



PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

PCHQR Program: *Hospital Compare* and PCH Data

Presentation Transcript

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Lisa Vinson:

Good afternoon and welcome to today's webinar entitled “PCHQR Program: *Hospital Compare* and PCH Data.” My name is Lisa Vinson and I serve as 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. I will be the speaker and moderator for today's event. Last month, I briefly discussed public reporting as it relates to fulfilling one of the program requirements of making data available to the public, which allows consumers to make more informed decisions about their healthcare options. This is accomplished through public reporting of measure rates, or PCH data, through *Hospital Compare*, which will be our focus for today. This is of particular relevance, as the preview period ended recently and the anticipated refresh for December 2017 is near. Please note that, during this presentation, we will only be discussing this topic as it pertains to the PCHQR Program. So, while you are welcome to participate, if you are associated with any of the other CMS programs, you will want to refer to materials specific to your program. Furthermore, 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 this presentation, remember that the slides, recording, transcript, and questions and answers will be posted on both *Quality Reporting Center* and *QualityNet*. On the next slide, slide 6, we will take a look at some of the acronyms you will hear today.

The acronyms provided here may be very familiar to most of you; however, for those who may not be familiar with them, please keep this slide readily available for use as a reference as we continue through today's event. Some of the acronyms you will hear today include: CMS, for Centers of Medicare & Medicaid Services, CST, for Cancer-Specific Treatment measures, EBRT, for external-beam radiotherapy, NQF, for National Quality Forum, and PCH, for PPS-Exempt Cancer Hospital. Next slide, please.

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Here is the purpose of today's webinar. This presentation will provide you, participants in the PCHQR Program, with an overview of the process of how your PCH data is publicly reported, which is displayed on the *Hospital Compare* website. On slide 8, let's take a look at the objectives.

Today's objectives are for program participants to be able to understand the importance of a *Hospital Compare* preview report, access the PCH data on *Hospital Compare*, and identify the updates to the PCH page on *Hospital Compare* for the December 2017 refresh. So now, let's start our discussion with the *Hospital Compare* preview reports. Slide 9, please.

As you know, the *Hospital Compare* preview reports are available to you and accessible via the *QualityNet Secure Portal*. There are also resources available for you to utilize pertaining to these reports. One resource is the preview report ListServe. This is an official email notification that contains new information and updates. For those who are registered to receive these notifications, the initial communication is sent on the first day the preview report is available, and instructions are provided on how to access the report through the *QualityNet Secure Portal*. This communication also provides the date range that the report is available, which is generally 30 days, and lists the measures which will reflect updated data for the applicable refresh. Then, a reminder communication is sent that contains the same details as the first. As discussed last month, there are also quick reference guides and detailed help guides available on *QualityNet* and *Quality Reporting Center* websites. It is important to note that the preview reports are only available during the preview period. To this point, it is also important to understand the purpose the preview report serves and why it is important. Let's look at this further on our next slide, slide 10.

I will not be discussing the preview reports in much detail, as you already know how to access this information and have reviewed your data during the last preview period for the upcoming December 2017 refresh. However, there are a couple of points I would like to make. As you know, the public reporting preview period occurs prior to the release of data on *Hospital Compare*. Since these reports are only available for 30 days, you,

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a PCHQR program participant, are encouraged to access and download these reports early in the preview period timeframe. Again, the ListServe communications provide detailed instructions on how to access these reports in the *Secure Portal*. This is important because this will allow you ample time to conduct a thorough review of your facility's data that will be publicly displayed on *Hospital Compare*. For instance, the preview period for the upcoming December 2017 refresh of *Hospital Compare* began October 2 and ended October 31. Within this 30-day window, and to keep in mind for future preview periods, it is very important for you to take the time and review all data contained in this report for accuracy. Ultimately, as a PCH provider, it is your responsibility to obtain this report and verify that the data is correct. By validating your data early on, discrepancies can be identified and corrected to ensure that your facility's data is accurately displayed on *Hospital Compare* on the scheduled release or refresh date. This lesson on reviewing preview reports, early and within the specified timeframe, was extremely valuable for a couple of our PCH providers. Through their diligence and attention to detail, report errors were identified in a timely manner to allow for the data to be corrected. Through the efforts of these PCH's and with the assistance of the Hospital Inpatient VIQR Support Contractor's public reporting team, their data will now display accurately on *Hospital Compare* for the upcoming December 2017 refresh. Next slide, please.

As a review, this slide shows the data that was contained in the last preview report made available to you. You saw PCH data for the Cancer-Specific Treatment, or CST, measures, the Oncology Care Measures, or OCMs, External Beam Radiotherapy for Bone Metastases, or EBRT measure, and the Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS, Survey data. The three CST measures and HCAHPS are reported quarterly and updated as such. The five OCMs and EBRT measure, which are reported only once a year, are refreshed annually, which occurs each December. Therefore, you should have seen updated data for both the OCMs and EBRT measure on your preview report, as they will appear on *Hospital Compare* for the December 2017 refresh, which is anticipated to occur on December 20, 2017. It is

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important to note that the data for the CSTs, OCMs, and EBRT measure contained in this preview report reflects the data values entered in the web-based data collection tool. Now we will turn our attention to *Hospital Compare*, which is where all of the PCH data is publicly displayed. Slide 12, please.

As we discussed last month, data you submit is made available to the public which allows consumers to make more informed decisions about their healthcare options and to fulfill program requirements. Public reporting of measure rates via *Hospital Compare* is required. Next slide, please.

Providers that receive Medicare and Medicaid payments and participate in one or more of the various quality reporting programs provide information for this database. The Centers for Medicare and Medicaid Services, or CMS, and the nation's hospitals work closely together to create and publicly report hospital quality performance information on the *Hospital Compare* website. On this website, you will find hospital performance data in a consistent, unified manner to ensure the availability of credible information about the care delivered in the nation's hospitals. This information helps the consumer to make decisions about where you get your healthcare and encourages hospitals to improve the quality of care they provide. More information is available by visiting the website address listed above the image on this slide. On slide number 14, we will look at the data sources for the *Hospital Compare* database.

The data on *Hospital Compare* comes from different sources. For public reporting, HCAHPS data comes from the HCAHPS support contractor. The CST, OCM, and EBRT data comes from the Hospital Inpatient VIQR Support Contractor. As stated earlier, the CST, OCM, and EBRT data is that which you have submitted via the web-based data collection tool. The Hospital Inpatient VIQR Support Contractor does not make any changes to this data. However, there is a data validation process in place to ensure data accuracy. This takes place prior to the opening of the preview period and before the data is refreshed on *Hospital Compare*. So, what measures

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are currently displaying on *Hospital Compare*? Slide 15 contains this information.

For your reference, this table can be found in the Fiscal Year 2018 IPPS/LTCH PPS Final Rule on Page 38423. Please note that, due to space limitations, the footnotes are not visible. So, just to recap, the measures already in place for public display, in 2014 and for subsequent years, the first two measures for the PCHQR Program were publicly displayed. These were NQF number 0223, Adjuvant Chemotherapy Within 120 Days of Diagnosis for Stage III Colon Cancer and NQF number 0559, Adjuvant Chemotherapy Within 120 days of Diagnosis for Women Under the Age of 70 with a AJCC T1cn0m0 or Stage IB through III Hormone Receptor Negative Breast Cancer. Then, in 2015 and for subsequent years, NQF number 0220, or Adjuvant Hormonal Therapy for Hormone Receptor Positive Breast Cancer Started Within 365 Days of Diagnosis, was added. Since this measure is up to 365 days after diagnosis, versus 120 days for the chemo measures, this is why it first appeared in 2015 and the data reported always trails that of the chemo measures by two quarters. Back in the December 2016 refresh of *Hospital Compare*, this was the first public reporting of the five Oncology Care Measures and the HCAHP Survey data. CLABSI and CAUTI public reporting continues to be deferred as related in the Fiscal Year 2018 IPPS/LTCH PPS Final Rule. CMS continues to collaborate with the CDC on these issues and continues to defer the public reporting of these two measures accordingly. And lastly, EBRT, or External Beam Radiotherapy for Bone Metastases, was publicly reported for the first time in 2016. This was for Calendar Year 2016 data that was submitted in August 2017. This will appear in the upcoming December 2017 refresh of *Hospital Compare*. An important point to make here about the three CST measures is that they were finalized for removal beginning with the Fiscal Year 2020 Program Year. We will look at the impact this will have on the public display of these measure shortly. The timeframes displayed in each refresh our outlined on our next slide, slide 16.

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Beginning with the Cancer- Specific Treatment measures, PCH numbers one, two, and three, these are also known to you as the chemo measures and the hormone measure. In December 2017, quarter four 2015 through quarter three 2016, will be displayed for the colon and breast chemo measures. In this same refresh, the hormone data, keeping in mind that it trails by two quarters, for quarter two 2015 through quarter one 2016, will be displayed. These measures are updated on a rolling quarter basis with the oldest quarter rolling off and a new quarter being added. So, we see in the April 2018 refresh will be quarters one through four 2016 for the chemo measures. By now, this should be a fairly familiar concept to you. HCAHPS is also refreshed with each update of *Hospital Compare* with the same rolling four quarters concept. For the upcoming refresh data being posted is for quarter two through quarter four 2016 and quarter one 2017. As stated earlier, the OCMs and EBRT are only reported by the PCHs once annually. So, once a year all four quarters of data are refreshed at one time. The OCMs will have the 2016 performance data posted in December 2017. Then, in December 2018, this will be replaced with the 2017 performance period. For EBRT, as you may recall, being that public reporting was finalized for the summer of 2016, the first posting was in July of 2017 for the 2015 performance data. So now, in December 2017, the 2016 performance data for EBRT will be posted, which puts it in sync with the OCMs. On slide 17, we will take a peek at what you can expect to see when the *Hospital Compare* December 2017 refresh is available.

We will now take a look at the updates that will appear on *Hospital Compare* for the December 2017 refresh and briefly touch on what's ahead with public reporting for the PCHQR Program. Although the testing environment for the December 2017 refresh was not available at the time the materials for this presentation were being prepared, our public reporting team members assisted me by providing screenshots of what you should expect to see when the refresh goes live. As stated earlier, the December 2017 refresh of *Hospital Compare* is scheduled to occur on December 20. As a reminder, subscribers to the PCHQR Program ListServe notifications will receive an email on this day. Next slide, please.

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As I highlighted last month, and I'm sure most of you are familiar with this page, as it is the main entry page for *Hospital Compare*. The publicly reported data for the PCHQR measures can be viewed by clicking on the link in the red circle on this slide. Note that you will see "Updated December 2017". Clicking on this link takes you to what we refer to, as the landing page for the PCHQR Program, displayed on slide 19.

This page contains a brief overview of the program and a list of the measures currently reported. The dates in this table, as denoted in the red rectangle, will reflect the applicable quarters for the CST measures as outlined on this slide. These dates are updated with each refresh for your information, so that you are aware of the data reporting periods for the PCHQR measures. This table, to include measure names and reporting periods, is available for each PCHQR measure that applies for the current refresh. Directly under the list of measures is a Socrata table that contains the actual data available for the most current refresh on *Hospital Compare*. This is illustrated on slide 20.

This is a view of the Socrata table containing the PCH data for the CST measures. As there are currently three measures across the 11 participants, there are 33 rows of data on this table. By selecting the green menu button, a drop-down window with a list of options will appear. Some of these available options include downloading the data in various formats, embedding the dataset for use elsewhere, and printing the dataset. There is one detail that I would like to highlight, the PCHQR Program datasets. We will use EBRT as our example on our next slide, number 21.

On the landing page, there's a link titled "PCHQR Program" datasets that you are able to access as displayed at the top of this slide. By clicking this link, you will be taken to the "Explore all Datasets" table as illustrated in bottom image. These datasets contain all data from previous refreshes. For the purposes of this presentation, we will take a look at the dataset for EBRT. By clicking the link denoted by the red arrow on this slide, you will be taken to the screen on slide 22.

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After selecting the EBRT dataset, there are a variety of options to choose from. As you can see, all 11 PCHs are listed and, by choosing “Export”, there are several downloadable formats to select. The next slide will display the format option for “CSV for Excel”, as indicated by the red circle on the right-hand side of this slide. Slide 23, please.

Here is the EBRT dataset in the comma-separated value, or CSV, Excel format. This layout contains the provider details, such as Provider ID, Name, and full Address, as shown in columns A through H. The Measure ID, which is the PCH number, EBRT is PCH 25, in column I. The Measure Description which, in this case, is External Beam Radiotherapy for Bone Metastases, column J. The Hospital Performance, column K. The Denominator, column L. Applicable Footnotes, column M. The Reporting Period Start, column N. The Reporting Period End, column O. The Location, column P, which is the same information contained in the Address column, which is column D. The advantage of this particular format is that the layout is very easy to read and allows consumers to compare the quality of care given at the 11 PPS-Exempt Cancer Hospitals. Furthermore, you as a PCH provider, are also able to see data for your facility and the other PCH providers at one time and in one location for convenience. Next, let’s discuss accessing data details. Slide 24, please.

To review the data details and a more in-depth look into the metrics displayed on *Hospital Compare*, you can click on the “Data Details” link as indicated by the red rectangle on this slide. Again, we will take a look at EBRT. Slide 25, please.

Once you click the “Data Details” link, the data details for all nine measures publicly reported under the PCHQR Program are available to view. They fall into three categories: the CST measures, OCMs, and a clinical effectiveness measure, EBRT, which is displayed on this slide. The HCAHPS Survey results are also publicly reported. For the EBRT measure, as depicted here, the details include a description of the measure, the numerator statement, and the denominator statement. Additional details on measure specifications are available via the *QualityNet* PCHQR measures page. Of note, the link to this particular page is supplied at the

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very bottom of the data details page on the *Hospital Compare* website. So, what's ahead in public reporting for the PCHQR Program? Let's find out on our next slide.

As I mentioned earlier, the Fiscal Year 2018 IPPS/LTCH PPS Final Rule finalized the removal of the three CST measures from the PCHQR Program, which will impact the public display of this data. The colon and breast data will be reported last by you on August 15, 2018, and the hormone data on February 15, 2019. As it relates to public reporting, the data will no longer be reported after four quarters of data have been displayed. Therefore, as listed on this slide, the last refresh and display of the colon and breast chemo data will be April of 2019, which will contain quarters one through four of 2017 data. These two measures will be completely removed and will not be publicly displayed effective for the July 2019 refresh. The quarter one through quarter four 2017 hormone data will be refreshed in October of 2019 and will be removed effective for the December 2019 refresh. The last point to make here is regarding the newly finalized measures: the Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy and the four new end-of-life measures. It is anticipated that the public display requirements are to be specified in a future final rule publication. As your Support Contractor, when the final rule is published, as we do each year around the month of August, an extensive overview of the final rule and impacts to the PCHQR Program will be provided. Slide 27, please.

This concludes the didactic portion of today's presentation. I will now review important upcoming dates and deadlines beginning on slide 28.

The final webinar presentation for 2017 is slated for December 14. At this time, I will provide a review of key events and changes that happened this year and what is in store for 2018. As future topics are being planned for 2018, please feel free to share with me any topics that would be of interest and of value to you. Next slide, please.

The upcoming PCHQR data submission deadlines are outlined on this slide. The first data submission deadline for 2018 will be quarter three

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2017 HCAHPS Survey data, due January 3, 2018. The next deadline will be February 15, 2018, which includes quarter two 2017 CST colon and breast data, quarter four 2016 CST hormone data, and quarter three 2017 HAI measures data. Please remember, and as you will see on the next two slides, if your facility is in a FEMA-designated disaster area, CMS has granted hurricane related exceptions. The two data submission deadlines indicated on this slide do fall under this exception. On slide 30, we will review updated exception details supplied by CMS.

As this presentation was being developed, the most recent communication issued by CMS was dated November 2, 2017. This update pertained to Hurricane Harvey and additional parishes were identified in Louisiana and additional counties were identified in Texas as disaster areas. These additional parishes and counties, along with those previously identified within these FEMA designated areas, have been granted exceptions. Next slide, please.

This slide lists the applicable submission deadlines and discharge periods for those PCHs in impacted areas. Please remember that CMS continues to closely monitor this situation and, if any adjustments are necessary, CMS will communicate them accordingly. So, please be sure to monitor for future communications.

Lastly, as this was the focus of today's presentation, the December 2017 refresh is tentatively scheduled for December 20. The next refresh will occur in April 2018. The data contained for this refresh is listed on this slide. The preview period is tentatively scheduled for February 1 through March 2, 2018, and the refresh is tentatively set for April 18 or April 25 of 2018. And, as always, please remember that all dates for public reporting are subject to change. As we get closer to the preview periods and refresh dates, we will always notify you of the exact date via ListServe.

So, this concludes our presentation for today. As always, I would like to thank you for your time and attention during today's event. I would also like to thank the public reporting team members here with the Inpatient VIQR Support Contractor who assisted me with putting this presentation

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together. I hope that the information provided was beneficial to you.
Again, thank you and have a great day.