



PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

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

Questions and Answers

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar.

Question 1: **Did CMS consider excluding patients receiving concurrent radiotherapy and chemotherapy given the higher toxicity of combined treatment?**

Yes, CMS considered this approach initially, but ultimately we opted for a risk adjustment approach, and this was after we conferred with our expert workgroup. The expert workgroup recommended a risk adjustment approach because, in their clinical opinion, this approach would more likely incentivize better coordination and management of care for these beneficiaries, rather than just excluding these cases.

Question 2: **Did CMS consider using present on admission information to refine the measure outcome?**

Yes, CMS considered this approach. While we explored using present on admission information to refine the measure outcome, we observed in the data that not all hospitals included in the Hospital Outpatient Quality Reporting Program were consistently reporting present on admission information and data. So, when we presented this to our expert workgroup, we ultimately decided that, for the time being, we wouldn't pursue using it because of issues with consistency of reporting, but it's certainly something that we're going to revisit periodically in future measuring re-evaluation cycles.

Question 3: **When will the PCH-30 and PCH-31 measure be publicly reported on *Hospital Compare*?**

As you may recall, the PCH-30 and PCH-31 measure was proposed for public display in the Fiscal Year 2020 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Proposed Rule, which was published in May. The proposal indicated that this measure is being proposed for public display beginning with calendar year 2020. Therefore, the CMS final decision on this proposal, along with the other PCHQR Program proposals, will be addressed in the Fiscal Year 2020 IPPS/LTCH PPS Final Rule, which is customarily published in August. The VIQR Support Contractor will communicate via Listserve when the final rule is available.

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Question 4: **What were the overall impacts of the five measure refinements on the measure results?**

We can give a high-level overview but, again, we would recommend looking at the annual updates and specifications report from 2018, which is now posted on the PCHQR Program *QualityNet* page. Applying the refinements to the measure resulted in the measure cohort for PCHs decreasing by 109 cases, which was about 0.5% of the total cohort. We also saw the national observed inpatient admissions rate drop from 14.6 to 14.0 and the national observed ED visit rate drop from 6.5 to 6.2. Furthermore, as I said, there's much more detailed results in the annual updates and specifications report now on the PCHQR Program *QualityNet* web page.

Question 5: **Please provide additional information or details on the appendices, which are the risk adjustment model tables displayed on slide 32 and slide 33.**

Slides 32 and 33 provide a listing of the variables that we use in our risk models, so the first page is for the inpatient admissions risk model. It currently has 21 variables and, as we mentioned earlier in the talk, we risk adjust for multiple things, of course age, gender, the exposure. We do that by looking at both the number of chemotherapy treatments received in the outpatient setting during the performance period and also the new risk variable of concurrent radiotherapy and chemotherapy. We look at that. So, that's another exposure risk variable.

In addition to that, we look at several co-morbidities, and we also look at several specific cancer groupings and adjust for that as well. The emergency department (ED) model, which is on Slide 33, is similar, but there are a couple of variables that we don't adjust for in the ED model that we do adjust for in the inpatient model because they're not associated as strongly with ED visit outcomes as they are with inpatient outcomes. Similarly, to the last question, not only are these detailed and listed in the annual updates and specifications report, but we go into some length about how we decided on our risk variables and the process we used initially developing the measure.

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Subject-matter experts researched and answered the following questions after the live webinar.

Question 6: **Present on admission (POA) information is critical in this measure to determine if the diagnosis was truly a treatment side effect that brought the patient to the hospital and not something that developed during the admission.**

Thank you for your comment. As noted earlier in the presentation, CMS will continue to explore the feasibility of using POA information as part of measure calculation.

Question 7: **Are there details within the specifications addressing why specific diagnoses are risk factors (e.g., breast cancer)?**

Thank you for your question. Yes, the 2018 Measure Updates and Specifications report, available on the measure's *QualityNet* Resources page, includes a section on risk adjustment that discusses existing variables. Additionally, the measure's original technical report, also available on *QualityNet*, discusses the process used to identify risk variables for the measure's two risk models.