rodger C. Haggitt Gastrointestinal Pathology Society. Am J Surg Pathol. 2013 Nov;37(11):e12-22 2. Novis DA1, Zarbo RJ, Saladino AJ. Arch Pathol Lab Med. Interinstitutional comparison of surgical biopsy diagnosis turnaround time: A College of American Pathologists Q-Probes study of 5384 surgical biopsies in 157 small hospitals. 1998 Nov;122(11):951-6. 3. Alshieban S. and Al-Surimi K. Reducing turnaround time of surgical pathology reports in pathology and laboratory medicine departments.



	<p>BMJ Qual Improv Rep. 2015 Nov 24;4(1). pii: u209223.w3773. doi: 10.1136/bmjquality.u209223.w3773. eCollection 2015.</p> <p>4. Volmar, KE et al. Turnaround Time for Large or Complex Specimens in Surgical Pathology: A College of American Pathologists Q-Probes Study of 56 Institutions. Archives of pathology & laboratory medicine. 139. 171-7. 10.5858/arpa.2013-0671-CP. 2015.</p> <p>5. Patel, S. et al. Factors that impact turnaround time of surgical pathology specimens in an academic institution. Hum Pathol. 2012 Sep;43(9):1501-5. doi: 10.1016/j.humpath.2011.11.010. Epub 2012 Mar 8.</p>
Measure Type	Process
Data Source	Laboratory Information Systems; pathology reports
Summary of Performance Gap Evidence	<p>"<i>Helicobacter pylori</i> is a major cause of gastroduodenal injury, gastric cancer, and lymphoma, and, thus, there is great interest in its detection and eradication. Several detection methods are available, including histochemical and immunohistochemical stains. Application of these stains in clinical practice is heterogenous, to say the least" (1). And "despite national and international guidelines for managing <i>Helicobacter pylori</i> infection, the American Gastroenterological Association guidelines are infrequently adhered to" (2).</p> <p>1. Batts KP, et al Appropriate use of special stains for identifying <i>Helicobacter pylori</i>: Recommendations from the Rodger C. Haggitt Gastrointestinal Pathology Society. Am J Surg Pathol. 2013 Nov;37(11):e12-22.</p> <p>2. El-Zimaity H, Serra S, Szentgyorgyi E, Vajpeyi R, Samani A. Gastric biopsies: the gap between evidence-based medicine and daily practice in the management of gastric <i>Helicobacter pylori</i> infection. Can J Gastroenterol. 2013 Oct;27(10):e25-30.</p>
Measure Owner	College of American Pathologists
NQF ID	N/A
Number of Performance Rates	1
Overall Performance Rate	1 st Performance Rate
High-priority	Yes
Improvement Notation	<p>Inverse Measure: No</p> <p>Proportional Measure: Yes (Higher score indicates better quality)</p> <p>Continuous Variable Measure: No</p> <p>Ratio Measure: No</p> <p>Risk-adjusted: No</p>

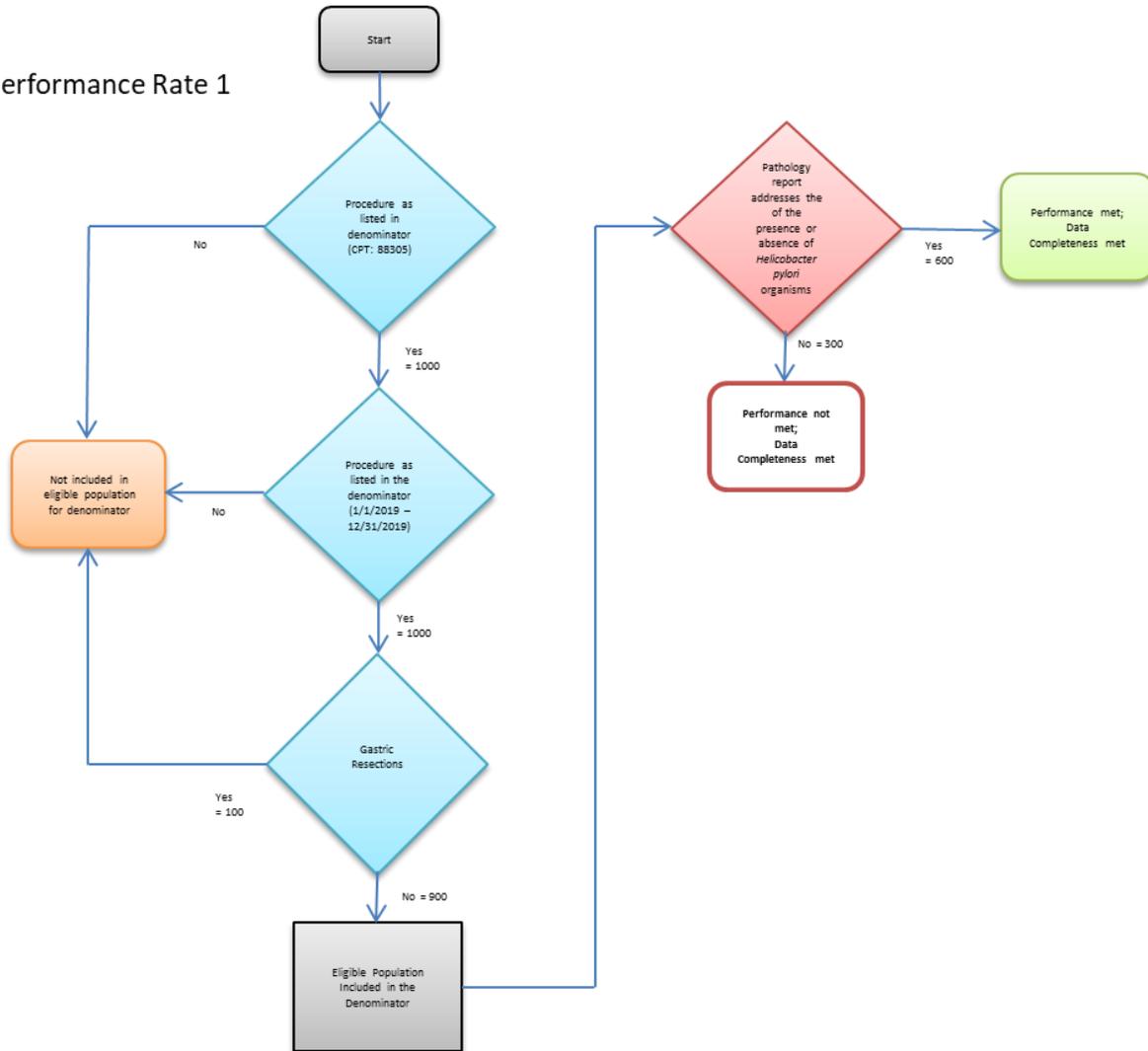


Specialty	Pathology
Current Clinical Guideline the Measure is Derived From	None



Measure Flow

Performance Rate 1

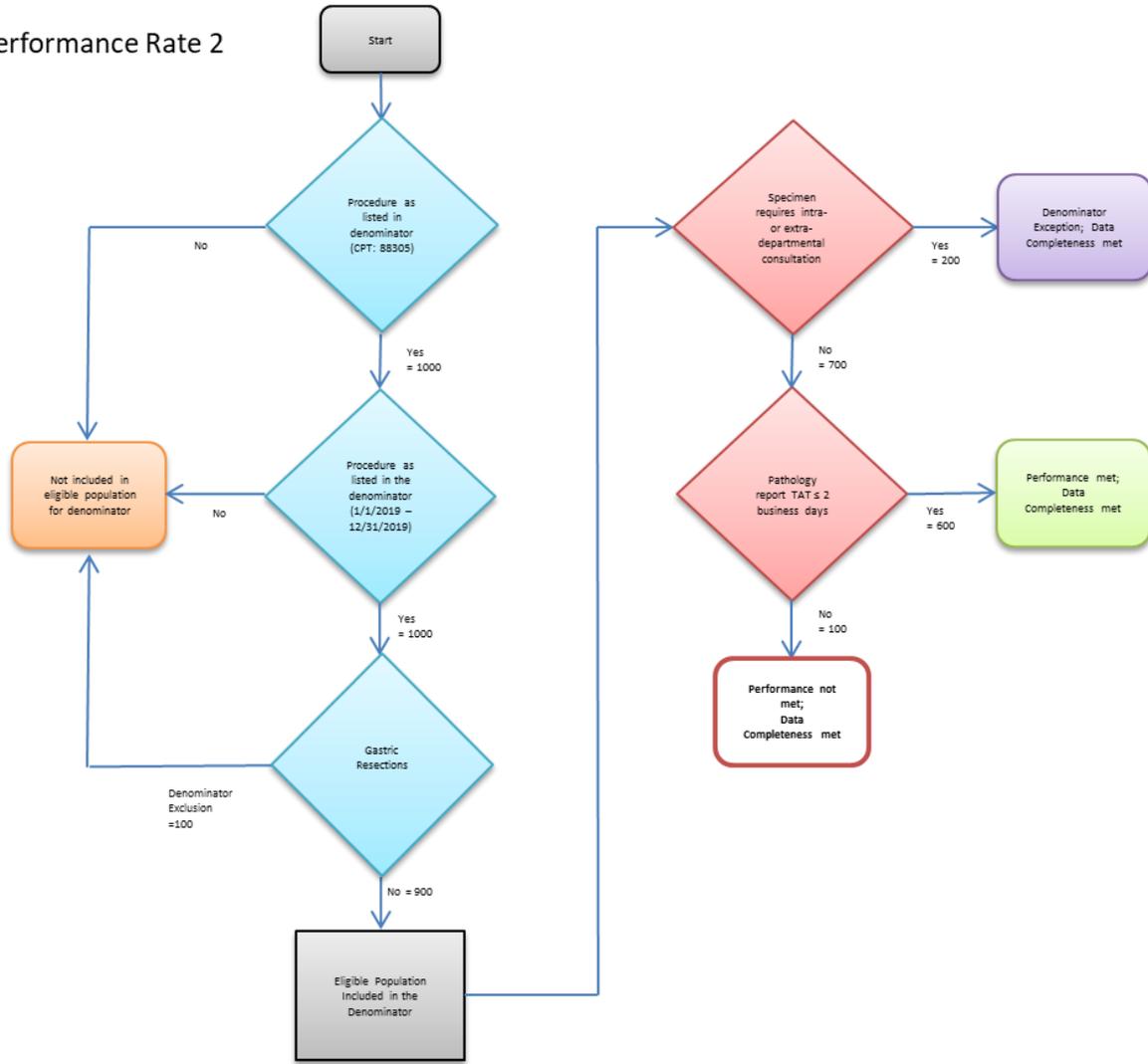


Data Completeness =	Performance Met + Performance Not Met	=	600 + 300	=	900	=	100%
Eligible Population			900				
Performance Rate =	Performance Met	=	600	=	900	=	67%
Eligible Population			900				

CPT only copyright 2018 American Medical Association. All rights reserved. The measure diagrams were developed as a supplement resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification. See the posted measure specifications for the specific coding and instructions to submit this measure.



Performance Rate 2



Data Completeness =		
Performance Met + Denominator Exceptions + Performance Not Met	200 + 600 + 100	= 100%
Eligible Population	900	
Performance Rate =		
Performance Met	600	= 75%
Data Completeness Numerator + Denominator Exceptions	800	

CPT only copyright 2018 American Medical Association. All rights reserved. The measure diagrams were developed as a supplement resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification. See the posted measure specifications for the specific coding and instructions to submit this measure.

Weighted Score: (Numerator 1 + Numerator 2)/(Denominator 1 + Denominator 2)

Overall Performance Score = (600 + 600)/(900+800)
= 70% (Score submitted to CMS)