CMS Measure ID/CMS QCDR ID: CAP 28
Measure Title: *Helicobacter pylori* Status and Turnaround Time

Measure Specifications

Measure Description	Percentage of stomach biopsy cases with gastritis that address the presence or absence of *Helicobacter pylori* **AND** meet the maximum 2 business day turnaround time (TAT) requirement (Report Date – Accession Date ≤ 2 business days) INSTRUCTIONS: This measure has two performance rates that contribute to the overall performance score: 1. Percent of cases in which presence or absence of *Helicobacter pylori* is addressed. 2. Percent of cases that meet the maximum 2 business day turnaround time. The overall performance score submitted is a straight average of: (Numerator 1 + Numerator 2)/(Denominator 1 + Denominator 2).
Denominator Statement	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. CPT®[1]: 88305 (Stomach, biopsy) **AND** ICD10: • 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
Denominator Exclusions	Gastric resections
Denominator Exceptions	Cases requiring intra-departmental or extra-departmental consultation
Numerator Statement	Final pathology reports that address the presence or absence of *Helicobacter pylori* organisms **AND** Final pathology report that is verified in the laboratory/hospital information system and available to the requesting physician(s) within 2 business days.

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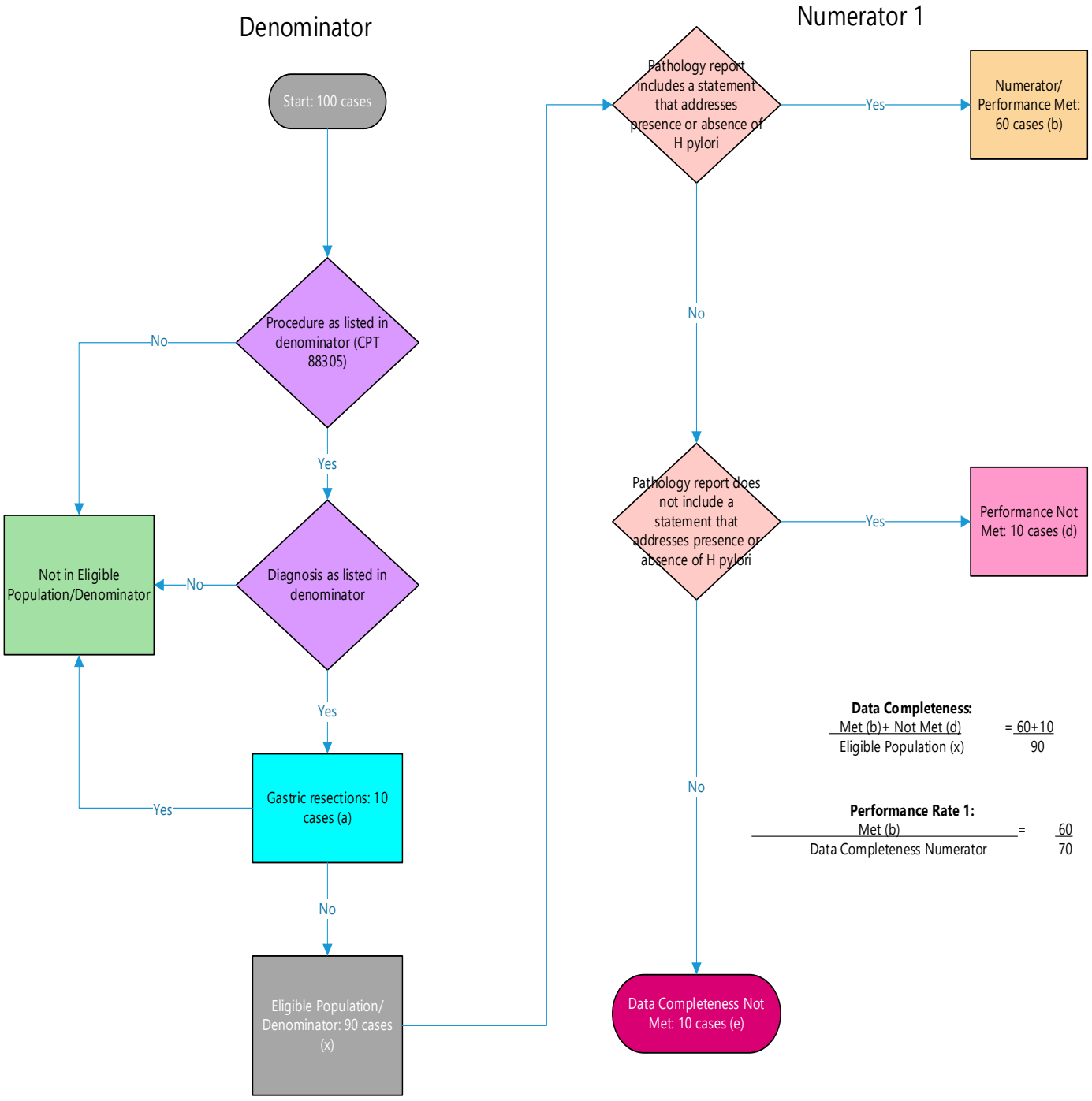
Numerator Exclusions	None
Guidance	Numerator definitions: 1. The presence or absence of *Helicobacter pylori* can be determined by any method deemed appropriate by the case pathologist, including but not limited to routine H&E sections, immunohistochemical stains, or special stains. 2. Documentation of the presence of absence of *Helicobacter pylori* 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 the pathologist, reported by the laboratory information system and is available to the requesting physician(s) (signed out). 6. Signed Out/Verified: When a pathology report is released with a final diagnosis.
Measure Information	
NQS Domain	Communication and Care Coordination
Meaningful Measures Area(s)	Transfer of Health Information and Interoperability
Meaningful Measure Rationale	*Helicobacter pylori* infection increases the risk for gastric cancer; treatment of the infection reduces that risk and can only be effectively applied following appropriate testing (1). 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). 1. Batts KP, et al Appropriate use of special stains for identifying *Helicobacter pylori*: 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. BMJ Qual Improv Rep. 2015 Nov 24;4(1). pii: u209223.w3773. doi: 10.1136/bmjquality.u209223.w3773. eCollection 2015.

	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. 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.
Measure Type	Process
Data Source	Laboratory Information Systems; pathology reports
Summary of Performance Gap Evidence	Based on data submitted to the Pathologists Quality Registry in 2019, the performance rate for this measure ranges between 0.09% and 100%. The average performance rate in 2019 for 29 practices, including over 66,000 cases and 115 providers, was 70.25%. The standard deviation for the performance rate was 31.6, indicating a wide range of performance rates among practices. Scientific literature supports this registry data: "*Helicobacter pylori* 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 *Helicobacter pylori* infection, the American Gastroenterological Association guidelines are infrequently adhered to" (2). 1. Batts KP, et al Appropriate use of special stains for identifying *Helicobacter pylori*: Recommendations from the Rodger C. Haggitt Gastrointestinal Pathology Society. Am J Surg Pathol. 2013 Nov;37(11):e12-22. 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 *Helicobacter pylori* infection. Can J Gastroenterol. 2013 Oct;27(10):e25-30.
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
Care Setting and Specialty	Care Setting: Other—Laboratories; Telehealth not applicable Specialty: Pathology
Current Clinical Guideline the Measure is Derived From	None

Measure Flow

Performance Rate 1:



Performance Rate 2: