



Inpatient Quality Reporting Program

Support Contractor

Identifying Initial Populations and Sampling for OCM & EBRT Measures

Moderator:

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Question 1: Can you please help define the IPP? it is not defined here.

Answer 1: IPP means Initial Patient Population.

Question 2: Where is the IPP listed by measures?

Answer 2: The Initial Patient Population will vary from measure to measure. Please refer to the respective measure denominator for greater specificity. All diagnosis and applicable procedure codes included in the measure definition must be applied prior to the application of any data integrity filters, measure exclusions, or the application of the sampling methodology.

Question 3: The slides indicate that the Initial Patient Population applies to patients with a length of stay less than or equal to 120 days (Admission Date minus Discharge Date less than or equal to 120 days), but many of the OCM measures are outpatient measures. So, how does this pertain to these measures?

Answer 3: The slides erroneously stated that the Initial Patient Population should apply to patients with a length of stay less than or equal to 120 days (Admission Date minus Discharge Date less than or equal to 120 days). This statement has been removed and the corrected slides can be found at: www.qualityreportingcenter.com/events/archive/pch/.

Question 4: Do we not have to submit Q1 2015 data until July - August 2016? I thought we needed to report the Q1 2015 data in July - August 2015 (not 2016)? My apologies if I am confusing the dates. Thank you.

Answer 4: Data reporting for the Oncology Care Measures (OCMs) will commence with 1Q 2015 (January 1–March 31, 2015) and must be submitted to CMS during the period of July 1–August 15, 2015. Subsequent reporting



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timeframes will include the remaining three quarters of 2015 such that 2Q2015 (April 1–June 30, 2015), 3Q2015 (July 1–September 30, 2015), and 4Q2015 (October 1–December 31, 2015) must be submitted to CMS during the period of July 1–August 15, 2016. Future submissions will include all four quarters for the given year; submitted once annually from July 1–August 15 of the subsequent year. For example, CY 2016 (January 1–December 31, 2016) must be submitted to CMS during the period of July 1–August 15, 2017.

Data reporting for the External Beam Radiotherapy (EBRT) Measure are required to be reported annually, beginning with Calendar Year 2015, due to CMS during the period of July 1–August 15, 2016.

Question 5: Based upon this information, it seems that each cancer center is therefore responsible for our own sampling. Is this correct? I ask this as in the past, vendors (for the CORE measures, for instance) provide the random sample to abstract.

Answer 5: A hospital is not required to sample. A provider can either report all of their cases or sample. However, if sampling is desired due to high case volumes, sampling may be performed by either the hospital or its contracted vendor.

Question 6: For sampling NQF 383 and 384, we would certainly have a population that requires a sample of at least 25 patients for 384 (pain intensity quantified). My question is, can we use the SAME sample population for measuring 0383 (plan for pain)? This would require oversampling, as not every patient has pain in 384. But if we can use the same patients, it will save a lot of resources as 383 will require chart review.

Answer 6: PCHs are allowed to use the same simple random or systematic sample (or abstract all cases) for NQF# 0383 - Plan of Care for Pain and NQF # 0384 - Pain Intensity Quantified. We appreciate that sampling across both measures can yield a significant abstraction burden to PCH's, as the patient population denominator is likely to have to significant overlap across the two measures.

Question 7: On previous Cancer Hospital Workgroup (CHW) calls, and other CMS documents, the 1Qtr submission deadlines for the OCM and EBRT measures were July - August 2015. I just want to confirm that this has now, in fact, changed to 2016. Correction, the submission deadline for the OCM measure was 8/15/2015.



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Answer 7: Please refer to Answer 4.

Question 8: When calculating your sample size requirement based on a 20% sampling criteria, should one round up or round down if the calculation returns a decimal number (for example 122 cases multiplied by 20% equals 24.4 cases in the sample size)?

Answer 8: A hospital should round up to ensure that the minimum sample size requirement is met.

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