PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

**PCHQR Program
Web-Based Data Collection Tool**

Presentation Transcript

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Tom Ross: Good afternoon and welcome to today's PPS-Exempt Cancer Hospital Quality Reporting Program Outreach and Education event, entitled, *PCHQR Program: Web-Based Data Collection Tool*. My name is Tom Ross and I will be your speaker and moderator for today's event. I serve as the Program Lead for the PCHQR Program within the Hospital Inpatient Value, Incentives and Quality Reporting, or VIQR, Outreach and Education Support Contractor. The materials for today's presentation were developed by our team, which includes myself, Lisa Vinson, and Sharon McNaull as the liaisons you may be familiar with. However, I would be remiss not to thank our excellent business analyst team, in particular, particularly Steven Ehlers, for their able assistance in developing the tool we will be discussing today. Steven, Robert, Alicia, Brandy and June facilitate the PCHQR Program in many ways that you, as participants, may not readily see but impact the day-to-day functioning of the Program. Today's event is specific for the participants in the PPS-Exempt Cancer Hospital Quality Reporting, or PCHQR, Program. While other CMS quality programs may use a web-based data collection tool for reporting some of their quality measures, the content of today's webinar is specific to the PCHQR Program. If you are not a participant in the PCHQR Program, or someone who closely interacts with one as a business associate, you will probably find that your time will be better spent on other activities today. So with this as background and introductory remarks, let's move to our next slide, slide number six, to take a look at some of the abbreviations and acronyms that you will hear during today's event.

You certainly could not be a quality professional without using abbreviations and acronyms. Just for fun, the next time someone asks you what you do for a living, answer, "I am a quality professional who facilitates my organization's participation in the PCHQR Program using the HQR system to report HAI, CST, OCM, EBRT, and HCAHPS data." That'll end that conversation really quickly! Today, you will hear me use the following abbreviations, which are bolded on the screen. CST, the three Cancer-Specific Treatment measures, which have been part of the Program since its inception and will be a major focus of today's event. EBRT, for External Beam Radiotherapy. This is also shorthand for NQF #1822, which is the use of EBRT to treat metastatic bone lesions. OCM, the five

Oncology Care Measures, which are process measures reported by the Program participants. PCH, shorthand for the PPS-Exempt Cancer Hospitals, those hospitals granted this status by legislation. PCHQR, which, of course, is the quality reporting program for the PCHs. And a new term, and the focus of today's webinar, the Web-Based Data Collection Tool, or WBDCT. So speaking of the WBDCT, today we will be focusing on the overreaching purpose, as stated on slide number seven.

The measures for the PCHQR Program fall into six categories. They are reported in different ways. For example, the six Safety and Healthcare-Associated Infection measures, or HAIs, are reported to CMS on behalf of the PCHs, based upon data that is entered into the NHSN system. For patient experience, your HCAHPS Survey data is reported to CMS by a vendor that the PCHs contract with. Since the fall of 2015, the CST, OCM, and EBRT data has been submitted by the PCHs themselves to CMS via completion of comma-separated value files that are submitted with the *Secure File Transfer* function within *QualityNet*. While this has been very successful – to this point, all of the PCHs have submitted all the required data for participation in the Program – this process has required, as participants know, extensive reworking of files by the participants, careful quality control by the Support Contractor, and it necessitates the uploading of files to the *QualityNet* data warehouse. We are pleased to share with you, that starting with the data-submission period closing May 15, 2017, the PCHs will no longer have to submit their data via the external file process, but rather can directly enter their data into *QualityNet* via the use of a soon-to-be-deployed, web-based data collection tool. Therefore, the purpose of today's presentation is to provide participants in the PCHQR Program an overview of the new WBDCT. Located on *QualityNet*, this Tool will be used by Program participants to submit their EBRT, CST, and OCM data. Our specific objectives of today are listed on slide number eight.

The first thing you will have to do is to access the WBDCT on *QualityNet*. Therefore, I will guide you screen-by-screen through this process. Once you have accessed the tool, you probably want to be able to use it to enter your data.

Today, I will be focusing on the data due by May 15, 2017, the CST data, and will introduce you to the Tool's pathways for the OCM and EBRT data. Initially, we were going to do in-depth training on all three sets of the measures during today's event. But as I was putting the presentation together, I thought it would be better to focus on the Tool in general today and the upcoming submission of the CSTs by May 15. Then we will devote the June webinar to the lessons learned in using the WBDCT during the May submission and delve into the more complex OCM and EBRT measures during that event. Then lastly, you all, I'm sure, want to memorialize and verify your data entry. We will discuss how to do that. But before I dive into the extensive screen shots with the details for today's event, I want to give you some insider information. The PCHQR Program WBDCT that you are about to see is not even in a live environment yet. It goes live April first. So outside of testing and developing, you are getting the premiere showing of the Tool. The screen shots that I've created for you were grabbed from, and modified from, those in a test environment over the past couple of months. So while these will be 98% true to what you see when you're in the live Tool, there may be some subtle differences. As I've said, the live Tool is scheduled to be deployed April first. So with that as background, let's dive into the first objective, locating the tool on *QualityNet*. Slide number nine, please.

Thank you. This is the *QualityNet* home page that you're all very familiar with. The *QualityNet* site is one that you, as participants, should be accessing quite frequently. In the center of the screen, you see the tab for the PPS-Exempt Cancer Hospitals. We have covered the materials on this page in depth in a number of our previous events. On the main page, you will find *QualityNet News* and updates on upcoming system downtimes. Under the PCHQR tab, you will find links to an historical overview of our Program, a historical record of all the ListServes and webinars, information on how to register as a *QualityNet* user, information on the measures in the Program – including data collection and submission – and how to contact your Support Contractor. For the purpose of today's webinar, entering data via the Web-Based Data Collection Tool, you have to access the *QualityNet Secure Portal*. As you can see, indicated by the red rectangles on this slide, there are three ways to access the *Secure Portal* login

screen. By selecting the "My *QualityNet*" tab, by clicking the "Log In" button at the top of the page, or clicking the "Login" link on the right-hand side of the page. All of these will take you to the same destination, and this destination is shown on your next slide, slide number ten.

This is the "Choose your *QualityNet* Destination" screen. The various programs that use the secure portal of *QualityNet* are listed on this screen. You can see they range from the End-Stage Renal Disease Program to a link for the Quality Improvement Organizations. As participants in the PPS-Exempt Cancer Hospital Quality Program, you will obviously want to click on the "PPS-Exempt Cancer Hospital Quality Reporting Program" link, highlighted in red. This will take you to the "Log into *QualityNet*" screen shown on slide number 11.

On the "Log into *QualityNet*" screen, you must enter three required fields to access the *QualityNet Secure Portal*. The first element is your User ID. This was given to you when you were given access to the system. The second element is your Password. When you registered for the *QualityNet Secure Portal*, you were given a temporary password that you changed and update, hopefully, on a regular basis. The third element is the security code. This security code is a 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. This code changes every 30 seconds. If you need help during this process, there are links in the yellow text box on the screen. After you have entered the three required data elements, you click the "Submit" button. Once 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 have to start all over. If your login was successful after clicking the "I Accept" button in the window that pops up, you will then see the view shown on our next slide, slide number 12.

This is the home page for the *QualityNet Secure Portal* and your jumping-off point for entering data using the Web-Based Data Collection Tool. For entering data via the WBDCT, you will want to click on the "Quality Programs" text

enclosed in the red box on the screen. You will then click on the small inverted triangle next to it, and a drop-down list of Programs will appear. To access the WBDCT for entering data for the PCHQR Program, you will want to click on the drop-down item that says, "Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR," as indicated in step two on the slide. Doing this will take you to the "Quality Reporting System: My Tasks" screen, which is displayed on slide number 13.

You may have accessed this screen in the past to do some things, such as Managing Your Account, where you can update your contact information, change your password, and update your security questions. Or Vendor Authorization, where you can authorize a vendor to submit your data, such as the PCHs use for submission of their HCAHPs data, or managing your Notice of Participation. For the purposes of accessing the Web-Based Data Collection Tool, on this screen, you click on [the] "View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)" link. Doing so will take you to slide number 14, which is now displaying.

Not surprisingly, this is called the "View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA) page. On the left-hand side of the screen, you see some definitions about the structural measures and web-based data measures. On the right-hand side of the screen, you see "Select a Program." Under here, to access the Web-Based Data Collection Tool, you will want to click on the link called, "PPS Exempt Cancer Hospitals Web-Based Measures." Note that while there is a link to the DACA here, it's currently not working, and we hope to have that working from next year. So here, click on "PPS Exempt Cancer Hospitals Web-Based Measures," and that will take you to the screen shown on slide 15.

And finally, here you are at the doorstep of being able to enter your measures for the PPS-Exempt Cancer Hospitals web-based measures. You will note that there's a box with a red asterisk next to the text, "Fiscal Year." Clicking on the down arrow next to this box will have a drop-down menu appear. When this is

done for the PCHQR Program, you will see, as in the slide, that three fiscal years appear. Fiscal Year 2018 – you will use Fiscal Year 2018 to enter quarter one through quarter four OCM and EBRT data for care delivered during Calendar Year 2016, during the data-submission period ending August 15, 2017, or this summer. In the future, Fiscal Year 2018 will also be used to enter the Cancer-Specific Treatment measure data for the patients diagnosed, or in the diagnosis cohort of, Calendar Year 2017. We will briefly look at the OCM and EBRT entry process later in today's webinar and we will look in-depth at this process during our June event. "Fiscal Year 2017" is your next selection. This is the tab that you will select for entering the data for the Cancer-Specific Treatment measure data for those patients diagnosed during Calendar Year 2016, or the 2016 diagnosis cohort. Lastly, you see "Fiscal Year 2016." Do not, do not, use this link. The data that you would have then entered via this Tool, had it been available, has already been submitted to CMS. Once again, do not use the "Fiscal Year 2016" link. So, right now, you may be asking yourself, "How am I supposed to know which Fiscal Year to select for entering the data for any given data-submission period?" This is an excellent question, and one that we identified as a major teaching point in the development of this webinar. For this reason, we have developed a new tool for the PCHQR Program participants, which is displayed on slide 16.

This is a screen shot of our new tool for participants in the program, the PCHQR Program Web-Based Data Collection Tool Guideline by Due Date. If you will recall, as new measures are added to the Program, they are added starting in the specific Fiscal or Program Year. This is the year that the measures are applied to the PCHQR Program and the year that they appear on the PCH Hospital Report that you can generate using the *QualityNet Secure Portal*. And, if you recall, the first five measures added to the PCHQR Program, the three Cancer-Specific Treatment measures, as well as, CLABSI and CAUTI, apply to the following Fiscal Year; so the 2016 Cancer-Specific Treatment measures, CLABSIs, and CAUTIs, apply to Fiscal Year 2017. For all of the other measures in the Program, the data apply to two Fiscal Years after the event. So the SSIs, CDI, MRSA, Influenza Vaccination, OCMs, EBRT, and the new Outpatient Chemotherapy

Measure all apply two Fiscal Years later. In terms of this year's care, it means that the care delivered in Calendar Year 2016 for the OCMs and EBRT apply to Fiscal Year 2018. However, it gets even a little bit more complex than that, in that different measures in the Program vary as how, as to how the date of treatment, occurrence, or event is defined. The HAI measures, with the exception of HCP Influenza measure, which is based upon influenza season, are based upon event date. So, for CLABSI and CAUTI events in 2016, they apply to Fiscal Year 2017. For the event dates of SSIs, CDI, and MRSA, the 2016 events apply to Fiscal Year 2018. The OCM and EBRT are based upon treatment date or visit, so treatments delivered or clinic visits assessed in 2016, are reported for Fiscal Year 2018. The three Cancer-Specific Treatment measures are based upon diagnosis date – what we refer to as, a diagnosis cohort. So those patients – remember, the CSTs apply to the following Fiscal Year – diagnosed in 2016, are applied to and reported for Fiscal Year 2017. However, it gets even one step more tricky for those, as there is a lag to receive treatment. For the colon and breast chemotherapy measures, the patients are to receive treatment within 120 days of diagnosis while, for the hormone measure, patients can be treated up to 365 days from the time of diagnosis. This can make it difficult to keep track of when to report data. In the past, we were able to help you with this by being very prescriptive in our tools for submitting external files. However, the WBDCT is replacing the external files. You will no longer be submitting external files. The CST and OCM and EBRT data will now be submitted by each PCH using the Web-Based Data Collection Tool. Therefore, to help you understand what data could be entered when, we have created this tool. It will be posted soon to *QualityNet* and *Quality Reporting Center*, but for now, you have this slide for reference through the November 2017 data-submission period. Also, as you will see, the WBDCT in *QualityNet* will only accept data from the current open data-submission period, so you really can't enter data on the wrong period. That being said, you still have to know the Fiscal Year and time period for each measure that is due, in order to get the correct data-entry screens. That's what this tool is for. So, looking at the data-submission period that closes on May 15, 2017, the first two rows, you can see that the breast and colon cancer chemotherapy measures

are to be submitted during this period. They apply to Fiscal Year 2017 and the time period being reported, or diagnosis cohort, is quarter three 2016. During the same data-submission period due May 15, 2017, you will be reporting your hormone data. This data will be for quarter one 2016. And always remember that the hormone data, since it is based upon 365 days from diagnosis, always trails the chemo, that for breast and colon, by 120 days. Moving on to the data-submission period that closes August 15, 2017, the three rows in the blue highlight on the screen, you see that colon and breast measures for quarter four 2016 data is due. For the hormone measure, lagging by two months [speaker error: hormone measure data lags chemo measure data by two quarters], it is quarter two 2016. During the same data-submission period that closes on August 15, 2017, you also will be using the tool to submit your annual data for the OCMs and EBRT. However, remember that both apply to two Fiscal Years later, so in this case, as indicated in the tool, you'll be selecting Fiscal Year 2018. So, with this as a background, let's move to our next slide, slide number 17, and look at using the WBDCT to enter the CST data. This is going to make a lot more sense when you see how the screens are laid out and even more when you go and access the tool yourself.

So, entering the CST data due on May 15, 2017, remember that we are applying the data for the diagnosis cohorts in 2016, so you will initially select, as shown in step one on this slide, "2017" for the Fiscal Year. Next, you click "Continue" on the bottom. Slide 18, please.

This is the screen shot of the entry for the PCHQR Program Web-Based Measures for Fiscal Year 2017. As a reference, we have placed the applicable time period – the data-submission window closing on May 15, 2017 – at the top of the slide. We will begin our training today by looking at the entry for the hormone measure for this data-submission period. Referring to the chart on the top of the slide, you see that this Adjuvant Hormonal Therapy, or NQF #220, data that is due by the May 15, 2017, data-submission deadline, is for time period quarter one 2016, or those cases diagnosed between January 1, 2016 and March 31, 2016. Therefore,

on the Web-Based Data Collection Tool, you select "Select Qtr - 1," as indicated on the screen. Slide 19, please.

This is the screen shot for the entry of quarter one 2016 hormone data. There are four areas highlighted on slide that I wish to delve into. By the number one, you see the Submission Period. This is April 1, 2017 through May 15, 2017. You are familiar with the data-submission period end dates, in this case May 15, 2017. The Web-Based Data Collection Tool is open for 45 days prior to the start of a submission deadline. Therefore, the submission period begins on April 1. By the number two, you see the term, "With Respect to Reporting Period." This is the time period, or diagnosis cohort in the case of the CSTs, for which data is being entered. In this case, you will be entering data for those patients diagnosed between January 1, 2016 and March 31, 2016. By the number three, we are highlighting the text in the box under the NQF number. Depending upon when you access the screen for quarter one 2016 hormone data, you will see one of the three words in this field. "Unavailable" will appear when the data-submission period is not yet open. This would occur if you were to access the screen before the data-submission period opened up. The term, "Available" will appear when the data-submission period is open and there is no data in the system. This is your indication that you are entering data in the correct place for the correct time period. The third term, you can see in this field, is "Completed." After you have entered your data for a given quarter that is available, this term will change to "Completed". Note that if the data-submission period is still open, you can use this path to either view or edit your data. You can edit the data until the close of the submission period. Once the data submission closes, in this case, at 23:59 Pacific Time on May 15, 2017, you can still use this to view the data you have previously entered, but you will no longer be able to enter or edit existing data. It is locked out. Lastly, by the number four, you see the NQF #0220 in blue. This is selectable, and you click on the blue NQF number to proceed to the actual data-entry screen, which we show beginning on our next slide, slide number 20.

This is a screen shot of the top of the data-entry screen for NQF #0220. You can see the Provider, the CCN, the Submission Period, and the Reporting Period,

which, as we have reviewed, is the diagnosis cohort for the CSTs. So, in this example, during the data-submission period of April 1 to May 15, the World's Best Cancer Center, with a CCN of 999999 – I just made that up – will be entering data for quarter one for January 1, 2016 through March 31, 2016 diagnosis cohort for the Adjuvant Hormonal Therapy measure. The top part of the screen is really enforcing that you are in the right place and remember, if the data-submission period is not yet open for this reporting period, on the previous screen, it will be "Unavailable," so you will not be able to even get to this screen. Now, this is just the top portion of the data-entry screen. We'll be sharing the rest of the screen on the next couple of slides. Unfortunately, due to space constraints, we are not able to screen shot the entire data-entry screen for you for one slide. In the live environment, you will have to use the scroll bar on the right-hand side to scroll up and down to access the entire screen. On the bottom of the current slide, in the light yellow or tan section, you can see the measure name and the place to enter the numerator for the measure. In this case, for NQF #0220, you can see that the numerator statement is, "The number of patients identified as concordant (measure status equal completed or considered) for NQF #0220 in the Rapid Quality Reporting System for the data reporting period." In this example, the numerator is already filled in with the value of five. If this were the first time you were to visit this page for your PCH, obviously, this page would be empty. On slide 21, we will look at the rest of the data-entry screen of the Web-Based Data Collection Tool for NQF #0220.

To enter your data for the CST measures, there are four simple steps, as illustrated on this slide. Step one, enter your numerator value. Step two, enter your denominator value. Step three is to click the blue "Calculate" button on the bottom of the screen shot. The system will automatically calculate your results. If there are no errors, which we'll discuss in the next slide, clicking "Calculate" will result in the "Results" field being automatically filled in and the "Submit" button will become active. Step four is if you have entered a valid numerator and denominator and clicked the "Calculate" button, the "Submit" button then becomes active, and you click on this button to submit your data. So, what can go right or wrong at this stage? Let's look at the possibilities on slide 22.

On slide 21, we reviewed that the process for entering your data for the CSTs is to enter the numerator, the denominator, and then click "Calculate." If you have submitted, or entered a valid numerator and denominator, when you click "Calculate," the "Submit" button will become active. All looks good. However, if you click the "Calculate" button and the "Submit" button does not become active, there is a problem. There are one of three error messages that will appear. Note that you will have to scroll up on the screen to see the error message. The error message here is displayed in the red box. Error messages for the CSTs appear with the dreaded "fatal red X," as shown in the red rectangle on the screen. There are one of three errors that you can make when entering your CST numerator and denominator entries. One of the following error messages will display: "Denominator must be equal to or greater than the numerator," "The numerator value must be a zero or positive integer," and thirdly, "the denominator value must be a zero or positive integer." So you can enter zeros, but the message here is, you have to enter data for numerator, enter valid data for the denominator, even if it's zero, and then have your numerator be – the denominator must be equal to or greater than the numerator. So, if you have errors here and have an error message appear, you have to resolve them. Then, when you click "Calculate," the "Submit" button will become active. On slide 23, we will look at the messages you can receive when you click the "Submit" button.

I have excellent news! Once the "Submit" button is active, and you click it, there is only one successful message you can receive, and that is "successfully saved." In this case, "Successfully Saved NQF #0220 Information." Once again, this message appears at the top of the screen, so you have to scroll up to see it. So with a deep sigh of relief, you have entered your Adjuvant Hormonal Therapy data. What's next? We'll look at these options on our next slide, slide number 24.

So now you have two options to choose from, after you have successfully submitted your hormone data. Do I want to proceed to enter my other CST data for the colon and breast measures, or do I want to see and memorialize the data that I have just entered? If you want to proceed to enter the other CST data, click "Return to Summary," as indicated by the number one above. If you want to print

or view your data, there are three options for you. First of all, you can print the data-entry screen you just completed. To do this, click "Print," as indicated in the number two above; we'll discuss this a bit more in our next slide. Or secondly, you can go back through the data-entry process you just completed for the hormone measure. This time, when you get to the first data-entry screen, you will see a status of "Completed." This means that you have successfully entered data for the submission period. You can go through the screens and now view the data and – also, this is important – you can use this process to edit your data at any time up until the close of the data-submission process. Or thirdly, you can always go in and run – to the "Run Reports" option and run your PCH Report for the correct Fiscal Year, 2017 in this case for quarter one 2016 diagnosis cohort for the Adjuvant Hormonal Therapy measure; you can see the data you just entered is now appearing in your Hospital Report. However, it probably makes more sense to run this Report after you entered all of your data. So I mentioned that there is a bit more to printing your data-entry screen. Let's take a look at that on slide number 25.

To print your completed data-entry screen for NQF #0220, or any other WBDCT measure for that matter, you click "CTRL + P" while on this screen, as indicated in the red box on the upper right-hand corner of this slide. Now, there are a few tips to optimising the printing experience – please note that these notes are for use in Internet Explorer; we are only able to test this using Internet Explorer, so other browsers may behave differently. When you click "CTRL + P," a new window will open, displaying the current WBDCT data-entry page. From here, you simply go to "File," and "Print," and select the printer that you wish to print to or alternatively, press "CTRL + P" on the screen and the printer selection will pop up. The CSTs look fine on one page for printing. However, when you get to the entry screen for the OCMs and EBRT, you'll find out that they may not print out too nicely on one screen. If you wish to modify this, please click on the internet "tools icon" on the upper left-hand [speaker error – usually on upper right-hand] corner of the page. Then, utilize the "zoom" function to resize the page to a more eye-catching size, and then print as already described. Remember, this is a new

window, so when you are done printing, close this; you will be back on the data-entry screen for NQF #0220. So let's move on to slide 26.

If you want to continue entering data in the WBDCT in the data-entry screen, you click on "Return to Summary." As you can see on this slide, a pop-up window appears: "You are about to leave this page." Click "OK" to continue or click "Cancel" to remain on this page. This is a reminder to ensure you submitted your data. Remember, until you click "Submit" and you see the message was successfully saved, don't leave this page. But once you are sure you are ready to enter some more data, in the case of today's example – the colon and breast cancer measures – click "OK" and it'll take you to our next screen shown on slide 27.

As Yogi Berra once said, "This screen is *déjà vu* all over again." You'll be returned back to the entry screen for entering quarter one 2016 data for NQF #0220. There are three things to point [out] on this slide. The first is that under NQF #0220, you will now see that the status of the data is "Completed" as you have just completed entering the data. This is a QA check for you as we work through the process. At the bottom of this page, you will see that you have two options: "Back" and "Payment Year Selection." Either one will eventually get you back to the correct screens to include the chemo data, but if you click "Back" you'll get there more quickly. If you select number three, "Payment Year Selection," you go all the way back to picking your Fiscal Year and you would have to pick "2017" again. So, we'll save ourselves a step and go back to where we are in slide 28.

So we click "Back" and now we're back at the 2017 web-based measures entry screen. I placed the WBDCT Guideline by Due Date again at the top of the slide, as a reminder for you. Referring to the tool, you can see that in this data collection period for the colon and breast measures now – in Fiscal Year 2017 – you will be entering the data for quarter three 2016 at this time. This is the diagnosis cohort of 07/01/16 through 09/30/16, so therefore on this screen, you now "Select Qtr - 3." This will take you to the quarter three data-entry screen shown on the next slide, slide 29.

This screen should look familiar as it is similar to the data screen we saw for quarter one 2016 when entering the hormone data. It is an entry screen for the reporting period of quarter three this time, for 2016 CST data, though you'll notice a couple of differences that are quite instructive. First of all, as indicated by the number "one," you'll see that the Submission Period "Varies by Measure." This is because the hormone measure – remember – lags the two chemo measures by two quarters. During the submission period ending May 15, you are entering quarter one hormone data but quarter three 2016 chemo data. This screen, for reporting period or diagnosis cohort of quarter three cases will be used during this submission period for entering the colon and breast chemo data. However, the quarter three hormone cases will not be submitted until the data-submission period ending in November, so you'll be revisiting this screen in six months. So that is why the submission period varies. But remember, you don't have to memorize that; the system will force you to the correct options. We know that referring to the chart, that during the data-submission period ending May 15, we were entering quarter three colon and breast chemo measures. Note that on the screen, as indicated by the number "three," that both NQF #0223 – the colon measure – and NQF #0559 – the breast measure – are both "Available." That means that you can click on these numbers and now enter your data. However, note that NQF #0220 is listed as "Unavailable." This is because the data-entry period for quarter three 2016 (for the hormone measure) is not yet open, so that's when I said the system will help you enter the correct data. So from this screen, you – as you did with the hormone measure – click on the blue NQF number to enter your data. This process is the same for both NQF #0223 and NQF #0559, so we'll only walk through one of these. Today, we'll show the screen shots for colon measure or NQF #0223. When you click on the selectable text – the blue "NQF #0223" – you'll go to our next slide: slide number 30.

And here's the actual data-entry screen for NQF #0223: Adjuvant Chemotherapy Colon Cancer. Once again, you see the Provider, CCN, Submission Period and Reporting Period. Then, in the shaded portion, we see the top of the actual data-entry screen with the Numerator: "Please enter the number of patients identified as concordant for NQF #0223." Scrolling down will show you the Denominator,

Results, "Return to Summary", "Calculate", "Submit", and "Print" buttons just as we reviewed for the hormone measure, so there is no need to review that again. You simply enter your Numerator, Denominator, and click "Calculate." If no errors, the "Submit" button becomes active. Click "Submit" and verify that your submission was successful by receipt of the "successfully saved" message and as before, you can print the screen as desired. Once you've submitted the data for NQF #0223, you can click on "Return to Summary," say "OK" to return in response to the pop-up, and we'll be back on the quarter three 2016 diagnosis cohort screen as was shown on slide 29. This time, you will click on "NQF #0559" to proceed to enter the breast chemotherapy data. This will take you to the data-entry screen for this measure shown on slide 31.

And here it is, a very similar screen by now, this is the data-entry screen for NQF #0559: Combination Chemotherapy for Breast Cancer. And just as before, you enter your Numerator, Denominator, click "Calculate," resolve any errors, and then click the now active "Submit" button, and you're done. So that wraps up our discussion of the use of the WBDCT to enter the Cancer-Specific Treatment data that's due to be submitted by May 15, 2017. We're going to take a brief look at the screens for the OCM and EBRT to familiarize you with them. And so while you're entering the May data for the CSTs, take a look at these, but keep in mind that we will devote the entire June webinar for visiting their entries via the Web-Based Data Collection Tool. But before that, I want to explain to you a subtlety involving the calculation of results that some of you may experience, in slide 32.

As you have seen, the tool will automatically calculate your results based upon your numerator and denominator. For the CSTs, it will round to the tenth decimal place, and for the OCMs and EBRT, to the nearest whole number. As you have been reporting your data for these measures via external file submission, you have always been rounding using conventional rounding technique. So if your round number is 90.5, you have always rounded up. So if this were an OCM, you would report 90.5 rounded up to 91 as a whole number. The WBDCT uses a methodology called, "round half to even," also known as convergent, statistician's, and some other names that are listed in the slide. The reason this

methodology is used [is] that if an entire dataset is always rounded up from the value that's exactly 0.5 or 0.05, if you were to average all the rounded values, there would have been an inherent bias to slightly higher, as you're always rounding up. Rounding half to even eliminates this bias. Now, the system will do this automatically for you, but I want to explain it to you, using an example. First of all, the rule only applies when the value to be rounded as exactly five, followed by zero. For example, 91.50 or 93.050. If that the value was, for example, 90.51 – 0.51 would round up. However, if the value is exactly 0.5 for the OCMs and EBRT, or 0.050 for the CST, round half to even applies. So let's use an example of 97.5 for an OCM or an EBRT. You can round 97.5 up to 98 or down to 97. So, remembering the name, round half to even, you would pick the even number, in this case, up to 98. Similarly, let's look at 96.5; you can round this up to 97 or down to 96. Using round half to even rule, 96 is the even value, so in this case the system will round down to 96. Now, as promised in the introduction, I want to give you a quick look at the WBDCT to enter the OCM and EBRT data, knowing that we will revisit this in depth in June, so we'll look at this, starting in slide 33.

So first of all, remember that it's 2016 care being reported by the August 15, 2017 data-submissions deadline, so we're looking at the reporting period of care delivered in 2016. So you see January 1, 2016 to December 31, 2016 under Reporting Period. And then, because we're reported, the OCMs and EBRT are reported annually, you would select the "Annual" button. So please move to our next slide.

And here we can see EBRT, NQF #1822 and the five OCM measures listed. And you'll note that, as we're viewing this now, because the data period is not open, they're all "Unavailable." But you can see that the Submission Period will be June 1, 2017 to August 15, 2017. The Reporting Period is 01/01/2016 to 12/31/2016. So we will use EBRT or NQF #1822 as our example in this brief overview. So slide number 35 please.

By now, this screen should look very familiar to you. You see the Provider name, CCN, Submission Period and Reporting Period and you see the NQF measure

number and the name, NQF #1822: External Beam Radiotherapy for Bone Metastases. Scrolling down on this screen in *QualityNet* will take you to our next slide, slide number 36.

Now, this is going to look a lot different than the data-entry screens for the CSTs that we reviewed earlier. Major difference is, what you see here is the reporting of your sampling and population data. Once again, we're going to go into this in detail in June. But for now, just get familiar with the screen. A couple of points to keep in mind. First of all, you will be entering all four quarters of data individually. Secondly, you will report for each measure, if you sampled or not, or if you do not have any eligible patients for that quarter. Third, your population for the measure – this is the total number of patients that met the denominator criteria after the exclusions were applied. Then your sample size. Remember, if you do not sample, your sample size should be the same as your population. And note on the right side of the screen, there's a column for the total values for the year. You do not have to enter these. The system will calculate and populate these for you. The data entry continues as you scroll down, as shown in slide 37.

So here, just as with the CSTs, you're going to enter your numerator and denominator values for each quarter. And I apologize for the small resolution, but I wanted to show you that the entire description of the numerator and denominator will appear. So when entering your denominator data, remember, just as last year's submission, your sample size and your denominator should be the same for NQF #0382, #0383, #0384, and #1822. Your denominator may, or may not, be less than the sample size for NQF #0389 and #0390 – the prostate measures – as they have numerator, or post-denominator, exclusions. And once again, as with the population and sampling data, you see the auto-populating total column that displays. So once you've entered your numerator and denominator, you continue to scroll down to get our last entry screen, shown on slide 38.

And here is the results section of the entry screen for EBRT. It appears the same, with obviously different text, for the OCMs. As with the CST measures, you'll first click "Calculate." This will calculate and populate the totals and results.

And there'll be a number of logic checks, which we'll go over to verify if your sample sizes met the required minimums, that your numerators and denominators are correct much like we did for the CSTs. You resolve any error messages that pop up and then click "Calculate" (again to resolve any errors and then click "Submit"). So really, it's the same idea, just with population and sampling, and once again, we'll touch this more in detail in June. So let's move on to 39 to recap the use of the WBDCT.

The first step is always select the correct Fiscal Year. And then, to select the correct reporting time period. You can figure this out, but the easiest way is to refer to the Tool that was supplied to you on slide 16, and I put the snapshot of it here for the upcoming data-submission period. So once you have the correct Fiscal Year and the time period, then you simply walk through the data-entry screens, which are pretty self-explanatory, and click "Submit," and be sure your data has been submitted. So lastly, once you have selected the correct time period, select your measure, enter the numerator and denominator. Click "Calculate." Resolve any error messages that may appear, and then click "Submit." That's all there is to it. So be sure to come back for the June event when I will share the lessons we learned in the May submission and delve deeper into the entry for the OCMs and EBRT. Slide 40, please.

We will conclude today's event, as always, by reviewing some important upcoming dates for our Program, beginning on slide 41 with our upcoming events.

So currently, for April 27, we're slated to look at the Proposed Rule. In May and July, we will look at best practices of the Program. And in June, as I've told you, we would have Web-Based Data Collection Tool, that's Tool Number II, the sequel, where we'll look at lessons learned and then focus on the OCMs and EBRT. And then on August 24, we will view the Final Rule presentation. Slide 42, please.

As far as upcoming submission dates, as always, we send out ListServes to remind you of this, but April 5 will be fourth quarter 2016, HCAHPS data. Then in May, we have the CST data we just reviewed. The NHSN will be submitting your HAI

data. And please remember that this is the first time that you should have your data for the HCP influenza vaccination for healthcare providers for quarter four 2016 through quarter one 2017 in the system. July 5 will be another quarter of HCAHPS data, in this case, quarter one. And then August 15, we will have the next two quarters of our chemo measures, and then we'll have our HAI data. And also during this time period, not shown on the slide, we will have the OCM and EBRT data. And lastly, we'll take a look at upcoming dates for public reporting.

In April, the refreshing is on track to occur on April 26. For the July Refresh, the information contained there is listed in the slide. I do have a typo here, the Preview Period is actually scheduled currently for April 6 through May – let me look at my notes here – through May 5, not 12 as it states on the slide, with anticipated refreshing on July 26. And I have now included the October information, although it is in the future, so you can stay up on it. Preview is scheduled for July 12 through August 10, with anticipated refreshing October 12. At this point, we're at 2:56 on the hour. I'm going to turn it over to Deb for your information on the continuing education. And then I'll wrap up with a few concluding remarks. Deb?

Debra Price: Thank you very much, Tom. 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 our national provider number 16578. Next slide, please.

We now have an online CE certificate process where you can receive your CE certificate two different times. At the end of our slides, a survey will pop up, and that will allow you to receive your certificate. If you need to jump off, and not do the survey today, we will be sending out another one within 48 hours, and you'll be able to get your certificate that way. Next slide, please.

If you do not immediately receive a response to the email that you signed up in for your certificate, you're going to have to resubmit another account. And then what I would do is, use the "New User" link that gets sent tomorrow or within 48

hours. Use the "New User" link and set up your personal email and a personal phone number. Next slide, please.

This is what the survey is going to look like as soon as our last slide closes out. In the very bottom right-hand corner, you see the word, "Done." So when you complete your survey, please click the word, "Done." Next slide.

And this is the page that pops up after you click "Done." There are two separate links on this page. If you have not had any issues getting your certificates, please click "Existing User"' link. However, if you have had any issues getting a certificate, or if you haven't but you do today, please click the "New User" link. Next slide.

Thank you. This is what will pop up if you click the "New User" link. You put your first name, last name, and this is where we're asking you to please put your personal email address and a personal phone number so our database recognizes this as a separate registration. Next slide, please.

This is what the "Existing User" link takes you to. You're going to use your user name, which is the entire email address, including what's after the @ sign, and of course, your password. If you forgot your password, then you can take and click in that box, and set up a separate password.

Next slide. Alright, I'm going to pass the webinar back to your host and your team lead, Tom Ross. Take it away, Tom.

Tom Ross: Thanks, Deb. So I'd like to thank everyone for their time and attention today. I know it was a very technically-based webinar in terms of content. We'll get back to some more clinically-focused things with the Proposed Rule, and then best practices. But this is going to be a big step forward. Remember, the Web-Based Data Collection Tool will be replacing the use of the external files so you no longer have to submit external files for your data. Enter them via the Web-Based Data Collection Tool. As always, myself, Lisa, Sharon and our other very capable people on the phones are here to help you, or using the Q&A tool on the

QualityNet website. Thanks so much for all that you do to take care of your patients, and have a great rest of your day. Thanks for your time. Bye-bye.