PPS-Exempt Cancer Hospitals Quality Reporting Program

Support Contractor

Development and Selection of Quality Metrics for the PCHQR Program

Presentation Transcript

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Matt McDonough: Hello and thank you for joining us for today's webinar. My name is Matt McDonough, and I am going to be your virtual host for today's event. Before we get started, and turn things over to our speakers, I'd like to cover some event housekeeping items with you, so that you understand how today's event is going to work, and also how you can interact with our speakers on today's call. As you can see on this slide, we are streaming our audio for today's call over ReadyTalk®'s internet streaming

service. If you're hearing my voice coming out of your speakers or headphones right, then you're connected. This service means that no telephone line is required to listen to today's event, but you do need to have those speakers or headphones plugged in and turned up to hear the streaming audio feed. If for some reason you're not able to stream audio today or you encounter issues with the streaming audio feed, we do have a limited number of dial-in lines available. Please just send us a chat message if you need to dial in, and we'll get that number out to you as soon as possible. Also, as always, we are recording today's events so that it could be archived and played back at a later date.

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screen. Once you are down to only one connection, you should only be hearing one audio stream, and the echoing issue should clear up. Again, we do have dial-in lines available, if you prefer to hear the audio feed over your telephone.

All of our attendees are in a listen-only mode today, but that doesn't mean that you can't interact with our speakers today. We encourage you to submit any questions or comments you may have to our speakers at any time today, using the "Chat with Presenter" feature located in the bottom left corner of your screen. Simply type your question or comment into the "Chat with Presenter" box and click the send button. Your feedback will be visible to all of our presenters on today's call. As time resources and the availability of answers allows, we will address as many questions as possible, either verbally or in the chat window. Please do note however that, if we don't get to your question today, all questions submitted during today's event are being archived to be addressed in a future Q&A document. That's going to do it for my introduction, so at this point I'd like to hand things over to our first speaker. Thanks for your time and enjoy today's event.

Tom Ross: Good afternoon, my name is Tom Ross, the Program Lead for the Hospital Inpatient Value, Incentives and Quality Reporting, or VIQR, Outreach and Education Support Contractor. I want to welcome you to today's event entitled *Development and Selection of Quality Metrics for the PPS-Exempt Cancer Hospital Quality Reporting, or PCHQR, Program*. This program and the contents are specific to those hospitals participating in the PCHQR. However, I think that today's event will also provide valuable information and insight into this topic for those associated with other programs that submit data to the Centers for Medicare and Medicaid Services. The genesis for this educational event began when I was attending the 2015 Quality Conference in Baltimore. While there, I saw a very interesting presentation entitled *The Lifecycle of Healthcare Quality Measures*. I have long been curious as to the behind the scenes view on how quality metrics were chosen for use in the various CMS quality reporting programs. I've had glimpses of various stages in this process

through working in measure development, colleagues and Technical Expert Panels, work with the NQF, and certainly the Proposed and Final Rules. When I e-mailed our PCHQR Program Lead at CMS, Caitlin Cromer, about the topic, she thought it would be excellent. She then invited one of her colleagues at CMS to co-present, and it turns out that this is the person who did the presentation at the CMS quality conference, a small world indeed. With that said, let's move to slide number six, so I can introduce today's speakers. Slide number six please.

We were fortunate to have Elizabeth Bainger, the person who generated the idea for today's webinar, speak to us about the impetus for quality reporting and the lifecycle of a quality measure. Elizabeth is the Program Lead of the Hospital Outpatient Quality Reporting Program. She is a nurse consultant with the Quality Measures and Value Incentives Group, or QMVIG, Center for Clinical Standards and Quality, CCSQ, at CMS. We'll then hear from her counterpart, the Program Lead for our program the PCHQR, Caitlin Cromer. Caitlin is a social science research analyst in the same department as Elizabeth at CMS. She is a familiar presenter to many of you from the PPS-Exempt Cancer Hospitals. The next section of the webinar will offer a different perspective of quality measures, that from a developer's perspective. These materials were developed by Barb Jagels, Vice President of Quality and Value and Chief Quality Officer at the Seattle Cancer Care Alliance and Tracy Spinks, Program Director of Cancer Care Delivery at the University of Texas MD Anderson Cancer Center. Unfortunately, Barb due to a scheduling conflict could not join us today. I am excited to have my colleague and friend Tracy with us today. Next slide please.

As always we have the obligatory Acronyms and Abbreviations slide. There really aren't a lot in today's program, but we used this to keep down the number of text items– text symbols on each screen, so the slides are more readable. On the next slide, number eight, we will review the purpose of today's event.

The overreaching purpose of today's event is to provide the participants with an overview of how the 22 current PCHQR measures and future measures are developed, selected, and implemented. Remember that today's event is specific to participants in the PCHQR, but much of the information maybe generalizable to other quality reporting programs. The specific objectives are on our next slide, slide number nine.

Upon completion of this presentation participants will be able to, first of all, recognize the historical and legislative context of CMS Hospital Quality Reporting Programs. Secondly, you will be able to describe how the National Quality Strategy, frames and guides the CMS measures management system. The third objective is to summarize the five stages of the CMS quality measure lifecycle. Then, Caitlin will describe how this process is applied to the development and selection of measures for the PCHQR Program. And lastly, Tracy will describe the experience of the Alliance of Dedicated Cancer Centers in selecting, developing, and proposing quality measures to the NQF. And, with that, it is my pleasure to turn the program over to our next two presenters Elizabeth Bainger and then Caitlin Cromer.

Elizabeth Bainger: Hi, everyone. Thank you for coming today. My name's Elizabeth Bainger and I am a nurse consultant for CMS, and I am the Program Lead for the Outpatient Quality Reporting Program. Before we move forward, it'd like to share a little bit about myself. I've been a nurse for 30 years, and about five to six years ago, I entered the quality arena, I became a performance improvement coordinator at a community hospital. When I came to CMS almost two years ago, I was immediately immersed into rule making and this was brand new to me. I came in during the public comment period for the proposed rule, and I saw firsthand how public comment, even a single public comment, could impact the Final Rule. And, that first experience with rule writing made a profound impression on me. And, it made me wonder about all the ways that the public could impact the measure management system here at CMS. Now, I am also a doctoral student at the University of Maryland, and about a year ago, I took this idea to both the school and to CMS. And so, for my scholarly project, I wanted to

explain the measure management system in non-technical terms. But even more, I have two personal goals: I am hoping to share with you opportunities where you can impact the CMS measure management system, and I am hoping to inspire you to actually do it. I presented a longer version of this at a quality conference in December, and Caitlin attended that presentation; and, I was delighted when she asked me to provide you a mini version today. So, this slide is meant to provide a very brief snapshot of the historical context and legislative mandate for CMS hospital quality measurement programs. At the turn of the century the Institute of Medicine issued two seminal reports, *To Err is Human* revealed that as many as 98,000 patient deaths per year were attributable to preventable errors. And then, that was quickly followed by *Crossing the Quality Chasm*, which described the gap, the huge gap, the chasm between quality healthcare and the care patients actually received. In 2001 Secretary Thompson, of the United States Department of Health and Human Services, announced his quality initiatives. This was his commitment to improve the quality of care for all Americans through accountability and public disclosure. The initiative was launched in 2002 as the nursing home quality initiative, and [was] expanded in 2003 with a hospital quality initiative. That included a voluntary reporting dataset of ten quality measures for three conditions: acute myocardial infarction, heart failure, and pneumonia. But, participation in the voluntary program was lack lustered until it became mandated under section 501b of the Medicare Prescription Drug and Improvement Modernization Act of 2003, that's a mouthful. That mandated a reimbursement reduction for hospitals that have elected not to report quality data. So now, we're tying it to money. The law further stipulated that the data would be used for public reporting purposes and in 2005 the first core set of process measures were displayed on the *Hospital Compare* website. Now, as I indicated earlier, this slide only represents a brief snapshot of the start of the hospital quality reporting programs. Certainly there's more recent legislation that effects quality reporting, such as the Affordable Care Act of 2010, the Impact Act of 2014, MACRA that was just passed last year. But, I wanted to give you a quick idea of where we're coming from, what were the

initial drivers for CMS quality reporting. We just touched on this with the purpose of measures and hospital quality reporting programs.

To close the chasm, healthcare organizations began focusing on quality measurement borrowing from that business saying that you can't improve what you don't measure. CMS incentivized the reporting of quality measures in two key ways: by linking it to reimbursement and by publically reporting results. There was a twofold rational at the *Hospital Compare* website, which is often referred to in the literature as online report cards. First was transparency, it empowered patients to make informed choices about their care based on hospital or provider performance. Second, it turned a powerful incentive for hospitals and clinicians to identify and address opportunities for quality improvement.

In 2010 the Affordable Care Act required HHS to develop a National Quality Strategy, or NQS, for improvement in healthcare. The NQS was first published in 2011, and it frames the CMS managed measures management system. The NQS focuses on three aims: better care, smarter spending, and healthier people and communities. To accomplish these aims, the NQS focuses on six domains or priorities, which I have listed on this slide. Measure developers are tasked with ensuring performance measures align with NQS priorities, and CMS is tasked with incorporating measures, within each of the six domains, into all of its public reporting and payment programs. That's really key. It's important to know because, as a Program Lead, I can tell you that at least a couple of times a year we take a very close look at current measure sets in relation to the six domains of the National Quality Strategy. We look for gaps to see if there are opportunities for measure development or the implementation of existing measures, and note the NQS strategy domains, when we're considering removing measures.

But, where did the measures come from? I asked staff and myself all the time when, I was abstracting. Where does CMS come up with these things? How are the measures conceptualized? How are they implemented and managed? The answers can be found in a 489 page

electronic book titled *A Blue Print for the CMS Measures Management System*. This document is highly technical because it's primary purpose is to inform measure developers about how to develop strong measures that are suitable for both provider accountability and for public reporting. The blue print is evolving. On this slide, I provided a link to version 11.2 that came out in January. While I should note that these links are clickable, but only if you download the slides and view them in slideshow; otherwise, you'll need to copy and paste the links that are provided throughout this presentation. OK, so this document is really long and highly technical, so let me break it down for you.

Here's the very high level view of the measure lifecycle. The CMS measure lifecycle has five phases: conceptualization; specification; testing; implementation; and use, continuing evaluation, and maintenance. Although this slide depicts the flow of the measure lifecycle in a linear fashion, the process is iterative, and might look back on itself or some steps might be conducted concurrently. At the bottom you can see a timeline that reflects how long it typically takes a measure to move along. Honestly, I think this timeline is a bit ambitious. So, I would look at this as a best case scenario. So let's start at measure conceptualization. During the first stage of the CMS measure lifecycle, CMS considers whether the concept is an important one; whether it can be measured, whether it should be measured. Each measure is evaluated against five criteria: importance, scientific acceptability, feasibility, usability, and related or competing measures. You can impact a measure's management system even at the infancy of measure development, by making your views known to congressional representatives and to your professional organizations. And, if you are part of a professional organization, I encourage you to just ask them to support research that aligns with the NQS. First, take a look at this next slide a 'Call for Measures.'

Again you'll see a link at the bottom. CMS conducts an environmental scan when it's taking or considering measure concepts.

An environmental scan includes reviews with the literature and clinical practice guidelines, and interviews with subject matter experts and stakeholder organizations. Sometimes CMS posts a call for measure as part of the environmental scan. If there were a call for measures, it would be posted on this page. Right now there aren't any, but I wanted you to be aware of the page. Now, we're still in the conceptualization phase, but we're moving along to this next slide,

… which is evaluation by technical expert panel. A TEP is a group of stakeholders and experts to contribute direction and software input to the measure developer during measure development and maintenance. It's important that the TEP includes a broad representation of people across the spectrum. So, we want to include measurement experts, providers, and patients or their caregivers. You can serve on a TEP, your colleagues can serve on TEPs. We've even had a caregiver serve as the chair of a TEP before. I've taken some screenshots of an active call for TEP nominations. This one is related to ambulatory surgery. I didn't see any open right now related to oncology.

But, the format is the same, so let's take a quick look. You can see the dates, overview and objectives for the TEP. And, this is important for the TEP requirements. Remember I've said that you could be a member of a TEP. This is an opportunity for you to impact measure development at its very earliest stage. On here you can see that they're requesting subject matter experts and quality improvement experts. They're also seeking consumers, patients, family members, care givers; so, if you're interested in a particular topic and want to become involved you would continue to scroll down on the page and you can see how you could nominate yourself or a colleague to be on a TEP. Also, during the conceptualization phase, CMS puts out a call for public comment.

And, I've provided the link for that also. Public comment ensures that measures are developed using a transparent process, with balanced input from relevant stakeholders and other interested parties. During a public comment period, measure developers may receive critical suggestions that

were not previously considered by the measure developer or by the TEP. So, it's very important that you keep an eye on these pages, and see if there's an item of interest to you that you'd like to comment on. And, I am going to quickly show you, I found several documents that are available for public comment.

I want to quickly just run through one with you, that's available. So, I took a quick look through the website, and I saw that there were several documents out for public comment. None were related to oncology, but let me show you this one, about end stage renal disease, because again the format is similar, and you can see the dates of the public comment period is open, the project overview, its objective and what exactly they're looking for public comment on and the instructions on how to complete it. So, it's important if you can to look through this website periodically and see if there's a subject that comes up that's of interest to you that you'd like to make comment on.

So, before we move on to the next stage, let me just recap very quickly about how you can impact the measures management system, even at the infancy of measure development. When a concept is first being explored, you can make your views known to: your congressional representatives, and that's always a given; to your professional organizations, again encourage them to align with NQS strategies; you can nominate yourself to be a part of a TEP; and, you can provide comment to CMS. I mentioned the five criteria that CMS uses to evaluate a comment. So, when you comment to CMS, whether it's now or later down the line when public comments become available again, think of those five criteria, because it will give your comment more weight. So, for example, if you think that a concept isn't feasible, or if you think that there's not good science behind it, tell us why. So I'm moving along. We've come to the implementation phase. This is where CMS considers whether there is consensus to adopt measures. To ensure consensus the National Quality Forum, NQF, which is an independent non-partisan organization, convenes a multi-stakeholder panel called the Measures Application Partnership.

The MAP brings together diverse representatives, including patients, clinicians, businesses, government entities; and these are brought together so that they can inform the selection of quality measures used for public reporting and performance based measure payment programs. So now, these are Measures under Consideration. We've moved from the MUD into the MUC. We've moved from Measures under Development into Measures under Consideration. So, let me show you a quick – we'll move on to the next slide, slide 23.

This is where you can learn more about Measures under Consideration. And again, I've put the link at the bottom, and I also want to take you to the NQF website that's the, this is the CMS site

And, I am going to take you to the National Quality Forum's website. That's just the counterpart of this. I want you to see both sides, CMS and NQF. So, this is the NQF website that's also talking about Measures under Consideration and the MAP. I want you to note that the MAP meetings are open to the public. Their reports and other materials are made available on the NQF website. And, I really want to encourage you to stay informed. You know you might become or decide to become a member of the MAP. If you look into that, that might be a niche for you. Or at least make sure you're seeing what the MAP is doing, because just like CMS accepts public comment, the MAP is going to accept public comments also. So, I want you to take advantage of those opportunities. After considering the recommendations of the MAP, CMS might choose to include a measure in one of its quality reporting programs. This is operationalized though the rulemaking process. And, first the proposed rule is developed, and it's published in the Federal Register; and upon publication of the proposed rules, it's open for a period of public comment.

This is a different period of public comment. We've talked about public comments during measure conceptualization. Now, we're considering implementing, the measures being developed, it's under consideration, we're thinking about implementing it.

So I am going to take you to the next slide. This is a site that I am hoping everyone's familiar with. This is Regulations.gov and once a proposed rule has been published it's open for a period of public comment. Right now, I don't believe any of the CMS quality reporting programs have, at least not in my division, I should specify that, have a proposed rule open for comment. But, there will be rules coming available soon including the rule for your cancer hospitals the PCHQR Program. So, please go to government – I am sorry Regulations.gov, look for the proposed rule and make comment. Again, one comment can have an impact. To make your comments stronger keep in mind the five criteria noted earlier: importance, scientific acceptability, feasibility, usability, and related or competing measures. If you can base your argument on one of these criteria, it is much stronger, and CMS will give that comment much greater consideration because you've targeted in on lot of things that we think are important. Some people just say, oh I don't like a proposed measure. Back it up, give us information that's really valuable.

So, we're moving along, we're coming to the last phase of the measures management lifecycle; and, that's measure use, continuing evaluation, and maintenance. Every measure undergoes an annual update, which is a limited review of the measure specifications, and it also looks to the reliability and validity of the data elements. And then, every measure also goes through a comprehensive tri-annual reevaluation. So, that's every three years. And, in many ways this re-evaluation parallels the entire measure development process: a new environmental scan is completed, a new TEP might be convened, a business case is updated. The NQF also conducts a three year maintenance review, and the CMS tri-annual review is timed just to receive that, so that the CMS has an opportunity to review their findings/recommendations prior to submission to NQF; because all this process is happening all over again. So again, just like you had opportunities all along the way where you could impact the measure development cycle, you had all those opportunities come up again. You can look for opportunities to participate in TEPs. You can attend NQF meetings, you can submit public comment. And, this is another

opportunity that you can mobilize your professional organizations and to inform your congressional representative of your opinions. So, I want you to see how all along the way you have the opportunity to impact the measures management lifecycle. Now, I do want to show you one thing before we move off this last stage of the measure management life cycle.

And, that's this webpage that talks about the impact reports. These reports were mandated by the ACA, and they're required at least once every three years, and they provide a quality check for CMS. And, the reason I want you to know about these is, sometimes, I wondered, when I was an abstractor, does anybody ever really look at these measures, and the answer is yes; and here's where you can find what we learned about the measures over the last three years. So, the first report was published in 2012, and the most recent report came out in 2015, the next one's due in 2018. And just thinking, because actually, a TEP has been convened with representatives from across the disciplines, including patients and caregivers. So, they're also looking at the current measures, and seeing how they're doing. And, I want you to be aware of this. So, it's another opportunity where you could get involved.

So just to recap, you'll have many opportunities where you can impact the measures management system through CMS, through your professional organizations, through the NQF forum. You can take different paths here at CMS, we invite you to be part of our TEPs. If you're in a hospital, maybe you'd like to become a pilot site for measure testing. And, of course, we welcome your comments, both individually and through your organizations. And please read the reports that we make available, like the impact assessments. Stay informed, so that you can be better involved. With regard to your professional organizations: if you can become involved in a measure development process at your professional organization, please do so, or at least encourage more organizations to pursue measure development that aligns with NQS strategy, so that we're all heading in the same direction. And again, make public comments through your organization and individually. And finally, I talked about NQF, the National Quality Forum. Their meetings are open to the public,

stayed informed, read their reports, and make public comment. And, if your professional organization is active in the NQF, and I bet it likely is, be a part of that. Make your views known to your organizational representatives. So, I hope that this has been valuable to you, as we've moved through the measure life cycle. I hope you understand what's happening at each stage; and, most importantly, I hope that you're aware of some of the ways that you can impact the measure development process. Thanks very much.

Caitlin Cromer: Thanks, Elizabeth. This is Caitlin Cromer, the Program Lead for the PPS-Exempt Quality Reporting Program here at CMS. Some of the ways that we prioritize development for the PPS-Exempt Cancer Hospital Quality Reporting Program measure development are recognizing performance gaps. These performance gaps can be pointed out by stakeholders during the public comment period, or we recognize performance gaps based on collaborating with other quality reporting programs. We also address the HHS National Quality Strategy priorities each year. We select patient-centered measures that address high cost, high volume issues with high rates of performance variation as well. So, there's lots of different ways that we select these measures.

Decision domains take into consideration reward and risk factors, such as: societal rewards are important; opportunity or net rewards for CMS; technical success or developmental risks; and resources required to complete development or development risks.

So, the measure development process is applied to the PCHQR. We conduct an environmental scan yearly, including the review of journal – journal literatures. We create potential measure concepts, using a business case in the form of a report. Each business case needs to clearly state: the scientific and literary evidence justifying the importance of the measure, our quality improvement goals and objectives that CMS hopes to achieve, outcomes linked to the process, populations effected by the quality of care issue, as well as the analytic evidence indicating that the quality of care performance gap and variation and performance data.

We also review input provided by the TEP as Elizabeth described for the refinement of potential measure concepts. And, we allow for public comment by interested stakeholders, so they can provide important feedback on potential measure concepts. We conduct alpha testing, which is our testing for, you know, feasibility and the way that these measures are actually going to work out in a PPS-Exempt Cancer Hospital. And, we also consider harmonization with other measures to use across multiple CMS programs. We then execute a second TEP review, as an opportunity to provide final input for the refinement of these measures.

We then subject the measure to beta testing for reliability, validity, and feasibility under the scrutiny of the NQF endorsement process; and, we involve the TEP and stakeholder feedback as an important consideration for further measure developments. And, we make testing data accessible and create submission plans for NQF endorsements.

So, from May second to July fifteenth, the MUC list is officially open, and on December first the Measures under Consideration list is officially published. In December we hold the MAP partnership meetings or the Measure Application Partnership meetings. And, CMS considers gap areas in the program, program needs and future direction of the program, when choosing measures for the final MUC list.

The MUC measures are taken to the hospital WG for MAP and the MAP provides the recommendations; and, they either support, do not support or offer conditional support for these measures. The public then has the opportunity to comment on these MAP recommendations after those meetings. And, the MAP coordinating committee meets in January to finalize MAP recommendations.

CMS begins preparing the proposed rule in January of each year, so we are in the thick of rulemaking right now, and it's very busy around here. CMS utilizes the MAP's recommendations on measures for determining their use in our programs; and, the PCHQR Program is included in the IPPS rule, the Inpatient Perspective Payment System. The IPPS Proposed

Rule is published in early April of each year, the public comment lasts around three months after that.

So, from the Proposed Rule to the Final Rule is a really important stage. The Final Rule drafting begins once the public comment period ends. We analyze once the public comment period ends. We analyze public comments on the proposals and decide whether we're going to finalize, modify, or not finalize the proposals based on those public comments. So, the stakeholder comments really have direct impact on what gets published on a yearly basis. Some factors that we evaluate are information regarding the burden of those proposed measures, proposals for other measures in the same or similar topics, and potential unintended consequences of implementing those measures. The IPPS Final Rule is then published in August, right at the end of the summer.

Tom Ross: Well, I wish to thank Elizabeth and Caitlin for that excellent overview, so if we can move to slide number 38…

… for that excellent overview of the lifecycle of a quality measure, and how measures are developed, selected, and implemented into the PCHQR Program. I think what was really interesting to me was the excellent insight, especially on how to provide input into the process. I will now turn the program over to Tracy Spinks to discuss the work of the Alliance of Dedicated Cancer Centers in measure development. Tracy.

Tracy Spinks: Thanks Tom. It's a pleasure to be included on the webinar today to share with the group the ADCC's measure development journey. And, I just want to say that I so appreciate the presentations from Elizabeth and Caitlin. And, I have to say, I wish we'd had those even a few years ago, because they're so informative. So, thank you for that. By way of background, the Alliance of Dedicated Cancer Centers is an organization that represents 11 national cancer institutes designated comprehensive cancer centers. These organizations are paid differently by Medicare and have a separate quality reporting program, which is what we're talking about today, the PPS-Exempt Cancer Hospital Quality Reporting Program

or PCHQR. Together the groups collaborate, or the centers collaborate rather, around a number of different areas and three high priority areas for us are championing access to our centers. We know that we have wonderful survival rates, and we believe all patients have access to the best quality care available. We're also focused and dedicated to advancing the science of cancer treatment through robust clinical trials to make sure that those patients that are living with, or at risk for, cancer have access to the most advanced treatment. And then finally, we're dedicated to working together to validate outcome measures that can be used across reporting programs, but that have true meaning, meaning rather, for their patients and for their families and caregivers; so, strong focus on outcomes. So, if we move to the next slide to talk about that in a little bit more detail.

So, our journey into measure development was triggered by the Affordable Care Act and by the creation of the PCHQR. And, as we started this journey, like many organizations, we looked at the cancer quality measures that are out there and we recognized profound gaps. We know that the National Quality Forum and CMS have both commented on the number of areas where measure development needs to focus and particularly outcomes. As part of this, we knew that we wanted to incorporate into the PCHQR outcome measures that would have meaning for patients, that they could use to inform their decision making and that would help them to understand their cancer journey. We know that survival is essential, particularly for patients that are being treated with curative intent. But, for many patients, functional status and quality life are equally important. These can have particular importance for patients for whom cancer remission isn't a possibility, as well as those that will live for decades after they complete their cancer treatment. So, as we've talked about this, we felt like focusing on survival, quality of life, and functional status were very important; it would have strong meaning for patients, we also wanted measures that would help us uncover opportunities to improve our quality of care. And, we all like to think that we're the best, and in many cases we are, but we all know we have

opportunity for improvement; and so, we wanted to focus on those types of measures. We also felt that it was important to take a comprehensive view of our quality of care; and, in order to support informed decision making for patients, we felt that measuring outcomes at the condition level made the most sense for us. So, focusing on outcomes for prostate cancer, for breast cancer, etcetera. And then finally, we wanted to focus on measures that were capable of demonstrating our value and differentiating quality of care across providers. And, that really, we're focused on what was valuable to patients, to payers, and to policy makers. If we can go to the next slide.

So, we've started – we started this journey a few years ago; and, I have to say, we've learned so much throughout this process. We started with a cross cutting measure that was submitted to the National Quality Forum for consideration for endorsement in January 2016. This first measure is cancer specific unplanned readmissions, and it was jointly developed with C4Q1 or the Comprehensive Cancer Centers for Quality Improvement. So, expect to hear an endorsement decision by the end of the year. Many of our centers have been using this measure for some time and have found it quite useful in terms of identifying opportunities to improve our quality of care. In addition, we have two parallel conditions specific projects underway; one, for early stage prostate cancer and, the other, for late stage lung cancer. So, with both of these we're leveraging condition level outcome concepts that were developed by the International Consortium for Health Outcomes Measurement. So, for those on the call that aren't familiar with that group, it was a group that was co-founded by Michael Porter of Harvard Business School, Karolinska Institute, as well as Boston Consulting Group. And, the idea is that this group would convene multi-stakeholder groups with international presence, and bring together the best of the best of international experts in different conditions. And so, one of the first conditions that they started with was early stage prostate cancer. And so, we like these outcomes because they're simple to understand, they provide a comprehensive view of the patient survival, as well as their quality of life and treatment complications. And so, we felt like that was a

great place to start. And so, as part of this testing, because we're still learning our way, and you know honing our process and doing this, we're starting with patient reported outcomes and treatment complications. We felt, particularly for this population, those were important places to start. For late stage lung cancer, we knew that end of life was the logical and imperative starting point. We know that the National Quality Forum has endorsed a number of end-of-life measures already. These are process measures, but they're still – we get to, really the overutilization of care at the end of life. So, for example, overutilization – or administration of chemotherapy in the last 14 days of life, also multiple emergency visits, and ICU stays during the last 30 days of life, we think those are great measures. But, we also think there's an opportunity to complement those metrics with outcomes such as place of death and time in the hospital and ICU at the end of life. So, that's why we're starting our late stage lung cancer project. Next slide.

And so, we're still very early in this journey, but like many measure developers, what we've learned is that starting with a broad base of perspectives is essential. Clinicians really do a fantastic job of helping us to understand the cancer journey, the treatment journey, and then for patients that are going to complete their journey, really what that looks like in terms of survivorship and end-of-life considerations. They've been essential in helping us to kind of create that map of patients in their journey in the trajectory of disease. It's also essential to work with clinicians to understand clinical workflow, patient populations, and to gain buy-in for new data collection streams. So, our physicians have just been so important for us. But, equally important are many of the attendees for today's webinar, which are quality health policy and data experts. These are the groups that help us take the feedback from the physicians and nurses and other clinicians, and then help us figure out well how do we develop an implementation strategy, and how do we implement data collection in a way that's feasible for our centers; and then, ultimately for other provider teams. So, we found that bringing all of those perspectives together has been really important. So, project management, like any

other project, is essential for us. We know that we need to push ourselves to maintain progress, and to have a timeline. So, that's been very important, having dedicated project management to support this work; and then also, a centralized oversight team. So, in that case we have, we bring together our physician workgroup lead, our dedicated program manager, as well as some of our program leads across the centers. And really, that group helps kind of tee-up decisions that we can then push out to our physicians and then our quality and data experts to get feedback to see if we're moving in the right direction. So, that's been great to help us maintain momentum. We've also found it's important to make good use of our physician time. We know they're very busy, we know often times they're using their admin time or perhaps stepping out of clinic to work with us. So, we know it's important to really tee-up the decisions for them in a way that they can provide quick feedback, make good use of their time, and then that keeps them engaged over time. And then finally, we found that, you know, we want to maintain progress. We know it's so important to move forward as quickly as possible, but we don't want to miss many of the important points that Elizabeth pointed out. We want to make sure that we continue to meet standards for scientific acceptability, feasibility, usability. So, we know it's important to have a pragmatic timeframe that allows us to maintain momentum without moving too quickly and maybe missing something very important. So, we've also found that using an iterative process has helped us to make – continued to maintain progress, striking a balance between the need to expedite measure development, and again, making sure that we're doing that right. One of the biggest challenges that we've faced in measure development, so far, is we want to make sure of course that our measures are valid and reliable. But, we also understand that, even within a small group of the 11 cancer centers, that we still see some variation in our patient population, our clinical practice, and our data systems. So, while that's been very, very challenging for us, we've really tried to make sure that, at each step in the process, that we make sure that we understand how these points vary between our centers and that we build in flexibilities for that from a measurement perspective. Next slide.

And so finally, our future direction, it feels like we have our hands full with prostate and with lung cancer, but we know that there's a number of other conditions that we want to look at. So, as soon as it's practical, we'd like to expand our focus to a couple of – to a few different disease sites, breast and colorectal cancer for two and again we'd like to leverage condition level measure sets that are being developed right now by the International Consortium for Health Outcomes Measurement. We'd also like to expand our focus to include gynecologic and hematologic cancers. In doing so, we'd have validated outcome sets for a significant proportion of the cancer population. So a lot of work, a lot of work ahead, but it's been very exciting, and ultimately our hope is that we'll be – we'll ultimately be able to transform the way that cancer quality is measured throughout the nation, and really fill many of those high priority tasks that I mentioned earlier in our presentation. So, it's a wonderful opportunity, it's a wonderful journey, painful at times, but I think it's so rewarding and worthwhile. I just want to thank everyone for the invitation to speak with you today, and thank all of my collaborators for the great work that's been done across our cancer centers. Thank you, and I'll turn it back to Tom.

Tom Ross: Thanks so much, Tracy. I do applaud you and the ADCC for your work in this area, trying to find even more meaningful measures by which to demonstrate what adding value looks like for a cancer hospital. Next slide please.

As always, in our role as the Outreach and Education Support Contractor for the PCHQR Program, I want to conclude today's event with a look at important and upcoming dates and milestones. So, regarding data points, you can see that there's four of them coming up. On April sixth, we have the fourth quarter 2015 HCAHPS data; on April 21, 2016, there will be a refresh or an updating of the April *Hospital Compare* release. So, there'll be updated information on the Cancer Specific Treatment measures four quarters of data for 2014 for the chemo measures; and, the adjuvant hormone measure this will third quarter 2013 through second quarter 2014. The day after it refreshes there will be a preview period opening up for the July public reporting preview period, which will continue through

May 21, 2015. That's a chance for you to look at the data and prepare to see if there's any discrepancies and anything that you want to communicate to the public. And then, on May 15, 2016, we have one of our quarterly data submissions, which will involve first quarter 2015 hormonal measure, third quarter 2015 chemo measures, and fourth quarter 2015 CLABSI, CAUTI, and SSI. As we have been moving along, the external file will be used for the hormonal and chemo measures; and, if your data's entered into the NHSN, they will be submitting that on behalf of you for the HAI measures. So next slide please.

Other important upcoming dates and milestones: upcoming webinars, I urge you to invite all of your quality compadres to the April 28, 2016, webinar. We've changed around a little bit, we're going to be doing updates to the Oncology Care Measures those five metrics and NQF 1822 or EBRT. And, we're going to – you saw some of that information last month regarding EBRT, but we've mapped all of the PQRS 2016 changes and created new measure information forms and flowcharts and data collection tools. So, I think that will be a very practical webinar. As we talked about earlier, the lifecycle of quality metric May 26, 2016, we'll be discussing the proposed PCHQR rule, which is embedded within the IPPS rule for rule for 2017. We'll move on to HAI's for June 23, and we will take a look at PCH analysis for the lab ID event reporting; so, that will be for MRSA and CDI. And then, the July 28, 2016, will be using the NHSN for reporting influenza vaccination coverage among healthcare personnel. And then, depending upon timing, in August, more than likely, Caitlin and I will be presenting on the final fiscal year 2017 rule. So, as far as other dates I want you to look for, is sometime in April, we should see the release, as Caitlin and Elizabeth discussed, of the 2017 proposed IPPS LTCH rule release. Next slide.

Lastly, this is a question we've gotten from a number of PCH's. As you know, the Final Rule stated that Public Reporting for the HCAHPS and the Oncology Care Measures, or OCMs, would begin in 2016. It is currently planned to begin this reporting with, with the December refresh of *Hospital Compare*. The HCAHPS data will be the second quarter of

2015 through the first quarter of 2016 results; and the Oncology Care Measure data will be the first quarter through the fourth quarter of 2015 data. We have a short turnaround time from the perspective of the support contractor, so we'll be working with you to get the OCM data probably closer to August first, rather than August 15, so if you could help us out on that, that would be tremendous. So, we're still working through the process and the design with the IT contractors; and, as more details are available, we will certainly share the information. And now, looking at time, I think we're going to turn it over to Deb Price on the process to obtain Continuing Education credit for today's event.

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. 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 e-mail 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, notice at the bottom right hand corner a little grey 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 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 you to within 48 hours.

OK 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 are finished.

This is what pops up after you've clicked "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 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 back side 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've registered with. Again, the user ID is the complete email address, including what is after the @ sign.

OK, now I am going to pass the ball back to your team lead to end the webinar and to go over any questions that came in. Thank you for taking the time spent with me.

Tom Ross: Thanks Deb. We did receive one question. The question is: I understand that the HCAHPS data will become available to the public in December.

Will they be on the PPS link section or on Search Hospitals like non-PPS exempt hospitals?

That's an excellent question. There's a lot of discussion going on about the best way to optimize the *Hospital Compare,* which is the searchable function; and then, the specialty institutions, such as the PCH's and IPFs and others. There's no final decision at this time. The current plan is to have, under the PPS-Exempt Cancer Hospital link on *Hospital Compare*: there'd be one data table that contains the Cancer Specific Treatment measures, one data table that contains the Oncology Care Measures, and one data table that contains the HCAHPS data; and that's really necessary, especially for the HCAHPS data because of the different domains. But, once again, this is a work in progress and, as more details are known, we will communicate that with you.

So, I hope that clarifies that question. I wish to thank everyone for their attention during today's event. I hope that it has added to your foundational knowledge of quality metrics and allows you to participate more and more in the development process, as well as in the public comment periods. As always, thanks for all that you do for our patients, enjoy the rest of your day. Goodbye.

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