



**PCHQR Program:
Documentation of Goals of Care Discussions
Among Cancer Patients (PCH-42)
Measure Overview**

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Speakers

Kristen McNiff Landrum, MPH

President, KM Healthcare Consulting, LLC

Lisa Vinson, BS, BSN, RN

Program Lead

Prospective Payment System (PPS)-exempt Cancer Hospital

Quality Reporting (PCHQR) Program

Inpatient Value, Incentives, and Quality Reporting

Outreach and Education Support Contractor

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We will respond to questions as soon as possible.

Acronyms

CMS	Centers for Medicare & Medicaid Services
EHR	electronic health record
EOL	End of Life
FY	fiscal year
GOC	Goals of Care
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
PCH	Prospective Payment System-exempt Cancer Hospital
PCHQR	Prospective Payment System-exempt Cancer Hospital Quality Reporting
PPS	Prospective Payment System
Q	Quarter

Purpose

This presentation will provide an overview of the Documentation of Goals of Care Discussions Among Cancer Patients (PCH-42) measure for the PCHQR Program.

Objectives

PCHQR Program participants will be able to:

- Understand how the PCH-42 measure was developed based on the measure specifications.
- Answer questions related to the measure specifications and submission requirements.

Lisa Vinson, BS, BSN, RN

PCH-42 Measure Information

Background and Requirements

- The PCH-42 measure was finalized for inclusion in the PCHQR Program in the [fiscal year \(FY\) 2024 Inpatient Prospective Payment System/Long-Term Care Hospital PPS final rule](#) (pages 59222–59224) for the FY 2026 program year.
- The PCH-42 measure has one annual, web-based data submission. FY 2026 (calendar year 2024) data will be submitted in the summer of 2025 via the Hospital Quality Reporting system.
- FY 2026 data are anticipated to be publicly reported on the data catalog on [Data.cms.gov](https://data.cms.gov) in July 2026.

Kristen McNiff Landrum, MPH

Description and Specifications

Background

- Goal concordant care has been widely recognized as a critical outcome for those with serious illness.
- Measuring documentation of goals of care (GOC) discussions is a key step toward achieving the outcome of goal concordant care.
- Oncologists have a responsibility for ensuring the conduct and documentation of these discussions among their patients who are seriously ill.
- Documentation of goals in structured fields prompts discussions, enhances their quality and efficiency, and promotes accessibility.
- GOC discussions should predominantly occur during outpatient interactions, and early in the care process.
 - GOC discussions may occur over multiple encounters.
 - Goals should be re-assessed and updated as appropriate.

Measure Description

- This measure assesses goals of care discussion documentation among patients with cancer who die while receiving care at the reporting hospital.



It is important to note that GOC discussions are not limited to end-of-life discussions. This patient population is used for measurement purposes and does not represent the full cohort for whom GOC discussions should occur.

- In this process measure, reported annually, hospitals will report the percent of cancer patients who died during the reporting period and had the patients' GOC documented prior to death.

Evidence/Rationale

- Clinicians lack serious illness communication training; too few GOC conversations occur.
- 99% of clinicians believe that serious illness conversations are important; only 29% of clinicians report having received serious illness communication training.
- Americans report having a serious illness conversation with their clinician only 11% of the time; 92% of Americans say that they would be comfortable having these discussions with their clinicians.

Patient-Clinician Communication: American Society of Clinical Oncology Consensus Guideline, 2017
Fulmer T, Escobedo M, Berman A, Koren MJ, Hernández S, Hult A. Physicians' Views on Advance Care Planning and End-of-Life Conversations. *Journal of the American Geriatrics Society*. 2018;66(6):1201-1205.

Hamel, Liz, et al. *Views and Experiences with End-of-Life Medical Care in the U.S.* 2017.

Gilligan T, Coyle N, Frankel RM, et al. Patient-Clinician Communication: American Society of Clinical Oncology Consensus Guideline. *Journal of Clinical Oncology*, 2017; 35(31), 3618–3632.

<https://doi.org/10.1200/JCO.2017.75.2311>

Teno JM, Fisher ES, Hamel MB, Coppola K, Dawson NV. Medical Care Inconsistent with Patients' Treatment Goals: Association with 1-Year Medicare Resources Use and Survival. *Journal of the American Geriatrics Society*. 2002;50(3):496-500.

Khandelwal N, Curtis JR, Freedman VA, et al. How Often is End-of-Life Care in the United States Inconsistent with Patients' Goals of Care? *Journal of Palliative Medicine*. 2017;20(12): 1400-1404.

Evidence/Rationale

- When GOC discussions do occur, they are often conducted in the inpatient setting and close to death.
- Among seriously ill patients who prefer comfort care, only 41% report care consistent with their wishes. Care consistent with preferences is associated with a higher quality of care and lower medical costs.
- The American Society of Clinical Oncology recommends clinician training in communications skills and discussion of goals of care and prognosis, treatment selection, end-of-life care, and facilitating family involvement in care.

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Fulmer T, Escobedo M, Berman A, Koren MJ, Hernández S, Hult A. Physicians' Views on Advance Care Planning and End-of-Life Conversations. *Journal of the American Geriatrics Society*. 2018;66(6):1201-1205.

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Measure Development

- Alliance of Dedicated Cancer Centers led measure development, seeking to increase GOC discussion/documentation and “round out” the existing claims-based End of Life (EOL) measures.
- An expert committee of national oncology and palliative care leaders engaged in a structured process and achieved consensus that:
 - Oncologists must oversee documentation of goals of care discussions in the electronic health record, although other team members may contribute to GOC discussions and documentation.
 - GOC documentation reflects the patient’s values, preferences, and wishes.
 - GOC documentation captures the intent of current treatment, physician’s estimated prognosis, prognosis discussed with the patient, patient goals, and recommendations.
 - Synonyms may be used in the electronic health record (EHR) for these concepts.
 - GOC documentation should be structured to ease entry and to facilitate retrieval/reporting.

Specifications

Population: The population is the number of patients who died in the measurement period.

- Patients who died at the reporting hospital in the measurement period
AND
- Patients who with a diagnosis of cancer
AND
- Patients who had a least two eligible contacts at the reporting hospital within the six months prior to the date of death (Eligible contacts are inpatient admissions **and/or** hematology-oncology ambulatory visits at the reporting hospital.)
- Relevant codes:
 - Diagnosis of cancer: International Classification of Diseases-10 code list: C00.x-C96.9, J91.0, R18.0, D37.xx – D48.xx
(Note that this diagnosis list excludes history of cancer codes, in situ codes, and non-melanoma skin cancer codes.)
 - Eligible contacts:
 - Inpatient admissions (excluding emergency department visits and observation stays)
 - Hematology-oncology ambulatory visit defined by Evaluation and Management Current Procedural Terminology® codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, or G0463
 - Note that patients who are on a clinical trial should be included if they otherwise meet criteria.

Specifications:

Numerator and Denominator

Denominator: Number of patients meeting the criteria for inclusion for the population (defined on previous slide) in the reporting period

Numerator: The number of individual deceased patients in the measurement period for whom a GOC conversation was documented in a structured field(s) in the medical record

- GOC documentation reflects the patient's values, preferences, and wishes.
- GOC documentation fields include the following areas (synonyms may be used): intent of current treatment, physician's estimated prognosis, prognosis discussed with the patient, patient goals, and recommendations.
- The measure requires documentation in patient goals field(s). Compliance with the numerator includes the following:
 - Any documentation in the patient goals field(s) in the electronic medical record **OR**
 - Documentation that the patient opted not to have a goals of care discussion
- Documentation may originate from any visit type or provider as permitted by the reporting hospital.
 - This documentation may be performed by any member of the health care team within the hospital allowed to perform such documentation. However, it is ultimately the responsibility of the patient's oncologist to ensure that this documentation of goals of care discussion(s) occurs.

Specifications: Measure Calculation

- **Calculation of Performance Score:**
Performance is reported as a proportion (percentage) determined by calculating $[(\text{Numerator} \div \text{Denominator})] \times 100$.
- A higher score is better.
- This measure is not risk adjusted or stratified.

Implementation Experience

- Typically, existing advance care planning notes in EHRs do not fully capture patient goals.
 - Vendors are responding to requests and building better documentation templates.
 - Example: Epic's SIC tab
- Centers have created dedicated GOC notes and associated reports.
- Best practice is for cancer programs to train oncologists to have effective and efficient GOC conversations with their patients, in combination with structured EHR documentation.

SIC=Serious Illness Care

Lisa Vinson, BS, BSN, RN

Resources and Reminders

Measure Resources

- QualityNet
 - [Question and Answer Tool](#)
 - Updated PCHQR Program pages
 - PCHQR Measures – *Coming Soon*
 - Data Collection – *Coming Soon*
 - Subscribe to PCHQR Program Email Updates:
<https://qualitynet.cms.gov/listserv-signup>
- [CMS Measures Inventory Tool](#)

Key Program Reminders

- Upcoming Data Submission Deadlines
 - April 3, 2024: Quarter (Q) 3 2023 Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data
- Public Reporting
 - April 2024 preview period ends February 22, 2024.
 - Q3 2022–Q2 2023 HCAHPS Survey data
 - Q3 2022–Q2 2023 Healthcare-Associated Infection measure data
 - Q2 2023 COVID-19 Healthcare Personnel measure data
- Upcoming FY 2025 claims-based measure report releases: Summer 2024
 - EOL measures (PCH-32, PCH-33, PCH-34, and PCH-35)
 - Outpatient Chemotherapy measure (PCH-30 and PCH-31)
 - Prostate Cancer (PCH-37)

Lisa Vinson, BS, BSN, RN

Question and Answer Session

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Closing Remarks

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