



# PPS-Exempt Cancer Hospitals Quality Reporting (PCHQR) Program

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## Support Contractor

### PCHQR Program: Overview of Public Reporting

#### Presentation Transcript

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**2 p.m. ET**

**Lisa Vinson:** Good afternoon. We would like to welcome everyone to today's webinar entitled, *PCHQR Program Overview of Public Reporting*. Our presenters today are Tom Ross, PPS-Exempt Cancer Hospital Quality Reporting or PCHQR Program Lead for the Hospital Inpatient Values, Incentives, and Quality Reporting or VIQR, Outreach and Education Support Contractor, and myself, Lisa Vinson, Project Manager for Hospital Inpatient VIQR Outreach and Education Support Contractor. Today's webinar is part of the series for the PPS-Exempt Cancer Hospitals, or PCHs, participating in the PCHQR Program. As the title indicates, today, we will provide an overview of Public Reporting as it relates to the PCHQR Program. Please note, that during this presentation, we will only be discussing topics pertaining to the PCHQR Program, specifically, Public Reporting. So, while you are welcome to participate, if you are associated with any of the other CMS programs, you will probably find that your time is better spent on other activities. If you have questions about the content of today's presentation, please submit them using the chat function. As time allows,

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our presenters will address these during today's event. If time does not allow all questions to be answered during today's event, remember that the slides, recording, transcript, and question-and-answers will be posted following today's event, on *Quality Reporting Center* and *QualityNet*. On slide six, let's take a look at some of the acronyms and abbreviations you may hear during today's event.

Here's the acronyms and the abbreviations slide. I am sure many of you are familiar with most of these, but it is always good to have it available as a handy reference. Acronyms and abbreviations you will hear and see today include CDC for Center of Disease Control and Prevention, H-C-A-H-P-S, or HCAHPS, for Hospital Consumer Assessment of Healthcare Providers and Systems, OCM for Oncology Care Measure, and PR for Public Reporting. As always, feel free to print this slide out, and post it at your desk or somewhere else for easy reference. Next slide, please.

Slide seven provides the purpose of today's webinar. As the slide states, this presentation will provide participants in the PCHQR Program with an overview of the Public Reporting of their data with an emphasis on Public Reporting of OCMs and the HCAHPS survey data, which will publicly be reported for the PCHQR Program, for the first time, in December of 2016. The next slide, slide eight, contains the objectives for today's event.

Today's objectives are for program participants to be able to access and analyze their Public Reporting Preview Reports from *QualityNet*, to interpret the data displayed on the Preview Report and subsequently posted on *Hospital Compare*, as well as, discuss the current and potential future state of Public Reporting for the PCHQR Program. Now, let's begin the overview of Public Reporting relative to the PCHQR Program.

*Hospital Compare* has information about the quality of care at over 4,000 hospitals and facilities across the country. Providers that receive Medicare and Medicaid payments, and participate in one or more of the various quality reporting programs, provide information for this database. The Centers for Medicare & Medicaid Services, or CMS, and the nation's hospitals and others in healthcare, worked collaboratively to create and

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publicly report hospital quality performance information on the *Hospital Compare* website. On this website, you will find hospital performance data in a consistent, unified manner to ensure the availability of credible information about the care delivered in the nation's hospitals. This information helps the consumer to make decisions about where you get your healthcare, and encourages hospital to improve the quality of care they provide. On slide number 10, we will look at the data sources for *Hospital Compare* database. Next slide, please.

So, where does the data on *Hospital Compare* come from? It is important to note that the Hospital Quality Reporting and Public Reporting are two distinct, separate programs with varying data sources. For the Hospital Quality Reporting Program, HAI data is received from the CDC. HCAHPS data is from the designated vendor. And, the Cancer-Specific Treatment or CST, OCMs, and External Beam Radiotherapy or EBRT data is from PCH participants.

For the Public Reporting Program, HAI data is from the CDC. HCAHPS is from the HCAHPS Support Contractor. And, the CST, OCM, and EBRT data is from the Hospital Inpatient VIQR Support Contractor. And knowing the background and data sources for *Hospital Compare*, we will now look into how to retrieve your reports via the *QualityNet Secure Portal* and how it will look. Next slide, please.

Public Reporting Preview Reports are accessed via the *QualityNet Secure Portal*, the only CMS approved website for secure healthcare quality data exchange. As we continue through this portion of the webinar, there will be screenshots of how accessing this information will look. Next slide, please.

Resources available for you to utilize include the Preview Report ListServe, which is an official email notification that contains new information and updates. Registration is required to receive this notification, and can be completed via the *QualityNet* website. There are news articles, quick reference guides, and detailed help guides available on *QualityNet* and *Quality Reporting Center* websites. Also, today's

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outreach and education event will be posted on *Quality Reporting Center* and *QualityNet*. As stated earlier, you will have access to the slides, transcript, and questions-and-answers to refer to, at your leisure, for future reference. Next slide, please.

The Public Reporting Preview Period, for the December Refresh of *Hospital Compare*, will be available, beginning October 8th through November 6th, 2016. 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*, which can be accessed via the link listed on this slide. There are four basic steps involved in accessing your Preview Reports. The first step would be to register as a *QualityNet* user. Second step, is to enroll for *QualityNet Secure Portal* access, and be given the PCH Preview Reports role from your Security Administrator. Third step, is to log in to the *QualityNet Secure Portal*. And, the last step would be to run the Preview Reports. So, now let's take a visual tour of what you should expect to see when completing this process. Next slide, please.

This is the *QualityNet* homepage. Once the registration requirements are fulfilled, you will use your *QualityNet* Help-Desk-issued user ID and password to gain access to the secure portal. As you can see, there are three ways to access the secure portal login screen. By selecting the My *QualityNet* tab. Or by clicking the Login button at the top of the page. Or clicking the Login link on the right-hand side of the page. Next slide, please.

Now, you will see the Choose Your Destination screen. You will need to choose your program by selecting the PPS-Exempt Cancer Hospital Quality Reporting Program link. This will take you to the login, to the *QualityNet* screen, as shown on slide number 16.

Here you will need to enter your *QualityNet*-issued login credentials, user ID, and password, along with the six-digit security code, which is generated by the Symantec Validation and ID Protection, or VIP software. This will be required to be installed if you do not have it already. Once

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you click the Submit button, there will be a Terms and Conditions window that will appear. Select, “I Accept.” Please note, if you select “I Decline,” the program will close and you will have to start over. Next slide, please.

Once you’re enrolled, you have the required access and role assignments, the PCH Preview Reports role granted by your Security Administrator, or SA, you are able to see your facility’s reports. From the *QualityNet Secure Portal* home screen, you will need to click the My Reports tab and select Run Reports from the drop-down. Within the Start Reports tab, select Run Reports from the I’d Like To reports portlet on the right-hand side. Next slide, please.

Under Report Program, select PCHQR option from the drop-down. Next slide, please.

Now, you will need to select Public Reporting – Preview Reports from the Report Category drop-down. Next slide, please.

By clicking the View Reports button, a link to the selected report will populate under Report Name. Select the Public Reporting Preview Reports link, then select Run Report. To see the Preview Reports, select the Search Reports tab. The requested report will display, as well as the report status. You will see a green check mark in the status column when the report is complete. Once complete, the report can be viewed or downloaded. So, this concludes my section on *Hospital Compare* and accessing Public Reporting Preview Reports. I’m now going to turn the presentation over to Tom, to share how to interpret the Preview Report data, and the current and future state of Public Reporting, as it relates to the PCHQR Program. Tom?

**Tom Ross:**

Thank you, Lisa. Remember, the Public Reporting Preview Period is scheduled for a 30-day period from October 8th to November 6th (this fall) for the December Refresh with the data in *Hospital Compare*. Currently, the plan is to refresh the data, or make it viewable to the public, on December 14<sup>th</sup>. Note that the dates associated with Public Reporting often fluctuate by one or two days. If you are subscribed to the PPS-

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Exempt Cancer Hospital Notifications on *QualityNet*, you will receive reminders about the availability of both, the Preview Reports, and when the publicly viewable data is updated in *Hospital Compare*. For the Preview Period, you will receive a ListServe when the Preview Reports come available. This will be at the start of the 30-day preview period. As this next preview period starts on a Saturday, you will get the ListServe on Friday, October 7. Fifteen days into the preview period, you will get a reminder, the same ListServe. The ListServe acts not only as a reminder, but also contains brief bullet points on how to access the reports, and run them in *QualityNet*. The ListServes also reference the educational documents that are provided, to assist you in these activities, and in understanding the Preview Report. These materials that Lisa mentioned, including the Quick Reference Guide. On our next slide, slide number 22, we will take a look at the actual content, the PCH Preview Report.

The first page of the report contains your facility's CMS Certification Number and name, which has been made anonymous on this slide. Then in the box below the facility header, you will see the following data elements; Address; City, State and ZIP; Phone Number; County Name; the Type of Facility, which is short term for the PCHs; your Type of Ownership; and if Emergency Service is provided. Note that the Type of Ownership and status of Emergency Services Provided are not publicly reported. If any of this information is incorrect, you should contact your State Certification and Survey Provider Enhanced Reporting, or CASPER, agency coordinator to correct the information. The details for this process are outlined on page 12 of the *Hospital Compare Preview Report Help Guide* for the PCHQR Program, which can be located on either *QualityNet* or *qualityreportingcenter.com*. We will now move on to slide 23, to take a look at the selection of the report that most of you are already familiar with, the Cancer-Specific Treatment measures.

The Cancer-Specific Treatment measures, or CSTs, are three of the original five measures for the PCHQR Program. PCH-1 and -2, otherwise known respectively by their abbreviated names of, adjuvant chemotherapy for colon cancer, and combination chemotherapy for breast cancer, were

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first publicly reported in 2014. The other CST, adjuvant hormonal therapy, or PCH-3, was then added to public reporting for the program in 2015. With the delay being that, as you know, this measure requires therapy with tamoxifen, or an aromatase inhibitor, to be started within 365 days of diagnosis for ER or PR positive breast cancer. The data that appears is for four quarters. You can see that for the October preview of the December refresh, this is for the time period of Quarter Four 2014 through Quarter Three 2015 for PCH-1 and -2, and for Quarter Two 2014 through Quarter One 2015 for the breast cancer hormone measure. Just as in reporting these measures in hospital quality reporting, there is always a two-quarter difference between PCH-1 and -2, and PCH-3. This is because, of course, the PCH-1 and -2 are determined within 120 days of diagnosis, versus the 365 days for PCH-3. The numerator and the denominator for each is listed. This is for a rolling four quarters. As an old quarter rolls off, a new quarter is added. If you verify this data, be sure to verify using the data from the PPS-Exempt Cancer Hospital Reports that you can run at *QualityNet*. Remember that the data is a snapshot of what you submitted at the time of data submission. It is frozen at that point and time. If you use data from your cancer registry to validate these numbers, you may find discrepancies, as the data in the registry is still fluid and may have been updated after the Hospital Quality Reporting data submission deadline. The data for these quarters of data would be found on your fiscal year 2015 and 2016 PPS-Exempt Cancer Hospital reports. Lastly, there's a list of footnotes that maybe applied to your data when it is publicly reported. Footnote one is, the number of cases or patients is too few to report. This is applied to any measure when either the numerator or denominator is greater than zero, and less than 11, for the four quarters of data. If you have a low volume from these measures, for example you have five in the numerator and six with denominator for the PCH-1, you will see the actual numbers in the Preview Report. However, when the data is made publicly available in December, it will not display numerical values, but rather, just the footnote will appear. Footnote five is when results are not available for the reporting period. I have not seen this used in the program to this date. And footnote seven is when no cases meet the criteria for this measure.



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This would be a denominator of zero. I have not seen this with the CSTs, but a few of you will see this in the public reporting of the OCM data, which we will now look at on slide 24.

Here, we see the Preview Report materials for the Oncology Care Measures. On the actual report, this is on the same page as the CSTs, located right below them. As you know, there are five OCMs: radiation dose limits to normal tissues, plan of care for pain, pain intensity quantified, adjuvant hormonal therapy for high-risk prostate cancer patients; and avoidance of overuse, bone scan for staging low-risk prostate cancer patients. The radiation therapy and prostate measures are per patient. The paired pain measures are per patient encounter, as the patient may have had more than one encounter that was sampled, during the measurement period. Also, note the difference here, in that the performance is expressed as a percentage of patients or encounters that met the measure. For example, here we see that 96 percent of 100 patient encounters met the requirements for the plan of care for pain measure. This way of reporting concordance is more in line with how other CMS programs report these types of measures. In the future, we would like to move to the same style of reporting for the OCMs and CSTs. For all five of the OCMs, we see the same reporting period. The data source that we prepared the files from, was the PCH reports for fiscal year 2016, which contains the quarter one 2015 data, and the fiscal year 2017 PCH report, which contains the data for quarters two through quarters four 2015. Please note that, while the CSTs are updated on a quarterly basis for public reporting, the OCMs are reported only once per year. Therefore, the data will be refreshed only once per year on *Hospital Compare*. The footnotes are the same as the OCMs, with the exception of footnote one. Due to the style of presenting concordance, X percent of Y patients, only a denominator of greater than zero, and less than 11, suppresses reporting of the actual data. The numbers are not – the numerator is not a factor in this style of reporting concordance. On the second and third pages of your Preview Reports, you will see your HCAHPS Preview Report data. Let's take a look at this, starting on our next slide, slide number 25.



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The HCAHPS survey data will display an aggregate four quarters of data. Just as with the CSTs, with each refresh of *Hospital Compare*, the oldest quarter of data rolls off, and the newest quarter is added. The initial public reporting of the PCH data will be data from quarter two 2015 through quarter one 2016. Your hospital's data show your aggregate results as compared to state and national averages. The total number of completed surveys, and your survey-response rate, will also be displayed. We will continue to look at the HCAHPS survey data in general terms in the next two slides, then look at an actual Preview Report so that this makes more sense. Slide number 26, please.

Your data will be displayed with the state and national averages for comparison, and be broken down into five discreet buckets. The first are the HCAHPS composites. The composites are the combined results of two or three individual items from the survey. These five composites are composite one, communication with nurses; composite two, communication with doctors. The responsiveness of the hospital staff is displayed in composite three. Pain management is composite four, and composite five is communication about medicines. The next items displayed are the hospital environments items. These include the responses to the cleanliness and the quietness of the hospital environment. The third reported data, is the composite for discharge information. The fourth category is the care transitions composite and the last category of scores are the HCAHPS global items. This category includes the responses to two questions: the overall rating of the hospital and the willingness to recommend this hospital. Slide 27 will address what information is displayed for each item reported.

For each of the composites, or individual items reported on, you will see four pieces of information. The first is the Star Rating. Each item or composite will receive a HCAHPS Star Rating from one to five stars. This Star Rating is determined by the hospital's linear mean score, which is the next item displayed. CMS uses all survey responses in determining the HCAHPS Star Ratings. The responses to the survey items such as, never, sometimes, usually, or always, are assigned point values. For

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example, never, 0 points; sometimes, 33 and one-third points; usually, 66 and two-third points; and always, 100 points. Note that different responses may have different response possibilities. For example, question 19, during this hospital stay, did doctors, nurses and other hospital staff talk with you about whether you would have to have the help you needed when you left the hospital. And question 20, during this hospital stay, did you get the information in writing about what symptoms or health problems to look out for, after you left the hospital, have only two possible responses: yes or no. In this case, a no response gets zero points and a yes response gets 100 points. A full discussion of the determination of Star Ratings is outside the scope of today's presentations. Participants are asked to refer to the HCAHPS website, [www.hcahpsonline.org](http://www.hcahpsonline.org), for full information on this topic. There is an excellent resource on this site, entitled, Technical Notes for HCAHPS Star Ratings that I think you will find very useful. The linear score is also risk adjusted. Factors taken into consideration include patient-mix adjustment and the effective mode of survey administration. Patient-mix adjustment factors include education, self-related health, language, age, and service line, among other factors. The risk-adjusted linear score is then converted into the Star Rating. And the calculations of the HCAHPS Summary Star Rating is then determined from the individual Star Ratings. Once again, a full discussion of the determination of the Star Ratings is outside the scope of today's presentation. Please refer to the HCAHPS website for full information on this topic and the Technical Notes for HCAHPS Star Rating that I referred to earlier. After the Star Rating and linear score, you will then see your PCH's adjusted scores with the percent response in each category displayed, alongside the state and national averages. Let's move on to slide 28 to see what the Preview Report actually looks like.

Here, you can see the first page of the HCAHPS Preview Report. In the header, you will see the number of completed responses, blacked out in this example, the survey response rate, which is 21 percent, and the HCAHPS Summary Star Rating of four stars. Below this, we then see the more granular data. First are the five HCAHPS composites I mentioned. It is nice that the questions used in determining each composite are listed

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here. You may find it helpful to print a copy of the HCAHPS survey tool to refer when this material is being reviewed. So, let's look at Composite one as an example. This is the composite of the questions one through three, and its titled, Communication with Nurses. The linear score for this PCH was 93, which equates to a Star Rating of four stars. Moving to the right, we see the hospital's adjusted score. In this case, 2 percent of patients responded, sometimes to never; 15 percent, usually; and 83 percent, always. These numbers are all favorable when compared to the state and national averages. After the five HCAHPS composites, we next see the two hospital environment scores and Star Ratings. On slide 29, we will look at the last page of the Preview Report continuing the rest of the HCAHPS Preview Report data.

At the top, is the discharge information composite, consisting of the responses from questions 19 and 20. Next is the care transition composite, which is a composite of questions 23 through 25. And lastly, we see the HCAHPS global items, the overall rating of a hospital, and the likelihood to recommend to others. In this example, the hospital received five stars in each of these, due to high linear scores of 95 and 97. Lastly, please note that when HCAHPS scores are based on fewer than 25 surveys, the score will not be recorded on *Hospital Compare*. Next slide, slide 30, please.

That was a lot of information. Please be sure to refer to the excellent materials our Public Reporting team has prepared. In fact, most of the material in this section of today's event was taken directly from the help guide. It is a really great tool. If you have questions pertaining to the CST, or OCM measures, please direct them to our team. The contact information is listed on the slide. For questions pertaining to the HCAHPS measures, please contact the HCAHPS project team. Their email, [hcahps@hcqis.org](mailto:hcahps@hcqis.org), is on the slide for your reference and use. Slide number 31 please.

In the concluding third portion of the event, we'll take a look at what is currently appearing in *Hospital Compare* and briefly touch on the future state or direction for Public Reporting for the PCHQR program. As stated

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earlier, the December refresh of *Hospital Compare* is scheduled to occur on December 14th. As a reminder, subscribers to the PCHQR Program Notifications will receive a ListServe on that day. So what measures are currently displaying at *Hospital Compare*, and what will be coming up in the future? Slide 32 contains this information.

In 2014, and for subsequent years, the first two measures for the PCHQR program were publicly displayed. These were NQF 0223, adjuvant chemotherapy within 120 days of diagnosis for Stage III colon cancer. And NQF number 0559, adjuvant chemotherapy within 120 days of diagnosis for women under the age of 70 with AJCC T1cN0M0, or Stage IB–III hormone receptor negative breast cancer. Then in 2015, and for subsequent years, NQF number 0220 or adjuvant hormonal therapy for hormone receptor positive breast cancer started within 365 days of diagnosis, was added. Remember this measure is up to 365 days after diagnosis, versus 120 days for the chemo measures, so that is why it first appeared in 2015, and the data reported always trails that of the chemo measures by two quarters. Now, in the December refresh of *Hospital Compare*, we will see the first public reporting of the five Oncology Care Measures and the HCAHPS survey data. We discussed this quite a bit in the previous section. Note that for NQF 0382, the radiation dose limits to healthy tissues, there will have to be changes in the notation in *Hospital Compare* for the December 2018 refresh, as the diagnosis cohort changes for this measure. It is being expanded to include breast and rectal cancer to the already existent lung and pancreatic cancer for patients treated [starting] on January 1, 2017. This expanded cohort will be reported to Hospital Quality Reporting in the summer of 2018. This information will therefore be posted to *Hospital Compare* in December 2018. CAUTI and CLABSI public reporting is currently deferred, as related in the Fiscal Year 2017 IPPS/LTCH Final Rule, due to the low volume reported by a small number of participants across various unit types, creating analytic challenges. The CDC and CMS are working collaboratively to develop the analytic methods that will be used to summarize the CLABSI and CAUTI data for public reporting purposes. And lastly, our old friend EBRT, or External Beam Radiotherapy, for treating bone metastases, will

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be publicly reported for the first time in 2017. This will be for the calendar year 2015 data that was submitted this past August 2016. This is tentatively planned for the July 2017 refresh of *Hospital Compare*. The time frames displayed in each refresh are outlined in our next slide, slide number 33.

Let's take a look first at the Cancer-Specific Treatment measures, PCH-1, -2 and -3. These are also known to use the chemo measures and the hormone measure. In December 2016, quarter four 2014 through quarter three 2015 data will be displayed for the colon and breast measures. In the same refresh, the hormone data, remembering that it trails by two quarters, for quarter two 2014 through quarter one 2015 will be displayed. These measures are updated on a rolling quarter basis with the oldest quarter rolling off and the new quarter being added. These are aggregate, displaying all four quarters together. So, we see that, in the April 2017 refresh, will be quarters one through four 2015 for the chemo measures. I think you're all pretty familiar with this by now. HCAHPS is also refreshed with each update of *Hospital Compare* with the same rolling four quarters concept as for the Cancer-Specific Treatment measures. The first data being posted is for quarter two 2015 through quarter one 2016, starting this December. The OCMs and EBRT are only reported by the PCHs annually. So once a year, all four quarters of data is refreshed at one time. The OCMs will have the 2015 data posted in December 2016. Then in 2017, this will be replaced with the 2016 performance period. EBRT will behave the same way as the OCMs, with one exception. Being that Public Reporting was just finalized this past summer for EBRT, the first posting will be in July 2017 for the 2015 performance data. Then in December 2017, the 2016 performance data for EBRT will be posted, putting it in sync with the OCMs. On slide 34, we'll begin to look at how the data and information appears on *Hospital Compare*.

This is the main entry page for *Hospital Compare* that I'm sure most of you are familiar with. The data for the Inpatient Quality Reporting Program hospitals is found under the "Find a hospital" search function. Some of the PCHs that previously voluntarily submitted the Inpatient

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Quality Reporting Program measures such as SCIP and HCAHPS used to appear in the Search function. However, due to the low numbers of metrics in common with the PCHQR and IQR programs, as well as, concerns about comparability of the data in October 2015, CMS removed the PCHs from the Search function. The publicly reported data for the PCHQR measures is found by clicking on the link in the red rectangle on the slide. Note that this is comparable to that for another specialty quality reporting program, the Inpatient Psychiatric Facility Quality Reporting Program. Clicking on this link takes you to what we refer to as, the landing page, for the PCHQR Program, displayed on slide 35.

This page contains a brief overview of the program and a list of the measures currently reported. Note that this slide does not show the new measures, the OCMs and HCAHPS, at this time. On the same web page, directly under the list of measures is a Socrata Table that contains the actual data available at the last refresh of *Hospital Compare*. This is illustrated on slide 36.

This is a view of the Socrata Table, containing the PCH data. As there are currently three measures across the 11 participants, there are 33 rows of data on this table. As the drop-down window indicates, this data can be manipulated or downloaded in various ways. I want to bring two other details about this page to your attention. In the first line of the text, you can see text that reads, “The table that follows contain hospital (provider) results. You can also visit [Data.Medicare.gov](http://Data.Medicare.gov) to download the PCH Program dataset.” I encourage to click in the PCHQR Program link. It gives a very nice field of data. The second point I want to highlight is, at the bottom, you see a link for View more footnote details. This will display detailed information about the footnotes used in the data table. In December, there will be two more Socrata Tables available here: one for the OCM data and one for the HCAHPS data. Unfortunately, these products are still being built, and I do not have screenshots to share with you at this time. Now, let’s go back to landing page for the program on slide 37, to discuss accessing the data details.

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To review the Data details and more in-depth look at the metrics displayed on *Hospital Compare*, you click on the Data details link in the red rectangle on this slide. Next slide, please.

The Data details page is exactly that, more information, diving deeper than just the name of the measure. Also, there is a clinical description of why the measure is important and included in the program measures that are made publicly available. As an example, here's a screenshot for PCH-1, or the colon chemotherapy measure. The full name of the measure is displayed. The logic of giving chemotherapy to a patient whose disease has spread beyond the colon, Stage III cancer, is communicated. Then, both the numerator and denominator are defined. Here, we can see the denominator is further defined as, first or only known cancer diagnosis, surgically treated, at Stage III, all or part of the first course of therapy was performed at the reporting facility, and that the patient was known to be alive within 120 days of diagnosis. Next slide, slide 39, please.

This slide shows two separate screenshots and will be live in the December refresh of *Hospital Compare*. The top paragraph is the general introduction. You can read that the individual measures are increased from the current three CSTs to eight, with the inclusion of the OCMs. Also, the HCAHPS survey results are now publicly reported for the PCHs. The lower screenshot is an overview statement of the HCAHPS survey data. This is minimal information on the Data details page, as CMS wants to keep the HCAHPS information consistent across the programs. So instead of recreating this information, the reader is provided a link to the HCAHPS page itself. Our next slide, slide number 40, shows you an early glimpse of the Data details for one of the Oncology Care Measures.

This is a view of the Data details for NQF 0389, the avoidance of overuse of bone scan for staging low-risk cancer patients. A full description of the measure is provided: the percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence, who receive one of the four treatments. Then the clinical rationale is briefly shared. A bone scan is generally not required for staging prostate cancer, and men with a low risk of recurrence, who are receiving primary therapy. This is



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followed in the data table by the numerator and denominator statements. And in this case, the definitions of both low risk of recurrence and what is considered External Beam Radiotherapy. So that concludes the review of what will be on *Hospital Compare* for the December Refresh. Now, on slide 41, we will take a couple of minutes to philosophically discuss potential future directions in public reporting for the PPS-Exempt Cancer Hospital Quality Reporting Program.

On this slide, I can honestly say, this is the first time I have paraphrased Hamlet in my role as the PCHQR Program Lead for the Support Contractor. To compare or not to compare? That is not the question. CMS is committed, and in fact, required by legislation, to make data submitted under the PCHQR Program available to the public. Going all the way back to the beginning of today's event, the purpose of *Hospital Compare* is twofold. One, to help consumers make educated decisions about where to get their healthcare, and two, to encourage hospitals to improve the quality of care they provide. So, there's a mandate to compare, the question then, is, to whom to compare to. First of all, I think it is safe to say that the PCHQR measures will be publicly displayed, comparing to the other PCHs. That is the current state of Public Reporting. So the next logical question is, to whom else can the data be compared? I do not have the answers for you today, but would like to give you some of the factors that have been discussed. First of all, there are about 160 different measures currently reported on *Hospital Compare* across the various quality reporting programs. The challenges of putting every hospital into the main search functionality and then allowing the PCH to be compared to, say, two or three more inpatient quality reporting hospitals, is that for many of the measures, both groups of hospitals, the PCHs and the IQRs, would have numerous instances of, no data available. This is often perceived as people not wanting to participate, and can be a negative viewpoint. Secondly, another factor considered, is increasing the alignment of measures across the various programs. As we have seen with the PCHs, NQF 1822, or EBRT, has been added to the Outpatient Hospital Quality Reporting Program, and starting in December, the HCAHPS data that has been a part of the IQR program for years, is now being publicly

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reported for the PCHQR Program, starting in December. So this would seem to foster, or promote, the concept of including various programs in the same workflow, for data display for comparison. But thinking more about this, leads to my third point: concerns about comparing apples to apples. For example, we know that, due to mucositis and graft-versus-host disease, that certain segments of the PCH patient population are at increased risk for CLABSIs that meet the definition of mucosal barrier injury infection. So comparing a PCH globally, in this measure, to an IQR facility, is not comparable. In fact, as you are aware, there are even multiple unit designations for various patient types, within the PCHs themselves. A fourth factor to consider, is further refinement of the measures being used across the programs, and the methodologies by which they are calculated and presented, to allow for more equitable comparisons. At this point in time, our recommendation is to continue to stay active in your professional societies, engaging your subject matter experts. Also, closely monitor the NQF measures under consideration, as well as, the proposed rule process, to provide your input. And lastly, CMS is committed to working with the PCHs, and via the meetings with the Alliance of Dedicated Cancer Centers, to work collaboratively in this process. I am sure there will be much more discussion of this topic in the next couple for years. This concludes our review of Public Reporting for the PCHQR Program. On slide 42, we'll take a quick look at upcoming events and milestones for the program.

In regards to the webinars, you will see our next two events. These are on the third Thursday of November and December instead of our usual fourth Thursday, due to the upcoming holidays.

Our November 17th program, which says To Be Determined on the slide, has recently been determined to be, *A Year in the Life of the Program*. This will be a broad-brush review of the entire PCHQR Program. There are so many individual items, such as proposed and final rules, quarterly data submissions, annual data submissions, ListServes, educational emails, update to measure information forms and algorithms, and monthly webinars. How does it all fit together? During this event, we will try to

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put these pieces together, to help you see the PCHQR program overall, and how all these seemingly independent actions form the whole. Then in December, on the 15th, we will have a very basic, nuts-and-bolts presentation about what happened this past year, and what is changing in 2017. As far as data submission, the window for the submission of second quarter 2016 HCAHPS closed yesterday, October 5th. The next submission of HCAHPS data is slated for January 4, 2017. And, the quarterly data submission for the HAIs from the CDC and submission of the Cancer-Specific Treatment measures from the PCHs themselves, will be due prior to November 15, 2016. You will be receiving the file templates, instructions, in the next week or so for the submission period. Also, you will be receiving submission reminders via ListServe, as well. And with those reminders, I will now turn the event over to Deb Price, to review the CE process.

### **Deb Price:**

Well, thank you very much. Today's webinar has been approved for one continuing education credit by the boards listed on this slide. We are now a nationally accredited nursing provider, and as such, all nurses report their own credits to their boards, using the national provider number 16578. It is your responsibility to submit this number to your own accrediting body for your credit.

We now have an online CE certificate process. You can receive your CE certificate two ways. First way, is if you registered for the webinar through ReadyTalk®, a survey will automatically pop up when the webinar closes. The survey will allow you to get your certificate. We will also be sending out the survey link in an email to all participants within the next 48 hours. If there are others listening to the event that are not registered in ReadyTalk, please pass the survey to them. After completion of the survey, you will notice at the bottom right-hand corner, a little gray box that says Done. You will click the Done box and, then, another page opens up. That separate page will allow you to register on our Learning Management Center. This is a completely separate registration from the one that you did in ReadyTalk. Please use your personal email for this separate registration so you can receive your certificate. Healthcare

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facilities have firewalls that seem to be blocking our certificates from entering your computer.

If you do not immediately receive a response to the email that you signed up with the Learning Management Center, that means you have a firewall up that's blocking the link into your computer. Please go back to the New User link and register a personal email account. Personal emails do not have firewalls up. If you can't get back to your New User link, just wait 48 hours because, remember, you are going to be getting another link, and another survey sent to you within 48 hours.

Okay, this is what the, what the survey will look like. It will pop up at the end of the event, and will be sent to all attendees within 48 hours. Click Done at the bottom of the page when you are finished.

This is what pops up after you click Done on the survey. If you have already attended our webinars and received CEs, click Existing User. However, if this is your first webinar for credit, click New User.

This is what the New User screen looks like. Please register a personal email like Yahoo, or Gmail, or ATT, since these accounts are typically not blocked by hospital firewalls. Remember your password, however, since you will be using it for all of our events. You notice, you have a first name, a last name, and the personal email; and, we are asking for a phone number in case we have some kind of backside issues that we need to get in contact with you.

This is what the Existing User slide looks like. Use your complete email address as your user ID and, of course, the password you registered with. Again, the user ID is the complete email address including what is after the @ sign.

Okay, now I am going to pass the ball back to your team lead, to end the webinar, and to go over any questions that came in. Thank you for taking the time spent with me.

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**Tom Ross:**

Well, that wraps it up for today. I hope that we provided you with an overview of Public Reporting for the PPS-Exempt Cancer Hospital Quality Reporting Program, that you can see in the bigger picture. You can access your Preview Reports, understand the data that's compared in there, and then be prepared for when the data is refreshed in December, on *Hospital Compare*. As always, thanks for the great care that you provide to our patients, and enjoy the rest of your day. Thank you.

END