PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

PCHQR Program Web-Based Data Collection Tool II

Presentation Transcript

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Support Contractor

Lisa Vinson:	Good afternoon and welcome to today's webinar entitled, *PCHQR Program Web-Based Data Collection Tool Part Two*. My name is Lisa Vinson and I will be your speaker for today's event. I serve as the Project Manager for the PPS- Exempt Cancer Hospital Quality Reporting, or PCHQR, Program within the Hospital Inpatient Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. The information that will be presented today is a continuation of our event held in March, which introduced you to the newly developed Web-Based Data Collection Tool, or WBDCT, along with step by step instructions on how to enter your Cancer-Specific Treatment, or CST, data. During today's event, we will revisit some key points, but our main focus will be successfully entering the Oncology Care Measures, or OCMs, and External Beam Radiotherapy, or EBRT, data, which includes population and sampling. Of note, we are pleased to say that we have received very good feedback thus far from the PCHs regarding the functionality and user-friendly nature of the Web-Based Data Collection Tool. Please keep in mind that today's event is specifically for the participants in the PCHQR Program. As you may be aware, there are other CMS Quality Programs that use a Web-Based Data Collection Tool for reporting their quality measures, however, the content of today's webinar is specific to the PCHQR Program. So while you are welcome to participate, unless you are directly involved with the PCHQR Program, you may find that your time may be better spent on other activities. Furthermore, if you have questions about the content of today's presentation, please submit them using the chat option. As time allows, your question will be addressed during today's event. If time does not allow all questions to be addressed during today's event, please remember that the slides, recording, transcript, and questions and answers will be posted following today's event on *Quality Reporting Center* and *QualityNet*. On our next slide, I will highlight a few abbreviations and acronyms you will see and hear. Next slide please.
	And here is our standard acronyms and abbreviations list. We ask that you use this slide as a reference as we go through today's event. Today you will hear and see the following acronyms and abbreviations. C-S-T, for Cancer-Specific Treatment, E-B-R-T, or EBRT, for External Beam Radiotherapy and will be a major focus of today's event, along with O-C-M for Oncology Care Measures, F-Y for Fiscal Year and the letter Q for Quarter and W-B-D-C-T for Web-Based Data Collection Tool. Now let's take a look at our next slide to identify the purpose of today's presentation. Slide number seven please.
	The purpose of today's presentation is to provide participants in the PCHQR Program further instruction on the use of the WBDCT. As stated earlier, the information presented today builds upon the May submission of the CST measures. Specific direction will be provided to successfully

enter the OCM and EBRT measures. On the next slide, slide eight, we will review the objectives.

By the end of today's event, you will be able to select the correct Fiscal or Program Year to enter your data, comply with requirements for reporting population and sampling data for the OCMs and EBRT, and review your submission to ensure accuracy and completeness. On the next three slides we will briefly review how to log in to *QualityNet* beginning with slide number nine.

You all are very familiar with the *QualityNet* homepage. This site is one that you, as participants, should be accessing quite frequently. In addition to accessing the *QualityNet Secure Portal* there is *QualityNet* News and updates found on the homepage as well. In the center of the screen, you see the tab for the PPS-Exempt Cancer Hospitals. The materials located under this tab have been covered extensively in previous webinars. So moving on to the *QualityNet Secure Portal*, as you are aware from the previous data submission period, you will have to access the Secure Portal in order to enter your CST, OCM and EBRT data via the Web- Based Data Collection Tool. On this screen, the red rectangles indicate the three ways to access the Secure Portal Log In [or 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, which is shown on our 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 the 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 Reporting Program, you will want to click on the "PPS-Exempt Cancer Hospital Quality Reporting Program" link. This will take you to the "Log In to *QualityNet*" screen as shown on slide eleven.

On the "Log In to *QualityNet*" screen, you must answer three required fields to access the *QualityNet Secure Portal*.

1. The first element is your "User ID". This was given to you when you were given access to the system.

2. The second element is your "Password." When you registered for the *QualityNet Secure Portal* you were given a temporary password that you changed and are required to update on a regular basis.

3. The third element is the "Security Code". This "Security Code" is 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. This code changes every 30 seconds. If you need help during this process, there are links in the yellow textbox for you to access.

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 will have to start over.

If your log in 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 12.

Now you have entered the homepage for the *QualityNet Secure Portal*, which is your starting point for entering data using the Web-Based Data Collection Tool. For entering data via the WBDCT, you will want to go to the "Quality Programs" text enclosed in the red box on this screen. You 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 "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 13.

You may have accessed this screen in the past to do such things as manage 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 manage your notice of participation. For the purposes of accessing the Web-Based Data Collection Tool, on this screen you will click on "View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)" link. Doing so will take you to the next slide in our deck, slide number 14.

This page is titled "View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)". On the left-hand side of the screen you see some definitions. On the right-hand side of the screen is "Select a Program". Under here, to access the WBDCT, you will want to click on

the link called, "PPS Exempt Cancer Hospitals Web-Based Measures". Note, that while there is a link on this page for the DACA, this functionality is not enabled at this time. On June 1st you received a ListServe with instructions on how to access, complete and send in your 2018 DACA. If you have not already done so, please complete this task. Next slide please.

You have now arrived at where you will start the actual process of entering your data for the required PPS-Exempt Cancer Hospitals Web-Based Measures. You will need to click the down arrow next to "Fiscal Year" and a drop-down menu will appear with three Fiscal Year options – "2018", "2017", and "2016". As indicated on this slide, Fiscal Year 2018 will be selected for entry of quarter one through quarter four for OCM and EBRT data for 2016 care, which for the purposes of today's event will be discussed in depth. Fiscal Year 2017 will be selected for the entry of Quarter one, two, three, and four, 2016 CST data for those patients diagnosed during Calendar Year 2016, or the 2016 diagnosis cohort. And Fiscal Year 2016 should not be used, as this data would have already been entered via this tool had it been available. Since this data has already been submitted to CMS, do not use the Fiscal Year 2016 link. So with that being said, we will now briefly discuss the handy tool that was developed. Hopefully you found this tool helpful in assisting you with identifying the correct Fiscal Year when entering your CST data during the last data submission period. Next slide please.

Here is a screenshot of the tool developed for you, the participants in the Program, the PCHQR Program Web- Based Data Collection Tool Guideline by Due Date. This tool is now available on *QualityNet* and *Quality Reporting Center* and goes through the November 15, 2018 data submission deadline. As Tom relayed during our March event, as new measures are added to the Program, they are added starting in a specific Fiscal Year 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*. The first five measures added to the PCHQR program, the three CSTs along with CLABSI and CAUTI, apply to the following fiscal year. So the 2016 CSTs, CLABSI, and CAUTI apply to Fiscal Year 2017. For all other measures in the Program, the data applies to two fiscal years after the event. So, the SSIs, CDI, MRSA, Influenza Vaccination, OCMs, EBRT and the new Outpatient Chemotherapy Measure will all apply to two fiscal years later. Which means that care delivered in the Calendar Year 2016 for the OCMs and EBRT, applies to Fiscal Year 2018. So as we look toward our upcoming data submission period that ends August 15, 2017, you will be entering the following via the WBDCT - quarter four 2016 for the colon and breast chemo measures, quarter two 2016 data for the hormone measure, which both apply to Fiscal Year 2017, and the

annual data for the OCMs and EBRT. For the OCMs and EBRT, these will be the Calendar Year 2016 episodes of care, and will apply to Fiscal Year 2018. Now we will recap entering the CST data. Next slide please.

To begin our entry of the CST measures, remembering that we are entering the data for the diagnosis cohorts in 2016, you will initially select, as shown in step one of the slide, "2017" for the Fiscal Year. Next, click the "Continue" button as indicated by step two. Next slide please.

As you recall, this is a screenshot of the entry of the PCHQR Program Web-Based Measures for Fiscal Year 2017. For reference, we have placed the applicable time period, the data submission window closing August 15, 2017, at the top of the slide. We will begin by looking at the entry of the hormone measure for this data submission period. Referring to the chart at the top, you will see that the Adjuvant Hormonal Therapy, or NQF number 220 data that is due by August 15, 2017 is for the time period for quarter two 2016, or those patients diagnosed between in April 1, 2016 to June 30, 2016. Therefore, on the Web-Based Data Collection Tool, you will select "Quarter Two". Slide number 19 please.

This is the screenshot for the entry of quarter two 2016 hormone data. There are four areas highlighted on this slide that I would like to discuss.

1. The box labelled number 1, shows the "Submission Period." This is July 1, 2017 through August 15, 2017. You are familiar with the data submission period end dates, in this case, August 15th. The Web- Based Data Collection Tool is open for 45 days prior to the start of this submission deadline. Therefore, the submission period opens July 1st.

2. By number 2, 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 April 1, 2016 through June 30, 2016, or quarter two 2016.

3. For box number 3, we are highlighting the text in the box under the NQF number. Depending on when you access this screen, for quarter two 2016 hormone data, you will see one of three words in this field.

    a. If you access this page now, you will see "Unavailable." This is because the submission period is not open. It will open July 1, 2017.

b. The term "Available" will appear when the data submission period is open, as shown on this slide. This is your indicator that you are entering data in the correct place for the correct time period.

c. And the third term you may 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 view or edit your data. Once the data submission closes, in this case at 11:59 p.m. Pacific Time on August 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.

4. Lastly by the number four, you see the "NQF #0220" in blue. This is selectable and by clicking on the blue NQF number, you will be taken to the data entry screen shown beginning on slide number 20.

Just as you should have done for the May data submission period, you will follow the same steps illustrated on this slide to enter your data for the CST measures.

1. Step one, enter your Numerator value.

2. Step two, enter your Denominator value.

3. Step three, click the blue "Calculate" button on the bottom of the screenshot. The system will automatically calculate your results. If there are no errors, clicking "Calculate" will result in the "Results" field being automatically filled in and the "Submit" button will become active.

4. Step four, if you have entered a valid numerator and denominator and click the "Calculate" button, the "Submit" button becomes active and you will click on this button to submit your data.

Now we will briefly touch upon possible error messages you may see if something goes awry. Next slide please.

On slide number 20, we reviewed the process for entering your data for the CSTs. Entering the numerator, the denominator and then clicking "Calculate". If you have entered a valid numerator and denominator, when you click "Calculate," the "Submit" button will become active. All

is good. However, if you click the "Calculate" button and then the "Submit" button does not become active, there is a problem. There are one of three error messages that may appear. Note, that you will have to scroll up on the screen to see the error message or messages. Error messages for the CSTs appear with a 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. These are listed on the slide and have been previously discussed. Once the error or errors are resolved, when you click "Calculate" the "Submit" button will become active. On slide 22, we will look at the messages you can receive when you click the "Submit" button for the CSTs after all errors have been resolved.

Once the "Submit" button is active and you click it, there is only one message you can receive, and that is "Successfully Saved", in this case, "Successfully Saved NQF Number #0220 Information", as shown in the red box on the slide. Remember this message appears at the top of the screen so you will have to scroll up to see it. Well, kudos to you, you have successfully entered your Adjuvant Hormonal Therapy data. Now, what's next? We will look at these options on our next slide, slide number 23.

After you have successfully submitted your hormone data, there are two options available. Proceed to entering the remaining CST data for the colon and breast measures, or view and memorialize the data that you just entered. If you want to proceed to enter the other CST data, click "Return to Summary" as indicated by the number one on the slide. If you want to print or view your data, you have three options. First option is you can print the current screen as indicated by the number two, simply clicking the "Print" button. The second option is to repeat the steps for the data entry process you just completed. This time, pay attention when you get to the first data entry screen. There you will see the status of "Completed". This indicates that you have successfully entered data for the submission period. You are able to go through the screens and view the data and more importantly, you can use this process to edit your data at any time up until the close of the data submission process. Or the third option would be to run your PCH Report for the correct Fiscal Year, in this case that would be 2017 and you will see the data that you just entered and how it will appear on your hospital report. It will probably be a good idea to run this report once all of your data has been entered. Since the OCM and EBRT data applies to the Fiscal Year 2018, this will be explained later, you will need to run the PCH Report for Fiscal Year 2018 as well. So, if you want to continue entering data in the WBDCT, from the data entry screen, you will click on "Return to Summary". We will see what this will looks like on our next slide, slide number 24.

As you see on the slide, a pop-up window appears, "You are about to leave this page." If you have made any changes and did not submit them, they will not be saved. Click "OK" to continue. Click "Cancel" to remain on the current page. Remember, until you click "Submit" and see the message "Successfully Saved", do not leave this page. However, once you are sure, you are ready to enter some more data. In the case of today's example, the colon and breast chemotherapy CSTs, so clicking on "OK" will take you to the next screen shown on slide number 25.

Now you are returned back to the data entry screen for entering quarter two 2016 data for NQF number 220. There are three things to point out on this slide. The first is that under NQF number 220, you will now see that the status of the data is "Completed" as you had just completed entering this data. This is a QA check for you as you work through the process. At the bottom of this screen you will see that you have two options, "Back" and "Payment Year Selection". Either one will eventually get you to the correct screens to enter the chemo data, but one will get you there more quickly. If you select number three on the slide, "Payment Year Selection," you will go all the way back to the "Payment Year Selection" screen. From there, you can once again pick Fiscal Year 2017 and you will be back on track to enter the CST chemotherapy data. However, as you are already in the payment year 2017 pathway, if you select "Back" from this screen, you will save yourself a step and land back on the "Fiscal Year 2017" entry screen as shown on our next slide, slide 26.

As a reminder, the WBDCT Guideline by Due Date relating to the upcoming data submission period, closing on August 15th has been included on this slide. Referring to this tool, we can see that in this data collection period for the colon and breast cancer measures in Fiscal Year 2017, you will be entering the data for quarter four 2016 at this time. This includes the diagnosis cohort of October 1, 2016 through December 31, 2016. So therefore, you will need to select "Quarter Four" under the "Action" column. This will take you to the quarter four CST data entry screen, which is displayed on your next slide, slide 27.

This screen should look very familiar as it is similar to the data entry screen we saw for quarter two 2016 when entering the hormone data. It is the entry screen for the reporting period of quarter four 2016 CST data, but you will notice a couple of differences. First of all, as indicated by the number 1, you will see that the submission period "Varies by Measure". This is because the hormone measure lags the two chemo measures by two quarters. You are currently entering data for the diagnosis cohort of quarter four 2016. Therefore, this screen now shows that the colon and breast chemo measures, NQF numbers 223 and 559, are "Available". The entry of the data for quarter four 2016 diagnosis cohort for the hormone measure will not occur until the data submission period ending February

15, 2018. Therefore, you see that NQF number 220 is "Unavailable". You do not have to commit this to memory since the system will force you to the correct options. We know that, referring to the WBDCT Guideline by Due Date chart, that during the date of submission period ending August 15th, we are entering the quarter four 2016 colon and breast chemo measures. Note, that on this screen by the number 3, that both NQF number 223, colon chemo, and NQF number 559, breast chemo, are "Available". This means that you can click on the blue NQF number and enter your data. However, the NQF number 220 option is listed as "Unavailable". This is because the data entry period for quarter four 2016 hormone therapy cases is not yet open. So, from this screen you, as you did with the hormone measure, click on the blue NQF number to enter your data. The process is the same for both NQF numbers 223 and 559 so we will only walk through one of these. Today we will discuss the screens for the colon chemotherapy measure, or NQF number 223. When you click on the selectable text or blue link "NQF number 223", you will go to the next slide, slide number 28.

Your numerator and denominator have been entered, results calculated and data submitted. So here again, you have the same options as discussed on slide number 23, which is to determine your next step after successfully submitting your CST data. You may choose to print your current screen by selecting, "Print," denoted on the slide as number 2 or you may go back and view or edit your data. However, for the purposes of today's event, let's choose to proceed with entering the OCM and EBRT data by clicking on "Return to Summary" as indicated by the number 1. Next slide, please.

Again you will see the popup window displayed on this slide. Remember, until you click "Submit" and see the message was "Successfully Saved" at the top of the page, do not leave this page. But once you are sure, you are ready to enter your OCM and EBRT data. So clicking on "OK" will take you to the next screen shown on slide number 30.

Now we are back at the screen for the quarter four 2016 diagnosis cohort; therefore, you should see both breast and chemo measures showing as "Completed" as indicated by the number 1. The hormone measure, number 2 on the slide, is "Unavailable", which means that the data entry is currently not available. Remembering that the system will force you to the correct options, the hormone measure is not available because the data entry period for quarter four 2016, hormone therapy cases, is not yet open. If you refer back to the WBDCT Guideline by Due Date Tool, you will see that this submission period does not open until January 1, 2018 and closing on February 15, 2018. By selecting "Back", or the number 3, as shown on the slide, will return you to the Fiscal Year 2017 screen. So, knowing that the OCM and EBRT data you are entering will apply to Fiscal Year 2018, the quickest route to the OCM and EBRT data entry

screen is by selecting number 4, the "Payment Year Selection" button. Next slide, please.

We are now ready to start entering the OCMs and EBRT data. As depicted on the slide in step number 1, to begin with, you select Fiscal Year 2018 knowing that the 2016 OCM and EBRT performance data will apply to Fiscal Year 2018. Once you click "Continue", you will be taken to the screen on our next slide, slide number 32.

Notice here you have four options with the Submission Period varying by measure and with specific quarterly reporting periods. These are the options you will use next year to enter your 2017 diagnosis cohort for the CSTs that apply to Fiscal Year 2018. These will be the cases diagnosed in 2017 or the 2017 diagnosis cohort. For the OCMs and EBRT, in the data submission period ending August 15, 2017, you will be entering the data for care delivered during Calendar Year 2016 as indicated by the "Respect to Reporting Period" of January 1, 2016 to December 31, 2016. As you are reporting all four quarters of individual performance data at one time, you will then click on the "Select Annual" button. This will take you to the measure selection screen shown on our next slide, slide number 33.

This is a screenshot of the measure selection screen for the OCMs and EBRT. Note the following: the submission period is July 1, 2017 to August 15, 2017; the reporting period is January 1, 2016 to December 31, 2016; and you have all five OCM measures as well as EBRT to select and enter data on. However, if you are accessing this measure page prior to the opening of the data submission window on July 1, 2017, all of these measures will show "Unavailable". So the screenshot captured on this slide is what you should see when you access this particular page on or after July 1st. We will use EBRT, or NQF number 1822, as our example in this overview. Clicking on "NQF 1822" will take you to our next slide, slide number 34.

By now, this type of data entry screen should be very familiar to you. You see the "Provider name," "CCN," "Submission Period" and "Reporting Period." Then you see the measure NQF number and name, "NQF 1822: External Beam Radiotherapy for Bone Metastases". Before we delve into more specifics about entering data for EBRT and the OCMs, let's take a few moments to revisit the basics of population and sampling, beginning with our next slide, slide number 35.

The Initial Population is all patients who are identified by a common set of data elements. This most often will include administrative elements such as ICD-10 and/or CPT codes to identify patients who may be eligible for the measure, and also may include exclusion criteria, either administrative data and/or information obtained from chart review. In the case of EBRT,

you find patients who may be eligible by using the ICD-10 and CPT codes shown on the slide. Then remove those patients who meet the exclusion criteria during chart abstraction, yielding your Initial Patient Population. There is no differentiation in the PCHQR Program between reporting Medicare and non-Medicare patients. The data for the Program is all patient data. This defines your Initial Patient Population for a given time period, in the case of the PCHQR, a quarter. This population are the patients for the measure or measure set that are eligible to be sampled if you choose to sample. On slide number 36, we will talk about sampling.

Sampling is a way to reduce your effort and data burden. It is a way to select a representative part of a population to estimate a hospital's overall performance without having to abstract data for the entire patient population. Think about that for a measure such as NQF number 384 where some of you have patient populations in the many of thousands. If the performance data can all be collected from the administrative data, there is really no reason to do sampling. Sampling is useful when chart abstraction or medical record review is required to determine performance on a measure. Once again, the benefit of sampling is to reduce data collection burden and the key term to remember in terms of sampling is the word representative. Next slide, please.

To obtain a statically valid sample data, there are four key concepts to keep in mind:

1. The first is that each of the individual cases in a population have an equal chance of being selected. An example of this would be a raffle drawing where everyone attending is given one ticket and places it into a hat. The hat is then shaken up. Each ticket has an equal chance of being selected.

2. The second concept is that the sample selected, being random, will then represent the whole population. It is reflective of the population and the results will be reflective of the performance if every case in the population had been selected. This is why there are minimal sampling requirements depending upon the size of your population.

3. Of course, we want the performance of the sample to form an unbiased picture of the PCH's performance.

4. Therefore, from an ethical perspective, you should not bias the selection of your sample in a way that results in picking cases from a portion of the population that you expect higher performance from, also known as cherry picking.

On slide number 38, we will review the sampling requirements for the PCHQR Program.

First of all, remember that the PCHs are not required to sample their data. If you choose to, or if you have either the electronic abstraction capabilities or the resources, you can choose to oversample or even abstract the entire patient population. Sampling is offered in the Program to decrease your data burden. Also remember that the sample sizes provided are a minimum. You may choose to sample more than the minimum, but less than the entire population. Next slide, please.

So for the OCMs and EBRT, if you entered "Not Sampled" for your "Sampling Frequency", then your population must equal your sample size because it was not sampled. And for PCH numbers 14, 15, 16 and 25 which are NQF numbers 382, 383, 384 and 1822, there are no post-denominator exclusions, so your denominator will also be the same. As noted on the slide, this does not apply to PCH 17 and 18, or NQF numbers 389 and 390, as the possibility of post-denominator, or numerator, exclusions may apply. Also, we see our familiar sampling grid. Remember, if your Initial Population is less than or equal to 10, sampling is not allowed. For a population of 10 to 50, you select a minimum of 10 patients. For a population of 51 to 125, you must sample a minimum of 20% of the Initial Population. Then, to prevent excess data burden, when your population is greater than 125, your minimum sample is 25. However, remember, you can choose to oversample. As we know, many of the PCHs do, especially for NQF number 384, Pain Intensity Quantified. Now that we have reviewed the basics of population and sampling, you may be wondering what you will see and enter in the WBDCT for population and sampling. Let's look at our next slide, please, slide number 40 to begin this journey.

In the Web-Based Data Collection Tool, you will be required to answer the following population and sampling questions for the OCMs and EBRT measure. What was your hospital sampling frequency? What was the Initial Population? This is all patients who share a common set of data elements. And what was the sample size? This is the actual number sampled. There is an important point to make here pertaining to the measure data that will be publicly reported. If your patient population is zero for a quarter, be sure you enter a value of zero which will result in a footnote of 7, rather than not entering a value at all, which will result in a footnote of 5. By submitting zeros, this will reflect that the data was indeed submitted. Otherwise, it may appear that you opted not to submit data for this time period. Now we will take a closer look at the EBRT data entry screen on our next slide, slide number 41.

Please note that although the contents of this screenshot appear on one page, in the Web-Based Data Collection Tool, you will have to utilize the scrollbar to move up and down the page to see everything captured here. So as stated in the previous slide, you will first need to address the three population and sampling questions for each individual quarter. Then you will enter your numerator and denominator values. When entering your denominator data, remember, if you selected "Not Sampled", your sample size and denominator should be the same for NQF numbers 382, 383, 384 and 1822. The denominator may be less than the sample size for NQF numbers 389 and 390 as there are numerator, or post-denominator, exclusions. Once again, you see auto populating "Total" column that displays. Now that you have entered your numerator and denominator values, you will scroll down to view the "Results" section of the data entry screen for EBRT, on the slide see the bottom of the screen. It appears the same with different text, obviously, for the OCMs. As with the CST measures, you will first click "Calculate". This will calculate and populate the "Total" and "Results" fields for you. As there is population and sampling data, the rules about minimum sample sizes, and as mentioned, times when the denominator [Note: speaker misstated "numerator" at this point during event. The denominator must equal the sample size for measures NQF 383, 383, 384 and 1822] must equal the sample size, there are unique error messages that we will review shortly. However, before we move to our next slide, please take a moment to look at the data entered for each quarter. Do all the values entered look correct to you? Let's look at the next slide to determine the answer to that question, slide number 42, please.

Again, we are focusing on the values entered for each individual quarter. Based on the information entered, the question is, if you select "Calculate" with this data entered, will you get an error message or multiple error messages? Let's give you about 10 seconds to look at the data on this mock data entry screen. Are there any problems? The answer is, "yes." On our next slide, let's look at what's wrong. Next slide, please.

So here are the fields that require attention and need to be corrected in order to allow you to successfully submit your EBRT data. On the next slide, we will look at the details of each error and how to resolve them. Next slide, please.

For quarter one, the "Sampling Frequency" selected was "Quarterly". The initial population is 125 and the sample size entered is 20. Per sampling guidelines, the minimum required sample size has to be at least 20% or 25. Remember that you are allowed to over sample. So to resolve this error, the sample size would need to be adjusted to reflect at least a value of 25. This error is denoted by the red X on the slide which must be resolved for your submission to be accepted. For quarter two, the "Sampling

Frequency" selected was "Not Sampled". The sample size is 35 and the denominator is 30. As mentioned earlier, if you entered "Not Sampled", then your population must equal your sample size because it was not sampled. Keep in mind this applies to NQF numbers 382, 383, 384 and 1822. This is shown as a yellow triangle in the error messages on the slide. While at this time this is not a hard stop and you can enter your data, we do ask that you review and resolve any issues as we know you want to report your data correctly. For quarter four, the "Sampling Frequency" selected was "Quarterly". The numerator is 15 and the denominator is 14. This is flagged as an error since the numerator must be less than or equal to the denominator. This is denoted on the slide with the fatal red X and must be resolved before you can submit your data. Lastly, for quarter three, surprise, there were no errors! The "Sampling Frequency" selected was "N/A, no submission required". Therefore, there is no eligible population. Zeros need to be entered, as shown, which reflects that data was submitted. Now that the errors have been identified and resolved by making the necessary corrections, you will now click the "Calculate" button which will make the "Submit" button active. Once you click "Submit", you will need to scroll up to the top of the page. There, you should see "Successfully Saved NQF number 1822 Information". So at this point, you can pat yourself on the back as you have submitted your EBRT data successfully. On our next slide, we will look at the available options at this point in the process. Slide 45, please.

Here we have printing options. To print your completed data entry screen for NQF number 1822 or any other WBDCT measure for that matter, you click "Control + P" while on this screen as indicated in the red box on the upper right hand corner of the slide. Now, there are a few tips to optimizing the printing experience. Please note that these are for use in Internet Explorer. We were only able to test this using Internet Explorer, so other browsers may behave differently. When you click "Control + P" a new window will open displaying the current Web-Based Data Collection Tool data entry page. From here, you can simply go to "File" and "Print" and select the printer that you wish to print to. Or alternatively, press "Control + P" on this screen and the printer selection will pop up. The CSTs usually fit fine on one page for printing. However, when you get to the entry screens for the OCMs and EBRT, you will find that they may not print nicely on one screen. If you wish to modify this, please click on the "Internet Tools" icon on the upper left corner of the page. Then utilize the zoom function to resize the page to make the page more legible. Then print as already described. Remember, this is a new window, so when you are done printing, close this and you will be back on the data entry screen for NQF 1822. Now, let's revisit some points on rounding, specifically the round half to even rule. Slide number 46, please.

As you have seen, the Web-Based Data Collection Tool automatically calculates your results based upon your numerator and denominator. For the CSTs, it will round to the tenth decimal place. For the OCMs and EBRT, to the nearest whole number. In the past, you had been reporting your data for these measures via external file submission. Therefore, you had been rounding using the conventional rounding technique. For example, if your raw 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 the whole number. The WBDCT uses a methodology called "round half to even". This is also known as convergent, banker's rounding and some other names as listed on the slide. The reason this methodology is used, is that it eliminates bias. Case in point, if an entire set of data is always rounded up when the value to be rounded is 0.5, 5 or 0.05, and if you are to average all the rounded values, there will be an inherent bias to be slightly higher as 5 is always rounded up. Although, the system will automatically do this for you, we would like to provide an explanation. So when does the "round half to even" rule apply? The rule only applies when the value to be rounded is exactly 5, so 0.50 for the OCMs and EBRT or 0.050 for the CSTs. Let's look at an example. For the OCMs and EBRT which are reported as whole numbers, you have a value of 95.50. Here, the "round half to even" rule applies since the value is exactly 0.50. You would round up to the even number which is 96. The rule would also apply to 96.50. You could round this up to 97 or down to 96. However, using the "round half to even" rule, 96 is the even value. So in this instance, you will round down to 96. Although having a value of exactly 0.50 or 0.050 will be rare, we still wanted to make you aware of this methodology. On our next slide, we will wrap up our discussion on the Web-Based Data Collection tool with some key reminders. Next slide, please.

So to recap the key steps in successfully using the Web-Based Data Collection Tool for the PCHQR Program.

1. The first step in successfully using the tool is to access the correct Fiscal Year for the measure that you are entering data for. The easiest way is to refer to the new tool we have developed and is available on *QualityNet* and *QualityReportingCenter*, the Web-Based Data Collection Tool Guideline by Due Date. Simply refer to the data submission period due date, the measure you are entering data for and refer to the Fiscal Year. The measures for the upcoming data submission period are on this slide. And slide number 16 contains the information through the November 15, 2017 reporting period.

2. The second step once you have identified the correct Fiscal Year, is to select the correct time period. Once again, refer to the tool. Remember for the CSTs, you are going to have two different time periods, diagnosis cohorts, to pick each data entry period. You can see on the slide that in the upcoming data submission period, you will be entering quarter four 2016 diagnoses for the colon and breast chemo measures, and quarter two 2016 data for the hormone measure. For the OCMs and EBRT, you are entering quarter one through quarter four of 2016, or calendar year 2016 episodes of care. And remember, do not worry, the system will only let you enter data for measures and time periods that are currently open.

3. And lastly, once you have selected the correct time period, select your measure, enter your population and sampling data, and the numerator and denominator, click "Calculate", resolve any error messages that may appear and then click "Submit". That is all there is to it. Next slide, please.

We will conclude today's event, as always, by reviewing important upcoming dates for the PCHQR Program beginning on slide number 49.

This slide lists the upcoming PCHQR Program webinars. These are currently scheduled for the 4th Thursday of each month, but that is subject to change. As always, we will communicate the exact dates, title, purpose and objectives for these events with you via ListServe starting approximately 2 weeks prior to the event. As you may recall, last month Tom presented an overview of best practices to mitigate chemotherapy-related adverse events. In July and September, we will continue this series on best practices - focusing on mitigating the ten adverse events. Please remember to reach out to us at the VIQR Support Contractor to nominate an expert in cancer care within your organization to be a presenter. Then in August we are slated to discuss the Fiscal Year 2018 Final Rule. Next slide, please.

Here we have the upcoming data submission deadlines. Quarter one 2017 HCAHPS data is to be submitted by your vendor and that is due on July 5th. per our analytics team, all PCH's have already submitted this data, so great job with that. Then in August there will be the entry of the CST, OCM and EBRT data as reviewed during today's webinar. As a friendly reminder - please do not submit any data via the old process of using external files. All of the data entry done by the PCHs themselves should be via use of the WBDCT. And, as with every quarter, the CDC will be submitting the HAI data that you have entered into the NHSN system. You all should have received a ListServe earlier this month regarding the Fiscal Year 2018 DACA that will need to be submitted by August 31st.

Thank you to the PCHs who have already submitted this form. Next slide, please.

And lastly, here are the updates for public reporting of the PCHQR Program data. The July Refresh is scheduled for July 26th. This will contain a refresh of the CST measures and HCAHPS as well as be the first public reporting of the EBRT data. In October, you can see that once again, the CST and HCAHPS data will be refreshed. The Preview Period for this time period is anticipated to be July 14th through August 13th with a refresh tentatively occurring on October 18th. Please remember, 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. Next slide, please.

Before I hand the event over to Deb Price, I would like to bring to your attention two questions that we received. One question was posed during our May webinar on best practices and another question was from a PCH provider regarding the Healthcare Personnel, or HCP, Influenza Vaccination measure, both we feel are important to address. The first question posed, related to the HCP Influenza Vaccination measure, here on the slide asks, "Are healthcare personnel, or HCP, with medical contraindications removed from the denominator and included in the numerator?" The CDC was consulted on this and they responded that HCPs with medical contraindications are not excluded from the denominator nor are they included in the numerator. Their rationale is that the rate of true contraindications is very small, the inclusion of these HCPs with medical contraindications in the denominator is not expected to change substantially the vaccination rates reported by facilities. Next slide, please.

The second question received asks, specifically for the "Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy" measure, "In addition to acute inpatient admission/visits, does the measure capture observation stays or admissions within 30 days?" We asked for a response from the measure developer and the answer is no, the outcome does not include observation stays. CMS did not include observation stays in the outcome for two reasons. First, patients admitted for observation stays nearly always first seek care at an ED and are therefore captured within the ED outcome of the measure. And second, the measure is calculated separately in support of the PCHQR Program and the Hospital Outpatient Quality Reporting Program. Including observation stays as a third, separately reported rate may bias the outcome measure in favor of one type of billing practice over another due to differences among PCHs, hospital capabilities and billing practices. Several PCHs do not have EDs requiring them to treat observation stays and inpatient admissions differently from other PCHs. CMS recognizes that other CMS outcome

measures are beginning to incorporate observation stays within the outcome of interest and will continue to reassess this decision in future measure evaluation. And now Deb will review the CE information for today's event and I will return with closing remarks.

Deb Price: Thank you. This event has been approved for one continuing education credit. You must report your own credit to your respective boards. Complete your survey and then register for your certificate. Registration is automatic and instantaneous. Therefore, if you do not get a response right away, there is a firewall blocking your link. You will need to register as a new user using your personal email and phone number. If you are a new user or have had any problems getting your credits, use the "New User" link. If you have not had any issues getting your credits use the "Existing User" link. 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 to spent with me.

Lisa Vinson: Thank you, Deb. I would like to thank each of you for your time and attention during today's event. As always, we hope that the information provided will be helpful when entering your data for the upcoming data submission period. Thank you and enjoy the remainder of your day.