

Structural Measures

CMS Special Project: Development of Physician Office Quality Measures

Measure: Tracking of Lab Test Results and Referrals

Measure Description:

Documentation that provider has a process in place to track pending laboratory tests, diagnostic studies (includes common preventive screenings) or patient referrals. This process includes patient notification when results or referral reports are not received within a predefined timeframe.

NUMERATOR:

Provider office able to track pending laboratory tests, diagnostic studies, or referrals

Numerator Coding:

Patient Encounter includes Laboratory Tests, Diagnostic Studies, or Referrals Entered into Tracking System

GTLT01: At the time of the patient encounter, all resulting orders for laboratory tests, diagnostic studies (including common preventive screenings) or patient referrals were entered into a tracking system capable of notifying patients and the practitioner of results as well as notifying the practitioner if results have not been received when expected.

OR

Patient Encounter NOT Requiring Laboratory Test, Diagnostic Studies, Referrals

GTLT02: Patient had no orders for laboratory tests, diagnostic studies (including common preventive screenings) or patient referrals at this patient encounter.

DENOMINATOR:

Patients 18 years of age and older

Denominator Coding:

A CPT procedure code, CPT service code, CPT E/M code, HCPCS D-code or HCPCS G-code is required to identify patients for denominator inclusion.

CPT procedure codes, CPT service codes, CPT E/M codes, HCPCS D-codes or HCPCS G-codes: 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 92002, 92004, 92012, 92014, 96150, 96151, 96152, 98940, 98941, 98942, 99201, 99202, 99203, 99204, 99205, 99210, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99385, 99386, 99387, 99395, 99396, 99397, D7140, D7210, G0101, G0108, G0109

Instructions:

This measure is to be reported each time a provider sees a patient age 18 years and older in the ambulatory setting during the reporting period. The performance period for this measure is 12 months. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

This measure can be reported using G-codes:

CPT E/M codes, CPT service codes, CPT procedure codes, HCPCS D-codes, HCPCS G-codes and patient demographics (age, gender, etc.) are used to identify patients who are included in the measure's denominator. G-codes are used to report the numerator of the measure.

When reporting the measure, submit the appropriate denominator code(s) and the appropriate numerator G-code.

Structural Measures

CMS Special Project: Development of Physician Office Quality Measures

Definition of Terms:

Tracking system – A method for collecting patient specific information either electronically or as a manual paper-based process, as long as it has the functionality outlined.

Patient referral – The act of requesting treatment or advice on treatment/management from an additional provider.

Rationale:

Failure to review and follow up on outpatient test results or patient referrals in a timely manner represents a patient safety and malpractice concern. Many medical errors occur during the laboratory testing process, including lost test results. Missed test results are common in clinical practice. When laboratory tests, diagnostic studies or patient referrals are ordered in an outpatient facility without a tracking process, follow-up action is only triggered when results return and are reviewed by the provider. If results or a referral report are never obtained, there is no trigger to assure that the patient has had all of the required treatment/evaluation completed.

Patients often assume that if they do not hear from their provider that all is well and results of all evaluations were normal. Without a tracking process in place by the ordering facility, this possible erroneous assumption on the part of the patient can allow for abnormal results to be lost and not acted on in a timely manner.

Evidence Supporting the Criterion of the Quality Measure:

Overall Evidence Grading: SORT Strength of Recommendation B: considerable patient-oriented evidence, i.e., re: improving patient safety, reducing medical errors, reducing lost test results, improving reporting timeliness, follow-up, and patient satisfaction, but not consistently high quality evidence

Baldwin, D. M., Quintela, J., et al. (2005) "Patient preferences for notification of normal laboratory test results: A report from the ASIPS [Applied Strategies for Improving Patient Safety] Collaborative." BMC Family Practice Volume, DOI: 10.1186/1471-2296-6-11

Many medical errors occur during the laboratory testing process, including lost test results.

Patient inquiry concerning results often represents the final safety net for locating lost results.

Study quality level 2 (limited-quality patient-oriented evidence)

Bates, D. (2005). "Doing better with critical test results." Joint Commission Journal of Quality and Patient Safety 31(2): 66-67, 61.

Data suggest that about a third of patients with abnormal Pap smears and a third of those with abnormal mammograms do not receive appropriate follow-up.

Study quality level 2 (limited-quality patient-oriented evidence)

Priyanath, A., et al. (2002). "Patient satisfaction with the communication of mammographic results before and after mammography." American Journal of Roentgenology 178: 451-456.

Priyanath, et al. found that, "By standardizing results notification, the Mammography Quality Standards Reauthorization Act improved patient satisfaction and reporting timeliness among screening examination patients."

Study quality level 2 (limited-quality patient-oriented evidence)

Sung, S., Forman-Hoffman, V. (2006). "Direct reporting of laboratory test results to patients by mail to enhance patient safety." Journal of General Internal Medicine 21(10).

Missed test results are common in clinical practice and compromise patient safety. Direct reporting of selected test results to patients is one system for ensuring that important results are

Structural Measures

CMS Special Project: Development of Physician Office Quality Measures

not missed, but implementation should consider the specific test in question, the test result, and provider preference.

Study quality level 2 (limited-quality patient-oriented evidence)

Thiedke, C. (2005). "Physician pattern of patient notification of test results." Journal of the American Women's Association 60(1): 58 - 61.

Timely reporting of test results is an area of interest to all parties in the health care system. Given the lack of any accepted best-practice guidelines, each physician has a different way of notifying his/her patients depending on personal philosophy and practice environment. Research has shown that there is a mismatch between patients' desires for notification of test results and physician practice.

Study quality level 2 (limited-quality patient-oriented evidence)

Meza, J. P., Webster, D. S. (2000). "Patient preferences for laboratory test results notification." American Journal of Managed Care 6(12): 1340-1342.

According to Meza and Webster, "Patients whose test results are abnormal cannot make health behavior changes until the final phase of the laboratory testing process, patient notification, has been completed. Patients whose results are normal are often not notified at all."

Poon, E. (2004). "I wish I had seen this test result earlier." Archives of Internal Medicine 164(20): 2223 - 2228.

Failure to review and follow up on outpatient test results in a timely manner represents a patient safety and malpractice concern.

White, B. (2002). "Four principles for better test-result tracking." Family Practice Management 9(7): 41-44.

Although a standardized system for test-result tracking does not exist, White recommends the following four steps: redesign your system, make technology your friend, involve your patients, and create a new culture. Electronic tracking systems are more efficient than paper systems; however, they must have a "clearly defined, uniformed system for managing test results."