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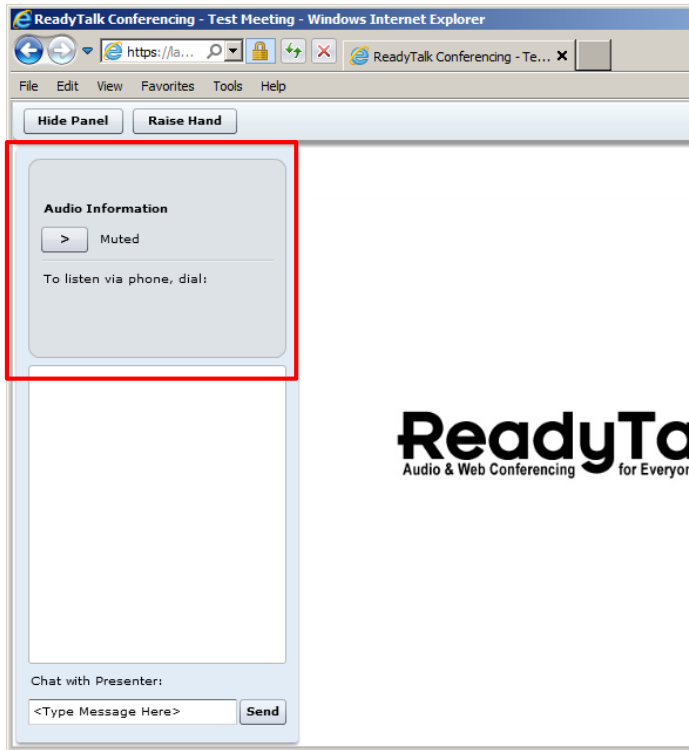
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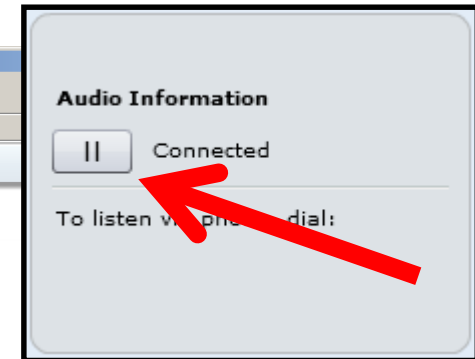
Troubleshooting Audio

Audio from computer speakers breaking up?
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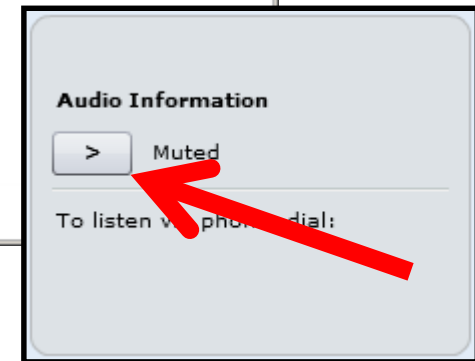
- Click Pause button
- Wait 5 seconds
- Click Play button



Location of Audio Controls



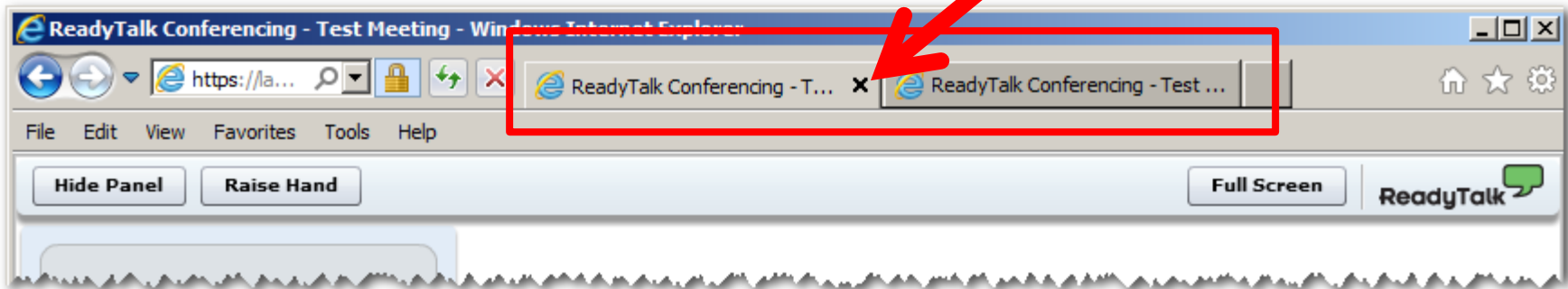
Step 1



Step 2

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab and the echo will clear up.



Example of Two Browsers Tabs open in Same Event

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



A screenshot of a web browser window showing a CMS event chat interface. The window title bar includes "Hide Chat", "Leave Hand", "Full Screen", and "ReadyToGo". The main content area features the CMS logo (CENTERS FOR MEDICARE & MEDICAID SERVICES) and the text "Welcome to Today's Event". Below this, a message reads "Thank you for joining us today! Our event will start shortly." In the bottom-left corner, there is a "Chat with Presenter" section with a text input field containing "Type questions here." and a "Send" button. A yellow arrow from the text on the left points to this input field.



PCHQR Reporting: Focus on Cancer-Specific Treatment Measures

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

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Purpose

This presentation will review the measures and reporting periods for the PCHQR Program.

The timeframes reviewed pertain to:

- Hospital Quality Reporting (HQR)
- Public Reporting (PR)

There will be a specific focus on obtaining and reporting the three Cancer-Specific Treatment Measures.

Objectives

Upon completion of this program participants will be able to:

- List the required reporting periods and data submission dates for all PCHQR measures for both Hospital Quality Reporting and Public Reporting
- State the systems by which individual measure groups may be submitted
- Explain the relationship between PCHQR measures and specific Program Years
- Use the information to obtain Cancer-Specific Treatment Measures for their hospital and report them to maintain compliance with the requirements of the PCHQR

Acronyms

- **ACoS** American College of Surgeons
- **ADCC** Alliance of Dedicated Cancer Centers
- **APU** Annual Payment Update
- **CAUTI** Catheter-Associated Urinary Tract Infections
- **CDC** Centers for Disease Control and Prevention
- **CDI** *Clostridium difficile* Infection
- **CLABSI** Central Line-Associated Bloodstream Infection
- **CMS** Centers for Medicare & Medicaid Services
- **CST** Cancer-Specific Treatments
- **CSV File** Comma Separated Value File
- **CY** Calendar Year
- **FacWideIN** Facility-wide Inpatient
- **FR** Federal Register
- **FY** Fiscal Year
- **HAI** Healthcare-Associated Infection
- **HCAHPS** Hospital Consumer Assessment of Healthcare Providers and Systems Survey
- **HCP** Healthcare Personnel
- **HQR** Hospital Quality Reporting
- **LabID** Laboratory Identification
- **MRSA** Methicillin-Resistant *Staphylococcus aureus*
- **NHSN** National Healthcare Safety Network
- **NQF** National Quality Forum
- **OCM** Oncology Care Measure
- **POD** Post-operative Day
- **PCH** PPS-Exempt Cancer Hospital
- **PCHQR** PPS-Exempt Cancer Hospitals Quality Reporting
- **PR** Public Reporting
- **PY** Program Year
- **Q** Quarter
- **RQRS** Rapid Quality Reporting System
- **SCIP** Surgical Care Improvement Project
- **SSI** Surgical Site Infection
- **UHC** University Hospital Consortium

Summary of Finalized PCHQR Program Measures in 2016 Final Rule

NQF # Safety and Healthcare-Associated Infection (HAI)	
0139	CDC NHSN CLABSI Outcome Measure
0138	CDC NHSN CAUTI Outcome Measure
0753	Harmonized Procedure-Specific SSI Outcome Measure (currently includes SSIs following Colon Surgery and Abdominal Hysterectomy Surgery)
1717	CDC NHSN Facility-wide Inpatient Hospital-onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure
1716	CDC NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) Bacteremia Outcome Measure
0431	CDC NHSN Influenza Vaccination Coverage Among Healthcare Personnel [HCP]
NQF # Clinical Process/Cancer Specific Treatments	
0223	Adjuvant Chemotherapy is considered or administered within four months (120 days) of diagnosis to patients under the age of 80 with AJCC III (lymph node positive) Colon Cancer
0559	Combination Chemotherapy is considered or administered within four months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage IB - III Hormone Receptor Negative Breast Cancer
0220	Adjuvant Hormonal Therapy

Summary of Finalized PCHQR Program Measures in 2016 Final Rule

NQF #	Clinical Process/Oncology Care Measures
0382	Oncology: Radiation Dose Limits to Normal Tissues
0383	Oncology: Plan of Care for Pain
0384	Oncology: Pain Intensity Quantified
0390	Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Patients
0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Patients
NQF #	Patient Engagement/Experience of Care
0166	HCAHPS [Hospital Consumer Assessment of Healthcare Providers and Systems Survey]
NQF #	Clinical Effectiveness Measure
1822	External Beam Radiotherapy for Bone Metastases
NQF #	Surgical Care Improvement Project (ending Q3 2015)
0218	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis within 24 Hours Prior to Surgery to 24 Hours After Surgery
0453	Urinary Catheter Removed on Post-Operative Day One (POD1) or POD2 with Day of Surgery Being Day 0
0527	Prophylactic Antibiotic Received within One Hour Prior to Surgical Incision
0528	Prophylactic Antibiotic Selection for Surgical Patients
0529	Prophylactic Antibiotic Discontinued within 24 Hours After Surgery End Time
0284	Surgery Patients in Beta-Blocker therapy Prior to Admission who Receive a Beta-Blocker During the Perioperative Period

Calendar, Fiscal, and Program Years – Oh My!

- **Calendar Year:** January 1 through December 31 of a given year
- **CMS Fiscal Year:** October 1 through September 30 (i.e., straddling two Calendar Years)
- **Program Year:** a given Fiscal Year (e.g., FY 2016)

Example of Calendar/Fiscal/Program Cycle

CDI is added to PCHQR in the FY 2016 Final Rule

- FY 2016 Final Rule is published on August 17th, 2015, adding CDI to the PCHQR Program beginning with FY 2018
- Program Year/Fiscal Year 2018 Reporting periods for CDI are defined in the Final Rule as Q1 through Q4 of 2016 events
- Data submission deadlines defined in Rule
 - Q1 2016 events August 15, 2016
 - Q2 2016 events November 15, 2016
 - Q3 2016 events February 15, 2017
 - Q4 2016 events May 15, 2017
- The data for the Q1 through Q4 2016 events are reported in the FY 2018 timeframe, as found on the Facility Report

NOTE: Although the PCH Program does not include payment incentives at this time, this Program Year structure allows CMS to receive and analyze the 2016 data during 2017 and apply it to the APU and other financial updates for FY 2018.

HAI Measures – HQR CLABSI and CAUTI

Program Year (FY)	Reporting Periods (CY)	Data Submission Deadlines (CY)
2016	Q1 2015 events (January 1 – March 31, 2015)	August 15th, 2015
	Q2 2015 events (April 1–June 30, 2015)	November 15, 2015
	Q3 2015 events (July 1–September 30, 2015)	February 15, 2016
	Q4 2015 events (October 1–December 31, 2015)	May 15, 2016
2017	Q1 2016 events (January 1–March 31, 2016)	August 15, 2016
	Q2 2016 events (April 1–June 30, 2016)	November 15, 2016
	Q3 2016 events (July 1–September 30, 2016)	February 15, 2017
	Q4 2016 events (October 1–December 31, 2016)	May 15, 2017
Subsequent Years	Q1 events (January 1–March 31 of the year before the Program Year)	August 15 of year before the Program Year
	Q2 events (April 1–June 30 of the year before the Program Year)	November 15 of year before the Program Year
	Q3 events (July 1–September 30 of the year before the Program Year)	February 15 of the Program Year
	Q4 events (October 1–December 31 of the year before the Program Year)	May 15 of the Program Year

HAI Measures – HQR

SSI, CDI, MRSA

Program Year (FY)	Reporting Periods (CY)	Data Submission Deadlines (CY)
2016 (SSI only)	Q2 2014 events (April 1–June 30, 2014)	November 15, 2014
	Q3 2014 events (July 1–September 30, 2014)	February 15, 2015
	Q4 2014 events (October 1–December 31, 2014)	May 15, 2015
2017 (SSI only)	Q1 2015 events (January 1–March 31, 2015)	August 15, 2015
	Q2 2015 events (April 1–June 30, 2015)	November 15, 2015
	Q3 2015 events (July 1–September 30, 2015)	February 15, 2016
	Q4 2015 events (October 1–December 31, 2015)	May 15, 2016
2018 and Subsequent Years (SSI, CDI, and MRSA)	Q1 events (January 1–March 31 of year two years before the Program Year)	August 15 of year two years before the Program Year
	Q2 events (April 1–June 30 of year two years before the Program Year)	November 15 of year two years before the Program Year
	Q3 events (July 1–September 30 of year two years before the Program Year)	February 15 of year one year before the Program Year
	Q4 events (October 1–December 31 of year two years before the Program Year)	May 15 of year one year before the Program Year

HCP Measure

Hospital Quality Reporting

CDC NHSN HCP (NQF #0431) Measure Reporting Periods and Submission Timeframes Beginning with the FY 2018 Program		
Program Year (FY)	Reporting Periods (CY)	Data Submission Deadlines (CY)
2018	Q4 2016 counts (October 1–December 31, 2016)	May 15, 2017
	Q1 2017 counts (January 1–March 31, 2017)	
Subsequent Years	Q4 counts (October 1–December 31 of year two years before the program year)	May 15 of year one year before the Program Year
	Q1 counts (January 1–March 31 of year one year before the program year)	

CST Measures – Hospital Quality Reporting

Adjuvant Chemotherapy for Colon (NQF #0223) and Combination Chemotherapy for Breast Cancer (NQF #0559)

Program Year (FY)	Reporting Periods (CY)	Data Submission Deadlines (CY)
2016	Quarter 1 2015 Diagnosis Cohort (January 1 – March 31, 2015)	November 15, 2015
	Quarter 2 2015 Diagnosis Cohort (April 1 – June 30, 2015)	February 15th, 2015
	Quarter 3 2015 Diagnosis Cohort (July 1 – September 30, 2015)	May 15, 2016
	Quarter 4 2015 Diagnosis Cohort (October 1 – December 31, 2015)	August 15, 2016
2017	Quarter 1 2016 Diagnosis Cohort (January 1 – March 31, 2016)	November 15, 2016
	Quarter 2 2016 Diagnosis Cohort (April 1 – June 30, 2016)	February 15th, 2016
	Quarter 3 2016 Diagnosis Cohort (July 1 – September 30, 2016)	May 15, 2017
	Quarter 4 2016 Diagnosis Cohort (October 1 – December 31, 2016)	August 15, 2017
2018 and Subsequent Years	Quarter 1 Diagnosis Cohort (January 1 – March 31 of the year prior to the Program Year)	November 15 of year before the Program Year
	Quarter 2 Diagnosis Cohort (April 1 – June 30 of the year prior to the Program Year)	February 15 of year before the Program Year
	Quarter 3 Diagnosis Cohort (July 1 – September 30 of the year prior to the Program Year)	May 15 of the Program Year
	Quarter 4 Diagnosis Cohort (October 1 – December 31 of the year prior to the Program Year)	August 15 of year the Program Year

Cancer-Specific Treatment Measures – HQR Adjuvant Hormonal Therapy (NQF #0220)

Program Year (FY)	Reporting Periods (CY)	Data Submission Deadlines (CY)
2015	Quarter 3 2014 Diagnosis Cohort (July 1 – September 30, 2014)	November 15, 2015
	Quarter 4 2014 Diagnosis Cohort (October 1 – December 31, 2014)	February 15th, 2015
2016	Quarter 1 2015 Diagnosis Cohort (January 1 – March 31, 2015)	May 15, 2016
	Quarter 2 2015 Diagnosis Cohort (April 1 – June 30, 2015)	August 15, 2016
	Quarter 3 2015 Diagnosis Cohort (July 1 – September 30, 2015)	November 15, 2016
	Quarter 4 2015 Diagnosis Cohort (October 1 – December 31, 2015)	February 15th, 2017
2017 and Subsequent Years	Quarter 1 Diagnosis Cohort (January 1 – March 31 of the year prior to the Program Year)	May 15 of the Program Year
	Quarter 2 Diagnosis Cohort (April 1 – June 30 of the year prior to the Program Year)	August 15 of the Program Year
	Quarter 3 Diagnosis Cohort (July 1 – September 30 of the year prior to the Program Year)	November 15 of the Program Year
	Quarter 4 Diagnosis Cohort (October 1 – December 31 of the year prior to the Program Year)	February 15 of year after the Program Year

Clinical Process/ Oncology Care Measures – HQR

Program Year (FY)	Reporting Periods (CY)	Data Submission Deadlines
2016	Q1 2015 Treatments January 1, 2015 – March 31, 2015	July 1, 2015 – August 15, 2015
2017	Q2 2015 Treatments (April 1, 2015 – June 30, 2015) Q3 2015 Treatments (July 1, 2015 – September 30, 2015) Q4 2015 Treatments (October 1, 2015 – December 31, 2015)	July 1, 2016 – August 15, 2016
2018 And Subsequent Years	Q1 Treatments (January 1 – March 31 of year two years before the Program Year) Q2 Treatments (April 1 – June 30 of year two years before the Program Year) Q3 Treatments (June 1 – September 30 of year two years before the Program Year) Q4 Treatments (October 1 – December 31 st of year two years before the Program Year)	July 1 – August 15 each year before the Program Year

SCIP Measures

Hospital Quality Reporting

Program Year (FY)	Reporting Periods (Calendar Year)	Data Submission Deadlines
2016	Q1 2015 discharges (January 1, 2015 – March 31, 2015)	July 1, 2015 – August 15, 2015
2017	Q2 2015 discharges (April 1, 2015 – June 30, 2015) Q3 2015 discharges (July 1, 2015 – September 30, 2015)	July 1, 2016 – August 15, 2016

Clinical Effectiveness – External Beam Therapy for Bone Metastases

Program Year (FY)	Reporting Periods (CY)	Data Submission Deadlines
2017	Q1 2015 Treatments (January 1, 2015 – March 31, 2015) Q2 2015 Treatments (April 1, 2015 – June 30, 2015) Q3 2015 Treatments (July 1, 2015 – September 30, 2015) Q4 2015 Treatments (October 1, 2015 – December 31, 2015)	July 1, 2016 – August 15, 2016
2018	Q1 2016 Treatments (January 1, 2016 – March 31, 2016) Q2 2016 Treatments (April 1, 2016 – June 30, 2016) Q3 2016 Treatments (July 1, 2016 – September 30, 2016) Q4 2016 Treatments (October 1, 2016 – December 31, 2016)	July 1, 2017 – August 15, 2017
Subsequent Years	Q1 Treatments (January 1 – March 31 each year 2 years before Program Year) Q2 Treatments (April 1 – June 30 each year 2 years before Program Year) Q3 Treatments (July 1 – September 30 each year 2 years before Program Year) Q4 Treatments (October 1 – December 31 each year 2 years before Program Year)	July 1 – August 15 of each year before the Program Year

HCAHPS HQR

Program Year (FY)	Reporting Period (Calendar Year)	Data Submission Deadlines
2016	Q2 2014 Discharges (April 1, 2014 – June 30, 2014)	October 1, 2014
	Q3 2014 Discharges (July 1, 2014 – September 30, 2014)	January 7, 2015
	Q4 2014 Discharges (October 1, 2014 – December 31, 2014)	April 1, 2015
2017	Q1 2015 Discharges (January 1, 2015 – March 31, 2015)	July 1, 2015
	Q2 2015 Discharges (April 1, 2015 – June 30, 2015)	October 7, 2015
	Q3 2015 Discharges (July 1, 2015 – September 30, 2015)	January 6, 2016
	Q4 2015 Discharges (October 1, 2015 – December 31, 2015)	April 6, 2016
2018	Q1 2016 Discharges (January 1, 2016 – March 31, 2016)	July 6, 2016
	Q2 2016 Discharges (April 1, 2016 – June 30, 2016)	October 6, 2016
	Q3 2016 Discharges (July 1, 2016 – September 30, 2016)	January 4, 2017
	Q4 2016 Discharges (October 1, 2016 – December 31, 2016)	April 5, 2017

HQR General Framework

- The CST, CLABSI, and CAUTI measures have a one year lag to apply to the Program Year
- The other measures to date have a two year lag to apply to the Program Year
- The HCP measure, which spans two calendar years, has a one year lag to apply to the Program Year

Public Reporting for PCHQR

Summary of Previously Adopted and Newly Finalized Public Display Requirements

Measures	NQF #	Public Reporting
• Adjuvant Chemotherapy is Considered or Administered Within 4 Months (120 days) of Diagnosis to Patients Under the Age of 80 with AJCC III (lymph node positive) Colon Cancer	0223	2014 and subsequent years
• Combination Chemotherapy is Considered or Administered Within 4 Months (120 days) of Diagnosis for Women Under 70 with AJCC T1cN0M0 or Stage IB - III Hormone Receptor Negative Breast Cancer	0559	
• Adjuvant Hormonal Therapy	0220	2015 and subsequent years
• Oncology: Radiation Dose Limits to Normal Tissues	0382	2016 and subsequent years
• Oncology: Plan of Care for Pain	0383	
• Oncology: Pain Intensity Quantified	0384	
• Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Patients	0390	
• Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Patients	0389	
• HCAHPS	0166	
• CDC NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure	0139	2017 and subsequent years
• CDC NHSN Catheter-Associated Urinary Tract Infections (CAUTI) Outcome Measure	0138	

Public Reporting Data Submission Due Dates

Public Reporting Update Period	Type of File	Due Date	Chemo (PCH-1 & PCH-2)	Hormone (PCH-3)	OCM (PCH-14 - PCH-18)
Dec 2015	Test Production	7/15/2015 8/12/2015	Q4 2013 – Q3 2014 (Submitted by ACoS)	Q2 2013 - Q1 2014 (Submitted by ACoS)	N/A
Apr 2016	Test Production	9/17/2015 11/16/2015	Q12014 – Q42014 (Test file submitted by ACoS)	Q3 2013 – Q2 2014 (Test submitted by ACoS)	N/A
Jul 2016	Test Production	12/18/2015 2/16/2016	Q2 2014 – Q1 2015	Q4 2013 – Q3 2014	N/A
Oct 2016	Test Production	3/18/2016 5/16/2016	Q3 2014 – Q2 2015	Q1 2014 – Q4 2014	Q1 2015 (Tentative)
Dec 2016	Test Production	6/29/2016 8/16/2016	Q4 2014 – Q3 2015	Q2 2014 – Q1 2015	Not Refreshed
Apr 2017	Test Production	TBD 11/16/2017	Q1 2015 – Q4 2015	Q3 2014 – Q2 2015	Q1 – Q4 2015 (Tentative)
Jul 2017	Test Production	TBD 2/16/2017	Q2 2015 – Q1 2016	Q4 2014 – Q3 2015	Not Refreshed
Oct 2017	Test Production	TBD 5/16/2017	Q3 2015 – Q2 2016	Q1 2015 – Q4 2015	Not Refreshed
Dec 2017	Test Production	TBD 8/16/2017	Q4 2015 – Q3 2016	Q2 2015 – Q1 2016	Not Refreshed

NOTE: CLABSI and CAUTI planned for Public Reporting starting 2017

PCHQR Methods of Reporting

NQF Domain	Measure Type	Method of Reporting
Patient Safety	Healthcare-Associated Infection (HAI) and Health Care Personnel (HCP)	Via the National Healthcare Safety Network (NHSN) at the Centers for Disease Control and Prevention (CDC)
Clinical Process	Cancer-Specific Treatment Measures (CST)	Data entered into the Rapid Quality Reporting System (RQRS) at the American College of Surgeons (ACoS). Aggregate data via Secure File Exchange to the CMS Clinical Warehouse (Individual or via University Hospital Consortium) OR Direct entry of data via the <i>QualityNet Secure Portal</i> under the Web-Based Measures (planned)
Clinical Care	Surgical Care Improvement Project (SCIP)	Aggregate data via Secure File Exchange to the CMS Clinical Warehouse (Individual or via University Hospital Consortium) OR Direct entry of data via the <i>QualityNet Secure Portal</i> under the Web-Based Measures (planned)
Patient/Caregiver Experience	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	Submission to the HCAHPS Warehouse via Secure File Exchange (all utilize vendor)
Clinical Process and Clinical Effectiveness Measure	Oncology Care Measures (OCM) and Clinical Effectiveness Measure (EBRT)	Aggregate data via Secure File Exchange to the CMS Clinical Warehouse (Individual or via University Hospital Consortium) OR Direct entry of data via the <i>QualityNet Secure Portal</i> under the Web-Based Measures (planned)

Reporting of CST Measures

The Contract between CMS and ACoS to post performance on CSTs on the PCHQR tab in the RQRS expired on September 27, 2015.

This impacts PCHs in two ways:

- Reports of quarterly performance are no longer available on the PCHQR tab
- ACoS will no longer send the files to CMS for performance on CSTs for HQR and Public Reporting

To Determine Concordance Rates

1. In the RQRS system, select **Case List**.
2. Expand the folder for the appropriate year.
3. Expand the folder for the tumor site (Breast or Colon).
4. Expand the folder for the measure being queried.
5. On lower left corner, select the **Click to download to Excel[®]** icon.
6. Open or save the Excel[®] sheet (saves in CSV format).

Case List Screen Shot

AMERICAN COLLEGE OF SURGEONS
Inspiring Quality:
Highest Standards, Better Outcomes

NCDB
RAPID QUALITY
REPORTING SYSTEM

Dashboard Alerts Case List Compare My Account PCHQR Change Facility Exit

Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - III hormone receptor positive breast cancer.

YTD	Acc#	Seq#	Case Status	Related Measures	Notes
C		00	HT started within 365 days of diagnosis		+
		02	Not first or only cancer diagnosis		+
		01	HR negative tumor		+
		00	In situ by cStage group		+
C		00	HT started within 365 days of diagnosis		+
		00	Metastatic by cStage group		+
		02	Not first or only cancer diagnosis		+
		00	N0 Tumor 1 cm or less in greatest dimension		+
		00	In situ by pStage group		+
		00	In situ by pStage group		+
C		00	HT started within 365 days of diagnosis		+
		00	Metastatic by pStage group		+
		00	In situ by pStage group		+

Services
Click to download to Excel

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Identifying Patients in Diagnosis Cohort

- Sort spreadsheet by the date of diagnosis (**DX_DATE**)
- Delete all dates NOT in the timeframe being queried. This will result in the spreadsheet containing only cases within the date of the diagnosis cohort

Identifying Patients in Diagnosis Cohort

Oct-02-2015 - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View

From Access From Web From Text From Other Sources Existing Connections Refresh All Properties Connections Sort Filter Reapply Advanced Text to Columns Remove Duplicates Data Validation Consolidate What-If Analysis Group Ungroup Subtotal Show Detail Hide Detail

G1 DX_DATE

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
	FACILITY_ID	ACCESSIOI	SEQUENCE_NBR	MEASURE_NM	MEASURE_STATUS	MEASURE_DE	DX_DATE	SEX	AGE	CLASS_OF_PRIMARY	HISTOLOG	BEHAVIOR	CS_TUMO	CS_SSF_1	CS_SSF_2	TNM_CLIN	TNM_CLIN	TNM_CLI	
1	6231660	2.01E+08	0	HT	Consid	HT considered	7/2/2014			14	C504	8520	3	85	10	10	3	2A	
2	6231660	2.01E+08	1	HT	NE	NO Tumor 1 cr	7/2/2014			21	C503	8480	3	6	10	10	1B	0	
3	6231660	2.01E+08	0	HT	Comp	HT started wit	7/2/2014			21	C504	8480	3	17	10	10	2	0	
4	6231660	2.01E+08	2	HT	NE	In situ by cStaj	7/3/2014			14	C509	8500	2	999	10	10	IS	0	
5	6231660	2.01E+08	2	HT	NE	Not first or on	7/3/2014			14	C504	8500	3	5	10	10	1B	0	
6	6231660	2.01E+08	2	HT	NE	No part of firs	7/3/2014			0	C505	8500	3	10	10	10	1B	0	
7	6231660	2.01E+08	2	HT	NE	Not first or on	7/3/2014			14	C504	8050	3	20	10	10	2	0	
8	6231660	2.02E+08	0	HT	NE	In situ by pStaj	7/3/2014			21	C501	8500	3	41	998	998	2	1	
9	6231660	2.01E+08	0	HT	Comp	HT started wit	7/8/2014			14	C503	8500	3	20	10	10	1C	0	
10	6231660	2.01E+08	1	HT	NE	HR negative tu	7/8/2014			22	C505	8500	3	15	20	20	1C	0	
11	6231660	2.01E+08	0	HT	NE	NO Tumor 1 cr	7/8/2014			14	C503	8500	3	2	20	20	1	0	
12	6231660	2.01E+08	0	HT	Comp	HT started wit	7/8/2014			22	C508	8500	3	30	10	10	1B	0	
13	6231660	2.01E+08	0	HT	Comp	HT started wit	7/8/2014			22	C505	8500	3	14	10	10	1C	0	
14	6231660	2.01E+08	0	HT	Comp	HT started wit	7/8/2014			22	C509	8500	3	20	10	10	2	0	
15	6231660	2.01E+08	0	HT	Comp	HT started wit	7/9/2014			22	C504	8500	3	35	10	10	2	0	
16	6231660	2.01E+08	0	HT	Comp	HT started wit	7/9/2014			14	C508	8500	3	15	10	10	1C	0	
17	6231660	2.01E+08	0	HT	Comp	HT started wit	7/9/2014			21	C501	8520	3	10	10	10	1B	1	
18	6231660	2.01E+08	0	HT	NE	In situ by pStaj	7/10/2014			21	C504	8500	2	2	10	20		0	
19	6231660	2.01E+08	2	HT	NE	Not first or on	7/15/2014			21	C508	8500	3	50	10	20	2	0	
20	6231660	2.01E+08	0	HT	Comp	HT started wit	7/15/2014			21	C509	8500	3	27	10	10	2	0	
21	6231660	2.01E+08	0	HT	NE	In situ by cStaj	7/16/2014			13	C504	8500	2	8	10	10	IS	0	
22	6231660	2.01E+08	2	HT	NE	Not first or on	7/17/2014			22	C508	8500	3	35	10	10	2	0	
23	6231660	2.01E+08	0	HT	NE	No surgery pe	7/18/2014			22	C504	8500	3	21	10	10	2	1	
24	6231660	2.01E+08	0	HT	Comp	HT started wit	7/22/2014			22	C504	8500	3	20	10	10	1C	0	
25	6231660	2.01E+08	0	HT	NE	NO Tumor 1 cr	7/23/2014			22	C508	8500	3	9	10	10	1C	0	
26	6231660	2.01E+08	0	HT	Comp	HT started wit	7/23/2014			21	C504	8500	3	40	10	10	2	0	
27	6231660	2.01E+08	0	HT	NE	Histology not	7/23/2014			21	C502	9020	3	50	998	998	2	0	
28	6231660	1.99E+08	2	HT	NE	Not first or on	7/24/2014			14	C508	8201	3	15	10	10	1C	0	
29	6231660	2.01E+08	0	HT	Comp	HT started wit	7/24/2014			14	C508	8500	3	15	10	10	1B	0	
30	6231660	2.01E+08	0	HT	NE	No part of firs	7/24/2014			0	C508	8500	3	17	10	10	1B	0	
31	6231660	2.01E+08	0	HT	NE	Metastatic by	7/24/2014			21	C509	8500	3	50	10	10	1C	1	

Ready Step 2 Step 3 100%

Removal of Not Eligible Patients

1. Filter spreadsheet by column labeled **MEASURE_STATUS**.
2. Select rows with Measure Status of **I** (incomplete) and **NE** (not eligible).
3. Delete these rows from spreadsheet.

Removal of Not Eligible Patients

Oct-02-2015 - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View

Clipboard Font Alignment Number Styles Cells Editing

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
	FACILITY_ID	ACCESSIOI	SEQUENCE_NBR	MEASURE_NM	MEASURE_STATUS	MEASURE_DE	DX_DATE	SEX	AGE	CLASS_OF	PRIMARY	HISTOLOG	BEHAVIOR	CS_TUMO	CS_SSF_1	CS_SSF_2	TNM_CLIN	TNM_CLIN	TNM_CLI
1	6231660	2.01E+08	0	HT	Consid	HT considered	7/2/2014			14	C504	8520	3	85	10	10	3	2A	
2	6231660	2.01E+08	1	HT	NE	N0 Tumor 1 cr	7/2/2014			21	C503	8480	3	6	10	10	1B		0
3	6231660	2.01E+08	0	HT	Comp	HT started wit	7/2/2014			21	C504	8480	3	17	10	10		2	0
4	6231660	2.01E+08	2	HT	NE	In situ by cStaj	7/3/2014			14	C509	8500	2	999	10	10	1S		0
5	6231660	2.01E+08	2	HT	NE	Not first or on	7/3/2014			14	C504	8500	3	5	10	10	1B		0
6	6231660	2.01E+08	2	HT	NE	No part of firs	7/3/2014			0	C505	8500	3	10	10	10	1B		0
7	6231660	2.01E+08	2	HT	NE	Not first or on	7/3/2014			14	C504	8050	3	20	10	10		2	0
8	6231660	2.01E+08	0	HT	NE	In situ by pStaj	7/3/2014			21	C501	8500	3	41	998	998		2	1
9	6231660	2.01E+08	0	HT	Comp	HT started wit	7/8/2014			14	C503	8500	3	20	10	10	1C		0
10	6231660	2.01E+08	1	HT	NE	HR negative tu	7/8/2014			22	C505	8500	3	15	20	20	1C		0
11	6231660	2.01E+08	0	HT	NE	N0 Tumor 1 cr	7/8/2014			14	C503	8500	3	2	20	20		1	0
12	6231660	2.01E+08	0	HT	Comp	HT started wit	7/8/2014			22	C508	8500	3	30	10	10	1B		0
13	6231660	2.01E+08	0	HT	Comp	HT started wit	7/8/2014			22	C505	8500	3	14	10	10	1C		0
14	6231660	2.01E+08	0	HT	I	Unknown pN	7/8/2014			22	C509	8500	3	20	10	10		2	0
15	6231660	2.01E+08	0	HT	Comp	HT started wit	7/9/2014			22	C504	8500	3	35	10	10		2	0
16	6231660	2.01E+08	0	HT	Comp	HT started wit	7/9/2014			14	C508	8500	3	15	10	10	1C		0
17	6231660	2.01E+08	0	HT	Comp	HT started wit	7/9/2014			21	C501	8520	3	10	10	10	1B		1
18	6231660	2.01E+08	0	HT	NE	In situ by pStaj	7/10/2014			21	C504	8500	2	2	10	20			0
19	6231660	2.01E+08	2	HT	NE	Not first or on	7/15/2014			21	C508	8500	3	50	10	20		2	0
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Step 2 Step 3

Ready

Determine Measure Status and Concordance

- Sort by **Measure_Status**
 - **Comp** and **Consid** = concordant
 - **rRx** = nonconcordant

NOTE: Cases may be nonconcordant in the end, but can be researched prior to finalizing for updates that may result in concordance
- Calculate numerator, denominator and concordance
 - Numerator = Comp + Consid
 - Denominator = Comp + Consid + rRx
 - % Concordance = (Numerator/Denominator) x 100
 - Report concordance to one decimal place (e.g., 90.2)

Determine Measure Status and Concordance

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	FACILITY_ID	ACCESSION_SEQUENCE_NBR	MEASURE_NM	MEASURE_STATUS	MEASURE_DE	DX_DATE		SEX	AGE	CLASS_OF_PRIMARY	HISTOLOG	BEHAVIOR	CS_TUMO	CS_SSF_1	CS_SSF_2	TNM_CLIN	TNM_CLIN	TNM_CLIN	
2	6231660	2.01E+08	0 HT	Comp	HT started wit	7/2/2014				21 C504	8480	3	17	10	10	2	0	0	
3	6231660	2.01E+08	0 HT	Comp	HT started wit	7/8/2014				14 C503	8500	3	20	10	10	1C	0	0	
4	6231660	2.01E+08	0 HT	Comp	HT started wit	7/8/2014				22 C508	8500	3	30	10	10	1B	0	0	
5	6231660	2.01E+08	0 HT	Comp	HT started wit	7/8/2014				22 C505	8500	3	14	10	10	1C	0	0	
6	6231660	2.01E+08	0 HT	Comp	HT started wit	7/9/2014				22 C504	8500	3	35	10	10		2	0	
7	6231660	2.01E+08	0 HT	Comp	HT started wit	7/9/2014				14 C508	8500	3	15	10	10	1C	0	0	
8	6231660	2.01E+08	0 HT	Comp	HT started wit	7/9/2014				21 C501	8520	3	10	10	10	1B		1	
9	6231660	2.01E+08	0 HT	Comp	HT started wit	7/15/2014				21 C509	8500	3	27	10	10		2	0	
10	6231660	2.01E+08	0 HT	Comp	HT started wit	7/22/2014				22 C504	8500	3	20	10	10	1C	0	0	
11	6231660	2.01E+08	0 HT	Comp	HT started wit	9/19/2014				13 C502	8500	3	15	10	10	1C	0	0	
12	6231660	2.01E+08	0 HT	Comp	HT started wit	9/23/2014				13 C502	8500	3	25	10	10	1B	0	0	
13	6231660	2.01E+08	0 HT	Comp	HT started wit	9/23/2014				22 C504	8500	3	15	10	10	1C	0	0	
14	6231660	2.02E+08	0 HT	Comp	HT started wit	9/26/2014				21 C504	8500	3	34	10	10		2	0	
15	6231660	2.01E+08	0 HT	Comp	HT started wit	9/29/2014				22 C508	8522	3	18	10	10		2	0	
16	6231660	2.01E+08	0 HT	Comp	HT started wit	9/29/2014				14 C504	8500	3	20	10	10	1B		0	
17	6231660	2.01E+08	0 HT	Consid	HT considered	7/2/2014				14 C504	8520	3	85	10	10		3	2A	
18	6231660	2.01E+08	0 HT	Consid	HT considered	8/14/2014				22 C504	8500	3	50	10	10		2	0	
19	6231660	2.01E+08	0 HT	rRx	HT started mo	8/8/2014				22 C509	8500	3	53	20	10		3	0	
20	6231660	2.01E+08	0 HT	rRx	HT not admini	9/25/2014				14 C504	8500	3	10	10		20	1C	0	
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Submission of CST Measures for HQR

- Next reporting due date is 11/15/2015
- Data is to be reported for:
 - Colon Cancer (NQF #0223) and Breast Cancer (NQF #0559) for Q1 2015
 - Adjuvant Hormonal Therapy (NQF #0220) for Q3 2014

Submission of CST Measures for Public Reporting

- Next reporting due date is 11/17/2015
- Data is to be reported for:
 - Colon Cancer (NQF #0223) and Breast Cancer (NQF #0559) for Q1 – Q4 2014
 - Adjuvant Hormonal Therapy (NQF #0220) for Q3 2013 – Q2 2014

NOTE: Data reported is identical to that previously submitted to HQR. Therefore, the possibility of using the Test Files ACoS previously sent for the November submission of these measures is being investigated

Uploading HQR and Public Reporting Data

Data for both HQR and Public Reporting will be uploaded as a CSV File via *QualityNet Secure File Transfer*

- To be done by PCH or via UHC
- To be uploaded as two separate files with different timeframes, one for NQF #0223 and NQF #0559 and another for NQF #0220
- Detailed instructions and file templates will be available upon request
- To be done in advance of deadlines, in case of file or submission errors
- For Public Reporting, to be done as BOTH Test and Production files and usually for 4 quarters of data

NOTE: Refer to training of July 30th, 2015 on *Qualityreportingcenter.com* for specifics on CSV file manipulation and use of *QualityNet Secure File Transfer*

http://www.qualityreportingcenter.com/wp-content/uploads/2015/07/PCH-Slide-Deck-July-2015-Webinar-20150722_FINAL5081.pdf

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:
 - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
 - Florida Board of Nursing Home Administrators
 - Florida Council of Dietetics
 - Florida Board of Pharmacy
 - Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

- Complete the ReadyTalk[®] survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
 - This is a separate registration from ReadyTalk
 - Please use your PERSONAL email so you can receive your certificate
 - Healthcare facilities have firewalls up that block our certificates

CE Certificate Problems?

- If you do not immediately receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that is sent out
- Please go back to the **New User** link and register your personal email account
 - Personal emails do not have firewalls

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

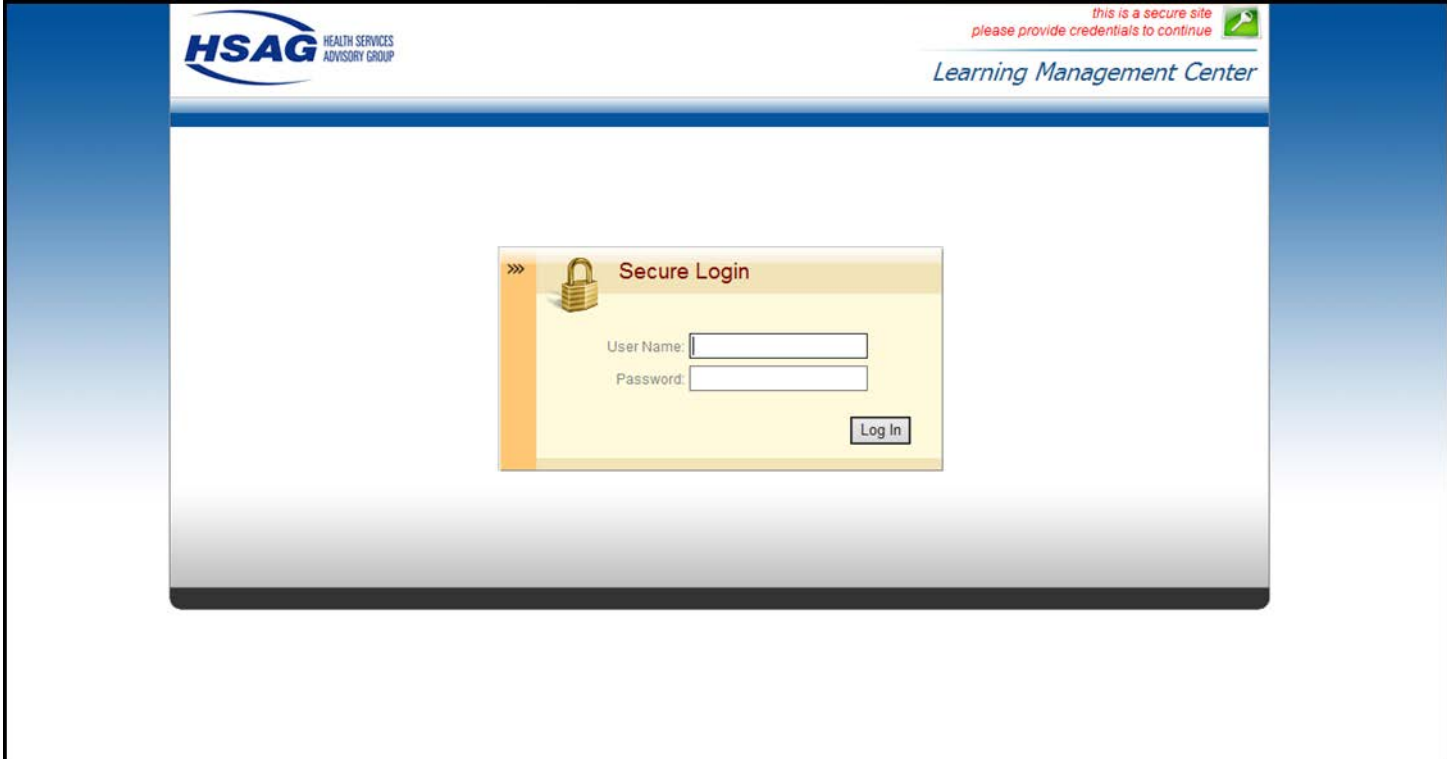
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the text "Learning Management Center" is displayed. The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The entire form is set against a light blue gradient background.

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, there is a security notice: "this is a secure site please provide credentials to continue" with a small icon. Below this is the text "Learning Management Center". The main content area features a "Secure Login" box with a padlock icon, a double arrow icon, and two input fields labeled "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

QUESTIONS?
