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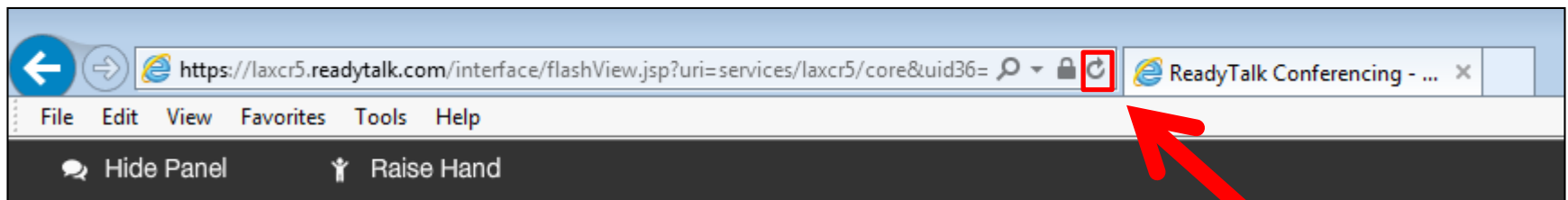


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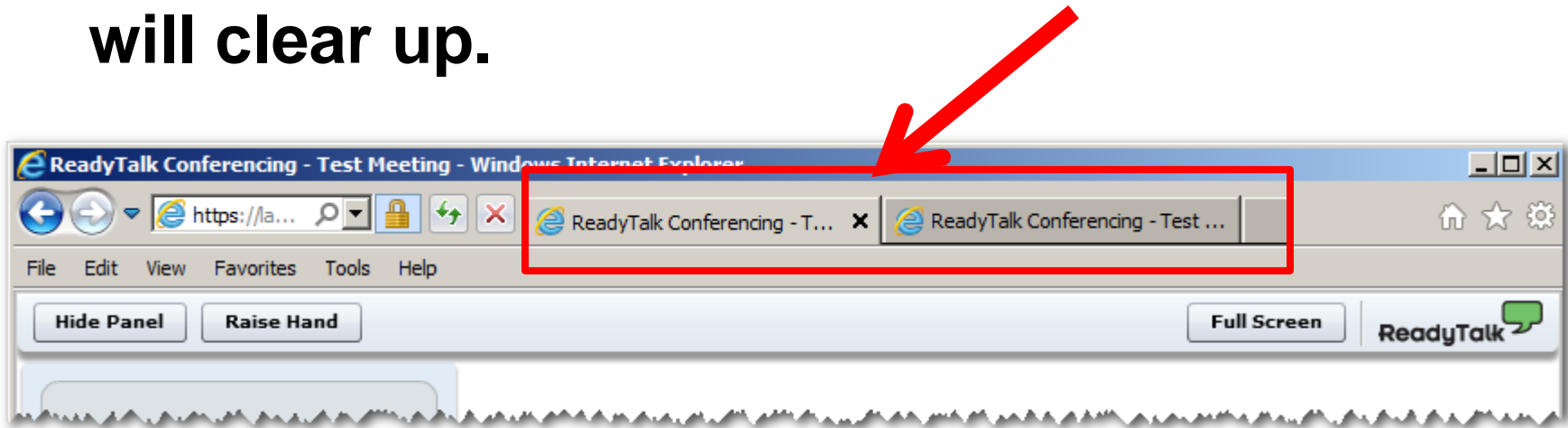


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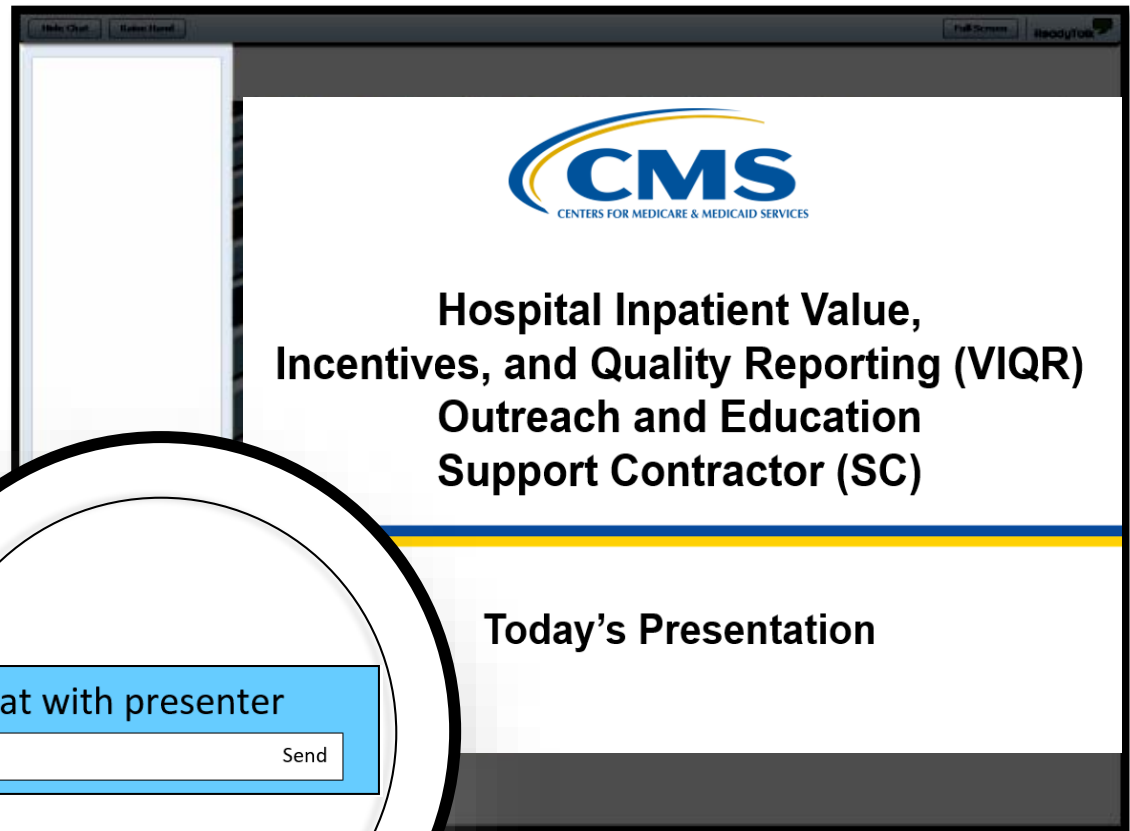
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# **PCHQR Program: Updates to PCHQR Program Manual, Measure Information Forms, and Algorithms**

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**June 28, 2018**

# Acronyms and Abbreviations

<b>ADT</b>	androgen deprivation therapy	<b>IMRT</b>	intensity modulated radiation therapy
<b>AIR</b>	American Institutes for Research	<b>IQR</b>	Inpatient Quality Reporting
<b>AMA</b>	American Medical Association	<b>MAP</b>	Measure Applications Partnership
<b>ASCO</b>	American Society of Clinical Oncology	<b>MIF</b>	Measure Information Form
<b>ASTRO</b>	American Society for Radiation Oncology	<b>MU</b>	meaningful use
<b>AUAER</b>	American Urological Association Education and Research, Inc.	<b>NCCN</b>	National Comprehensive Cancer Network
<b>BPI</b>	Brief Pain Inventory	<b>NQF</b>	National Quality Forum
<b>CDC</b>	Centers for Disease Control and Prevention	<b>OCM</b>	Oncology Care Measure
<b>CE</b>	continuing education	<b>OQR</b>	Outpatient Quality Reporting
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>PCH</b>	PPS-Exempt Cancer Hospital
<b>CPT®</b>	Current Procedural Terminology®	<b>PCHQR</b>	PPS-Exempt Cancer Hospital Quality Reporting
<b>CQM</b>	clinical quality measure	<b>PCPI</b>	Physician Consortium for Performance Improvement
<b>CST</b>	Cancer-Specific Treatment	<b>POS</b>	place of service
<b>DACA</b>	Data Accuracy and Completeness Acknowledgement	<b>PQRS</b>	Physician Quality Reporting System
<b>EBRT</b>	external beam radiotherapy	<b>PSA</b>	prostate-specific antigen
<b>ED</b>	emergency department	<b>Q</b>	quarter
<b>FY</b>	Fiscal Year	<b>QPP</b>	Quality Payment Program
<b>HAI</b>	Healthcare-associated infection	<b>SBRT</b>	Stereotactic Body Radiation Therapy
<b>HCAHPS®</b>	Hospital Consumer Assessment of Healthcare Providers and Systems®	<b>SC</b>	support contractor
<b>ICD</b>	International Classification of Diseases	<b>SRS</b>	Stereotactic Radiosurgery
		<b>VIQR</b>	Value, Incentives, and Quality Reporting

# Purpose

This presentation will provide PCHQR Program participants with a high-level review of the updates to the 2018 PCHQR Program Manual, as well as the measure information forms (MIFs), and algorithms for the Oncology Care Measures (OCMs) and Clinical Effectiveness measure.

# Objectives

Upon completion of this presentation, participants will be able to:

- Describe and locate the sections of the PCHQR Program Manual updated for 2018.
- Apply updated MIFs to accurately abstract the OCMs and Clinical Effectiveness measure for the new measure specifications.
- Utilize the updated algorithms to visualize the data abstraction process for these measures.



PCHQR Program: Updates to PCHQR Program  
Manual, Measure Information Forms, and Algorithms

## **2018 PCHQR Program Manual**

# 2018 PCHQR Program Manual Updates

Section 1: PCHQR Program Overview

Section 2: Measures

- Updates to OCMs and external beam radiotherapy (EBRT) measure

Section 3: Data Reporting

Section 4: *QualityNet* Registration Process

Section 5: Vendor Authorization

# 2018 PCHQR Program Manual Updates (continued)

Section 6: Notice of Participation

Section 7: Data Accuracy and Completeness  
Acknowledgement (DACA)

- Electronic submission process for Fiscal Year (FY) 2019

Section 8: Accessing Reviewing Reports

Section 9: Public Reporting

- Extend and update schedule

Section 10: Resources

- Appendices
  - Program measure submission deadlines
  - Relationship matrix

PCHQR Program: Updates to PCHQR Program  
Manual, Measure Information Forms, and Algorithms

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## **Oncology Care Measures and Clinical Effectiveness Measure**

# Structure of OCM and EBRT Tools

The following four items are associated with each of the six metrics for 2017 and 2018.

- Measure Information Form (MIF)
- Clean algorithm
- Population and sampling algorithm
- Data abstraction paper tool

# Measure Information Form (MIF)

- MIFs are derived from the National Quality Foundation (NQF), Physician Quality Reporting System/Quality Payment Program (PQRS/QPP), CMS, and measure stewards.
- MIFs contain:
  - Introductory information
  - Denominator and numerator definitions (International Classification of Disease-10th Revision [ICD-10-CM] codes, Current Procedural Terminology<sup>®</sup> [CPT<sup>®</sup>] codes, and clinical abstraction parameters)
  - Rationale
  - Clinical recommendation statements

# 2018 OCM and EBRT Updates

## Universal Applications

- Use the patient visit or treatment date to identify the event time period for these measures:
  - NQF #0383 and #0384
    - The pain measures (NQF #0383 and #0384) may have multiple encounters reported within a quarter.
  - NQF #0382, #0389, #0390 and PCH-25
    - The other measures (NQF #0382, #0389, #0390 and PCH-25) should only be reported once per quarter. If a course of treatment spans more than one quarter, attribute it to the date of the first encounter.
- Apply the MIFs and algorithms:
  - 2017 and 2018 are currently on *QualityNet*.

# NQF #0382 and NQF #0383

- NQF #0382
  - MIF and algorithms - no updates
- NQF #0383
  - MIF
    - Denominator updated
      - Added ICD-10-CM codes
        - » C49.0, 49.A1, 49.A2, 49.A3, 49.A4, 49.A5, 49.A9; C96.0, 96.20, 96. 21, 96.22, 96.29; D47.Z2, 49.511, 49.512, 49.519, 49.59
    - Removed ICD-10-CM codes C96.2, D47.0
    - Removed CPT code 77470
    - Added Telehealth Modifiers 95, place of service (POS) 02
  - Algorithms
    - No updates



# NQF #0383 MIF – Overview

**Measure Name:** Oncology: Medical and Radiation – Plan of Care for Pain  
(paired with NQF #0384)

**Measure ID#:** NQF #0383, PCH-15

**NQF Portfolios:**

- 2012 Measure Applications Partnership (MAP) Hospice and Palliative Care Family of Measures
- American Institutes for Research (AIR) Patient and Family Engagement Measures
- Oncology Metrics

**National Quality Strategy Priority:** Effective Communication and Care Coordination

**Type of Measure:** Process

**Improvement Noted As:** Higher score indicates better quality

**Measure Steward:** American Society of Clinical Oncology (ASCO)

# NQF #0383 MIF – Denominator

## **Denominator:**

All outpatient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain and the intensity is quantified using a standardized instrument.

**Denominator Criteria (Eligible Cases):** All eligible instances when pain is present and pain severity is quantified; submitted in the numerator for NQF #0384

## **AND**

**Diagnosis for cancer (ICD-10-CM):** C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.6, C00.8, C00.9, C01, C02.0, C02.1, C02.2, C02.3, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9,

## **AND**

**Patient encounter (for radiation therapy) during the reporting period, CPT:**  
77427, 77431, 77432, 77435

## **OR**

**Patient encounter (office visit) during the reporting period (CPT):**  
99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

## **WITHOUT**

**Telehealth Modifier:** GQ, GT, 95, POS 02

## **AND**

**Patient encounter (administered chemotherapy within 30 days prior to the encounter [office visit] and also been administered chemotherapy within 30 days after the date of the encounter [office visit]) (CPT):** 51720, 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96521, 96522, 96523, 96542, 96549

# NQF #0384

- MIF
  - Denominator updated
    - Added ICD-10-CM codes
      - C49.A0, 49.A1, 49.A2, 49.A3, 49.A4, 49.A5, 49.A9;  
C96.0, 96.20, 96.21, 96.22, 96.29; D47.Z2,  
49.511-49.512, 49.519, 49.59
    - Removed ICD-10-CM codes C96.2, D47.0
    - Removed CPT code 77470
    - Added Telehealth Modifiers 95, POS 02
  - Numerator updated
  - Rationale updated
  - Clinical recommendation statements updated
- Algorithms
  - No updates

# NQF #0384 MIF – Overview

**Measure Name:** Oncology: Medical and Radiation - Pain Intensity Quantified

**Measure ID#:** NQF #0384, PCH-16

**NQF Portfolios:**

- 2012 MAP Hospice and Palliative Care Family of Measures
- Meaningful Use (MU) Stage 2 Clinical Quality Measures (CQMs)
- Oncology Metrics
- Quality of Life, Functional Status and Health Outcomes

**National Quality Strategy Priority:** Effective Communication and Care Coordination

**Type of Measure:** Process

**Improvement Noted As:** Higher score indicates better quality.

**Measure Steward:** American Medical Association (AMA), AMA-convened Physician Consortium for Performance Improvement (AMA-PCPI)

**Description:** Percentage of patient visits, regardless of patient age, with a diagnosis of cancer, currently receiving chemotherapy or radiation therapy in which pain intensity is quantified

# NQF #0384 MIF – Denominator

**Denominator:** All outpatient visits, regardless of patient age, with a diagnosis of cancer, currently receiving chemotherapy or radiation therapy.

**Denominator Criteria (Eligible Cases):**

**Diagnosis for cancer (ICD-10-CM):** C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.6, C00.8, C00.9, C01, C02.0, C02.1, C02.2, C02.3, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9,

**AND**

**Patient encounter (for radiation therapy) during the reporting period, CPT:** 77427, 77431, 77432, 77435

**OR**

**Patient encounter (office visit) during the reporting period (CPT):** 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

**WITHOUT**

**Telehealth Modifier:** GQ, GT, 95, POS 02

**AND**

**Patient encounter (administered chemotherapy within 30 days prior to the encounter (office visit) and also been administered chemotherapy within 30 days after the date of the encounter (office visit)) (CPT):** 51720, 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96521, 96522, 96523, 96542, 96549

# NQF #0384 MIF – Numerator

## Numerator:

Outpatient visits in which pain is assessed and documented no pain present **OR**, if pain is present, it is quantified using a standardized instrument.

**Numerator Instructions:** Outpatient visits in which pain assessed and documented as no pain present, **OR**, if pain is present, it is quantified using a standardized instrument, such as a 0 to 10 numerical rating scale, visual analog scale, a categorical scale, or the pictorial scale. Examples include the Faces Pain Rating Scale and the Brief Pain Inventory (BPI).

## Numerator Options:

*Performance Met:* Pain severity quantified; pain present (CPT II = 1125F or via chart abstraction)

## OR

*Performance Met:* Pain severity quantified; no pain present (CPT II = 1126F or via chart abstraction)

## OR

*Performance Not Met:* Pain severity not documented, reason not otherwise specified (1125F *with* 8P or via chart abstraction)

# NQF #0384 MIF – Rationale

## Rationale:

Inadequate cancer pain management is widely prevalent, harmful to the patient and costly. Initial and ongoing pain assessments are essential to ensure proper pain management among patients with cancer. An inadequate assessment of pain is linked to poor pain control. Unrelieved pain has a significant impact on patients' quality of life, denying them comfort and greatly affecting their activities, motivation, and interactions with family and friends. Additionally, there is growing evidence that cancer survival is associated with effective pain management. (National Comprehensive Cancer Network [NCCN], 2016)

# NQF #0384 MIF – Clinical Recommendation Statements

## Clinical Recommendation Statements:

- All patients must be screened for pain at each contact.
- Pain intensity must be quantified, and quality must be characterized by the patient (whenever possible based on patient communication capacity).
- Comprehensive pain assessment must be performed if new or worsening pain is present and regularly performed for persisting pain.
- Pain assessment is essential with a rating scale but also includes patient reporting of qualities of the pain, breakthrough pain, treatments used and their impact on pain, patient reporting of adequate comfort, satisfaction with pain relief, provider assessment of adequacy of function, and any special issues for the patient relevant to pain treatment. If necessary, get additional information for family/caregiver regarding pain and impact of function.
- Evaluate the patient for risk factors of opioid misuse.  
(Category 2A) (NCCN, 2016)

Various methods and tools exist to assess pain severity. Intensity of pain should be quantified using a numerical rating scale (i.e., 0 to 10), visual analog scale, categorical scale, or pictorial scale (e.g., The Faces Pain Rating Scale). (Category 2A) (NCCN, 2016)



# NQF #0389

- MIF
  - Denominator definitions updated
    - Very low risk
    - Low risk
  - Rationale updated
- Algorithms
  - Data abstraction table updated

# NQF #0389 MIF – Overview

**Measure Name:** Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

**Measure ID#:** NQF #0389, PCH-18

**NQF Portfolios:** MU, MU Stage 2 CQMs, NextGen Certified, Oncology Metrics

**National Quality Strategy Priority:** Affordable Care

**Type of Measure:** Process

**Improvement Noted As:** Higher score indicates better quality

**Measure Steward:** Physician Consortium for Performance Improvement

**Description:** Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy to the prostate who did not have a bone scan performed at any time since diagnosis of prostate cancer

# NQF #0389 MIF – Denominator and Definitions

**Denominator:** All patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, **OR** external beam radiotherapy to the prostate, **OR** radical prostatectomy, **OR** cryotherapy to the prostate

## **Definitions:**

### **Very low risk of recurrence of prostate cancer:**

- Prostate-specific antigen (PSA) < 10 ng/mL **AND**
- Gleason score of 6 or less **AND**
- Clinical stage T1c **AND**
- Presence of disease in fewer than 3 biopsy cores **AND**
- ≤ 50% prostate cancer involvement in any core **AND**
- PSA density < 0.15 ng/mL/g



# NQF #0389 MIF – Definitions (continued)

## Low risk of recurrence of prostate cancer:

- PSA < 10 ng/mL **AND**
- Gleason score of 6 **AND**
- Clinical stage T1 to T2a

## External beam radiotherapy:

- 3D conformal radiation therapy **OR**
- Intensity modulated radiation therapy (IMRT) **OR**
- Stereotactic body radiotherapy (SBRT) **OR**
- Proton beam therapy

## Denominator Criteria (Eligible Cases):

Any male patient, regardless of age **AND**

Diagnosis for prostate cancer: ICD-10-CM = C61 **AND**

Patient encounter during the reporting period, CPT =

55810, 55812, 55815, 55840, 55842, 55845, 55866, 55873, 55875, 77427, 77435, 77772, 77778, or 77799 **AND**

Low (or very low) risk of recurrence, prostate cancer (criteria above or CPT II code = G9706)

# NQF #0389 MIF – Rationale

## **Rationale:**

This measure is written as a negative measure, and the performance goal is 100%, consistent with the other measures for this condition. Multiple studies have indicated that a bone scan is not clinically necessary for staging prostate cancer in men with a low (or very low) risk of recurrence and receiving primary therapy. For patients who are categorized as low-risk, bone scans are unlikely to identify their disease. Furthermore, bone scans are not necessary for low-risk patients who have no history or if the clinical examination suggests no bony involvement. Less than 1% of low-risk patients are at risk of metastatic disease.

# NQF #0389 – Algorithm

## Legend:

D = Included in Denominator

N = Included in Numerator

E = Excluded from Numerator/Denominator

## Data Abstraction Table

ICD-10 Prostate Cancer = C61

CPT Codes for Inclusion = 55810, 55812, 55815, 55840, 55842, 55845, 55866, 55873, 55875, 77427, 77435, 77772, 77778, OR 77799

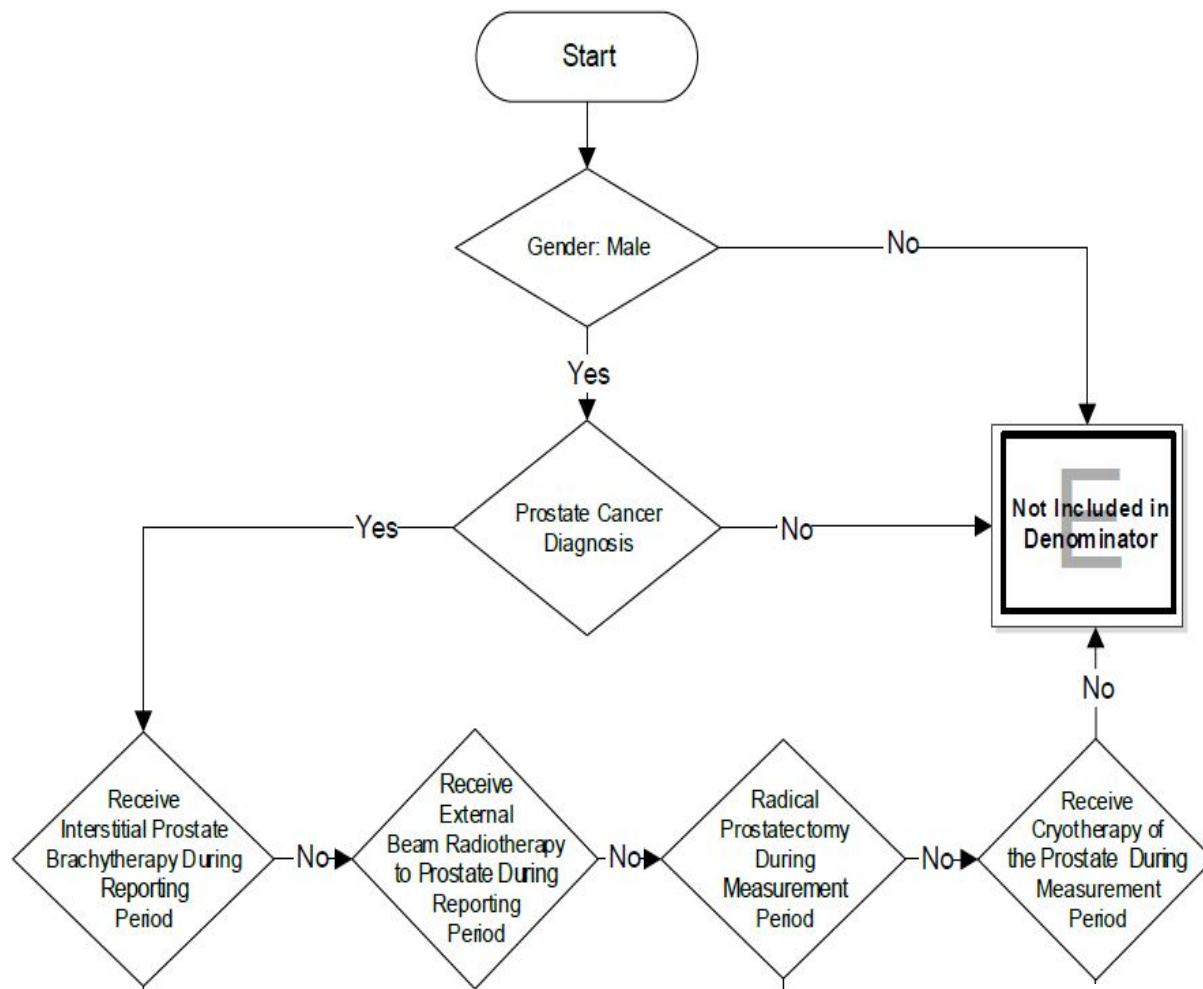
## Definitions:

Very low risk of recurrence of prostate cancer:

- PSA < 10 ng/ml; AND
- Gleason score of 6 or less; AND
- Clinical stage T1c; AND
- Presence of disease in fewer than 3 biopsy cores; AND
- ≤ 50 % prostate cancer involvement in any core; AND
- PSA density < 0.15 ng/mL/g

Low risk of recurrence of prostate cancer:

- PSA < 10 ng/ml; AND
- Gleason score of 6; AND
- Clinical stage T1 to T2a



# NQF #0390

- MIF
  - Measure title and description updated
  - Denominator updated
    - Definitions
  - Numerator updated
  - Rationale updated
  - Clinical recommendation statements updated
- Algorithms
  - Measure title and description updated
  - Specific language updates

# NQF #0390 MIF – Overview and Description

**Measure Name:** Prostate Cancer: Combination Androgen Deprivation Therapy for High or Very High Risk Prostate Cancer Patients

**Measure ID#:** NQF #0390, PCH-17

**NQF Portfolio:** Oncology Metrics

**National Quality Strategy Priority:** Effective Communication and Care Coordination

**Type of Measure:** Process

**Improvement Noted As:** Higher score indicates better quality.

**Measure Steward:** American Urological Association (American Urological Association Education and Research, [AUAER], Inc.)

**Description:** Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high or very high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed androgen deprivation therapy in combination with external beam radiotherapy to the prostate



# NQF #0390 MIF – Denominator

**Denominator:** All patients, regardless of age, with a diagnosis of prostate cancer at high or very high risk of recurrence receiving external beam radiotherapy to the prostate as primary therapy.

## **Definitions:**

### **Risk Strata - Very Low, Low, Intermediate, High, or Very High**

**Very Low Risk** – PSA < 10 ng/mL; AND Gleason score 6 or less/Gleason grade group 1; AND clinical stage T1c; AND presence of disease in fewer than 3 biopsy cores; AND ≤ 50% prostate cancer involvement in any core; AND PSA density < 0.15 ng/mL/cm<sup>3</sup>.

**Low Risk** – PSA < 10 ng/mL; AND Gleason score 6/Gleason grade group 1; AND clinical stage T1 to T2a.

**Intermediate Risk** – PSA 10 to 20 ng/mL; OR Gleason score 7/Gleason grade group 2–3; OR clinical stage T2b to T2c.

Note: Patients with multiple adverse factors may be shifted into the high risk category.

**High Risk** – PSA > 20 ng/mL; OR Gleason score 8 to 10/Gleason grade group 4–5; OR clinically localized stage T3a.

**Very High Risk** – Clinical stage T3b to T4; OR primary Gleason pattern 5; OR more than 4 cores with Gleason score 8-10/Gleason group 4-5

# NQF #0390 MIF – Numerator

**Numerator:** Patients who were prescribed androgen deprivation therapy in combination with external beam radiotherapy to the prostate

**Prescribed:** Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for medication(s) was ordered prior to the encounter (neoadjuvant/concurrent/adjuvant deprivation [ADT])

**Performance Met:** Androgen deprivation therapy prescribed/administered in combination with external beam radiotherapy to the prostate, CPT II = G9894 or via chart abstraction)

OR

**Medical Performance Exclusion (Numerator and Denominator):** Documentation of medical reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (e.g., salvage therapy) (CPT II = G9895 or via chart abstraction)

OR

**Patient Performance Exclusion (Numerator and Denominator):** Documentation of patient reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (G9896 or via chart abstraction)

OR

**Performance Not Met:** Patients who were not prescribed/administered androgen deprivation therapy in combination with external beam radiotherapy to the prostate, reason not given (G9897 or via chart abstraction)

# NQF #0390 MIF – Rationale

## **Rationale:**

The use of androgen deprivation therapy in combination with external beam radiotherapy is a well-established standard of care for high-risk prostate cancer patients. Multiple large studies have shown that men who receive androgen deprivation therapy in combination with external beam radiation therapy can live longer and have a lower risk of recurrence than men who receive radiation therapy alone. In addition, a cost-analysis conducted found that the use of androgen deprivation therapy and external beam radiation therapy is cost-effective and adds quality-adjusted life years for patients (Satish et al., 2006).

Data from several sources indicate that, while utilization rates of androgen deprivation therapy and external beam radiation therapy have increased, they still remain suboptimal. One study analyzing the CaPSURE database, a provider-based registry, found that the utilization of androgen deprivation therapy and external beam radiation therapy for high-risk patients has increased to 80% throughout the past two decades, yet utilization rates have plateaued since 2000 (Cooperberg et al., 2008). There is rising concern about under treatment of high-risk prostate cancer patients (Cooperberg, Broering, Carroll, 2010). This suggests greater outreach and education are needed to improve outcomes in care.

# NQF #0390 – Algorithm

## NQF #0390: Prostate Cancer:

### Combination Androgen Deprivation Therapy for High or Very High Risk Prostate Cancer Patients

**Measure Description:** Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high or very high risk of recurrence, receiving external beam radiotherapy to the prostate who were prescribed androgen deprivation therapy in combination with external beam radiotherapy to the prostate

**Numerator Statement:** Patients who were prescribed androgen deprivation therapy in combination with external beam radiotherapy to the prostate

**Denominator Statement:** All patients, regardless of age, with a diagnosis of prostate cancer at high or very high risk of recurrence receiving external beam radiotherapy to the prostate as primary therapy

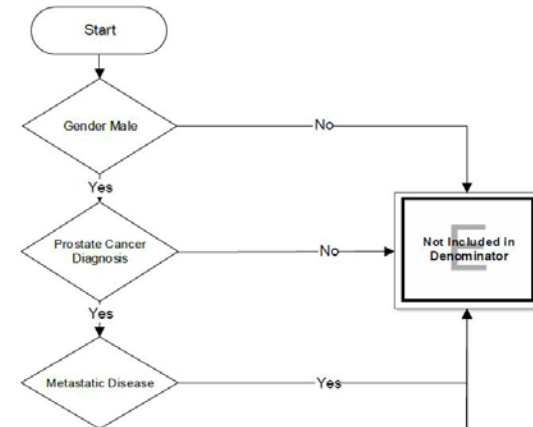
#### Legend:

D = Included in Denominator

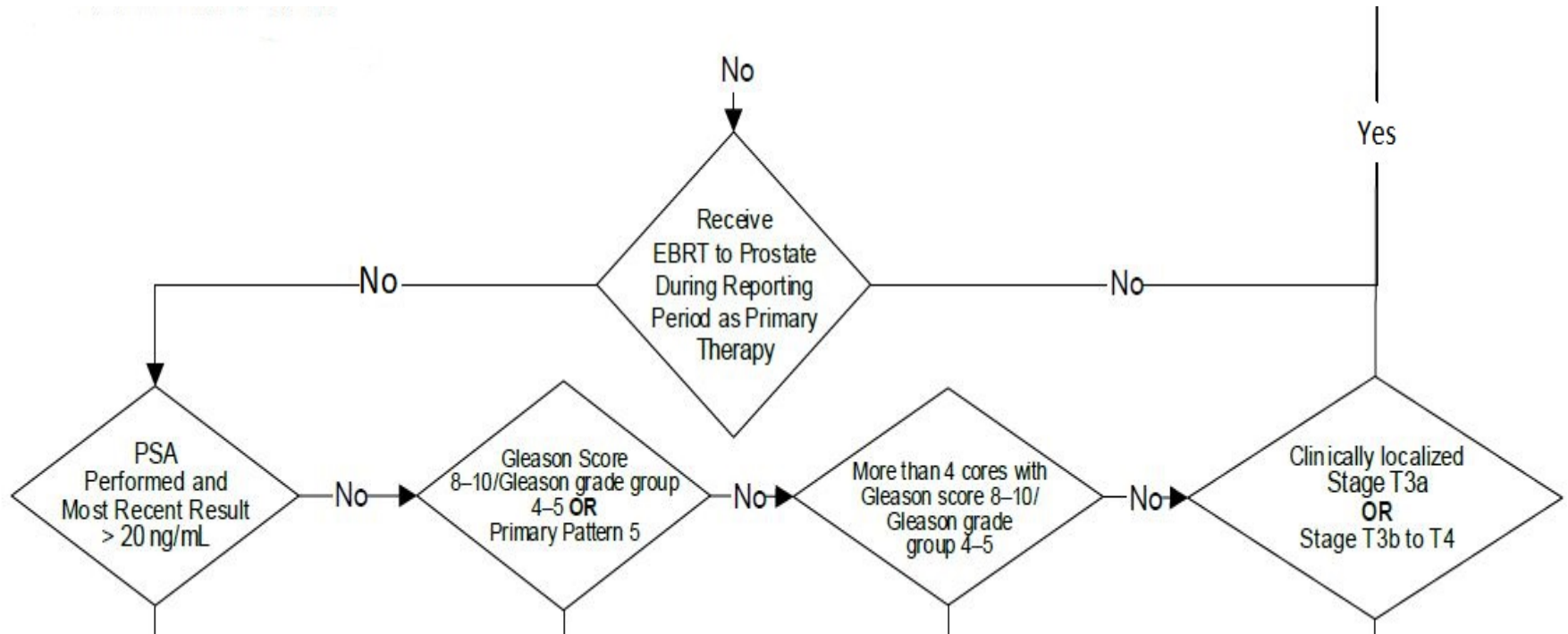
N = Included in Numerator

E = Excluded from Numerator/Denominator

Abstraction Table	
ICD-10 Code for Prostate Cancer	C61
ICD-10 Codes for Metastatic Cancer	C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9
CPT® Code for External Beam Radiation Therapy	77427, 77435
Definition of High Risk of Recurrence of Prostate Cancer	<ul style="list-style-type: none"> <li>• PSA &gt; 20 ng/mL, OR</li> <li>• Gleason score 8–10/Gleason grade group 4–5, OR</li> <li>• Clinical stage T3a</li> </ul>
Definition of Very High Risk of Recurrence of Prostate Cancer	<ul style="list-style-type: none"> <li>• Clinical stage T3b to T4, OR</li> <li>• Primary Gleason pattern 5, OR</li> <li>• More than 4 cores with Gleason score 8–10/Gleason grade group 4–5</li> </ul>



# NQF #0390 – Algorithm (continued)



# PCH-25: EBRT for Bone Metastases

- NQF endorsement removed, effective March 22, 2018.
- MIF and algorithms
  - Removed NQF #1822 verbiage, replaced with PCH-25
  - No content updates at this time
- CMS, Hospital Outpatient Quality Reporting (OQR) Program, measure steward, and Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC) will continue to collaborate to maintain alignment across programs.

# PCH-25 MIF – Overview

**Measure Name:** External Beam Radiotherapy (EBRT) for Bone Metastases

**Measure ID#:** PCH-25

**National Quality Strategy Domain:** Effective Communication and Care Coordination

**Type of Measure:** Process

**Improvement Noted As:** Higher score indicates better quality

**Measure Steward:** American Society for Radiation Oncology (ASTRO)

# Where Do I Find PCHQR Resources?

## *QualityNet*

- [PCHQR Program Overview page](#)
- [PCHQR Program Data Collection page](#)
- [PCHQR Program Data Submission page](#)

## *Quality Reporting Center*

- [Resources and Tools page](#)



## PCHQR Program: Updates to PCHQR Program Manual, Measure Information Forms, and Algorithms

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### **Key Reminders**

# Important Upcoming Events and Dates

- **Upcoming Webinars – Save the Date**
  - July 12, 2018
  - August 23, 2018
- **[NHSN Agreement to Participate and Consent](#) (link)**
  - July 9, 2018 (deadline extended)
- **Upcoming Hospital Quality Reporting Data Submissions**
  - July 5, 2018
    - Quarter (Q)1 2018 Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS®) Survey data
  - August 15, 2018
    - Q4 2017 Cancer-Specific Treatment (CST) colon and breast chemo data
    - Q2 2017 CST hormone data
    - Q1 2018 Healthcare-associated infection (HAI) measures data
    - Q1–Q4 2017 OCM and EBRT data
  - August 31, 2018
    - FY 2019 DACA – electronic submission

# Important Upcoming Events and Dates (continued)

- **Key *Hospital Compare* Refresh Dates**

- **July 2018**

- Contains:
  - Q2 2016 through Q1 2017 CST colon and breast chemo data
  - Q4 2015 through Q3 2016 CST hormone data
  - Q4 2016 through Q3 2017 HCAHPS Survey data
- Anticipated refresh is on July 25, 2018.

- **October 2018**

- Contains:
  - Q3 2016 through Q2 2017 CST colon and breast chemo data
  - Q1 2016 through Q4 2016 CST hormone data
  - Q1 2017 through Q4 2017 HCAHPS Survey data
- Preview period is tentatively scheduled for July 27 through August 25, 2018.
- Tentative refresh date is October 31, 2018.

# Accessing the *QualityNet* Questions and Answers Tool

## [QualityNet Questions and Answers Tool](#)

The screenshot shows the QualityNet website interface. At the top, there is a blue header with the QualityNet logo on the left, a login link "Log in to QualityNet Secure Portal (formerly MyQualityNet)" with a "Log In" button, and a search bar on the right. Below the header is a navigation bar with tabs for "Home", "My QualityNet", and "Help". Under "My QualityNet", there is a row of dropdown menus for different facility types: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement".

The main content area is divided into several sections:

- QualityNet Registration:** A list of links for registration, including "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "ASCs", "Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "QIOs".
- Getting Started with QualityNet:** A list of links for getting started, including "Registration", "Sign-In Instructions", "Security Statement", "Password Rules", and "QualityNet System Security Policy, PDF".
- Join ListServes:** A link to "Sign up for Notifications and Discussions."
- QualityNet News:** A section with a "More News »" link. It features a headline "CMS releases December 2017 Hospital Compare preview reports" with a detailed paragraph about the reports and their availability. Below this is a "Full Article »" link and a "Headlines" section with several links related to CMS grants and exceptions for Quality Program participants.
- Log in to QualityNet Secure Portal:** A section with a "Login" link and a list of links for downloading Symantec ID, portal resources, and secure file transfer resources.
- Questions & Answers:** A section with a list of links for different facility types. The link "PPS-Exempt Cancer Hospitals" is highlighted with a red box.
- Note:** A note stating "First-time registration required".
- Downloads:** A section with a "Downloads" link.

# Continuing Education Approval

This presentation 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

**Please Note:** To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

# CE Credit Process

- Complete the ReadyTalk® 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®.
  - 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.

\*Please download your continuing education certificate for your records. HSAG retains attendance records for four years, not certificates.

# 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.

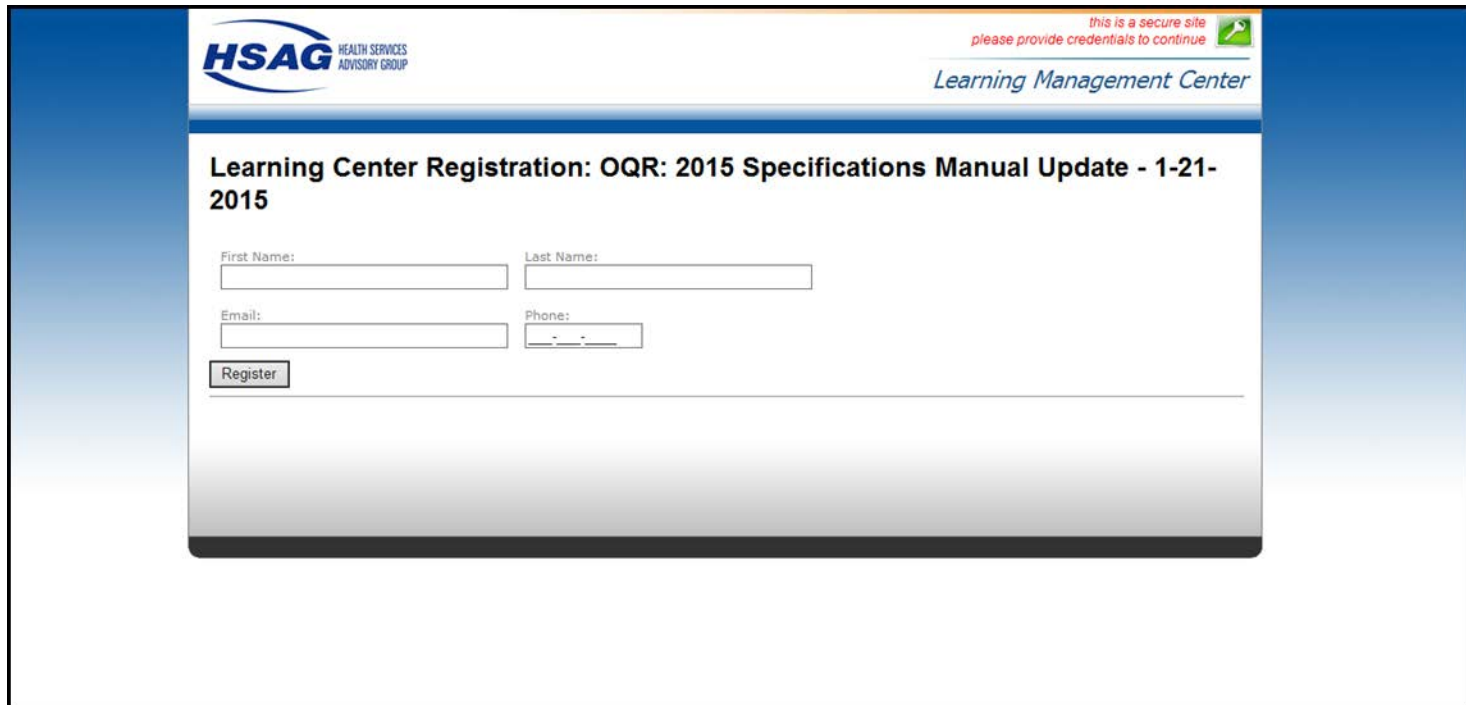
**New User Link:**  
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**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 displays the registration interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a security notice reads "this is a secure site please provide credentials to continue" next to a lock icon, and the text "Learning Management Center" is displayed below it. The main heading for the registration is "Learning Center Registration: QQR: 2015 Specifications Manual Update - 1-21-2015". Below this heading are four input fields: "First Name:" and "Last Name:" on the top row, and "Email:" and "Phone:" on the bottom row. The "Phone:" field includes a small icon for a telephone. A "Register" button is located below the input fields. The entire registration form is set against a blue gradient background.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site  
please provide credentials to continue

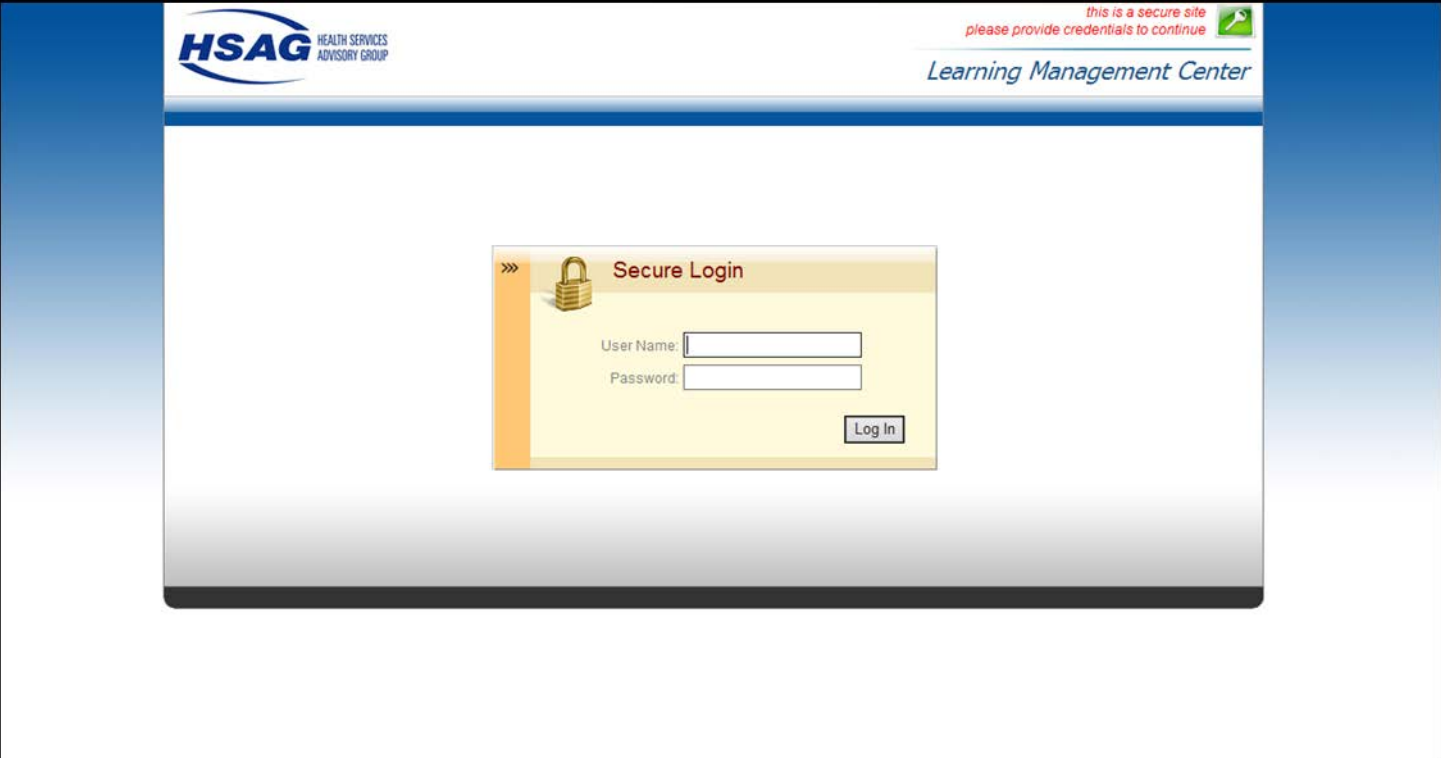
Learning Management Center

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

First Name:  Last Name:

Email:  Phone:

# CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning reads "this is a secure site please provide credentials to continue" next to a small green icon. Below this, the text "Learning Management Center" is displayed. The central focus is a "Secure Login" box with a yellow background and an orange border. Inside this box, there is a padlock icon, the title "Secure Login", and two input fields labeled "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

PCHQR Program: Updates to PCHQR Program  
Manual, Measure Information Forms, and Algorithms

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## **Closing Remarks**

# Disclaimer

This presentation was current at the time of publication and/or upload onto *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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