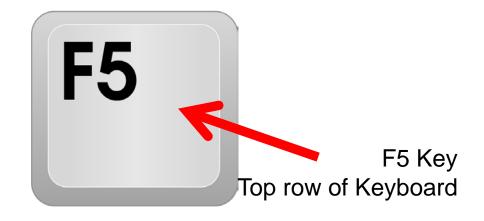
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Audio from computer speakers breaking up? Audio suddenly stop?



- Click Refresh icon
 - or-
 - Click F5

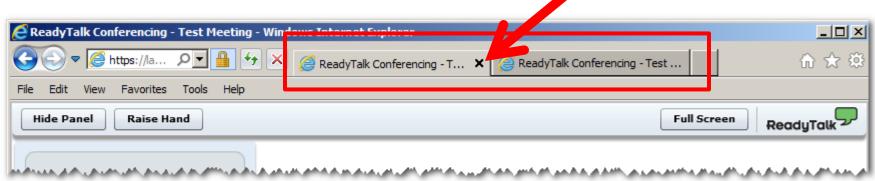


Location of Buttons

Refresh

Troubleshooting Echo

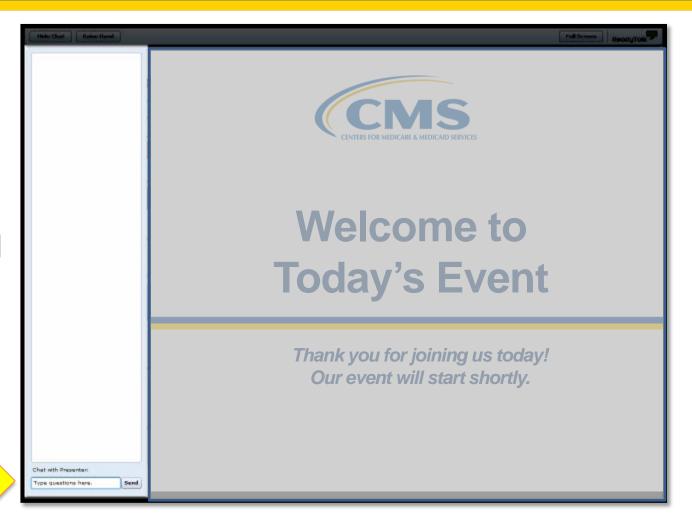
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab and the echo will clear up.



Example of Two Browsers Tabs open in Same Event

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PCHQR Program: 2017 Update to Measures

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January 31, 2017

Acronyms and Abbreviations

ACS	American Callege of Curacons	ICD	International Classification of Diseases
ADCC	American College of Surgeons Alliance of Dedicated Cancer Centers	IPF	
		IPPS	Inpatient Progressive Roymont System
ADT	Androgen Deprivation Therapy	_	Inpatient Prospective Payment System
AHRQ	Agency for Healthcare Research and Quality	IQR	Inpatient Quality Reporting
AJCC	American Joint Committee on Cancer	LabID	Laboratory-Identified
AMA	American Medical Association	LTCH	Long-Term Care Hospital
CAUTI	Catheter-Associated Urinary Tract Infections	MAP	Measure Application Partnership
CDC	Centers for Disease Control and Prevention	MIF	Measure Information Form
CCN	CMS Certification Number	MRSA	Methicillin-Resistant Staphylococcus aureus
CDI	Clostridium difficile Infection	MUC	Measures Under Consideration
CE	Continuing Education	N/A	Not Available
CLABSI	Central Line-Associated Bloodstream Infection	NIH	National Institutes of Health
CMS	Centers for Medicare & Medicaid Services	NHSN	National Healthcare Safety Network
CPT	Current Procedural Terminology	NQF	National Quality Forum
CST	Cancer-Specific Treatment	OCM	Oncology Care Measure
CY	Calendar Year	OQR	Outpatient Quality Reporting
DACA	Data Accuracy and Completeness Acknowledgement	PCH	PPS-Exempt Cancer Hospital
EBRT	External Beam Radiotherapy	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
ED	Emergency Department	PQRS	Physician Quality Reporting System
FFS	Fee-For-Service	PR	Public Reporting
FY	Fiscal Year	PSA	Prostate Specific Antigen
Fxns	Fractions	Q	Quarter
Gy	Gray	RSAR	Risk-standardized admission rate
HAI	Healthcare-Associated Infection	RSEDR	Risk-standardized ED visit rate
HCAHPS	Hospital Consumer Assessment of Healthcare	SBRT	Stereotactic Body Radiation Therapy
	Providers and Systems	SCIP	Surgical Care Improvement Project
HCP	Healthcare Personnel	SRS	Stereotactic Radiosurgery
HHS	Health and Human Services	SSI	Surgical Site Infection
HQR	Hospital Quality Reporting	TEP	Technical Expert Panel
₇ HT	Health Transitions	TBD	To be determined
I			

Purpose

This presentation will provide participants in the PCHQR Program, an overview of the changes in the measure specifications effective for CY 2017.

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Objectives

Upon completion of this program, participants will be able to:

- Locate the source documentation for the significant specification changes
- Explain the rationale for the new measure specifications
- Apply the updated specifications to accurately abstract the impacted measures

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PCHQR Safety and HAI Measures For the FY 2019 Program Year and Subsequent Years

HAI						
Short Name	NQF#	Measure Name				
CLABSI	0139	NHSN Central Line-Associated Bloodstream Infection Outcome Measure				
CAUTI	0138	NHSN Catheter-Associated Urinary Tract Infections Outcome Measure				
SSI	0753	ACS-CDC Harmonized Procedure Specific SSI Outcome Measure [currently includes SSIs following Colon Surgery and Abdominal Hysterectomy Surgery]				
CDI	1717	NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure				
MRSA	1716	NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure				
HCP	0431	Influenza Vaccination Coverage Among Healthcare Personnel HCP				

Clinical Process/CST and OCM Measures For the FY 2019 Program Year and Subsequent Years

Clinical Process/CST					
Short Name	NQF#	Measure Name			
N/A	0223	Adjuvant Chemotherapy is Considered or Administered Within 4 Months (120 days) of Diagnosis to Patients Under the Age of 80 with AJCC III (lymph node positive) Colon Cancer			
N/A	0559	Combination Chemotherapy is Considered or Administered Within 4 Months (120 days) of Diagnosis for Women Under 70 with AJCC T1cN0M0, or Stage IB - III Hormone Receptor Negative Breast Cancer*			
N/A	0220	Adjuvant Hormonal Therapy			

Clinical Process/OCMs

Short Name	NQF#	Measure Name
N/A	0382	Oncology: Radiation Dose Limits to Normal Tissues**
N/A	0383	Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology
N/A	0384	Oncology: Medical and Radiation - Pain Intensity Quantified
N/A	0390	Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients
N/A	0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

^{*} In previous final rules, this measure was titled "Combination Chemotherapy is Considered or Administered Within 4 months (120 days) of Diagnosis for Women Under 70 with AJCC T1c, or Stage II or III Hormone Receptor Negative Breast Cancer. "This name change is consistent with NQF updates to the measure name and reflects an update in the AJCC staging, does not reflect a change in the measure inclusion criteria, and is not considered substantive.

^{**} Effective for the FY 2019 year

Patient Engagement, Clinical Effectiveness, and Claims-Based Outcome Measures for the FY 2019 Program Year and Subsequent Years

Patient Engagement/Experience of Care						
Short Name	NQF#	Measure Name				
HCAHPS	0166	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey				
	Clinical Effectiveness Measure					
Short Name	NQF#	Measure Name				
EBRT	1822	External Beam Radiotherapy for Bone Metastases				
	Claims-Based Outcome Measure					
Short Name	NQF#	Measure Name				
N/A	N/A	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy				

Fiscal and Calendar Year Relationship

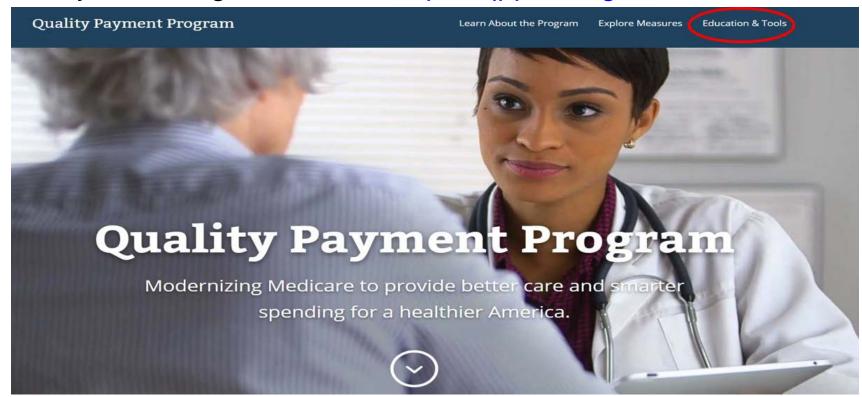
- The CSTs, CLABSI and CAUTI Calendar Year diagnoses/events apply one Fiscal Year later
- All other measures Calendar Year events apply two Fiscal Years later

Cancer- Specific Treatments:	Program (Fiscal) Years	Reporting Periods – Calendar Year Quarters	Quarterly Data Submission Deadlines
Colon Chemo	2017	1Q 2016 2Q 2016	11/15/2016 02/15/2017
NQF #0223 (PCH-1)		3Q 2016	05/15/2017
(1 011 1)		4Q 2016	08/15/2017
		1Q 2017	11/15/2017
Breast		2Q 2017	02/15/2018
Chemo	2018	0040	05/15/2018
NQF #0559 (PCH-2)		4Q 2017	08/15/2018

Oncology Care Measures	Program (Fiscal) Years	Reporting Periods – Calendar Year Quarters	Quarterly Data Submission Deadlines
NQF #0382		1Q 2016	
(PCH-14)	2018	2Q 2016	08/15/2017
NQF #0383	2016	3Q 2016	00/13/2017
(PCH-15)		4Q 2016	
NQF #0384		1Q 2017	
(PCH-16)		2Q 2017	
NQF #0390		3Q 2017	00/45/0040
(PCH-17)	2019	4Q 2017	08/15/2018
NQF #0389			
(PCH-18)			

Where to Find the OCM Measure Specifications

- OCM measures are based upon the measure specifications for the PQRS measures
- The PQRS measures are now listed on the CMS Quality Payment Program website https://qpp.cms.gov/



Where are the Specifications?

Quality Payment Program

Learn About the Program

Explore Measures

Education & Tools

Educational Resources

For Developers

Educational Resources

Welcome to the Quality Payment Program Educational resource library where you'll find links to official information to help you prepare for success in the Quality Payment Program.

Read the Official Rule

Learn more about the Quality Payment Program through the final rule with comment period.

Read the Final Rule at the Federal Register UPDATED OCTOBER 14TH, 2016



Read the Executive Summary of the Rule UPDATED OCTOBER 14TH, 2016



MACRA Legislation

Read the official Medicare Access and CHIP Reauthorization Act (MACRA) of 2015.

Read the Legislation



Video Library

Delivery System Reform: Paying for What Works

S

Webinars and Educational Programs

Webinars About the Quality Payment Program

S

Where are the Specifications?

Documents & Downloads

Jump to Document Type -

Document Name (size)	Туре	Date Updated
FOR CLINICIANS		
Quality Payment Program: Key Objectives (101KB)	PDF	December 29th, 2016
Quality Payment Program Fact Sheet (3.6MB)	PDF	October 14th, 2016
Advancing Care Information Performance Category Fact Sheet (419KB)	PDF	December 29th, 2016
Small Practice Fact Sheet (288KB)	PDF	October 14th, 2016
Where to Find Help (2.6MB)	PDF	October 14th, 2016
Comprehensive List of APMs (322KB)	PDF	December 29th, 2016
How to Design an APM (1.2MB)	PDF	November 16th, 2016
Learn More About Improvement Activities and APMs (379KB)	PDF	December 29th, 2016
APMs: Medicaid Models and All-Payer Models (388KB)	PDF	December 29th, 2016
FOR REGISTRIES, QUALIFIED CLINICAL DATA REGISTRIES (QCDRS) & EHR VENDORS		
Quality Measure Specifications (249.3MB)	ZIP	December 29th, 2016
Quality Measure Specifications Supporting Documents (8.3MB)	ZIP	December 29th, 2016
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Locating and Opening the ZIP File

Name	Туре	Compressed size	Password p	Size		Ratio	Date modified
Claims-Registry-Measures.zip	Compressed (zipped) Fol	231,060 KB	No		231,069 KB	1%	12/20/2016 11:45 AM
Web-Interface-Measures.zip	Compressed (zipped) Fol	18,274 KB	No		18,273 KB	0%	12/20/2016 11:44 AM
Name	Туре	Compressed size	Password p	Size		Ratio	Date modified
2017_Measure_001_Claims.pdf	Adobe Acrobat Document	252 KB	No		307 KB	18%	11/7/2016 10:00 PM
2017_Measure_001_Registry.pdf	Adobe Acrobat Document	606 KB	No		678 KB	11%	11/11/2016 11:05 AM
2017_Measure_005_Registry.pdf	Adobe Acrobat Document	1,302 KB	No		1,496 KB	13%	11/11/2016 11:05 AM
2017_Measure_006_Registry.pdf	Adobe Acrobat Document	376 KB	No		470 KB	20%	11/11/2016 11:05 AM
2017_Measure_007_Registry.pdf	Adobe Acrobat Document	2,279 KB	No		2,536 KB	11%	12/6/2016 11:48 AM
2017_Measure_008_Registry.pdf	Adobe Acrobat Document	1,043 KB	No		1,200 KB	14%	12/6/2016 2:47 PM
2017_Measure_012_Claims.pdf	Adobe Acrobat Document	475 KB	No		574 KB	18%	11/11/2016 11:05 AM
2017_Measure_012_Registry.pdf	Adobe Acrobat Document	366 KB	No		459 KB	21%	11/11/2016 11:05 AM
2017_Measure_014_Claims.pdf	Adobe Acrobat Document	847 KB	No		937 KB	10%	11/11/2016 11:05 AM
2017_Measure_014_Registry.pdf	Adobe Acrobat Document	847 KB	No		935 KB	10%	11/11/2016 11:05 AM
2017_Measure_019_Claims.pdf	Adobe Acrobat Document	595 KB	No		725 KB	18%	11/11/2016 11:05 AM
2017_Measure_019_Registry.pdf	Adobe Acrobat Document	1,029 KB	No		1,199 KB	15%	11/11/2016 11:05 AM
2017_Measure_021_Claims.pdf	Adobe Acrobat Document	1,294 KB	No		1,478 KB	13%	11/11/2016 11:05 AM

PQRS – PCH Measure Crosswalk

Name	NQF Measure #	PCH Measure #	PQRS Measure #
Radiation Dose Limits to Normal Tissues	0382	PCH-14	#156
Plan of Care for Pain	0383	PCH-15	#144
Pain Intensity Quantified	0384	PCH-16	#143
Overuse of Bone Scan – Low Risk Prostate Cancer	0389	PCH-18	#102
Adjuvant Hormonal Therapy – High or Very High Risk Prostate Cancer	0390	PCH-17	#104

PCHQR Program: 2017 Update to Measures

Significant Changes for Calendar Year 2017

2017 OCM and EBRT Updates Universal Applications

- For these measures, the patient visit or treatment date is used to identify the time period for the event.
 - The pain measures (NQF #0383 and #0384) may have multiple encounters reported within a quarter.
 - The other measures (NQF #0382, #0389, #0390 and #1822) should only be reported once per quarter. If a course of treatment spans more than one quarter, attribute it to the date of first encounter.
- Use the MIF and algorithm for the Calendar Year of the visit or treatment date. Updates to the specification are as follows:
 - 2015 removed
 - 2016 currently on *QualityNet*
 - 2017 to be reviewed next month and soon posted

2017 Updates: NQF #0382

- What remains the same?
 - Contains patients with a diagnosis of pancreatic or lung cancer, AND
 - Receiving 3D conformal radiation therapy, AND
 - o CPT codes = 77402, 77407, or 77412
 - Does not include patients receiving SRS or SBRT
 - Excludes patients with metastatic cancer
- What is new?
 - Diagnosis cohort expanded to include breast and rectal cancer
 - Expanded diagnosis cohort applies to treatments starting in CY 2017

2017 Updates: NQF #0382 Expanded ICD-10 Codes

- Rectal cancer: C19, C20, C21.2, and C21.8
- Breast cancer: C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, and C50.929

2017 Updates: NQF #0383 and #0384

There are no updates to the measures or codes that require changes in abstraction for CY 2017 encounters.

Remember, a patient may have more than one eligible encounter in a quarter. Pain intensity should be quantified at each sample:

- Radiation treatment management encounter
- Face-to-face physician encounter while the patient is receiving chemotherapy

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2017 Updates: NQF #0389

- What remains the same?
 - Includes patients with prostate cancer at low risk of recurrence
 - Includes patients receiving interstitial prostate brachytherapy, EBRT to prostate, radical prostatectomy, or cryotherapy to prostate
- What is new?
 - Denominator now includes patients with a diagnosis of prostate cancer at low (or very low) risk of recurrence
 - New parameters for low risk of recurrence

Prostate Cancer: Low vs. Very Low Risk of Recurrence

- Low Risk
 - PSA < 10 ng/ml (no longer = to), AND
 - Gleason score of six or less, AND
 - Clinical stage T1 to T2a (expanded from T1c to T2a)
- Very Low Risk (subset of low risk)
 - PSA < 10 ng/ml, AND</p>
 - Gleason score of 6 or less, AND
 - Clinical stage T1c (needle biopsy), AND
 - Presence of disease in fewer than three biopsy cores, AND
 - ≤ 50% prostate cancer involvement in any core, AND

■ PSA density ≤ 0.15 ng/ml/cm3

2017 Updates: NQF #0390

- What remains the same?
 - The intent of the measure (using adjuvant hormonal therapy for patients at high or very high risk of recurrence in patients receiving EBRT to the prostate)
 - The measure codes
 - Patients with multiple adverse factors may be shifted to an elevated risk category
 - Intermediate risk to high risk
 - High risk to very high risk
- What is new?
 - Definitions of low and very-low risk of recurrence
 - Expanded rationale and clinical recommendation statements

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NQF #0390: Rationale and Clinical Recommendation Statements

- Rationale: Facts about adjuvant hormonal therapy following EBRT
 - Patients can live longer and have lower risk of recurrence
 - Is cost-effective and adds quality-adjusted life years
 - Compliance with recommendation is still suboptimal
- Clinical Rationale Statements Updates
 - Clarify that ADT may be neoadjuvant/concurrent/adjuvant
 - Select patients may be considered for treatment with chemotherapy (docetaxel)

2017 Updates: NQF #1822

- What remains the same? All of the concepts updating EBRT in the September 22, 2016, Outreach and Education event are still valid.
- There will be updates to the wording in the MIF for 2017 to clarify these precepts.

Key Concepts for NQF #1822

- Numerator and denominator statements will contain clarity that measure only applies to patients receiving EBRT "for the treatment of bone metastases."
- Specific exclusion step for non-bone metastases will be added.
- Femoral axis cortical involvement, surgical stabilization and spinal/cauda equina exclusions only apply if at the site EBRT is being administered.
- All encounters from a single treatment plan should be considered one case.
- EBRT to separate anatomic sites of bone metastases to be treated as separate cases.
- If therapy with EBRT is initiated, but not completed, case should still be included.
- The exclusions for patient reasons have been removed.
- Specific coding directions:
 - DO use ICD-10 codes for bone metastases and administration of EBRT.
 - DO NOT use codes for spinal cord compression, cauda equina compression or radicular pain.

PCHQR Program: 2017 Update to Measures

Miscellaneous Notes

Important Upcoming Events

Upcoming 2017 Webinars

- February 23: PCHQR Program: OCM and EBRT Tools
- March 23: PCHQR Program: Web-Based Data Collection Tool
- April: PCHQR Program: FY 2018 IPPS/LTCH Proposed Rule
- May 25: TBD Best Practices
- June 22: TBD Best Practices
- July 27: TBD Best Practices
- August: PCHQR Program: FY 2018 IPPS/LTCH Final Rule

Important Upcoming Dates

Upcoming Hospital Quality Reporting DataSubmissions

- February 15, 2017: Q2 2016 chemo, Q4 2015 hormone, and Q3 HAI data
- April 5, 2017: Q4 2016 HCAHPS data
- May 15, 2017: Q3 2016 chemo, Q1 2016 hormone, Q4 2016 HAI, and Q4 2016 through Q1 2017 HCP influenza vaccination data
 - First use of Web-Based Data Collection Tool
 - First reporting of HCP influenza vaccination data

Important Upcoming Dates

Key Hospital Compare Refresh Dates

- April 2017:
 - Preview period open January 9 through February 7, 2017
 - Contains:
 - 1Q 2015 through 4Q 2015 chemo data
 - 3Q 2014 through 2Q 2015 hormone data
 1Q through 4Q 2015 OCM data

 - 3Q 2015 through 2Q 2016 HCAHPS data
 - Anticipated refreshing on April 12

July 2017:

- Support Contractor to submit CST data in February
- Contains:
 - o 2Q 2015 through 1Q 2016 chemo data
 - 4Q 2014 through 3Q 2015 hormone data1Q through 4Q 2015 OCM data

 - 4Q 2015 through 3Q 2016 HCAHPS data
- Preview period scheduled for April 6 through May 12
- Anticipated refreshing on July 12

Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click "Done" at the bottom of the screen.
- Another page will open that asks you to register in HSAG's Learning Management Center.
 - This is a separate registration from ReadyTalk[®].
 - Please use your PERSONAL email so you can receive your certificate.
 - Healthcare facilities have firewalls up that block our certificates.

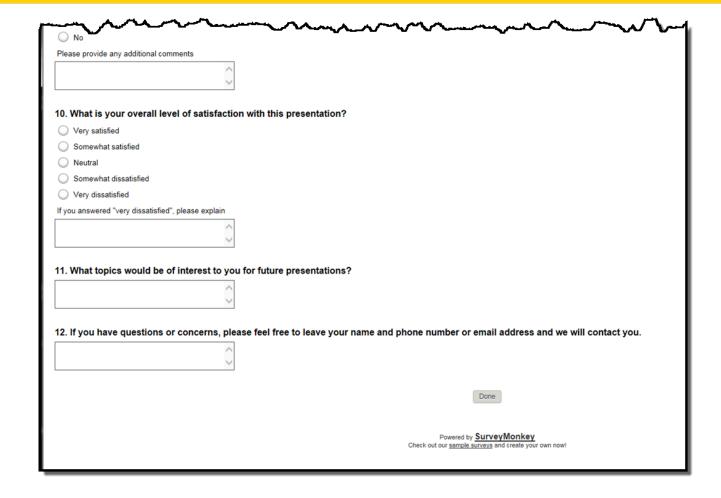
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CE Certificate Problems?

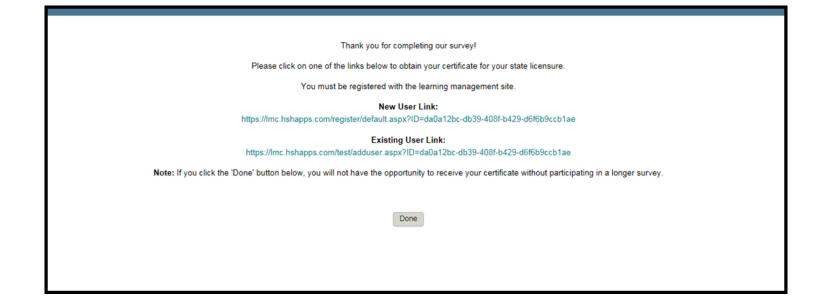
- If you do not <u>immediately</u> receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that is sent out.
- Please go back to the New User link and register your personal email account.
 - Personal emails do not have firewalls.

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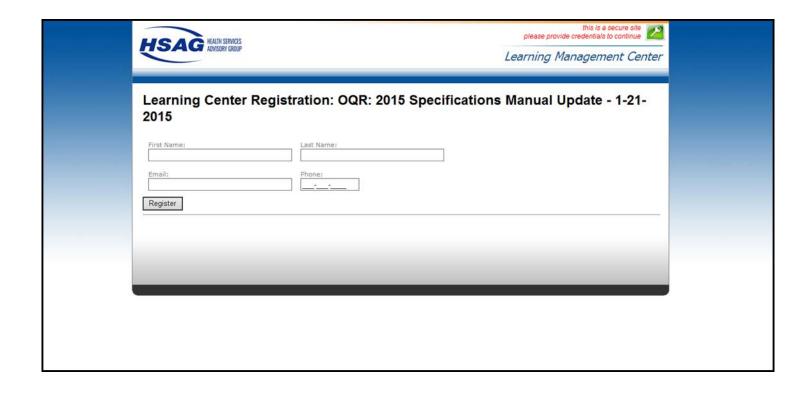
CE Credit Process: Survey



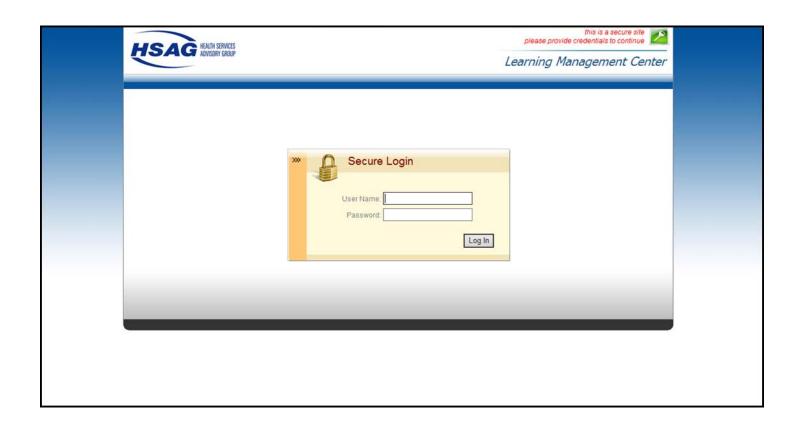
CE Credit Process



CE Credit Process: New User



CE Credit Process: Existing User



PCHQR Program: 2017 Update to Measures

Closing Remarks

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