



PPS-Exempt Cancer Hospital Quality Reporting Program

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Overview of the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Manual

Presentation Transcript

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Anthony Seabrook: Good afternoon and welcome. My name is Anthony Seabrook and I'm going to be your host for today's webinar. I want to start by going over a few introductory points. The audio for this event is being achieved via ReadyTalk[®] Internet streaming. So, if you've done this as we planned, you're listening to me via those computer speakers and headphones, so no phone line is required. But, we do know that situations may arise and you may need a dial-in number. If that's the case, send us a Chat message via the Chat window. If you do not know where that is, I'll show you in a couple of slides.

Now, invariably when we're having webinar events, technical issues can arise. We've identified two common issues. The first is your audio being choppy or being intermittent. If that's that case, you can remedy that by pressing the F5 key or clicking the Refresh icon at the top of your browser in the address bar. What we're showing you here is Internet Explorer. So, the Refresh icon is on the right side of the screen. If you're using Chrome, that Refresh icon is going to be on the left side of the screen. Either way,

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pressing the F5 key or the Refresh icon should clear up your choppiness in your audio.

The second common problem that you may incur is an echo on the call. This is typically – this typically happens when you have more than one window open. So, what we're showing you here, there are two browser tabs open to the same event. That causes an echo. So, you simply click on the close button, which is the X at the right corner of the tabs until you have one single window open to our event, and that too should clear up the problem. But remember, if you still have problems, send us a Chat message and we will provide you with one of those dial-in numbers.

Now, today's event is being recorded. Your lines are on mute. However, still feel free to send in any questions, comments, or concerns to us via the Chat window. As you can see, it's at the bottom left hand corner of your screen, on the bottom left side of the window. Today's event is being – is recorded, but we will be archiving your questions. So, we will have them researched and answered and provided back to you in the Q&A document at a later time. Now, that concludes my portion. I will now start the event.

Henrietta Hight:

Good afternoon. Hello, my name is Henrietta Hight. I'm a project coordinator on the PPS-Exempt Cancer Hospital Quality Reporting team with the Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor. We would like to welcome everyone to today's webinar entitled *Overview of the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Manual*. This webinar is part of the educational series focused on the hospitals participating in the CMS PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program. Also speaking today will be Tom Ross, the PCHQR Lead Project Coordinator here at the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. One last reminder before we get started: looking at the list of participants today, we see that a number of you are participating in other CMS Quality Reporting Programs and are not associated with one of the PPS-Exempt cancer hospitals. We appreciate your interest in today's webinar. However, as a reminder, the information presented today focuses on the PCHQR Program manual.

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Therefore, this webinar's content only addresses aspects of the PCHQR Program and no other CMS Quality Reporting projects or health care settings. If you are associated with any of the other CMS Programs, you will probably find that your time is better spent on other activities. And now, on the next slide let's look at some of the acronyms that you might hear during today's webinar.

Feel free to keep this list of acronyms handy to refer to as we go through the webinar. Also, the list might come in handy during your daily activities for quick reference. We often get so accustomed to using acronyms that we forget what they stand for. On slide seven, we will review the purpose of today's webinar.

The purpose of today's webinar is as stated on the slide. This presentation will familiarize participants with the new PCHQR Program Manual using an interactive question and answer format that will illustrate the manual's user-friendly structure and value as an indispensable reference tool. On the next slide, we will review the objectives for today's webinar.

As slide eight indicates, the objectives for today's slides are the following: first, describe the overall organization and structure of the manual; second, locate essential information for participation in the PCHQR Program; third, utilize the manual to increase ease, effectiveness, and efficiency in their PCHQR Program related work. Let's start looking at some questions. Hopefully these questions will represent some of the questions you have had about the PCHQR Program and give you direction on where to find your answers. Also, if you have additional questions, please submit those through the Chat function. As we go through today's webinar, we will be looking at only some of the information included in the PCHQR Program Manual. There's a lot of information that we'll not have time to cover. So, we encourage you to explore the manual on your own and let us know if you have any questions or suggestions. Now, I will turn the webinar over to Tom.

Tom Ross:

In last month's webinar entitled *Top Questions About the PCHQR Program*, the following question was asked: "I was hired into this role

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recently. Nothing quite prepared me for all the information I needed to know. Where do I go for resources?” And, as we reviewed during last month's webinar, there are two main sources of information regarding the PCHQR Program, [Quality Reporting Center](#) and [QualityNet](#). Today, we are going to introduce to you the newest information source, the *PPS-Exempt Cancer Hospital Quality Reporting Program Manual*. This document is currently available on the [Quality Reporting Center](#) website on the PCHQR Program tab. Once there, click on Resources and Tools, then the 2015 PCHQR Program Manual. The document will then be available as a PDF document that you can save, print, or access online whenever you need access to information contained in the manual.

Today, we want to continue our theme of flying into 2016 and provide two views of the manual. The first is a high-level flyover, a 30,000-foot view of the manual that will familiarize you with the overall structure of the document, as well as a general orientation to the materials contained within. Then, to get a close-up view of the topics, we will do several touch-and-go landings. We will post questions that have been frequently asked about the program and then show you where this content is documented. In an attempt to make this entertaining, or at least as entertaining as the review of a manual can be, Henrietta and I will, first of all, be posting questions, pausing a bit for you to choose your answers; answers with an “s,” as there may be more than one correct answer. Then secondly, we'll show you the correct answer or answers. And then thirdly, showing you an actual screenshot of the manual where the information is contained. Please note that some of the content for the actual manual has been altered to make it more viewable during the webinar. So please, always refer to the actual manual. Also note that this is the 2015 manual. It has not been edited to include the information or changes contained in the Fiscal Year 2016 Final Rule. We are in the process of creating the 2016 program manual right now, and we hope to have that posted on or before April first for your use. If you have questions pertaining to the information contained in the 2016 Final Rule, we encourage you to access the Final Rule, refer to the presentation archived in [Quality Reporting Center](#) and [QualityNet.org](#) from August 27th, 2015, entitled *PCHQR*

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Fiscal Year 2016 IPPS/LTCH Final Rule, or contact us at the support contractor. One of the problems with the written document, as I'm sure you are all aware, is as soon as you post it, it can become out of date, as things change real rapidly. So, on the next slide, slide number 11, we have a graphic depiction of our flight path for today. This is not a non-stop flight.

First of all, the Table of Contents: think of this as your checklist for the manual. All the section titles and subtitles are actually hyperlinks to the appropriate section in the manual. If you're interested in public reporting, you can just click on that section of the Table of Contents, and you will be instantly transported to Section 9, Public Reporting. No need to scroll through the 45 pages of document content in between. Section 1 is an overview of the PCHQR, how and why was the PCHQR established? What are the pertinent final rules defining the program? I really like this feature of hyperlinks to each rule, as well as the fact that the page numbers contained in the PCH content are listed, big time saver. Now that the PCHQR has been defined in Section 1, how do you define quality for PCH participant? Not an easy answer or question for sure. However, as the program evolves, the measures are getting richer and richer. This section covers the six domains of quality, ranging from safety to patient experiences of care. Moving to the third step, how do you know how you are performing? That is data collection and reporting. And, in order to report your data, you need to be a user of the *QualityNet* system. This registration process topic is covered in section number four. Some participants opt to have a vendor submit their data. For example, using Press Ganey as their HCAHPS vendor. This is the topic at Section 5. Section 6 and 7 are completed in Notice of Participation, which all participating PCHs have already done, and then the annual Data Accuracy and Completeness Acknowledgement or DACA. Chapter 8 is an area we frequently get questions on. How do I see the data I submitted? This is covered in Accessing and Reviewing Reports. Section 9 covers public reporting, a topic of interest to all. The last section is the resources area providing, not surprisingly, resources, including two appendices, one on

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data submission deadline and another, glossary of terms. Let's take a look at the next slide, slide number 12.

This slide shows the formal titles of the first four sections in the manual. And on slide 13, the next slide...

... we see the titles for the last five sections in the manual. So, now that we have completed a high level overview, let's dive into each section starting on the slide number 14.

So, the first question is “What is the legal basis establishing the PCHQR Program and what legislation establishes the program's requirements?” Is that A, individual state law; B, the hospital's policies and bylaws; C, federal statute; or D, the Joint Commission?

The answer is C, federal statute. While, an organization, such as The Joint Commission will survey you to the strictest of state law, hospital policy, Federal law, or their standards, for the PCHQR, the Federal statute or the Final Rule defines the PCHQR Program.

And here, we see an actual screenshot from the section of the manual. The participants are defined. There is a hyperlink to a list of PCHQR participants. And, I've mentioned before, there is a brief description of each year's Final Rule, the significant changes to the PCHQR Program, the specific pages addressing the PCHQR Program, and a hyperlink to the final rules themselves. Personally, I find this section to be worth the price of admission, very useful.

The second question is “How do I get a high level overview of the measures using the PCHQR Program?” A, call Tom or Henrietta; B, ask the *QualityNet* helpdesk; C, refer to Section 2 of the manual, or D, search the *National Quality Forum*. And here's a hint, it's not answer A.

The correct answer, of course, is C, refer to Section 2 of the PCHQR Manual.

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On our next slide, we show an example of the information contained in this section. Here, you can see the six categories with the PCHQR measures, as well as the individual metrics in each category. As I noted before, some screens have been altered to give a clear presentation. So, in this case, all six SCIP measures are listed in the actual document but not in the screenshot. So overall, Section 2 of the manual contains in-depth information on each metric, including why it was selected and how it is defined. However, please note that the PCHQR Manual is not a specifications manual. The details about ICD-10 codes, CPT codes, numerator or denominator definitions, exclusions and such are found on *QualityNet* and in other outreach and education materials supplied in support of the PCHQR Program.

Another question related to Section 2, “How do I most efficiently get specificity, a 10,000-foot view, about each of the measures, including a basic rationale for the measure’s inclusion in the program?” A, refer to the measure information, section of Section 2 of the manual; B, use the Q&A tool on *QualityNet*; C, perform a literature search in *Medline*; or D, refer to the *Quality Positioning System* of the National Quality Forum.

And on slide 21, once again, the answer is refer to Section 2 of the manual, or the first selection, the letter A. Certainly, you are encouraged and can reach out to us via the Q&A tool in *QualityNet*. You certainly can do a *Medline* search, much like I recently have done into the NQF 1822. That's a cliffhanger to get you interested in next month's webinar by the way, or use the wonderful *Quality Positioning* tool of the National Quality Forum. But, for a quick pass on why a metric has been selected and what it consists of, Section 2 is the place to go.

This is a modified screenshot from the measures section. We put the granularity of the NQF *Quality Position System* here for you to use if you want more specificity. Here, you can see the information for PCH-3 or NQF 0220, Adjuvant Hormonal Therapy. The rationale for the clinical endorsement of the metric is spelled out followed by description of the numerator and denominator.

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“I see now that Section 2 of the manual has a summary of each PCHQR Program measure. Where do I find the full measure specifications?” A, section 2 of the manual; B, *QualityNet*; C, *Quality Positioning System* of NQF; and/or D, links available on *Quality Reporting Center*? Remember, there can more than one correct answer.

And then slide 24, we see the answer, or answers, in this case, B, C, and D. Full measure specifications can be found on *QualityNet*, the *Quality Positioning System* of NQF, and then links available on *Quality Reporting Center*. Remember, this document, the PCHQR Program manual does not contain the specificity to serve as a full blown specifications manual.

Now, we move on to our next section, data reporting. “How do I submit my data from the PCHQR Program and when is it due?” A, I like this one, works for me, send it annually to Henrietta Hight, she does everything; B, email directly to the support contractor by the fifth business day of the month; C, post it on your internal website, CMS will come and find it; D, it depends, refer to educational material. For the correct answer, we'll move on to slide 26.

The correct answer, of course, is D, It depends, refer to the educational material. Yes, the answer to the question “how do I submit my data to the PCHQR Program and when is it due?” is not a cut-and-dried one. For example, HCAHPS data is submitted quarterly, most commonly by a vendor. The SCIP, OCM, and EBRT data are submitted annually, stratified by quarters by external file, using the *QualityNet Secure File Transfer*. HAI data is submitted quarterly by the NHSN, on behalf of the participants who have entered their data into the system. And, as changed this past fall, the Cancer Specific Treatment measures are submitted quarterly, but now by the PCH participants themselves or their vendor using *QualityNet Secure File Transfer*. Our next slide shows this detail.

Here, you can see the SCIP and OCM measures by a CSV format file via the *Secure Portal*. Note that at the time of development and publishing of the 2015 Manual, the method for EBRT had not yet been determined. Look for that information in a future webinar, hint, probably February,

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next month, and in the 2016 manual. Remember how earlier I said, as soon as you publish something, something changes. And, HCAHPs vendor– via vendor or alternatively through the HCAHPS online data entry tool. At this time, all PCHs are using a vendor. The next slide contains a very useful document, Appendix A from the manual.

On slide 28, this document is familiar to most of you. It contains the PCHQR Program measure data submission deadlines. I want today's participants to note that this tool contains old information related to the SCIP measure. As you will recall, the 2016 Final Rule ended SCIP reporting after quarter three of 2015. Therefore in the SCIP column, this document should show Q2 through Q3 for SCIP being due by August 15th, 2016. This is the 2015 manual and that change occurred in the 2016 Final Rule. Once again, when you print a document, there's always a risk they can go out of date. To mitigate this risk, we have communicated this change in the final rule presentation referenced earlier and available on the websites. Also, we are now sending a ListServe prior to each data submission period to remind participants of due dates and time frames for each measure. Furthermore, the 2016 program manual will have an updated measure submission deadlines document. And lastly, a new version of this document is soon to be published on *QualityNet*. The posting is in process and it's already been placed on *Quality Reporting Center*, or QRC, website. We encourage participants to access the QRC website, and get the current version of this document. On the next slide, we have my final question for the participants before we turn the presentation back over to Henrietta.

“Under what circumstances may my organization be granted a waiver, exception, extension from reporting data for PCHQR Program metrics?”
A, if you ask really nice; B, in the case of an extraordinary circumstance beyond the control of the facility; C, never, I kind of like that one; and D, if your PCH does not perform inpatient surgeries, you may elect to be excepted from SCIP reporting. This is a tough one actually, although I'll try to give it away with two of the answers.

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The answer is B, and D, extraordinary circumstances and for measures of exception due to low or no volume. Let's look at the screenshot on slide number 31.

The Extraordinary Circumstances Extension or Waiver are used in the event of a disaster or extraordinary circumstance beyond the control of the participating PCH. The Measure Exception form is to be used when you do not have a relevant patient population. There are two examples of this that come to mind. The first is doing combined nine or fewer colon and abdominal hysterectomies in the prior calendar year. This can qualify you for a measure exception from reporting the SSI measure, NQF number 0753; or in the second case, a lack of inpatient surgeries from extreme low volume of them may qualify you for a measure exception for the SCIP measures. I know that a few of the PCHs qualify from the measure exceptions. A ListServe was sent to the PCHQR ListServe on January 5th, 2016, with detailed instructions. If you qualify for one of the exemptions or both, I encourage you to complete and submit this form as instructed as soon as possible. And with this, I will ask the slide deck to be forwarded to our next slide, slide number 32 and turn the presentation over to my colleague and friend, Henrietta Hight. Henrietta?

Henrietta Hight:

Thank you, Tom. This part of the webinar is what we are calling the technical section. We will be looking at how to use the *QualityNet* website and some of the areas on the *QualityNet Secure Portal*. Here's a question to help us get started. The question is "What is the difference between the *QualityNet* website and the *QualityNet Secure Portal*?" This is just a question to help us get started on the technical section. A, there is no difference; B, *QualityNet Secure Portal* requires approval and verification of users; C, information on the *QualityNet* PCHQR tab is available to the public; and D, *QualityNet Secure Portal* is used to maintain confidentiality of transmitted data. So, let's look on the next slide as to what the answers are to this question. And, again, remember, multiple answers are possible.

The correct answers are B, *QualityNet Secure Portal* requires approval and verification of users; C, information on the *QualityNet* PCHQR tab is

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available to the public; and then D is also correct, *QualityNet Secure Portal* is used to maintain confidentiality of transmitted data.

So, let's go on slide 34, to look a little bit more at what we mean when we use the term *QualityNet* and then the *QualityNet Secure Portal*. When we use the term *QualityNet*, we can actually be referring to two different websites. First, the *QualityNet* website that has a tab for each of the CMS quality improvement programs, including the tab for the PCQHR Program this *QualityNet* website does not require any registration, and the information provided is available to the public, including providers and patients. Then, there is the *QualityNet Secure Portal*. And, the information that's on the slide is concentrating on the *QualityNet Secure Portal*. This website has areas for each of the CMS quality improvement programs. The *QualityNet Secure Portal* requires, first, that a user register for the website, the *QualityNet* website. And, in the manual, Section 4, starting on page 19, this is a screenshot. There's a detailed description of the steps required to register as a *QualityNet Secure Portal* user. And, again, this is simply a screenshot of page 19. In the manual there are actually several pages devoted to explaining how to register, first as a *QualityNet* user. As we go the following slide, and as you go through the manual, it's important to remember that there are two processes involved. First, you need to register as a user of the *QualityNet* website. Second, you need to register for access to the *QualityNet Secure Portal*. We will start looking at the *QualityNet* registration process in more detail on the next slide.

Here's a question to help us get a little bit more of an idea of what we're going to be talking about. Question: "where can I read about the process for registering as a *QualityNet* Security Administrator or Basic User?" (Click all that apply) A, call the *QualityNet* helpdesk; B, look at Section 4 in the PCHQR Program Manual; C, check the Internet; or D, ask your co-workers. Let's look on slide 36 as to what the correct answers are.

The correct answer is B, look at Section 4 in the PCHQR Program Manual. So, let's look more closely to some of the information in Section

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4 of the PCHQR Program Manual, and we'll look at this on the next slide, slide 37.

Slide 37, as mentioned before, gaining access to the *QualityNet Secure Portal* is a two-step process. First, you need to register as a user, either Security Administrator or Basic User. Second, you need to complete the *QualityNet* New User Enrollment process. That includes the verify identity steps. This is the process that actually gives you access to the *QualityNet Secure Portal*.

Here's another question regarding Section 4, PCH *QualityNet* Registration Process. "Before logging in to the *QualityNet Secure Portal* for the first time, a user must complete the new user enrollment process. The prerequisites for this process are:" A, a completed *QualityNet* registration; B, receipt of the applicable User Roles assigned by your Security Administrator; C, sending an email to the *QualityNet* Help Desk; or D, creation of your own account. On slide 39, let's look at the correct answer.

As mentioned before, the *QualityNet* registration process is the first step in gaining access to the *QualityNet Secure Portal*. So A, a completed *QualityNet* registration is the correct answer and then, B, receipt of the applicable user roles assigned by your Security Administrator. For many of you, you're going to be considered a Basic User. So, again, you have to register as a *QualityNet* user with the role of Security Administrator or Basic User before you can start the New User Enrollment process. These are two separate processes. I know I keep emphasizing this, but I find it could be confusing regarding where you are in the process when following the steps as described in the manual. Part of the *QualityNet Secure Portal* enrollment process is what they call the Symantec ID setup, which we will look at on the next slide.

Part of the *QualityNet Secure Portal* registration is downloading the Symantec ID link onto your computer. You'll use this VeriSign ID every time you log onto or sign onto the *QualityNet Secure Portal*. This is an additional safeguard. Remember, the information and processes available

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on the *QualityNet Secure Portal* are available only to users who have enrolled. It is not available to the general public.

Once you have access to the *QualityNet Secure Portal*, you have access depending on the access rights you have based on your role. In the following slides, we will not have time to show you all the functions available on the *QualityNet Secure Portal*. However, you will see one of the activities that will be coming up. So, let's go to the next slide.

Section 7, Data Accuracy and Completeness Acknowledgment, we refer to as the DACA. “Last year around August, I kept hearing the acronym DACA. Where can I find information about the DACA?” Answers: A, search the internet; B, email my best friend; C, check the PCHQR Program Manual; or D, call the *QualityNet* Help Desk. So, on the next slide, let's look at the answer.

The correct answer is C, check the PCHQR Program Manual. OK. The DACA annual completion is one of the PCQHR Program requirements. So, let's look a little bit more closely at the DACA on the next slide.

So, Section 7 of the program manual gives you full information on what the DACA or what the Data Accuracy and Completeness Acknowledgment form is and how to complete that form. OK? This is simply your screenshot. In Appendix A, which Tom is going to be talking about a little bit more and has already mentioned, you have the PCHQR Program measure submission deadlines. Your hospital will be completing the DACA for fiscal year 2017 with the due date or submission deadline date of August 31st, 2016. So, that's still a bit of a way off. As we near the submission period, we will be providing more information. On the next slide, we will look at another function available on the *QualityNet Secure Portal*. This area is the reports.

Section 8 of the program manual gives you full information about these areas, reports that are available for the PCHQR Program, and how to access them. So, here are the questions. “There are PCHQR Program reports that show the clinical data, such as CLABSI, and also our

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HCAHPS data. Where can I find the information about accessing these reports?” And, I kind of gave you the answer already: A, call the *QualityNet* Help Desk; B, Look at the PCHQR Manual Section 8; C, ask your IT staff; or D, ask a team member.

And again, you should have gotten this one. The correct answer is B, look at the PCHQR Manual Section 8. So, as slide 45 indicates, Section 8 of the manual covers the reports that are currently available for the PCHQR Program. This section describes each report and how to access them. Your ability to view and update reports depends on the role assigned to you by your Security Administrator.

As the slide indicates, the reports currently available for the PCHQR Program are the following: there is the PPS-Exempt Cancer Hospital Quality Reporting Report, and that is described starting on page 46 of the manual. And, we frequently, as the slide indicates, refer to this report as simply the “Facility Report.” Then, the HCAHPS Report is described starting on page 47 of the manual. And then, the Public Reporting Preview Report is described starting on page 50 of the manual. And, remember that the Public Reporting Preview Report is only available during the 30-day preview period that has been laid out. Depending on the user roles that the Security Administrator has given you, you may or may not have access to these reports. Let's look at the page in the manual that starts the discussion on the PPS-Exempt Cancer Hospital Report.

So slide 47, the slide shows a screenshot of the PPS-Exempt Cancer Hospital Feedback Report that we tend to refer to simply as the PCHQR Facility Report. Public reporting and *Hospital Compare* can be confusing. The manual has a detailed discussion of the public reporting and *Hospital Compare* information as shown on the next slide.

Here's a question about public reporting of PCHQR data. “Where can I find information about the PCHQR measures displayed in public reporting and on *Hospital Compare* and the schedule for display?” Possible answers are: Check the National Quality Forum; B, email the NHSN Help Desk; C, email the *QualityNet* Help Desk; or D, refer to the PCHQR

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Manual, Section 9. On the next slide, slide 49, let's look at the correct answer.

The correct is D, refer to the PCHQR Manual Section 9. Now, public reporting can be confusing. So, let's look at the next slide where in Section 9, there's information that can be very helpful.

As you can see, this is a screenshot of Section 9, Public Reporting of PCHQR data. Use the information in Section 9, including the table that's kind of in the middle of the screenshot to keep track of which PCHQR measures are going to be publicly reported, when, and for what quarters. This is very helpful. You know, I don't know about you, but I always print this out and have it at my desk to refer to. I can't keep track of it just in my mind.

Resources, Section 10 of the manual. “Where can I find a good listing of all the resources that are available to help me with the PCHQR Program?” Possible answers: section 10 of the PCHQR Manual; B, call one of the other PCHs; C, look on the Internet; or D, call the Help Desk. Let's look at the correct answers.

The correct answer is A, section 10 of the PCHQR Manual. So, let's look at section 10 in the manual. On the next slide is a screenshot of the beginning of Section 10 with a one-stop shopping list of the resources available to you.

This is simply a screenshot of Section 10, the beginning of Section 10, regarding the resources. As you can see, Section 10 of the manual has a list of the different resources available to you for assistance. This is a handy list with web links, et cetera, to save you the time and effort of trying to remember how to access some of the support resources or checking back for notes or webinar presentations. Now, on the next slide, let's look at a coming attraction regarding the PCHQR Program.

This afternoon, we've been taking a high-level flight through the PCHQR Program manual for 2015. As Tom indicated earlier, right now, a lot of work is going on regarding the 2016 PCHQR Program Manual. The 2016

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PCHQR Program Manual will have updated information regarding the new measures, including the NHSN CDI, MRSA, and Healthcare Personnel Influenza Vaccination measures, which you will be reporting on starting with first quarter 2016 events with the submission date of August 15th, 2016. As Tom mentioned, our goal is to have the 2016 PCHQR Program Manual available by April 2016. This is well in advance of your submission deadline in August 2016 for the new measures. As you use the manual, the 2015 manual, if you have suggestions regarding what you would like to find, what would be helpful for us to include in the program manual, please let us know. The purpose of the manual is to support you and the important work that you do every day. And now, I would like to turn the presentation over to Tom. Thank you, Tom.

Tom Ross:

Thank you, Henrietta. Here you see a list of our upcoming PCHQR events. February 25th will be a mishmash of three or four topics, including updates to NQF 1822 or EBRT, new and updated tools posted to the qualitynet.com website with EBRT reporting methodology and some other topics. We aren't sure of the exact title. But currently, I'm leaning towards PCHQR Potpourri. March 24th is still to be determined. So, if you have topics or best practices, please share them. One possibility we are looking at here is the life cycle of a quality metric going from the MUD to the PCHQR. Then, in April through June, we will be geared towards three of our new measures from the 2016 Final Rule CDI, MRSA, and Healthcare Vaccination. And then, placed between them will be in May, the Fiscal Year 2017 PCHQR Proposed Rule. I will now ask Deborah Price to review the information for the Continuing Education process. Deb?

Deborah Price:

Well, thank you very much. Today's webinar has been approved for one Continuing Education credit by the boards listed on this slide. We are now a nationally accredited nursing provider. And as such, all nurses report their own credits to their boards using the National Provider Number 16578. It is your responsibility to submit this number to your own accrediting body for your credits.

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We now have an online CE certificate process. You can receive your CE certificate two ways. First way is if you registered for the webinar through ReadyTalk[®], a survey will automatically pop-up when the webinar closes. The survey will allow you to get your certificate. So, we will also be sending out the survey link in an email to all participants within the next 48 hours. If there are others listening to the events that are not registered in ReadyTalk[®], please pass the survey to them. After completion of the survey, you'll notice at the bottom right-hand corner, a little gray box that says, Done. You will click the Done box and then another page opens up. That separate page will allow you to register on our Learning Management Center. This is a completely separate registration from the one that you did in ReadyTalk. Please use your personal email for this separate registration so you can receive your certificate. Healthcare facilities have firewalls that seem to be blocking our certificates from entering your computer.

If you do not immediately receive a response to the email that you signed up with the Learning Management Center that means you have a firewall up that's blocking the link into your computer. Please go back to the new user link and register a personal email account. Personal emails do not have firewalls up. If you can't get back to your new user link, just wait 48 hours because remember, you're going to be getting another link and another survey sent to you within 48 hours.

OK. This is what the survey will look like. It will pop up at the end of the event and will be sent to all attendees within 48 hours. Click Done at the bottom of the page when you are finished.

This is what pops up after you click Done on the survey. If you have already attended our webinars and received CEs, click Existing User. However, if this is your first webinar for credit, click New User.

This is what the New User screen looks like. Please register a personal email like Yahoo or Gmail or ATT, since these accounts are typically not blocked by hospital firewalls. Remember your password, however, since you will be using it for all of our events. You'll notice, you have a First

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Name, a Last Name, and the personal email, and we're asking for a phone number in case we have some kind of backside issue that we need to get in contact with you.

This is what the Existing User slide looks like. Use your complete email address as your user ID and of course the password you registered with. Again, the user ID is the complete email address, including what is after the @ sign.

OK. Now, I'm going to pass the ball back to your team lead to end the webinar and to go over any questions that came in. Thank you for taking the time spent with me.

Tom Ross:

All right, thank you for your participation in today's event. I hope that you find the PCHQR Manual to be of assistance in your participation in the PPS-Exempt Cancer Hospital Quality Reporting Program. As a reminder, all questions and answers submitted via the Chat function will be researched and answered. This document, as well as the recording of the event and a full transcript, will be posted to qualityreportingcenter.com within 10 business days of today's event. As always, I thank you for your time, but more importantly, for the care you provide to your patients. Thank you and have a good rest of your day.

END