



PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

PCHQR Program: Practical Impacts of the FY 2018 IPPS/LTCH PPS Final Rule

Presentation Transcript

Moderator/Speaker

Lisa Vinson, BS, BSN, RN

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

September 28, 2017

2 p.m. ET

DISCLAIMER: This transcript was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this transcript change following the date of posting, this transcript will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the transcript and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

Lisa Vinson:

Good afternoon and welcome to today's PPS-Exempt Cancer Hospital Quality Reporting, or PCHQR, Program Outreach and Education event entitled PCHQR Program: Practical Impacts of the Fiscal Year 2018 IPPS/LTCH PPS Final Rule. My name is Lisa Vinson and I will be your moderator and speaker for this event. I serve as the Project Manager for the PCHQR Program within the Hospital Inpatient Values, Incentives and Quality Reporting, or VIQR, Outreach and Education Support Contractor. Last month as you may recall, Caitlin Cromer and I presented to you the Fiscal Year 2018 Final Rule. Caitlin provided a review of the Final Rule and how the changes impacted the PCHQR Program. Today, we will be taking a closer look at these and other changes and what these changes mean for you as a participant in the PCHQR Program. I would like to emphasize that today's event will focus on specific portions of the PCHQR Program section of the Final Rule. Although we welcome those who are interested in the topics that we will be covering during today's event, this information only pertains to those participating in the PCHQR Program. If you are not a participant in the program, please refer to your program-specific materials and/or reach out to your program-specific Support Contractor. As always, if you have questions about the content of today's presentation, you can submit them using the chat function. If time allows we will respond to your inquiries during today's event. If time does not allow all questions to be answered during today's presentation, please remember that all questions and answers, as well as the slides, recording and transcript for today's event will be posted on both *QualityNet* and *Quality Reporting Center*. On our next slide, slide 6, we will take a look at the abbreviations and acronyms that will be used during today's event.

This slide should be very familiar to all of our regular attendees of the PCHQR Program Outreach and Education events. We provide this during each event to serve as a reference for you to use as we discuss our Program. Some of the key abbreviations which are bolded on this slide that you will hear today include CST for Cancer-Specific Treatment, EOL for End-Of-Life, the domain of the four measures recently added to the program, ECE for Extraordinary Circumstances Exception, HCAHPS, or HCAHPS, for Hospital Consumer Assessment of Healthcare Providers and Systems, NQF for National Quality Forum, the non-partisan group that endorses most of the metrics used in CMS reporting programs, and QIN or QIN for Quality Innovation Network, those contractors who help providers in their quality improvement with CMS-related measures. Slide 7, please.

The purpose of today's event is to provide a practical overview of the changes impacting the PCHQR Program participants due to the publication of the Fiscal Year 2018 Final Rule. As I mentioned earlier,

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

we will be taking a closer look at these and other changes within the PCHQR Program along with providing practical information that you can put to use. Now let's take a look at our objectives, slide 8, please.

There are three main objectives for today's presentation. Our goal is that upon completion of today's event, participants in the PCHQR Program will be able to:

- Summarize operational changes impacting the Program which include expounding on some of the major sections of the Final Rule,
- [Access] and employ updated program resources available to you from *QualityNet* and *Quality Reporting Center*, such as the Measure Submission Deadline tool and the Program Manual. And lastly,
- Discuss the updated PCH report elements that will be available in *QualityNet*, specifically how PCH reports will appear once the updates are effective. Next slide, please.

The publication of the Fiscal Year 2018 Final Rule is the foundation of today's presentation. As we related during last month's event and in case you need a refresher, the Fiscal Year 2018 Final Rule display copy was made available at the Office of the Federal Register Public Inspection Desk on August 2, 2017 and the official Federal Register version was published on August 14, 2017. On this slide, there are links which will take you directly to each version of the Final Rule and the page numbers specific to the PCHQR Program are listed here as well. Slide 10, please.

There were many changes finalized that impacted the PCHQR Program, all of which we will be discussing today. We will begin our discussion by focusing on five of the major sections of the Fiscal Year 2018 Final Rule. On our next slide, slide 11, we identify these sections.

As you may recall, the PCHQR Program portion of the Final Rule is broken down into 10 major sections; however, we will only be highlighting five sections and they are bolded and in blue for you on this slide. We also have added a special bonus feature that is included for discussion as well. For now, we will start with Section 3: Retention and Removal of Previously Finalized Quality Measures for PCHs, Beginning with Fiscal Year 2020 Program Year. Next slide, please.

In Fiscal Year 2018 Final Rule, it was finalized to remove the three Cancer-Specific Treatment, or CST, measures which are Adjuvant Chemotherapy for Stage 3 Colon Cancer, or NQF number 0223, Combination Chemotherapy for Hormone Receptor Negative Breast Cancer, or NQF number 0559, and Adjuvant Hormonal Therapy for Hormone Receptor Positive Breast Cancer, or NQF number 0220. It was determined through statistical analysis that these measures were topped

Support Contractor

out and their removal would begin with the Fiscal Year 2020 Program Year. So you may be asking what does this mean for you as a PCHQR Program participant, or maybe more specifically when is the last time to report these measures? The removal of these measures will take effect with diagnoses occurring as of January 1, 2018. Therefore, the last diagnosis cohort to be reported to CMS for all three of these measures will be Quarter 4, 2017, which is denoted on the slide by the red boxes for both the chemo and hormone measures. Thus, the last reporting of data for the colon and breast chemo measures is August 15, 2018 and, as it takes a longer time, up to 365 days to assess NQF number 0220 the last reporting of the hormone measure is due by February 15, 2019. As we move along and review a few of the PCHQR Program tools, the answer to this particular question will be more clearly illustrated. Slide 13, please.

Section 4 addresses the addition of the four new end-of-life measures beginning with Fiscal Year 2020 Program Year. Let's discuss a few key points honing in on the red boxes on the slide. Point 1, the two EOL measures, Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life, or NQF number 0210, and Proportion of Patients Who Died from Cancer Not Admitted to Hospice, or NQF number 0215, have been added to the Clinical Process/Oncology Care Measures, or OCMs, category that has been a part of the Program which previously have included NQF numbers 0382, 0383, 0384, 0389 and 0390. Point 2, on the bottom of this slide there is a new category, Intermediate Clinical Outcome Measures, which includes the other two newly added end-of-life measures, Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life, or NQF number 0213, and Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days, or NQF number 0216. And, lastly Point 3, which is a very important point to make is that these four new end-of-life measures are all claims-based measures. As a PCHQR Program participant, this means that CMS will calculate the measure results from claims data that you submit, therefore data submission by you is not necessary. On our next slide, slide number 14, we will see how these four new measures will appear on the *QualityNet* PCHQR Data Collection page once updated.

This slide illustrates, how the four new end-of-life measures will appear on the PCHQR Program Data Collection page on *QualityNet* once updated. This is in process and if it has not already occurred, it will in the next couple of days. The Clinical Process/Oncology Care Measures, Table number 3, will see the addition of NQF numbers 0210 and 0215. Then, there will be a new table added, Table 4, entitled Intermediate Clinical Outcome Measures, which will include NQF numbers 0213 and

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

0215. Again, remembering that these are claim-based measures, there's no data collection tool as this data will be submitted by the CMS contractor on behalf of the PCH. Also of note, a future update will happen once the Measure Information Forms, or MIFs, are available as they are currently under development. Next slide, please.

So what about the old measures? Good news, they will remain, however, you will see some key updates on the data collection page. Currently on the Data Collection page within the OCMs and EBRT tables the Specifications Manual, Measure Information Forms, or MIFs, and the Data Collection Tools include links to the 2016 information. With the new updates, the 2016 links will disappear and only the 2017 information will be available as displayed on this slide. The 2016 data collection tools for the OCMs and EBRT are being removed as you've reported data from care provided for these measures in the data collection period that closed August 15, 2017. Now we will move to Section 8 which pertains to public display requirements.

Section 8 illustrates the Public Display Requirements for the PCHQR Program. Currently there are four sets of measures publicly reported on *Hospital Compare* for the PCHs. They are the CSTs, the previously adopted OCMs, HCAHPS, and EBRT. You can see on the slide, the year that each measure or measure set was added for public reporting. Also note that in the Fiscal Year 2018 Final Rule, CMS reiterated their policy to make data available as soon as it is feasible during the year, starting with the first year for which data is published for each measure. We will discuss the previously finalized and the new measures on our next slide, slide number 17.

For the 3 CTSs, these measures have been finalized for removal beginning with Fiscal Year 2020 Program Year. As stated earlier, beginning with January 1, 2018 discharges, the last diagnosis cohort will be Quarter 4, 2017. Once no more new data is reported for the CSTs, it is anticipated these will be removed from public reporting. The original five OCMs and EBRT will continue to be updated annually for public reporting, reflecting the annual reporting of these measures by the PCHs. Of note, for NQF number 0382, Radiation Dose Limits to Normal Tissues, data will reflect the expanded diagnosis cohort containing breast and rectal cancers for care provided in Calendar Year 2017, reporting in the summer of 2018, and then refreshed on *Hospital Compare* in the December 2018 refresh. HCAHPS data will continue to be updated quarterly as the data is received quarterly. As originally finalized in the Fiscal Year 2017 Final Rule, public reporting of CLABSI and CAUTI will continue to be deferred due to ongoing collaboration with the CDC to identify an appropriate timeframe for public reporting. Furthermore,

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

public reporting requirements have not yet been addressed to date, as of the Fiscal Year 2018 Final Rule for the following: the remaining HAI measures- SSIs, MRSA, CDI and HCP, the Outpatient Chemo Measure, and the four newly added end-of-life measures. Next slide, please.

This slide simply displays the measures and associated quarters for the schedule of upcoming *Hospital Compare* releases through December 2018. This is a great reference tool to keep handy to stay on track with what data will be displayed for your facility on *Hospital Compare* with the respective release which occur every April, July, October and December. Also keep in mind that on the PCHQR Program page, under the Resources and Tools link on QualityReportingCenter.com, there is a *Hospital Compare* Preview Document section that is updated with each release. There you can find the *Hospital Compare* Preview Quick Reference Guide and Help Guide. You will also receive ListServe communications pertaining to public reporting information and updates. Slide 19, please.

Section 9 of the Final Rule addresses the Form, Manner and Timing of Data Submission. There were no proposed changes to previously finalized data submission requirements. So, you will continue to report your CST, OCM, and EBRT data via the Web-Based Data Collection Tool, or WBDCT. The CSTs will continue to be submitted on a quarterly basis and the OCMs and EBRT will continue as annual submissions. The HAI measures, CLABSI, CAUTI, SSIs, CDI and MRSA data will be submitted quarterly and the Influenza Vaccination of Healthcare Personnel will be submitted annually both on your behalf by the National Healthcare Safety Network, or NHSN. The HCAHPS survey data will continue to be submitted quarterly by your vendor. As the five claims-based measures are new to the PCHQR Program, please remember that there will be no separate data submission requirements for the PCHs related to these measures. CMS will be calculating these measures using Medicare claims data. Lastly, the Data Accuracy and Completeness Acknowledgement, or DACA, has been submitted manually via e-mail or secure fax for the past couple of years. Beginning Fiscal Year 2019, the DACA will move to an electronic submission process via the *QualityNet Secure Portal*. You will receive more information when this updated feature becomes available. Next slide, please.

Our last section, Section 10, discusses the Extraordinary Circumstances Exceptions, or ECE, policy under the PCHQR Program. This policy has been modified to align with other CMS Programs. The modifications include: extending the deadline to a PCH to submit a request for an extension or exception from 30 days following the date of the extraordinary circumstance occurred to 90 days following that date and

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

allowing CMS to grant an exception or extension due to CMS data system issues which affect data submission. The ECE form is available on *QualityNet* and *Quality Reporting Center*. Next slide, please.

And speaking of data exceptions, as I am sure you all are all aware, over the past few weeks and even now, several states have endured, and are still feeling the effects of Hurricane Harvey and Hurricane Irma. By now, you will have received multiple ListServe communications regarding CMS granting an exception for facilities located in specified counties, parishes, municipios, and islands in Texas, Louisiana, Florida, Puerto Rico and the U.S. Virgin Islands. These are continually updated as the impact of the storms is reassessed. For the PCHQR Program, this exception specifically applies to MD Anderson in Houston, H. Lee Morfitt in Tampa and the Sylvester Cancer Center at the University of Miami. As indicated on this slide, this exception applies to the chart-extracted data, CST and NHSN HAI data for the November 2017 and February 2018 submission deadlines, the Influenza Vaccination Coverage Amongst Healthcare Personnel for the May 15, 2018 submission deadline and the HCAHPS survey data for the October 2017 and the January 2018 submission deadlines. You also see that the applicable discharge periods and data are all outlined here as printed in the CMS ListServe communications sent September 7th and September 14th which you can refer to as well. Please be advised that CMS is closely monitoring this situation. If any adjustments are necessary, CMS will communicate them accordingly, so be sure to monitor future communications. Next slide, please.

And now for our special bonus feature, the changes to the Hospital Consumer Assessment of Healthcare Providers and Systems Survey, also known as HCAHPS. The HCAHPS survey, or NQF number 0166, information is located on pages 38328 through 38342 of the Fiscal Year 2018 Final Rule. It states that the existing HCAHPS survey has been refined by updating the name of the composite measure from “Pain Management” to “Communication About Pain” and reflects an improvement to the existing HCAHPS pain management questions. We will now take a look at these questions on the next slide.

Here is a side-by-side comparison of the previous pain management questions and the new composite measure questions. The new questions, on the right-hand side of the slide, focus on the hospital’s communications with patients about the patient’s pain during the hospital stay. They also address how providers communicate with patients about pain while removing any ambiguities in the wording or intent of the question. The current pain questions must be used for all patients discharged before January 1, 2018. The new pain items will be required

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

on all surveys administered to patients discharged from January 1, 2018 and forward. For additional information you may visit the official HCAHPS website at www.HCAHPSonline.org for new information and program updates regarding the HCAHPS survey, its administration, oversight and data insight. Slide 24, please.

Now that we have reviewed the specific changes in the program due to the advent of the Fiscal Year 2018 Rule, let's take a look at how these changes will be reflected in the resources that we provide to you as participants in the program. The PCHQR Program page on *QualityNet* is a very valuable resource for Program participants. As changes occur within the Program, the available resources and tools are updated accordingly. On our next three slides, I will touch on some of the key resource documents and the updates to come. Next slide, please.

The PCHQR pages found on *QualityNet* under the "PPS-Exempt Cancer Hospital" tab are listed here at the top of the slide. Many of these pages have been discussed already and some of have been captured as visuals for today's presentation. The following updates for these pages to come are: a link to the Fiscal Year 2018 Final Rule on the overview page, as depicted on slide 14, the Measures page and Data Collection page will include the four new end-of-life measures, and the Data Submission page has an updated link that will take you directly to a great reference document that we will look at shortly, the Measure Submission Deadlines by Due Date. Then, there's the Resources page. This page offers links to web resources and links to program-specific resources, specifically the bulleted items listed under Updated Resources. Here's where you can also find important forms, such as the Hospital Contact Change Form and the Extraordinary Circumstances Exception, or ECE, request form. As for the updated resources listed on this slide starting with the Program Manual, this document is updated bi-annually. It will be posted soon. Updates to the Program Manual, which are being addressed today, align with the Fiscal Year 2018 Final Rule, such as the removal of the CST measures, addition of the four new end-of-life measures and will reflect some of the updated resources and tools we will be addressing on the next few slides. Please be on the lookout for communications notifying when this manual and other resources are available to view. Now we will move through our next three slides to take a look at a few screenshots showing how these remaining updated resources, the Measure Submission Deadlines by Due Date, the WBDCT Guidelines by Due Date and the Relationship Matrix will appear. Slide 26, please.

Here is the Measure Submission Deadlines by Due Date table. We hope that you have been finding this tool useful in keeping track of which measures are due and when they are due by. Some of the key updates

Support Contractor

include: first, this table has been updated to include due dates through January 3, 2019. Second, although not captured on this slide due to space requirements, once this document is posted and available to view, you will find a footnote key at the bottom of the chart. Note that two of the dates displayed for HCAHPS - October 4, 2018 and January 3, 2019 - have not yet been specified by the HCAHPS contractor and therefore are based upon historical requirements. Please refer to future communications as exact dates are specified. As mentioned earlier, the DACA for Fiscal Year 2019 will be an electronic submission via the *QualityNet Secure Portal* to meet this requirement. As for the CST removal, remembering that the removal is effective with the January 1, 2018 diagnosis cohort and the last reporting period being Quarter 4, 2017 for both colon and breast cancer measures, the last data submission due date is August 15, 2018. With that being said, you see “N/A” for the November 15, 2018 due date, as this would be the next data submission deadline. Being that the last data submission deadline for the hormone measure will be February 15, 2019, this table will be updated to reflect this and the “N/A” will appear for the May 15, 2019. Eventually both measure columns will disappear altogether. Lastly, for those who may be wondering, “Where are the new end-of-life measures?” They are claims-based measures and do not require data to be submitted by you. CMS will be submitting this data on your behalf. This tool is available on both *QualityNet* and *Quality Reporting Centers*. Next slide, please.

The Web-Based Data Collection Tool, or WBDCT, Guideline by Due Date resource was first published back in March of this year when we released the Web-Based Data Collection Tool. This tool is invaluable when using the Web-Based Data Collection Tool as it makes it very easy to determine which Fiscal Year applies for the data you are reporting on. The newly updated chart will include dates through August 15, 2019 data submission deadline. Again, of note, the colon and breast measures are not included after the August 15, 2018 due date, only the hormone measure is listed starting November 15, 2018. Similarly, with the hormone measure, it is not included after the February 15, 2019 deadline and only the OCM and EBRT are listed starting August 15, 2019. This resource is also available on *QualityNet* and *Quality Reporting Center*. Slide 28, please.

This reference document known as the PCHQR Program Relationship Matrix of the Program Measures by Years and Quarters contains a wealth of information. This is a snippet of one page from the document that displays the OCMs. The updates that have been made include: the measure name column has been updated to include the four new end-of-life measures, NQF numbers 0210, 0213, 0215 and 0216; the Fiscal Years have been extended through Program Year 2020. This is relevant

Support Contractor

due to this being the Program Year that the Fiscal Year 2018 Final Rule is effective for; and with extending the Program Year through 2020, naturally the remaining columns were updated as well, such as past reporting periods and *Hospital Compare* release dates have been grayed-out and past quarterly data submission deadlines have been marked “Prior”. This will allow you to easily identify which data submission requirements lie ahead and upcoming *Hospital Compare* releases which have been updated as well. So now we will move to the PCH reports. Slide 29, please.

The PCH reports available for you to run via the *QualityNet Secure Portal*’s report function provide a summary of your facility’s data that has been submitted by Fiscal or Program Year. It is also a great way to confirm that your facility’s data has been received by the CMS warehouse. As there is always room for improvement, the PCH reports have undergone a few changes which we hope are advantageous for you. Today, we will be sharing these improvements that you will be seeing very soon and for some, we will provide a visual that will give you an idea of what you should expect to see. Slide 30, please.

So here we have a list of the PCH report updates that are forthcoming. The first update you will notice is a change in the appearance of N/A1 and N/A2. Currently, the numbers 1 and 2 are formatted in the same font size as N/A. However, with the update, the 1 and 2 will appear as superscripts. Second, there will also be a change in how the data tables appear within the report. With the update the data tables will only display in the Program Years to which they apply. Let’s use the Surgical Care Improvement Project, or SCIP, measures as an example of this. In the Fiscal Year 2014 Final Rule, the six SCIP measures were finalized for inclusion in the PCHQR Program and were effective for Fiscal Year 2016 Program and subsequent years. However, in the Fiscal Year 2016 Final Rule, it was finalized to remove the measures effective October 1 2016 with the last quarter to report being Quarter 3, 2015. So, if a PCHQR Program participant were to run their PCH reports for Fiscal Years 2016 and 2017, the SCIP data tables would be included. As the removal was effective for Fiscal Year 2016 and applicable to Program Year 2018, the SCIP tables would then not be included in the Fiscal Year 2018 PCH report and going forward. Third, as for the measure titles, abbreviations will no longer be used and all measure titles will be consistent with how they appear in the Final Rule. An example of this would be on the PCH report where HAI appears in the measures set header. This will be replaced with “Safety and Healthcare Associated Infections” or Cancer-Specific measures will be replaced with “Clinical Process/Cancer-Specific Treatment Measures”. Again this update will apply to all measure titles listed in the reports. And there is great news for the

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

Quality Innovation Networks, or QINs. They will now be able to access these reports in order to help them work with PCHs on quality improvement initiatives. We will now take a look at the remaining bulleted items with accompanying screenshots on the next few slides. Slide 31, please.

With the Cancer-Specific Treatment measures being based upon the date of diagnosis, the current language used “Discharge Quarter” does not accurately reflect this. Therefore, the new PCH reports will replace “Discharge Quarter” with “Diagnosis Cohort.” This will help illustrate that the date of diagnosis and specified timeframe are related. Slide 32, please.

As mentioned earlier, N/A1 has an improved appearance with the switch to a superscript one. In addition to this, the new and improved N/A1 will serve a new purpose rather than currently having a dual meaning. Currently, when you see the value of N/A1 on your report, you do not know if it represents a value of zero or missing data. Looking at the red boxes on the slide, currently when reviewing your PCH reports this is what you see. When there is an N/A1 in the numerator field and a numerical value in the denominator field, it is presumed that the numerator value is zero. It is also presumed when N/A1 is listed, this means data not applicable. With the new PCH report update, N/A superscript 1 will only display for data not applicable. Zero values will display as zero. Therefore, if you enter a zero value for your numerator or denominator, a zero will appear in that field on your PCH report. Ultimately, there will be no ambiguity when you see N/A superscript 1. Slide 33, please.

Let’s now look at N/A2. We will use the SCIP measures again as our example. The SCIP measures were added to the PCHQR Program Fiscal Year 2014 beginning with the Fiscal Year 2016 Program, therefore reporting started in Program Year 2015. The measures were removed effective October 1, 2016 with the last data reported being from Quarter 3, 2015. This brings us to the significance of N/A2. For this particular measure, the only applicable time periods were Quarters 2 and 3 of 2015. Quarters 1 and 4 do not apply, hence the N/A superscript 2 will appear on PCH reports. So on the PCH reports, when you see N/A superscript 2, you will know that this means that the time period is not applicable for the Fiscal Year selected. In this instance N/A2 is displayed on the Fiscal Year 2017 report. Next slide, please.

We can illustrate the impacts of the changes with N/A1 meaning “not applicable” or “no data” very clearly on this slide. We see that for this report, displaying CDI data, the system currently shows numerator values

Support Contractor

of 3, 5, 2 and N/A1 for the four quarters of 2016. This tells us that there were 3, 5 and 2 CDI events reported in the first three quarters of the year. However, for Quarter 4, with the current report, we do not know if the value of N/A1 in the green box means zero or no data reported. With the improvements, you will now see a value of zero in Quarter 4 if indeed zero CDI events were reported. There is a second improvement illustrated on this slide as well. In the denominator column, in the red rectangle on this slide, for the CDI and MRSA measures you currently see a denominator of N/A1. This is because the system is looking for a predicted number of events. Then, dividing the actual events, the numerator, by the predicted number of events, the denominator, a Standardized Infection Ratio, or SIR, would be calculated. We know that for PCHs there is no model to calculate the predicted number of events, therefore with the new PCH reports you will see the patient days in the denominator column. This will be just like you currently see device days as a denominator for CLABSI and CAUTI. Then, in another update to the system, the SIR column will be removed. This is illustrated on our next slide, slide number 35.

Just to reinforce these changes. With the current update the N/A1 will only display if there is no data. Zero values will display. And for the CDI and MRSA measures, as with CLABSI and CAUTI now, the denominator will display a value- patient day in the case of CDI and MRSA. Then with a future update, the Standardized Infection Ratio, or SIR, column will be removed for CDI and MRSA, and then the CDI and MRSA data table will look a lot like the CLABSI and CAUTI tables that you are used to seeing now. Next slide, please.

The five original OCMs and EBRT have both required reporting of population of sampling data. You did this two summers ago in your external files and this year using the Web-Based Data Collection Tool. However, to date, these details have only been available on the PCH report for EBRT, as shown on the bottom table on this slide. The top portion of this slide shows the data table that is currently displayed for each OCM which includes the numerator, denominator and percent. As depicted in the lower screenshot, once updated, the OCMs will display as EBRT displays now. Thus, moving forward, the PCH report will show the population and the sampling data elements for sampling frequency, initial patient population and sample size for the five original OCMs and EBRT. Now on to our last PCH report update on slide 37.

Last, but not least, there will be a change to the “Last NHSN Update” field for the HAI measure tables. As you may be aware, the last NHSN update is the date of the most recently updated, in this case, HAI measure data for the discharge quarter uploaded from the Centers for Disease

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

Control, or CDC. Currently, as indicated on the slide by the red boxes, the 1st, 2nd and 3rd Quarters all show a last NHSN update date of May 16, 2017 in this example. When the data for Quarter four, 2016 was uploaded on May 16, 2017, the “Last NHSN Update” date changed for all previous submissions, even though the data was not actually updated for previously submitted quarter. Remember once a data submission deadline for a timeframe passes, the data is “locked-down” and cannot be updated. Moving forward, the “Last NHSN Update” date will only change for the quarters for which data is updated. The historical data submission updates will no longer change. The update date for the HAIs will only update for the current quarters being reported, so the last update date for the previous quarters will not change. Please note that this will not be retrospective. Next slide, please.

Well, that wraps-up our review of the practical impacts of the Fiscal Year 2018 Final Rule. We will now spend a few minutes looking at upcoming events and key dates for the PCHQR Program. Slide 39, please.

At the beginning of this month you should have received a ListServe communication informing that the dry run had been extended through Friday, September 29, 2017, due to errors identified in the calculation of the rates for the Emergency Department visits and Admissions, and also an error in the data table. The measure developer has since re-issued the corrected Facility-Specific Reports, or FSRs. Most recently, an additional correspondence was sent regarding the impact of Hurricanes Harvey and Irma on facility participation in the National Dry Run. Please be advised that facilities are still able to continue to participate in the dry run after September 29th as the FSRs will remain in your *QualityNet Secure Portal* inboxes 60 days following delivery, which is approximately through Friday, November 3, 2017. If after this time you need the FSR re-uploaded, please send your request to CMSChemotherapyMeasure@yale.edu. As indicated on this slide, information about the dry run and measure resources are located on the *QualityNet* website. Also, for those who were not able to join or wish to revisit the National Provider Call, which was held August 23, 2017, the slides, transcript and audio recording are located here as well. Be sure to review your measure results and direct all questions to CMSChemotherapyMeasure@yale.edu. The measure developer teams will continue to accept inquiries at this e-mail address after the end of the dry run. Next slide please.

Here is a list of the upcoming PCHQR Program webinars. These are currently scheduled for the fourth Thursday of each month, but that is subject to change. As always, we will communicate the exact date, title, purpose, and objectives for these events with you via ListServe starting

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

approximately two weeks prior to the event. Next month we will be joined by a representative from the American Society of Clinical Oncology, or ASCO, to discuss the new End-of-Life measures. In November, we will be continuing our series on best practices which will be Part 2. Then, we will end the year with a review and a look ahead in December. Slide 41, please.

This slide lists the upcoming data submission deadlines. The next data submission deadline is October 4th for Quarter 2, 2017 HCAHPS survey data which is to be submitted by your vendor. Please remember for those PCHs impacted by Hurricanes Harvey and Irma, this requirement does fall under the exception granted by CMS discussed earlier. Hospitals with an exemption can submit data if they so choose, but are not required to do so as they have been granted an exemption, in this case due to the impacts of the hurricane. Then, in November there will be entry of the CST measures via the Web-Based Data Collection Tool and the CDC will be submitting the HAI data you have entered into the NHSN system. Next slide, please.

In October, *Hospital Compare* will be refreshed on October 25th with the data shown on the slide. You had a chance to review this data during the Preview Period. For December, the preview period is scheduled to take place from October 2nd through October 31st and the anticipated refresh will occur on December 20th. You will soon receive ListServe communications specific to this preview period. Please remember that all dates for public reporting are subject to change. As we get closer to the preview periods and refresh dates, we will always notify you of the exact dates via ListServe. Now I would like to turn the presentation over to Deb Price who will review the CE information for today's event and I will return with closing remarks. Deb?

Deb Price:

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 credits.

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 e-mail 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

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

survey, you'll 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 e-mail for this separate registration so you can receive your certificate. Healthcare facilities have firewalls that seem to be blocking our certificates from entering your computer.

If you do not immediately receive a response to the e-mail 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 e-mail account. Personal e-mails do not have firewalls up. If you can't get back to your "New User" link, just wait 48 hours because remember you're going to be getting another link and another survey sent to you within 48 hours.

Okay, this is 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 e-mail, 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 e-mail and we're asking you for a phone number in case we have some kind of back-side issues that we need to get in contact with you.

This is what the "Existing User" slide looks like. Use your complete e-mail address as your user ID and of course the password you registered with. Again the user ID is the complete e-mail address including what is after the @ sign. Okay, now I'm 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.

Lisa Vinson:

We would like to thank each of you for your time and attention today. We hope that the information provided was helpful. Thank you again and have a great day.