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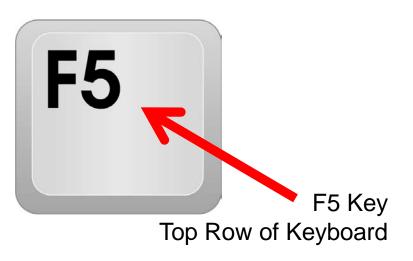
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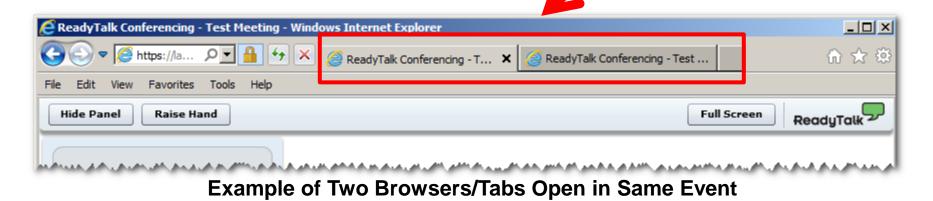
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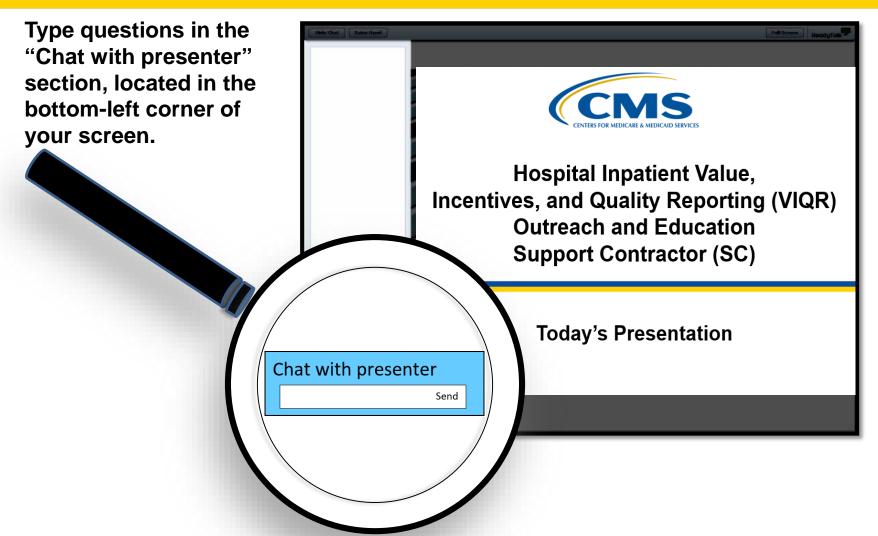


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Submitting Questions





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

Speaker

Mario Marchesi, MPA Chemotherapy Measure Lead, Mathematica

Moderator

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June 26, 2019

Acronyms and Abbreviations

catheter-associated urinary tract infection	LTCH	long-term care hospital
Clostridium difficile Infection	MRSA	Methicillin-Resistant Staphylococcus aureus
central line-associated blood stream infection	NQF	National Quality Forum
Centers for Medicare & Medicaid Services	OCM	Oncology Care Measures
Data Accuracy and Completeness Acknowledgement	OP	outpatient
external beam radiation therapy	PCH	PPS-Exempt Cancer Hospital
emergency department	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
fee for service	PPS	prospective payment system
Facility-Specific Report	Q&A	questions and answers
Fiscal Year	RSAR	Risk-Standardized Admission Rate
healthcare-associated infection	RSEDR	Risk-Standardized ED Visit Rate
Inpatient Prospective Payment System	SSI	Surgical Site Infection
	Clostridium difficile Infection central line-associated blood stream infection Centers for Medicare & Medicaid Services Data Accuracy and Completeness Acknowledgement external beam radiation therapy emergency department fee for service Facility-Specific Report Fiscal Year healthcare-associated infection	Clostridium difficile InfectionMRSAcentral line-associated blood stream infectionNQFCenters for Medicare & Medicaid ServicesOCMData Accuracy and Completeness AcknowledgementOPexternal beam radiation therapyPCHemergency departmentPCHQRfee for servicePPSFacility-Specific ReportQ&AFiscal YearRSARhealthcare-associated infectionRSEDR

Purpose

This presentation will review the refinements made to the measure specifications for PCH-30 and PCH-31 for the April 2019 measure calculations. We will also review measure calculation, risk standardization, and ways to interpret measure results for the April 2019 Facility-Specific Reports (FSRs).

Objectives

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

- Identify pertinent refinements made to the measure specifications.
- Understand the measure results provided in the FSRs.
- Locate PCH-30 and PCH-31 tools and resources on *QualityNet* website.

Overview of Presentation

- Summary of the Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy measure (chemotherapy measure)
- Summary of measure refinements made for April 2019 measure calculation
- Measure specification, calculation, and risk standardization
- Confidential reporting of the measure via FSRs
- Interpreting measure results
- 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 Fiscal Year (FY) 2017 IPPS/LTCH PPS Final Rule (81 FR 57184 through 57191).
- Underwent national confidential dry run in 2017.
- Became effective for the FY 2019 program and subsequent years and confidentially reported in October 2018.
 - The measure is confidentially reported to facilities on an annual basis.
- Recommended for endorsement by National Quality Forum (NQF) Cancer Committee in February 2019.

Measure Background (continued)

The 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.
- Utilizes 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 30-day window after PCH outpatient chemotherapy treatment encounters for identifying events.
- Identifies outcomes separately for the inpatient and ED measures.
 - If a patient experiences both outcomes during the performance period, the outcome is counted toward the inpatient admission outcome.

Measure Background (continued)

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

- Aims to assess care provided to cancer patients and encourage quality improvement efforts.
- Reduces the number of unplanned inpatient admissions and ED visits among cancer patients receiving chemotherapy in a PPS-Exempt Cancer Hospital (PCH) outpatient setting.
- Addresses two National Quality Strategy priorities:
 - Promoting effective communication and coordination of care
 - Promoting the most effective prevention and treatment practices for the leading causes of mortality

Chemotherapy Measure (PCH-30 and PCH-31)

- The goal of the chemotherapy measure is to improve the quality of care delivered to patients undergoing chemotherapy in a hospital outpatient setting.
- CMS confidentially reported results for the chemotherapy measure to facilities in **April 2019.**
 - CMS calculated the measure 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 are included in the measure.

Summary of Measure Refinements

- 1. Addition of a cohort exclusion for patients receiving chemotherapy for non-cancer treatment
- 2. Exclusion of patients with leukemia in remission
- 3. Removal of admissions for procedures and diagnoses considered "always planned" from the measure outcome
- 4. Addition of risk model variable that assesses whether or not a patient had concurrent radiotherapy and chemotherapy
- 5. Minor refinements to measure numerator and denominator code set

Measure Specification 1

Measure Inclusion Criteria

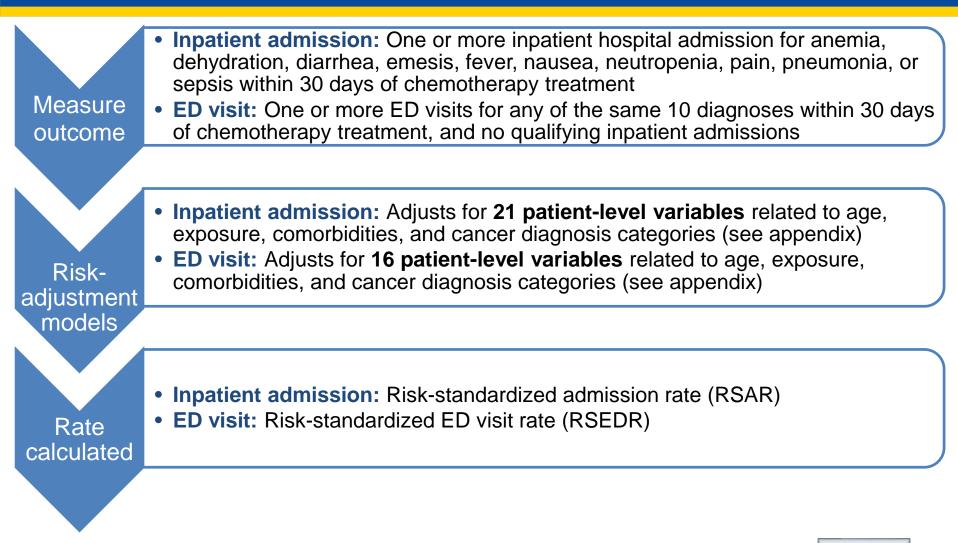
- Medicare FFS patients age 18 or older at the start of the performance period
- Patients with a diagnosis of cancer during the performance period
- Patients who receive outpatient chemotherapy treatments at hospital outpatient departments

Measure Specification 2

Measure Exclusion Criteria

- Patients with a diagnosis of leukemia at any time during the performance period
- Patients who were not enrolled in 12 months of continuous in Medicare FFS Parts A and B prior to any chemotherapy treatment during performance period
- Patients who were not enrolled in Medicare FFS Parts A and B for the 30 days following any chemotherapy treatment
- Patients who received chemotherapy to treat a qualifying autoimmune condition (such as auto immune diseases), rather than to treat cancer

Measure Calculation



Risk-Standardization

Equation for risk-standardized hospital visit rate calculation:

Rate = Expected Outcomes X National Observed Rate*

*Based on performance at 11 PCHs only

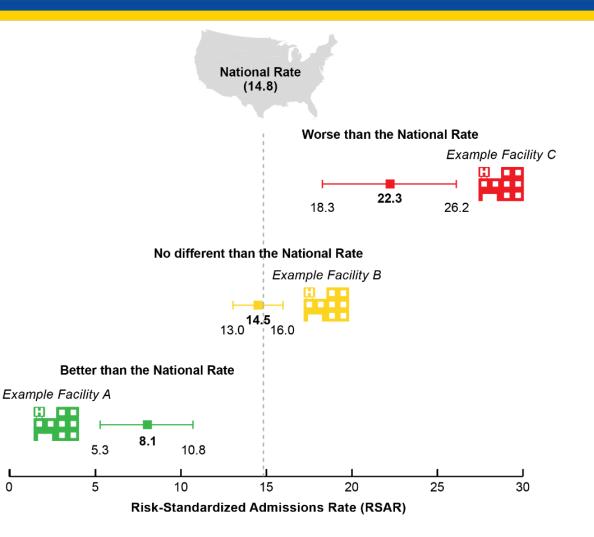
The best source of information on the risk-adjustment model is the methodology technical report posted at <u>www.QualityNet.org</u> > PPS-Exempt Cancer Hospitals > Measures > Chemotherapy Measure > Measure Methodology.

Facility-Specific Reports (FSRs)

- FSRs allow facilities to review measure results and patient data.
- In April 2019 CMS provided facilities with FSRs based on chemotherapy treatments performed July 1, 2017–June 30, 2018.
- FSRs include the following:
 - Measure performance results
 - National results (based on the performance at 11 PCHs only)
 - o Detailed patient-level data used to calculate measure results
 - Summary of each facility's patient mix

Interpreting Measure Results

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 among PCHs.



Interpreting Measure Results

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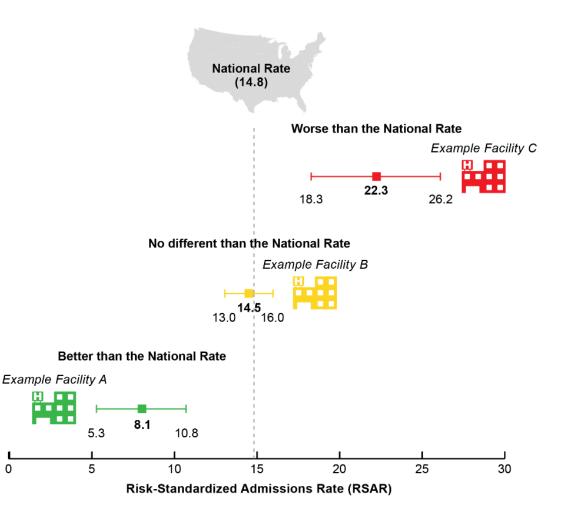
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CMS assigns the performance categories as follows:

- "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.

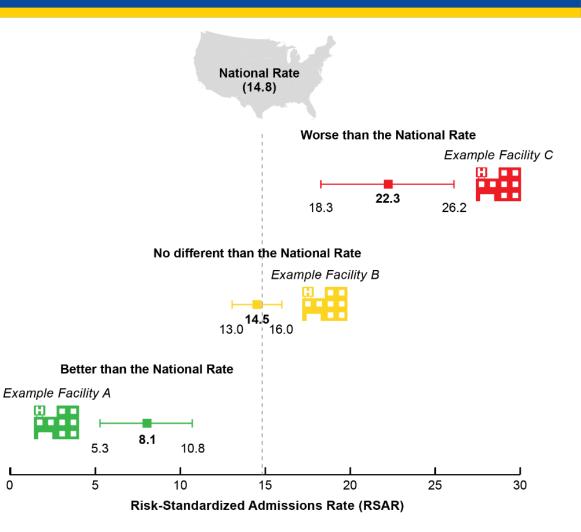


Interpreting Measure Results

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Although CMS provides information to facilities on performance categories, the measure results provided in the April 2019 FSRs will not be publicly reported.



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 Program *QualityNet* page:

<u>www.QualityNet.org</u> > 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: <u>https://cms-ip.custhelp.com</u> PCHQR Program Measure Update: Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy (PCH-30 and PCH-31)

Key Dates and Reminders

Important Upcoming Dates

- Upcoming Outreach and Education Events*
 - o July 25, 2019

Upcoming Data Submissions

- o July 3, 2019
 - o Q1 2019 HCAHPS Survey Data
- o August 15, 2019
 - Q1 2019 HAI data
 - ✤ CAUTI, CLABSI, SSI, MRSA, CDI
 - Calendar Year 2018 OCM and EBRT data
- o September 3, 2019
 - FY 2020 DACA

*Dates are tentative and subject to change.

Hospital Compare Key Dates

July 2019

- o Contains:
 - Q4 2016 through Q3 2017 CST hormone data
 - Q4 2017 through Q3 2018 HCAHPS Survey data

October 2019

- Contains:
 - Q1 2017 through Q4 2017 CST hormone data
 - Q1 2018 through Q4 2018 HCAHPS Survey data
 - Q1 2018 through Q4 2018 HAI data*
 - CDI, MRSA, SSI colon and abdominal hysterectomy
 - Q4 2018 through Q1 2019 HCP data*

*Currently proposed for public display on *Hospital Compare* in the FY 2020 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System (IPPS/LTCH PPS) Proposed Rule



Accessing the *QualityNet* Questions and Answers Tool

QualityNet Q&A Tool

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Join ListServes Sign up for Notifications and Discussions.	<u>CMS will hold a</u> <u>CMS grants exe</u> <u>Louisiana affect</u>	second Review and Con mptions for Quality Proc ed by Hurricane Harvey	rections Period for the FY gram participants in FEM/	A disaster areas	in Texas and	Note: First-time registration required

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Hospital Readmissions Reduction Program (HRRP)	
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program	
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PS-Exempt Cancer Hospital Qualit elect an Answer Category	y Reporting (PCHQR) Program	Contact Us Ask a Question Submit a question to or support team.
DACA	Extraordinary Circumstances Exemption	Give Feedback
Healthcare-Associated Infection Measures	HAI Measure Waiver	How can we make this site more useful for you
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	

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

Questions

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

Closing Remarks

Appendix: Risk Adjustment Models

Inpatient Admissions Model Risk Factors		
Age (years above 18, continuous)	Breast cancer	
Gender (male)	Digestive cancer	
Number of HOPD chemotherapy treatments during period	Respiratory cancer	
Respiratory disorders (CC 110-113)	Lymphoma	
Renal disease (CC 132; 134-140)	Other cancer	
Diabetes (CC 17-20)	Prostate cancer	
Other injuries (CC 174)	Secondary cancer–lymph nodes	
Metabolic disorder (CC 21–26)	Secondary cancer-solid tumor	
Gastrointestinal disorder (CC 27-32; 34; 36-38)	Cardiovascular disease (CC 82-109)	
Psychiatric disorder (CC 50-69)	Concurrent Radiotherapy	
Neurological conditions (CC 70-81)		

Appendix: Risk Adjustment Models

ED Visits Model Risk Factors			
Age (years above 18, continuous)	Breast cancer		
Gender (male)	Digestive cancer		
Number of HOPD chemotherapy treatments during period	Respiratory cancer		
Respiratory disorders (CC 110-113)	Other cancer		
Other injuries (CC 174)	Secondary cancer-lymph nodes		
Gastrointestinal disorder (CC 27-32; 34; 36-38)	Secondary cancer-solid tumor		
Psychiatric disorder (CC 50-69)	Concurrent Radiotherapy		
Neurological conditions (CC 70-81)	Cardiovascular disease (CC 82-109)		

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