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Location of Buttons

Refresh

F5 Key

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

Today’s Presentation
PCHQQR Program Measure Overview:
Admissions and Emergency Department (ED) Visits for Patients Receiving Chemotherapy (PCH-30 and PCH-31)

October 25, 2018
Speakers

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Mathematica Policy Research (MPR)

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Chemotherapy Measure Lead, MPR

Moderator
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PPS-Exempt Cancer Hospital (PCHQR) Program Lead
Hospital Inpatient Value, Incentives, and Quality Reporting
Outreach and Education Support Contractor
## Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CAUTI</td>
<td>Catheter-Associated Urinary Tract Infection</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>CDI</td>
<td><em>Clostridium difficile</em> Infection</td>
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<tr>
<td>CLABSI</td>
<td>Central Line-Associated Bloodstream Infection</td>
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<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
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<tr>
<td>CST</td>
<td>Cancer-Specific Treatment</td>
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<tr>
<td>DACA</td>
<td>Data Accuracy and Completeness Acknowledgement</td>
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<tr>
<td>EBRT</td>
<td>External Beam Radiotherapy</td>
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<tr>
<td>ED</td>
<td>Emergency Department</td>
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<tr>
<td>FFS</td>
<td>Fee for Service</td>
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<tr>
<td>FSR</td>
<td>Facility-Specific Report</td>
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<tr>
<td>FY</td>
<td>Fiscal Year</td>
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<tr>
<td>HCAHPS</td>
<td>Hospital Consumer Assessment of Healthcare Providers and Systems</td>
</tr>
<tr>
<td>HAI</td>
<td>Healthcare-Associated Infection</td>
</tr>
<tr>
<td>IPPS</td>
<td>Inpatient Prospective Payment System</td>
</tr>
<tr>
<td>LTCH</td>
<td>Long-Term Care Hospital</td>
</tr>
<tr>
<td>MPR</td>
<td>Mathematica Policy Research</td>
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<tr>
<td>MRSA</td>
<td>Methicillin-Resistant <em>Staphylococcus aureus</em></td>
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<tr>
<td>OCM</td>
<td>Oncology Care Measure</td>
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<tr>
<td>OP</td>
<td>Outpatient</td>
</tr>
<tr>
<td>PCH</td>
<td>PPS-Exempt Cancer Hospital</td>
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<tr>
<td>PCHQR</td>
<td>PPS-Exempt Cancer Hospital Quality Reporting</td>
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<tr>
<td>PPS</td>
<td>Prospective Payment System</td>
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<tr>
<td>Q</td>
<td>Quarter</td>
</tr>
<tr>
<td>Q&amp;A</td>
<td>Questions and Answers</td>
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<tr>
<td>RSAR</td>
<td>Risk-Standardized Admission Rate</td>
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<tr>
<td>RSEDR</td>
<td>Risk-Standardized ED Visit Rate</td>
</tr>
<tr>
<td>SSI</td>
<td>Surgical Site Infection</td>
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Purpose

This presentation will provide a review of the Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy measure for the PCHQR Program.

This review will include:

• An overview of how the measure is specified and calculated
• An overview of the upcoming confidential reporting of the measure via FSRs
• Information on how to interpret measure results
Upon completion of this program, participants will be able to:

• Understand how the chemotherapy measure is specified and calculated in the PCHQR Program
• Provide information on how to interpret measure results for the upcoming confidential reporting of the measure in the PCHQR Program via FSRs
• Answer questions related to the measure calculation and confidential reporting
Measure Background

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

• Was adopted in the FY 2017 IPPS/LTCH PPS Final Rule (81 FR 57184 through 57191)

• Became effective for the FY 2019 program and subsequent years
  
  o Began with data from July 1, 2016 through June 30, 2017, and then will use data from July 1 through June 30 for subsequent years.
• Aims to assess care provided to cancer patients and encourage quality improvement efforts
  o Reduce the number of unplanned inpatient admissions and ED visits among cancer patients receiving chemotherapy in a PCH outpatient setting

• Addresses two National Quality Strategy priorities
  o Promoting effective communication and coordination of care
  o Promoting the most effective prevention and treatment practices for the leading causes of mortality
The OP Chemotherapy measure (PCH-30 and PCH-31)

• Is a risk-standardized outcome measure for patients 18 years or older who are receiving PCH-based outpatient chemotherapy treatment for all cancer types, except for leukemia

• Will utilize one year of Medicare FFS Part A and B administrative claims data

• Requires that the qualifying diagnosis on the admission or ED visit claim be the primary diagnosis or a secondary diagnosis accompanied by a primary diagnosis of cancer

• Has a window for identifying events limited to 30 days after PCH outpatient chemotherapy treatment encounters

• Identifies outcomes separately for the inpatient and ED measures
  o A patient can only qualify once for one of the two outcomes in each measurement period. If a patient experiences both outcomes, the measure counts toward the inpatient admission.
Overview of Presentation

• Summary of the Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy measure (“chemotherapy measure”)
• Measure specification, calculation, and rate standardization
• Upcoming confidential reporting of the measure via FSRs
• Interpreting measure results
• Questions related to the measure calculation and confidential reporting
The goal of the chemotherapy measure is to improve the quality of care delivered to patients undergoing chemotherapy in a hospital outpatient setting.

CMS will confidentially report results for the chemotherapy measure to facilities in October 2018.

- Facilities do not have any additional data-collection requirements for this measure.
- CMS will calculate the measure using Medicare claims data for chemotherapy treatments performed from July 1, 2016–June 30, 2017.

The next confidential reporting of results for the chemotherapy measure to facilities is scheduled for spring 2019 using Medicare claims data for chemotherapy treatments performed from July 1, 2017–June 30, 2018.

All facilities currently in the PCHQR Program with patients who received qualifying chemotherapy treatments will be included in the measure.
## Measure Specification

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
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<tbody>
<tr>
<td>Medicare FFS patients age 18+ at the start of the performance period</td>
<td>Patients with a diagnosis of leukemia at any time during the performance period</td>
</tr>
<tr>
<td>Patients with a diagnosis of cancer during the performance period</td>
<td>Patients who were not enrolled in 12 months of continuous in Medicare FFS Parts A and B prior to the first chemotherapy treatment during performance period</td>
</tr>
<tr>
<td>Patients who receive outpatient chemotherapy treatments at hospital outpatient departments</td>
<td>Patients who were not continuously enrolled in Medicare FFS Parts A and B in the 30 days after any chemotherapy treatment during the performance period</td>
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</tbody>
</table>
Measure Calculation

Measure outcome

- **Inpatient admission**: One or more inpatient hospital admissions for anemia, dehydration, diarrhea, emesis, fever, nausea, neutropenia, pain, pneumonia, or sepsis within 30 days of chemotherapy treatment
- **ED visit**: One or more ED visits for any of the same 10 diagnoses within 30 days of chemotherapy treatment, and no qualifying inpatient admissions

Risk-adjustment models

- **Inpatient admission**: Adjusts for 20 patient-level variables related to age, exposure, comorbidities, and cancer diagnosis categories
- **ED visit**: Adjusts for 15 patient-level variables related to age, exposure, comorbidities, and cancer diagnosis categories

Rate calculated

- **Inpatient admission**: Risk-standardized admission rate (RSAR)
- **ED visit**: Risk-standardized ED visit rate (RSEDR)
Risk-Standardization

• Equation for risk-standardized hospital visit rate calculation:

\[
\text{Rate} = \frac{\text{Predicted Outcomes}}{\text{Expected Outcomes}} \times \text{National Observed Rate}
\]

• The best source of information on the risk-adjustment model is the methodology technical report posted at www.qualitynet.org > PPS-Exempt Cancer Hospitals > Measures > Chemotherapy Measure > Measure Methodology.
Facility-Specific Reports

• FSRs allow facilities to preview measure results and patient data prior to public reporting.

• In **October 2018** CMS will provide facilities with FSRs based on chemotherapy treatments performed during **July 1, 2016–June 30, 2017**.

• FSRs include the following:
  - Measure performance results
  - National results (based on the performance at 11 PCHs only)
  - Detailed patient-level data used to calculate measure results
  - Summary of each facility’s patient mix
CMS categorizes each facility’s performance separately for the RSAR and RSEDR by comparing each facility’s 95% interval estimate with the national observed hospital visit rate.
CMS assigns the performance categories as follows:

- **“Worse than national rate”**
  The entire 95% interval estimate of the facility’s rate is higher than the national observed hospital visit rate.

- **“No different from the national rate”**
  The 95% interval estimate of the facility’s rate includes the national observed hospital visit rate.

- **“Better than national rate”**
  The entire 95% interval estimate of the facility’s rate is lower than the national observed hospital visit rate.
Although CMS provides information to facilities on performance categories, the measure results will **not** be publicly reported during the January 2019 or July 2019 Hospital Compare releases.
Resources

Additional resources on the chemotherapy measure, including a measure fact sheet, frequently asked questions document, measure methodology information, and an FSR User Guide can be found on the Chemotherapy Measure PCHQR QualityNet page:

www.qualitynet.org > PPS-Exempt Cancer Hospitals > Measures > Chemotherapy Measure > Measure Methodology

Please direct questions about the measure to the QualityNet Questions and Answers (Q&A) tool here:

https://cms-ip.custhelp.com
PCHQR Program Measure Overview:
Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy (PCH-30 and PCH-31)

Key Dates and Reminders
Important Upcoming Dates

• Upcoming Outreach and Education Events*
  o November 29, 2018
  o December 19, 2018

• Upcoming Data Submissions
  o November 15, 2018
    ▪ Q3 2017 CST hormone data
    ▪ Q2 2018 HAI data
      ❖ CAUTI, CLABSI, SSI, MRSA, CDI
  o January 3, 2019
    ▪ Q3 2018 HCAHPS Survey data

*Dates are tentative and subject to change.
Hospital Compare Key Dates

October 2018
- Contains:
  - Q3 2016 through Q2 2017 CST chemo data
  - Q1 2016 through Q4 2016 CST hormone data
  - Q1 2017 through Q4 2017 HCAHPS Survey data
- Anticipated refresh October 31, 2018

January 2019
- Contains:
  - Q4 2016 through Q3 2017 CST chemo data
  - Q2 2016 through Q1 2017 CST hormone data
  - Q2 2017 through Q1 2018 HCAHPS Survey data
  - Q1 2017 through Q4 2017 OCM data
  - Q1 2017 through Q4 2017 EBRT data
- Tentative preview period November 17 through December 16, 2018
- Anticipated refresh January 30, 2019
Accessing the **QualityNet** Questions and Answers Tool

**QualityNet Q&A Tool**

QualityNet Registration
- Hospitals - Inpatient
- Hospitals - Outpatient
- Physician Offices
- ASCs
- Cancer Hospitals
- ESRD Facilities
- Inpatient Psychiatric Facilities
- QIOs

Getting Started with QualityNet
- Registration
- Sign-In Instructions
- Security Statement
- Password Rules
- QualityNet System Security Policy, PDF

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**QualityNet News**

*CMS releases December 2017 Hospital Compare preview reports*

The Centers for Medicare & Medicaid Services (CMS) is making the December 2017 Hospital Compare preview reports available on QualityNet on October 2, 2017. The preview reports are for hospitals and facilities participating in the Inpatient Quality Reporting (IQR), Outpatient Quality Reporting (OQR), Inpatient Psychiatric Facility Quality Reporting (IPFQR) and PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Programs.

The Hospital Compare preview reports will be available from October 2 through October 31. Hospitals are encouraged to access and download reports early in the preview period in order to have time for a thorough review. The preview reports are only available during the preview period.

**Headlines**
- CMS grants exceptions for Quality Program participants in FEMA disaster areas in Puerto Rico and U.S. Virgin Islands affected by Hurricane Maria
- CMS will not update Hospital Compare Star Ratings Data in October 2017
- CMS grants exceptions for Quality Program participants in FEMA disaster areas in Florida, Puerto Rico, and U.S. Virgin Islands affected by Hurricane Irma
- CMS will hold a second Review and Corrections Period for the FY 2018 HAC Reduction Program
- CMS grants exceptions for Quality Program participants in FEMA disaster areas in Texas and Louisiana affected by Hurricane Harvey
- Hospital VDP Program FY 2018 Percentage Payment Summary Report now available
Selecting a Program Topic

Select a Hospital Inpatient Quality Reporting Program Topic Below

- Hospital–Acquired Condition (HAC) Reduction Program
- Deficit Reduction Act (DRA) Hospital–Acquired Condition (HAC) Reporting
- Hospital Inpatient Measures and Data Element Abstraction
- Hospital Inpatient Quality Reporting (IQR) Program
- Hospital Readmissions Reduction Program (HRRP)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
- PPS–Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Public Reporting
Star Ratings
Validation
Selecting an Answer Category

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Select an Answer Category

- DACA
- Extraordinary Circumstances Exemption
- Healthcare-Associated Infection Measures
- HAI Measure Waiver
- Cancer Measures
- PCHQR Program Requirements
- General
- PCH-30/31: Admissions and ED Visits for Patients Receiving OP Chemotherapy
- QualityNet System Registration
- Notice of Participation
- Data Accuracy and Completeness
- HAI Waiver

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PCHQR Program Measure Overview:
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Questions
PCHQR Program Measure Overview:
Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy (PCH-30 and PCH-31)

Closing Remarks
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