



PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Support Contractor

PCHQR Program: CY 2019 Measures and Resources Update

Presentation Transcript

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Lisa Vinson: Good afternoon and welcome to today's Outreach and Education program for the PPS-Exempt Cancer Hospital Quality Reporting, or PCHQR Program, entitled *Calendar Year 2019 Measures and Resources Updates*. My name is Lisa Vinson and I am the Program Lead for the PCHQR Program with the Inpatient Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. I will be the speaker for today's event. Today's presentation will focus on the program measures, along with a review of a few familiar program resources and tools which have been updated to assist you with data collection and submission requirements. As far as measure updates, we will discuss applicable updates to PCH-15, or NQF #0383, which apply to data collected for this calendar year 2019, which applies to fiscal year 2021 and will be reported for next year, August 2020. As always, you can submit questions using the chat function that was discussed on the previous slide and, as time allows, we will respond to your inquiries during today's event. However, time and the requirement for additional research before responding to a question may prevent us from being able to respond to all questions received. Please remember that all questions and answers, as well the recording and transcript for today's event, will be posted on both *QualityReportingCenter.com* and *QualityNet.org*, under the PCHQR Program tab. Lastly, I would like to emphasize that today's event is specific to the participants in the PPS-Exempt Cancer Hospital Quality Reporting Program only. Others interested in the topics covered during today's webinar are certainly welcome to attend. However, the information presented today only pertains to those participating in the PCHQR Program. If you are not a participant in the PCHQR Program and have similar measures in your CMS Quality Reporting Program, please refer to the materials supplied by that program's support contractor. Next slide, please.

This slide is our standard acronyms and abbreviations slide. We provide this during each event to serve as a reference for you to use as we discuss our program, and, by listing the abbreviations and their corresponding full name here, at the beginning, we are able to simplify the appearance of the slides in our program. At this time, I would like to highlight a few of the

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acronyms and abbreviation you may hear today: ASCO for American Society of Clinical Oncology; ASTRO for American Society for Radiation Oncology; C-P-T for Current Procedural Terminology; E-B-R-T for external beam radiotherapy; I-C-D for International Classification of Diseases; MIF for Measure Information Form; and O-C-M for Oncology Care Measure. Next slide, please.

The purpose of today's event is to provide program participants with a high-level review of the 2019 updates, with a focus on the Oncology: Medical and Radiation – Plan of Care for Moderate to Severe Pain, or NQF #0383, or PCH-15 measure, program manual, and other program resources located on *QualityNet* and *Quality Reporting Center* websites. The specific objectives for today's event are outlined on our next slide.

Today's objectives are rather straight forward. We want participants to be able to, first, apply the updated measure information form, or MIF, to accurately abstract the Oncology: Medical and Radiation – Plan of Care for Moderate to Severe Pain measure for the new specifications. Second, use the updated algorithm to visualize the data abstraction process for NQF #0383. Third, describe the updated sections of the 2019 PCHQR Program Manual. Finally, locate the updated resources and tools on *QualityNet* and *Quality Reporting Center* websites. Therefore, let's move on to our first section, Measure Updates. Next slide, please.

There are no significant standard changes impacting the safety and healthcare-associated measures, the HCAHPS survey, and Clinical Effectiveness Measure, or EBRT, process impacting the PCHQR Program for patient care delivered during calendar year 2019. Therefore, we will devote the updates during the rest of today's event to the changes to the one Oncology Care Measure, which is NQF #0383, or PCH-15. However, before we begin our review, we will discuss some important concepts, or frameworks, involving these measures and their specifications on the next two slides that you are already familiar with. Next slide, please.

Currently, on *QualityNet*, under the PCHQR Program, and on the Data Collection tab, you will find the measure specifications for the care

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provided for the OCMs and EBRT for calendar years 2018 and 2019. For each of the six measures – NQF #0382, #0383, #0384, #0389, #0390, and PCH-25, or EBRT, you will find four tools. The Measure Information Form: Measure Information Forms, or MIFs, are derived from source documentation from NQF, CMS, measure stewards, and the Quality Payment Program, or QPP. The MIFs contain introductory information, denominator and numerator definitions, rationale and clinical recommendation statements. The clean algorithm is a visual tool that allows how the denominator and numerator for the measure are determined. A population and sampling algorithm that shows the same information, but with examples of patient numbers for population, sampling, denominator, and numerator. A paper abstraction tool takes you through the MIF and algorithms in a step-by-step question-and-answer format.

The 2018 information that is currently on *QualityNet* is for care delivered in calendar year 2018, which is January 1, 2018 through December 31, 2018, and will be reported next month, August 15, 2019. This data submission period will include all five OCMs and EBRT. The 2019 information, which is also available on *QualityNet*, is for care delivered for this year, which is calendar year 2019, and will be reported in August 2020. This data submission period will only include NQF #0383, or PCH-15, and EBRT measures, which is why you see updated tools for these two measures only. Next slide, please.

As you are aware, NQF #0383 and NQF #0384, or Oncology: Pain Intensity Quantified, were paired measures. However, in the Fiscal Year 2019 IPPS/LTCH [PPS] Final Rule, NQF #0384, along with the other three Oncology Care Measures, or OCMs, NQF #0382, #0389, and #0390 were finalized for removal from the PCHQR Program. Therefore, for calendar year 2019, NQF #0383 is the only remaining OCM that will be reported, in addition to EBRT, both via the web-based data collection tool. So, let's review a few refresher points. It is important to note that when deciding which set of measure specifications to use, you have to know how the data collection period is designated for the measure. For the

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HAIs, it is based upon event date for the healthcare-associated infections and flu season for the influenza vaccination measure. On our next series of slides, we will be discussing updates for NQF #0383, or PCH-15. However, as noted on this slide, there were no updates made to the EBRT measure for calendar year 2019. Therefore, as it stands, EBRT is based upon the patient treatment or visit date and should be reported only once per quarter. If the treatment spans more than one quarter, it should be attributed only once, that is, to the quarter in which it originated. Again, as stated previously, both calendar year 2018 and calendar year 2019 versions of the data collection tools are available as you are using the 2018 tools currently for the data that is due August 15, 2019. The 2019 tools will be used for the data that is due to be reported next August in 2020. Next slide, please.

Here is a summary of updates to the MIF for NQF #0383, or PCH-15, measure. You will note that the Measure title description and instructions have all been updated. The Denominator coding for Current Procedural Terminology, or CPT, service codes and CPT procedure codes have been added. The International Classification of Diseases, Tenth Revision, Clinical Modification, or ICD-10-CM, codes have been updated to include additions and deletions, and Numerator options for performance met and unmet have been added. Next slide, please.

Here is the overview portion of NQF #0383 MIF, which includes the measure name, which has been updated to Oncology: Medical and Radiation – Plan of Care for Moderate to Severe Pain, (previously Plan of Care for Pain); measure ID number, both the NQF and PCH numbers remain the same; applicable NQF portfolios; National Quality Strategy Priority; the type of measure, which is process; Improvement Noted As; and the measure steward, which is the American Society of Clinical Oncology.

As I mentioned earlier, the measure description and instructions have been updated. The 2019 MIF description states percentage of patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having moderate to severe

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pain with a plan of care to address pain documented on or before the date of the second visit with a clinician. Whereas, the previous versions of the MIF stated those who report having pain and the intensity is quantified using a standardized instrument with a documented plan of care to address pain. As for the instructions, for calendar year 2019, this measure is to be submitted once for each new occurrence of cancer diagnosis during the performance period for whom moderate to severe pain is present. This is a change from the previous instructions, as this measure was to be reported at each eligible encounter or visit occurring during the measurement period for patients with a diagnosis of cancer who have pain and the intensity of the pain is quantified using a standardized instrument and are seen during the measurement period. Next, we will take a look at the denominator portion of the MIF, which included the updates mentioned earlier. Next slide, please.

Here is the algorithm for the denominator for NQF #0383. You will note the blue box on the left-hand side serves as a reminder that this measure is to be reported once during the measurement period. Then, beginning with "Start," you would follow the algorithm to the first decision box, which is diagnosis of cancer or radiation therapy. If a patient receives chemotherapy or radiation therapy, or both, they are eligible for inclusion. However, if not, then they are not included in the denominator. Additional qualifiers, such as those receiving chemotherapy, is defined as chemotherapy administered less than or equal to 30 days prior and 30 days after the encounter or, for those receiving radiation therapy, the encounter or visit occurring during the measurement period in which the radiation therapy was received. If these criteria is met for either, the patient will be included in denominator. Lastly, was the pain level screened as moderate to severe? The MIF outlines the denominator definitions of moderate and severe pain. Moderate pain is quantified under the Numerical Rating Scale or the Faces Pain Rating Scale as a score of 4 to 6, and severe pain is quantified under the same pain assessment tools as a score of 7 to 10. You can also refer to the MIF for a complete list of all of the ICD-10 and CPT codes. Next slide, please.

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Once you have determined that the patient's pain was appropriately screened as moderate to severe pain, you will further ascertain if there is a plan of care addressing a moderate to severe pain level documented on or before the date of the second visit with a clinician. If yes, this case will be included in the numerator. If not, the case will not be included in the numerator. Next slide, please.

Here is a screen capture of the paper abstraction tool for calendar year 2019. This tool can be used to aid in data collection for NQF #0383, or PCH-15. It is essentially a step-by-step list of instructions to assist with identifying the denominator and numerator for this measure. This updated tool, along with the MIF and algorithms, both clean and population and sampling, can be found on the *QualityNet* Data Collection page for the PCHQR Program, which we will review shortly. Next slide, please.

In March of 2018, you may recall that the NQF endorsement for EBRT, formerly known as NQF #1822, was removed at the discretion of the measure steward, again which is ASTRO, or the American Society of Radiation Oncology. As stated earlier, there were no content changes to the MIFs and algorithms for this measure. The only update you should have noticed is that the measure is now referred to by its PCH number which is 25. Therefore, all NQF verbiage has been removed and replaced with PCH-25. Next slide, please.

Here is an overview of the MIF for EBRT: measure name, External Beam Radiotherapy, or EBRT for Bone Metastases; measure ID, which again is PCH-25; National Quality Strategy Domain, which is Effective Communication and Care Coordination; type of measure, which is process; Improvement Noted As, a higher score indicates better quality; and the measure steward, ASTRO. The description and instruction statements remain unchanged. Next slide, please.

The denominator and numerator statements remain unchanged as well. The denominator includes all patients with bone metastases and no previous radiation to the same anatomic site who receive EBRT for the treatment of bone metastases. The applicable denominator exclusions are

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provided here as well. The numerator states all patients, regardless of age, with bone metastases and no previous radiation to the same anatomic site, who receive EBRT for treatment of bone metastases with any of the recommended fractionation schemes listed. Again, this information all remains unchanged, so you will be using the same specifications for both calendar years 2018 and 2019 reporting periods. Next slide., please.

The 2019 Program Manual can be assessed on both *Quality Reporting Center.com* as well as *QualityNet.org*. The manual is usually updated twice a year, with the most significant update occurring during the early fall, after the final rule is published in August. The Winter-Spring updates contain the information that has emerged since the publication of the final rule and has any clarifications and updates to assist you in understanding the measures and reporting process for the current calendar year's patient care. This normally takes place in April and these are the updates we will be discussing today. Before I share these updates, I would like to give you a quick refresher on the use of this manual. First, the program manual is essentially an overview of the program; it is not a measure specification manual. For the measure specifications needed to abstract the measures, you have to refer to the materials presented during these educational events and also on *QualityNet* for the PCHQR Program, on the Data Collection tab. Secondly, the manual provides a comprehensive view of all aspects of the program. As you will see, this spans from the rules establishing and governing the program, to the specific measures and how to report them, to participation and use of the *QualityNet* system, to Public Reporting. And thirdly, the manual has electronic links. This allows you, from the Table of Contents, to jump to the specific portion of the program manual that you are seeking information on. With that as a background, let's look at the updates to this document on our next two slides. Next slide, please.

Section 1 of the manual provides an overview of the Program, including the statutory establishment of the program, as well as an overview of the significant updates that have occurred annually from fiscal year 2013 through fiscal year 2019. There is also a link to the PDF text of each

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year's final rule. Section 2 addresses the actual measures in use for the program. This begins with a list of the six categories of measures, as well as each measure with its NQF and PCH number, as appropriate. Each category of the measure then includes an overview of each individual measure including the clinical rationale for its inclusion in the program. There is also a description of the numerator and denominator for each measure, but remember, this is descriptive only. It does not contain the details needed to abstract the measures. This information is found on the Measure Information Forms and algorithms on *QualityNet*. Specific to the 2019 manual, you will find discussions of the updates we've discussed today in this section. You will also note that the measure information pertaining to the Cancer-Specific Treatment, or CST, measures has been removed as these measures are no longer reported by PCHQR Program participants. The four OCMs finalized for removal are still listed, but there is a footnote denoting their removal from the program, effective for calendar year 2019 data collection. Section 3 is devoted to Data Reporting. This shows the allowed methods of reporting of data for each of the measure sets, which ranges from data reported by the CDC on your behalf, to the use of a vendor, to claims-based measures. This also includes use of the web-based data collection tool. Sections 4 and 5 are mostly reference for the PCHQR Program participants as they address registration in *QualityNet* and authorization of a vendor. All of the PCHs currently have active Security Administrators in *QualityNet* and all have successfully authorized their HCAHPS vendor. Next slide, please.

Section 6, the Notice of Participation, or NOP, is once again provided for reference, as the PCHs have all successfully filed their Notice of Participation for the program. In the past, we received inquiries as to how often the NOP needs to be completed. The answer is only once, since it automatically renews. The only time you would need to address your NOP is if you decide to stop participating in the PCHQR Program and if you later decide to resume participation. Section 7 addresses the Data Accuracy and Completeness Acknowledgment, which must be completed annually by each PCH. This annual requirement is due September 3 this year. The submission process is now electronic, and the screen captures

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provided in the program manual reflect this. Section 8 tells you how to access both your facility reports, showing your performance by Program Year for the HAIs, OCMs, and EBRT, and the HCAHPS Reports. Section 9 addresses Public Reporting which has been updated to reflect the new Next Generation preview platform, and the public reporting timeline has been updated as well. Section 10 is a compilation of resources. Here is where you will find the updated Program Measure Submission Deadlines Table and the Relationship Matrix. This concludes our review of the updates to the program manual. Again, this manual is currently available on both *Quality Reporting Center* and *QualityNet* websites and the next update will occur later this year in the fall. We will send out a Listserve communication once the updated version is available. Next slide, please.

For your convenience, I have included the *QualityNet* and *Quality Reporting Center* PCHQR Program page links, which will take you directly to the tools we have discussed today. The *QualityNet* PCHQR Program Overview page provides statutory and background related information, along with links to the final rule publications with page citations specifically for the PCHQR Program section and a summary of the finalized changes. The three remaining links we will take a look at on our next series of slides. Next slide, please.

This is the current *QualityNet* Data Collection page for the PCHQR Program. As highlighted by the red boxes on this page, you can access the tools for this year, calendar year 2019, for both NQF #0383, or PCH-15, and EBRT, or PCH-25, measures. The calendar year 2018 tools are available as well to assist with your abstraction requirements for the upcoming August 15, 2019 data submission deadline. The 2018 tools will eventually be removed later this year, as this information will no longer be applicable to meeting program requirements. As this slide only reflects one of the measures we discussed today, this page houses all of the program measures and associated tools. Again, you can access this page directly by selecting the second link on the previous slide. Next slide, please.

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This is the *QualityNet* PCHQR Program Resources page. At the top of this page are links to various web resources. The bottom section contains program-specific resources. I would like to highlight three of the five resources listed, the first being the 2019 program manual, which we just discussed today. Once the manual is updated, here is where you can find the PDF version of this document. Second, the data submission deadlines table is a valuable resource, as it spells out the data submission deadlines for the HAIs, HCAHPS, OCMs, EBRT, and the DACA. All of the quarterly and annual data submissions are contained in this one document. This document is currently updated through January 2020 and is typically updated at least twice a year. Lastly, the PCHQR Measure to Public Reporting Period Relationship Matrix, which shows the relationship between the measures reported by the PCHs for participation in the program and how these measures apply to public reporting on *QualityNet* and *Hospital Compare*. Of note, not pictured here is the Forms section, which includes links to the Hospital Contact Change Form, Extraordinary Circumstances Exceptions, or ECE, Request Form, and the Measure Exception Form. Next slide, please.

In addition to *QualityNet*, the *Quality Reporting Center* website is valuable as well. You may have noticed by now that the site has a new look and feel. I wanted to briefly show you how to navigate this site, particularly the PCHQR Program Resources and Tools. The *Quality Reporting Center homepage*, shown here, can be accessed by clicking the hyperlink above the image. You will start by selecting Inpatient, as denoted by the red box on this slide. By doing so, you will be taken to the screen on the next slide.

On this page, you have two options that will take you to the PCHQR Program page. For the purpose of this presentation, we will choose the selection on the left-hand side of screen, which will display the drop-down of menu options on the next slide.

I would like to highlight the PCHQR Archived Events link. If you are ever looking for past event recordings, transcripts, and/or question-and-answer summary documents, this is the link you can access to locate this

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information. Now, from the three options available under the PCHQR Program header, by choosing Resources and Tools, you will be taken to the screen on the next slide.

Here you will find many, if not all, of the same resources and tools found on the *QualityNet* PCHQR Program page. You can access the Hospital Contact Change Form, the July 2019 *Hospital Compare* preview documents, and the 2019 program manual discussed today, along with other program resources and tools that we have already covered. Next slide, please.

We will conclude today's event, as always, by reviewing key reminders for the PCHQR Program, beginning on our next slide.

As for upcoming webinars, customarily, our August event is focused on the publication of the final rule, so that will be the tentative topic of discussion at that time. Again, the upcoming data submission deadline requirements have been provided here as well. The August 15, 2019 data submission will include Quarter 1 2019 healthcare-associated infection, or HAI, measure data for CAUTI, CLABSI, SSI Colon and Abdominal Hysterectomy, CDI, and MRSA, along with the calendar year 2018 OCM and EBRT measure data. Also, as a reminder, for those PCH facilities who wish to file a measure exception form for calendar year 2019, please keep in mind that this form must be submitted before or by the August 15 deadline. Next slide, please.

And here is information regarding *Hospital Compare* and PCHQR Program data. For the July 2019 refresh, the data that will be publicly reported is displayed on this slide. For the October 2019 refresh, the preview period is currently underway, as of July 16, and closes August 14, 2019. Please be sure to preview your data via logging in to the preview User Interface. Help guides are currently posted on *QualityNet*, under the PCHQR Program Public Reporting tab. Also, please note that this will be the last display of the CST hormone data on *Hospital Compare*. As with all public reporting dates, these are subject to change and we will inform

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you of specific dates via Listserve communications, as they become available. Next slide, please.

Finally, here is how to access the PCHQR Questions and Answers Tool via the *QualityNet* homepage. You can access the tool by clicking the “PPS-Exempt Cancer Hospitals” link, as indicated by the red box on this slide. There is a registration process required if you are accessing this tool for the first time. Next slide, please.

As always, we thank you for your time and attention during today’s event. Thank you and have a great day.