CMS Measure ID/CMS QCDR ID: CAP 22
Measure Title: Turnaround Time (TAT) – Biopsies

Measure Specifications

Measure Description	Percentage of final pathology reports for biopsies that meet the maximum 2 business day turnaround time (TAT) requirement (Report Date – Accession Date ≤ 2 business days). INSTRUCTIONS: This measure is to be reported each time a biopsy is performed during the performance period. It is anticipated that eligible clinicians providing the pathology services for procedures will submit this measure.
Denominator Statement	All final pathology reports for patients, regardless of age, who undergo a biopsy (any biopsy (i.e., CPT®[1]: 88305, HCPCS: G0416, G0417, G0418, G0419), including those with special stains, immunohistochemistry (IHC), or molecular studies).[2]
Denominator Exclusions	1. Biopsy associated with any other specimen type (i.e., CPT©: 88304, 88307, 88309, 99300). 2. Cytopathology cases (i.e., Cell blocks) (CPT©: 88173, 88112). 3. Cases requiring decalcification (CPT©: 88311).
Denominator Exceptions	1. Cases requiring intra-departmental or extra-departmental consultation. 2. Skin excisions with margins coded as 88305.
Numerator Statement	Final pathology reports for biopsies in the laboratory/hospital information system with result verified and reported by the laboratory, available to the requesting physician(s) within 2 business days. Numerator definitions: 1. 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. 2. Accession Date: The date recorded in the laboratory/hospital information system that documents when a specimen was received by the laboratory. 3. 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). 4. Signed Out: The pathology report with a final diagnosis is released.
Numerator Exclusions	None
Measure Information	
NQS Domain	Communication and Care Coordination
Meaningful Measures Area(s)	Transfer of Health Information and Interoperability

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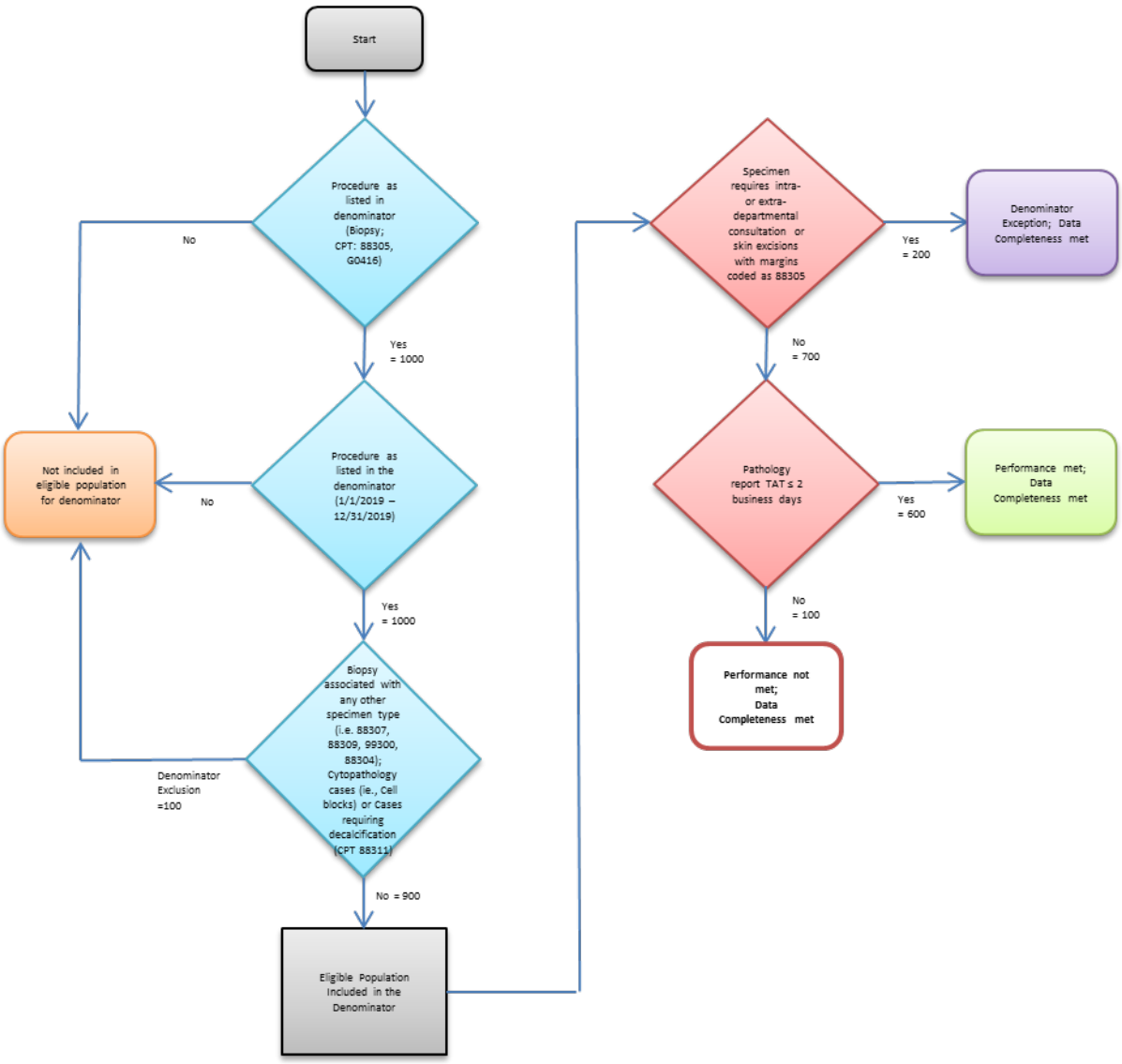
[2] Highlight indicates change from 2018 reporting to 2019 reporting.

Meaningful Measure Rationale	Turnaround time (TAT) is an indicator of efficiency in anatomic pathology and may affect coordination of patient care. Measuring report timeliness, or TAT, is an indicator of efficiency in the completion of many complex and interdependent laboratory, technical, clerical, and human interpretive processes that each result in the pathology diagnostic report. Timely pathology reports are one of the most important tools physicians use to adequately manage the quality and safety of patient care. The implication of surgical pathology report delay, as shown in research evidence, is that prolonged turnaround time plays a major role in disease complications, including raising morbidity and mortality rates. Therefore, verifying pathology reports in an appropriate timeframe helps healthcare practitioners with timely diagnosis and more effective treatment planning. The accuracy of diagnosis and providing timely complete reports is one of the main quality indicators in surgical pathology. Turnaround time is considered a key daily quality performance evaluation element since it can easily be assessed with laboratory information systems (1-6). 1. Alshieban S. and Al-Surimi K. Reducing turnaround time of surgical pathology reports in pathology and laboratory medicine departments. BMJ Qual Improv Rep. 2015 Nov 24;4(1). pii: u209223.w3773. doi: 10.1136/bmjquality.u209223.w3773. eCollection 2015. 2. Morales, Azorides R. et al. Rapid-Response, Molecular-Friendly Surgical Pathology: A Radical Departure from the Century-Old Routine Practice. Journal of the American College of Surgeons , Volume 207 , Issue 3 , 320 - 325 2008. 3. Robin T. Vollmer; Analysis of Turnaround Times in Pathology: An Approach Using Failure Time Analysis, American Journal of Clinical Pathology, Volume 126, Issue 2, 1 August 2006, Pages 215–220, https://doi.org/10.1309/YTEKD0CNUBKJVFTW. 4. 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. 5. 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. 6. 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.
Measure Type	Process
Data Source	Laboratory Information Systems; pathology reports
Summary of Performance Gap Evidence	Pathologists signed off 85.9% of 5384 biopsy diagnoses by the second working day, and surgeons received 88.3% of the hard-copy reports by the fourth working day. In 90% of hospitals participating in this study, pathologists signed off half their biopsy diagnoses between the second and third post-collection days, and 90% of surgeons received half their final hardcopy reports by the fourth post-collection day (1). In the second study of 14,298 cases, on average the percentage of cases processed and reports signed out in 2 working days or less was 80% for all complex specimen cases, 90% for routine cases, and 60% for special-handling cases (2). The mean of

	all participants' median TATs was 2.6 days (range 0-13.5 days) for cases requiring special handling (2). 1. 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. 2. Zarbo, RJ, et. al. Intralaboratory timeliness of surgical pathology reports. Results of two College of American Pathologists Q-Probes studies of biopsies and complex specimens. Arch Pathol Lab Med. 1996 Mar;120(3):234-44.
Measure Owner	College of American Pathologists
NQF ID	N/A
Number of Performance Rates	1
Overall Performance Rate	1st Performance Rate
High-priority	Yes
Improvement Notation	Inverse Measure: No **Proportional Measure: Yes (Higher score indicates better quality)** Continuous Variable Measure: No Ratio Measure: No Risk-adjusted: No
Specialty	Pathology
Current Clinical Guideline the Measure is Derived From	None

Measure Flow



Data Completeness = Performance Met + Denominator Exceptions + Performance Not Met / Eligible Population = 200 + 600 + 100 / 900 = 100%

Performance Rate = Performance Met / Data Completeness Numerator + Denominator Exceptions = 600 / 800 = 75%