

# Welcome

- **Audio for this event is available via ReadyTalk® Internet streaming.**
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- **This event is being recorded.**

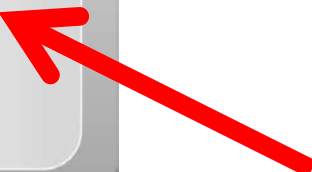


# Troubleshooting Audio

Audio from  
computer speakers  
breaking up?  
Audio suddenly  
stop?

- Click Refresh icon  
– or –  
Click F5



 F5 Key  
Top Row of Keyboard

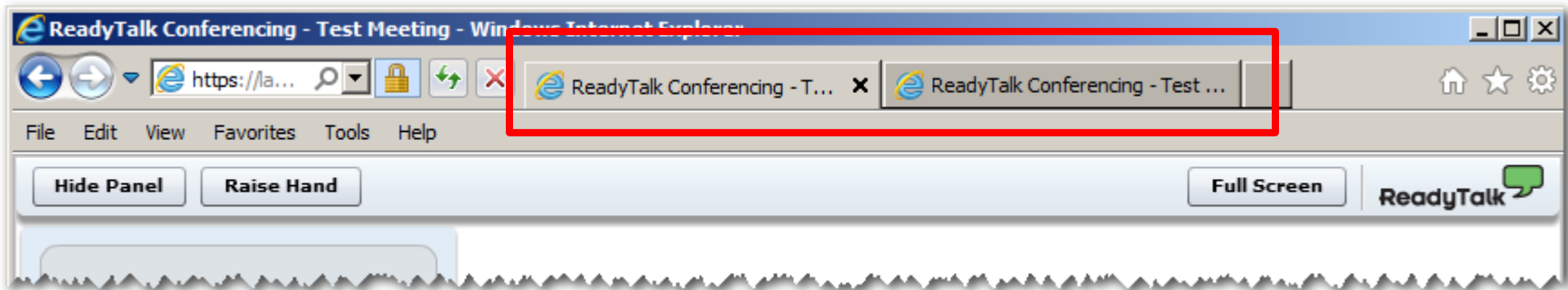


Location of Buttons

 Refresh

# Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab and the echo will clear.



Example of two browsers/tabs open in same event

# Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



A screenshot of a web application interface. The top bar contains buttons for 'Hide Chat', 'Raise Hand', 'Full Screen', and 'ReadyToGo'. The main content area features the CMS logo (Centers for Medicare &amp; Medicaid Services) and a large 'Welcome to Today's Event' message. Below this is a yellow horizontal line and a message: 'Thank you for joining us today! Our event will start shortly.' On the left side, there is a vertical chat window with a 'Chat with Presenter' header and a text input field labeled 'Type questions here.' with a 'Send' button. A yellow arrow from the text on the left points to this input field.



# **PCHQR Program**

## **An Overview of Best Practices to Mitigate Chemotherapy-Related Adverse Events**

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Hospital Inpatient Values, Incentives, and Quality Reporting (VIQR)  
Outreach and Education Support Contractor (SC)

**May 25, 2017**

# Acronyms and Abbreviations

<b>ACS</b>	American College of Surgeons	<b>ICD</b>	International Classification of Diseases
<b>ADCC</b>	<b>Alliance of Dedicated Cancer Centers</b>	<b>ICU</b>	Intensive Care Unit
<b>ADT</b>	Androgen Deprivation Therapy	<b>IDSA</b>	<b>Infectious Diseases Society of America</b>
<b>AMA</b>	American Medical Association	<b>IPPS</b>	<b>Inpatient Prospective Payment System</b>
<b>ASCO</b>	<b>American Society of Clinical Oncology</b>	<b>IQR</b>	Inpatient Quality Reporting
<b>ASH</b>	<b>American Society of Hematology</b>	<b>LabID</b>	Laboratory-Identified
<b>CAUTI</b>	Catheter-Associated Urinary Tract Infection	<b>LTCH</b>	<b>Long-Term Care Hospital</b>
<b>CDC</b>	<b>Centers for Disease Control and Prevention</b>	<b>MIF</b>	Measure Information Form
<b>CCN</b>	CMS Certification Number	<b>MRSA</b>	Methicillin-Resistant <i>Staphylococcus aureus</i>
<b>CDI</b>	<i>Clostridium difficile</i> Infection	<b>MUC</b>	Measures Under Consideration
<b>CE</b>	<b>Continuing Education</b>	<b>N/A</b>	Not Available
<b>CLABSI</b>	Central Line-Associated Bloodstream Infection	<b>NHSN</b>	National Healthcare Safety Network
<b>CMS</b>	<b>Centers for Medicare &amp; Medicaid Services</b>	<b>NCCN</b>	<b>National Comprehensive Cancer Network</b>
<b>CPT</b>	Current Procedural Terminology	<b>NQF</b>	National Quality Forum
<b>CST</b>	Cancer-Specific Treatment	<b>NQS</b>	<b>National Quality Strategy</b>
<b>CY</b>	Calendar Year	<b>OCM</b>	<b>Oncology Care Measure</b>
<b>DACA</b>	<b>Data Accuracy and Completeness Acknowledgement</b>	<b>ONS</b>	<b>Oncology Nursing Society</b>
<b>EBRT</b>	<b>External Beam Radiotherapy</b>	<b>OQR</b>	Outpatient Quality Reporting
<b>ECE</b>	Extraordinary Circumstances Extension / Exception	<b>PCH</b>	<b>PPS-Exempt Cancer Hospital</b>
<b>ED</b>	<b>Emergency Department</b>	<b>PCHQR</b>	<b>PPS-Exempt Cancer Hospital Quality Reporting</b>
<b>EOL</b>	End of Life	<b>PEP</b>	<b>Putting Evidence Into Practice</b>
<b>EPIC</b>	Expanded Prostate Inventory Composite	<b>PQRS</b>	Physician Quality Reporting System
<b>FFS</b>	<b>Fee-for-Service</b>	<b>PR</b>	Public Reporting
<b>FY</b>	<b>Fiscal Year</b>	<b>Q</b>	Quarter
<b>Fxns</b>	Fractions	<b>RSAR</b>	<b>Risk-Standardized Admission Rate</b>
<b>Gy</b>	Gray	<b>RSEDR</b>	<b>Risk-Standardized ED Visit Rate</b>
<b>HAI</b>	<b>Healthcare-Associated Infection</b>	<b>SBRT</b>	Stereotactic Body Radiation Therapy
<b>HCAHPS</b>	<b>Hospital Consumer Assessment of Healthcare Providers and Systems</b>	<b>SRS</b>	Stereotactic Radiosurgery
<b>HCP</b>	Healthcare Personnel	<b>SSI</b>	Surgical Site Infection
<b>HHS</b>	US Department of Health and Human Services	<b>TEP</b>	Technical Expert Panel
<b>HQR</b>	<b>Hospital Quality Reporting</b>	<b>TBD</b>	To Be Determined
		<b>WBDCT</b>	Web-Based Data Collection Tool

# Purpose

This presentation will provide a review of the most commonly cited reasons associated with hospital visits among cancer outpatients and an overview of the best practices to manage these events. The goal is to provide PCHQR Program participants with a framework to mitigate potentially preventable admissions and ED visits for patients receiving outpatient chemotherapy.

# Objectives

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

- Summarize the rationale for the inclusion of the Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy measure in the PCHQR Program
- List the most commonly cited reasons for hospital visits among cancer outpatients
- Discuss the best practices that may be implemented to mitigate the occurrence of such adverse events



# Measure Overview

## The **Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy** measure:

- Became effective for FY 2019 program and subsequent years
  - Begin with data from July 1, 2016, through June 30, 2017, and then use data from July 1 through June 30 for subsequent years
- Aims to assess care provided to cancer patients and encourage quality improvement efforts
  - Reduce the number of unplanned inpatient admissions and ED visits among cancer patients receiving chemotherapy in a PCH outpatient setting
- Addresses two National Quality Strategy priorities
  - Promote effective communication and coordination of care
  - Promote the most effective prevention and treatment practices for the leading causes of mortality
- Focuses on results that matter to patients

# Basics of the New Measure

## The **Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy** measure:

- Is a risk-standardized outcome measure for patients 18 years or older who are receiving PCH-based outpatient chemotherapy treatment for all cancer types except for leukemia
- Will utilize one year of Medicare FFS Parts A and B administrative claims data
- Requires that the qualifying diagnosis on the admission or ED visit claim be the primary diagnosis or a secondary diagnosis accompanied by a primary diagnosis of cancer

# Basics of the New Measure (Cont.)

## The **Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy** measure:

- Has a window for identifying events limited to 30 days after PCH outpatient chemotherapy treatment encounters
- Identifies outcomes separately for the inpatient and ED measures

**NOTE:** A patient can only qualify once for one of the two outcomes in each measurement period. If a patient experiences both outcomes, the measure counts toward the inpatient admission.

# Measure Exclusions

The **Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy** measure does not include procedure codes for oral chemotherapy.

The measure excludes patients who:

- Have a diagnosis of leukemia at any time during the measurement period
- Were not enrolled in Medicare FFS Parts A and B in the year before the first outpatient chemotherapy encounter
- Do not have at least one outpatient chemotherapy treatment encounter followed by continuous enrollment in Medicare FFS Parts A and B in 30 days after the encounter

# Measure Analysis

## The Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy measure:

- Uses hierarchical logistic modeling

- Is calculated as

$$\left[ \frac{\text{Predicted Number of Outcomes}}{\text{Expected Number of Outcomes}} \right] \times \text{National Observed Rate (PCH)}$$

- Is reported as two PCH-level rates
  - RSAR
  - RSEDR

# Reporting for the Measure

## Reporting for the **Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy** includes:

- Public reporting of RSAR and RSEDR for all participating PCHs with 25 or more eligible patients per measurement period
- Conducting a confidential national reporting (dry run) of measure results prior to public reporting to:
  - Educate PCHs and other stakeholders
  - Allow PCHs to review their results prior to public reporting
  - Answer questions about the measure
  - Test the production and reporting process
  - Identify technical changes that may be needed

# Measure Specifications

The full measure specifications are found on the [CMS.gov Measure Methodology page](#).

Locate the document, “Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy, Measure Technical Report,” dated March 2016.

# Planned Events

Events are coordinated by the measure development team and all dates are tentative.

- Dry run of confidential national reporting conducted late summer to early fall 2017
- Distribution of facility-specific reports
- National Provider Call
- Evaluation of and response to inquiries
- Public reporting of data not yet been determined



# Anticipated Impact

The **Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy** measure is anticipated to impact:

- Quality of life for patients and families
  - Physical and emotional well-being
  - Disruption of schedules
  - Decreased desire to work and engage in social activities
  - Increased burden on family
- Population and fiscal issues
  - 1.6 million new cancer cases in 2015
  - 22% of cancer patients receive chemotherapy
  - From 2008 to 2012, the proportion of Medicare patients receiving hospital-based outpatient chemotherapy increased from 18 to 29%
  - Medicare payments for cancer treatment totaled \$34.4 billion in 2010, or almost 10% of Medicare FFS
  - National average costs
    - \$22,000 for chemotherapy-related admission
    - \$800 for chemotherapy-related ED visit

# Potentially Preventable Chemotherapy-Associated Adverse Events Causing Admissions and ED Visits

Adverse Events	
Anemia	Nausea
Dehydration	Neutropenia
Diarrhea	Pain
Emesis	Pneumonia
Fever	Sepsis

# Opportunities to Minimize the Need for Acute Hospital Care for Chemotherapy-Associated Adverse Events

Evidence-based interventions are currently available from several organizations:

- American Society of Clinical Oncology
- National Comprehensive Cancer Network
- Oncology Nursing Society
- Infectious Diseases Society of America
- Other professional societies

# American Society of Clinical Oncology (ASCO)

## ASCO Guidelines, Tools, & Resources

- Guidelines by Clinical Area
- Assays & Predictive Marks
- Disease Specific
- Patient & Survivor Care
- Resource-Stratified
- Supportive Care and Treatment Related Issues

# ASCO Supportive Care and Treatment Related Issues

- Antiemetics Focused Update
- Recommendations for the Use of WBC Growth Factors Update
- Central Venous Catheter Care for the Patient With Cancer
- Antimicrobial Prophylaxis and Outpatient Management of Fever and Neutropenia in Adults Treated for Malignancy
- Management of Fever and Neutropenia in Children with Cancer and/or Undergoing Hematopoietic Stem Cell Transplantation Guideline Endorsement
- ASCO-ASH Update on the Use of Epoetin and Darbepoetin in Adult Patients With Cancer

# National Comprehensive Cancer Network (NCCN)

- The [NCCN](#) is a not-for-profit alliance of 27 leading cancer centers devoted to patient care, research, and education.
- Many educational tools available including guidelines for:
  - Treatment of Cancer by Site
  - Detection, Prevention, & Risk Reduction
  - [Supportive Care](#)
  - Age Related Recommendations
  - Patients

# NCCN Guidelines for Supportive Care

- Adult Cancer Pain
- Antiemesis
- Cancer- and Chemotherapy-Induced Anemia
- Myeloid Growth Factors
- Prevention and Treatment of Cancer-Related Infections

# Oncology Nursing Society (ONS)

- The [ONS](#) is a professional association of more than 39,000 members committed to promoting excellence in oncology nursing and the transformation of cancer care.
- Multiple resources available
  - Continuing Nursing Education
  - Practice Resources
    - Publications
    - Cancer Therapies
    - [Putting Evidence Into Practice](#) (PEP)



# ONS PEP Modules

- Chemotherapy-Induced Nausea and Vomiting
- Diarrhea
- Fatigue
- Mucositis
- Pain
- Prevention of Infection

# Infectious Diseases Society of America (IDSA)

- The [IDSA](#) represents physicians, scientists and other health care professionals who specialize in infectious diseases. IDSA's purpose is to improve the health of individuals, communities, and society by promoting excellence in patient care, education, research, public health, and prevention relating to infectious diseases.
- [IDSA Practice Guidelines](#)
  - Neutropenic Patients with Cancer
  - Management of Catheter-related Infections
  - Opportunistic Infections in Stem Cell Transplant Recipients
  - Vaccination of the Immunocompromised Host
  - Fever and Neutropenia
  - Organism-specific Guidelines

# Other Potential Resources

- Centers for Disease Control and Prevention (CDC)
  - Preventing Infections in Cancer Patients
  - Scholarly articles related to infections in cancer patients
- Professional Societies
  - American Pain Society
  - American Society of Hematology
- Professional Organizations
  - Alliance of Dedicated Cancer Centers
  - Consortium of Comprehensive Cancer Centers for Quality Improvement
- Primary literature and literature reviews

# Call for Best Practices

- Desire to hold three or four events during remainder of 2017, focusing on best practices to mitigate adverse events associated with outpatient chemotherapy
- Please nominate best practices to the VIQR SC
- First event scheduled for July 2017

PCHQR Program  
An Overview of Best Practices to Mitigate  
Chemotherapy-Related Adverse Events

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**Miscellaneous Notes**

# Important Upcoming Events

## Currently Scheduled 2017 Webinars

- **June 22:** *PCHQR Program: Web-Based Data Collection Tool II*
- **July 27:** *PCHQR Program: Best Practice I*
- **August 24:** *PCHQR Program: FY 2018 IPPS/LTCH Final Rule*
- **September 28:** *PCHQR Program: Best Practice II*
- **October 26:** TBD
- **November 16:** TBD
- **December 21:** TBD

# Important Upcoming Dates

## Upcoming HQR Data Submissions

- **July 5, 2017:** Q1 2017 HCAHPS data
- **August 15, 2017:**
  - Q4 2016 CST chemo (colon and breast) data
  - Q2 2016 CST hormone data
  - Q1 through Q4, 2016 OCM and EBRT data
  - Q1 2017 HAI data
- **August 31, 2017:** FY 2018 DACA
- **October 4, 2017:** Q2 2017 HCAHPS data

# Important Upcoming Dates (Cont.)

## *Hospital Compare Key Dates*

- **July 2017**
  - Contains:
    - 2Q 2015 through 1Q 2016 chemo data
    - 4Q 2014 through 3Q 2015 hormone data
    - 1Q through 4Q 2015 EBRT data
    - 4Q 2015 through 3Q 2016 HCAHPS data
  - Anticipated refresh on July 26
- **October 2017**
  - Contains:
    - 3Q 2015 through 2Q 2016 chemo data
    - 1Q 2015 through 4Q 2015 hormone data
    - 1Q 2016 through 4Q 2016 HCAHPS data
  - Preview period scheduled for July 14 through August 13
  - Anticipated refresh on October 18



# Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Dietetics and Nutrition Practice Council
- Florida Board of Pharmacy
- California Board of Registered Nursing (Provider #16578)
  - It is your responsibility to submit this form to your accrediting body for credit.

# CE Credit Process

- Complete the ReadyTalk<sup>®</sup> survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in the HSAG Learning Management Center.
  - This is a separate registration from ReadyTalk<sup>®</sup>.
  - Please use your **personal** email so you can receive your certificate.
  - Healthcare facilities have firewalls up that block our certificates.

# CE Certificate Problems?

- If you do not **immediately** receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that was sent.
- Please go back to the **New User** link and register your personal email account.
  - Personal emails do not have firewalls.

# CE Credit Process: Survey

No

Please provide any additional comments

**10. What is your overall level of satisfaction with this presentation?**

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

**11. What topics would be of interest to you for future presentations?**

**12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.**

Done

Powered by [SurveyMonkey](#)  
Check out our [sample surveys](#) and create your own now!

# CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

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

**Existing User Link:**  
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**Note:** If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

# CE Credit Process: New User

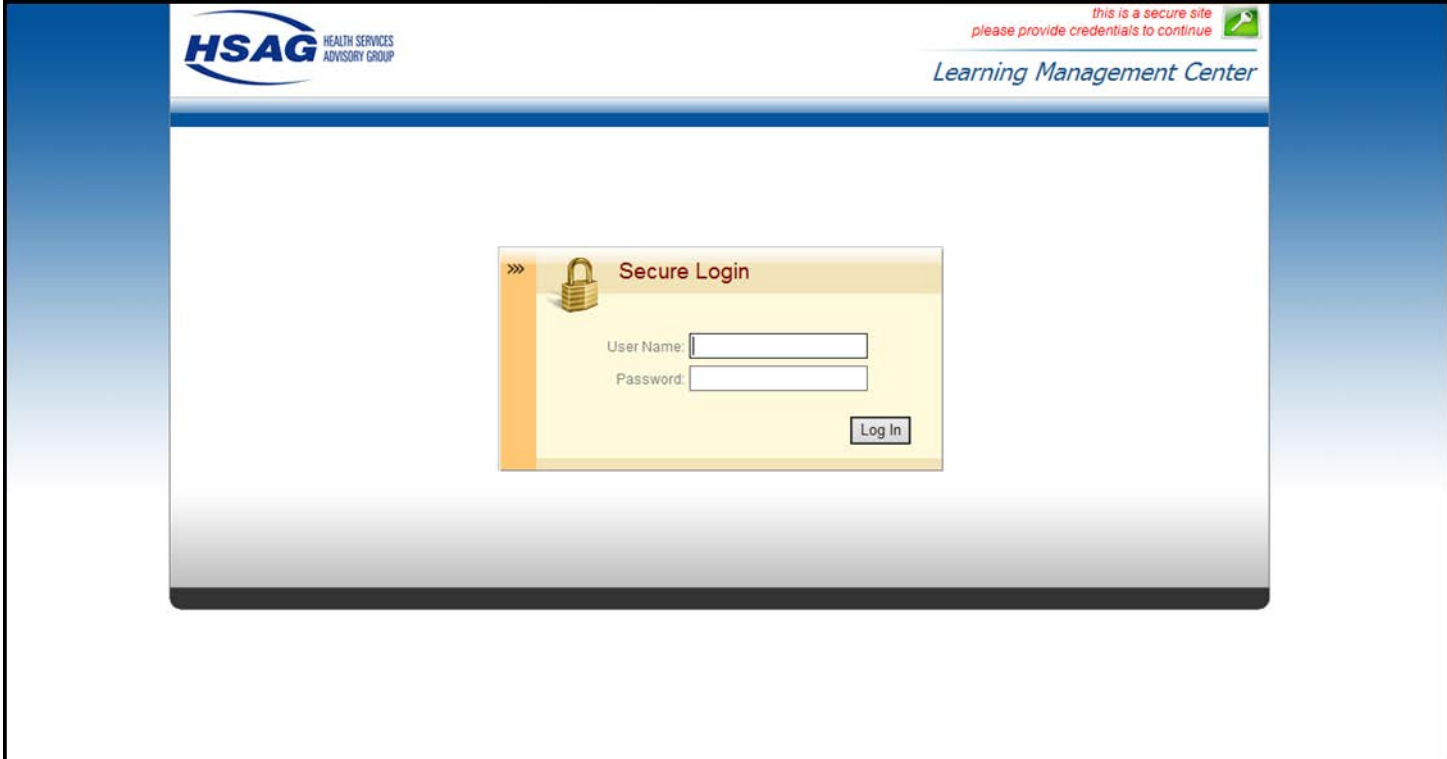
The screenshot shows a web browser window displaying the HSAG Learning Management Center registration page. The page has a blue header with the HSAG logo (Health Services Advisory Group) on the left and the text "this is a secure site please provide credentials to continue" and "Learning Management Center" on the right. The main content area is white and contains the following text and form fields:

**Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015**

First Name:  Last Name:

Email:  Phone:

# CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, a security notice reads "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box containing a padlock icon, a "User Name:" label with an input field, a "Password:" label with an input field, and a "Log In" button.

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# Questions



# Disclaimer

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

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