



PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

**PCHQR Program: Surgical Treatment Complications for Localized
Prostate Cancer (PCH-37) Measure Overview
Presentation Transcript**

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Lisa Vinson: Good afternoon and thank you for joining today's PPS-Exempt Cancer Hospital Quality Reporting, or PCHQR, Program educational event entitled, *Surgical Treatment Complications for Localized Prostate Cancer (PCH-37) Measure Overview*. 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 moderator for today's event. As the title suggests, our discussion today will focus on one of the PCHQR Program's claims-based outcome measure: Surgical Treatment Complications for Localized Prostate Cancer measure, or PCH-37. This measure was finalized for inclusion in the PCHQR Program in the Fiscal Year 2020 IPPS/LTCH PPS Final Rule, published back in August 2019. Most recently, confidential national reports, for fiscal year 2023, were delivered to program participants on July 29. I would like to emphasize that the specific content for today's webinar is only applicable to the participants in the PPS-Exempt Cancer Hospital Quality Reporting Program, as it relates to participation and reporting in CMS Quality Reporting Programs. As a reminder, the slides for today's event were posted to QualityReportingCenter.com prior to the event. The question-and-answer summary document, transcript, and recording of today's event will be posted on the same website and QualityNet in the near future. Lastly, if you have a question as we go along through today's presentation, please type your question in the chat window. At the end of this event, we will have a question-and-answer session. For the speakers to best answer your question, we ask that at the beginning of your question, please reference the slide number, along with your question, in the chat window. Questions that are not addressed during this question-and-answer session will be posted to the QualityReportingCenter.com website at a later date.

Today, we are joined by Tamara Mohammed, who is a Senior Health Outcomes Researcher with the Yale Center for Outcomes Research & Evaluation organization. Tamara, her team, and myself collaborated on the information we will be sharing today, and we hope that you find it beneficial in understanding the PCH-37 measure as it relates to the content of your confidential facility-specific reports.

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As stated earlier, there will be a question-and-answer segment at the end of the didactic portion of this presentation. We request that you submit your questions, pertinent to the webinar topic, via the chat tool as we go through the event. As time allows, questions will be addressed in the order received. Those questions unable to be addressed will be included in a question-and-answer summary document. This document will be posted on the PCHQR Program pages on Quality Reporting Center and QualityNet websites. As indicated on this slide, and I will review at the end the presentation, the [QualityNet Question and Answer Tool](#) is always at your disposal. You can submit any additional questions after this webinar via the QualityNet Question and Answer Tool. If you have an unrelated question to the current webinar topic, please utilize the search function within the question-and-answer tool to see if your questions may have already been answered. If not, feel free to submit a question, and a response will be provided as soon as possible.

Here is our standard abbreviation and acronym slide. Abbreviations and acronyms you may hear today include E-D, for erectile dysfunction; F-S-R, for Facility-Specific Report; H-Q-R, for Hospital Quality Reporting; M-F-T, for Managed File Transfer; and U-I, for urinary incontinence.

This presentation will provide an overview of the PCHQR Program's Surgical Treatment Complications for Localized Prostate Cancer measure and the Facility-Specific Reports, or FSRs.

Upon completion of this event, participants will be able to understand how the prostate cancer measure is specified and calculated in the PCHQR Program, interpret fiscal year 2023 measure results for the FSRs, and answer questions related to the measure calculation and FSRs.

Before I hand the presentation over to Tamara, I wanted to make a few points regarding the background of the PCH-37 measure.

Prostate cancer is the most common non-dermatologic malignancy among men in the US. About 80 percent of patients are diagnosed with localized disease and may be eligible for prostate directed therapy, which may

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include surgical removal of the prostate, radiation therapy, or both. The majority of patients who undergo prostate directed therapy survive, but these treatments can have serious and potentially longstanding adverse effects, such as incontinence, urinary tract obstruction, and erectile dysfunction to name a few, all of which can detrimentally impact one's quality of life. PCH-37 addresses complications of a prostatectomy, and the outcomes selected are urinary incontinence (UI) and erectile dysfunction (ED). This measure uses claims to identify UI and ED among patients undergoing localized prostate cancer surgery to derive hospital-specific rates. By identifying facilities where adverse outcomes associated with prostatectomy are more common, this measure helps highlight opportunities for quality improvement activities that may mitigate unwarranted variation in prostatectomy procedures.

Now, I would like hand the presentation over to Tamara. Tamara, the floor is yours.

Tamara

Mohammed:

Hi, everyone. My name is Tamara Mohammed, and I lead work to implement measures at the Yale Center for Outcomes Research & Evaluation. As mentioned earlier, I'm here today to speak to you about the Surgical Treatment Complications for Localized Prostate Cancer measure, which, for during my presentation, I'll either be referring to as either the prostate cancer measure or the PCH-37 measure for the sake of brevity. Specifically, during my portion of today's webinar, I'll be focusing on providing you with information on the way in which the PCH-37 measure is calculated and reported.

So, for a bit of background, the PCH-37 measure was developed by the Dana-Farber Cancer Institute and the Alliance of Dedicated Cancer Centers to look at changes and complications of prostatectomy surgery. A complication for this measure is defined as urinary incontinence or erectile dysfunction. I will speak to that a bit more in a second, but, once the measure was developed, CMS, in its fiscal year 2020 IPPS, inpatient prospective payment system, rule adopted the prostate cancer measure for use in its PPS-exempt Cancer Hospital Quality Reporting Program, or

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PCHQR Program. Then, earlier this year. I believe in August 2022, CMS released the first FSRs, or Facility-Specific Reports, for this measure. The measure results in these FSRs were confidential only, which means that CMS does not intend to publicly report the PCH-37 measure results you received in your summer FSRs for the fiscal year 2023 program year.

As a quick overview of the measure, the PCH-37 measure is the claims-based measure, which means that CMS will use claims data to calculate measure results, and hospitals do not need to strip it any additional information to CMS for this measure. The measure itself assesses the difference in the number of days a patient has the outcome of urinary incontinence and erectile dysfunction in the year before. This is the year after a localized prostate cancer surgery. The PCH-37 measure is not risk adjusted, This is because, during measure testing, when they looked at the difference between the risk-adjusted and the non-risk adjusted results, they found no significant differences in these results. So, a decision was made to not risk adjust the measure.

Oka. Now to get a bit into the measure specifications, the denominator for the PCH-37 measure includes Medicare Fee for Service patients aged 66 or older who underwent a prostate cancer surgery. Their surgery can be either open, or minimally invasive, or robotic, and whether surgery occurred after the patient was diagnosed with prostate cancer. To be in the measure, the patient must have survived at least one year after the surgery and must have had continuous Medicare Parts A and B coverage in the year before and the year after the surgery. If a patient meets these criteria, then they are included in the measure calculation unless they meet any of the exclusion criteria. That is, they're included in the measure unless the patient has metastatic disease or other dermatologic primary cancer localized and or metastatic or if the patient was receiving chemotherapy or radiation.

If a patient is included in the measure denominator based on the criteria we just discussed, then the PCH -3 measure assesses the outcome or numerator for that patient. The numerator in this case is the difference or change in the number of days the patient has the outcome in the year

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before the surgery versus the number of days the patient had the outcome in the year after the surgery. It's important to note here that 1) an outcome is considered to be days with incontinence and/or erectile dysfunction or a day is in essence the patient having a claim either inpatient, or outpatient, or the outcome of incontinence or erectile dysfunction and 2) as you can see here on the screen, the formula is represented as the number of days with the outcome in the year after the surgery minus the number of days with the outcome in the year before the surgery.

So, using this formula, the PCH-37 measure calculates this difference in days for each patient . Then, these results are winsorized to remove the effect of outliers. Each patient's level difference is then transformed into a score between 0 and 100 to help improve the interpretability of the results. A score of 0 indicates the worst performance. The score of 100 indicates the best performance, In order to derive the score for the hospital, the average of all the patient scores for that hospital is then taken.

So, this is the method of CMS uses to calculate results for the PCH-37 measure, and these calculations are typically done using one year of data. However, for the fiscal year 2023 program year under the PCHQR Program, only six months of data were used to calculate the PCH-37 measure results. That is, the measure results received in the summer 2022 FSRs for the PCH-37 measure will be calculated using only six months of data, rather than one year of data. This was done in order to account for the COVID-19 data waiver where data from January 1, 2020, to June 30, 2020, were not used for measure calculations. To be specific, the PCH-37 measure was calculated this year using data from July 1, 2019, to December 1, 2019. Results for PCH-37 are only calculated for PCH hospitals, although the outcome of urinary incontinence and erectile dysfunction can occur at any hospital in the nation. To ensure reliability of the results provided, PCH-37 measure results are only calculated for hospitals with at least 10 eligible patients in the measure in the reporting period. However, if a hospital has at least one eligible patient in the reporting period, they will receive a confidential FSR, detailing

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information on that patient or patients, even though results on the measure itself may not be calculated.

So, this slide shows you a quick example of what Table 1 of your hospital's Facility-Specific Reports, or FSRs, or the PCH-37 measure might look like. At the top, it obviously tells you the name of the measure and the data period used to calculate results. If you look at the table, then the second row reads: "Your Facility's Score on the Measure." This row provides you with information on your facility's overall score for the PCH-37 measure. As I mentioned earlier, this is simply the average of all the patient-level scores for this measure, where 0 represents the worst performance and 100 represents the best performance. The row beneath that, which reads: Total Number of Eligible Patients at your Facility," tells you how many patients were used in the measure calculation. This would be the denominator at your facility. Below that row, you have two rows to tell you the total number of eligible patients with the outcome in the one year before the surgery at your facility and then in the one year after the surgery at your facility. So, these first four rows in the table provide some information on your facility's performance on the PCH-37 measure. The four rows beneath those provide you with information on a national level for the national score. You can see a row there labeled performance of the measure. The same information is repeated on a national level to provide you with the national score and you can see a row there labeled National Score. Beneath that row, you have information on how many patients were in the measure nationally. Then, there are two rows beneath that tell you how many patients in the nation have an outcome in the year before and then in the year after the surgery.

We just covered the PCH-37 measure specification and how the measure is calculated. We talked a bit about the confidential reports we received. Now to provide you with information on sample resources available to you for the PCH-37 measure.

A lot of the information you will need is on the QualityNet website. If you follow the first hyperlink and the pathway, you see there at the top you can access the data dictionary which provides information on codes used by

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the measure. You can also access the mock FSR, which is similar to the real FSRs the facilities get. The mock FSRs contain real national information and simulated facility information. An FSR user guide is also on the QualityNet website to help you interpret and understand the information in your FSR. The FAQs provide you with responses to commonly asked questions, including questions related to measure specifications. Then, the fact sheet provides a high-level overview about the measure and its reporting under the PCHQR Program. If you'd like to submit a question, you can use the second link and select the program on topic listed there to reach out to us directly and ask us any specific question you may have about the PCH-37 measure.

Lastly before I wrap up, I wanted to note that this year, CMS provided facilities with the FSRs in summer. Then, beginning next year, CMS anticipates providing facilities with the FSRs in the spring. From now on every year, you can hopefully expect to receive results on a PCH-37 measure in the spring, rather than in the summer.

That's it for me. I'll now hand it to Lisa for the rest of today's presentation.

Lisa Vinson:

Thanks, Tamara! I would now like to take a few moments to speak to accessing the Facility-Specific Report, or FSR. As mentioned previously, the FSRs were distributed on July 29, and the reports were only available for 30 days after delivery. Therefore, as of August 29, the FSRs were no longer accessible via your Managed File Transfer, or MFT, inbox. However, I will address how you can obtain an FSR if you missed the 30-day window.

Once you've confirmed that you have the appropriate permissions and are set to receive the FSRs, when the actual FSR is delivered to your MFT inbox, you will receive an auto-route file delivery notification to your inbox. Of note, we customarily send a Listserve communication to all registered recipients on the PCHQR Notify: PPS-Exempt Cancer Hospital Quality Reporting Program Notifications Listserve group. On July 29, this communication announced that the FSRs were delivered. Shortly thereafter, the auto-route file delivery notification should have arrived to

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your email inbox. In that notification, there was a hyperlink to direct you to the MFT sign-in page, which we will further discuss on the next slide.

The FSRs are provided to hospital-associated users who have the appropriate, approved permissions, which are Auto-Route and Managed File Transfer. These permissions are found within their HQR profile. If you are not a Security Official for your hospital or you have not recently taken action to request these permissions, you **will not** have the permissions on your profile required to receive an FSR.

If for some reason you did not receive an email notifying you of the FSR delivery, and you confirmed you have the appropriate permission of Autoroute and Managed File Transfer, follow the steps outlined on the next slide for accessing your FSR to check if the report was delivered, despite not receiving an official notification. If the report was not delivered, confirm that your profile has the permissions required to receive the report. Please contact the CCSQ Service Center for further assistance at qnetsupport@cms.hhs.gov. Your hospital's Security Official will review your requested permissions. Once you have been granted the proper permissions, you will have access to any future report deliveries via MFT; however, this report will not be available unless a request to resend the report is submitted.

As an overview of the FSR delivery process via MFT, when your hospital's FSR is delivered to your MFT mailbox, a notification is sent to the email address associated with your HARP account. Upon receipt of this notification, you will need to follow the steps outlined on this slide to access your FSR in your MFT inbox. First, you will navigate to the CMS MFT login page. Second, you will enter your HARP credentials. Agree to the Terms and Conditions. Third, you will authenticate your account via entering the code to your device or email inbox. Once logged in, you will go to your inbox under the mail. You will then select the line that contains the FSR to open the message. Lastly, you will download the FSR by selecting the file in the section labeled Attachments. From there, you are able to view your FSR.

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It is important to note that the FSRs were only available in your MFT mailbox for a 30-day period after the delivery date, which in this case was July 29.

Before we begin our question-and-answer session, I would like to quickly review accessing the QualityNet Question and Answer Tool. As I mentioned previously, this tool is very valuable with getting the answers you need regarding program-related topics.

Displayed on this slide is how you can access the PCHQR Program Questions and Answers Tool via the QualityNet home page. You will access this tool by selecting the Help drop-down link as indicated by the red box. Then, select the PPS-Exempt Cancer Hospitals link which starts the process.

Now, you are at the QualityNet Question and Answer Tool landing page. After you select the Ask a Question link as shown by the red box on this slide, you will be taken to a page where you will need to complete your personal information. Then, you will be asked to enter details regarding the inquiry you are submitting. On this page, you are also able to browse program articles and search to see if your questions may have been previously addressed and posted for viewing.

Here is where you will submit your inquiry. Be sure to complete the required fields. Once this is complete, you will need to select Submit Question, as denoted by the red box on this slide, to submit your inquiry. We encourage you to utilize this tool to ask any program-related questions you have, and you may also query the system to see if the topic you are inquiring about has already been addressed. Specifically, if you have questions about PCH-37, under Program, you will need to select PCH – Cancer Hospital Quality Reporting. Then, under Topic, you will select PCH-37: Surgical Treatment Complications for Localized Prostate Cancer. From there, you can type your subject or brief summary of your inquiry, draft your question, then select Submit Question.

Now, we will move into our question-and-answer session.

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As mentioned previously, we will address pertinent questions we received as time allows. There will be a question-and-answer summary document available at both QualityNet and Quality Reporting Center websites at a later date. So, let's begin with our first question. Will CMS publicly report my facility's measure performance score for the prostate cancer measure for fiscal year 2023 program year?

Tamara

Mohammed:

Hi, Lisa. No. CMS will not be reporting results for the prostate cancer measure for fiscal year 2023 program year. Instead, the results of hospital data received for that program year are confidential. They will not be reported under the PCHQR Program.

Lisa Vinson:

Thank you. When will I receive my FSR?

Tamara

Mohammed:

I briefly said this. Earlier this year in August 2022, CMS distributed the first ever FSR to facilities in the PCHQR Program for this measure. The measure calculations in the FSR were based on surgeries that occurred between July 1, 2019, and December 31, 2019. The next FSRs that CMS expects to distribute to hospitals in the spring of 2023.

Lisa Vinson:

How does the measure define the outcome?

Tamara

Mohammed:

So, for the prostate cancer measure the outcome is different technically in the number of days the patient had incontinence or erectile dysfunction in the year before versus the year after a prostate cancer surgery. For the measure, a single day with incontinence or erectile dysfunction, the outcome, is defined the existence of the presence for the inpatient claim for incontinence or erectile dysfunction for that patient.

Lisa Vinson:

Is this measure risk-adjusted?

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Tamara

Mohammed: No. The measure is not risk-adjusted. During the development process, the measure developer tested or did analysis on the results with and without risk adjustment. They found risk adjusting the measure did not yield any significant differences in results. So, the decision was made to not risk adjust results for this measure.

Lisa Vinson: Lastly, where can I find resources for this measure?

Tamara

Mohammed: So, I think we mentioned on an earlier slide, but generally, you need to go to the QualityNet website. The URL is <https://qualitynet.cms.gov>. From there, you can navigate to the page for the PPS-exempt Cancer Hospitals. Then, under that section for Measure, beneath that is the prostate cancer measures section and all the resources that you need can be found on that page.

Lisa Vinson: Great. Thank you so much. Tamara. That concludes the question-and-answer session for today's presentation. In closing, we would like to thank everyone today for joining us, for your attention and time, during this event. A special thank you goes to Tamara for her collaboration on this event. Thank you so much. Enjoy the remainder of your day.