



# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

### PCHQR Program: Calendar Year 2018 Recap and a Look Ahead

#### Presentation Transcript

##### Speaker/Moderator

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# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

**Lisa Vinson:** Welcome and thank you for joining today's webinar entitled, PCHQR Program: Calendar Year 2018 Recap and a Look Ahead. My name is Lisa Vinson and I serve as the Program Lead for the PPS-Exempt Cancer Hospital Quality Reporting, or PCHQR, Program with the Hospital Inpatient Value, Incentives and Quality Reporting, or VIQR, Support Contractor. I will be your speaker for today's event. As the title suggests, I will be reviewing PCHQR Program events, updates and changes that have occurred this year and then look ahead to what's to come for calendar year 2019. If you have questions about the content of today's presentation, please submit them using the chat function. As time allows, I will address your questions during today's event. If time does not allow all questions to be answered during today's event, remember that the slides, recording transcript and questions and answers will be posted following today's presentation on the *Quality Reporting Center* and *QualityNet* websites. Also, if you registered for this event in advance, you should have received ListServe communications prior to this event. The second of these received yesterday had a link to [qualityreportingcenter.com](http://qualityreportingcenter.com). On this website, the slides that we will be reviewing during today's presentation are available should you wish to print a hard copy for use during today's event and/or retain for future reference. On our next slide, let's take a look at some of the acronyms and abbreviations you may hear during today's presentation. Next slide please.

Acronyms and abbreviations you will hear today include C-Y for Calendar Year, D-A-C-A, or DACA, for Data Accuracy and Completeness Acknowledgement, F-Y for Fiscal Year, H-A-I for Healthcare-Associated Infection, O-C-M for Oncology Care Measures, N-Q-F for National Quality Forum, and P-C-H-Q-R for PPS-Exempt Cancer Hospital Quality Reporting. Please keep this slide available as it can be used as a great reference tool throughout this presentation. Next slide please.

The purpose of today's event is to provide a recap of this year's PCHQR Program key events and changes and prepare program participants for events and changes in calendar year 2019. Next slide please.

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

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Upon completion of this event, we hope that program participants will be able to recall significant program events and changes that occurred during calendar year 2018, and apply the information provided to calendar year 2019. Next slide please.

Now we will begin our discussion with a recap of 2018, starting with key events which have included the publication of the Fiscal Year 2019 IPPS/LTCH PPS Final Rule; electronic submission of the fiscal year 2019 Data Accuracy and Completeness Acknowledgement, also known as the DACA, and distribution of the Facility-Specific Reports, or FSRs, for the Admissions and Emergency Department, or ED, Visits for Patients Receiving Outpatient Chemotherapy measure. Next slide please.

The Fiscal Year 2019 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System Final Rule was published in the Federal Register on August 17, 2018. In April of each year, when the proposed rule is published, CMS encourages participants to submit comments for those topics CMS is seeking the public's input on, which they highly value. In the fiscal year 2019 proposed rule, there were six specific areas or topics highlighted that were open for comment: New measure removal factor; removal of four oncology care measures, or OCMs, beginning with fiscal year 2021 program year; addition of one new claims-based outcome measure; finalization of reporting requirements for the newly added claims-based measure; potential measures and topics for future inclusion in the PCHQR Program; and public display requirements. These topics were finalized changes to the program. As we emphasize each year, the final rule is the foundation of the PCHQR Program and it affects every aspect of the program in some way, shape or form. On the next series of slides, we will discuss these finalized program changes in more detail. Next slide please.

As you may be aware there were originally seven factors considered regarding measure removal and three factors for consideration in determining whether to retain a measure in the PCHQR Program, all of which align with the factors adopted for the Hospital Inpatient Quality Reporting, or IQR Program. In the fiscal year 2019 final rule, CMS

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

finalized adoption of an additional factor to consider when evaluating potential measures for removal from the PCHQR measure set, which is Factor 8 – “The costs associated with the measure, outweigh the benefit of its continued use in the program.” CMS hopes that this factor will serve to balance the cost of ongoing maintenance, reporting, collection and public reporting with the benefit associated with the reporting of that data. Of note, Factor 8 became effective October 1, 2018. Next slide please.

Next, CMS finalized the removal of four Oncology Care Measures, or OCMs, for the fiscal year 2021 program year which are: Oncology: Radiation Dose Limits to Normal Tissues, or NQF #0382; Oncology: Medical and Radiation – Pain Intensity Quantified, or NQF #0384; Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Patients, or NQF #0390; and Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Patients, or NQF #0389. Through statistical data analysis, these four measures were determined to be “topped out.” CMS believes that collecting PCH data on these measures does not further program goals. The removal of these four Oncology Care Measures is effective for encounters starting January 1, 2019. We will discuss further, later in today's presentation, specifically how this affects reporting requirements for calendar year 2019 and beyond. Next slide please.

Then, CMS finalized the addition of one new claims-based outcome measure: 30-Day Unplanned Readmissions for Cancer Patients, or NQF #3188, for the fiscal year 2021 program year and subsequent years. CMS noted this measure was adopted in an effort to expand the PCHQR Program measure set to include measures that are less burdensome to report to CMS, but also provide valuable information for beneficiaries. This measure also fills an existing gap area of risk-adjusted readmission measures in the PCHQR Program. CMS also provided clarification regarding the data collection period for this measure since there was a discrepancy with the collection dates in the proposed rule. Therefore, the finalized data collection period for NQF #3188 is October 1, 2018 through September 30, 2019. As this is a claims-based measure, CMS will calculate the measure results from the

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

claims data submitted by the PCHs. Therefore, there is no additional data submission necessary or required by the PCHs. Next slide please.

The tables on this slide and the next two slides summarize all of the measures included in the fiscal year 2021 PCHQR Program measure set. Starting with the HAI, or Healthcare-Associated Infection measures, specifically Catheter-Associated Urinary Tract Infection, or CAUTI, and Central Line-Associated Bloodstream Infection or CLABSI, were proposed for removal. However, in the Calendar Year 2019 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs, both CAUTI and CLABSI were finalized for retention in the PCHQR Program beginning with the fiscal year 2021 program year. CMS agrees with conclusions drawn from the Centers of Disease Control and Prevention, or CDC's, data analyses which demonstrate that reporting PCH CAUTI and CLABSI performance measure data is just as important as reporting acute care hospital CAUTI and CLABSI performance measure data. CMS also believes that these measures have the potential to provide beneficiaries with valuable information on PCH performance in avoiding hospital-acquired infections and improving patient safety. As we will see shortly, CMS is continuing to defer public reporting of these measure data. Furthermore, SSI for Colon and Abdominal Hysterectomy, CDI, MRSA and HCP all remain a part of the PCHQR Program measure set. Next slide please.

Next, is the Clinical Process/Oncology Care Measures, or OCMs, group which now only includes one OCM, NQF #0383, Oncology: Plan of Care for Pain; and two End of Life, or EOL, measures, NQF #0210 or EOL-Chemo: Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life; and NQF #0215 or EOL-Hospice: Proportion of Patients Who Died from Cancer Not Admitted to a Hospice. The Intermediate Clinical Outcome Measures includes the remaining two EOL measures, NQF #0213 or EOL-ICU: Proportion of Patients Who Died from Cancer Admitted to the Intensive Care Unit, or ICU, in the Last 30-Days of Life; and NQF #0216 or EOL-3DH: Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days. Next slide please.

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

The last three remaining categories are: Patient Engagement/Experience of Care, which includes the Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS, Survey; Clinical Effectiveness Measure, which includes External Beam Radiotherapy for Bone Metastases, or EBRT, measure, which is now referred to by PCH-25; and two measures under the Claims-Based Outcome Measures, which are Admissions and Emergency Department, or ED, Visits for Patients Receiving Outpatient Chemotherapy, or PCH-30 and PCH-31, and the newly added 30-Day Unplanned Readmissions for Cancer Patients, or NQF #3188, measure. Next slide please.

In previous final rule publications fiscal years 2015 through 2018, there were discussions on future measure topics and quality domain areas. These discussions specifically covered topics and measures in support of the CMS quality strategy domains of making care affordable, communication and care coordination, and working with communities to promote best practices of healthy living. In the fiscal year 2019 final rule, CMS sought public comment on two potential new quality measures for inclusion in the program for future years which are: Risk-Adjusted Morbidity and Mortality for Lung Resection for Lung Cancer, or NQF #1790; and Shared Decision-Making Process, or NQF #2962. In addition to potential new measures, CMS also welcomed comments on whether the PCHQR Program would benefit from the inclusion of more quality measures that examine general cancer care or more measures that examine cancer-specific clinical conditions. At this time, CMS will consider comments or views as they develop future policy regarding the inclusion of quality measures that examine general cancer care versus cancer-specific clinical conditions. Next slide please.

In terms of public reporting, CMS is required to establish procedures for making data submitted under the PCHQR Program available to the public which is displayed on *Hospital Compare*; also ensuring PCHs have the opportunity to review the data prior to such data being made available to the public. It has always been CMS' goal to make the data available to the public as soon as possible or feasible. In the fiscal year 2019 final rule

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

publication, CMS addressed their proposal to delay public reporting of SSI, CDI, MRSA and HCP data until calendar year 2019. However, they finalized a modification to this proposal by finalizing that they, CMS, will provide stakeholders with performance data as soon as practicable. That is, if useable data is available sooner than calendar year 2019, CMS plans to publicly report it on *Hospital Compare* via the next available *Hospital Compare* release. Therefore, these four measures are labeled as such in the table on this slide. Furthermore, HCAPS, OCM and EBRT data will continue to be publicly reported as planned. Next slide please.

As mentioned earlier, CMS provided clarification regarding the data collection period for the 30-Day Unplanned Readmissions for Cancer Patients, or NQF #3188, measure, since there was a discrepancy with the collection dates in the proposed rule. Again, this slide simply further highlights the finalized data collection period for NQF #3188 for the fiscal year 2021 program year which is October 1, 2018 through September 30, 2019. Next slide please.

Shifting over to the administrative requirement side, this year the Data Accuracy and Completeness Acknowledgement, or DACA, was submitted electronically. For at least the past two years, the PCHs were required to manually submit this attestation via secure fax. Now the document can be reviewed and electronically signed and submitted via the DACA link under “Manage Measures” within the *QualityNet Secure Portal* application. This year, I am happy to report that all PCHs were able to successfully submit their electronic DACA. We hope to continue this process moving forward. Next slide please.

There was one key event this year surrounding the Admissions and Emergency Department, or ED, Visits for Patients Receiving Outpatient Chemotherapy measure, the distribution of the Facility-Specific Report, or FSRs, to the PCHs for confidential review. These reports contained measured results based on chemotherapy treatments performed between July 1, 2016 through June 30, 2017. As you may recall, this measure was finalized for inclusion in the PCHQR Program Fiscal Year 2017 IPPS/LTCH PPS Final Rule. This is an outcome measure with the overall



# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

goal of reducing the number of hospital admissions and ED visits following the patient receiving chemotherapy at a PCH in the outpatient setting. The aim of this measure is to assist the care provided to cancer patients and encourage quality improvement efforts that will ultimately decrease admissions and ED visits. Last year, the dry run was conducted by the measure developer which was to familiarize the PCHs with this measure in advance of the calculation of their actual performance data and in anticipation of future public reporting of the measure results. At this time, CMS has not specified when the PCH-30 and the PCH-31 measure results will be publicly displayed; however, this information will be provided in a future final rule publication. Also, provided on this slide is information on updated resources pertaining to this measure which are located on *QualityNet*. On the Chemotherapy Measure page, you will find the data dictionary, mock reports and user guides, a fact sheet and frequently asked questions. Please note that there are additional resources located on this page as well. Next slide please.

As your support contractor, we always want to ensure that the resources and tools made available to you on both *QualityNet* and *Quality Reporting Center* are maintained and up-to-date. Starting with the Program Manual, which was recently released, the updates made are in alignment with the fiscal year 2019 final rule which we discussed early. These include noting the removal of the four OCM measures; addition of the new claims-based outcome measure, 30-Day Unplanned Readmissions for Cancer Patients; along with updated resources and tools which are also listed on this slide, such as the measure submission deadlines by due date table. This document now includes due dates through January 2020. The Web-Based Data Collection Tool, or WBDCT, Guideline by Due Date resource was first published in early 2017 when the Web-Based Data Collection Tool was implemented. This tool has definitely simplified using the Web-Based Data Collection Tool as it makes it very easy to determine which fiscal year applies for the data you are reporting on. The chart updates include: submission deadline dates through August 2021 and noting the removal of the four OCMs, NQF #s 0382, 0384, 0389 and 0390. You will see that for calendar year 2018 these four measures will be last reported on in August 2019 for the



# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

PCHQR Program. Then in August 2020, you will be required to report on NQF #0383 and EBRT for calendar year 2019 encounters. Then, there is the PCHQR Program Relationship Matrix of the Program Measures by Years and Quarters. The updates to this tool included the Measure Name column updated to include the 30-Day Unplanned Readmissions for Cancer Patients measure; the fiscal years were extended through program year 2021. And with extending the program year through 2021, naturally this required the remaining columns to be updated as well, such as the past Reporting Periods and *Hospital Compare* Release columns being grayed out and past Quarterly Data Submission Deadlines marked as “PRIOR.” Of note, the December *Hospital Compare* release was changed to January. Lastly, the applicable Measure Information Forms, or MIFs, and algorithms were updated with the current information for calendar year 2018. Next slide please.

The PCHQR pages found on *QualityNet* under the PPS-Exempt Cancer Hospital tab are listed here. The following updates for these pages were: A link to the Fiscal Year 2019 IPPS/LTCH PPS Final Rule was added on the Overview page; the Measures and Data Collection pages saw the addition of the new claims-based measure, 30-Day Unplanned Readmissions for Cancer Patients; also, only 2018 Measure Information Forms, algorithms, and paper abstraction tools are available for the OCMs and EBRT measures now. Then, there is the Resources page. This page offers links to web resources and links to program-specific resources, specifically the bulleted items listed on the previous slide, most recently the 2018 Program Manual was updated. Here is where you can also find important forms such as the Hospital Contact Change Form and the Extraordinary Circumstances Exceptions, or ECE, Request form. Next slide please.

As with each new calendar year, program changes are expected. With 2019 upon us, let's take a look at what's ahead. Next slide please.

So, what's next as it relates to the PCHQR Program measures? A few of these points have already been made, but just to reiterate. First, for the four OCMs finalized for removal beginning with fiscal year 2021, there will be no data collection required starting with calendar year 2019, which

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

will be encounters beginning January 1, 2019 through December 31, 2019. Therefore, the last annual submission for NQF #s 0382, 0384, 0389 and 0390 will be August 15, 2019, which includes calendar year 2018 encounters. However, NQF #0383 and EBRT will continue to be reported on an annual basis. Second, for the Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy measure, the next distribution of the FSRs for confidential review is scheduled to occur in spring 2019. This report will use Medicare claims data for chemotherapy treatments performed from July 1, 2017 through June 30, 2018. Again, public reporting of these measure results has not yet been specified in the final rule, therefore the FSRs are solely for the PCH's confidential review until public display requirements have been determined. Lastly, as always, you can expect that resources and tools will be updated throughout the year as needed. Next slide please.

This table provides an overview of the 2019 *Hospital Compare* refresh timeline. This table lists the month of the *Hospital Compare* release, PCH measures, and the quarters of measure data that will be displayed. Exact dates regarding the preview periods and refreshes will be communicated to you via ListServes, and we typically provide these pertinent details during our educational events. Please keep in mind that the December refresh was changed to January. However, for 2019, the January refresh was moved to February. Also, the public display requirements for the Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy, EOL measures and 30-Day Unplanned Readmissions for Cancer Patients measures, have not yet been determined. Once these dates are specified, this information will be communicated to you. Next slide please.

There are a few anticipated updates to the PCH reports and screens within the Web-Based Data Collection Tool. Some of the changes you may see in 2019 include: Updates to the data tables, specifically the CDI and MRSA tables; measure summary screen in the Web-Based Data Collection Tool; and the use of measure identifiers. On the next series of slides, we will take a look at how these changes will appear. Next slide please.

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

This is the current PCH report page layout for the Surgical Site Infection, or SSI for Colon and SSI Abdominal Hysterectomy, CDI, MRSA, and HCP measures. You will note that for CDI and MRSA the standardized infection ratio, or SIR, is not calculated at this time for these measures, so this column always displays an N/A as indicated by the red box on this slide. However, with the update that is planned for these measure tables, the page will appear as displayed on our next slide. Next slide please.

Here you are able to see, as denoted by the red box, that the SIR column has been removed for both CDI and MRSA. The SSI Colon, SSI Abdominal Hysterectomy, and HCP tables remain the same. Next slide please.

Another anticipated update that spans across the PCH reports and the Web-Based Data Collection Tool will be a change to the measure identifiers. Instead of using the NQF numbers as shown by the red box, measures will now be identified by their assigned PCH number. Next slide please.

So, as illustrated here for Oncology: Radiation Dose Limits to Normal Tissues, or NQF #0382, the NQF number has been replaced with PCH-14. This change will apply to all measures displayed in the PCH report. Next slide please.

As I mentioned earlier, the update to the measure identifiers crosses over to the Web-Based Data Collection Tool as well. The top image and red box display the current measure summary page in the tool and the bottom image is what you can expect to see when the update takes effect. Next slide please.

Again, this is simply another illustration of a different page within the Web-Based Data Collection Tool and, specifically, the data entry page where the NQF number has been replaced with the respective PCH number. Well, that wraps up our recap of 2018 and look ahead to 2019. Next slide please.

We will conclude today's event as always by reviewing important upcoming dates for the PCHQR Program. Next slide please.

# PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

## Support Contractor

Our next two upcoming outreach and educational events are tentatively scheduled for Thursday, January 24, 2019 and Thursday February 28, 2019. And the next data submission deadline is January 3, 2019, which includes Quarter 3 2018 HCAHPS Survey Data. Then there will be the quarterly submission of your CST and HAI data which includes Quarter 4 2017 CST Hormone data. Please note that this is the last submission of this data for the PCHQR program and then the Quarter 3 2018 HAI data which includes CAUTI, CLABSI, SSI for Colon and Abdominal Hysterectomy, MRSA and CDI. Please remember that you will receive ListServe communication reminders related to both the upcoming webinars and data submission deadlines. Next slide please.

For February 2019, the preview period will close Sunday, December 30, 2018 and the anticipated refresh is scheduled for February 13, 2019. You will also see tentative preview period and refresh dates that pertain to the April 2019 refresh. The preview period is tentatively scheduled for February 8 through March 9 of 2019 and the refresh is tentatively scheduled for April 24, 2019. As always, please remember that all dates for public reporting are subject to change. As we get closer to the preview periods and refresh dates, we will always notify you of the exact dates via ListServe. Next slide please.

And this slide is just a reminder that our *QualityNet* Questions & Answers Tool is always available for your use. The red box on this slide simply denotes how to access the PPS-Exempt Cancer Hospitals questions and answers queue. Please keep in mind that if you are a first-time user of this tool you will be required to complete a one-time registration in order to submit your inquiries.

In closing, thank you for your time and attention during today's event. I would also like to thank all of our PCHQR Program participants for their hard work and diligence that allowed for another successful program year. Again, thank you and enjoy the remainder of your day.