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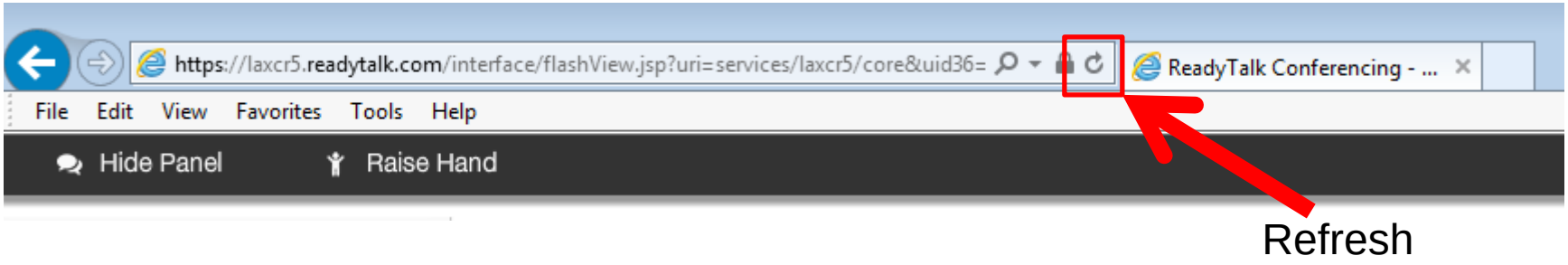
F5 Key
Top Row of Keyboard



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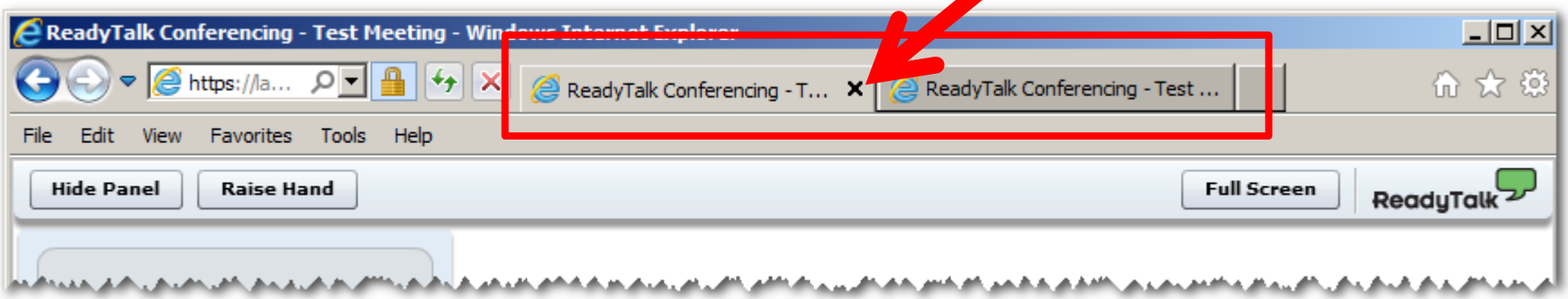

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PCHQR Program Best Practices: Mitigating Outpatient Pain

Tom Ross, MS
PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Lead
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

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Supportive Care Director, Supportive Care Medicine
H. Lee Moffitt Cancer Center and Research Institute

July 27, 2017

Acronyms and Abbreviations

ACS	American College of Surgeons
AHRQ	Agency for Healthcare Research and Quality
ASCQR	Ambulatory Surgical Center Quality Reporting
CA	California
CAUTI	Catheter-Associated Urinary Tract Infection
CDC	Centers for Disease Control and Prevention
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
DEN	Denominator
EBRT	External Beam Radiotherapy
ED	Emergency Department
ESAS	Edmonton Symptom Assessment System
FFS	Fee-for-Service
FSR	Facility-Specific Report
FY	Fiscal Year
HAI	Healthcare-associated infection
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
HQR	Hospital Quality Reporting
HSAG	Health Services Advisory Group
ICD-CM	International Classification of Diseases-Clinical Modification
IPFQR	Inpatient Psychiatric Facility Quality Reporting
IPPS	Inpatient Prospective Payment System
IQR	Inpatient Quality Reporting
LTCH	Long-term care hospital
MAP	Measure Applications Partnership
MIF	Measure Information Form
MRSA	Methicillin-Resistant *Staphylococcus aureus*
MUC	Measures Under Consideration
N/A	Not Available
NHSN	National Healthcare Safety Network
NQF	National Quality Forum
NUM	Numerator
OCM	Oncology Care Measure
OQR	Outpatient Quality Reporting
PCH	PPS-Exempt Cancer Hospital
PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
PPS	Prospective Payment System
PR	Public Reporting
PRN	As needed
Q	Quarter
Q&A	Question and Answer
QPP	Quality Payment Program
RSAR	Risk-Standardized Admission Rate
RSEDR	Risk-Standardized ED Visit Rate
WBDCT	Web-Based Data Collection Tool

Purpose

This presentation will provide participants in the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program an overview of pain management in the ambulatory cancer patient population, by describing effective mitigation strategies to reduce this adverse event associated with Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy.

Objectives

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

- Explain why pain is a significant clinical concern for cancer patients.
- Summarize the PCHQR Program measures related to pain management, including current performance data.
- Describe effective strategies to identify, assess, and manage pain experienced by cancer patients in the outpatient setting.

Pain in the Cancer Patient

Why Discuss Etiology of Pain?

- Good pain control can be achieved in approximately 90% of patients.
- Effective pain management begins with a comprehensive pain assessment.
- A comprehensive assessment provides insight into the underlying cause of the pain.
- An effective treatment strategy must address the etiology of the pain.

Characteristics of Pain

- Pain intensity: Patient-reported pain intensity is the gold standard.
- Types of pain
  - Acute
  - Breakthrough
  - Chronic
  - Refractory/Intractable Pain
- Etiologies of cancer pain
  - Related to cancer
  - Related to treatment
  - Unrelated to cancer or its treatments

Types of Cancer Pain

- Nociceptive: Impact of tumor(s) on bones, nerves, or body organs
  - Somatic pain: bones, joints, muscles, tissues
  - Visceral pain: hollow viscus, organ capsules, myocardium
- Neuropathic
- Psychogenic
- Idiopathic

Prevalence of Pain

- Highly variable reported rates
  - Early rates reported 52%–77% of cancer patients in pain.
  - Recent rates reported 24%–86% of cancer patients in pain.
- 2007 meta-analysis by MHJ van den Beuken-van Everdingen
  - 33% of patients after curative treatment
  - 59% of patients under anticancer treatment
  - 64% of patients with advanced/metastatic/terminal disease
  - 53 % of patients at all disease stages
- Etiology
  - 85%–95% cancer related
  - 17%–21% cancer therapy related
  - 2%–9% comorbidities unrelated to cancer
- Highest prevalence found in patients with cancer of pancreas, bone, brain, lymphoma, lung, and head and neck.

Pain Related To Cancer Therapy

- Procedures and testing
- Surgical pain
  - Phantom pain
  - Lymphedema
- Chemotherapy
  - Infusion-related pain syndromes
  - Mucositis
  - Musculoskeletal pain
  - Dermatologic complications
  - Peripheral neuropathy
  - Supportive care therapies

    o colony-stimulating factors, bisphosphonates, steroids

Pain Related To Cancer Therapy

- Radiation
  - Skin irritation and burns
  - Mucositis
  - Organ injury
    - myelopathy, proctitis, enteritis, etc.
  - Positional injury

Why Is Pain Assessment Essential in the Cancer Patient Population?

- National Comprehensive Cancer Network (NCCN) Version 2.2015 Adult Cancer Pain Guidelines state pain:
  - Is one of the most common symptoms associated with cancer.
  - Is one of the symptoms patients fear most.
  - Denies patients comfort and affects quality of life, interactions, motivation, and activities.
  - Is a factor in survival rates.
    - Growing evidence links survival to effective pain management.
- Mystakidou et al. (2006) reported that pain is a significant predictor of anxiety and depression.
- It has been estimated that 90 percent of cancer pain can be effectively managed.

Current Measures

Current Program Pain Measures

- Oncology: Medical Oncology and Radiation Oncology – Pain Intensity Quantified – NQF #0384 (PCH-16)
- Oncology: Medical Oncology and Radiation Oncology – Plan of Care for Pain – NQF #0383 (PCH-15)
- Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy – (PCH-30 and PCH-31)

NQF #0384: Pain Intensity Quantified

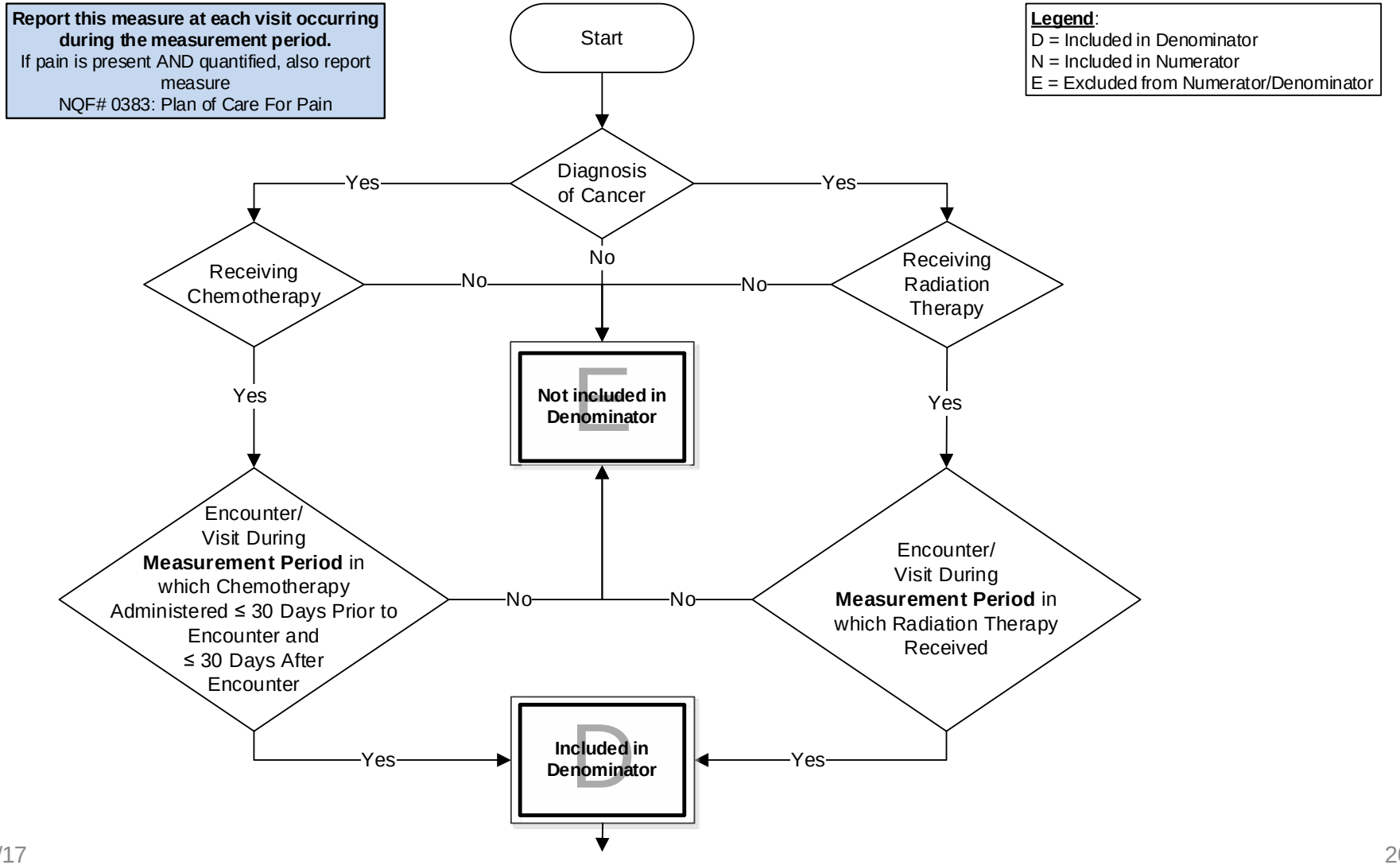
Denominator

- Diagnosis for cancer **AND**
- Patient encounter
  - For radiation therapy **OR**
  - Patient encounter (office visit) **AND** administered chemotherapy within 30 days prior to and after the date of the office visit

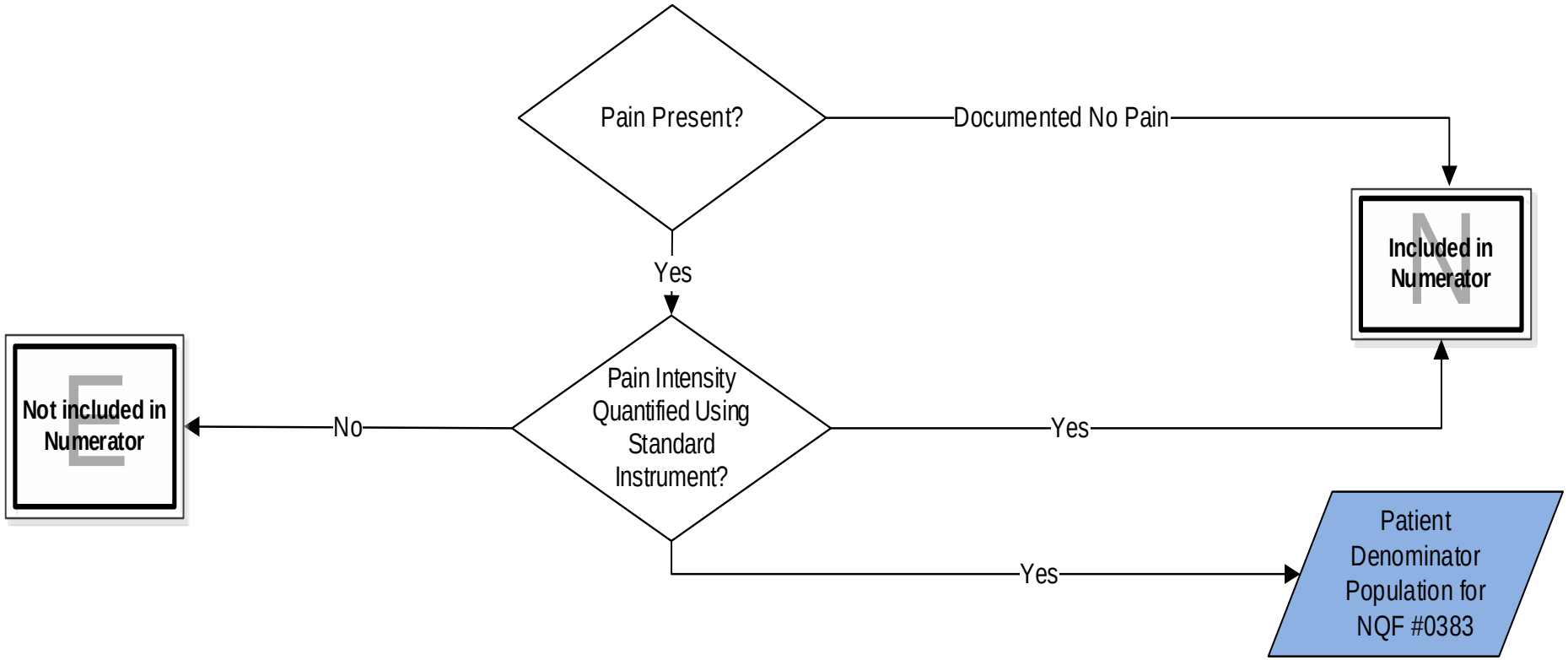
Numerator

- Performance met if pain severity documented as no pain present **OR,** if pain is present, it is quantified using a standardized instrument
- Performance not met if pain severity not documented

Algorithm (NQF #0384) – Denominator



Algorithm (NQF #0384) – Numerator



NQF #0383: Plan of Care for Pain

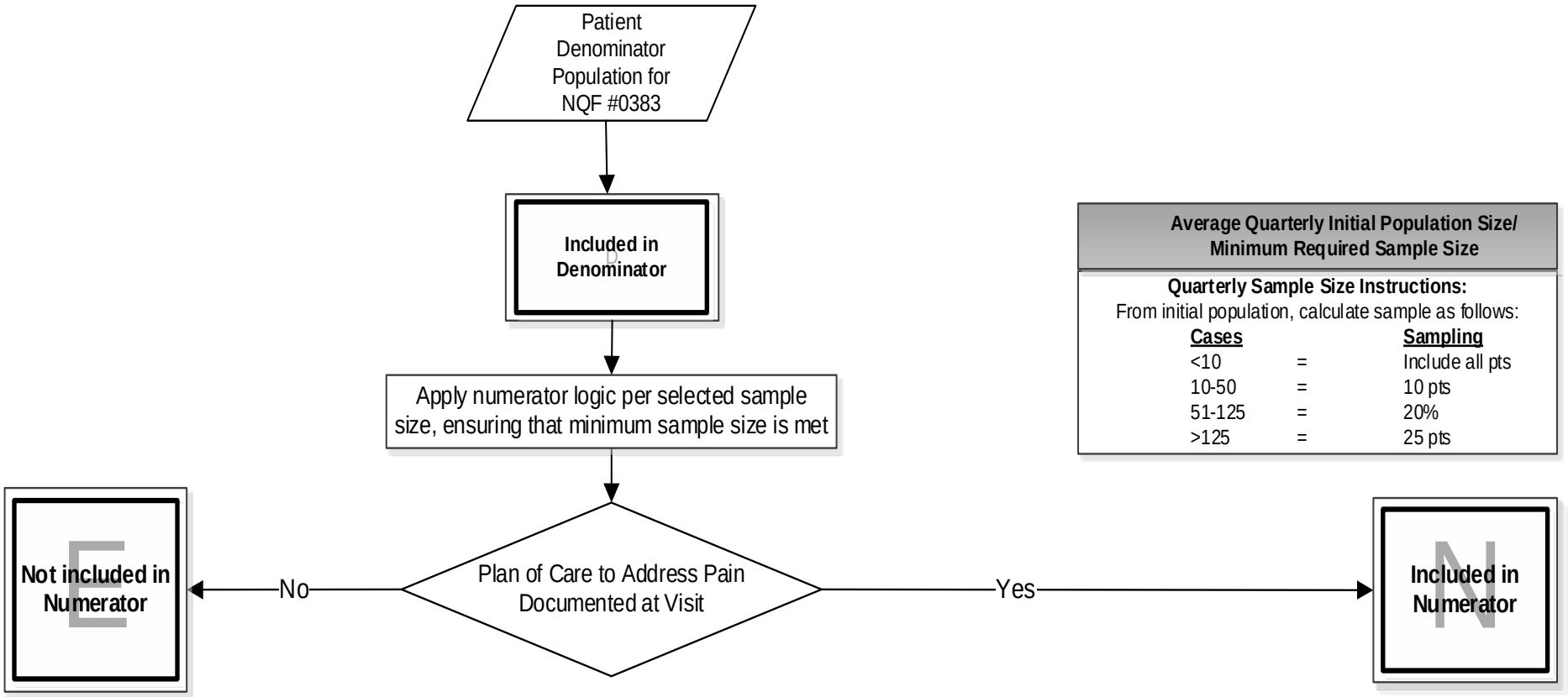
Denominator:

Those patients from the numerator of NQF #0384 who had pain present **AND** quantified using a standardized instrument

Numerator

- Performance met if a plan of care to address pain documented
- Performance not met if a plan of care to address pain is not documented

Algorithm (NQF #0383) – Numerator



Pain Measures: Current Performance

	NQF # 0384			NQF #0383		
	Num	**Den**	**Compliance**	**Num**	**Den**	**Compliance**
Q1 2015	1062	1142	93.0%	243	270	90.0%
Q2–4 2015	2979	3229	92.3%	758	818	92.7%
Overall 2015	4041	4371	92.5%	1011	1088	92.9%

Current Performance: Conclusions

- Relatively constant from Q1 2015 to Q2–4 2015
- NQF #0384
  - Each PCH had a population of hundreds or thousands of encounters each quarter
  - All PCHs sampled
- Denominator size for #0383 indicates about one in four patients assessed for #0384 had pain and it was quantified using a standardized instrument

Basics of the Outpatient Chemotherapy Measure

The **Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy** measure:

- Is a risk-standardized outcome measure for patients 18 years or older who are receiving PCH-based outpatient chemotherapy treatment for all cancer types except for leukemia.
- Will utilize one year of Medicare FFS Parts A and B administrative claims data.
- Requires that the qualifying diagnosis on the admission or ED visit claim be the primary diagnosis or a secondary diagnosis accompanied by a primary diagnosis of cancer.

Potentially Preventable Chemotherapy-Associated Adverse Events Causing Admissions and ED Visits

Adverse Events	
Anemia	Nausea
Dehydration	Neutropenia
Diarrhea	Pain
Emesis	Pneumonia
Fever	Sepsis

Effective Mitigation Strategies

Sources for Information

Available evidence-based interventions:

- Journal of Clinical Oncology (ASCO):
  Vol. 32, No. 16, June 1, 2014
- National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology (NCCN Guidelines®), Adult Cancer Pain
- Oncology Nursing Society
  - Acute pain
  - Breakthrough pain
  - Chronic pain
  - Refractory/Intractable pain
- Other professional societies

PCH Experience
H. Lee Moffitt Cancer Center and Research Institute

Participants will be able to:

- Describe a process to screen and quantify pain for all patients in a busy, outpatient oncology setting.
- Describe elements of a plan of care for pain.
- Discuss criteria for referral to palliative care.

H. Lee Moffitt Cancer Center's Screening Process

Following patient registration, a Medical Assistant screens every patient with a standardized **Moffitt Clinic Screening Questionnaire.** (Moffitt has 350,000 encounters per year.)

- Are you currently experiencing pain? Yes or No?
  - If yes, rate from 0 to 10.
  - If yes, is pain new or changed since your last visit?
- Other screening questions: Trouble with activities of daily living, unintentional weight loss, falls, tobacco use

Responses to Screening

- Medical Assistant:
  Flag the chart for registered nurse, mid-level provider, or physician.

- Clinician:
  Assess the patient's experience of pain.

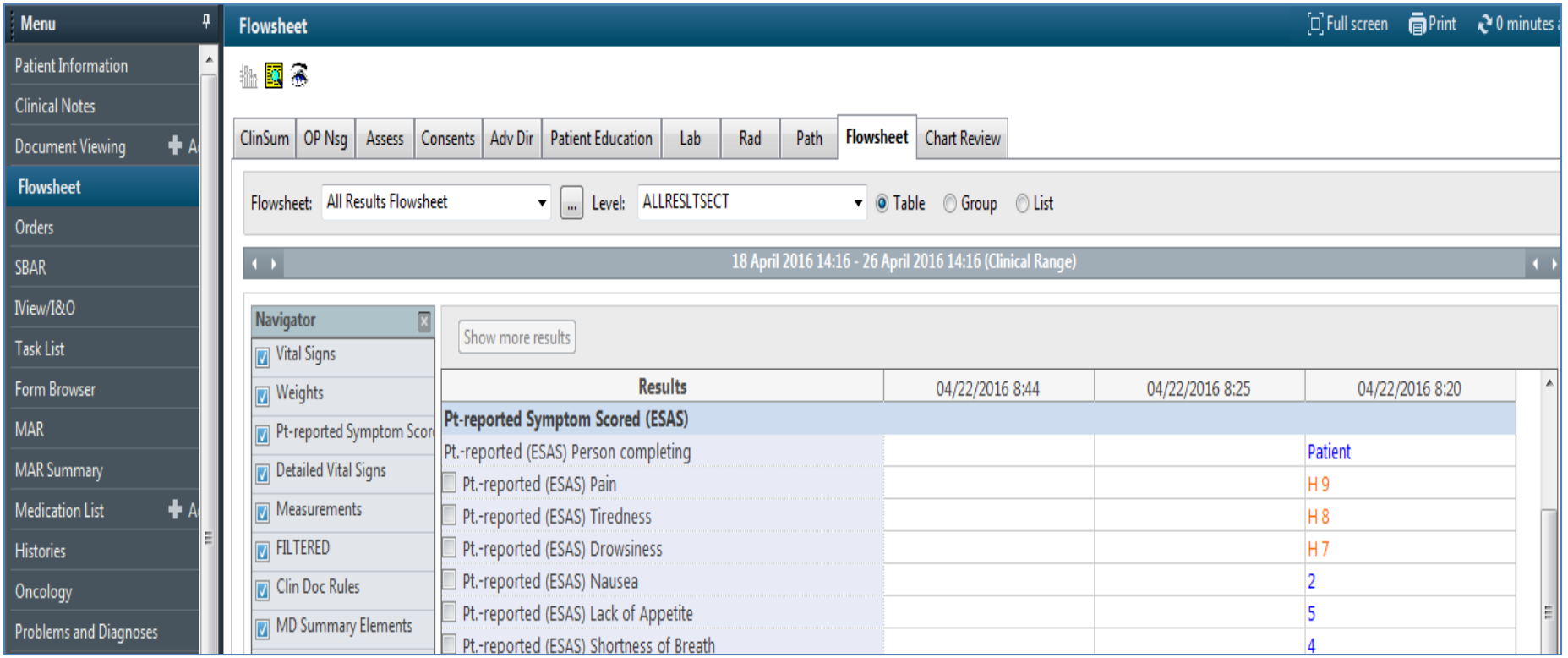
Radiation Oncology Screening Process

Every patient completes the Edmonton Symptom Assessment System (ESAS) – a self-report questionnaire of pain and other symptoms

- > 40,000 treatments and ~6000 visits per year
- Following patient registration, a Medical Assistant provides every patient with an electronic device with the ESAS application.

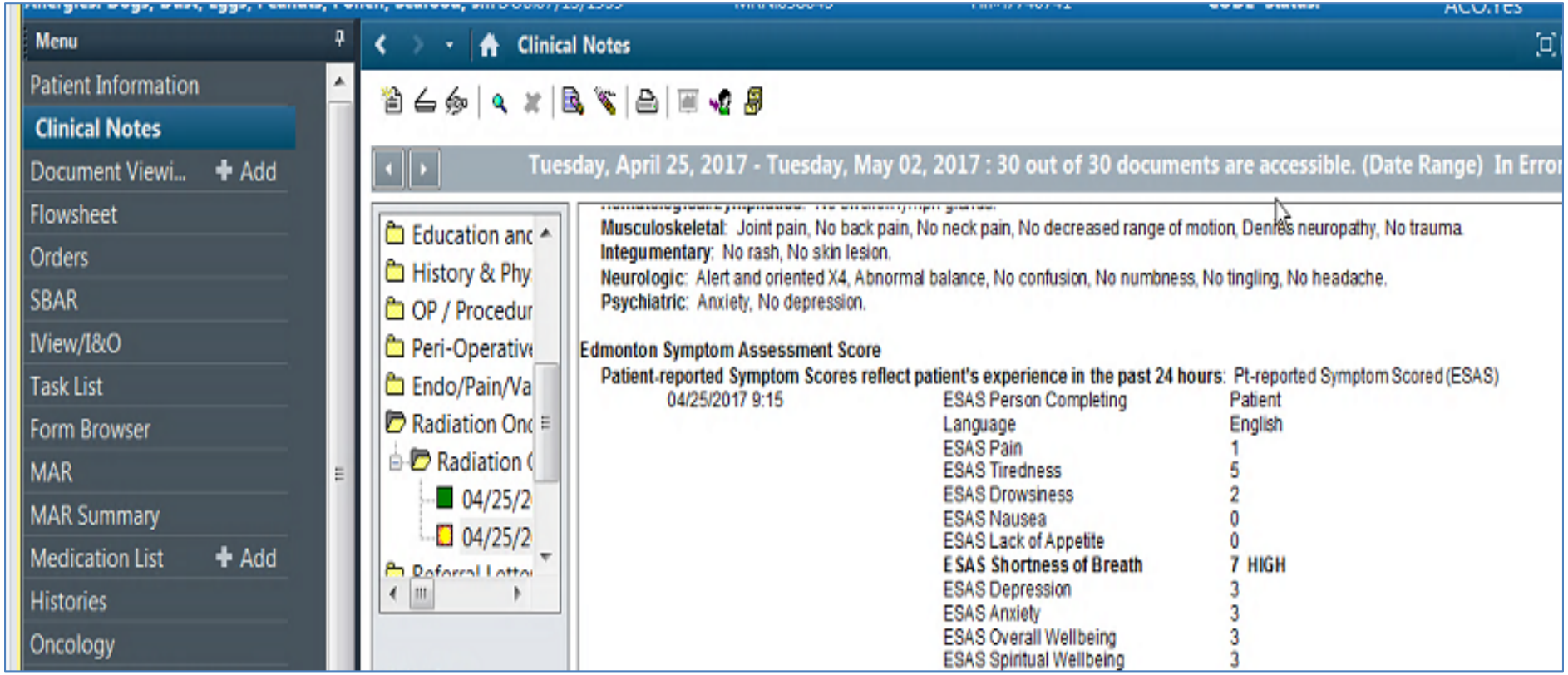
Integration of ESAS Into EHR

Patient-reported symptom scores appear directly on the flowsheet of the Electronic Health Record (EHR).



Integration of Scores into Documentation

Providers can easily incorporate patient-reported symptom scores into their documentation.



Caveat Regarding Pain Intensity

Patients who have difficulty assigning scores to their pain can measure pain intensity by using a qualitative assessment with a descriptor of severity, such as mild, moderate, or severe.

Pain Descriptor		Pain Intensity Score
No pain	*Associated With*	0
Mild		1–3
Moderate		4–6
Severe		7–10

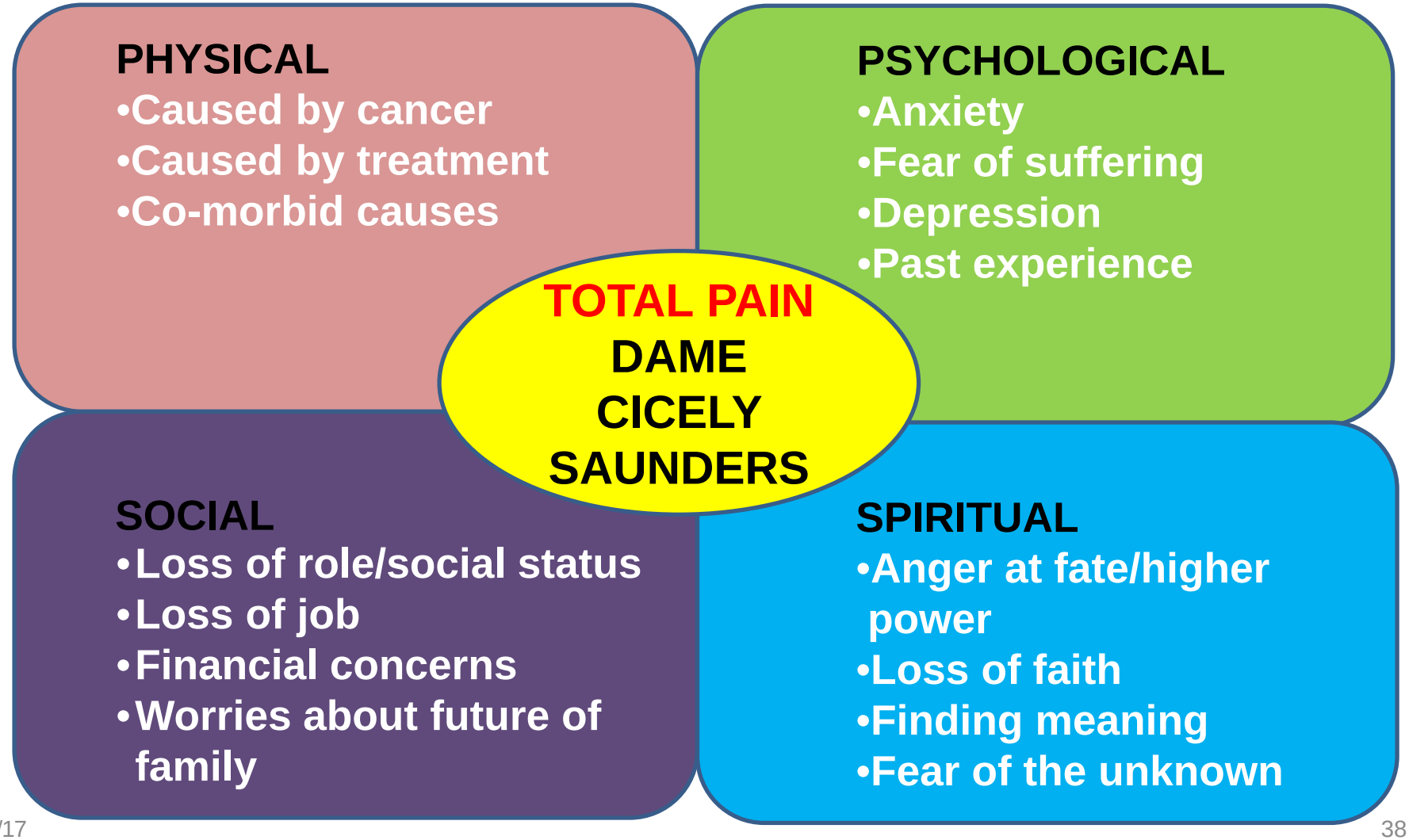
Pain Assessment Process

Conduct a comprehensive pain assessment.

- NCCN Adult Cancer Pain Guidelines (2017):
  - At minimum assess **current,** as well as **worst**, **usual**, and **least** pain.

- **OLD CART** Acronym: Onset, Location, Duration, Character, Aggravating, Relieving, Timing

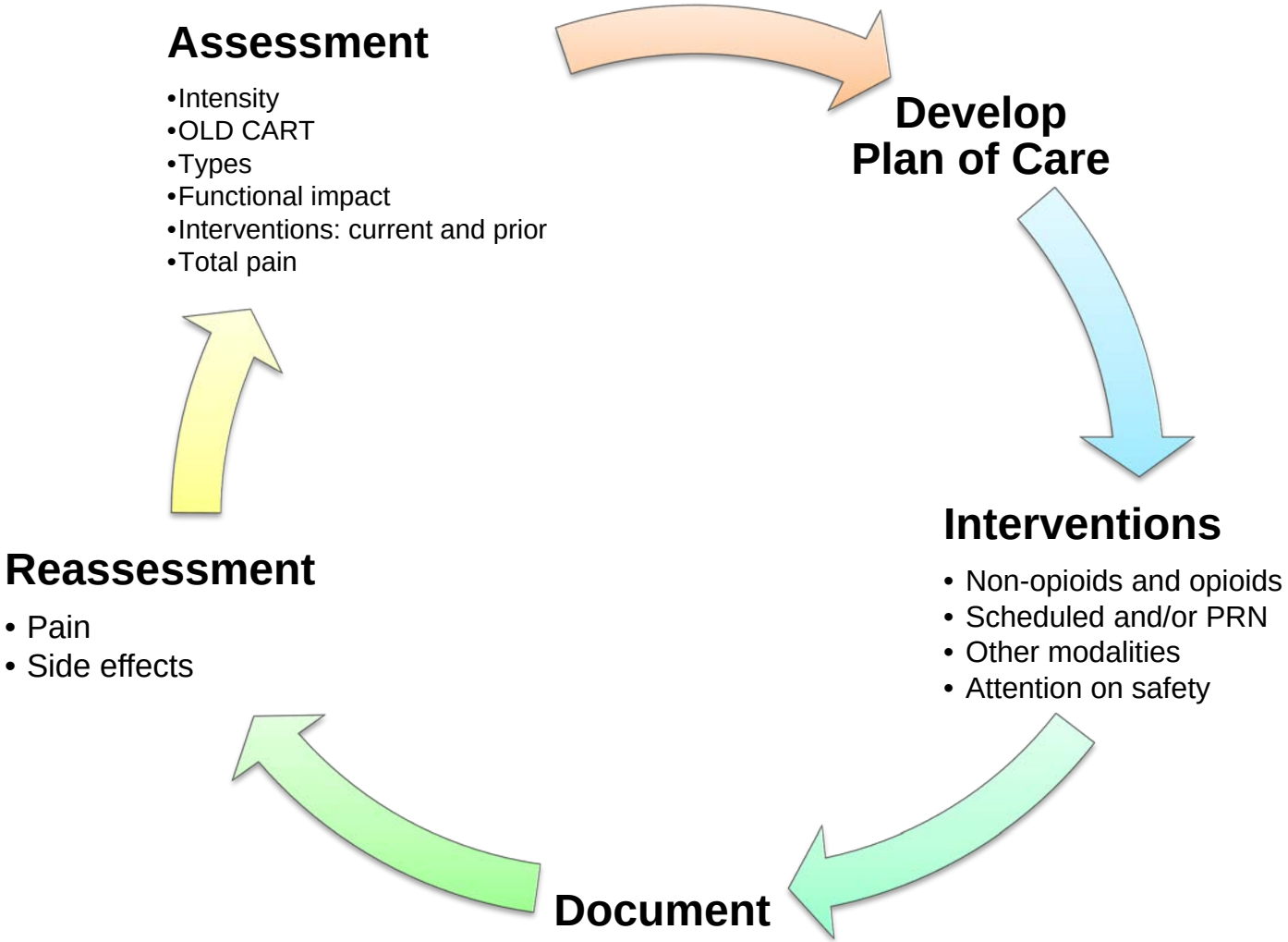
Total Pain


PHYSICAL
•Caused by cancer
•Caused by treatment
•Co-morbid causes
PSYCHOLOGICAL
•Anxiety
•Fear of suffering
•Depression
•Past experience
TOTAL PAIN
DAME
CICELY
SAUNDERS
SOCIAL
•Loss of role/social status
•Loss of job
•Financial concerns
•Worries about future of family
SPIRITUAL
•Anger at fate/higher power
•Loss of faith
•Finding meaning
•Fear of the unknown

Evidence-Based Pain Care

- **Assessment**
  - ✓ Intensity
  - ✓ OLD CART
  - Types (SVN)
  - Functional impact
  - Interventions: current and prior
  - TOTAL PAIN: Other, non-physical pain
- **Reassessment**
  - Pain
  - Side-effects
- **Develop Plan of Care**
- **Interventions**
  - Non-opioids and opioids
    - Scheduled and/or PRN
  - Other modalities
  - Attention to safety
- **Document**

Evidence-Based Pain Care



Develop Plan of Care for Pain

Describe interventions

- Pharmacological
- Non-pharmacological
- Plan for monitoring response and follow-up

Develop Plan of Care for Pain

If indicated, *refer* for specialty services.

- Social Work
- Chaplaincy Care
- Financial Coordinator
- Arts in Medicine
- Palliative Care
- Physical Medicine and Rehabilitation
- Integrative Medicine
- Behavioral Medicine

Need-Based Triggers for Palliative Care

- Significant disease burden from disease or from treatment: Uncontrolled pain
- Significant social or psychosocial distress
- Impaired performance status
- Uncertainty over goals of care and treatment
- Patient/family request consults

Documentation of Plan of Care

Promote compliance for pain assessment and intervention with increased accessibility and visibility:

- Use templates for comprehensive assessment
- Use short cuts for commonly used pain descriptors and interventions
- Review role of oncology team members in pain management with all stakeholders

Highlights

- Create process to support compliance.
  - Use standardized questionnaires.
    - Ideally, use patient-reported questionnaires.
  - Clarify roles and responsibilities.
  - Leverage clinical practice guidelines.
  - Create standardized documentation templates.
- Monitor and provide feedback.

Miscellaneous Notes

Outpatient Chemotherapy Measure
National Confidential Reporting Period (Dry Run)

- Upcoming dry run of the **Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy measure (PCH-30/31)** for the PCHQR Program is scheduled for August 15, 2017, through September 14, 2017.
- The purpose of the measure dry run is to familiarize PCHs with the outpatient chemotherapy measure (PCH-30/31) in advance of:
  - Calculating actual performance on a yearly basis, beginning with data from July 1, 2016, through June 30, 2017, and for subsequent years.
  - Future public reporting of the measure results.

Outpatient Chemotherapy Measure Dry Run

- CMS will provide facilities with confidential Facility-Specific Reports (FSRs) for the measure via the *QualityNet Secure Portal* at the start of the dry run.
- FSRs contain patient-level data, facility-specific results, and state and national results for the measure.
- CMS will hold a National Provider Call to present the measure's methodology and address questions on Wednesday, August 23, 2017, at 1pm ET.

Important: Do NOT email your FSR nor submit patient-identifiable information (e.g., date of birth, social security number, health insurance claim number, dates, procedure codes) to this address. Sending screenshots and/or describing a patient listed in your FSR is considered Protected Health Information.

Outpatient Chemotherapy Measure Dry Run Additional Information

- Detailed information about the measure and upcoming dry run will be available prior to the dry runs on *QualityNet at*:
  - *QualityNet* > PPS-Exempt Cancer Hospitals > Measures > Chemotherapy Measure Dry Run
- CMS encourages facilities to review their measure results and ask questions about the measure during the dry run period.
  - Send questions about the chemotherapy measure to CMSChemotherapyMeasure@yale.edu.

Important Upcoming Events

Currently Scheduled 2017 Webinars

- **August 24:** *PCHQR Program: FY 2018 IPPS/LTCH Final Rule*
- **September 28:** *PCHQR Program Best Practices: II*
- **October 26:** *New PCHQR Program Measures*
- **November 16:** *PCHQR Program Best Practices: III*
- **December 14:** *PCHQR Program: The Year in Review and a Look Ahead*

Important Upcoming Dates

Upcoming HQR Data Submissions

- **August 15, 2017:**
  - Q4 2016 CST chemo (breast and colon)
  - Q2 2016 CST hormone
  - Q1 through Q4, 2016 OCM and EBRT data
  - Q1 2017 HAI data

- **August 31, 2017:** FY 2018 DACA

- **October 4, 2017:** Q2 2017 HCAHPS data

- **November 15, 2017:**
  - Q1 2017 CST chemo (breast and colon)
  - Q3 2016 CST hormone
  - Q2 2017 HAI data

Important Upcoming Dates

Hospital Compare Key Dates

- **October 2017**
  - Contains:
    - 3Q 2015 through 2Q 2016 chemo data
    - 1Q 2015 through 4Q 2015 hormone data
    - 1Q 2016 through 4Q 2016 HCAHPS data
  - Preview period scheduled for July 14 through August 13
  - Anticipated refresh on October 25
- **December 2017**
  - Contains:
    - 4Q 2015 through 3Q 2016 chemo data
    - 2Q 2015 through 1Q 2016 hormone data
    - 2Q 2016 through 1Q 2017 HCAHPS data
    - 1Q 2016 through 4Q 2016 OCM data
    - 1Q 2016 through 4Q 2016 EBRT data
  - Preview period scheduled for September 27 through October 26
  - Anticipated refresh on December 20

Q&A – EBRT (NQF #1822)

Q: In the 2016 data abstraction tools, there was an exclusion criteria for "patient reasons." This disappeared for 2017! What happened?

A: The CPT codes for identifying patients for inclusion in this measure were changed from radiation therapy planning, to radiation therapy administration. Therefore, the exclusions for patient refusal are no longer applicable.

Q: Similarly, there used to be ICD-10 and CPT codes for some of the exclusion criteria, as well. Why are these no longer provided in the 2017 tools?

A: The use of administrative codes for excluding patients from this measure may erroneously exclude them from the initial patient population. The root cause of this comes from the exclusion criteria that a patient may have – for example, cauda equina compression – may not have any impact upon the site of bone metastasis treated with EBRT.

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 & Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Dietetics and Nutrition Practice Council
- Florida Board of Pharmacy
- CA Board of Registered Nursing (Provider #16578)
  - It is your responsibility to submit this form to your accrediting body for credit.

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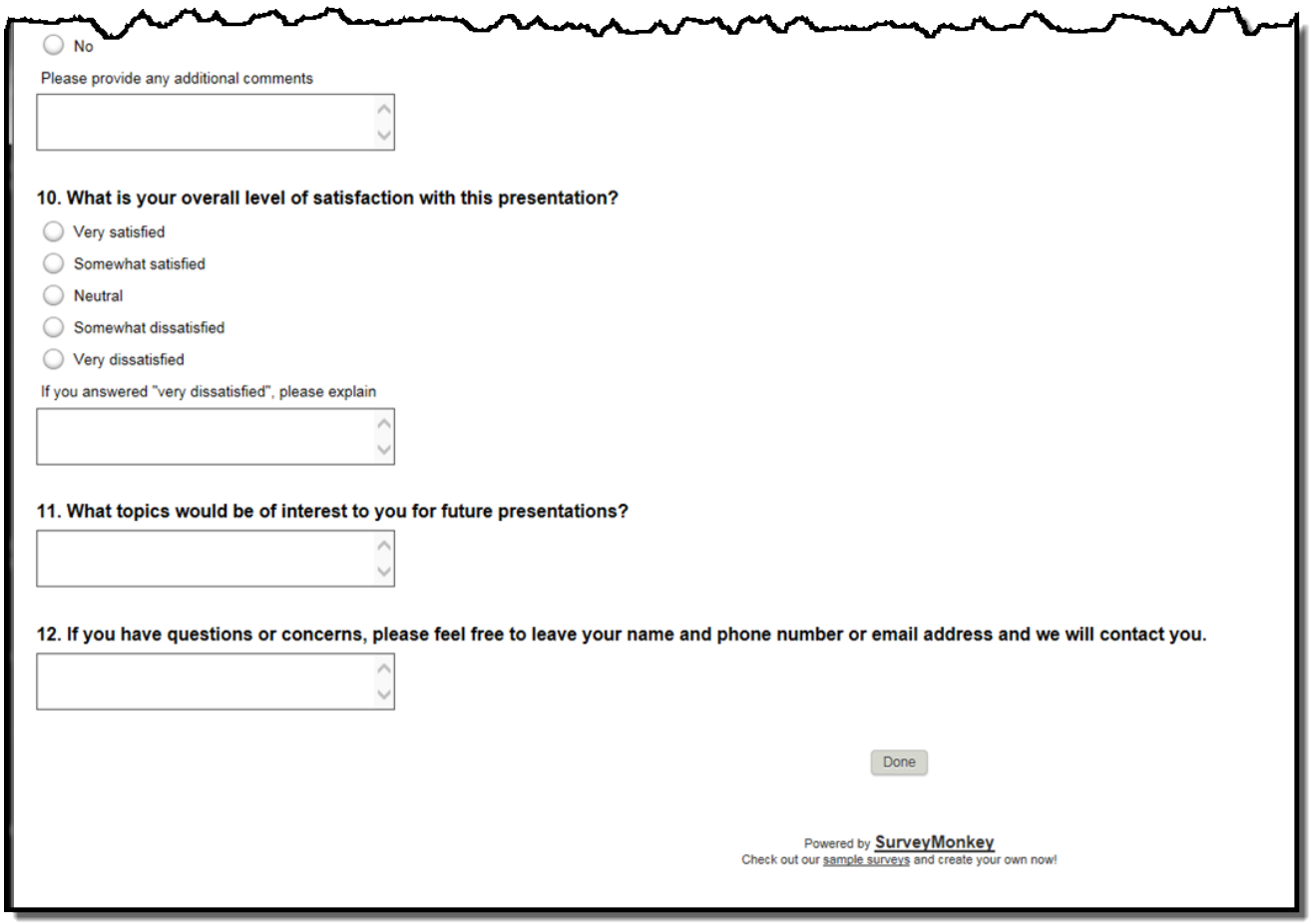

No

Please provide any additional comments

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

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

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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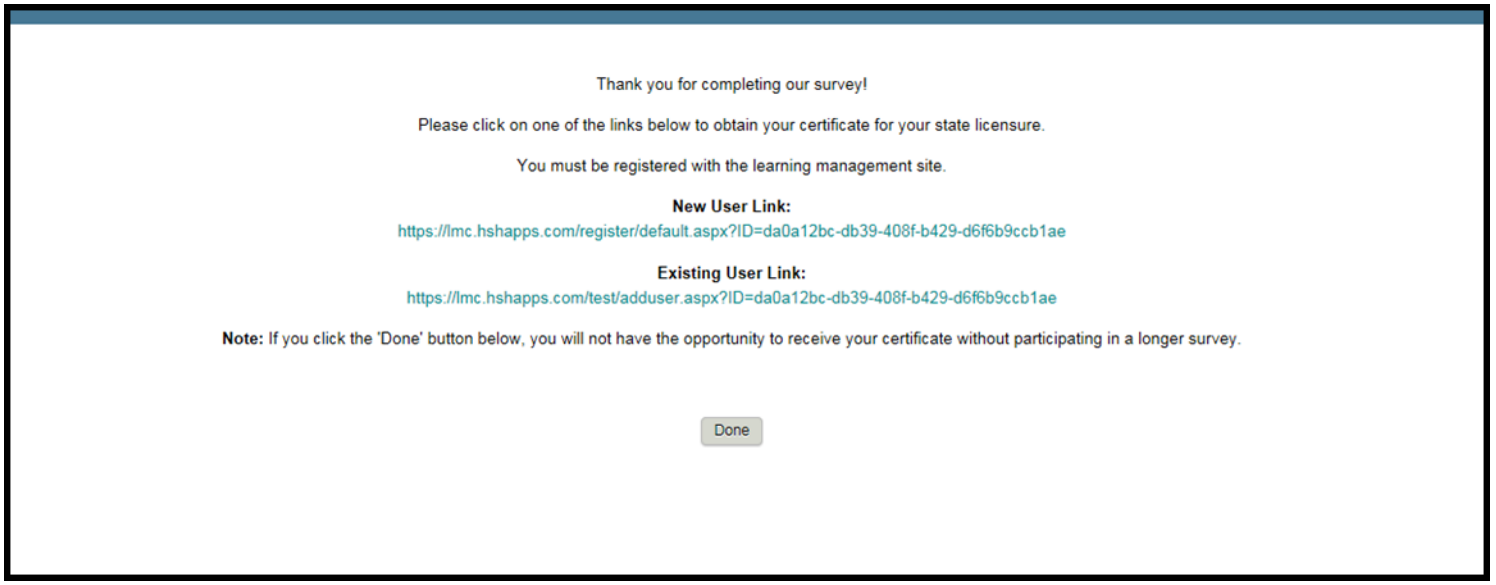
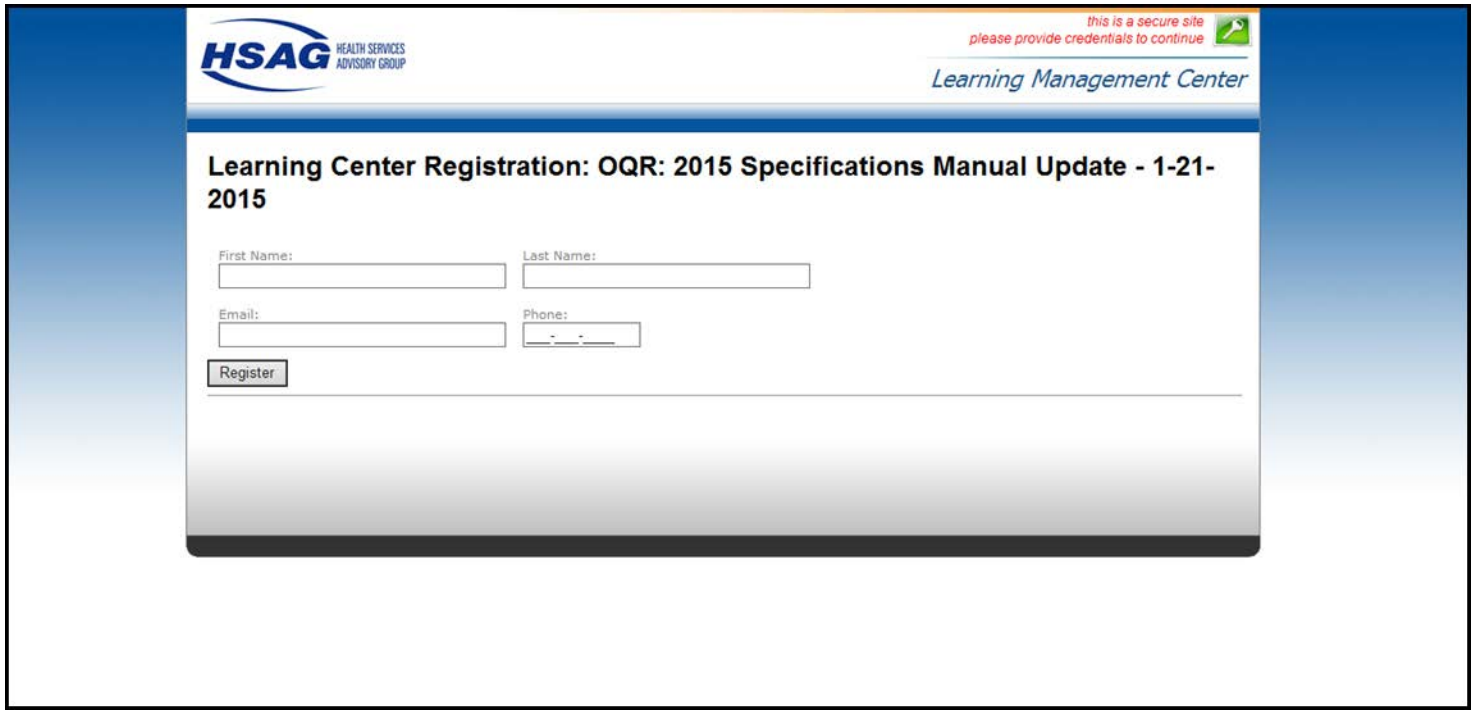
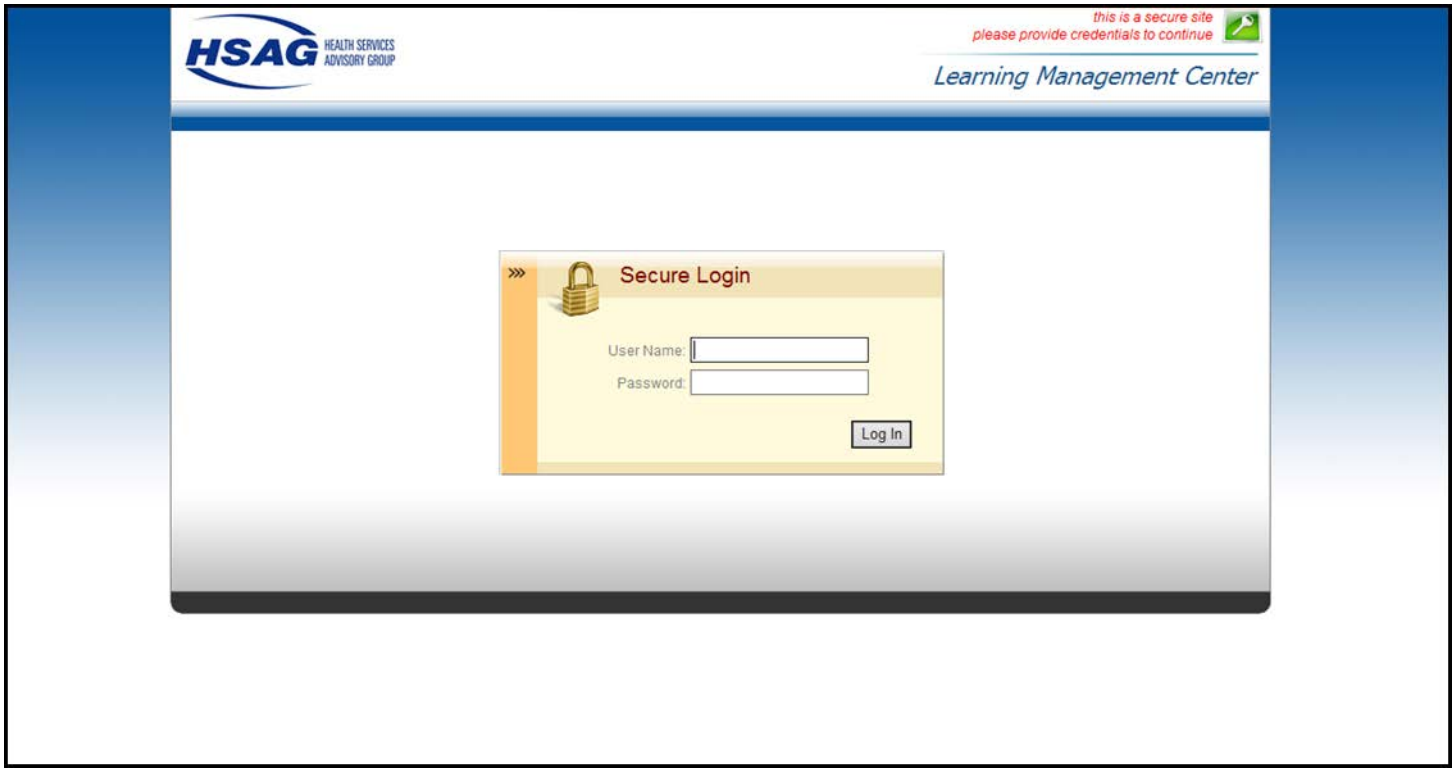


CE Credit Process: New User



CE Credit Process: Existing User



Questions

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