



PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

Top Questions About the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Presentation Transcript

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Henrietta Hight: Uh, good afternoon. Hello, my name is Henrietta Hight; I am a project coordinator on the PPS-Exempt Cancer Hospital Quality Reporting Team with the Inpatient Value, Incentives, and Quality Reporting, VIQR Outreach and Education Support Contractor. We would like to welcome everyone to today's webinar entitled *Top Questions about the PPS-Exempt Cancer Hospital Quality Reporting, PCHQR or P-C-H-Q-R, Program*. This webinar is part of the educational series focused on the hospitals participating in the CMS PPS-Exempt Cancer Hospital Quality Reporting, PCHQR program. Our guest speaker today is Caitlin Cromer. Ms. Cromer is a Social Science Research Analyst with the Centers for Medicare and Medicaid Services, CMS. As you see on the slide, Ms. Cromer is associated with several groups at CMS: CCSQ, which is the Center for Clinical Standards and Quality; QMVIG, which is the Quality Measure and Value-based Incentives Group; and DVIQR, which is the Division of Value, Incentives and Quality Reporting. Also speaking today

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will be Tom Ross, the PCHQR Program Lead here at the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. One last reminder before we get started. Looking at the list of participants today, we see that a number of you appear to be (a) participating in other CMS quality reporting programs and are not associated with one of the PPS-Exempt Cancer Hospitals. The information being presented today focuses on questions submitted by PCHQR participating hospitals. Therefore, this webinar's content only addresses aspects of the PCHQR Program and no other CMS quality improvement projects or healthcare settings. If you are associated with any of the other CMS programs, you will probably find that your time is better spent on other activities this afternoon. As Mike indicated, this webinar is being recorded. The transcript, audio portion, slides, minutes and Question and Answer transcript will be posted to *QualityNet* in the future. These measures will – these materials, excuse me, these materials will also be available on the *Quality Reporting Center* in the coming days. More about this during the webinar...

On the next slide, we will look at some of the acronyms you might hear during today's webinar.

Slide six, acronyms. Feel free to keep this list of acronyms handy to refer to as we go through the webinar.

On slide seven, we will review the purpose of today's webinar.

As the slide indicates, this presentation will provide a look back at the first three years of the PPS-Exempt Cancer Hospital Quality Reporting, PCHQR Program, focusing on the accomplishments attained in 2015 and looking forward to the 2016 PCHQR Program activities. On November 24th, we sent all of you with the PCHs an email. In the email, we invited you to take a few minutes to look back over 2015 and think about some questions and experiences you had during 2015, and then we asked you to look forward to 2016 and what questions you might have. The purpose was to make the December 16th, this webinar, an opportunity to mark

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2015 a success for the PPS-Exempt Cancer Hospitals and to start 2016 with a strong foundation, and to help us direct our outreach and education support more effectively. We received a lot of very good questions and ideas. In the following webinar slides we have included your questions with answers or responses. We may have changed the wording of your questions a little bit, but we think you will recognize the questions each of you submitted. We have organized the slides into two major sections: 2015 and 2016.

On the next slide, slide eight, we will look at the objectives for today's webinar.

As the slide indicates, the objectives for today's webinar are so that by the end of the webinar you'll be able to first, summarize the development of the PCHQR Program to its current state; second, apply the lessons learned from the Support Contractor and other participants in the PCHQR Program; and third, address specific questions about the current and future states of the PCHQR Program.

On the next slide, let's start looking at 2015.

As it indicates, 2015 was a good year. 2015 really was a good year. As Frank Sinatra liked to sing, "It was a very good year..." We took your questions and organized them into three major categories. First, Back to Basics. We are going to cover some of the reminders about using the *QualityNet Secure Portal*. Next, Resources. A number of you had questions about where to find information or answers to your questions regarding the PCHQR Program, so we will spend part of today's webinar on a review of the resources that were available in 2015 and that continue to be developed and improved on in 2016. And then, Data Submission Process Changes. Yes, in 2015, there were some changes to the processes or the process for submitting the PCHQR Program data, and we want to spend some time on the whys and how this will continue going into 2016.

So on slide 20 – slide 10 – I am trying to rush ahead. On slide 10, we will spend some time looking at *QualityNet Secure Portal* basics.

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First, there is a slide here about the Security Administrator for the *QualityNet Secure Portal*. As the Program for PCHQR developed in 2015 and will continue to develop with additional reports and functions in [the] *QualityNet Secure Portal* in 2016, maintaining access to the *QualityNet Secure Portal* will become even more important. First, [let's discuss] the recommendation to have more than one *QualityNet* Security Administrator. You are only required to have one Security Administrator, but it is strongly encouraged to have more than one. As the slide indicates, the Security Administrator role and responsibilities are the following: the Security Administrator facilitates registration process for other *QualityNet* users at the PCH; the Security Administrator creates, approves, edits, and/or terminates *QualityNet* Basic User accounts, but not the accounts of other Security Administrators; the Security Administrator monitors *QualityNet* usage at your PCH to maintain proper security and confidentiality measures; and [the Security Administrator] also serves as the point of contact at the PCH for information regarding *QualityNet*.

On the next slide, we will look at some of the calls or emails we have received regarding the issue of inability to log in to the *QualityNet Secure Portal*.

As the slide indicates, we have gotten questions along the lines of “Why can't I log into the Secure – the *QualityNet Secure Portal*? I am trying to log in and it won't let me in.” Whether you are a *QualityNet* Security Administrator or Basic User, you must keep your account active. In order to keep your account active you must log into the *QualityNet Secure Portal* at least every 120 days. If your account goes inactive because you haven't logged in within the last 120 days, you will need to contact the *QualityNet* Help Desk. So if you are trying to log into the *QualityNet Secure Portal* without success, ask yourself, “When was the last time that I logged in?” To keep your account active, make a habit of logging in. You do not have to do anything once you have logged in, like run reports. You don't have to do that or send a secure message. All you have to do is log in, and then you can just log right back out. Hint: Create a reminder or an appointment in Outlook, maybe at the 90 day point to be sure you do

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not miss logging in. A reminder is especially important if your PCHQR responsibilities do not require frequent access to [the] *QualityNet Secure Portal*.

On the next slide, we will look at another *QualityNet* time-related requirement.

Question: “Why can I still not log into the *QualityNet Secure Portal*?” Passwords! As the slide indicates you are required to change your password every 60 days. Passwords! “How many do we have to remember?” Again [if] you are trying to log into the *QualityNet Secure Portal* without success ask yourself, “When was the last time I changed my password?” The *QualityNet Secure Portal* requires a password change every 60 days. Actually if you change a password at least every 60 days, this should also satisfy the 120 day requirement regarding logging in to the *QualityNet Secure Portal* to keep your account active. Again, create a reminder or appointment in Outlook. In summary, regarding *QualityNet Secure Portal* Security Administrators and passwords, on December 4th, and now that was a couple of weeks ago, we received a report listing the Security Administrators for PCHs along with each person’s password expiration date, last log in date, and SS, Social Security, SA, Security Administrator status. According to this report, there was a total of 22 Security Administrator accounts associated with the different PCHs. The number of Security Administrators for each PCH ranged from one to three; three is good. Of the 22 Security Administrator accounts, six had expired as of December 4th, either because of expired passwords and/or log in dates more than 120 days old. Two were indicated as expiring soon. Now this is based on December 4th. Two accounts had passwords expiring on January 1, 2016. Now that’s New Year’s Day, probably most people are not going to be working on New Year’s Day, so if you are one of those two, when you already haven’t changed your password yet, try to do it this week. One PCH had only one Security Administrator and that person’s password was indicated as expiring on 12/12/2015. Hopefully this list dated December 4th is out of date and the potential access issues

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just summarized have been resolved. So again, it's important to keep your *QualityNet Secure Portal* account and password current.

Next slide, please.

Question: this is a question again, you probably will – may recognize your question. Even though we've changed the wording a little bit, the question was, "I was hired into this role recently. Nothing quite prepared me for all the information I needed to know. Where do I go for resources?" This slide lists two websites that are resources for you regarding the PCHQR program. First the *Quality Reporting Center* at www.qualityreportingcenter.com. This is the website that the team here at the Support Contractor, we manage and we have control over. Second, the *QualityNet* website at www.qualitynet.org. This is a great resource, but here items take longer to get posted. The PCHQR documents, along with documents from all the other programs, are sent to the *QualityNet* team for posting. The PCHQR program is only one of numerous programs that are sending documents for posting to the *QualityNet* website. In other words, we have to wait our turn for our documents to get posted. For this reason the *Quality Reporting Center* is the first place to go to find resources. On the next slide, we will look more closely at the *Quality Reporting Center's* website.

Okay, we are on slide number 14 entitled *Quality Reporting Center*. This is a screenshot of the PPS-Exempt Cancer Hospital Quality Reporting PCHQR Program page on the *Quality Reporting Center*. You may have been to this website before, although you may not have noticed it. When you received the email notification regarding today's webinar and clicked on the link to register for the webinar, your registration confirmation displayed the *Quality Reporting Center* page. Also when you received the email notifications about the webinar slides being available the wording stated quote, "The webinar slides will be available for download from www.qualityreportingcenter.com under Upcoming Events the day before the presentation." On the next slide, we will look at the area regarding archived events.

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One of the questions submitted was regarding how to find the previous PCHQR webinars that has been presented without having to look back through old emails. The *Quality Reporting Center* is the place to go. For each webinar the slides, recording, Q&A, and transcript are posted according to a strict timeframe. For example, the slides for today's webinar are already posted on the *Quality Reporting Center*. The minutes from the webinar will be posted within 48 hours after this webinar, in other words by December 18th. The Q&As, the questions that you have submitted through the chat function, will be posted within 10 [business] days after the webinar, by January 5th. And the Recording Transcript will also be posted within 10 days, by January 5th. On the next slide, we will look at the resources and tool section on the *Quality Reporting Center* webpage.

Among the feedback we have received is concerning – is concern regarding the PCHQR documents needing updating. The PCHQR team here at the Support Contractor has reviewed and continues to review PCHQR documents regarding the need for updating and revisions. Many of the documents have already been reviewed and are being posted or will be posted to the *Quality Reporting Center*. Again, the Support Contractor has complete control of posting to the *Quality Reporting Center*. So documents are posted in a more timely fashion on that website than on the *QualityNet* website. As you use the *Quality Reporting Center*, please let us know if you identify any improvement options. On the next slide, we'll look at the *QualityNet* website.

Now this is the *QualityNet* landing page, and I know you all are very familiar with section numbered one on the slide, which is the section you are used to going to for the PPS-Exempt Cancer Hospital tab at the top of the page, but we have also numbered two other areas on the *QualityNet* main landing page. Number two is the ListServes link on the left-hand side of the page, and number three, the Questions and Answers, PPS-Exempt Cancer Hospital link on the right hand side of the page. So on the next slide, we'll look first at the PPS-Exempt Cancer Hospital tab.

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Now this is the area from the *QualityNet* website that you are probably most familiar with. Again, the timing of the documents posted to the PCHQR tab depend on the *QualityNet* team, and as we mentioned, there are other CMS programs that are also sending documents for posting to the *QualityNet* team for posting in addition to PCHQR. As a result, the *QualityNet* team is very, very busy and there is a wait time to get documents posted there. So now, let's look at other – two other resources for information that you may or may not have used before. So on slide number 19,

...let's look at the ListServe function. As the slide indicates, the PCHQR ListServe is the mechanism that we use to keep you informed of webinars such as the one today, important data submission deadlines, Program updates, and other information that CMS and the Support Contractor team want to share with you. For example, the information about today's webinar came to you through the PCHQR ListServe. In order to receive the PCHQR ListServe notifications you need to subscribe. This slide shows some of the statistics for subscriptions to the PCHQR ListServe. And of the 837 active subscribers, we identified that definitely there were 44 PCH subscribers ranging from two to eight subscribers per PCH. A question that came in was whether or not UHC has any subscribers. The latest report of ListServe subscribers that we ran, "What last week, Tom?"

Tom Ross: Yes.

Henrietta Hight: Okay, indicates five UHC subscribers. So if you are not currently subscribed to the PCHQR ListServe we encourage you to do so today.

On the next slide, slide 20, we'll look at the Question and Answer tool, another good source of information.

So now, on the right-hand side is the *QualityNet* Q&A tool, and there is a section for the Question and Answer tool with a link to the PPS-Exempt Cancer Hospitals, something to notice, the PCH hasn't been using the Question and Answer tool very much. So, we are going to be working with you all on doing that and the Q&A tool is been enhanced to share

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questions and answers to frequently asked questions. You will, with the Q&A tool, you will be able to review all questions that have been submitted and answered without creating an account. Remember, that to ask a question, you do need to create an account, which is very quick and easy and we can help you with that. Here at the Support Contractor we receive emails with some really great questions. A lot of times the same question is asked by more than one person. So we end up handling questions that are being frequently asked. With emails, unfortunately, we can only answer and share the information with the person or persons who sent the email. With the Question and Answer tool, once a frequently asked question has been answered, the question and answer will be posted so that everyone can see the information. So that is a really great tool to spread knowledge about the program.

On the next two slides, slides 20 and 21, we will review what we have discussed so far in response to a couple of questions received. And even though we have changed the wording a little for these questions, we think you'll recognize your submissions.

Next slide. Resources. Question: "The *QualityNet* website does not have the most up to date webinar recordings. Where do I go to find a webinar recording without going through all my old emails?" Response: For the earliest available webinar recordings, transcripts, and Q&As, go to the *Quality Reporting Center*, again www.qualityreportingcenter.com.

Okay, and then on slide 21, we'll review another one of your submitted questions. Question: "The *QualityNet* website does not have the most up to date documents. When are they going to be updated?" Just to let you know, all documents on the *QualityNet* website under the PCHQR tab are being reviewed or have been reviewed to ensure they are accurate, complete, and current, and then all updated documents, we are working very hard, are currently in the process of being posted to the website. When you are using the website both for the *Quality Reporting Center* and the *QualityNet* website please, please let us know if you identify

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documents that need reviewing or changing. And now, I'd like to turn the presentation over to Tom.

Tom Ross: Thank you, Henrietta. This slide, slide 23, asks the question, "When there is a major update or change to the reporting program such as when the dissolution of the ACoS contract with CMS occurred, how can we be made aware of changes and options well in advance of a submission?" We, as the Support Contractor, and CMS, communicate these changes as soon as they can be publicly be made available. For information that applies to all PCHs we'll frequently utilize the ListServe methodology that Henrietta described. So that's why it's so important to subscribe to the ListServe. When time impacts are not as tight we may defer the communication to one of the monthly webinars, but other times we may have to opt for direct e-mail or phone conversations with individual PCH. Excuse me, an example of this would be one of the PCHs did not have their HAI data appear on the PPS-Exempt Cancer Hospital Report after a data submission deadline. We were able to reach out to the impacted PCH and help them work with the CDC to resolve the answer. And sometimes we may not immediately have the answer. An example of this was the dissolution of the ACoS contract mentioned in this question. By working with a few of the PCHs, we were able to develop a new process for submission of the Cancer-Specific Treatment measures for Hospital Quality Reporting. But, it took a few weeks of investigation to figure out this alternative process would not work for Public Reporting. Once the alternative process was developed, we communicated, via ListServe, and then followed up in this webinar as you all will see.

So Deb, the next slide, please.

One PCH member asked if we could develop a document that would show, for each measure the program here the metric applies to, the measure reporting period, the data submission deadline, and the date this information will be posted for the public on *Hospital Compare*. This is a fabulous idea and in fact, had been requested by another PCH a few months ago. We actually have been working on creating such a document

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(God bless Henrietta) and we will soon be publishing it. We will continue to post updated documents with data submission deadlines – the 2016 posted soon, also the 2016 timeline, which some prefer, will also be posted soon. Then, lastly, in the meantime, for questions specific to the details in this slide, you can refer back to the October PCHQR webinar, which covered this topic in depth.

Next slide, please, Deb.

We have done a webinar few months ago about pain management and the metrics NQF 383 and 384, and there were still a couple of questions specific to these. The first one was for NQF 384, which is the assessment, “Does the clinician documenting the pain have to be a physician or a mid-level practitioner?” The answer is no. The standard does not specify who has to assess the pain. We heard a variety of – from physicians to mid-levels to medical assistants to nurses during the webinar from various centers. The second question was for NQF 383, “Does the plan of care to address the pain have to be documented by the physician?” The answer, once again, is no. The standard does not specify that the physician must do this. In fact, some of the allowable interventions such as education, relaxation, repositioning, the use of heat or cold may not even require an order. And the last, and that was a good question, was, “Can standing orders that are part of the initial order set meet the criteria for having a plan to address pain?” My answer on this is that it would depend upon the specificity of indication of the order. So if there is an order, say “for pain of one to three, administer Tylenol, two tablets, by mouth, every four hours as needed” and then you documented a pain of three, that would be a very specific order. So I would really defer to that and Steve Flaherty used the term inter reliability – inter-rater reliability, and that would be a challenge in this, but once again, be consistent in your rules.

The next slide shows a question we’ve received a couple of time about NQF 1822. “Is NQF 1822 an inpatient or outpatient metric?” This was my favorite answer. The answer is, “Yes.” External Beam Radiotherapy, or Radiation Therapy, if you refer to – it is referred to this interchangeably in

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the literature – we affectionately call it EBRT – is neither an inpatient or outpatient measure from our research. The measure does not limit the provision of EBRT to boney mets to either inpatient or outpatient settings. Rather, you need to look at the denominator definition, which is defined by the presence of an ICD 10 code of C76.51 OR C76.52 [Note: This was spoken incorrectly during the presentation. The correct ICD 10 codes are C79.51 OR C79.52 as listed on the slide] AND the presence of one of the three listed CPT codes for treatment planning, 77261 through 77263. However, in experience, the vast majority of these cases are outpatients. In fact, this measure was recently added, effective for 2016, to the Outpatient Quality Reporting Program and we will be assisting them in the development of webinar for the OQR in February. On the next slide,

...we will look at some more questions on measure abstraction and interpretation. This is probably the hardest slide in the deck for me. And to illustrate the concept I listed two separate questions to illustrate a point – that of standardizing interpretations across the PCHs. So one question was, as an example, “In NQF 382, the radiation dose limits, 3D conformal radiation can be interpreted differently and can encompass a wide range of modalities.” Another question was, “How do other PCHs handle patients like clinical trials or those who choose to delay therapy for personal preference for the Cancer-Specific Treatment metrics?” The issue of standardizing interpretation across PCHs and for diverse cases is complex. We suggest the following approach. The first is, whenever possible, abstract strictly by the specifications and codes. Limit interpretation. Secondly, once you settle on an interpretation methodology, be consistent overtime. And lastly, I really think we have a great opportunity to be a learning organization in this way, I think the exercise of the ADCC Quality Committee to work through each of the OCMs last fall was exemplary. As questions are identified, bring them forward for clarification using the online question tool and as Henrietta noted, using the QA online tool facilitate these answers across the PCHs. Lastly, when or if you identify a component of a measure that you feel may not be in alignment with best practices, communicate to us and or the measure

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stewards. One of the centers brought a question regarding the user of stereotactic beam radiotherapy in measure 1822. And of course, the dosing fractionations are different with stereotactic radiation. We encouraged them and their physicians to work with the measure steward to address this issue. I think other great examples of this in the past was in the breast chemotherapy measure that due to requesting further clarification the use of single agent chemotherapy with a biologic response modifier was being compliant and a disease type, phylodes tumors, was excluded. All that being said, this is challenging, I admit.

So, on the next slide, we are going to take formation and taking off into calendar year 2016. Here we come. At this point in the presentation, it is my honor to turn to the program over to the PPS-Exempt Cancer Hospital Quality Reporting Program's Lead, Caitlin Cromer, to discuss a few of the inquiries we received.

Next slide, please. Caitlin, take it away.

Caitlin Cromer: Thank you, Tom. There were a couple of questions specific to the NHSN Hospital-Associated Infection metrics that were received from a number of PCHs. The first one is in relation to risk adjustment. As you, and we in CMS, have seen the topic of risk adjustment, especially for cancer patients, is a consistent one in the rule making and feedback process. The CDC has been working with all stakeholders over the years to make data more actionable and fair when displayed publically. This work has included modification of definitions, designation of more accurate and comparative unit types, and related to the first question on the slide, use of a SIR or an ARM in assessing performance. The Adjusted Ranking Metric or ARM is a summary measure that achieves a reliability adjustment beyond the basic Standardized Infection Ratio or SIR and thus has also been called a reliability adjusted SIR. This is a terrific question and an important teaching point, and we'll dedicate more time to this in our next webinar or two. The second question is, "How can a PCH ensure that their NHSN data was submitted to CMS and is there an opportunity to preview what will be sent?" There was an email sent to each PCH this

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October 28th describing how a PCH can run their NHSN CMS reports prior to submission deadline. If you need this information again, please reach out to the Support Contractor and they will be happy to supply it. This can be done prior to or after the submission deadline. After a submission deadline, allowing a few days for a file to be uploaded, you can go in the *QualityNet* and run your PPS-Exempt Cancer Hospital Report to ensure that the data was received and matches what was in your system. Lastly, as NHSN measures become part of Public Reporting, first scheduled for CLABSI and CAUTI for 2017, there is a 30 day Preview Report available for you to view your data prior to public posting. You will receive a ListServe to make sure you are aware of this availability and with instructions on how to access it.

Next slide, please.

A number of question were received from PCHs as to why there were five measures for the PCHs in the 2015 Measures Under Consideration, or MUC List, four of which are already a part of the approved metrics for the PCHQR program. The MRSA and CDI metrics were on the MUC list as the risk adjustment methodology from SIR to ARM, as discussed from the last slide, have been added by the measure stewards. This is in response to previous feedback during rule making citing a need for better need for better risk adjustment. The SSI metric was on the list mainly as a language clarification also related to the ARM being equivalent to a reliability-adjusted SIR. NQF number 0382 was on the MUC as the measure steward has added breast and rectal cancer diagnosis codes to the denominator, in addition to the previous lung and pancreatic ICD-10 codes. Lastly, there was a new measure on the MUC List, Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy. This measure was also on the MUC for the Outpatient Quality Reporting Program, as well. As always, we will be issuing a Proposed Rule in the spring, and the PCHs are welcome to provide their input for consideration prior to the development and publication of the Final Rule in August.

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Next slide, please.

As you are aware, NQF number 0431, Influenza Vaccination Among Healthcare Personal, was added to the PCHQR Program in the 2016 Final Rule effective for the flu season starting this – starting next October 1, 2016. A couple of PCHs had questions about defining their healthcare personal population, as many of their workers work in several facilities and also may be vaccinated in different locations. In preparation for this measure, HSAG, as the Support Contractor, has engaged with the CDC NHSN to provide a webinar on this topic for the PCHs in June, and these topics will be addressed in detail at that time. Our next slide, number 32,

... begins a discussion on the public reporting of PCH data on *Hospital Compare*. Well, let's get to that and go to the next slide please. I am sure that most of the PCHs are familiar with the link on the *Hospital Compare* website that is named, *Get PPS-Exempt Cancer Hospital Data*. When you click on this link you are brought to a page that lists the measures currently displayed for the PCHs on *Hospital Compare*. There are currently three Cancer-Specific Treatment measures. The *Data Details* tab on this page drills down into each metric providing a more in depth description, as well as numerator and denominator statements. The Data Table shares the PCHs and their CCNs. Clicking on these allows each to view the PCH's performance on these metrics. There is also a *Menu* button that allows other views and downloads of the information. I encourage you all to explore those if you have not already done so. We realize that this is only the starting point for Public Reporting for PCHQR and on the next slide we are going to discuss some upcoming changes.

Next slide, please.

We received numerous inquiries as to the future of Public Reporting for the PCHs. While this is certainly a work in progress let me share with you what we know at this point. First of all, five of the PCHs were voluntarily submitting Inpatient Quality Reporting or IQR data for the purposes of Public Reporting. There was a CMS policy decision made to no longer,

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due to the possibility of unfavorable comparisons, display the PCH data in the main search function of *Hospital Compare* starting with the October 2015 refresh. Unfortunately, this required the removal of the PCHs from the *Hospital Compare* dataset, and therefore, the PCHs do not display in the geographical search function as a result. We at CMS are exploring different possibilities in the development of a future version of *Hospital Compare* that would allow the inclusion of all types of provider programs, such as inpatient, psychiatric, cancer hospitals, or children's hospitals to be in the same dataset including the geographic search function. There are challenges with this as the metrics have quite variable, for obvious reasons, across the different types of programs, which can make comparisons pretty difficult. An example would be the various type of units used for the HAIs for the cancer centers compared to the inpatient hospitals. CMS and the Support Contractor have begun exploration of the various options. We are planning to actively solicit feedback from the PCHs during this process. There will be more to come. As you may recall that in the 2016 Final Rule, it was stated that the HCAHPS and OCM data are planned for public reporting during the Calendar Year 2016. As these dates are finalized we will communicate this information to you.

Next slide, please.

I'd like to conclude my remarks today by sharing feedback that was received pertaining to potential future metrics for the Program. During the solicitation period prior to the development of today's webinar, we asked the PCHs to provide input as to their desires for future metrics for the PCHQR program. There were three specific request that emerged. The first was a 30 day unplanned readmission rate, readmission rate specific to cancer. We are aware that PCHs have been working diligently to get this metric developed and endorsed. The second was a request for palliative or supportive care measures. This is certainly in line with many of the objectives and goals of CMS, and it is very patient focused, which is really important to us. It should be noted that one of the current metrics, NQF number 1822 or EBRT, while officially listed as a Clinical Effectiveness

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Measure, also addresses the domain of palliative care. Lastly, the desire for cancer-specific outcomes, specifically patient reported outcomes was expressed. I thank you all for your input and this will definitely be taken into consideration as the program continues to evolve. At this point, I'd like to turn the presentation back to Tom to discuss other questions and input that was received from the PCHs. Tom?

Tom Ross: Thank you, Caitlin. Speaking of the MUC List reminded me of an excellent presentation on the lifecycle of quality measures that I saw at the recent CMS Quality Conference in Baltimore. I wonder if that might be of interest to the PCHs? If you think this would be a good topic for a webinar, please let us know via the chat function. Thanks. This slide asked about sampling methodology. The question was, "If in a prior quarter you limited your sample size of a population, say of 1,100 people, to the minimum required sample size of 25, do you have to stay consistent with this minimum number in future quarters for submission periods?" The answer is no. The sampling methodology used for the OCM and EBRT measures displayed on this slide sets a minimum number to sample based upon the average quarterly initial patient population size. In any given quarter you can, randomly of course, sample and report on more than a minimum population size if you just – if you feel it will give you a result more reflective of your actual performance. Of course, this does increase your data burden. This was explained in detail during a recent webinar on NQF 384 and 383 that was presented in September. Remember, all past PCHQR webinars are archived on both *qualityreportingcenter.com* and *qualitynet.org*. Under our next slide, 33,

... we continue the topic of data collection and abstraction. Speaking of data burden, one PCH participant stated that, "It would be useful to learn how other centers are abstracting their measure data. Has anyone learned to automate all or part of data collection?" Certainly anything that facilitates data collection and therefore frees up scarce resources to work in quality improvement is great! We offer two suggestions. Some of the other hospital quality reporting programs that are couple of years more mature have started gearing some of their webinars to a second time

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through the metrics, identifying best practices and asking those hospitals to share their practices. We have started that, as seen by having Moffitt share their HCAHPS experience in June, then Moffitt and Dana Farber sharing their experiences with pain management in September, and in October, we had Fox Chase share their ideas on getting the CST measure data from RQRS. If any of the PCHs have what they feel is a best practice or practices, they would like to share with the others, please let us know via email or during the webinar using the chat function, we'll be more than happy to provide that opportunity. Another vehicle to use may be the Quality Committee of the Alliance of Dedicated Cancer Centers or C4QI. I know there are a lot of other projects going on in these groups, but with collective experience and learning of these experts, it is a powerful thing to leverage. On the next slide 34,

... we will discuss data submission for 2016 and moving onwards. This question has to do with the future submission of the OCM and SCIP measures. Because EBRT is similar, it is included in the response. As you know last summer you submitted two files: one containing Quarter 1 2015 SCIP data, and another containing Quarter 1 OCM data. The SCIP files had six individual rows for each metric and the OCM file, similarly, five individual rows; one row for each metric with one quarter of data. As of now, the plans to develop a web-based data submission tool are on hold, so we will continue to use the external files CSV format for data submission of the Cancer-Specific Treatment measures OCM, SCIP and EBRT. The HAI metrics will continue to be sent by the NHSN. For the Cancer-Specific Treatment measures, you will submit two files each quarter: one for the chemo measures and one for the hormonal therapy measure. Two files are required as these entail different time ranges. This is the submission that you did last on November 15 and will continue on a quarterly basis. For the OCM, SCIP, and EBRT measures, there will be one data submission period annually during the time period of July 1st to August 15th. There will be one file for each of these groups of metrics. The SCIP file will have 12 rows, two quarters of data, Quarters 2 and 3, for each of the six metrics. As you know, this measure sunsets after

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Quarter 3 2015. The OCM file, which will consist of Quarters 2, 3, and 4, will have 15 rows: three quarters of data for each of the five OCM metrics. And as this summer will be the first time reporting EBRT for all performance in from 2015, this file will have four rows, four quarters of data, Quarters 1 through 4 for the one measure. As before, we'll provide training and templates prior to each submission deadline. So this is for Hospital Quality Reporting. What about Public Reporting? The answer to that is on the next slide,

...slide 35. For public reporting the HAI numbers will be submitted starting in 2017 – date to be determined by the NHSN. For the CST measures, the aggregate data files will be prepared by HSAG, us, as the Support Contractor, using data previously submitted by the PCHs or their designee, for HQR. This was requested by CMS due to a system limitation in the Public Reporting system that will only accept one file per data submission period. Therefore, the PCHs will not have any data submission requirements specifically for Public Reporting. Once again, the data you submit quarterly in the Hospital Quality Reporting process will be compiled by the Support Contractor and submitted on your behalf to CMS for the purposes of Public Reporting. Also, I want to remind you that the data for public reporting is quote, “frozen when submitted quarterly for Hospital Quality Reporting.” This is the same thing that happens with your HAI metrics submitted by the NHSN. The results used in Public Reporting are those submitted to CMS *QualityNet* at the end of each half – each reporting period for Hospital Quality Reporting. It is just in Public Reporting that up to four quarters of data are aggregated and presented at one time. As always, you will receive a ListServe when your 30 day preview reports are available for viewing in *QualityNet*.

Next slide, please. We already have that up there, thank you. Data validation and data review. One of the PCHS asked, “What type of validation is required for PCHQR data?” The answer is that there is no formal data validation for the PCHQR program at this time as there is for some other hospital quality reporting programs. However, there are several opportunities for you to review your data. As previously

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discussed, you can review your HAI data prior to submission using the NHSN CMS report selection. Number two, your HCAHPS data is viewable by the HCAHPS Data Review and Correction Report, remembering [that in] *QualityNet* that you must select the IQR program option to see the HCAHPS reports. Number three, at any time you can use *QualityNet* to view your PPS-Exempt Cancer Hospital Report. Remember that there are three Program Years to select from. We encourage running this report a few days after data submission closes to verify the presence of your data. There is anywhere from a two to five day lag for the data to be uploaded, so if you run it the day after submission period closes it, it may not be available. A fourth option is, prior to each update or refresh of Public Reporting data on *Hospital Compare*, you'll be notified by a ListServe of the availability to review your Public Reporting Preview Report. Lastly the PCH data is currently on *Hospital Compare* in the Socrata tables that Caitlin described. This currently consists of the three Cancer-Specific Treatment measures. At this point, I am going to turn the presentation into a topic of future educational topics.

Next slide, please.

There were three future topics specifically requested: first, How to Use Data, Best Practices, and Optimization of Data Capture Using Electronic Health Records (As I said before, if you have learnings you feel would be beneficial to other PCHs, please communicate this to us directly or by using the chat function during today's presentation.); secondly, a refresher on Running Reports for the PCHs in *QualityNet*; and thirdly, Clarifications on Changes to the HAI Metrics, Risk Adjustment, and Public Reporting. I think that you have heard in today's webinar that efforts are underway to address all these topics. And speaking of webinars, the next slides show the upcoming Outreach and Education events ...

... planned for the PCHQR participants. In January we will be reviewing the PCHQR Program Manual, which has been completed and approved by Caitlin and will soon be posted to *QualityNet*. We have intentionally left

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the March and February events open to address detailed questions from today's webinar, such as the risk adjustment, so be looking for details soon after the first of the year. April will be a follow up to last month's event focused on the two new HAI metrics for the program, CDI and MRSA. May and August will be devoted to the 2017 Rule and then Final Rule for the – and the Final Rule for the Program. And as discussed previously, Influenza Vaccination of Healthcare Personnel will be the topic of the June event. Please continue to submit your ideas or requests. We are here to support and optimize your participation with [the] PCHQR program. At this time, I will turn it over to Deb to give us information regarding the CE ... portion of the program.

Deb Price:

Thank you, Tom. And now I'd like to take a few minutes to go over the continuing education. Today's webinar has been approved for one continuing education credit by the boards listed on this slide. We are now a nationally accredited nursing provider, and as such, all nurses report their own credit to their boards using our national provider number shown on the slide in the fourth bullet down, provider number 16578.

We now have an online CE certificate process. You can receive your CE certificate two different ways. If you registered for the webinar through ReadyTalk[®], a survey will automatically pop up when the webinar closes. This survey will allow you to get your certificate. However you may be sitting in a room with other people, and that means that only the person that registered would be able to use the survey. So we will be sending out an additional survey within the next 48 hours. If there are others listening to the event that are not registered in ReadyTalk[®], please pass the survey to them. After completion of the survey, you click "Done" at the bottom of your survey and another page will open up. This other page takes you to HSAG's Learning Management Center. This is a completely separate registration from the one you used in ReadyTalk[®]. Please use your personal email account so you can receive the certificate, and that's because typically, healthcare facilities have firewalls that keep popping up and blocking our links for the certificates.

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If you have problems and you do not immediately receive a response to your email that you signed up with, that means you have that firewall. Please go back to the New User link and register your personal email account.

This is what the survey will look like in a few minutes. If you look at the bottom, bottom right-hand corner is the word “Done.” So when you are – when you have completed the survey, please click the “Done” button and a separate page opens up. This separate page has two links that will take you to our HSAG Learning Management Center. If you have been receiving your certificates all along and have not had any problems, good for you, that means that you don’t have the firewall up that’s blocking us and you can click on the Existing User link. If, however, you have any problems getting that link, then you need to register a New User link using your personal email link [with] Yahoo or Gmail or ATT.

This is what the new user page looks like on HSAG. You put your first name, your last name, and your email account and your phone number to register.

This is what your Existing User page looks like. Your username is your complete email address, including what shows up after the @ sign.

And now I’d like to turn the webinar back to Tom Ross to close us out. Tom, take it away.

Tom Ross:

I would like to thank everyone, especially Caitlin and Henrietta, for their participation in today’s webinar. As a reminder, the recording of this webinar will be posted in a few days to *qualityreportingcenter.com*. Also there are couple of questions that came in that we didn’t have a chance to read all the content. These questions will be answered and posted on the same site within 10 business days of this event. I want to take a brief moment to thank Kim Geary, who has worked closely with Henrietta and myself in supporting the PCHQR. Kim is moving on to new adventures and we all wish her and her family all the best! We would like to thank the PPS-Exempt Cancer Hospitals for the exceptional care they provide to

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their, and our, patients. We look forward to continuing to work closely with you as the Program continues to evolve and mature. Have a great rest of your day, and enjoy the upcoming holidays. Bye-bye, everyone.

END