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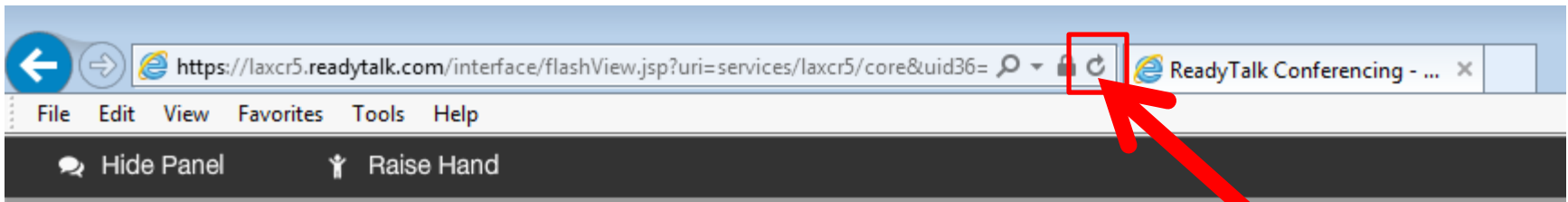
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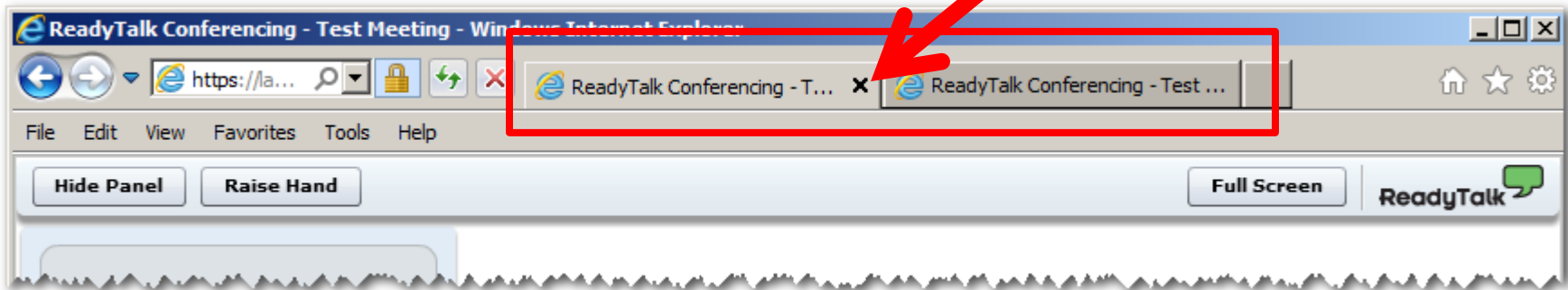


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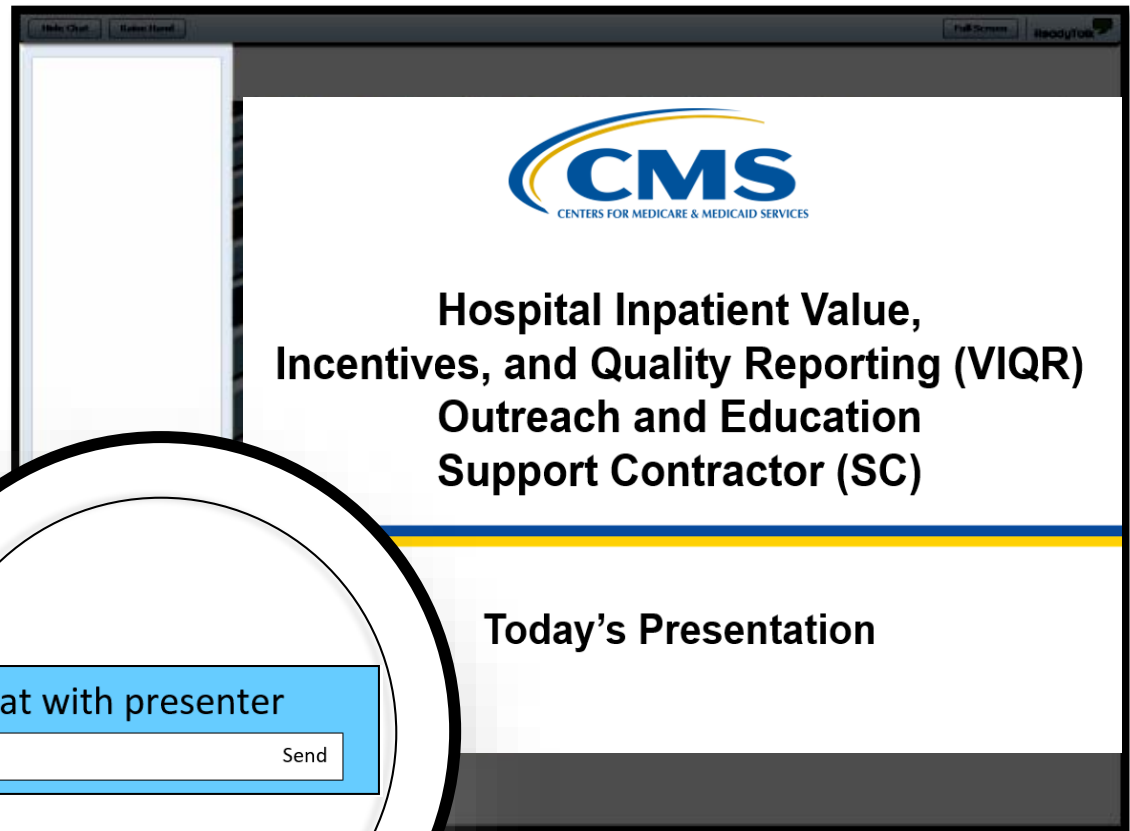
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# **PCHQR Program: A Year in Review and a Look Ahead**

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Program Lead

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

**December 14, 2017**

# Acronyms and Abbreviations

<b>ACS</b>	American College of Surgeons	<b>HCP</b>	healthcare personnel
<b>CAUTI</b>	catheter-associated urinary tract infection	<b>HQR</b>	hospital quality reporting
<b>CDC</b>	Centers for Disease Control and Prevention	<b>ICU</b>	intensive care unit
<b>CDI</b>	<i>Clostridium difficile</i> infection	<b>IPPS</b>	inpatient prospective payment system
<b>CE</b>	Continuing Education	<b>LTCH</b>	long-term care hospital
<b>CLABSI</b>	central line-associated bloodstream infection	<b>MIF</b>	Measure Information Form
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>MRSA</b>	Methicillin-Resistant <i>Staphylococcus aureus</i>
<b>CST</b>	Cancer-Specific Treatment	<b>NHSN</b>	National Healthcare Safety Network
<b>CY</b>	calendar year	<b>NQF</b>	National Quality Forum
<b>ECE</b>	Extraordinary Circumstances Exceptions	<b>OCM</b>	Oncology Care Measure
<b>EBRT</b>	External Beam Radiotherapy for Bone Metastases	<b>OQR</b>	Outpatient Quality Reporting
<b>ED</b>	emergency department	<b>PCH</b>	PPS-Exempt Cancer Hospital
<b>EOL</b>	end-of-life	<b>PCHQR</b>	PPS-Exempt Cancer Hospital Quality Reporting
<b>FSR</b>	facility-specific report	<b>PPS</b>	prospective payment system
<b>FY</b>	fiscal year	<b>PQRS</b>	Physician Quality Reporting System
<b>HAI</b>	healthcare-associated infection	<b>Q</b>	quarter
<b>HCAHPS</b>	Hospital Consumer Assessment of Healthcare Providers and Systems	<b>QIN</b>	Quality Innovation Network
		<b>QPP</b>	Quality Payment Program
		<b>SC</b>	support contractor
		<b>SIR</b>	standardized infection ratio
		<b>SSI</b>	surgical site infection
		<b>VIQR</b>	Value, Incentives, and Quality Reporting
		<b>WBDCT</b>	Web-Based Data Collection Tool

# Purpose

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This presentation will provide a recap of the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program's key events and changes that occurred this year and will prepare participants for calendar year (CY) 2018.

# Objectives

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Upon completion of this event, participants will be able to recall significant program events and changes that occurred in CY 2017 and apply the information for CY 2018.



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# **CY 2017: Key Events**

# Implementation of the WBDCT

- External file submission no longer required with Web-Based Data Collection Tool (WBDCT)
- Use of WBDCT effective for the data submission period that closed May 15, 2017
- Quarterly submission of Cancer-Specific Treatment (CST) measure data
- Annual submission of Oncology Care Measures (OCMs) and External Beam Radiotherapy for Bone Metastases (EBRT) data
  - Population and Sampling values required

# Publication of the FY 2018 IPPS/LTCH PPS Final Rule

- Removal of the three CST measures
- Addition of the four new end-of-life (EOL) measures
- Addressed potential measures for future inclusion in the program
- Addressed public display requirements
- Finalized reporting requirements for new EOL measures
- Revisions the Extraordinary Circumstances Exceptions (ECE) policy

# Removal of CST Measures

The following topped-out clinical process CST measures were finalized for removal in the FY 2020 program year:

- Adjuvant Chemotherapy is Considered or Administered Within 4 Months (120 days) of Diagnosis to Patients Under the Age of 80 with AJCC III (Lymph Node Positive) Colon Cancer (NQF #0223)
- Combination Chemotherapy is Considered or Administered Within 4 Months (120 days) of Diagnosis for Women Under 70 with AJCC T1cN0M0, or Stage IB – III Hormone Receptor Negative Breast Cancer (NQF #0559)
- Adjuvant Hormonal Therapy (NQF #0220)

# Addition of EOL Measures

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## Four new EOL measures:

- Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (NQF #0210)
- Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life (NQF #0213)
- Proportion of Patients Who Died from Cancer Not Admitted to Hospice (NQF #0215)
- Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days (NQF #0216)

# Previously Finalized and Newly Finalized PCHQR Measures for the FY 2020 Program Year and Subsequent Years

## Clinical Process/Oncology Care Measures

Short Name	NQF #	Measure Name
N/A	0382	Oncology: Radiation Dose Limits to Normal Tissues
N/A	0383	Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology
N/A	0384	Oncology: Medical and Radiation – Pain Intensity Quantified
N/A	0390	Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients
N/A	0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
EOL-Chemo	0210	Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the last 14 Days of Life
EOL-Hospice	0215	Proportion of Patients Who Died from Cancer Not Admitted to Hospice

## Intermediate Clinical Outcome Measures

Short Name	NQF #	Measure Name
EOL-ICU	0213	Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life
EOL-3DH	0216	Proportion of Patients Who Died from Cancer Admitted to Hospice for Less than Three Days

# Previously Finalized and Newly Finalized PCHQR Measures for the FY 2020 Program Year and Subsequent Years

## Safety and Healthcare-Associated Infection (HAI)

Short Name	NQF #	Measure Name
CLABSI	0139	National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection Outcome Measure
CAUTI	0138	NHSN Catheter-Associated Urinary Tract Infections Outcome Measure
SSI	0753	ACS-CDC Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure (currently includes SSIs following Colon Surgery and Abdominal Hysterectomy Surgery)
CDI	1717	NHSN Facility-wide Inpatient Hospital-Onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure
MRSA	1716	NHSN Facility-Wide Inpatient Hospital-onset Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA) Bacteremia Outcome Measure
HCP	0431	Influenza Vaccination Coverage Among Healthcare Personnel

**Note:** The CST measures have been removed from the program in this final rule.

# Previously Finalized and Newly Finalized PCHQR Measures for the FY 2020 Program Year and Subsequent Years

## Patient Engagement/Experience of Care

Short Name	NQF #	Measure Name
HCAHPS	0166	HCAHPS Survey

## Clinical Effectiveness Measure

Short Name	NQF #	Measure Name
EBRT	1822	External Beam Radiotherapy for Bone Metastases

## Claims-Based Outcome Measure

Short Name	NQF #	Measure Name
N/A	N/A	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy

**Note:** The CST measures have been removed from the program in this final rule.



# New Quality Measure Topics for Future Years

CMS sought public comment on the following six potential measures:

- Localized Prostate Cancer: Vitality
- Localized Prostate Cancer: Urinary Incontinence
- Localized Prostate Cancer: Urinary Frequency, Obstruction, and/or Irritation
- Localized Prostate Cancer: Sexual Function
- Localized Prostate Cancer: Bowel Function
- 30-Day Unplanned Readmissions for Cancer Patients

# Public Display Requirements

- CMS continues to defer the public display of CLABSI and CAUTI data for PCHs.
- The five original OCMs and the HCAHPS Survey data measure will continue to be reported publicly.
  - Beginning in fiscal year (FY) 2019, for care delivered in CY 2017, NQF #0382 data reflected the expanded diagnosis cohort to include breast and rectal cancers, in addition to the initial lung and pancreatic cancers.
- EBRT was publicly reported for the first time this summer with the July *Hospital Compare* refresh and will be updated annually each December.

# Reporting Requirements for EOL Measures

The reporting requirements for the four new EOL measures include the following:

- All are claims-based, so there are no data-submission requirements for the PCHs.
- Reporting is annual with a data-collection period from July 1 from the year three years prior to the program year to June 30 from the two years prior to the program year. For example, for the FY 2020 program year, data would be collected from July 1, 2017, through June 30, 2018.

# ECE Policy for the PCHQR Program

- The following modifications were finalized to better align this process with other quality reporting programs:
  - Clarify that CMS will strive to provide a formal response of its decision within 90 days of receipt of the request.
  - Extend deadline to request exception or exemption from 30 to 90 days.
  - Allow CMS to grant an exception or extension due to CMS data-system issues that affect data submission.

**Note:** These modifications would be effective for FY 2018 as related to extraordinary circumstance events that occur on or after October 1, 2017.

# Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy

- The National Confidential Reporting Period (Dry Run) was conducted by the measure developer from August 15, 2017, to September 29, 2017.
  - Dry run information was calculated based upon claims data submitted for patients who received chemotherapy at a PCH from October 1, 2015 through September 30, 2016.
- The National Provider Call was held by CMS on August 23, 2017.
- Information made available on *QualityNet*:
  - [QualityNet](#) > PPS-Exempt Cancer Hospitals > Measures > Chemotherapy Measure Dry Run
    - National Provider Call materials
    - Fact sheet
    - Frequently Asked Questions (FAQ)

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# **CY 2017: Key Updates**

# Oncology Care Measures

## (NQF#s 0382, 0383, 0384, 0389, 0390)

- OCM measure specifications
  - Five original OCMs
  - Now found on the Quality Payment Program (QPP) page <https://qpp.cms.gov/> (formerly Physician Quality Reporting System [PQRS])
    - Under the Merit-based Incentive Payment System (MIPS)
- Oncology: Radiation Dose Limits to Normal Tissues (NQF #0382)
  - Diagnosis cohort expanded to include breast and rectal cancer
  - Expanded diagnosis cohort applied to treatments starting CY 2017
- Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (NQF #0389)
  - Patients with a diagnosis of prostate and at low (or very low) risk of recurrence included in denominator
  - New parameters for low risk of recurrence
- Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients (NQF #0390)
  - Definitions of high and very-high risk of recurrence
  - Expanded rationale and clinical recommendation statements

# External Beam Radiotherapy for Bone Metastases (NQF #1822)

- Changed wording to provide clarity:
  - Removed “painful”
  - Added “...for treatment of bone metastases” to the denominator statement
- Added specific exclusion criterion — when used to treat **non-bone** metastases
- To maintain consistency with abstracting across programs, specifically with the Hospital Outpatient Quality Reporting (OQR) Program



# Other PCHQR Program Measures

- Hospital Consumer Assessment of Providers and Systems Survey (HCAHPS) (NQF #0166)
  - Existing HCAHPS Survey revised by refining the current pain management questions (HCAHPS questions 12, 13, and 14).
  - Composite measure name updated from “Pain Management” to “Communication About Pain.”
  - New questions address how providers communicate with patients about pain while removing ambiguities in the wording or intent of the questions.
    - Effective for discharges beginning January 1, 2018, and forward
- Influenza Vaccination Coverage Among Healthcare Personnel (HCP) (NQF #0431)
  - First reported in May 2017.

# Updated Resources

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- Program manual
- Measure submission deadlines by due date
- WBDCT guidelines by due date
- Relationship matrix
- Measure Information Form (MIFs) and algorithms

# Updated PCHQR Program Web Pages

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- Overview
- Measures
- Data collection
- Data submission
- Resources

# Updated PCH Reports

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- Data display
  - Superscripts for (N/A<sup>1</sup>) and (N/A<sup>2</sup>)
- Data tables
  - Only display in applicable program years
- Measure titles are consistent with titles in the final rule.
- Quality Innovation Networks (QINs) are able to access reports.

# Updated PCH Reports

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- “Diagnosis Cohort” for CST measures used.
- Patient days appear for CDI and MRSA data.
- Population and Sampling data now appear for OCMs (FY 2018 report).
- “Update date” for HAI only updates for current quarter being reported.

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# **CY 2018: Looking Ahead**

# PCHQR Measures

- CST measures
  - No data collection is required for diagnoses starting January 1, 2018.
  - Last required data reporting for:
    - Colon and breast measures will be August 15, 2018.
    - Hormone measure will be February 15, 2019.
- EOL measures
  - Measure specifications are currently under development.
- HCAHPS Survey data
  - New “Communication About Pain” questions effective for discharges beginning January 1, 2018, and forward.
- Outpatient chemotherapy measure
  - Facility-Specific Reports (FSRs) will be provided in Summer 2018.
    - Analyzed performance data for PCHs will include claims data from July 1, 2016, through June 30, 2017, and then occur annually.
- Resources and tools will be updated accordingly.

# 2018 *Hospital Compare* Refresh Timeline

<i>Hospital Compare</i> Release	Measures	Quarters Displayed
April 2018	Colon and Breast Chemotherapy Hormone Therapy HCAHPS	Q1, Q2, Q3, Q4 2016 Q3, Q4 2015 and Q1, Q2 2016 Q3, Q4 2016 and Q1, Q2 2017
July 2018	Colon and Breast Chemotherapy Hormone Therapy HCAHPS	Q2, Q3, Q4 2016 and Q1 2017 Q4 2015 and Q1, Q2, Q3 2016 Q4 2016 and Q1, Q2, Q3 2017
October 2018	Colon and Breast Chemotherapy Hormone Therapy HCAHPS	Q3, Q4 2016 and Q1, Q2 2017 Q1, Q2, Q3, Q4 2016 Q1, Q2, Q3, Q4 2017
December 2018	Colon and Breast Chemotherapy Hormone Therapy OCMs HCAHPS EBRT	Q4 2016 and Q1, Q2, Q3 2017 Q2, Q3, Q4 2016 and Q1 2017 Q1, Q2, Q3, Q4 2017 Q2, Q3, Q4 2017 and Q1 2018 Q1, Q2, Q3, Q4 2017

**Note:** The public reporting timeline for the Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy measure and the newly finalized EOL measures has not yet been specified.



# PCHQR Updates

- Additional PCH report updates will include, but are not limited to:
  - “Last Update” date added to OCM and EBRT tables.
  - OCM and EBRT rates will display with precision to one decimal place (from FY 2019 forward).
  - CDI and MRSA data to appear in its own grid, consistent with appearance of CLABSI and CAUTI data.
    - Standardized Infection Ratio (SIR) column removed
- Electronic submission of the FY 2019 Data Accuracy and Completeness Acknowledgement (DACA) via the *Quality Net Secure Portal*

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# Miscellaneous Notes

# Important Upcoming Dates

- **Upcoming HQR Data Submissions**
  - **January 3, 2018**
    - 3Q 2017 HCAHPS Survey Data
  - **February 15, 2018**
    - 2Q 2017 CST colon and breast data
    - 4Q 2016 CST hormone data
    - 3Q 2017 HAI data
- **CMS-granted hurricane-related exception applies**

# Hurricane-related ECE: Applicable Data Submission Deadlines and Discharge Periods

- For chart-abstracted data and NHSN HAI data:
  - February 2018 submission deadlines for discharge periods:
    - April 1, 2017–June 30, 2017 (Q2 2017) – colon cancer/breast cancer
    - October 1, 2016–December 31, 2016 (Q4 2016) – adjuvant hormonal therapy
    - July 1, 2017–September 30, 2017 (Q3 2017) – CLABSI, CAUTI, SSI, CDI, MRSA
- For Influenza Vaccination Coverage of Healthcare Personnel (HCP) data:
  - May 15, 2018 submission deadline for the 2017–2018 flu season (October 1, 2017–March 31, 2018 [Q4 2017 through Q1 2018])
- For HCAHPS Survey data:
  - January 2018 HCAHPS submission deadline for discharge period July 1, 2017–September 30, 2017 (Q3 2017)

# Important Upcoming Dates

## ***Hospital Compare Key Dates***

- **December 2017**

- Contains:
  - 4Q 2015 through 3Q 2016 colon and breast data
  - 2Q 2015 through 1Q 2016 hormone data
  - 2Q 2016 through 1Q 2017 HCAHPS data
  - 1Q 2016 through 4Q 2016 OCM data
  - 1Q 2016 through 4Q 2016 EBRT data
- Anticipated refresh on December 20

- **April 2018**

- Contains:
  - 1Q 2016 through 4Q 2016 colon and breast data
  - 3Q 2015 through 2Q 2016 hormone data
  - 3Q 2016 – 2Q 2017 HCAHPS Survey data
- Preview period tentatively scheduled February 1–March 2, 2018
- *Hospital Compare* tentative release data April 25, 2018

# Continuing Education Approval

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

- **National**

- Board of Registered Nursing (Provider #16578)

- **Florida**

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

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  - Healthcare facilities have firewalls up that block our certificates.

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☐ No

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**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.**

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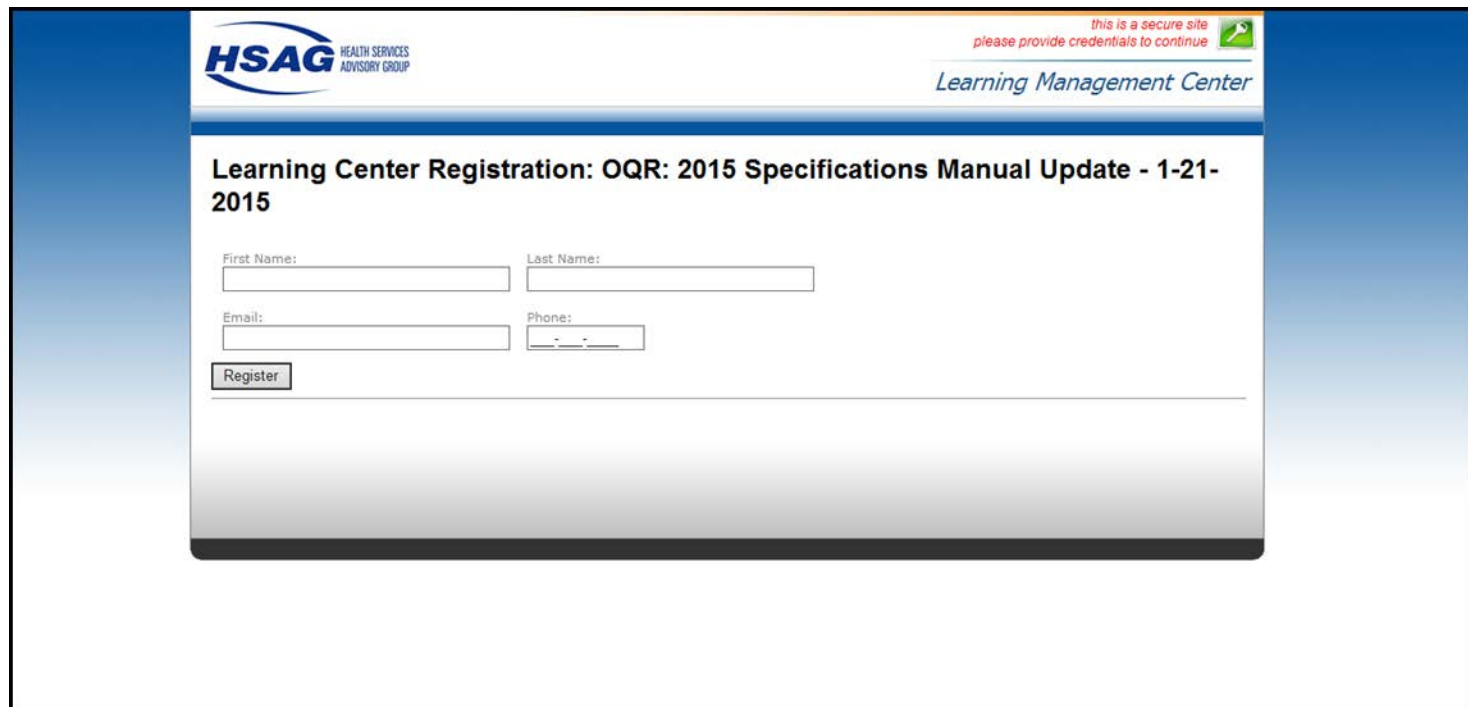
**New User Link:**  
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

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Done

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this is a secure site  
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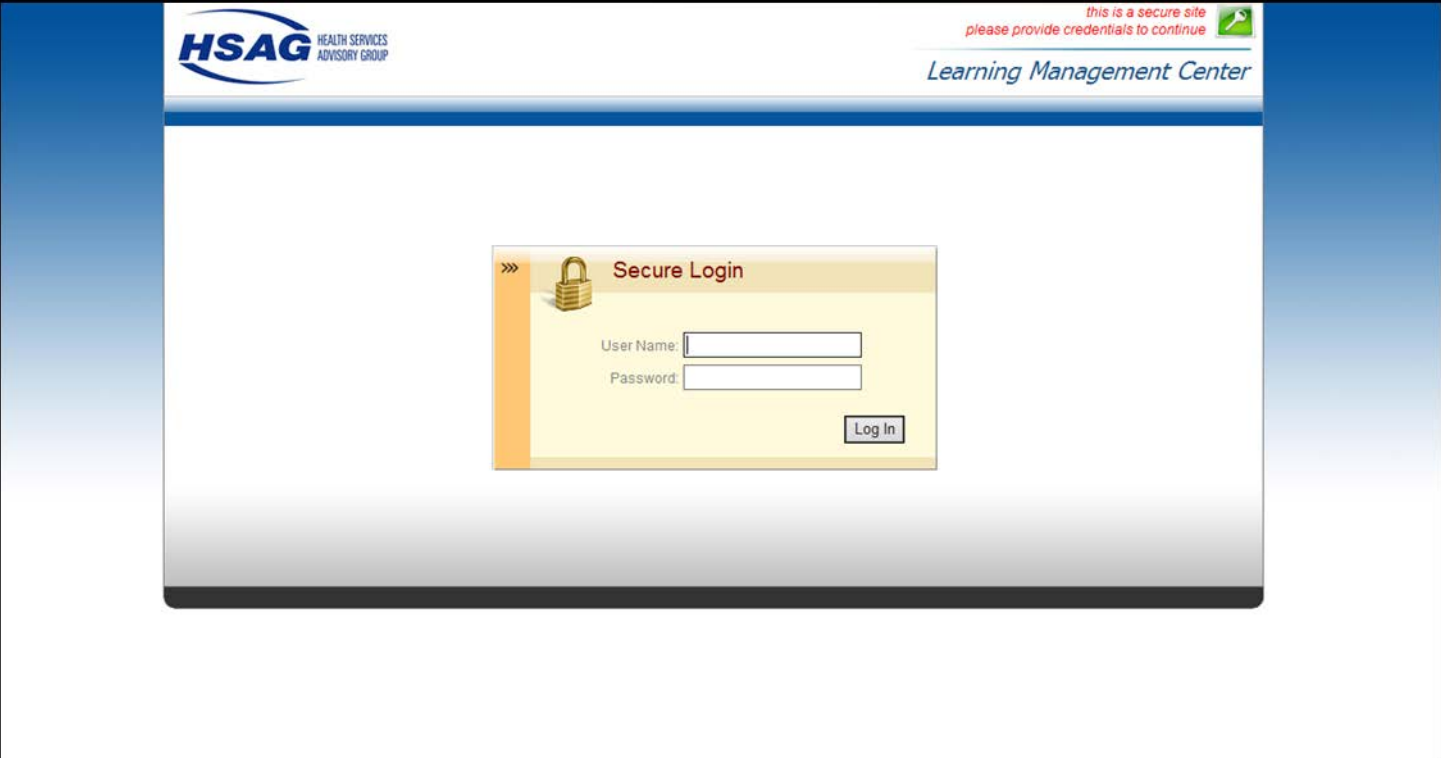
Learning Management Center

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

First Name:  Last Name:

Email:  Phone:

# CE Credit Process: Existing User



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# **Closing Remarks**

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