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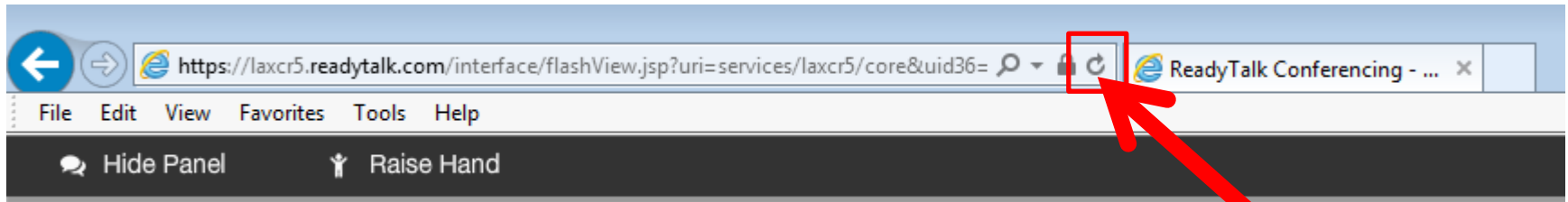
Troubleshooting Audio

Audio from
computer speakers
breaking up?
Audio suddenly
stop?

- Click Refresh icon
– or-
Click F5



F5 Key
Top Row of Keyboard

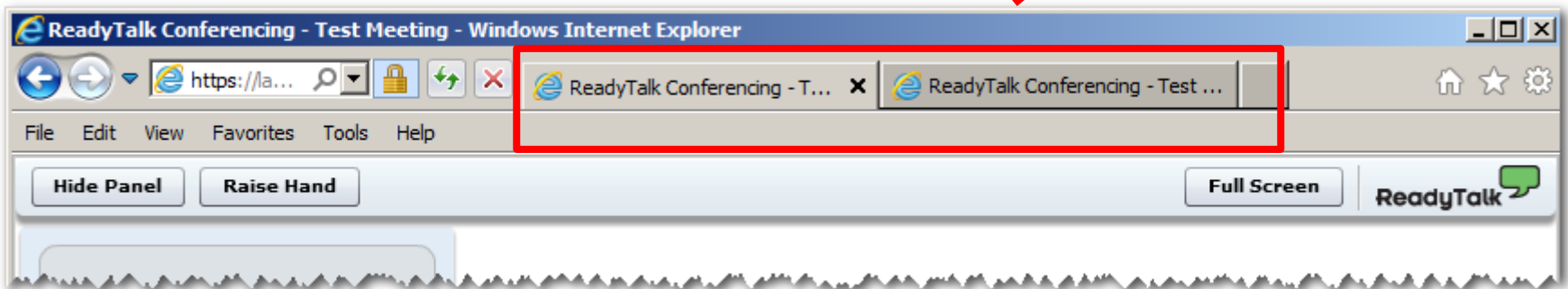


Location of Buttons

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 interface. On the left, there is a vertical chat window with a white background and a blue border. At the bottom of this window, there is a text input field labeled "Type questions here." and a "Send" button. The main content area on the right has a light gray background. At the top center, there is the CMS logo (Centers for Medicare & Medicaid Services). Below the logo, the text "Welcome to Today's Event" is displayed in a large, blue, sans-serif font. At the bottom of the main content area, there is a yellow horizontal line, and below it, the text "Thank you for joining us today! Our event will start shortly." is displayed in a smaller, italicized, blue font. The top of the screenshot shows a dark gray header with buttons for "Hide Chat", "Raise Hand", "Full Screen", and "ReadyToGo".



PCHQR Program FY 2018 IPPS/LTCH Final Rule

Caitlin Cromer, MA

Program Lead, PPS-Exempt Cancer Hospitals Quality Reporting (PCHQR) Program
Social Science Research Analyst, Quality Measures and Value Incentives Group (QMVIG)
Center for Clinical Standards and Quality (CCSQ), CMS

Lisa Vinson, BS, BSN, RN

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

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Acronyms and Abbreviations

ACS	American College of Surgeons	ICU	Intensive Care Unit
ADT	Androgen Deprivation Therapy	IPPS	Inpatient Prospective Payment System
AHRQ	Agency for Healthcare Research and Quality	IQR	Inpatient Quality Reporting
AJCC	American Joint Committee on Cancer	LabID	Laboratory-Identified
AMA	American Medical Association	LTCH	Long-Term Care Hospital
CAUTI	Catheter-Associated Urinary Tract Infection	MIF	Measure Information Form
CDC	Centers for Disease Control and Prevention	MRSA	Methicillin-Resistant <i>Staphylococcus aureus</i>
CCN	CMS Certification Number	N/A	Not Available
CDI	<i>Clostridium difficile</i> Infection	NHSN	National Healthcare Safety Network
CE	Continuing Education	NQF	National Quality Forum
CLABSI	Central Line-Associated Bloodstream Infection	OCM	Oncology Care Measure
CMS	Centers for Medicare & Medicaid Services	OQR	Outpatient Quality Reporting
CPT	Current Procedural Terminology	PCH	PPS-Exempt Cancer Hospital
CST	Cancer-Specific Treatment	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
CY	Calendar Year	PR	Public Reporting
DACA	Data Accuracy and Completeness Acknowledgement	Q	Quarter
EBRT	External Beam Radiotherapy	QPP	Quality Payment Program
ECE	Extraordinary Circumstances Extension/ Exception	RSAR	Risk-Standardized Admission Rate
ED	Emergency Department	RSEDR	Risk-Standardized ED Visit Rate
EOL	End of Life	SBRT	Stereotactic Body Radiation Therapy
EPIC	Expanded Prostate Inventory Composite	SCIP	Surgical Care Improvement Project
FSR	Facility-Specific Report	SRS	Stereotactic Radiosurgery
FY	Fiscal Year	SSI	Surgical Site Infection
HAI	Healthcare-Associated Infection	TBD	To Be Determined
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	WBDCT	Web-Based Data Collection Tool
HCP	Healthcare Personnel		
HHS	US Department of Health and Human Services		
HQR	Hospital Quality Reporting		
ICD	International Classification of Diseases		

Purpose

This presentation will provide a review of the FY 2018 IPPS/LTCH Final Rule.

Today's webinar will focus on how the changes will impact the PCHQR Program and address comments during the rulemaking process.

Objectives

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

- Locate the FY 2018 IPPS/LTCH Final Rule text pertaining to the PCHQR Program
- Identify changes to the PCHQR Program specified in the FY 2018 Final Rule
- Summarize CMS responses to comments received during the rulemaking process

Previous Changes to the Measures of the PCHQR Program

The FY 2018 IPPS/LTCH Final Rule is the sixth Rule addressing the PCHQR Program. Previous PCHQR-impacted Rules include:

- [FY 2013 IPPS/LTCH Final Rule](#) (77 FR 53555 through 53561)
Five quality measures (two HAI and three CST) were finalized for the FY 2014 program and subsequent years.
- [FY 2014 IPPS/LTCH Final Rule](#) (78 FR 50838 through 50846)
 - One new HAI quality measure (SSI) was finalized for the FY 2015 program and subsequent years.
 - Twelve new quality measures (including five clinical process oncology care, six SCIP, and HCAHPS) for the FY 2016 program and subsequent years were finalized.
- [FY 2015 IPPS/LTCH Final Rule](#) (79 FR 50277 through 50288)
One new clinical effectiveness measure (EBRT) was finalized for the FY 2017 program and subsequent years.
- [FY 2016 IPPS/LTCH Final Rule](#) (80 FR 49713 through 49723)
 - Two new outcome measures (MRSA and CDI) and one process measure (HCP) were finalized for the FY 2018 program and subsequent years.
 - SCIP measures will be removed as of October 1, 2016.
- [FY 2017 IPPS/LTCH Final Rule](#) (81 FR 57182 through 57193)
 - One new claims-based outcome measure, “Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy,” was added for FY 2019.
 - Diagnosis cohort for NQF #0382 expanded to include patients with breast and rectal cancer effective for patients treated in CY 2017 and applying to FY 2019.

FY 2018 Final Rule

- Issued on August 2, 2017
 - Displayed at the Office of the Federal Register Public Inspection Desk until publication in the *Federal Register* on August 14, 2017
 - [FY 2018 IPPS Final Rule – Display Copy](#)
 - PCHQR Program rules on pages 1678 – 1735
- Published in *Federal Register* on August 14, 2017
 - [FY 2018 IPPS Final Rule – Federal Register](#)
 - PCHQR Program rules on pages 38411 – 38425

PCHQR Program: FY 2018 IPPS/LTCH Final Rule

Changes Impacting the PCHQR Program

Major Sections of Rule

1. Background
2. Criteria for Removal and Retention of PCHQR Program Measures
3. Retention and Removal of Previously Finalized Quality Measures for PCHs Beginning with the FY 2020 Program Year
4. New Quality Measures Beginning with the FY 2020 Program Year
5. Accounting for Social Risk Factors in the PCHQR Program
6. Possible New Quality Measure Topics for Future Years
7. Maintenance of Technical Specifications for Quality Measures
8. Public Display Requirements
9. Form, Manner, and Timing of Data Submission
10. Extraordinary Circumstances Exceptions (ECE) Policy Under the PCHQR Program

Criteria for Removal of PCHQR Program Measures

CMS Measure Removal Criteria

- Its performance is “topped-out.”
- It does not align with current guidelines or practice.
- A more broadly applicable measure or a measure more proximal in time is available.
- It does not result in better outcomes.
- A measure more strongly linked to outcomes is available.
- The measure leads to negative unintended consequences.
- It is not feasible to implement.

Criteria for Retention of PCHQR Program Measures

Even when a measure meets some of the criteria for removal, CMS may have reasons for retaining it in the Program:

- Alignment with other CMS and HHS policy goals
- Alignment with other CMS programs
- Support of efforts to move the PCHs toward electronic reporting

Retention and Removal of Measures for FY 2020 Program Year

The following topped-out clinical process CST measures are proposed 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 (PCH-01/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 (PCH-02/NQF #0559)
- Adjuvant Hormonal Therapy (PCH-03/NQF #0220)

Rationale for Removal of CST Measures

Based upon statistical analysis of data from January 1, 2014, through September 30, 2015, PCH performance for all three measures was found to be topped out. The following factors were considered:

- As performance is topped out, collecting data on these measures does not further program goals of improving quality.
- These measures do not align with other CMS programs.
- These measures, as they are chart abstracted, do not support the movement toward electronic quality measures.

Comments and Responses to Removal of CSTs

- Several comments agreed with proposal
 - CMS thanks commenters for support
 - At this time CMS expects to remove these measures beginning with diagnoses occurring January 1, 2018
- Other comments
 - Removal creates a gap in clinical process domain
 - Program no longer addresses two common cancers: breast and colon
 - Measures are not topped out nationally
 - Measure should be retained as a composite measure

Criteria for New Measures

- The FY 2013 IPPS/LTCH Final Rule outlined the principles taken into consideration when developing and selecting measures. There are no proposed changes to these principles, which are in alignment with those used in the Hospital IQR Program.
- Section 1866(k)(3)(A) of the Act requires that PCHQR Program measures be endorsed by an entity with a contract under section 1890(a) of the Act. (Currently the NQF.)
- Section 1866(k)(3)(B) provides an exception that the Secretary may specify a measure not so endorsed by the approved entity, as long as due consideration is given to existing endorsed or adopted measures.

New Measures

In alignment with Section 1866(k)(3)(A) of the Act (measures currently endorsed by the NQF), CMS is proposing to adopt two clinical process measures and two intermediate clinical outcome measures, beginning with the FY 2020 Program Year:

- 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)

Background for New Measures

- The quality of EOL care has been identified by the NQF as an area of care that continues to need improvement.
- There are both quality of care and financial cost benefits with good EOL care.
- Despite the benefits, both palliative and EOL services remain underutilized.
- Intent of proposed measures is to assess the quality of EOL care provided to patients in the PCH setting.
- Measure specifications for these four measures can be found at:

http://www.qualityforum.org/Publications/2016/12/Palliative_and_End-of-Life_Care_2015-2016.aspx

General Comments Received on End-of-Life Measures

Several commenters generally addressed all four measures:

- Generally supportive
- Encourage measures that focus on care planning
- Must ensure that patients and family are engaged to avoid unintended consequences
- General agreement that risk adjustment and risk stratification are not necessary for these measures

Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (EOL-Chemo) Measure (NQF #0210)

- Claims-based process measure evaluating percent of all cancer patients who received chemotherapy in last 14 days of life
- Comments received
 - Many supported
 - Some suggested modifications for patient preference, clinical trials, and palliative chemotherapy

Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life (EOL-ICU) Measure (NQF #0213)

- Claims-based intermediate clinical outcome measure assessing the percentage of patients who were admitted to an ICU in the last 30 days of life
- Comments received
 - Many supported
 - Modifications suggested to address bone marrow transplants with curative intent and exclusions for other patient characteristics
 - Delay public reporting and introduction into programs tied to payment
 - One comment suggested providing PCHs with confidential performance data stratifying rate between PCHs and non-PCH providers

Proportion of Patients Who Died from Cancer Not Admitted to Hospice (EOL–Hospice) Measure (NQF #0215)

- A claims-based data process measure that reports the percentage of patients who died from cancer who were not admitted to hospice
- Comments received
 - Many supportive comments received
 - Suggested expansion of numerator to include palliative care
 - Suggestion to adopt a process measure evaluating if and when terminally ill patients are timely given the opportunity to consider hospice

Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days (EOL-3DH) Measure (NQF #0216)

- Patients with cancer are the largest users of hospice, but also have the highest rates of stays less than three days. This is a claims-based intermediate clinical outcome measure with the following specifications assessing number of patients who died of cancer who were referred to hospice, but spent less than three days in hospice.
- Comments received
 - Many supportive comments received
 - Suggestion to include palliative care service
 - Recommendation to adjust for social risk factors and comorbidities

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

Safety and Healthcare-Associated Infection (HAI)

Short Name	NQF #	Measure Name
CLABSI	0139	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 SSI Outcome Measure (currently includes SSIs following Colon Surgery and Abdominal Hysterectomy Surgery)
CDI	1717	NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure
MRSA	1716	NHSN Facility-wide Inpatient Hospital-onset 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 Proposed 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*

NOTE: The CST measures have been removed from the Program in this Final Rule.

*This measure is finalized for adoption for the FY 2020 Program Year.

Previously Finalized and Newly Proposed 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.

Accounting for Social Risk Factors in the PCHQR Program

- Social risk factors play a major role in health.
- Study and evaluation are underway.
- CMS continues to seek public and stakeholder feedback.
- Comments received
 - Generally supportive
 - Encourage evaluation of each measure for applicability, including consideration of public reporting
 - Achieve a balance between potential burden of collecting data for risk adjustment and the need for risk adjustment

New Quality Measure Topics for Future Years

Measures supporting the following CMS Quality Strategy domains have been discussed:

- Making care affordable
- Communication and care coordination
- Working with communities to promote best practices of healthy living

CMS sought public comment on six 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

Discussion of Localized Prostate Cancer Measures

- Patient-reported outcome measures administered to all nonmetastatic prostate cancer patients undergoing radiation or surgical treatment. The numerator is comprised of patients with clinically significant changes, from baseline to follow-up. The goal is to identify issues of variation, suboptimal performance, and disparities in care.
- Comments received
 - Number of commenters expressed support
 - Would use of the Expanded Prostate Inventory Composite (EPIC) be required?
 - Does use of the EPIC tool support the move to electronic quality reporting?

Discussion of 30-Day Unplanned Readmissions for Cancer Patients

- The number of hospital-specific 30-day unscheduled and potentially avoidable readmissions following hospitalization among diagnosed malignant cancer patients
- Comments generally supportive
 - Addresses gap in measurement of cancer care
 - Meets criteria for Program inclusion
 - Already in use at several PCHs
 - Risk adjusted
 - Encouraged consideration of a measure that would report five-year rate for cancer

Maintenance of Technical Specifications for Quality Measures

- The technical specifications for the PCHQR Program measures are maintained on [QualityNet](#) on its [Data Collection Page](#).
- CMS adopted a policy that uses a subregulatory process to make non-substantive updates to the Program measures in the FY 2015 Final Rule. CMS is not proposing any changes to this policy.

Public Display Requirements

- CMS is required to establish procedures for making the data submitted under the PCHQR Program available to the public, which include, but are not limited to, the following:
 - A PCH must have the opportunity to review the data prior to such data being made available to the public.
 - CMS strives to publicly display data as soon as possible/feasible.
 - CMS will continue to propose in rulemaking the first year for which it intends to publish data for each measure.
- CMS continues to defer the public display of CLABSI and CAUTI data for PCHs. Deferment is pending ongoing collaborations with the CDC to identify an appropriate time frame for public reporting and the analytic methods that will be used to summarize the CLABSI and CAUTI data for public reporting.

Previously Finalized and New Public Display Requirements

Measures	Time
<ul style="list-style-type: none"> • 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)^x • 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)^x 	2014 and subsequent years
Adjuvant Hormonal Therapy (NQF #0220) ^x	2015 and subsequent years
<ul style="list-style-type: none"> • Oncology: Radiation Dose Limits to Normal Tissues (NQF #0382)[*] • Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (NQF #0383) • Oncology: Medical and Radiation – Pain Intensity Quantified (NQF #0384) • Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients (NQF #0390) • Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (NQF#0389) • Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey (NQF #0166) 	2016 and subsequent years
<ul style="list-style-type: none"> • CLABSI (NQF #0139)^{**} • CAUTI (NQF #0138)^{**} 	Deferred
External Beam Radiotherapy for Bone Metastases (NQF #1822) ^{***}	2017 and for subsequent years

* Update newly finalized for display for the FY 2019 Program Year and subsequent years in the FY 2017 IPPS/LTCH PPS Final Rule (81 FR 57192) - expanded cohort will be displayed as soon as feasible.

** Deferral finalized in the FY 2017 IPPS/LTCH PPS Final Rule (81 FR 57192)

*** Measure finalized for public display in the FY 2017 IPPS/LTCH PPS Final Rule (81 FR 57192)

x Measure finalized for removal beginning the FY 2020 Program Year

Form, Manner, and Timing of Data Submission

- Current data-submission requirements are on [QualityNet](#) under the [Resources Page](#) for the PCHQR Program.
- CMS is not proposing any changes to these requirements.
- The reporting requirements for the four new 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 (e.g., for the FY 2020 Program Year, data would be collected from July 1, 2017, through June 30, 2018).

ECE Policy for the PCHQR Program

- In FY 2014 IPPS/LTCH PPS Final Rule, CMS established an ECE process.
- CMS proposed the following modifications 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 begin to apply in FY 2018 as related to extraordinary circumstance events that occur on or after October 1, 2017.

PCHQR Program: FY 2018 IPPS/LTCH Final Rule

Miscellaneous Notes

Outpatient Chemotherapy Measure

National Confidential Reporting Period (Dry Run)

- Dry run of the **Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy measure (PCH-30/31)** for the PCHQR Program is scheduled for August 15, 2017, through September 14, 2017.
- The purpose of the measure dry run is to familiarize PCHs with the outpatient chemotherapy measure (PCH-30/31) in advance of:
 - Calculating actual performance on a yearly basis, beginning with data from July 1, 2016, through June 30, 2017, and for subsequent years.
 - Future public reporting of the measure results.

Outpatient Chemotherapy Measure Dry Run

- CMS will provide facilities with confidential FSRs for the measure via the *QualityNet Secure Portal* at the start of the dry run.
- FSRs contain patient-level data, facility-specific results, and state and national results for the measure.
- CMS will hold a National Provider Call to present the measure methodology and address questions on Wednesday, August 23, 2017, at 1 p.m. ET.

IMPORTANT NOTE: Do **not** email FSR or submit patient-identifiable information (e.g., date of birth, social security number, health insurance claim number, dates, procedure codes). Sending screenshots and/or describing a patient listed in your FSR is considered a breach of protected health information.

Outpatient Chemotherapy Measure Dry Run Additional Information

- Detailed information about the measure and upcoming dry run will be available prior to the dry run on *QualityNet* at:
 - [QualityNet](#) > PPS-Exempt Cancer Hospitals > Measures > Chemotherapy Measure Dry Run
- CMS encourages facilities to review their measure results and ask questions about the measure during the dry run period.
 - Send questions about the chemotherapy measure to CMSChemotherapyMeasure@yale.edu.

Important Upcoming Events

Currently Scheduled 2017 Webinars

- **September 28:** *PCHQR Program: Best Practices II*
- **October 26:** *PCHQR Program: Overview of the End-of-Life Measures*
- **November 16:** *PCHQR Program: Best Practices III*
- **December 14:** *PCHQR Program: The Year in Review and a Look Ahead*

Important Upcoming Dates

Upcoming HQR Data Submissions

- **August 31, 2017:** FY 2018 DACA
- **October 4, 2017:** Q2 2017 HCAHPS Survey
- **November 15, 2017:**
 - Q1 2017 chemo (breast and colon)
 - Q3 2016 hormone
 - Q2 2017 HAI

Important Upcoming Dates

Hospital Compare Key Dates

- **October 2017**

- Contains:
 - 3Q 2015 through 2Q 2016 chemo data
 - 1Q 2015 through 4Q 2015 hormone data
 - 1Q 2016 through 4Q 2016 HCAHPS Survey data
- Anticipated refresh October 25

- **December 2017**

- Contains:
 - 4Q 2015 through 3Q 2016 chemo data
 - 2Q 2015 through 1Q 2016 hormone data
 - 2Q 2016 through 1Q 2017 HCAHPS Survey data
 - 1Q 2016 through 4Q 2016 OCM data
 - 1Q 2016 through 4Q 2016 EBRT data
- Preview period scheduled October 2 through October 31
- Anticipated refresh December 20

Q&A – NQF #0139

Q: Are Mucosal Barrier Infection-Laboratory Confirmed Bloodstream Infection (MBI-LCBI) events still included in the numerator of the CLABSI data being reported to CMS?

A: Yes. CMS has not opted to use the 2015 NHSN baseline at this time for the PCHQR Program. Therefore, CLABSI data for PCHs will continue to include MBI events, as it relates to CMS reporting. Further discussions are anticipated in the coming months and will be communicated if any changes are expected to take place.

Q&A – NQF #0390

Q: For measure NQF #0390: Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients, we have a patient in our list that received ADT, but it was given as a subsequent treatment (patient was given first round of treatment and was diagnosed at an outside center). Should we include this patient or exclude this patient as this wasn't the primary therapy?

A: This patient should be included in your population, denominator and numerator. The patient is eligible for the measure if they received EBRT to the prostate at your facility. This is captured via CPT codes for EBRT. The ADT (also known as adjuvant hormonal therapy) may be prescribed before, during, and/or after the EBRT as specified in the MIF. As for the term “primary therapy,” we are using the term synonymously with initial therapy. This measure is just assessing initial (primary) therapy with EBRT to the prostate to ensure that ADT was prescribed/administered, regardless of the healthcare facility where it was administered.

Q: Does the denominator for NQF #0390 only include patients who are receiving EBRT to an intact prostate? Do we exclude those that had a prostatectomy and are receiving EBRT as part of their treatment (not salvage)?

A: NQF #0390 only includes prostate cancer patients at high or very high risk who receive EBRT to the prostate as primary therapy. If they have previously undergone a prostatectomy, and then the EBRT is administered, this scenario really falls into more of the adjuvant treatment — as opposed to primary treatment of the prostate cancer.

Q&A – NQF #1822

Q: When sampling for EBRT and following the minimum sample requirements, upon case review of the sampled charts, there are exclusions, so we move to the next case to abstract until we have a minimum (20 cases) that meet criteria, but more than 20 cases were reviewed. Is this considered “oversampling” since more than the minimum was reviewed or is it the minimum because we only reviewed cases until we met at least 20 that met criteria?

A: When reporting in the WBDCT, there is no selection to allow you to indicate “oversampling.” If you sample, you sample, in terms of reporting. For NQF #1822, you are allowed to approximate the initial population with the administrative codes to then determine the minimum sample size. Then you review cases, supplementing to replace those with exceptions, until you reach the minimum sample size per your estimated initial population. As with any measure in the Program, you may elect to sample more than the minimum.

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

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

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

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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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<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 registration page for a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the page title is "Learning Management Center". The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The page is framed by a blue border.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

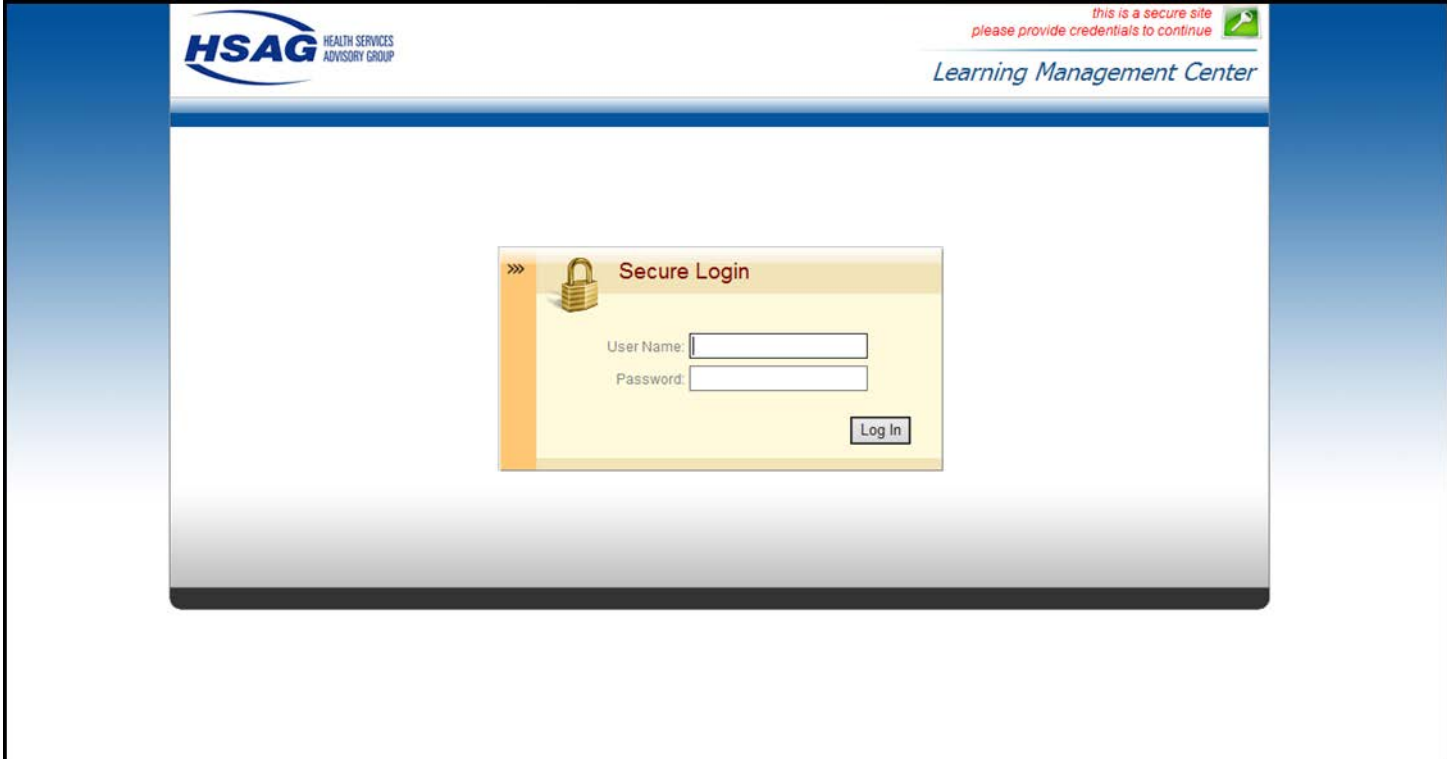
Learning Management Center

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, the HSAG logo is accompanied by 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 small icon. Below this, the text "Learning Management Center" is displayed. The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

PCHQR Program: FY 2018 IPPS/LTCH Final Rule

Closing Remarks

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