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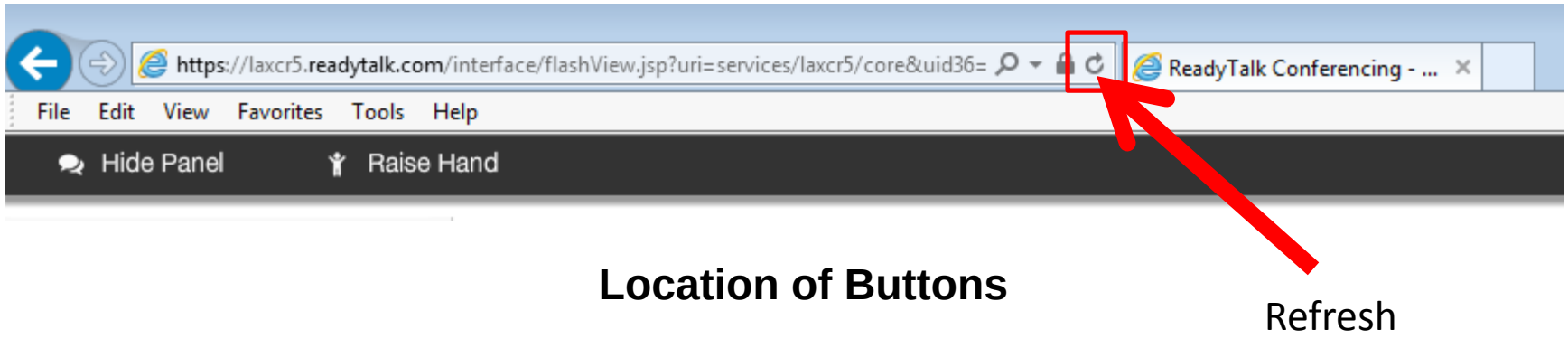

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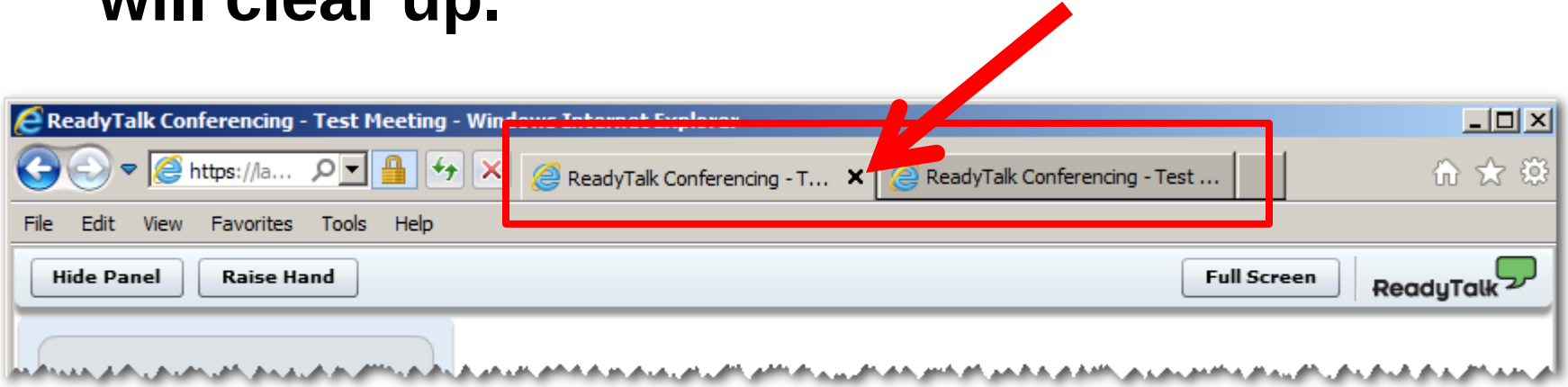

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PCHQR Program:
Lessons Learned in Population and Sampling and From EBRT

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Acronyms and Abbreviations

ACS	American College of Surgeons
ADCC	Alliance of Dedicated Cancer Centers
ACA	Affordable Care Act
AHRQ	Agency for Healthcare Research and Quality
AMA	American Medical Association
Ca	Cancer
CAUTI	Catheter-Associated Urinary Tract Infections
CDC	Centers for Disease Control and Prevention
CCN	CMS Certification Number
CDI	*Clostridium difficile* Infection
CE	Continuing Education
CLABSI	Central Line-Associated Bloodstream Infection
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
CST	Cancer-Specific Treatment
CY	Calendar Year
DACA	Data Accuracy and Completeness Acknowledgement
EBRT	External Beam Radiotherapy
ED	Emergency Department
FFS	Fee-For-Service
FY	Fiscal Year
Fxns	Fractions
Gy	Gray
HAI	Healthcare-Associated Infection
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HCP	Healthcare Personnel
HHS	Health and Human Services
HQR	Hospital Quality Reporting
ICD	International Classification of Diseases
IPF	Inpatient Psychiatric Facility
IPPS	Inpatient Prospective Payment System
IQR	Inpatient Quality Reporting
LabID	Laboratory-Identified
LTCH	Long-Term Care Hospital
MAP	Measure Application Partnership
MIF	Measure Information Form
MUC	Measures Under Consideration
NIH	National Institutes of Health
NHSN	National Healthcare Safety Network
NQF	National Quality Forum
OCM	Oncology Care Measure
OQR	Outpatient Quality Reporting
PCH	PPS-Exempt Cancer Hospital
PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
PQRS	Physician Quality Reporting System
PR	Public Reporting
Q	Quarter
RSAR	Risk-Standardized Admission Rate
RSEDR	Risk-Standardized ED Visit Rate
SBRT	Stereotactic Body Radiation Therapy
SC	Support Contractor
SRS	Stereotactic Radiosurgery
SSI	Surgical Site Infection
TEP	Technical Expert Panel
TBD	To Be Determined
TJC	The Joint Commission
VIQR	Value, Incentives, and Quality Reporting

Purpose

This presentation will provide participants in the PCHQR Program with information which will help them to perform consistent population and sampling for all sampled measures, as well as specific guidance to accurately abstract the EBRT measure.

Objectives

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

- Collect population and sampling data for the Oncology Care and EBRT measures in a consistent manner.
- Abstract and report EBRT in a uniform manner that is consistent with other PCHQR Program participants.

LESSONS LEARNED IN POPULATION AND SAMPLING (POP AND SAMP)

Identifying Initial Populations for OCM and EBRT Measures

Initial Patient Population:

- Refers to all patients (Medicare and non-Medicare).
- Includes patients who share a common set of specified, administratively-derived data elements.
  - Data elements may include ICD-10-CM diagnosis codes, CPT codes, or other population characteristics such as age.
    - **Example:** The data elements for the EBRT measure population include all patients with an ICD-10-CM Diagnosis Code of bone metastases (C79.51 or C79.52) **and** received EBRT (CPT 77402, 77407, or 77412).
  - Cases identified as being in the Initial Patient Population for the measure or measure set are eligible to be sampled.

Initial Population and Sampling What is It and Why do It?

Sampling is:

- The process of selecting a representative part of a population in order to estimate a hospital's performance, without collecting data for its entire population.
- A useful technique for performance measures that require primary data collection from a source, such as the medical record.

Why do it?

By using a statistically valid sample, a hospital can measure its performance in an effective and efficient manner, without collecting data for all the population; thus reducing the data collection burden.

More on Why Sampling Works

- **Statistically valid sample data:**
  - Are randomly selected in such a way that the individual cases in the population have an equal chance of being selected.
  - Represent the whole population with meaningful and useful performance measure data.
  - Provide an unbiased picture of a hospital's performance.
  - Prevent "cherry picking," the picking and choosing of only cases that will "pass" the measure.

Sampling Requirements

- **PCHs are not required to sample their data.**
  - If sampling offers minimal benefit or if the PCH has an efficient, non-burdensome way of collecting the data, the PCH may choose to use all cases.
- **PCHs may choose to oversample their data.**
  - The sample sizes provided are a minimum.

Population and Sampling Questions

Applies to all OCM and EBRT Submissions Effective Now

Question ID	Template Text	Question	Answers
Q1	"SF"	What was your hospital's sampling frequency?	"1" = Quarterly "2" = Not Sampled
Q2	"POP"	What was your hospital's quarterly Initial Patient Population?	(Number will vary)
Q3	"SAMP"	What was your hospital's quarterly Sample Size?	(Number will vary)

The following rule will result in a data submission error if not met

Rule	Applies to these measures only
For a given quarter of data, the sample size value must equal the corresponding denominator value for that measure.	PCH-14 (NQF #0382) PCH-15 (NQF #0383) PCH-16 (NQF #0384) PCH-25 (NQF #1822)

Population and Sampling Tips

- If you enter *not sampled ("2")* for "Sampling Frequency (Q1)," your "Q2" (population), "Q3" (sample), and your "**Denominator**" should all be equal for PCH-14, 15 and 16.
  - This may or may not be true for PCH-17 and 18 due to numerator exclusions
- If your initial patient population is ≤ 10, sampling is not allowed, and you should enter *not sampled ("2")* for "Sampling Frequency (Q1)"

Average Quarterly Initial Patient Population Size "N"	Minimum Required Sample Size "N"
>125	25
51–125	20% of Initial Population
10–50	10
<10	No Sampling: 100% of the Initial Patient Population

Sampling Methods to Ensure Statistically Valid Data

- A sampling method must:
  - Ensure that the sampled data represent the Initial Patient Population.
  - Be applied consistently within a quarter.
- Methods include:
  - **Simple random sampling—**selecting a sample size from a population of size (*N)* in such a way that every case has the same chance of being selected.
  - **Systematic random sampling—**selecting every *k*th record from a population of size *N* in such a way that a sample size of *n* is obtained, where *k* is less than or equal to *N/n*.
    - The first sample record (i.e., the starting point) must be randomly selected before taking every *k*th record

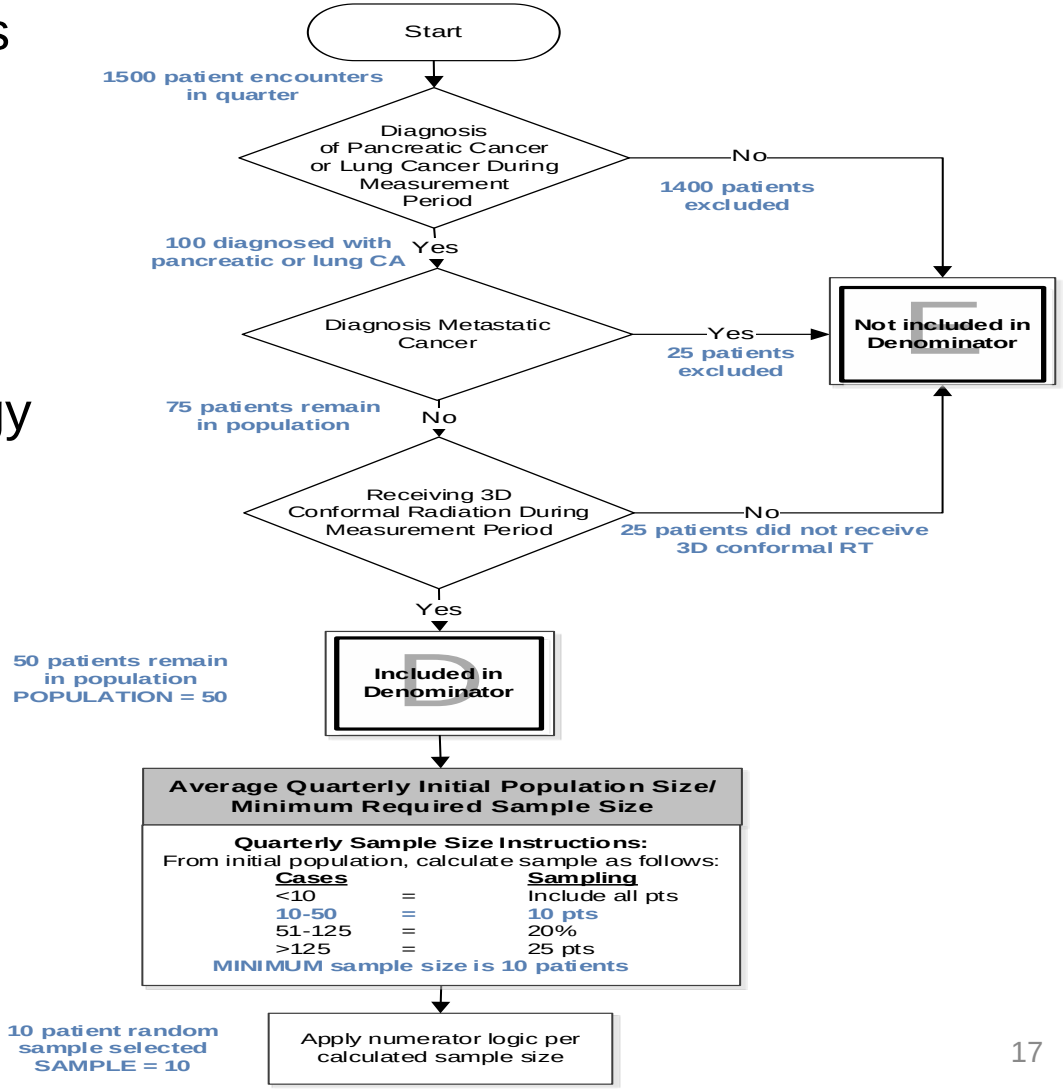
Population and Sampling: NQF #0382

1. Use ICD-10 and CPT codes to identify initial population
   - ICD-10 diagnoses for inclusion
   - ICD-10 diagnoses for exclusion
   - CPT codes for inclusion
2. Apply sampling methodology
3. Review randomly sampled records

NOTE: Sample must equal denominator

Most likely report as:

- Q1 (SF) = “1” or “2”
- Q2 (POP) = # population
- Q3 (SAMP) = same as population or sample



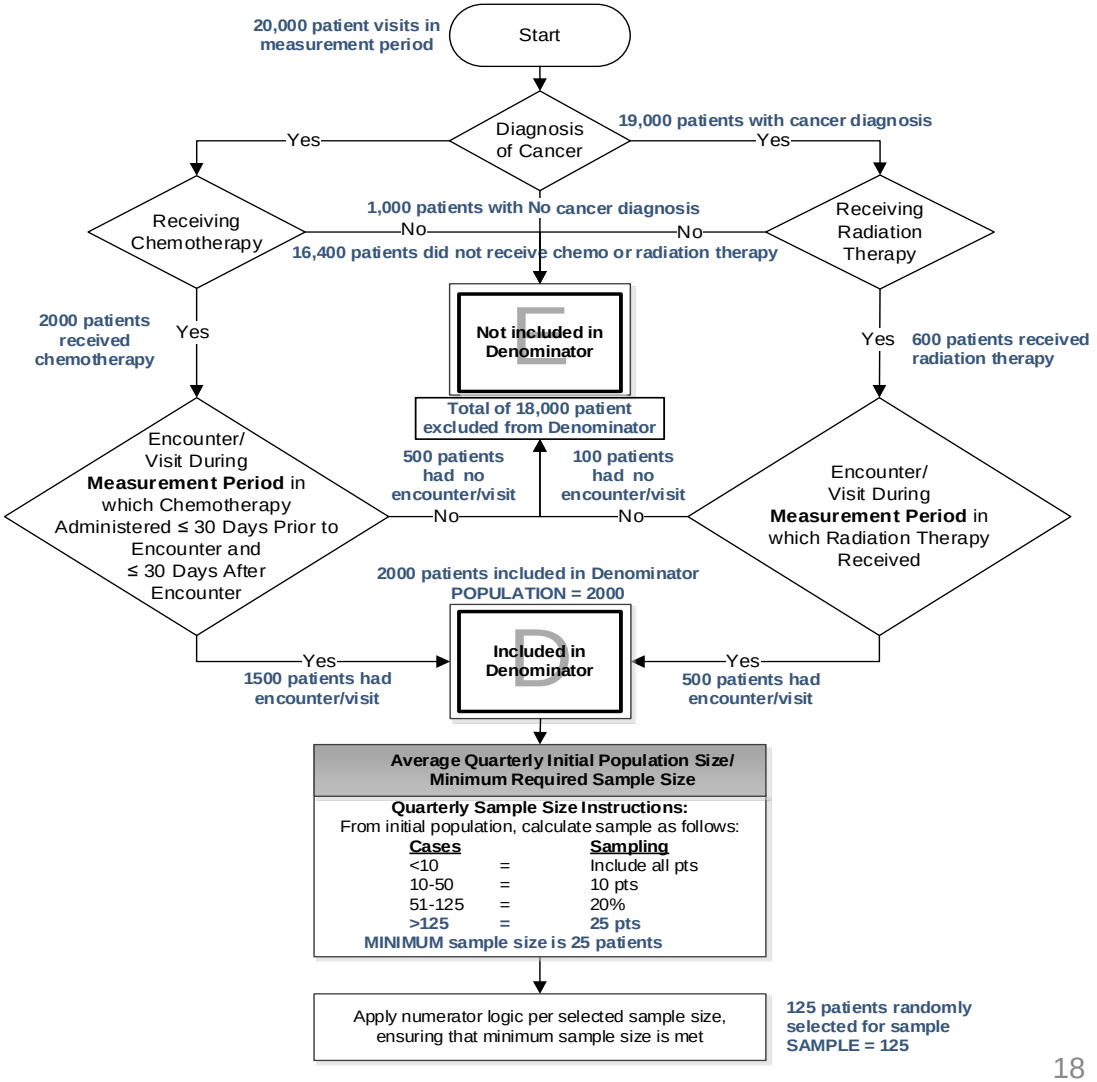
Population and Sampling: NQF #0384

1. Use ICD-10 and CPT codes to identify initial population
   - ICD-10 diagnoses for inclusion
   - CPT codes for inclusion
2. Apply sampling methodology
3. Review randomly sampled records

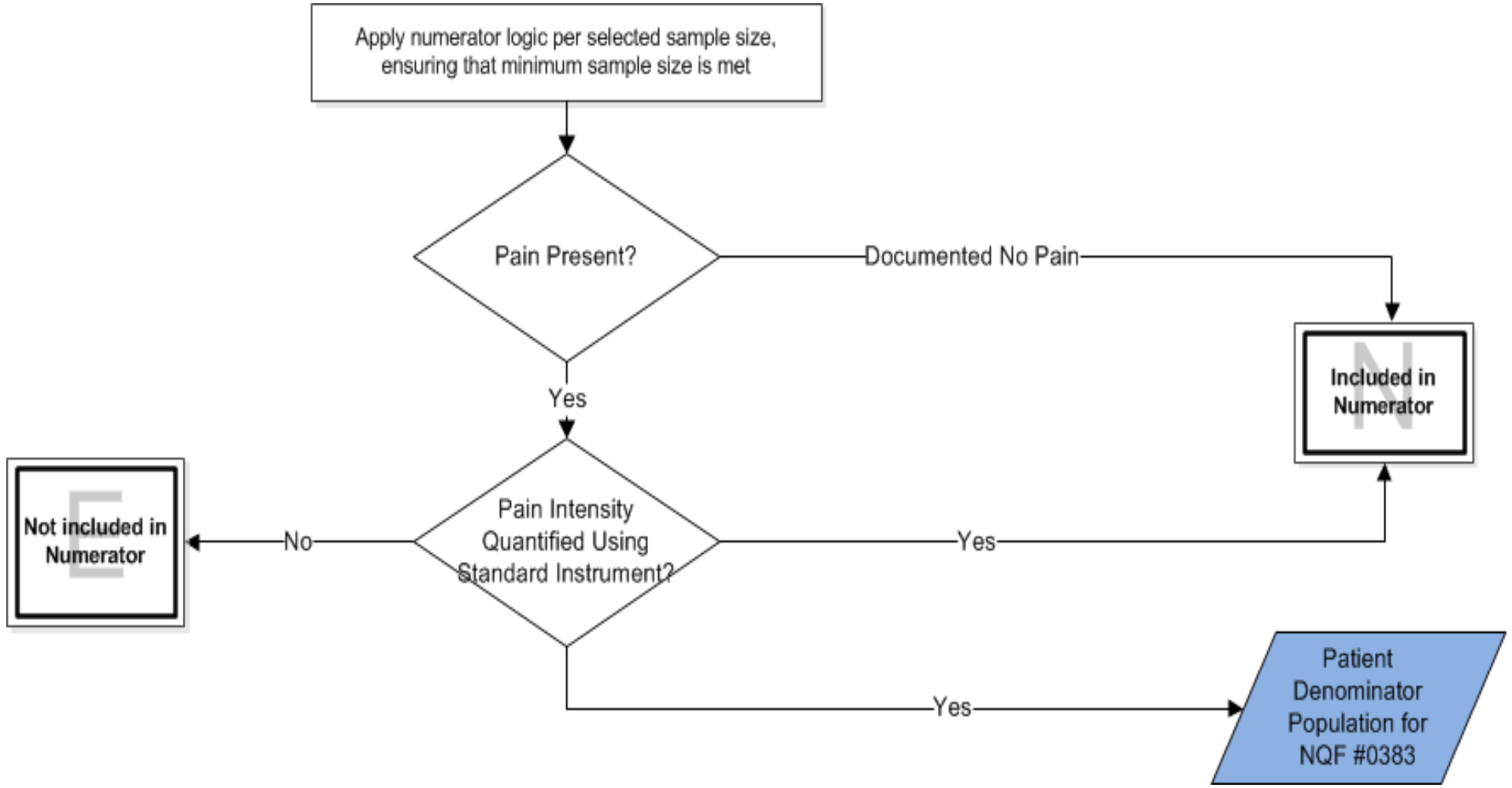
NOTE: Sample must equal denominator

Most likely report as:

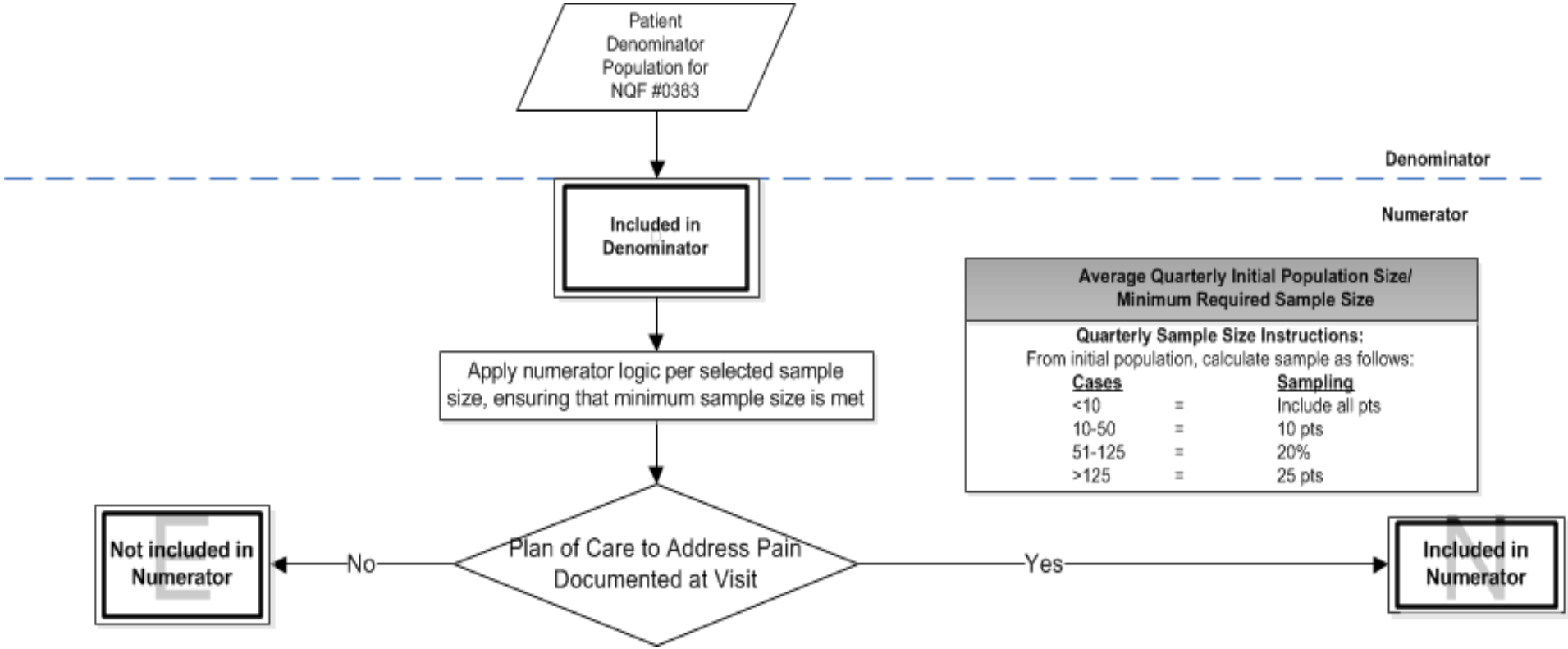
- Q1 (SF) = “1” (quarterly)
- Q2 (POP) = # in 1000’s
- Q3 (SAMP) = # sampled



Numerator for NQF #0384



NQF #0383: Plan of Care for Pain



Population and Sampling: NQF #0383

- NQF #0384 and #0383 are paired measures.
- Patients from NQF #0384 who have pain present and it is quantified using a standard instrument form the denominator for NQF #0383
- Most hospitals are oversampling NQF #0384 to find a larger denominator for NQF #0383; therefore sampling for NQF #0383 seems counterproductive.
- Sample must equal the denominator.
- Sampling is most likely reported as:
  - Q1 (Frequency) = “2” (Not sampled).
  - Q2 (Population) = # of patients with pain and intensity quantified from NQF #0384.
  - Q3 (Sample) = Population (as not sampled).

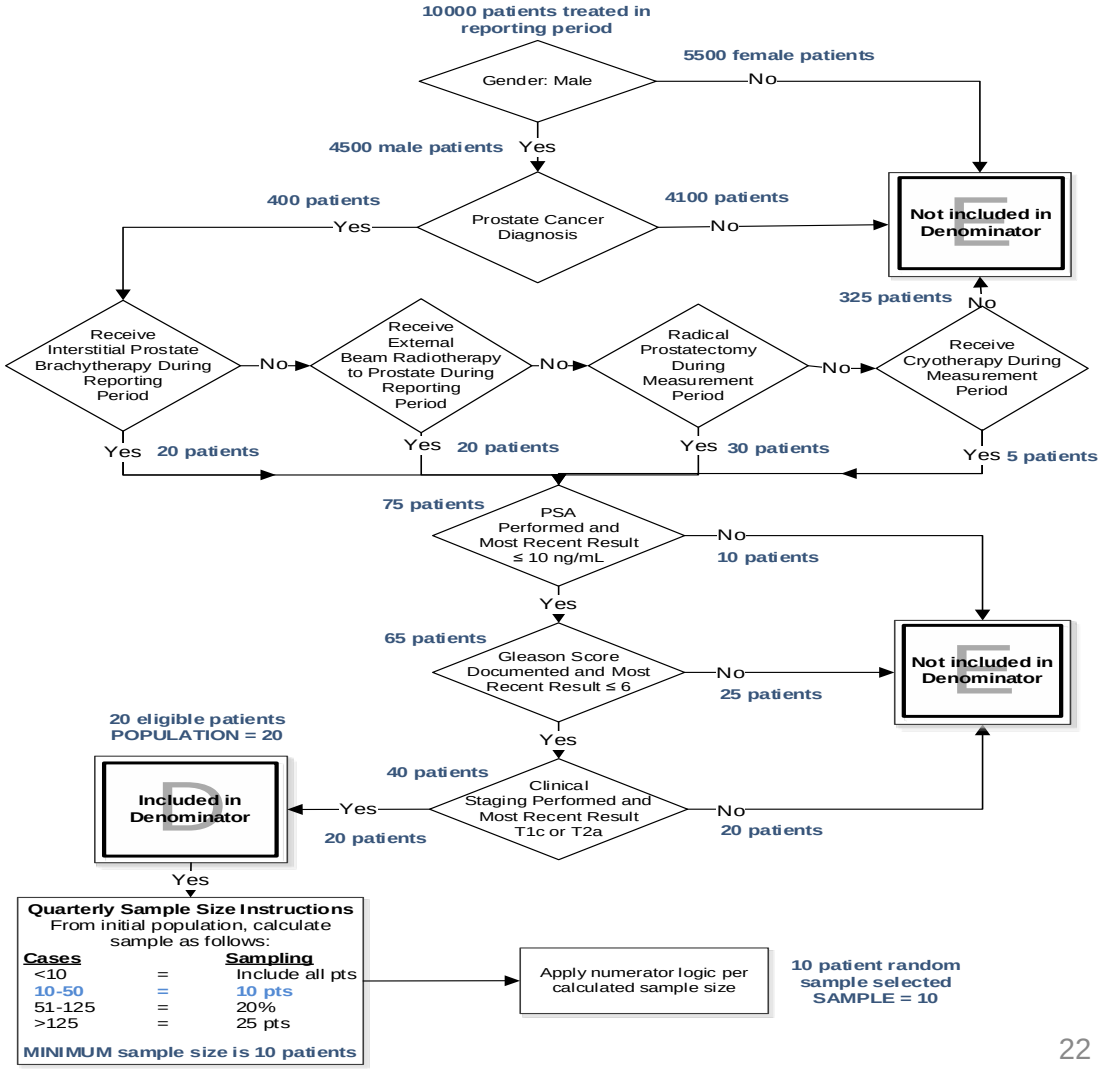
Population and Sampling: NQF #0389

1. Use ICD-10, CPT, and sex to identify initial population
   - Male
   - ICD-10 diagnosis
   - CPT codes for treatments
   - Criteria for Low-Risk Ca
2. Apply sampling methodology
3. Review randomly sampled records

NOTE: There is opportunity for numerator exclusions, so sample may not equal denominator

Most likely report as:

- Q1 (SF) = "2" (Not sampled)
- Q2 (POP) = # in 10-50 range
- Q3 (SAMP) = # sampled



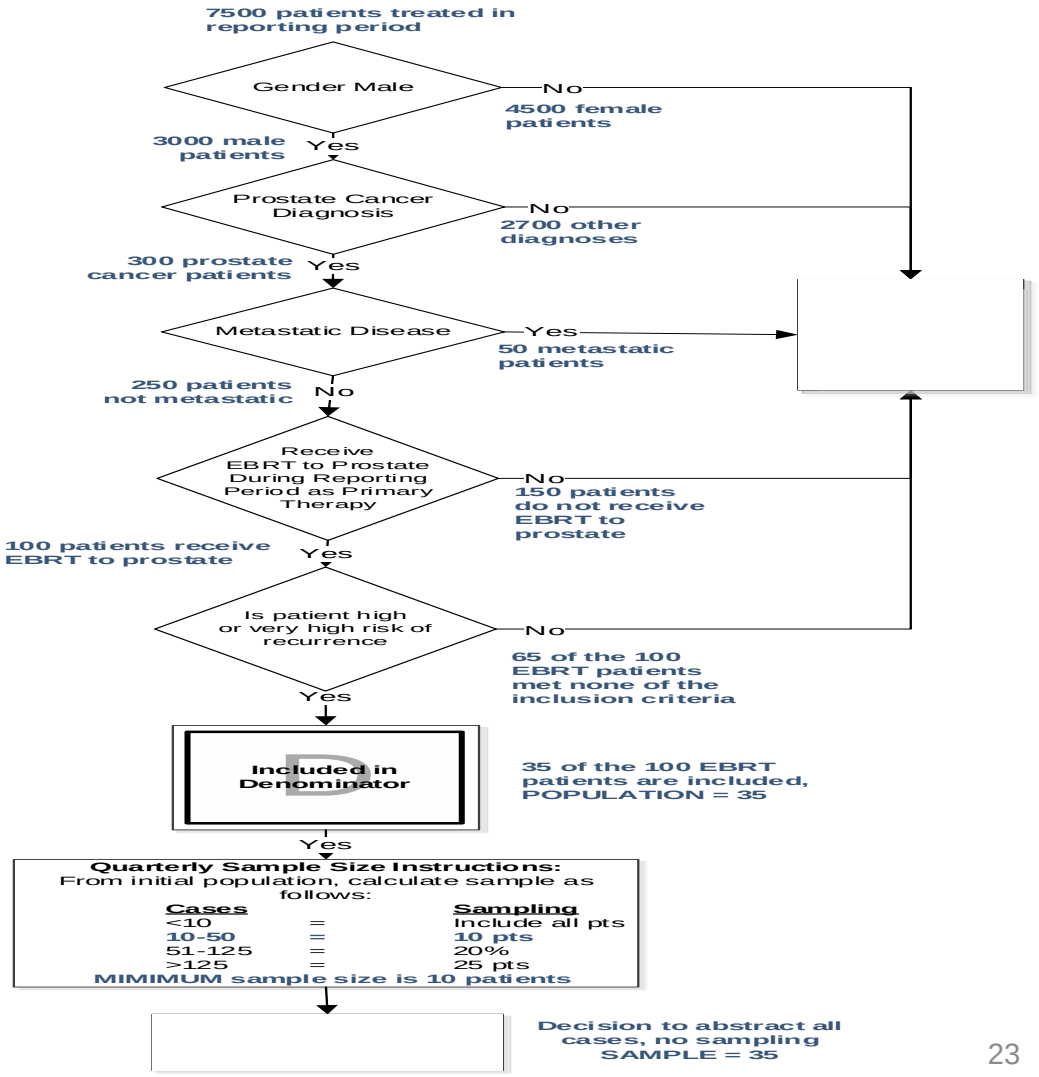
Population and Sampling: NQF #0390

1. Use ICD-10, CPT, and sex to identify initial population
   - Male
   - ICD-10 diagnosis
   - CPT codes for EBRT
   - Criteria for High or Very-High Risk Prostate Ca
2. Apply sampling methodology
3. Review randomly sampled records

NOTE: There is opportunity for numerator exclusions, so sample may not equal denominator

Most likely report as:

- Q1 (SF) = “2” (Not sampled)
- Q2 (POP) = # in 10-50 range
- Q3 (SAMP) = # sampled

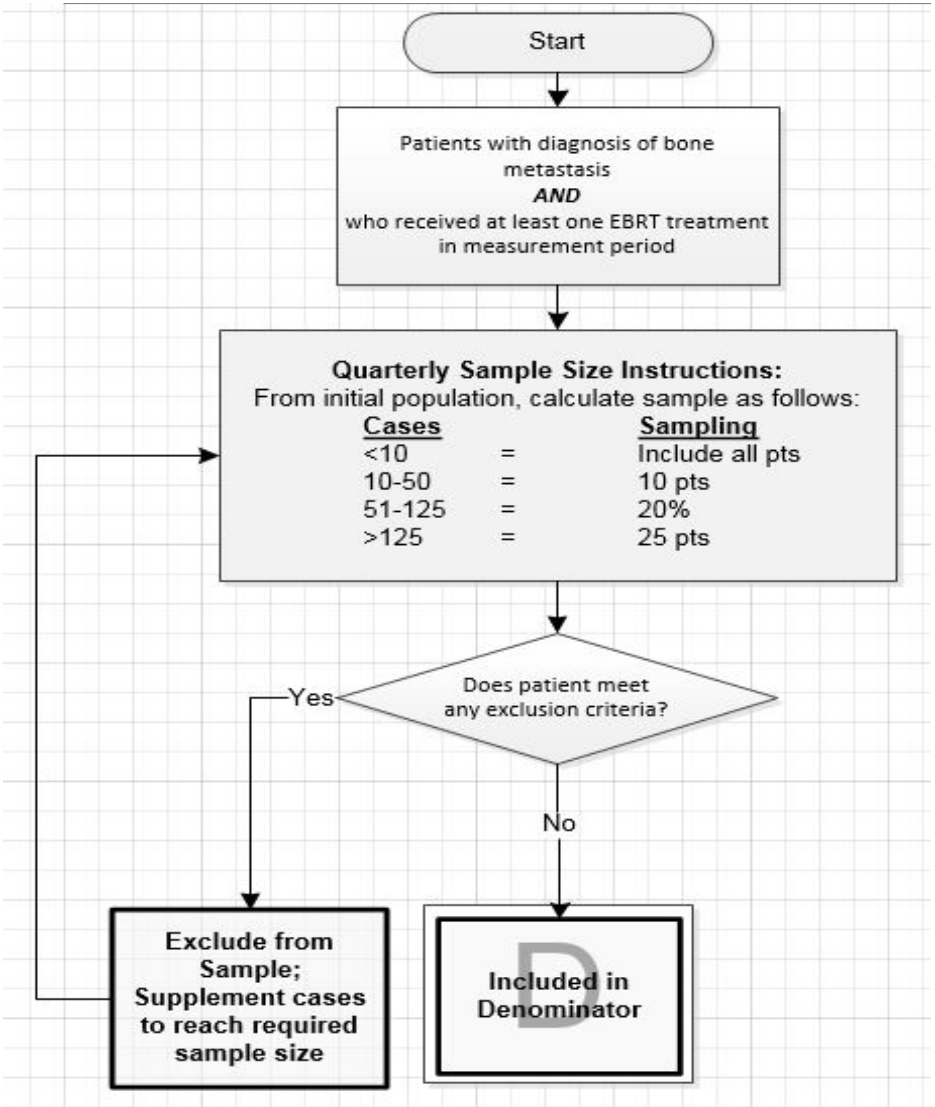


Population and Sampling: EBRT

1. Use ICD-10 and CPT codes to identify initial population
2. Collapse to individual patient record level

   The initial population is not exact, but a best approximation
   - Overestimates due to inclusion of non-bone EBRT cases
   - Underestimates due to patients with multiple bone metastases
3. Apply sampling methodology
4. Review sampled records

NOTE: For patients excluded during clinical review, supplement sample with new, randomly selected cases until required sample size (number of cases) is reached.

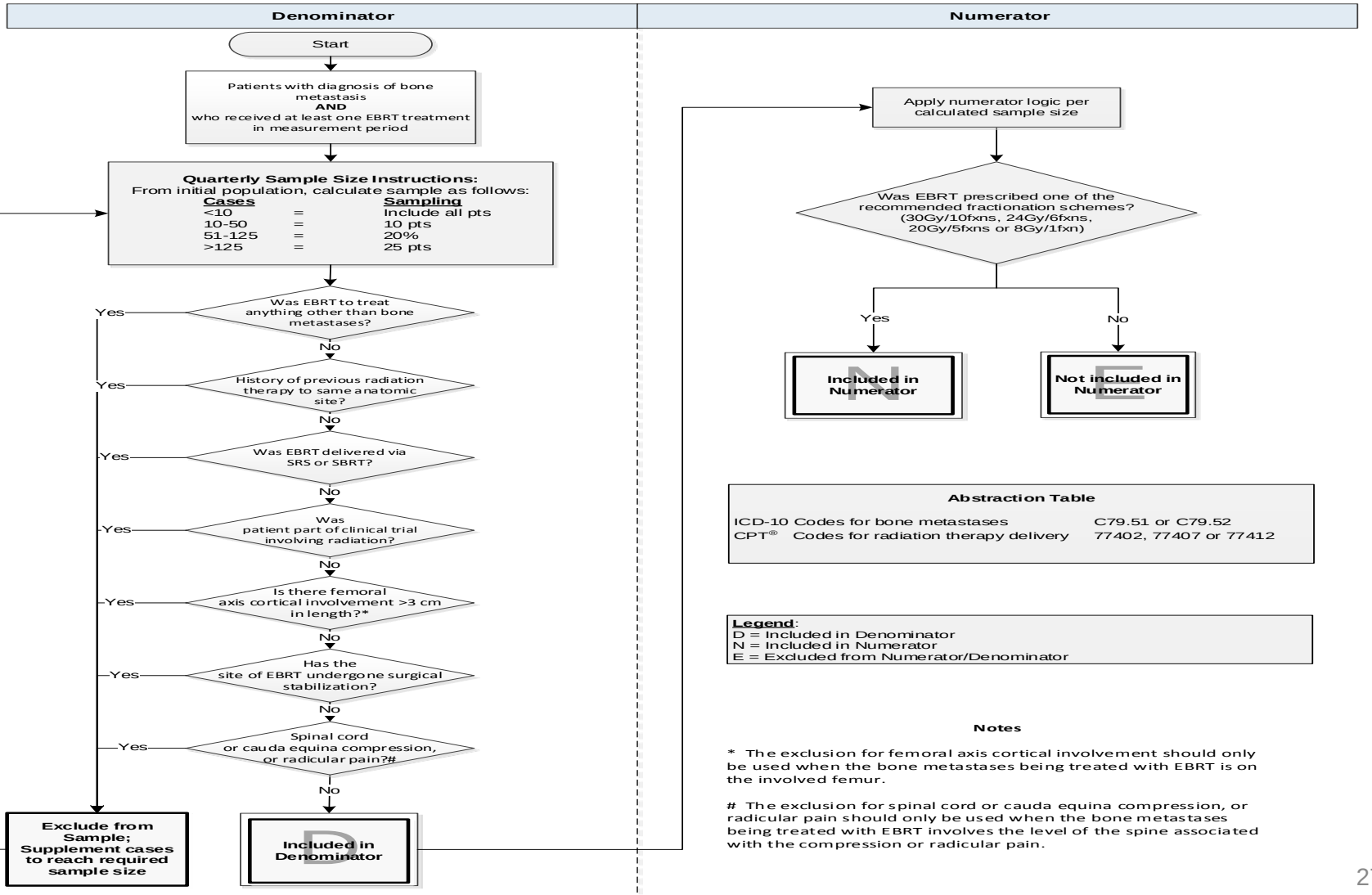


EBRT Population and Sampling: Example

1. Use ICD-10 and CPT codes to identify initial population.
   a. 215 encounters identified in quarter
2. Collapse to individual patient record level.
   a. 215 encounters represent 112 unique patients, **Population = 112**
3. Apply sampling methodology.
   a. 112 x 0.2 = 22.4, so **Minimum sample = <u>22 cases</u>**
4. Review sampled records until minimum **<u>number of cases</u>** is obtained.
   a. Remember that each separate anatomic site receiving EBRT is a separate case.
   b. Continue to randomly sample population for additional patients until reaching a minimum of total of 22 denominator eligible cases.
   c. Oversample (allowed) if desired or expedient within current practice.
   d. Remember that the denominator has to equal the sample size for this measure.

LESSONS LEARNED FROM EBRT

Proposed NQF 1822 Flowchart



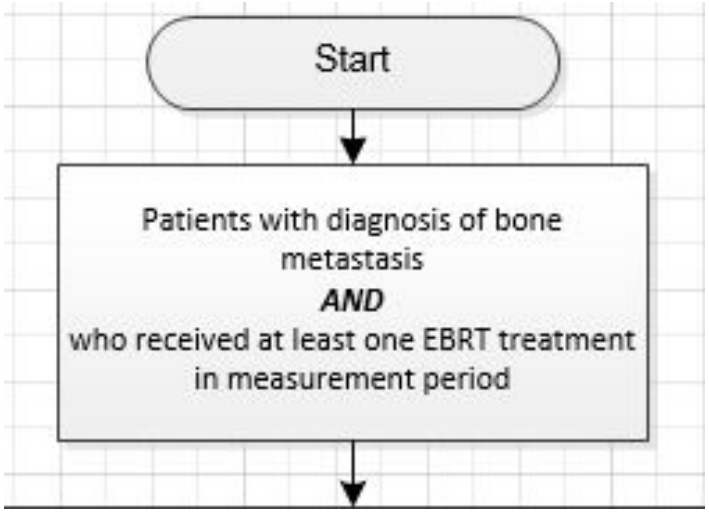
Lesson #1: The Administrative Data Will Capture Other Patients

Issue: Patients included are those with:

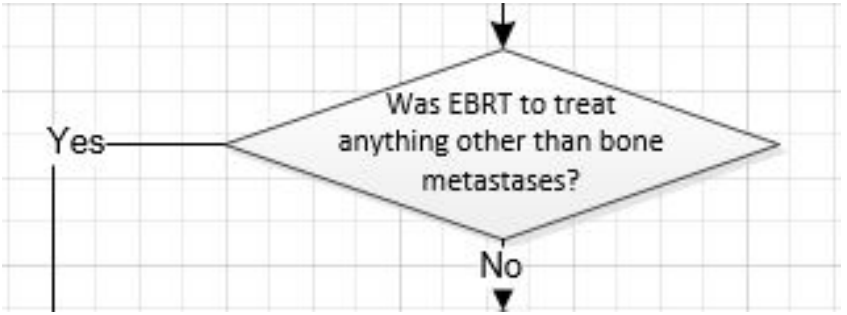
- ICD-10 C79.51 or C79.52
- CPT code 77402, 77407, or 77412

Solution:

- Review chart (required)
- Add new exclusion step



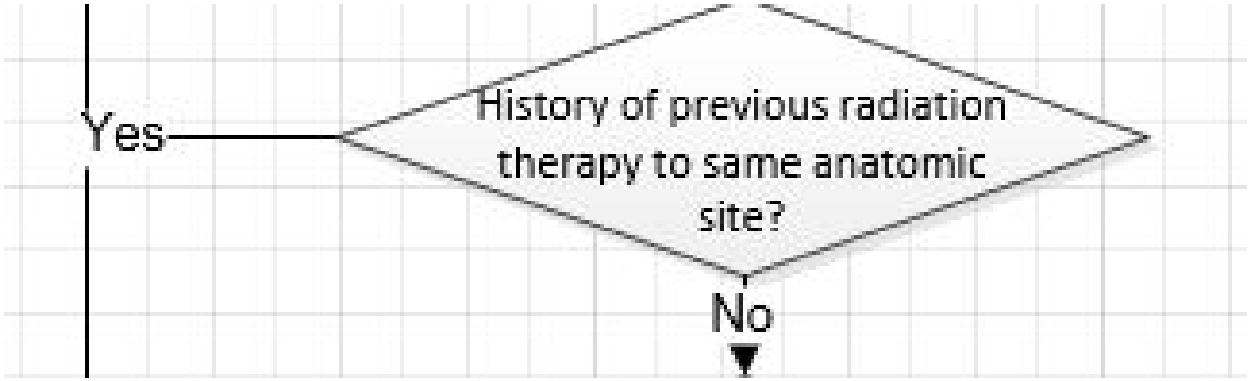
New Denominator Statement:
All patients, with painful bone metastases and no previous radiation to the same anatomic site, who receive EBRT **for the treatment of bone metastases**



Lesson 2: History of Previous Radiation Therapy to the Same Site

Issue: Depending upon fractionation scheme ordered, and how you bill for EBRT, a patient may have multiple encounters with an EBRT CPT code for a single treatment plan.

Solution: Consider all encounters that result from a single treatment plan as one case.



Lesson 3: One Patient May Have Multiple Bone Metastases

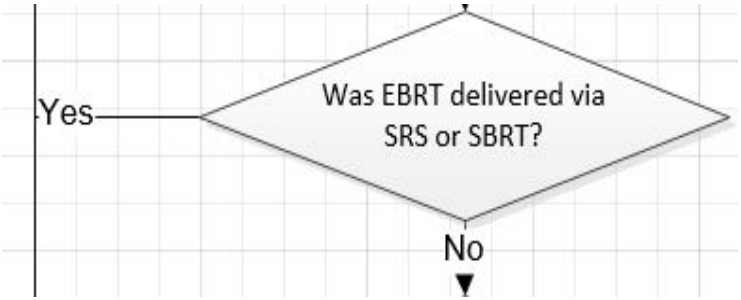
Issue: Some patients may be receiving EBRT for the treatment of more than one bone metastases.

Solution: Consider treatment of different anatomic sites as separate cases.

Lesson #4: SRS and SBRT

Issue: Timing of application of the exclusion for treatment with SRS and SBRT.

Solution: This exclusion is to be used when the current EBRT is administered via SRS or SBRT.

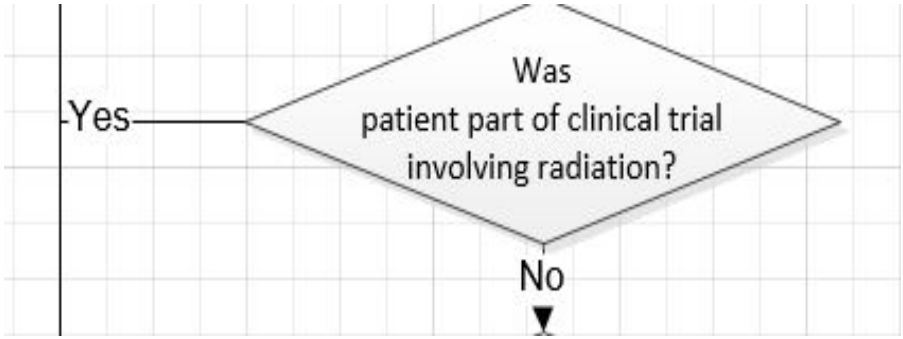


Rationale:

- EBRT can be delivered via three dimensional (3D) conformal radiation, intensity modulated radiation therapy, SRS or SBRT, or proton beam therapy.
- The optimal fractionation scheme(s) for using SRS or SBRT to treat bone metastases has not yet been determined.

Lesson 5: Exclusion for clinical protocol or registry study

Issue: There is a misunderstanding of the exclusion for patients who are part of a "prospective clinical protocol or registry study involving the use of radiation therapy."

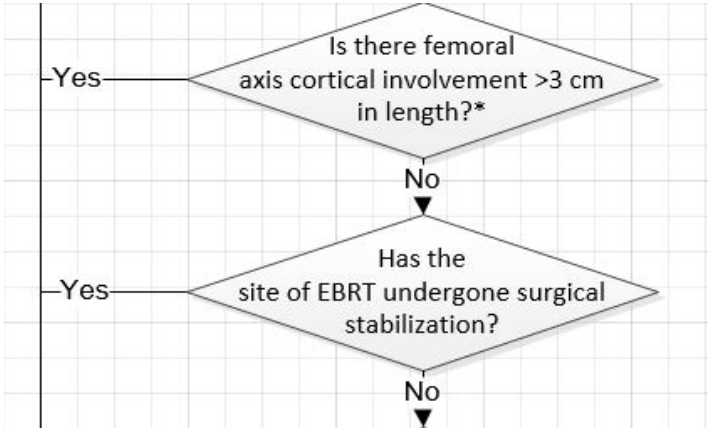


Solutions:

- Change wording to "Patients who are part of a prospective clinical protocol involving the use of radiation therapy."
- Limit to prospective protocols.
- Do not include cancer registry exclusions.

Lesson #6: Applying the Femoral Axis Cortical Involvement and Surgical Stabilization Exclusions

Issue: Confusion regarding when to apply the exclusions for the denominator of NQF #1822.



Solution: These exclusions should only be used when the current EBRT being evaluated is being is targeted to a site with either:

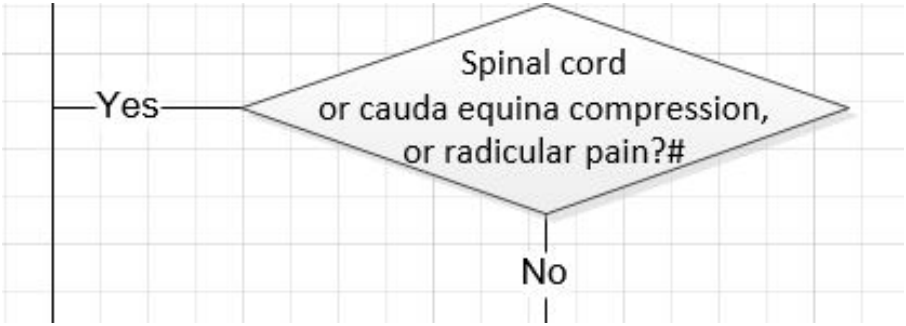
- Femoral axis cortical involvement greater than three centimeters

  or

- Which has undergone previous surgical stabilization

Lesson 7: Applying the Spinal Cord or Cauda Equina Compression, or Radicular Pain Exclusions

Issue: Confusion as to when to apply these exclusions to a patient from the denominator of NQF #1822.



Solution:

- These exclusions should be applied only when the EBRT is targeted to the area associated with the compression or source of radicular pain.
- For radicular pain, this specific diagnosis is required. Terms like “radiating pain” are not sufficient to apply the exclusion.

Lesson 8: What If a Patient Declines Treatment or Does Not Complete the Course of EBRT?

Issue: There used to be a denominator exclusion for patient reasons, including:

- Patient declines therapy.
- Economic, social, or religious reasons.

Solutions:

- This exclusion has been removed as inclusion is based upon a CPT code for the **administration** of EBRT.
- In the scenario where a patient does not complete the course of EBRT, the case is still included in the denominator and evaluated. The rationale for this is that the measure is assessing the fractionation scheme ordered to treat bone metastasis.

Lesson 9: Do Not Use the ICD-10 and CPT Codes for Determining Denominator Exclusions

Issue: Previously the MIF and algorithms contained CPT and ICD-10 codes for:

- SRS and SBRT.
- Spinal cord compression.
- Cauda equina compression.
- Radicular pain.

Solution: Do not use these codes in excluding patients from your initial population.

- Doing so will result in patients being incorrectly excluded from the initial population.
- The application of these exclusions requires chart review.

EBRT Case Study #1: Question

I have a patient who has multiple encounters for the administration of EBRT in a two week period.

- Are these to be abstracted separately?
- If encounter #3 is randomly selected, do I answer “Yes” to the question, “History of radiation therapy to same anatomic site?” as they received EBRT on encounters #1 and #2?
- What date should be used for this case?

EBRT Case Study #1: Answer

Consider all encounters that result from a single treatment plan as one case.

When evaluating a single treatment plan, look for the first administration of EBRT

- This is the date for the course of treatment
- The previous radiation therapy exception only applies to a previous treatment plan administered

EBRT Case Study #2: Question

A patient was identified from the coding data as having a diagnosis of bone metastases and having received EBRT during the measurement period.

- When I review the medical record, I see that one of the treatment plans for EBRT is for whole brain radiation therapy. Should I include this case in the denominator?
- Upon reviewing the same patient's record, it was also determined that this patient received EBRT to the left ulna. What should I do with this case?

EBRT Case Study #2: Answer

NQF #1822 is used to assess the fractionation scheme planned to be administered to treat bone metastases only.

- The codes will pull in all EBRT administration in patients with current or history of bone metastases.
- Any site(s) that involve anything other than bone should be excluded.
- All treatment(s) of separate anatomic sites should be treated as separate cases.

EBRT Case Study #3: Question

I have a complicated patient for NQF #1822. Upon review of the record, I found that EBRT was administered to four separate sites:

- Lesion #1: Metastatic lesion to left tibia treated with 3D conformal radiation, 30Gy/10fxns
- Lesion #2: Spinal lesion at cervical vertebrae C2-C3 treated with SRS
- Lesion #3: Mass on right chest wall involving rib and soft tissue
- Lesion #4: Metastatic lesion on left clavicle. EBRT was ordered 30Gy/10fxns, but therapy stopped after fraction #6 due to skin irritation

How should I abstract this scenario?

EBRT Case Study #3: Answer

Remember to treat each separate anatomic site as a separate case

- Lesion #1: Metastatic lesion to left tibia treated with 3D conformal radiation, 30Gy/10fxns
  - **Include**
- Lesion #2: Spinal lesion at cervical vertebrae C2-C3 treated with SRS
  - **Exclude**, as EBRT being delivered via SRS.
- Lesion #3: Mass on right chest wall involving rib and soft tissue
  - **Exclude**, as lesion involves more than bone.
- Lesion #4: Metastatic lesion on left clavicle. EBRT was ordered 30Gy/10fxns, but therapy stopped after fraction #6 due to skin irritation
  - **Include**, as the measure is assessing the fractionation scheme ordered, not delivered.

EBRT Case Study #4

Question: In an earlier version of the EBRT tool there was an exclusion for patient refusal. Why is this no longer available?

Answer: The measure initially identified patients for inclusion based upon radiation therapy planning CPT codes. It now uses codes for the administration of EBRT, and therefore the patient refusal exclusion no longer applies.

Important Upcoming Dates and Milestones

Upcoming 2016 Webinars

- **October 6:** *PCHQR Program: Overview of Public Reporting*
- **November 17:** *To Be Determined*
- **December 15:** *PCHQR Program: A Year in Review—A Look Ahead*

Upcoming Data Submissions

- **October 5:** Q2 2016 HCAHPS
- **November 15:** CSTs and HAIs

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.

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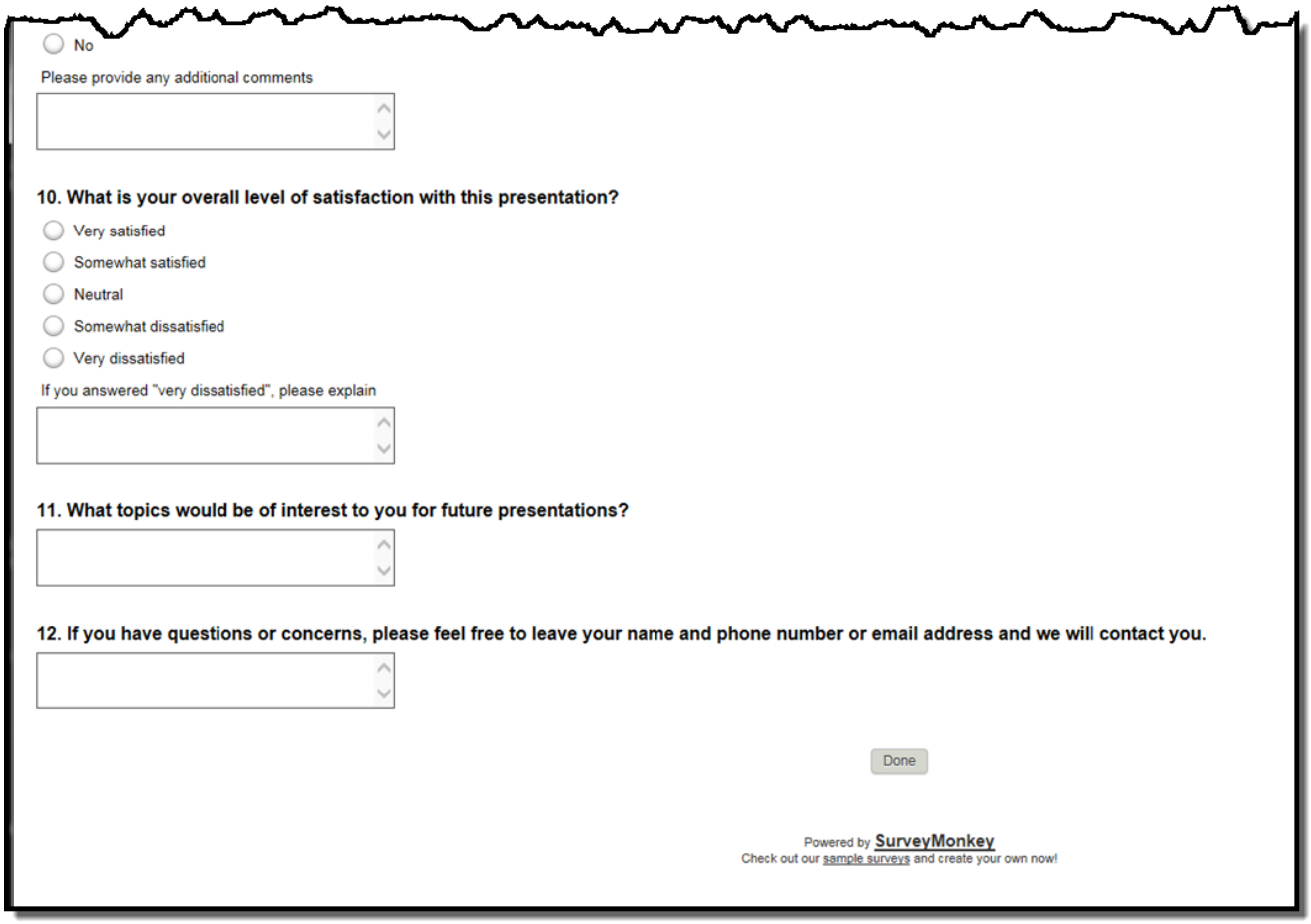

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
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If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

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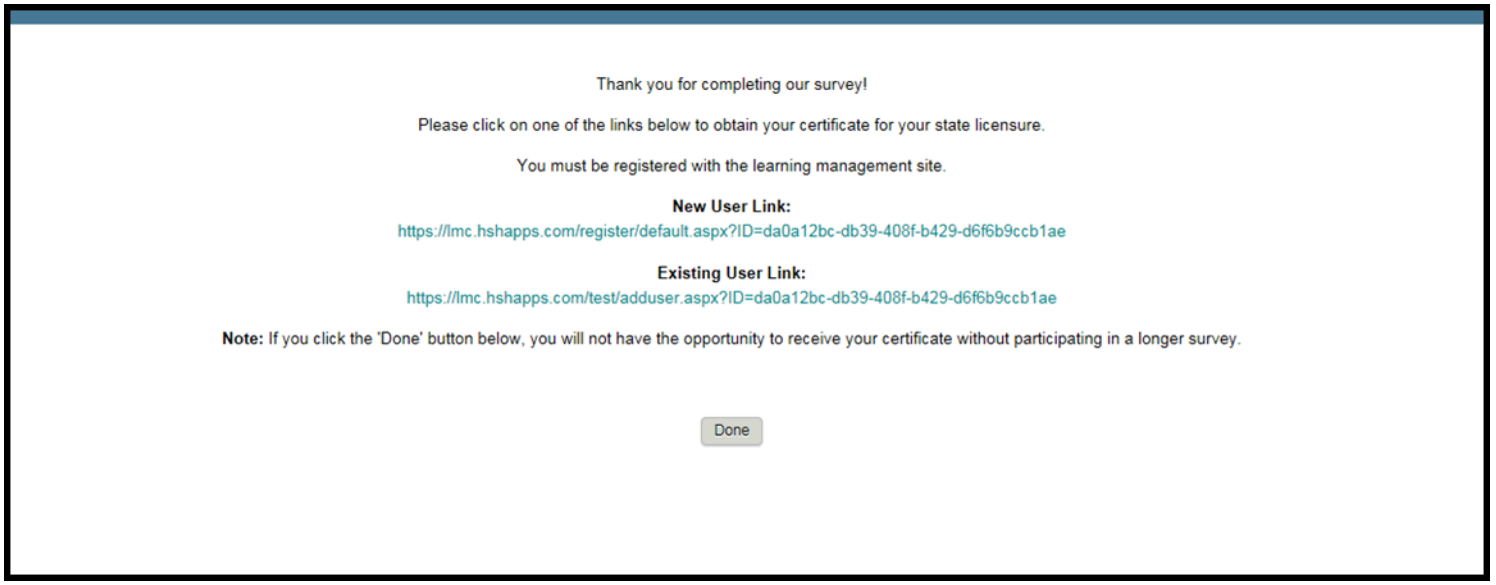
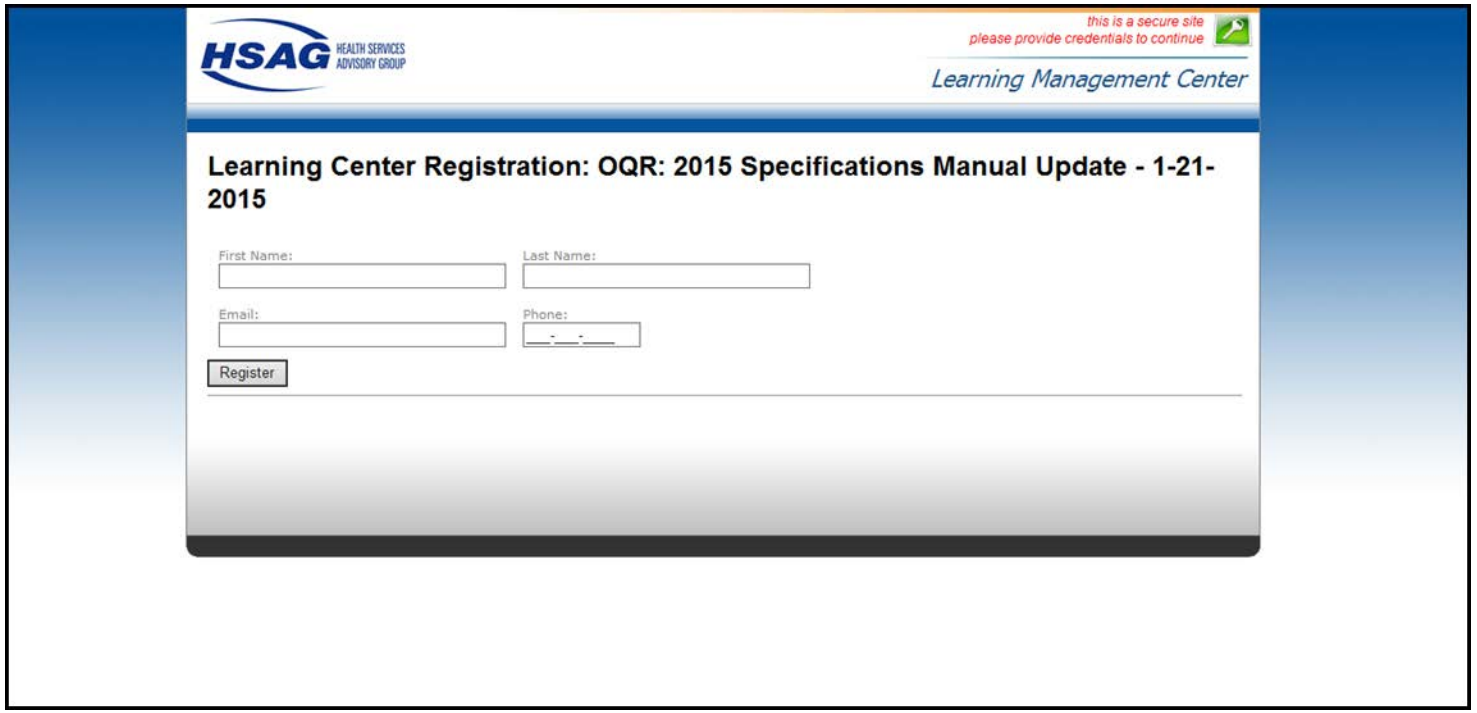
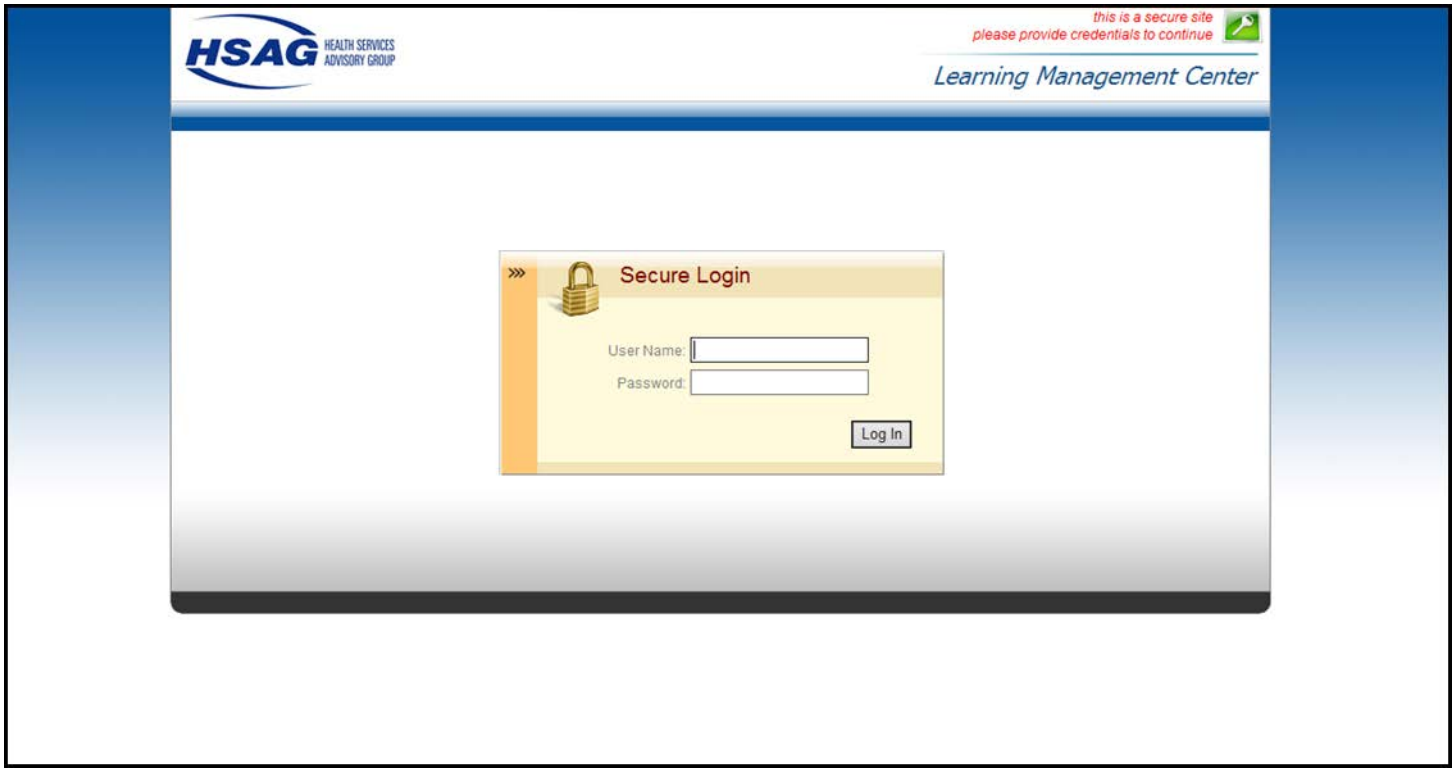


CE Credit Process: New User



CE Credit Process: Existing User



QUESTIONS?