PCHQR Program: FY 2020 IPPS/LTCH PPS Final Rule

Presentation Transcript

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Lisa Vinson: Good afternoon. We would like to welcome everyone to today's PPS-Exempt Cancer Hospital Quality Reporting Program Outreach and Education event entitled, *FY 2020 IPPS/LTCH PPS Final Rule*. My name is Lisa Vinson, and I serve as the Program Lead for the PCHQR Program within the Inpatient Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. I will be the moderator for today's event. As the title indicates, we will be discussing the Fiscal Year 2020 IPPS/LTCH PPS Final Rule. Today's event is specific for participants in the PCHQR Program. Although the final rule contains content that addresses the Inpatient Quality Reporting, or IQR, and Long-term Care Hospital, or LTCH, Quality Reporting Programs, we will only be focusing on the PCHQR Program section. If your facility is participating in the IQR or LTCH program, please contact your Program Lead to find out when there will be a presentation on your section of the Fiscal Year 2020 IPPS/LTCH PPS Final Rule. If you have questions about the content of today's presentation, please submit them using the chat function. As time allows, our presenter will address these during today's event. If time does not allow all questions to be answered during today's event, please remember that the slides, recording, and transcript, and questions and answers summary document will be posted following today's presentation on *Quality Reporting Center* and *QualityNet* websites. Next slide, please.

The materials for today's presentation were developed by our team in conjunction with our CMS Program Lead, Nekeshia McInnis, who will be the main speaker for today's presentation. Nekeshia serves in this role with the Quality Measurement and Value-Based Incentives Group, or QMVIG, within the Center for Clinical Standards and Quality, or CCSQ, at CMS. Next slide, please.

As usual, here is the acronyms and abbreviations list. Acronyms and abbreviations that you will hear and see today include C-M-S, for Centers for Medicare & Medicaid Services; C-Y, for calendar year; E-B-R-T, or EBRT, For External Beam Radiotherapy; H-C-A-H-P-S, or HCAHPS, for Hospital Consumer Assessment of Healthcare Providers and Systems;

F-Y, for fiscal year; I-P-P-S, for Inpatient Perspective Payment System; L-T-C-H, or LTCH, for long-term care hospital; and N-Q-F, for National Quality Forum. Please use this slide as a reference as we go through this presentation. Next slide, please.

The purpose of today's presentation is to provide a review of the Fiscal Year 2020 IPPS/LTCH PPS Final Rule with the focus on the finalized changes for the PCHQR Program. Now, let's move to the next slide to take a look at the objectives.

Upon completion of today's event, program participants will be able to locate the Fiscal Year 2020 IPPS/LTCH PPS Final Rule text, identify finalized changes impacting the PCHQR Program, and summarize CMS's responses to comments received during the rule making process. Next slide, please.

Before Nekeshia begins our discussion of the fiscal year 2020 final rule, which will be the eighth rule finalized that will impact the PCHQR Program since its formation as a result of the Affordable Care Act, I would like to recap briefly the history of the measures that have been added to and, in some cases removed from, the program since its inception. In the first year of the program, the fiscal year 2013 final rule established five quality measures for the program, including the three Cancer-Specific Treatment measures and two Healthcare-Associated Infection, or HAI, measures, CLABSI and CAUTI. The next year, in the fiscal year 2014 final rule, was the addition of another HAI measure, Surgical Site Infections, and the addition of 12 new quality measures. These new measures included the five process-oriented Oncology Care Measures, six Surgical Care Improvement Project, or SCIP, measures, and the incorporation of the HCAHPS Survey data. Fiscal year 2015 saw the addition of one measure, EBRT, or PCH-25, which is External Beam Radiotherapy for Bone Metastases. Next slide, please.

The fourth rule impacting the program, fiscal year 2016, saw the addition of two more HAI measures, MRSA and CDI, as well as the inclusion of the Healthcare Personnel Influenza Vaccination measure. Of note, the fiscal

year 2016 final rule removed the six SCIP measures, effective October 1, 2016. In the fiscal year 2017 Final Rule, a new claims-based measure, Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy was added and the diagnosis cohort for NQF #0382, Radiation Dose Limits to Normal Tissues, was expanded to include patients with a diagnosis of breast or rectal cancer. Next slide, please.

In the fiscal year 2018 final rule, the three CST measures were finalized for removal from the program, effective for diagnoses occurring January 1, 2018 through December 31, 2018, or calendar year 2018. Also, four new end-of-life measures were added to the program for the fiscal year 2020 program and subsequent years; and, lastly, in the fiscal year 2019 final rule, removal Factor 8 was added, four of the five OCMs were finalized for removal from the program, effective for patients treated in calendar year 2019, and one new claims-based measure was added, 30-Day Unplanned Readmissions for Cancer Patients, or NQF #3188. You certainly have this slide for informational purposes but, keep in mind, if you are ever looking for a brief history of a program and the measures, a list of the final rules with their key changes to the program as well as the hyperlinks to the PDF version of the final rules is available in numerous locations including *QualityNet* on the PCHQR Program overview page, *Quality Reporting Center* on the PCHQR tab, and in the Program Manual, which is posted on both *Quality Reporting Center* and *QualityNet* websites. As an informational note, the latest version of the program manual was recently posted in June on both *QualityNet* and *Quality Reporting Center*. An updated version reflecting the finalized changes discussed today will be made available later this year. Next slide, please.

On August 16, the Fiscal Year 2020 IPPS/LTCH PPS Final Rule official *Federal Register* version was published. This version can be accessed via the *Federal Register* link provided on this slide, and the pages specific to the PCHQR Program are 42509–42524. At this time, I would like to turn the presentation over to Nekeshia, who will further discuss the changes that have been made and how they will impact the PCHQR Program. Nekeshia?

Nekeshia McInnis: Thank you, Lisa. Good afternoon everyone and thank you for joining us today during this webinar to present on the latest updates impacting the PCHQR Program based upon finalized policy changes made in the Fiscal Year 2020 IPPS/LTCH PPS Final Rule. Next slide, please.

First, I would like to share a summary of the respective sections detailing the PCHQR Program in the final rule as relayed via this slide. The sections are as follows: Background; Refinement of the HCAHPS Survey: Removal of the Pain Management Questions; Measure Retention and Removal Factors for the PCHQR Program; Removal of the Web-Based Structural Measure, EBRT, from the PCHQR Program, Beginning with the Fiscal Year 2022 Program Year; Adoption of New Quality Measure Beginning with the Fiscal Year 2022 Program Year: Surgical Treatment Complications for Localized Prostate Cancer; Possible New Quality Measure Topics for Future Years; Maintenance of Technical Specifications for Quality Measures; Public Display Requirements; Form, Manner, and Timing of Data Submission; and lastly, the Extraordinary Circumstances Exception, ECE, Policy Under the PCHQR Program. The bolded sections are the specific sections that contain the latest policy changes. Next slide, please.

Specifically, with regards to the unchanged sections of the final rule, in Section 1, entitled Background, you will find a description of the Social Security Act that details the purpose of the PCHQR Program. For Section 3, entitled Measure Retention and Removal Factors for the PCHQR Program, you will find a description of the retention and removal factors that were based on factors adopted for the Hospital Inpatient Quality Reporting, IQR, Program. For Section 7, entitled Maintenance of Technical Specifications for Quality Measures, it is discussed that the technical specifications are periodically updated and maintained on the *QualityNet* website. Lastly, for Section 10, entitled Extraordinary Circumstances Exceptions Policy under the PCHQR Program, we refer readers to the Fiscal Year 2019 IPPS/LTCH PPS Final Rule for more information. Next slide please.

Concerning Section 2, Refinement of HCAHPS Survey: Removal of the Pain Management Questions, we would like to highlight here that the HCAHPS Survey, the first national, standardized, publicly reported survey of patients' experience of hospital care, asks discharged patients 32 questions about their hospital stay. CMS adopted the HCAHPS Survey into the PCHQR Program beginning with fiscal year 2016 program year in the Fiscal Year 2014 IPPS/LTCH [PPS] Final Rule. We would also like to confirm our beliefs that pain management is an important safeguard against the unintended consequences of appropriate clinical care in cancer patients. Next slide, please.

In terms of finalized policy, CMS finalized the proposal to refine the HCAHPS Survey used in the PCHQR Program by removing the three pain management questions beginning with October 1, 2019 discharges. We are also currently targeting January 2020 to discontinue publicly reporting the data collected on the pain management questions. We intend to conduct further education and outreach with stakeholders based on the discussion of alternative approaches and potential future measures. Concerning the comments that we received, there were commenters who supported the removal of the existing pain management questions. Some commenters recommended that CMS seek alternative ways to evaluate how cancer patients view their pain management and consult with specialty societies involved with treatment for this population. Some commenters recommended that CMS pursue measures that adequately capture a hospital's performance on pain management. Next slide, please.

Concerning Section 4, Removal of EBRT for Bone Metastasis, beginning with the fiscal year 2022 program year, we would like to highlight here that this measure was adopted in the fiscal year 2015 IPPS final rule for the fiscal year 2017 program year. Specifications initially used "radiation planning" Current Procedural Terminology, often known as CPT codes, billable at the physician level. However, at least one PCH did not have access to physician billing data, making reporting unduly burdensome and difficult. As a result, the measure was updated to enable use of radiation delivery CPT codes, which are billable at the hospital level. Furthermore,

the measure steward observed that implementing newly coded measures in the outpatient setting proved to be very burdensome on facilities. The use of radiation delivery CPT codes required more complicated measure exclusions to be used. Also, the measure lost NQF endorsement in 2018 and the measure steward is no longer maintaining the measure or seeking re-endorsement. Next slide, please.

Consequently, in terms of finalized policy, CMS finalized the proposal to remove EBRT under removal Factor 8 from the PCHQR Program beginning with fiscal year 2022 program year, which states, “The cost associated with a measure outweigh the benefit of its continued use in the program.” Concerning the comments we received, some commenters stated that the burden associated with data extraction and challenges with maintenance warrant removal. Some commenters also said that there is a poor cost-benefit ratio due to difficulty in identifying accurate and reliable specifications that would allow for reporting of the measure via claims. CMS is appreciative of commenter support. Next slide, please.

Concerning Section 5, New Quality Measure Beginning with the Fiscal Year 2022 Program Year, we would like to highlight the new Surgical Treatment Complications for Localized Prostate Cancer measure, which is based on the *Localized Prostate Cancer Standard Set* developed by the International Consortium for Health Outcome Measurement. This measure addresses complications of the procedure and the outcomes selected are urinary incontinence and erectile dysfunction. We believe that this measure is in line with the Standard Set framework. It would add value to the PCHQR Program measure set. In addition, we believe that, by identifying facilities where adverse outcomes associated with this procedure are more common, this measure will help highlight opportunities for quality improvement activities that may mitigate unwarranted variation in these procedures. Next slide, please.

Furthermore, this measure will be calculated on a yearly basis using Medicare administrative claims data. Data collection period for the fiscal year 2022 program year is July 1, 2019 through June 30, 2020. Availability of claims data is necessary since the methodology assesses

complications pre- and post-surgery directed to the prostate. Lastly, a Surveillance, Epidemiology and End Results Program-Medicare dataset was used to validate Medicare claims data. Specifically, results showed that the claims-based algorithm used by the measure could successfully identify patients with prostate cancer, which substantiated the use of Medicare claims data as a data source. Next slide, please.

Now, in terms of measure calculation, this outcome measure analyzes hospital- and facility-level variations and patient relevant outcomes during the year after prostate-directed therapy. We have described in detail via this slide the numerator and denominator descriptions for this measure, as well as the measure’s exclusions. Measure specifications are available in the 2018 Measures Under Considerations List. Next slide, please.

With regards to cohort and risk assessment adjustment, the cohort for the measure includes adult male Medicare fee-for-service beneficiaries, age 66 years and older, who have received prostate cancer directive surgery within the defined measurement period. For the measures risk adjustment, the measure steward conducted a mock risk-adjustment protocol based on case mix variables identified in the International Consortium for Health Outcome Measurement data dictionary and Technical Expert Panel guidance. As a result, it was determined that risk adjusting the measure did not yield results that demonstrated any statistically significant differences from the non-risk adjusted results. Furthermore, the measure steward finalized the development of the measure without the implementation of a risk-adjustment model. Next slide, please.

As a result, in terms of finalized policy, CMS finalized the proposal to adopt the Surgical Treatment Complications for Localized Prostate Cancer measure to include confidential national reporting for this measure prior to publicly reporting its performance data. By identifying facilities where adverse outcomes associated with the procedure are common, this measure will help address, and hopefully mitigate, unwarranted variation in the procedures. Also, the measure will provide information on hospital- and facility-level variations and adverse outcomes where patients appropriately identified as candidates for the procedure. With regards to

comments we received, some commenters recommended that CMS consider conducting confidential national reporting prior to public display of this measure's data. Some commenters also recommended that stratified results should be provided in the confidential Facility-Specific Reports, FSRs, solely for internal quality improvement. Some other commenters stated that adopting this measure would create financial incentives for hospitals to encourage patients to defer treatment or use other forms of prostate cancer treatments over localized surgical treatments. Lastly, some commenters recommended further refinement and adequate testing were needed prior to inclusion in the program. Next slide, please.

Now, here we display our finalized Fiscal Year 2021 PCHQR Program Measure Set, which includes on this slide CAUTI, the Catheter-associated Urinary Tract Infection Outcome Measure; CLASBI, the Central line-associated Bloodstream Infection Outcome Measure; HCP, the National Healthcare Safety Network, NHSN, Influenza Vaccination Among Healthcare Personnel; Colon and Abdominal Hysterectomy SSI, the American College of Surgeons-Centers for Disease Control and Prevention Harmonized Procedure Specific Surgical Site Infection Outcome Measure, which currently includes SSIs following colon surgery and abdominal hysterectomy; MRSA, the NHSN Facility-wide Inpatient Hospital-onset MRSA Outcome Measure; and CDI, the NHSN Facility-wide Inpatient Hospital-onset [*Clostridium difficile* Infection] Outcome Measure, which are our Safety and Healthcare-Associated Infection Measures, HAIs. Next slide, please.

To continue, the measure set includes on this slide, the end-of-life measures: EOL-Chemo, the Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life; EOL-Hospice, the Proportion of Patients Who Died from Cancer Not Admitted to Hospice; EOL-ICU, the Proportion of Patients Who Died from Cancer Admitted to the Intensive Care Unit in the Last 30 Days of Life; EOL-3DH, the Proportion of Patients Who Died from Cancer Admitted to Hospice for Less than Three Days; and the Oncology: Plan of Care for Pain - Medical Oncology and Radiation Oncology, which are our Clinical

Process/Oncology Care Measures and Intermediate Clinical Outcome Measures, respectively. Next slide, please.

Lastly, to continue, the measure set includes on this slide: HCAHPS, the Hospital Consumer Assessment of Healthcare Providers and Systems Survey; the Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy measure; the 30-Day Unplanned Readmissions for Cancer Patients; and the Surgical Treatment Complications for Localized Prostate Cancer, which are our Patient Engagement/Experience of Care and Claims-Based Outcome Measures, respectively. Next slide, please.

Concerning Section 6, New Quality Measure Topics for Future Years, we continue to analyze quality reporting and quality payment program measures using the framework developed under the Meaningful Measures initiative. Furthermore, we recognize the need to be responsive to the unique needs of the cancer patient cohort by continually examining the quality measurement landscape for quality measures that balance pain management with efforts to address the opioid epidemic. Subsequently, we believe that consideration should be given to use of pain-related patient experience items for cancer patients, shifting the focus to patient reported outcomes, PROs, and PRO-based performance measures, PM. Thus, we sought public comment on measures that could balance the need to assess pain management against efforts to ensure that providers are not incentivized to overprescribe opioids to patients in the PCH setting, as well as future measures that could assess alternative pain management methodologies for cancer patients. Next slide, please.

Consequently, in terms of finalized policy, CMS aims to continue exploring and identifying PRO-PMs for the PCHQR Program measure set. CMS will always take opinions and recommendations provided into consideration. Concerning comments we received, commenters were supportive of our focus on developing additional pain management PRO measures. Some commenters encourage CMS to continue to facilitate research and development of PRO-PMs in context of cancer patient pain management, in addition to collaboration with stakeholders to structure

measures that accommodate the evaluation and use of device-based alternatives as an option instead of opioids. Next slide, please.

Concerning Section 8, Public Display Requirements, we would like to acknowledge section 1866(k)(4) of the Social Security Act which requires CMS to establish procedures to make data submitted under the PCHQR Program available to the public and allow PCHs to review the data prior to public display. We continue to use rulemaking to establish the year the first publicly reported data will be made available and publish the data as soon as feasible during that year. In terms of fiscal year 2020 proposed policies, we made two proposals regarding the timetable for the public display of data for the following measures: Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy Measure, beginning with calendar year 2020; and SSI Colon and Abdominal Hysterectomy; MRSA; CDI; and HCP measures in calendar year 2019. Next slide, please.

Specifically, with regards to the public display of the Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy measure, we are finalizing the proposal with a modification to clarify that data will be publicly reported as soon as practicable rather than beginning in calendar year 2020 due to a delay related to scheduled website improvements to *Hospital Compare*. Please stay tuned for future communications where we will provide more updates concerning these activities. Preliminary assessment of confidential national reporting results ensure data accuracy and completeness. Therefore, measure data are returning valid results. Lastly, at this time, we are unable to specify an exact data reporting period that will be publicly reported. Concerning the comments we received, some commenters stated that they support public reporting to begin in calendar year 2020, while other commenters recommended CMS delay reporting for at least one year to allow for the provision of additional dry run data and valid results. Next slide, please.

Specifically, with regards to the public display of the SSI Colon and Abdominal Hysterectomy, MRSA, CDI and HCP measures in calendar year 2019, we are finalizing the proposal with the modification to clarify that we will publicly report data for these HAI measures as soon as

possible, targeting January, 2020 rather than October, 2019, due to a delay related to scheduled website improvements to *Hospital Compare*. We believe that it is important to track and share information publicly to allow the cancer patient population to make informed decisions. Furthermore, PCH measure data are calculated taking cancer hospital status into consideration. Specifically, the increased HAI risk among patients, and PCH data are displayed in a separate and discrete group on *Hospital Compare*. Concerning comments we received, several commenters supported public display beginning with the October 2019 refresh, while some commenters cited concern that the cancer patient population is at an increased risk for HAIs due to being immunocompromised post-treatment, which can lead to unfair performance comparisons. Similarly, some commenters stated that specifically testing for CDI occurs at a higher frequency in the cancer population and is not accurate enough to distinguish between infection and colonization. Next slide, please.

Here we would like to update you all that we are continuing to defer the public display of the CAUTI and CLABSI measures. CMS finalized retaining the CAUTI and CLABSI outcome measures in the Calendar Year 2019 Outpatient Perspective Payment System, OPPS, Final Rule. Along with this deferral, collaborative efforts between CMS and the CDC continues to evaluate the performance data for the updated risk-adjusted versions of CAUTI and CLABSI. As a result, it was determined to allow adequate time for data collection by the CDC and submission and review of data by CMS. Thus, public display of the revised version of CAUTI and CLABSI measures will occur in calendar year 2022. Next slide, please.

Thus, in summary, you'll find here the finalized public display requirements for our PCHQR Program measures as discussed in earlier slides. Next slide, please.

Lastly, concerning Section 9, Form, Manner, and Timing of Data Submission, we would like to highlight that our data submissions requirements are posted on the *QualityNet* PCHQR Program Resources page, and we have finalized our proposal to conduct confidential reporting for the following existing PCHQR Program measures: EOL-Chemo, EOL-

ICU, EOL-Hospice, EOL-3DH, and the 30-Day Unplanned Readmissions for Cancer Patients. Next slide, please.

As a result of our finalized policies, the four EOL measures will use claims data collected from July 1, 2019 through June 30, 2020, and the 30-Day Unplanned Readmissions for Cancer Patients measure will use claims data collected from October 1, 2019 through September 30, 2020. Now, we would like to reiterate that our confidential national reporting objectives and advantages include allowing us the opportunity to further educate PCHs and stakeholders about the measures, allowing PCHs to review their data and measure results prior to public display, allowing us to answer questions from PCHs and stakeholders, allowing us to test production and reporting processes, and allowing us to identify potential technical changes to the measure specifications. In terms of the comments received, commenters generally supported conducting confidential national reporting for the EOL measures and the 30-Day Unplanned Readmissions for Cancer Patients measure and know that the importance of reports for claims-based measures to ensure technical measure specifications capture the measures accurately. Now, I'll pass the mic back to Lisa. Thank you.

Lisa Vinson: We will conclude today's event as always by reviewing a few key dates and reminders for the PCHQR Program. Next slide, please.

Here is a list of upcoming webinar events and data submission deadlines. Our next two upcoming educational events are tentatively scheduled for September 26 and October 24. As always, we will communicate the exact dates, title, purpose, and objectives for these events with you via Listserve communication starting approximately two weeks prior to the event. Next are the upcoming data submission deadlines for the remainder of this year. September 3, the fiscal year 2020 Data Accuracy and Completeness Acknowledgement, or DACA, is due. As a reminder, this annual requirement is submitted electronically via the *QualityNet Secure Portal*. October 2, quarter two 2019 HCAHPS Survey data are due and, November 18, quarter two 2019 HAI data are due, which includes CLABSI, CAUTI, MRSA, CDI, and SSI for colon and hysterectomy.

Please note that CMS has adjusted this date and future deadline dates that fall on a Friday, Saturday, and Sunday to the next business day. We are currently in the process of updating program resources and tools to ensure that the affected dates are reflected accurately. Next slide, please.

Here are the upcoming *Hospital Compare* refreshes and the data contained in each. As we have discussed today, CMS is working to make the HAI, HCP, and OP Chemotherapy measure data publicly available as soon as practicable, targeting the releases indicated on this slide. As usual, please remember that information related to public reporting are subject to change. As we get closer to the preview periods and refresh dates, we will notify you of the exact dates via listserv communication. Next slide, please.

Finally, here is how to access the PCHQR Program Questions and Answers Tool via the *QualityNet* home page. You can access this tool by clicking the PPS-Exempt Cancer Hospitals link as indicated by the red box on this slide to start the process. Please keep in mind that there is a first-time registration required if you are accessing this tool for the first time. Next slide, please.

Now, I would like to take a brief moment just to review the continuing education process. Next slide, please.

Please take a few moments to review the information on this slide that relates to continuing education approval. If you have any additional questions or need assistance with this process, please click the "CE credit" link provided on this slide. Next slide, please.

Now, I would like to turn the presentation back over to Nekeshia to provide our closing remarks. Nekeshia?

Nekeshia McInnis: Thank you, Lisa and team. I would like to thank you again for joining us for today's presentation. Also, a special thank you to those who provided comments during our public comment period for Fiscal Year 2020 IPPS/LTCH PPS Final Rule. We continue to enjoy collaborating and partnering with our various stakeholders in the PCH community. It is always a joy to partake in discussions and to listen in on conversations so

that we can better inform ourselves as well as our policies and determinations as best as possible in support of the PCHQR Program, but ultimately in support of our PCHs and our beneficiaries. We definitely appreciate you all taking the time to continue to attend these webinars, to participate in these discussions, to write comments to us so that we are aware of any concerns or any ideas or suggestions or proposals for further improvement of this program because we definitely do not want to operate in a vacuum. We definitely want to continue developing and cultivating these key partnerships that are necessary and critical to the continued success of the PCHQR Program. So with that being said, without further ado, please do not hesitate to continue reaching out to us as much as possible if you have any questions or concerns or comments as a result of these proposals and other prior PCHQR Program topics, and we'll do our best to further support you all in our continued movement forward with this program. Thank you again. Have a great rest of your day.