



PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

PCHQR Program: 2018 Updates to Measures

Presentation Transcript

Moderator/Speaker

Lisa Vinson, BS, BSN, RN

Program Lead, PCHQR Program

Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)

Outreach and Education Support Contractor (SC)

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Lisa Vinson:

Good afternoon. We would like to welcome everyone to today's webinar entitled, *PCHQR Program: 2018 Updates to Measures*. My name is Lisa Vinson, and I am the Program Lead for the PPS-Exempt Cancer Hospital Quality Reporting, or PCHQR, Program within the Hospital Inpatient Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor, and I will be your speaker. This webinar is part of the series for the PPS-exempt cancer hospitals, or PCHs, participating in the PCHQR Program. As the title indicates, today we will be reviewing updates to the PCHQR Quality Reporting Program measures effective for Calendar Year 2018. Please note that during this presentation, we will only be discussing topics pertaining to the PCHQR Program. If you are not a participant in the PPS-Exempt Cancer Hospital Quality Reporting Program and you have some of the same or similar measures in the quality program in which you participate, it is extremely important that you refer to the materials specific to your program. If you have questions regarding the measures in your program, please reach out to your program-specific support contractor. For those participants in the PCHQR Program, if you have questions about the content of today's presentation, please submit them using the chat function. As time allows, your question will be addressed during today's event. If time does not allow all questions to be answered during today's event, remember that the slides, recording, transcript, and questions and answers will be posted following today's event on *Quality Reporting Center* and *QualityNet*. Also, if you registered for this event in advance, you should have received ListServe communications previously. The second of these received yesterday had a link to QualityReportingCenter.com. On this website, the slides that we will be reviewing during today's presentation are available should you wish to print a hard copy for use during today's event or to retain for future reference. I would like to point out that throughout today's presentation, we will have a few knowledge checkpoints. This will be in the form of a question that will appear on your screen and you will have the opportunity to select the best answer. We will then review the correct answer to the question immediately after everyone has had a chance to answer. So, with that being said, let's take a look at some of the acronyms and abbreviations that will be used during today's event. Slide 6, please.

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As always, we supply this list of acronyms and abbreviations to help today's slides be more readable and also to serve as a reference for those of you who may be newer to the PCHQR Program. Some of the key abbreviations that will be used today include ADT for androgen deprivation therapy, CDC for Centers [for] Disease Control and Prevention, EOL for end-of-life, HCP for healthcare personnel, OCM for Oncology Care Measures, and QPP for Quality Payment Program. On slide 7, we will look at the purpose of today's presentation.

The purpose of today's presentation is to provide program participants an overview of the changes in the measure specifications. Specifically, this will be a high-level overview of the changes to the Quality Payment Program, or QPP, measure specifications for the clinical process/oncology care measures, or OCMs; and intermediate clinical outcome measures. Next, let's look at the objectives on slide 8.

Upon completion of this event, program participants will be able to locate the source documentation for the significant specification changes and apply the updated specifications to accurately abstract the measures for Calendar Year 2018. On the next three slides, we will briefly review the measures that are in place for the PCHQR Program for Fiscal Year 2020 Program Year, beginning with the Safety and Healthcare-Associated Infection measures on slide 9.

This slide displays the six measures that fall under the Safety and Healthcare-Associated Infection domain, which are CLABSI, CAUTI, SSI for colon and abdominal hysterectomy surgical procedures, CDI, MRSA, and Influenza Vaccination Coverage Among Healthcare Personnel. PCHQR Program participants have been actively reporting on all of these measures. CLABSI and CAUTI data were a part of the original set of five measures for the program. Then, the surgical site infections for colon and abdominal hysterectomy were added. CDI and MRSA measures were reported, beginning in August of 2016, which was for events starting January 1, 2016. Lastly, in May of 2017, the PPS-Exempt Cancer

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Hospitals first reported on the influenza season for October 1, 2016, through March 31, 2017. The measure specifications and data-entry system for these measures are developed and maintained by the Centers [for] Disease Control and Prevention, or CDC, and their National Healthcare Safety Network, or NHSN. The NHSN is the entity that submits the data you enter into their system to CMS. Slide 10, please.

Listed on the top portion of this slide are the Clinical Process and OCM measures. There are the five original OCMs and two new end-of-life measures. The bottom portion includes a new domain, Intermediate Clinical Outcome Measures, which include the other two end-of-life measures. The four new end-of-life measures, NQF numbers 0210, 0213, 0215, and 0216 were finalized for inclusion in the PCHQR Program, beginning with Fiscal Year 2020 Program Year. These measures were included to encourage participants to further the goal of improving care for patients in the PCHQR Program. The intent is to assess the quality of end-of-life care provided to patients in the PCH setting. The QPP measure specifications have been updated for these measures, which we will be discussing further shortly. Slide 11, please.

Here, we see the Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS, Survey measure; External Beam Radiotherapy, or EBRT; and the claims-based measure, Admissions and Emergency Department, or ED, Visits for Patients Receiving Outpatient Chemotherapy. For questions related to HCAHPS, we ask you to refer to the HCAHPS support contractor. We will have that information available a bit later in this presentation. So far, there have been activities associated with the outpatient chemotherapy measure, such as the dry run and national provider call. And then, for NQF number 1822, or EBRT, there were a number of clarifications and guidance for tips in abstracting this measure that were communicated last year, which were the result of collaborative efforts between CMS; the Hospital Outpatient Quality Reporting Program Support Contractor; the measure steward, ASTRO; and our program. As these efforts are ongoing, the goal is to help ensure that NQF number 1822, or EBRT, is aligned and abstracted consistently

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across both programs. Now, let's turn our attention to the Quality Payment Program, or QPP, site. Slide 12, please.

As you may be aware, the goal of the Quality Payment Program is to improve Medicare by helping you—providers—focus on care quality and the one thing that matters most—making patients healthier. The Medicare Access and CHIP Reauthorization Act of 2015, or MACRA, ended the Sustainable Growth Rate formula. Providers may choose how they want to participate in this program, based on their practice size, specialty, location, or patient population. There are two tracks that they can choose from: Advanced Alternative Payment Models, APMs, or the Merit-based Incentive Payment System, MIPS. In the MIPS Program, one of the dimensions assessed to determine payment adjustment is quality. This quality component of MIPS replaces the previous PQRS Program and this is where you will find the measure specifications for the Clinical Process, OCMs, and Intermediate Clinical Outcome measures. As we go through the next several slides, you may notice that the QPP site looks different than when we first presented this information to you around this time last year. So, with that being said, let's start with a view of the home page on the next slide, slide number 13.

This is the top half portion of the QPP home page, which can be accessed by selecting the link on this slide, [QPP.CMS.gov](https://qpp.cms.gov). The measure specifications for the Clinical Process/Oncology Care Measures, and Intermediate Clinical Outcome measures can be found by scrolling to the bottom of this page, which is illustrated on the next slide, slide 14.

At the bottom of the home page, there is a link titled, Resource Library, as denoted by the red circle on this slide. When you select this link, you will be taken to the screen on the next slide, slide 15.

As noted on this slide, to make it easier for the user to search and find what they're looking for by topic, year, or title, the Resource Library has been moved to a new location. When you view this page, you will want to click the link highlighted by the red arrow, or you may click the direct link at the bottom of this slide. Please note that there is also a link to sign up to

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receive notifications when new QPP resources become available. You would then need to enter a valid email address in order to sign up for these notifications. Now, we will take a look at the CMS.gov page, which houses the QPP Resource Library. Slide 16, please.

Here is the Quality Payment Program Resource Library. We will focus on the 2018 resources link, as indicated by the red box on this slide. This will take us to the list of quality measure specifications for 2018. However, before we move forward in discussing the necessary steps to access the specifications, let's first review the QPP Quality ID numbers that will help you locate the Clinical Process/OCM, and Intermediate Clinical Outcome PCHQR Program measures. Before we move to slide 17, Delana will provide our first knowledge check. Delana?

Delana Vath:

Thanks so much, Lisa. For our first question, the QPP quality measure specifications are located in the Resource Library on which site: A, Secure File Transfer; B, *Quality Reporting Center*; C, Resources page; or D, CMS.gov? I'll give you a few moments to select an answer. [Momentary pause.] Jamie, please close out the poll. Great. The correct answer is D, CMS.gov. It looks like the majority of you got that right. A link can be found on slide 15. I just want to point out that for answer B, it wasn't the correct answer, but *Quality Reporting Center* is a great resource that has many helpful resources to assist you in the PCHQR Program. Back to Lisa.

Lisa Vinson:

Thank you, Delana. Frequently, we see multiple numbers associated with the measures in the PCHQR Program. In addition to the measure's official name, there is also an associated PCH number and NQF number. So again, to help you find the measure specifications for the PCHQR Program measures, as your support contractor, we have provided you with a crosswalk or cross-reference table on this slide and the next slide to use as a reference. By referring to the QPP Quality ID numbers, you should be able to easily find the PDF documents containing the applicable PCHQR Program measure specifications. Slide 18, please.

This is a continuation of the previous slide as it lists the QPP Quality ID numbers for the four end-of-life measures. Now that we have identified

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the appropriate quality ID numbers for each measure, we will look at how to access the PDF documents. Slide 19, please.

So, back on slide number 16, there was a link in a red box entitled, Find 2018 Resources by Provider Type or Topic. By clicking this link, you will be taken to this list of quality measure specifications. This is where the importance of knowing the QPP Quality ID numbers comes in hand. As the measures are grouped by a range of numbers, the program measures we are discussing today have been identified by the red boxes on this slide. Quality ID number range 101 through 150 will have the measure specifications for NQF numbers 0389, 0390, 0384, and 0383. Quality ID number range 151 through 200 will have measure specifications for NQF number 0382. And, I have given you a hint on this slide as to how to access the end-of-life measure specifications, which are under the quality ID number range 401 through 467. For the purposes of this presentation, we will look at the link for Claims Registry Measures 101 through 150. By clicking this link, you will be taken to the screen on our next slide, slide 20.

Here's what you will see when you click the quality measure specifications link for the group containing quality ID numbers 101 through 150. To access the PDF document, you will want to click the "Claims Registry Measures 101-150" file folder, as shown in the top box on this slide. When you open this file folder, as indicated by the red arrow on the screen, you will see a total of about 42 PDF files. These are all of the Quality Payment Program quality measures. As you can see, there are options for both registry and claims reporting, which are the two options available to participants in the Quality Payment Program. The measure specifications are essentially the same. However, the terminology used may vary, based upon where the data is obtained. So, as indicated by the red box on the slide, and using the QPP PCH crosswalk previously discussed, we know that by clicking the two PDF files denoted on this slide will take you to the measure specifications for NQF numbers 0389 and number 0390. Now, we will take a look at the updates to the QPP measure specifications. Slide 21, please.

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Upon review of the 2017 and 2018 QPP measure specifications for the applicable PCHQR Program measures, there have been some updates. We will now provide a high-level overview of these changes, beginning with Radiation Dose Limits to Normal Tissues, or NQF number 0382. Slide 22, please.

For NQF number 0382, Radiation Dose Limits to Normal Tissues, this measure has been in the PCHQR Program since January 1, 2015. Originally, this measure addressed patients with a diagnosis of pancreatic or lung cancer for care provided through December 31, 2016. Beginning with the Fiscal Year 2019 Program Year, the diagnosis cohort was expanded to include patients with breast and rectal cancer, which included eligible diagnoses with patients receiving treatment starting January 1, 2017. Upon review of the 2018 QPP measure specifications, the expanded cohort still remains the same along with patients receiving 3D conformal radiation therapy, and excludes those patients with metastatic cancer. Overall, there were no significant changes noted in the 2018 measure specifications. Slide 23, please.

For the paired measures, NQF number 0383, Plan of Care for Pain, and NQF number 0384, Pain Intensity Quantified, the patients included for both measures remains the same. Patients included in NQF number 0383 have a diagnosis of cancer and are receiving chemotherapy or radiation therapy and report having pain with a documented plan of care to address it. Noted updates were to the denominator, which are listed out here on this slide. The denominator criteria telehealth modifiers were updated to include 95 and POS-02, ICD 10 codes were added, and CPT code 77470 was deleted. Slide 24, please.

Again, the patients included remains the same, those with a diagnosis of cancer and receiving chemotherapy or radiation therapy and their pain intensity is quantified. As for noted differences, the same denominator changes to NQF number 0383 apply in addition to updates made to the rationale and clinical recommendation statements. Previously, the measure rationale stated only that inadequate cancer pain management is widely prevalent, harmful to the patient, and costly. However, it has now been

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expanded to further explain the importance of initial and ongoing pain assessments to ensure proper pain management among cancer patients. It states that an inadequate assessment of pain is linked to poor pain control. Unrelieved pain has a significant impact on patients' quality of life, denying them comfort, and generally affecting their activities, motivation, and interactions with family and friends. Additionally, there is growing evidence that cancer survival is associated with effective pain management. Some key points to remember for both measures are a patient may have more than one eligible encounter in a quarter; each face-to-face nontreatment episode's pain intensity should be assessed; and if pain present, a plan to address it, documented. As this population may be large, sampling is allowed. There are archived outreach and education events pertaining to sampling and possible oversampling available on *Quality Reporting Center* and *QualityNet*, which have addressed these topics. And, now for our second knowledge check. Delana?

Delana Vath: Thanks, Lisa. All right, our next question. What is the corresponding QPP Quality ID number for PCH-18 measure: 104, 455, 156, or 102? I'll give you a few moments to select an answer. [Momentary pause.] Okay, great. Jamie, please close out the poll. Wonderful. The majority of you got the correct answer. It's the last answer, 102. The answer is contained in the QPP PCH measure crosswalk, and it is a helpful resource, and can be found on slides 17 and 18 within this slide deck. Back to you, Lisa.

Lisa Vinson: Thank you. That was a great question. For NQF number 0389, Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients, the measure continues to include patients with prostate cancer at a low, or very low, risk of recurrence receiving interstitial prostate brachytherapy, or EBRT to the prostate, or radical prostatectomy, or cryotherapy, who did not have a bone scan performed at any time since diagnosis of prostate cancer. And now, we will review the specification updates on slide 26.

The 2018 measure specifications reflect updates to the denominator definitions; specifically, for the very low-risk strata, the prostate-specific antigen, or PSA, changed from less than or equal to 0.15 nanograms per milliliter per centimeter cubed to less than 0.15 nanograms per milliliter

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per centimeter cubed. And, for the low-risk strata, the Gleason score changed from six or less to a Gleason score of six. A numerator note was added stating, denominator exception or exceptions are determined any time after diagnosis of prostate cancer. The measure rationale was expanded to include that research studies indicate that a bone scan is not clinically necessary for staging prostate cancer in men with a low or very low risk of recurrence and receiving primary therapy; in addition to patients categorized as low risk, bone scans are unlikely to identify disease. Furthermore, bone scans are not necessary for low-risk patients who have no history, or if the clinical examination suggests, no bony involvement. Less than one percent of low-risk patients are at risk of metastatic disease. There is also information provided regarding overuse being a common practice; and the intent of the measure being to promote adherence to evidence-based imaging practices, lessen the financial burden of unnecessary imaging, and ultimately to improve the quality of care for prostate cancer patients in the United States. Lastly, the clinical recommendation statement was updated to include Gleason scoring for bone scans appropriate for symptomatic patients and/or those with a life expectancy of greater than five years. Slide 27, please.

For NQF number 0390, this prostate measure is now titled, Combination Androgen Deprivation Therapy for High-Risk or Very High-Risk Prostate Cancer Patients. Patients included are still those with prostate cancer at high or very high risk of recurrence receiving EBRT to the prostate. The measure codes remain unchanged. Also, as before, patients who meet the criteria for intermediate or high risk of recurrence may be shifted to the next highest category of risk if they have multiple adverse factors. Slide 28, please.

As mentioned before, the measure title has changed, which now includes combination androgen deprivation therapy and the latter part of the measure description now reflects prescribed androgen deprivation therapy in combination with external beam radiotherapy to the prostate. In these instances, and throughout the measure specifications, this wording has replaced adjuvant hormonal therapy. There have been updates to the

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denominator definitions. For all risk strata, very low, low, intermediate, high, or very high Gleason grade groups have been added. And, as with NQF number 0389, for very low risk, the PSA has been updated to less than 0.15 nanograms per milliliters per centimeters cubed; and for low risk, the Gleason score is now six. Slide 29, please.

The numerator was updated to include a numerator note stating, denominator exception or exceptions are determined on the date of the denominator eligible encounter, and the four numerator options were updated as listed on this slide; again, replacing adjuvant hormonal therapy with androgen deprivation therapy in combination with EBRT. Slide 30, please.

Lastly, the rationale and clinical recommendation statements for NQF number 0390 have been updated. The rationale was updated to use androgen deprivation therapy in combination with EBRT, which still shows that patients can live longer and have lower risk of recurrence, cost effectiveness, and quality adjusted life years increased; and utilization rates have increased, but still remains suboptimal. The clinical recommendation statements pertaining to recommended options for patients at very high risk were updated to reflect the option for EBRT plus ADT and docetaxel have been removed. Radical prostatectomy plus pelvic lymph node dissection, or PLND, is for younger, healthier patients with no tumor fixation to the pelvic sidewall. And, ADT or observation is for patients not candidates for definitive therapy. Slide 31, please.

For NQF number 0210 or EOL-Chemo, Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life, the numerator is all cancer patients who received chemotherapy for either treatment or palliative purposes in the last 14 days of life. The denominator is patients who died of cancer. The measure is intended to evaluate the quality of care provided to all cancer patients at the end of life. There have been updates to the denominator coding, which are listed out on this slide. Slide 32, please.

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Also known as EOL-Hospice, NQF number 0215 is the Proportion of Patients Who Died from Cancer Not Admitted to Hospice. This process measure assesses the proportion of patients who died from cancer who were not admitted to hospice. This measure seeks to simply evaluate whether patients were admitted to hospice or not. Again, the same updates to the denominator coding are noted as before. Slide 33, please.

For Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life measure, or NQF number 0213. The numerator is the number of patients who died from cancer and who were admitted to the ICU in the last 30 days of life and the denominator is patients who died from cancer. A number of studies have shown that cancer care can become more aggressive at the end of life, which can result in low quality of care and lower quality of life. One such type of aggressive care is admission to an intensive care unit, or ICU. These types of admissions have been shown to be costly and have a negative effect on patients, families, and caregivers. The 2018 measure specifications include the same denominator coding updates as the previous two end-of-life measures. Slide 34, please.

And lastly, NQF number 0216, the Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than Three Days, or EOL-3DH, is linked to NQF number 0215. The difference is that this measure is assessing those patients who died of cancer and spent fewer than three days in hospice. While NQF number 0215 is assessing the important process of being admitted to hospice, this intermediate clinical outcome measure is assessing the timeliness of the admission to hospice, specifically reporting those patients who died of cancer who were admitted to hospice, but spent fewer than three days in hospice. The same denominator coding updates have been applied to this measure, as well. Slide 35, please.

Now, we will briefly discuss the remaining program measures. Slide 36, please.

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The EBRT measure has new specifications currently under consideration by NQF. As stated earlier, there continues to be ongoing collaboration with our program; CMS; the Hospital Outpatient Quality Reporting Program Support Contractor; and the measure steward, ASTRO, to ensure that the measures are aligned as closely as possible across programs. Slide 37, please.

Here are just a few reminders and updates. For the three cancer-specific treatment measures, which were finalized for removal in the Fiscal Year 2018 Final Rule, there is no data collection required for diagnoses effective January 1, 2018. NQF numbers 0223 and 0559, breast and colon chemo data, will be submitted for the last time this August, which will be for quarter four 2017 data; and hormone data, or NQF number 0220, will be reported through February of 2019. There are no applicable changes for the HAI measures. For the HCAHPS Survey data, the new pain questions are effective for discharges beginning January 1, 2018, and forward. As all of the PCHs use vendors to submit their HCAHPS data, I have provided links to the HCAHPS home page and technical specifications page for additional information. For the OP chemo measure, a dry run summary report has been made available on the Chemotherapy Measure Dry Run Resources page on *QualityNet*. By clicking the link on this page, you will be taken directly to this report. This report specifically describes the dry run, outlines facility participation, summarizes the questions and recommendations from stakeholders, and presents CMS' responses to recommendations. Any updated information regarding this measure will be communicated accordingly. Delana, what is our third question?

Delana Vath:

Sure, thanks, Lisa. Here's our next question. PCHQR Program notifications are commonly referred to as which term: ListServes; Portable Document Format, or PDF; Email; or Attachment? I'll give you a few moments to select an answer. [Momentary pause.] Okay, great. Jamie, please close out the poll. Wow, overwhelmingly. That's great. So, the correct answer is ListServes. ListServes are a great way for PCHQR Program participants to stay on top of program updates and to sign up for

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webinars like this one. You can sign up for ListServes on QualityNet.org.
Back to Lisa.

Lisa Vinson:

Thank you for that question. That concludes our review of the measure updates for 2018. We will now spend a couple of minutes looking at upcoming key dates and reminders for the PCHQR Program.

Last month, we made you aware of the updated NHSN Agreement to Participate and Consent for all current NHSN users who enrolled in NHSN prior to December 2, 2017. This includes primary contacts and facility administrators. As of January 30, 2018, the updated consent was made available for review and electronic signature. The deadline to complete this task is April 14, 2018. Questions pertaining to this process will need to be directed to the NHSN Help Desk at NHSN@cdc.gov and be sure to include “NHSN Re-consent” in the subject line. If, for some reason, you did not receive the Winter 2018 *Quality Reporting Center Newsletter* that was sent out February 13, it is accessible by clicking the link provided on this slide. Also, as a reminder, you will want to be sure that you are registered to receive the PCHQR Program notifications, also commonly referred to as ListServes. Slide 40, please.

Please save the date for our next educational event, which will take place Thursday, March 22. Also note the upcoming data-submission deadlines associated with the submission of data to the hospital quality reporting program. The next upcoming data-submission deadline is April 4, in which your vendors will be submitting your quarter four 2017 HCAHPS Survey data. Then, in May, we will have another submission of the CST data and HAI data, including the HCP influenza vaccination data. Please note that the HCP measure data does fall under the CMS-granted, hurricane-related extraordinary circumstances exception, or ECE, for those PCHs located in counties that were impacted by Hurricanes Harvey and Irma. Our fourth knowledge check, please.

Delana Vath:

Thanks, Lisa. Okay, for our next question. When is the deadline to complete the updated NHSN Agreement to Participate and Consent: April 4, 2018; May 15, 2018; April 14, 2018; or August 31, 2018? I'll give you

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a few moments to select an answer. [Momentary pause.] Jamie, please close out the poll. Great. So, it was again, a pretty overwhelming response. April 14, 2018, is the correct answer. You can find additional information on the updated NHSN Agreement to Participate and Consent on slide 39 and on the NHSN website. Back to Lisa.

Lisa Vinson:

Thank you, Delana. Here, we see the upcoming dates associated with public reporting and the display of the PCH data on *Hospital Compare*. The April 2018 preview period is currently open and closes on March 2. If you have not yet run your preview reports, please be sure to do so. It is anticipated that this data will be refreshed on April 25. And, for the July 2018 refresh of *Hospital Compare*, the preview period for the refresh is tentatively scheduled for May 4 through June 2; and the refresh date is tentatively scheduled for July 25. Remember that these dates are always subject to change. As they are confirmed, we will always communicate the preview periods and refresh dates via ListServe. Slide 42, please.

As a reminder, we—the support contractor—are available to answer questions you may have. As illustrated on this slide, by the red box and circle on the right-hand side, the *QualityNet* Questions and Answers tool can be accessed from the *QualityNet* Home page. Remember, there is a one-time registration process required for all first-time users of this tool. Please feel free to submit your inquiries via this tool at any time. And now, may we have our final knowledge check for today?

Delana Vath:

Yes, Lisa. Our last question. Where is the PPS-exempt cancer hospital's Questions and Answers tool found: *Quality Reporting Center*, *QualityNet*, *CMS.gov*, or *QualityNet Secure Portal*? I'll give you a moment to select an answer. [Momentary pause.] Jamie, you can go ahead and close out the poll. Great. So, the correct answer is *QualityNet*. A link to the Q&A tool can be found on slide 42 within this slide deck. All right, back to Lisa.

Lisa Vinson:

Thank you, Delana. We hope that you have enjoyed our interactive questions during the event today. Well, that concludes this portion of the presentation. At this time, I will turn it over to Deb Price to review the CE information. Deb?

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Deb 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. We now have an online CE certificate process. You can receive your CE certificate two ways.

The 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. 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 event 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 in 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.

Okay, 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're finished.

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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 name, a last name, and the personal email; and we’re asking for a phone number in case we have some kind of backside issues 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.

Okay, now, I’m going to pass the ball back to your team lead to end the webinar. Thank you for taking the time spent with me.

Lisa Vinson:

I would like to thank everyone for their time, attention, and participation in today’s event. We hope that this presentation was informative and beneficial to you. Thank you again and enjoy the remainder of your day.