

Welcome!

- **Audio for this event is available via ReadyTalk® Internet Streaming.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**



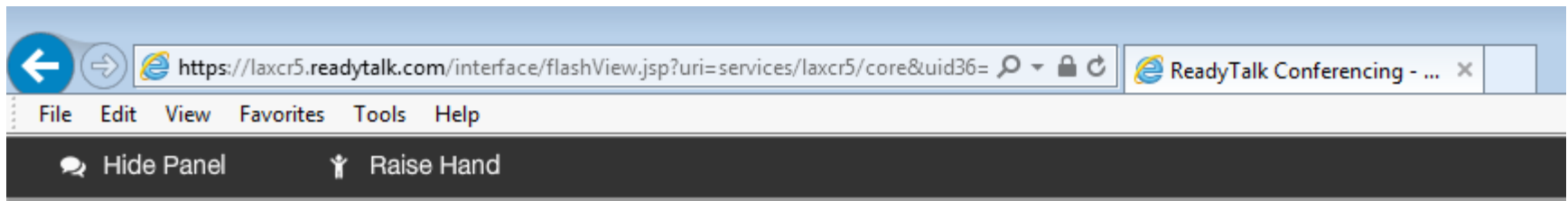
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

- Click Refresh icon –
or-
Click F5



F5 Key
Top row of Keyboard

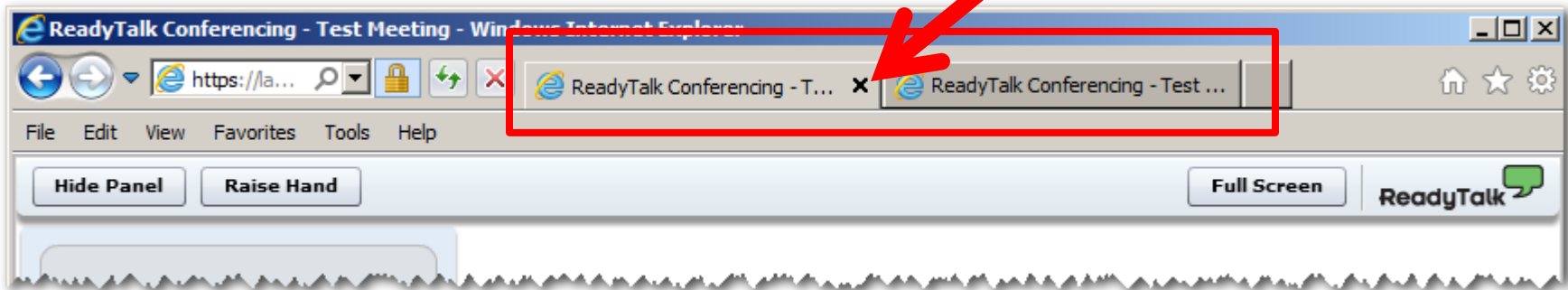


Location of Buttons

Refresh

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.





PCHQR Program: Overview of Public Reporting

Tom Ross, MS

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Lead,
Hospital Inpatient Values, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

Lisa Vinson, BS, BSN, RN

Project Manager, Hospital Inpatient VIQR Outreach and Education SC

October 6, 2016

Acronyms and Abbreviations

ACS	American College of Surgeons	ICD	International Classification of Diseases
ADCC	Alliance of Dedicated Cancer Centers	IPF	Inpatient Psychiatric Facility
ACA	Affordable Care Act	IPPS	Inpatient Prospective Payment System
AHRQ	Agency for Healthcare Research and Quality	IQR	Inpatient Quality Reporting
AMA	American Medical Association	LabID	Laboratory-Identified
Ca	Cancer	LTCH	Long-Term Care Hospital
CAUTI	Catheter-Associated Urinary Tract Infections	MAP	Measure Application Partnership
CDC	Centers for Disease Control and Prevention	MIF	Measure Information Form
CCN	CMS Certification Number	MUC	Measures Under Consideration
CDI	<i>Clostridium difficile</i> Infection	NIH	National Institutes of Health
CE	Continuing Education	NHSN	National Healthcare Safety Network
CLABSI	Central Line-Associated Bloodstream Infection	NQF	National Quality Forum
CMS	Centers for Medicare & Medicaid Services	OCM	Oncology Care Measure
CPT	Current Procedural Terminology	OQR	Outpatient Quality Reporting
CST	Cancer-Specific Treatment	PCH	PPS-Exempt Cancer Hospital
CY	Calendar Year	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
DACA	Data Accuracy and Completeness Acknowledgement	PQRS	Physician Quality Re[porting] System
EBRT	External Beam Radiotherapy	PR	Public Reporting
ED	Emergency Department	Q	Quarter
FFS	Fee-For-Service	RSAR	Risk-standardized admission rate
FY	Fiscal Year	RSEDR	Risk-standardized ED visit rate
Fxns	Fractions	SBRT	Stereotactic Body Radiation Therapy
Gy	Gray	SC	Support Contractor
HAI	Healthcare-Associated Infection	SRS	Stereotactic Radiosurgery
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	SSI	Surgical Site Infection
HCP	Healthcare Personnel	TEP	Technical Expert Panel
HHS	Health and Human Services	TBD	To be determined
HQR	Hospital Quality Reporting	TJC	The Joint Commission
		VIQR	Value, Incentives, and Quality Reporting

Purpose

This presentation will provide participants in the PCHQR Program with an overview of the public reporting of their data. An emphasis will be placed upon the public reporting of OCMs and the HCAHPS Survey data. This data will be publicly reported for the PCHQR Program for the first time in December 2016.

Objectives

Upon completion of this program, participants will be able to:

- Access and analyze their Public Reporting Preview Reports from *QualityNet*
- Interpret the data displayed on the Preview Report and subsequently posted on *Hospital Compare*
- Discuss the current and potential future state of public reporting for the PCHQR Program

Hospital Compare Overview

A A [A](#) |  Print

[Medicare.gov](#) | [Hospital Compare Home](#) | [Close window](#)

Medicare.gov | **Hospital Compare**

The Official U.S. Government Site for Medicare

About Hospital Compare

❖ What is Hospital Compare?

What information can I get about hospitals?

About the data

Resources

Help

What is Hospital Compare?

Hospital Compare has information about the [quality](#) of care at over 4,000 [Medicare-certified hospitals](#) across the country. You can use Hospital Compare to find hospitals and compare the quality of their care.

The information on Hospital Compare:

- Helps you make decisions about where you get your health care
- Encourages hospitals to improve the quality of care they provide

In an emergency, you should go to the nearest hospital. When you can plan ahead, discuss the information you find here with your health care provider to decide which hospital will best meet your health care needs.

Learn more in the [Guide to Choosing a Hospital](#).

Hospital Compare was created through the efforts of the [Centers for Medicare & Medicaid Services \(CMS\)](#), in collaboration with organizations representing consumers, hospitals, doctors, employers, accrediting organizations, and other federal agencies.

[Back to top](#)

Where Does the Data Come From?

- Hospital Quality Reporting
 - HAI data from CDC
 - HCAHPS data from vendor
 - CST, OCM, and EBRT data from PCH participants
- Public Reporting
 - HAI data from CDC
 - HCAHPS data from HCAHPS Support Contractor
 - CST, OCM, and EBRT data from Hospital Inpatient VIQR Support Contractor

PCHQR Program: Overview of Public Reporting

ACCESSING PUBLIC REPORTING PREVIEW REPORTS

What Resources Are Available?

- Preview Report ListServe
- Information on *QualityNet* and *Quality Reporting Center*
 - News Article
 - Quick Reference Guide
 - Detailed Help Guide
- Today's outreach and education event

Public Reporting Preview Period

October 8 – November 6, 2016

December Refresh of Hospital Compare

What is the Preview Period?

Prior to the release of data on *Hospital Compare*, hospitals are given the opportunity to review data during a 30-day preview period. Reports can be accessed via the *QualityNet Secure Portal*, the only CMS-approved website for secure healthcare quality data exchange at <https://www.qualitynet.org>.

What do I need to do to access my Preview Reports?

1. Register as a *QualityNet* User
2. Enroll for *QualityNet Secure Portal* access and be given the “PCH Preview Reports” role from your Security Administrator
3. Log into the *QualityNet Secure Portal*
4. Run the Preview Reports

Log Into *QualityNet*

The My QualityNet tab

The Log In button

The Login link

The screenshot shows the QualityNet Home Screen. At the top, there is a blue header with the QualityNet logo and the text "Log in to QualityNet Secure Portal (formerly MyQualityNet)". Below this is a navigation bar with tabs: Home, My QualityNet, and Help. The "My QualityNet" tab is highlighted. Below the navigation bar is a row of links: Hospitals - Inpatient, Hospitals - Outpatient, Physician Offices, Ambulatory Surgical Centers, PPS-Exempt Cancer Hospitals, ESRD Facilities, Inpatient Psychiatric Facilities, and Quality Improvement. The main content area is divided into several sections. On the left, there is a "QualityNet Registration" section with a list of links: Hospitals - Inpatient, Hospitals - Outpatient, Physician Offices, ASCs, Cancer Hospitals, ESRD Facilities, Inpatient Psychiatric Facilities, and QIOs. Below this is a "Getting Started with QualityNet" section with a list of links: System Requirements, Registration, Sign-In Instructions, Security Statement, and Password Rules. In the center, there is a "QualityNet News" section with a "More News >" link. Below this is a news article titled "Recalculated CY 2013 MSPB results prompt HSR distribution, Hospital Compare correction, updated FY 2017 Baseline Measures Report". The article text states: "The Centers for Medicare & Medicaid Services (CMS) has announced that the Calendar Year (CY) 2013 Medicare Spending per Beneficiary (MSPB) measure results have been recalculated. As a result, CMS has released revised MSPB HSRs and will include the updated MSPB Measure results in the downloadable Hospital Compare archive files after hospitals have had 30 days to preview their confidential reports." Below the article is a "Full Article >" link. Below the article is a "Headlines" section with a list of links: Hospital Compare updates reflect Hospital Readmissions Reduction Program measure results, Recalculated HSRs, subsequent Review and Corrections information released for HAC Reduction Program, and CMS releases December 2015 Hospital Compare Preview Reports. At the bottom, there is an "About QualityNet" section. On the right side of the main content area, there is a "Log in to QualityNet Secure Portal" section with a "Login" link. Below this is a "Know the Security Policy" section with a link to "Before transmitting or receiving healthcare information or data, read the QualityNet System Security Policy, PDF". At the bottom right, there is a "Questions & Answers" section.

The QualityNet Home Screen

Choose Your Program

The Choose Your *QualityNet* Destination screen appears.

CMS.gov | QualityNet
Centers for Medicare & Medicaid Services

Choose Your QualityNet Destination

Please select your primary quality program to reach the right log in screen for your QualityNet portal.

[Secure File Transfer](#)

Select your primary quality program:

- [End-Stage Renal Disease Quality Incentive Program](#)
- [Ambulatory Surgical Center Quality Reporting Program](#)
- [PPS-Exempt Cancer Hospital Quality Reporting Program](#)
- [Inpatient Hospital Quality Reporting Program](#)
- [Inpatient Psychiatric Quality Reporting Program](#)
- [Outpatient Hospital Quality Reporting Program](#)
- [Physicians Quality Reporting System / eRx](#)
- [Quality Improvement Organizations](#)

The **PPS-Exempt Cancer Hospital Quality Reporting Program** link

The Choose Your *QualityNet* Destination Screen

Log Into *QualityNet*

The Log In to *QualityNet* screen appears.

CMS.gov | **QualityNet**
Centers for Medicare & Medicaid Services

Log In to QualityNet *Required Field
Please enter your CMS User ID and password, followed by your Symantec VIP Security Code, then click Submit.

* User ID

* Password

* Security Code

Help
[Start/Complete New User Enrollment](#)
[Forgot your password?](#)
[Trouble with your Security Code?](#)
[Need to register for a QualityNet account?](#)

The **Submit** button

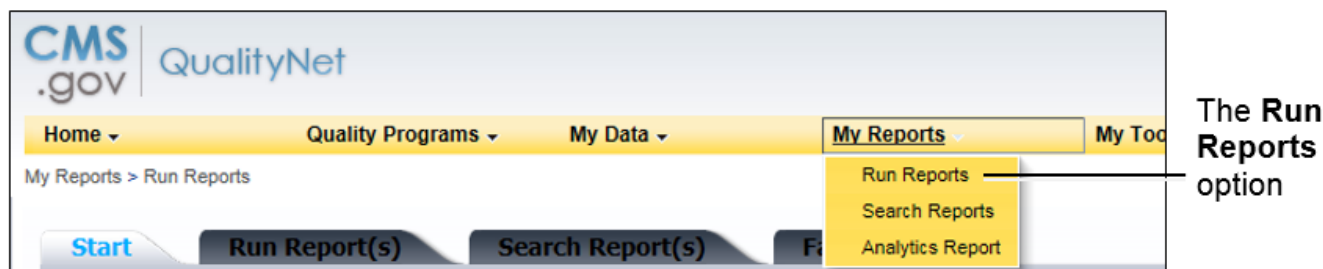
The Log In to *QualityNet* Screen

Enter your User ID, Password, and the Security Code displayed by the required installation of the Symantec Validation & ID (VIP) Protection Software.

Select **Submit** and then **I Accept** on the Terms and Conditions window that appears.

NOTE: If you select **I Decline** on the Terms and Conditions window, the program will close.

Access and Run Preview Reports



The QualityNet Secure Portal home screen

Select **Run Reports** from the My Reports drop-down.

The Start tab appears.



The Start tab

Select Run Reports from the “I’d Like To...” reports portlet.

Select PCHQR Program

The Run Reports tab appears.

The Run Reports tab

Select **PCHQR** from the *Report Program* drop-down.

Select Public Reporting – Preview Reports

The Run Reports tab prompts the selection of a report category.

Start **Run Report(s)** **Search Report(s)** **Favorites**

Select Program, Category and Report Report Parameters Confirmation

Select Program, Category and Report
The available reports are grouped by program and category combination. If you have access to a single program, your report will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices.

Report Program
PCHQR

Report Program is required. Use the arrow keys to select one value from the dropdown list

Report Category
Public Reporting - Preview Reports

VIEW REPORTS

> Search Report

REPORT NAME	REPORT DESCRIPTION
No Reports are available.	

The
**Public
Reporting
–Preview
Reports**
option

The Run Reports tab

Select **Public Reporting–Preview Reports** from the list in the Report Category drop-down.

View and Select Preview Reports

The **Report Name** is populated with the selection.

The **Public Reporting - Preview Reports** link

The **View Reports** button

The **Run Reports** tab

REPORT NAME	REPORT DESCRIPTION
Public Reporting - Preview Reports	Report allows providers

Select **View Reports** and the selected report will display under Report Name.

Select **Public Reporting - Preview Reports** under Report Name.

Select **Run Reports**.

PCHQR Program: Overview of Public Reporting

INTERPRETING PUBLIC REPORTING PREVIEW REPORTS

PCH Preview Report Details

The Preview Report displays your hospital CMS Certification Number (CCN) and name above the hospital characteristics information. Hospital characteristics include your hospital's Address, City, State, ZIP Code, Telephone Number, County Name, Type of Facility, Type of Ownership, and Emergency Service Provided status.

xxxxxx - Test Hospital	
Address:	Type of Facility:
City, State, ZIP:	Type of Ownership:
Phone Number:	Emergency Service Provided:
County Name:	

Type of Ownership and Emergency Service Provided are not publicly reported.

Cancer-Specific Treatment Measures

Measure Set: Cancer Specific Measure	Measure	Numerator	Denominator	Reporting Period
	Adjuvant Chemotherapy Colon Cancer	21	24	4Q2014 - 3Q2015
	Combination Chemotherapy Breast Cancer	38	43	4Q2014 - 3Q2015
	Adjuvant Hormonal Therapy	370	391	2Q2014 - 1Q2015

Cancer-Specific Treatment Measures Footnotes

#	Description	Application
1	The number of cases/patients is too few to report.	Applied to any measure where either the numerator or denominator is greater than 0 and less than 11. Data will not display on <i>Hospital Compare</i> .
5	Results are not available for this reporting period.	Applied when a hospital either elected not to submit data or the hospital had no data to submit for a particular measure, or when a hospital elected to suppress a measure.
7	No cases met the criteria for this measure.	Applied when a hospital treated patients for a particular topic, but no patients met the criteria for inclusion in the measure calculation.

Oncology Care Measures

Measure Set: Oncology Care Measures	Measure	Your Hospital Performance Aggregate Rate for All Four Quarters	Reporting Period
	Radiation Dose Limits to Normal Tissues	100% of 105 patients	1Q2015 - 4Q2015
	Plan of Care for Pain - Medical Oncology and Radiation Oncology	96% of 100 patient encounters	1Q2015 - 4Q2015
	Medical and Radiation - Pain Intensity Quantified	96% of 461 patient encounters	1Q2015 - 4Q2015
	Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients	100% of 30 patients	1Q2015 - 4Q2015
	Avoidance of Overuse Measure - Bone Scan for Staging Low Risk Prostate Cancer Patients	96% of 26 patients	1Q2015 - 4Q2015

Oncology Care Measure Footnotes

#	Description	Application
1	The number of cases/patients is too few to report.	Applied to any measure rate where the denominators are greater than 0 and less than 11. Data will not display on <i>Hospital Compare</i> .
5	Results are not available for this reporting period.	Applied when a hospital either elected not to submit data or the hospital had no data to submit for a particular measure, or when a hospital elected to suppress a measure.
7	No cases met the criteria for this measure.	Applied when a hospital treated patients for a particular topic, but no patients met the criteria for inclusion in the measure calculation.

HCAHPS Survey Data (1 of 3)

The December Preview Reports Contain:

- Aggregate of four quarters of data, quarter two 2015 through quarter one 2016
- Comparison of aggregate results to state and national averages
- Number of completed surveys
- Survey response rate

HCAHPS Survey Data (2 of 3)

Displayed Preview Report data includes:

- Five HCAHPS Composites
- Two Hospital Environment Issues
- Discharge Information Composite
- Care Transition Composite
- Two HCAHPS Global Items

HCAHPS Survey Data (3 of 3)

All data is represented as follows:

- Star rating (out of 5)
- Linear score (0-100) used to determine Star Rating
 - Determined by converting all survey responses to Stars
 - Adjusted for risk
- Hospital's adjusted score
- State and national averages

HCAHPS Preview Report

HCAHPS Survey Completion, Response Rate and Summary Star Rating												
Number of Completed Surveys*		<div><div></div></div>										
Survey Response Rate		21										
HCAHPS Summary Star Rating		4 stars										
HCAHPS Composites and Individual Items												
		HCAHPS Star Rating		Your Hospital's Adjusted Score			State Average			National Average		
HCAHPS Composites		Star Rating (Out of 5)	Linear Score (0-100)	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always
Composite 1 (Q1 to Q3)	Communication with Nurses	4	93	2	15	83	4	16	80	4	16	80
Composite 2 (Q5 to Q7)	Communication with Doctors	4	94	3	12	85	4	13	83	4	14	82
Composite 3 (Q4 & Q11)	Responsiveness of Hospital Staff	4	89	6	21	73	8	22	70	8	23	69
Composite 4 (Q13 & Q14)	Pain Management	4	90	5	21	74	6	21	73	7	22	71
Composite 5 (Q16 & Q17)	Communication about Medicines	4	84	12	17	71	16	17	67	17	18	65
Hospital Environment Items		Star Rating (Out of 5)	Linear Score (0-100)	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always
Q8	Cleanliness of Hospital Environment	4	89	5	21	74	8	17	75	8	18	74
Q9	Quietness of Hospital Environment	4	88	5	26	69	6	25	69	9	29	62

HCAHPS Preview Report

Discharge Information Composite		Star Rating (Out of 5)	Linear Score (0-100)	% Yes		%No		% Yes		%No		% Yes		% No	
Composite 6 (Q19 & Q20)	Discharge Information	4	89	89		11		86		14		87		13	
Care Transition Composite		Star Rating (Out of 5)	Linear Score (0-100)	% Disagree to Strongly Disagree	% Agree	% Strongly Agree	% Disagree or Strongly Disagree	% Agree	% Strongly Agree	% Disagree or Strongly Disagree	% Agree	% Strongly Agree			
Composite 7 (Q23 to Q25)	Care Transition	4	86	3	34	63	6	41	53	5	43	52			

HCAHPS Global Items												
		HCAHPS Star Rating		Your Hospital's Adjusted Score			State Average			National Average		
Q21	Overall Rating of Hospital	Star Rating (Out of 5)	Linear Score (0-100)	% 0 to 6 rating	% 7 or 8 rating	% 9 or 10 rating	% 0 to 6 rating	% 7 or 8 rating	% 9 or 10 rating	% 0 to 6 rating	% 7 or 8 rating	% 9 or 10 rating
Overall Rating of Hospital (0= Worst Hospital 10= Best Hospital)		5	95	3	10	87	7	19	74	7	21	72
		HCAHPS Star Rating		Your Hospital's Adjusted Score			State Average			National Average		
Q22	Willingness to Recommend this Hospital	Star Rating (Out of 5)	Linear Score (0-100)	%No: Definitely or Probably Not Recommend	%Yes: Probably Recommend	%Yes: Definitely Recommend	%No: Definitely or Probably Not Recommend	%Yes: Probably Recommend	%Yes: Definitely Recommend	%No: Definitely or Probably Not Recommend	%Yes: Probably Recommend	%Yes: Definitely Recommend
Willingness to Recommend this Hospital		5	97	1	8	91	5	21	74	5	23	72

*When HCAHPS scores are based on fewer than 25 completed surveys, scores WILL NOT be reported on Hospital Compare.

Help Resources

HELP RESOURCES

For more information regarding specific measure calculations, please refer to the following resources.

CANCER SPECIFIC TREATMENT MEASURES AND ONCOLOGY CARE MEASURES

Contact the Hospital Inpatient VIQR SC through the Inpatient Questions and Answers tool at: <https://cms-ip.custhelp.com/>, or by calling, toll-free, (844) 472-4477 or (866) 800-8765 weekdays from 8 a.m. to 8 p.m. ET

HCAHPS MEASURES

Contact the HCAHPS Project Team by email at: hcahps@hcqis.org

PCHQR Program: Overview of Public Reporting

CURRENT AND POTENTIAL FUTURE STATE OF PUBLIC REPORTING

Measures for Public Display

Measures	Public Reporting
<ul style="list-style-type: none"> • 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 (NQF #0223) • 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 (NQF #0559) 	2014 and subsequent years
<ul style="list-style-type: none"> • Adjuvant Hormonal Therapy (NQF #0220) 	2015 and subsequent years
<ul style="list-style-type: none"> • Oncology: Radiation Dose Limits to Normal Tissues (NQF #0382)* • Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (NQF #0383) • Oncology: Medical and Radiation - Pain Intensity Quantified (NQF #0384) • Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients (NQF #0390) • Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (NQF #0389) • Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey (NQF #0166) 	2016 and subsequent years
<ul style="list-style-type: none"> • CLABSI (NQF #0139)** • CAUTI (NQF #0138)** 	Deferred
<ul style="list-style-type: none"> • External Beam Radiotherapy for Bone Metastases (NQF #1822)*** 	Beginning at the first opportunity in 2017 and for subsequent years

Refreshing Public Reporting Data

Hospital Compare Release	Measures	Quarters Displayed
October 2016	Colon and Breast Chemotherapy Hormone Therapy	Q3, Q4 2014 and Q1, Q2 2015 Q1, Q2, Q3, Q4 2014
	Colon and Breast Chemotherapy Hormone Therapy HCAHPS Oncology Care Measures	Q4, 2014 and Q1, Q2, Q3 2015 Q2, Q3, Q4 2014 and Q1 2015 Q2, Q3, Q4 2015 and Q1 2016 Q1, Q2, Q3, Q4 2015
April 2017	Colon and Breast Chemotherapy Hormone Therapy HCAHPS	Q1, Q2, Q3, and Q4 2015 Q3, Q4 2014 and Q1, Q2 2015 Q3, Q4 2015 and Q1, Q2 2016
July 2017	Colon and Breast Chemotherapy Hormone Therapy HCAHPS EBRT	Q2, Q3, Q4 2015 and Q1 2016 Q4 2014 and Q1, Q2, Q3 2015 Q4 2015 and Q1, Q2, Q3 2016 Q1, Q2, Q3, Q4 2015

Public Display of PCH Data

Medicare.gov | **Hospital Compare**
The Official U.S. Government Site for Medicare

Hospital Compare Home **About Hospital Compare** **About the data** **Resources** **Help**

Home Share

Find a hospital

A field with an asterisk (*) is required.
* **Location**
Example: 45802 or Lima, OH or Ohio

Hospital name (optional)

Search



Spotlight

- ♦ **NEW** Compare hospitals based on their overall star rating, summarizing up to 64 measures of quality shown on Hospital Compare. [Learn more here.](#)
- ♦ Compare hospitals based on the patient survey summary star rating. [Learn more here.](#)
- ♦ **Get PPS-exempt cancer hospital data.**
- ♦ Review hospital survey reports.

Additional information

- ♦ **Hospital Compare data last updated:** July 27, 2016. [Go to updates.](#)
- ♦ Download the Hospital Compare database
- ♦ Get Hospital Compare data archives.
- ♦ Linking quality to payment:
 - ♦ Hospital Value-Based Purchasing Program (Hospital VBP):
 - ♦ Fiscal Year 2016 data and scoring

Tools and Tips

- ♦ Learn how Medicare covers [inpatient](#) and [outpatient](#) hospital services.
- ♦ Use [The Guide to Choosing a Hospital](#) when comparing hospitals.
- ♦ Get [tips for printing hospital information](#)
- ♦ Compare other providers and plans
 - ♦ Visit [Physician Compare](#) to learn what hospitals your physicians and other

Landing Page for PCH Program

Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

PPS-Exempt Cancer Hospital Quality Reporting Program

Data details

PPS-Exempt Cancer Hospital Quality Reporting Program

The Social Security Amendments of 1983 exempted classified cancer hospitals from the Medicare Inpatient Prospective Payment System (IPPS). These PPS-exempt cancer hospitals were also exempted from reporting on Hospital Inpatient quality measures. In 2010 the Affordable Care Act required the Centers for Medicare and Medicaid Services (CMS) to establish a specialized quality reporting program for the PPS-exempt cancer hospitals. The resulting PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program measures allow consumers to compare the quality of care given at the eleven PPS-exempt cancer hospitals currently participating in the program.

Under the PCHQR program, PCHs submit data to CMS on the following measures:

- **Adjuvant chemotherapy is considered or administered to treat lymph node positive colon cancer (Stage III) within 120 days of diagnosis.**
Higher numbers are better.
- **Combination chemotherapy is considered or administered within 120 days of diagnosis for women with Stage T1cN0M0, or Stage IB – III hormone receptor negative breast cancer.** *Higher numbers are better.*
- **Hormonal therapy is considered or administered within 1 year (365 days) of diagnosis for women with Stage T1cN0M0, or Stage IB – III hormone receptor positive breast cancer.** *Higher numbers are better.*

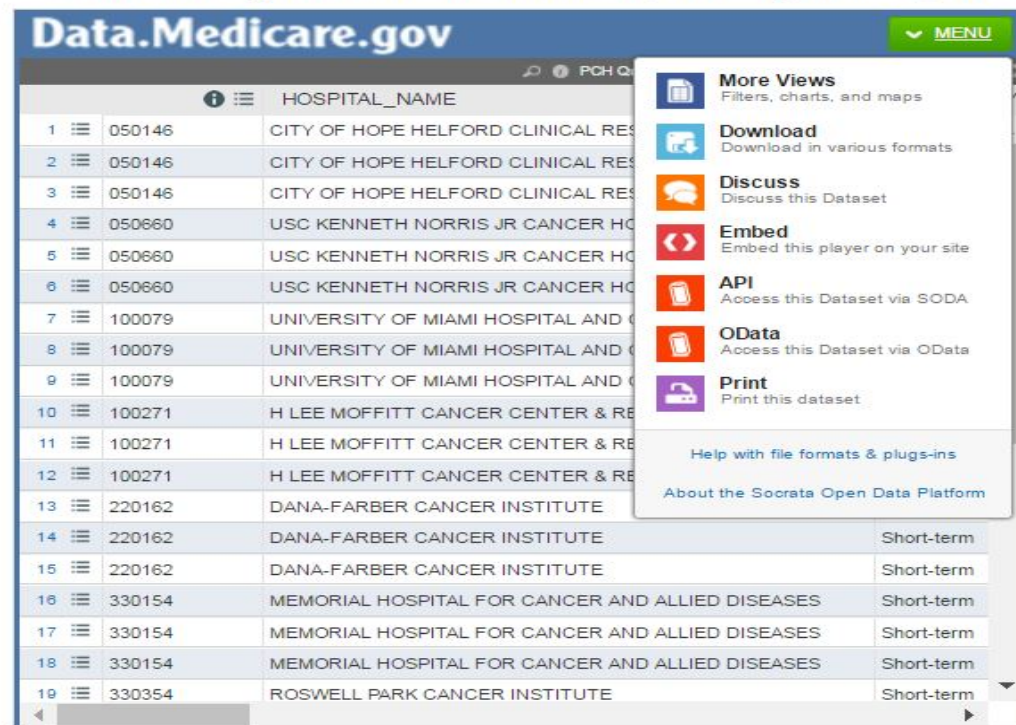
Socrata Table

PPS-Exempt Cancer Hospital Quality Data – By Facility

The table that follows contains hospital (provider) results. You can also visit Data.Medicare.gov to download the PCHQR Program dataset.

Data reporting period(s) for the PCHQR measures in this table are as follows:

- Adjuvant chemotherapy for colon cancer: April 01, 2014 - March 31, 2015
- Combination chemotherapy for breast cancer: April 01, 2014 - March 31, 2015
- Hormonal therapy for breast cancer: October 01, 2013 - September 30, 2014



	HOSPITAL_ID	HOSPITAL_NAME	REPORTING_PERIOD
1	050146	CITY OF HOPE HELFORD CLINICAL RES	
2	050146	CITY OF HOPE HELFORD CLINICAL RES	
3	050146	CITY OF HOPE HELFORD CLINICAL RES	
4	050660	USC KENNETH NORRIS JR CANCER HO	
5	050660	USC KENNETH NORRIS JR CANCER HO	
6	050660	USC KENNETH NORRIS JR CANCER HO	
7	100079	UNIVERSITY OF MIAMI HOSPITAL AND C	
8	100079	UNIVERSITY OF MIAMI HOSPITAL AND C	
9	100079	UNIVERSITY OF MIAMI HOSPITAL AND C	
10	100271	H LEE MOFFITT CANCER CENTER & RE	
11	100271	H LEE MOFFITT CANCER CENTER & RE	
12	100271	H LEE MOFFITT CANCER CENTER & RE	
13	220162	DANA-FARBER CANCER INSTITUTE	
14	220162	DANA-FARBER CANCER INSTITUTE	Short-term
15	220162	DANA-FARBER CANCER INSTITUTE	Short-term
16	330154	MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	Short-term
17	330154	MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	Short-term
18	330154	MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	Short-term
19	330354	ROSWELL PARK CANCER INSTITUTE	Short-term

Powered by Socrata

[View more footnote details](#)

Access to Data Details

Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

PPS-Exempt
Cancer Hospital
Quality Reporting
Program

Data details

PPS-Exempt Cancer Hospital Quality Reporting Program

The Social Security Amendments of 1983 exempted classified cancer hospitals from the Medicare Inpatient Prospective Payment System (IPPS). These PPS-exempt cancer hospitals were also exempted from reporting on Hospital Inpatient quality measures. In 2010 the Affordable Care Act required the Centers for Medicare and Medicaid Services (CMS) to establish a specialized quality reporting program for the PPS-exempt cancer hospitals. The resulting PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program measures allow consumers to compare the quality of care given at the eleven PPS-exempt cancer hospitals currently participating in the program.

Under the PCHQR program, PCHs submit data to CMS on the following measures:

- **Adjuvant chemotherapy is considered or administered to treat lymph node positive colon cancer (Stage III) within 120 days of diagnosis.**
Higher numbers are better.
- **Combination chemotherapy is considered or administered within 120 days of diagnosis for women with Stage T1cN0M0, or Stage IB – III hormone receptor negative breast cancer.** *Higher numbers are better.*
- **Hormonal therapy is considered or administered within 1 year (365 days) of diagnosis for women with Stage T1cN0M0, or Stage IB – III hormone receptor positive breast cancer.** *Higher numbers are better.*

Current Data Details Page

Data details

Currently the three measures publically reported under the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program include:

1. **Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis to patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer**

This measure examines whether, following surgery, chemotherapy is delivered within a specified period of time after a diagnosis of colon cancer. Stage III colon cancer is colon cancer that has spread outside of the colon to one or more lymph nodes. The administration of chemotherapy to Stage III colon cancer patients after surgery has been shown to provide significant benefit to such patients. The measure looks at the proportion of patients 18-79 with colon cancer for whom chemotherapy is considered or administered within four months (120 days) of diagnosis.

Numerator statement	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis.
Denominator statement	<ol style="list-style-type: none">1. Known or assumed to be the first or only cancer diagnosis2. Surgically treated3. At least one pathologically examined regional lymph node positive for cancer (AJCC Stage III)4. All or part of first course of treatment performed at the reporting facility5. Known to be alive within 4 months (120 days of diagnosis)

New Data Details and HCAHPS

Data details

Currently the eight measures publicly reported under the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) program fall under two categories, the Cancer-Specific Treatment Measures and the Oncology Care Measures. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey results are also publicly reported.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey

The Centers for Medicare & Medicaid Services (CMS), along with the Agency for Healthcare Research and Quality (AHRQ), developed the HCAHPS Survey, also known as Hospital CAHPS®, to provide a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care. For data details please refer to the [Survey of patients' experiences \(HCAHPS\)](#) page.

New Draft OCM Data Details

8. Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Patients (NQF #0389)

Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer. A bone scan is generally not required for staging prostate cancer in men with a low risk of recurrence and receiving primary therapy.

Numerator statement	Patients who did not have a bone scan performed at any time since diagnosis of prostate cancer. Patients are excluded from the measure if there is a medical OR system reason for performing the bone scan.
Denominator statement	All patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy.
Definitions	<p>Low Risk of recurrence of prostate cancer:</p> <ul style="list-style-type: none"> • PSA \leq 10 ng/ml; AND • Gleason score of 6 or less; AND • Clinical stage T1c or T2a <p>External beam radiotherapy:</p> <ul style="list-style-type: none"> • 3D conformal radiation therapy, OR • Intensity modulated radiation therapy (IMRT), OR • Stereotactic body radiotherapy (SBRT), OR • Proton beam therapy

Potential Future Directions

To compare or not to compare, THAT is not the question. The question is to WHOM to compare?

- Comparisons among the PCHs
- Metrics common to the PCH Program and others
 - Concerns about comparability
 - Few metrics common across many programs

Important Upcoming Dates and Milestones

Upcoming 2016 Webinars

- **November 17:** [To Be Determined]
- **December 15:** *PCHQR Program: A Year in Review – A Look Ahead*

Upcoming Data Submissions

- **November 15, 2016:** CSTs and HAIs
- **January 4, 2017:** HCAHPS Survey, quarter three 2016 data

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.

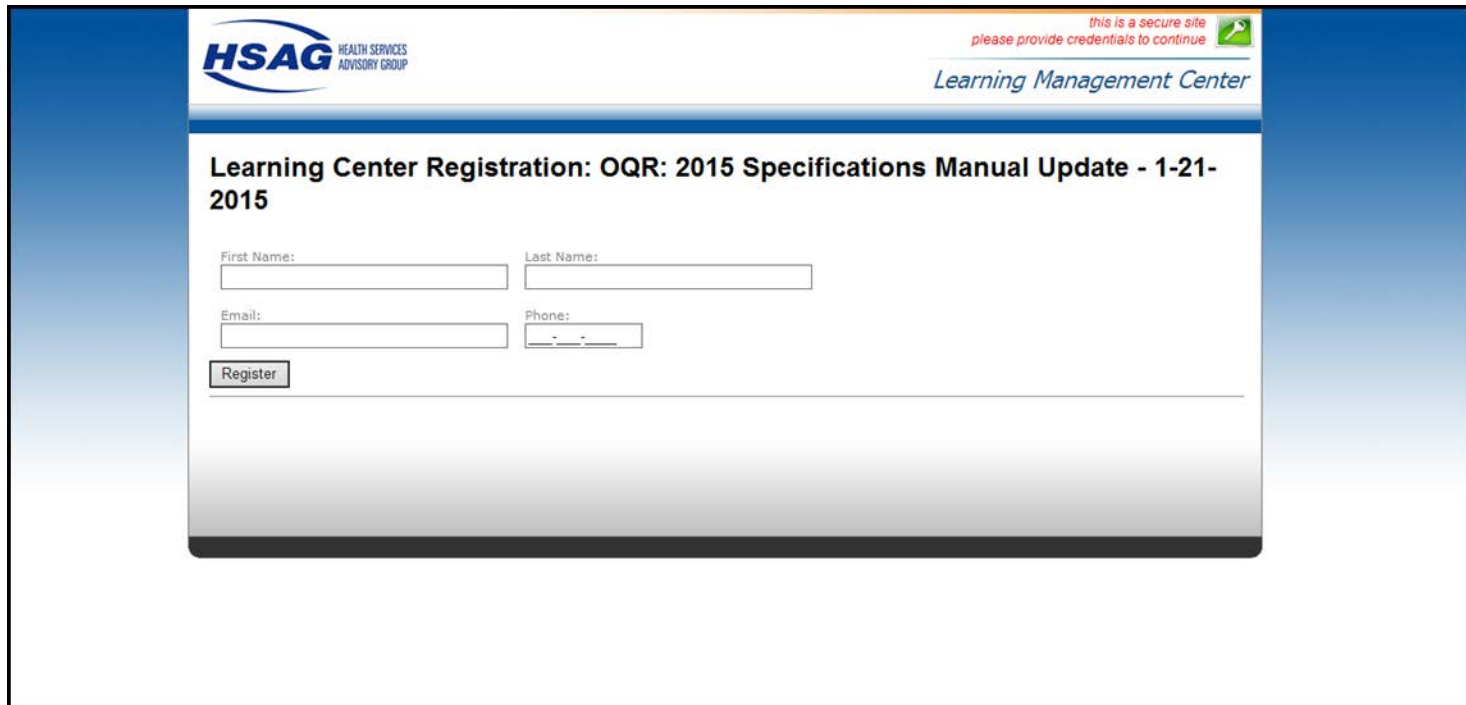
New User Link:
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

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 displays the registration 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, a security notice states "this is a secure site please provide credentials to continue" next to a small green icon. Below this, the text "Learning Management Center" is displayed. The main heading for the registration is "Learning Center Registration: QQR: 2015 Specifications Manual Update - 1-21-2015". The registration form includes 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 blue gradient background.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

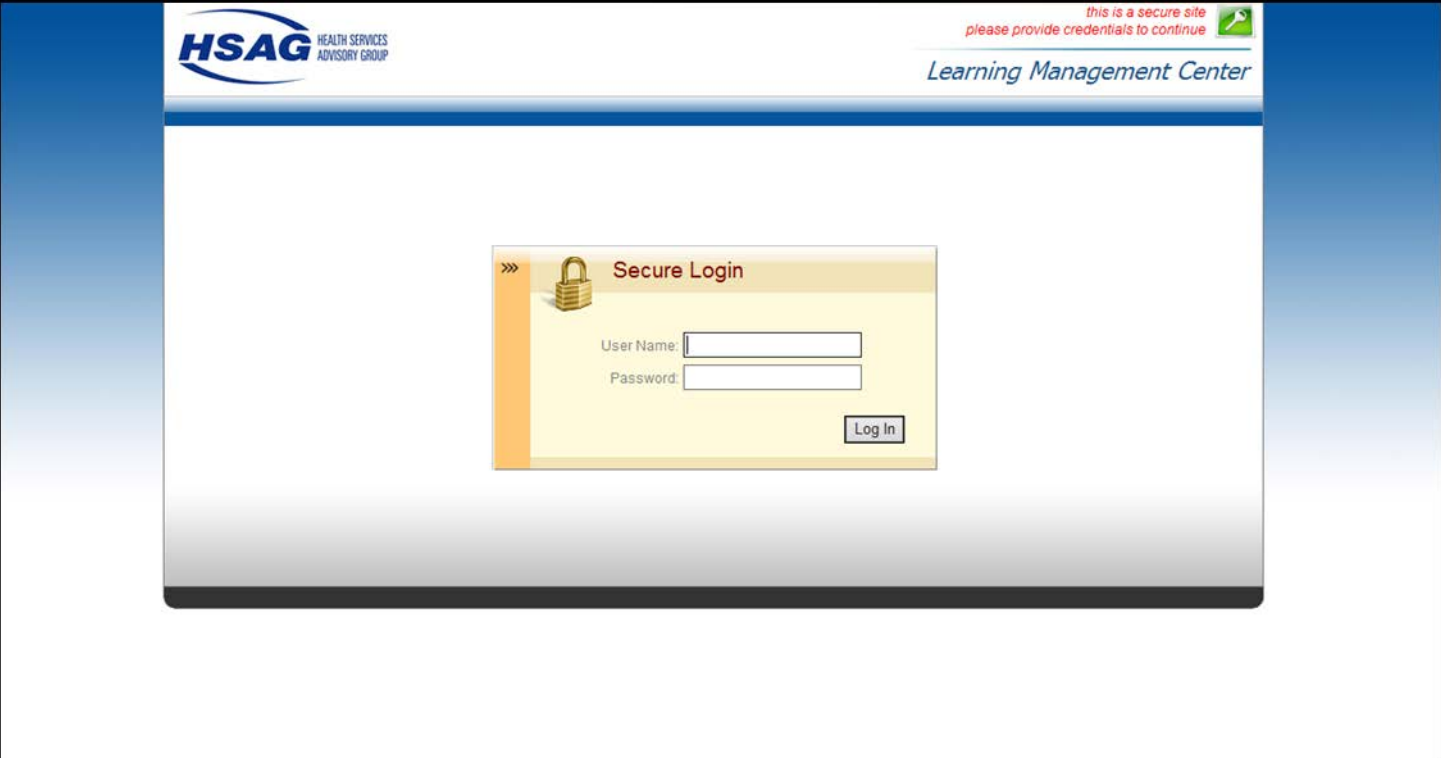
Learning Management Center

Learning Center Registration: QQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

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, a red warning message states "this is a secure site please provide credentials to continue" next to a small green icon. Below this, the text "Learning Management Center" is displayed. The central focus is a "Secure Login" box with a yellow background and an orange border. Inside this box, there is a padlock icon, the title "Secure Login", and two input fields labeled "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

PCHQR Program: Overview of Public Reporting

CLOSING REMARKS