



PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

PCHQR Program: CY 2020 Measure and Resources Update

Presentation Transcript

Speaker

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Lisa Vinson:

Good afternoon and thank you for tuning in to today's On Demand Outreach and Education program for the PPS-Exempt Cancer Hospital Quality Reporting, or PCHQR, Program, entitled *CY 2020 Measures and Resources Updates*. My name is Lisa Vinson, and I am the Program Lead for the PCHQR Program with the Inpatient Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. I will be the speaker for today's event. Today's presentation will focus on the program measures, along with a review of a few familiar program resources and tools which have been updated to assist you with data collection and submission requirements. As far as measure updates, we will discuss applicable updates to PCH-15, or NQF #0383, which apply to data collected for this calendar year, 2020, which applies to fiscal year 2022 and will be reported next year, August 2021. If you have questions during the webinar, you may submit them to the following email address, WebinarQuestions@hsag.com. When sending questions, please use the webinar title in the subject line. The webinar title is *CY 2020 Measure and Resources Update*. In the email body, please include your question and, if your question pertains to a specific slide, please include the slide number for us to more efficiently assist you. We will answer your questions as soon as possible. If you have questions unrelated to the current webinar topic, we recommend searching for the topic in the *QualityNet* Inpatient Questions and Answers tool. If you do not find a similar topic, feel free to use the tool to submit a new question. The location of the *QualityNet* Inpatient Questions and Answers tool and how to submit a question will be addressed later in this presentation. Lastly, I would like to emphasize that today's event is specific to the participants in the PPS-Exempt Cancer Hospital Quality Reporting Program only. Others interested in the topics covered during today's webinar are certainly welcome to attend. However, the information presented today only pertains to those participating in the PCHQR Program. If you are not a participant in the PCHQR Program and have similar measures in your CMS Quality Reporting Program, please refer to the materials supplied by that program's Support Contractor.

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This slide is our standard acronyms and abbreviations slide. We provide this during each event to serve as a reference for you to use as we discuss our program by listing the abbreviations and their corresponding full name here. At this time, I would like to highlight a few of the acronyms and abbreviations you may hear today: C-Y for calendar year, O-C-M for Oncology Care Measure, H-A-R-P for HCQIS Access Roles and Profile, H-C-A-H-P-S for Hospital Consumer Assessment of Healthcare Providers and Systems, H-C-Q-I-S for Health Care Quality Information System, M-I-F for Measure Information Form, P-C-H-Q-R for PPS-Exempt Cancer Hospital Quality Reporting, and Q for quarter. Next slide, please.

The purpose of today's event, is to provide PCHQR Program participants with a review of the calendar year 2020 updates, including the Oncology: Medical and Radiation – Plan of Care for Moderate to Severe Pain, or PCH-15, NQF #0383, measure and program resources. The specific objectives for today's event are outlined on our next slide.

Today's objectives are rather straight forward. Upon completion of event, we hope participants are able to locate the CY 2020 data collection tools for the Plan of Care for Moderate to Severe Pain measure, locate the updated resources on *QualityNet* and Quality Reporting Center websites, and, lastly, recall key PCHQR Program and reminders. Therefore, let's move on to our first section to discuss the PCH-15 measure.

Overall, for calendar year 2020, there are no significant changes impacting the Safety and Healthcare-Associated Infection, or HAI, measures and the Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS, survey for care delivered during this calendar year. Therefore, we will focus on the one Oncology Care Measure, Plan of Care for Moderate to Severe Pain, or PCH-15, which is the only web-based measure required to be reported in next August, in 2021.

As you may recall, in the FY 2020 IPPS/LTCH PPS Final Rule, published last August, CMS finalized removal of the External Beam Radiotherapy for Bone Metastases, or EBRT, measure for encounters beginning January 1, 2020. This means that the PCHs will be reporting calendar year 2019

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EBRT data on August 17 and this will be the last time this measure will be reported for the PCHQR Program. Furthermore, before moving forward, I would like to recap some important concepts, or frameworks, that I am sure you are already familiar with, involving PCHQR program measures and their specifications on the next two slides.

Currently on *QualityNet*, on the PCHQR Program page under the Data Management Tab, you will find the measure specifications for the care provided for the OCMs and EBRT for calendar year 2019. For both measures, PCH-15 and PCH-25, or EBRT, as you are aware, you will find four tools. The Measure Information Form, or MIF, is derived from source documentation from NQF, CMS, measure stewards, and the Quality Payment Program, or QPP. MIFs contain introductory information; denominator and numerator definitions [ICD-10-CM codes, CPT[®] codes, and clinical abstraction parameters]; rationale; and clinical recommendation statements. The clean algorithm is a visual tool that shows how the denominator and numerator for the measure are determined. A population and sampling algorithm shows the same information but with examples of patient numbers for population, sampling, denominator, and numerator. A paper abstraction tool takes you through the MIF and algorithms in a step-by-step question and answer format.

The 2019 information that is currently on *QualityNet*, is for care delivered in calendar year 2019, which is January 1 through December 31, 2019, and this data will be reported August 17, 2020. This data submission period for web-based measures will include Plan of Care for Moderate to Severe Pain, PCH-15, and EBRT, or PCH-25.

As mentioned previously, PCH-15 is the only remaining OCM that will be collected for this calendar year and reported next August, in 2021. It is important to note for this calendar year, CMS has decided to retain the calendar year 2019 PCH-15 measures specifications for this year's data collection; therefore, there are no measure specification updates to report for this calendar year. Of note, the measure specifications underwent an update last year, in 2019, which were reviewed last summer. These

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specifications will be used for this calendar year, and you will see that the data collection tools will only be updated to reflect the correct reporting period which is Q1 2020 through Q4 2020. Again, the calendar year 2019 version of the data collection tools is available as you are using the 2019 tools currently for the data that are due August 17, 2020. Once the reporting period is updated, the 2020 tools will be posted and used for the data that will be reported next August in 2021.

Here is the overview portion of the PCH-15 MIF which includes the measure name, Plan of Care for Moderate to Severe Pain; Measure ID number, both the NQF and PCH numbers remain same; applicable NQF portfolios; National Quality Strategy Priority; type of measure, which is Process; Improvement Noted As; and the measure steward, which is the American Society of Clinical Oncology.

The 2020 MIF description states, “percentage of patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having moderate to severe pain with a plan of care to address pain documented on or before the date of the second visit with a clinician.” As for the instructions, for calendar year 2020, this measure is to be submitted once for each new occurrence of cancer diagnosis during the performance period for whom moderate to severe pain is present. Next, we will take a look at the denominator portion of the Measure Information Form.

Here is the algorithm for the denominator for PCH-15. You will note the blue box on the left hand side serves as a reminder that this measure is to be reported once during the measurement period. Then, beginning with “Start,” you would follow the algorithm to the first decision box which is “diagnosis of cancer or radiation therapy.” If a patient receives chemotherapy or radiation therapy or both, they are eligible for inclusion; however, if not, they are not included in the denominator. Additional qualifiers, such as those receiving chemotherapy, are defined as chemotherapy administered less than or equal to 30 days prior and 30 days after the encounter or for those receiving radiation therapy, the encounter or visit occurring during the measurement period in which the radiation

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therapy was received. If this criteria is met for either, the patient will be included in denominator. Lastly, “Was the pain level screened as moderate to severe?” The MIF outlines the denominator definitions of moderate and severe pain. Moderate pain is quantified under the Numerical Rating Scale or the Faces Pain Rating Scale as a score of 4 to 6, and severe pain is quantified under the same pain assessment tools as a score of 7 to 10. You can also refer to the MIF for a complete list of all ICD-10 and CPT codes.

Once you have determined that the patient’s pain was appropriately screened as moderate to severe pain, you will further ascertain if there is a plan of care addressing a moderate to severe pain level documented on or before the date of the second visit with a clinician. If yes, this case will be included in the numerator; if not, the case will not be included in the numerator.

Here is screen capture of the paper abstraction tool for calendar year 2020. This tool can be used to aid in data collection for PCH-15. It is essentially a step-by-step list of instructions to assist with identifying the denominator and numerator for this measure. This updated tool, along with the MIF and algorithms, both clean and population and sampling, can be found on the *QualityNet* Data Collection page under the Data Management tab for the PCHQR Program which we will review shortly.

Now, we will review where to find PCHQR Program Resources along with highlighting a few resources that have recently been updated.

For your convenience, I have included the *QualityNet* and Quality Reporting Center PCHQR Program page links which will take you directly to the tools we have discussed today. The *QualityNet* PCHQR Program Overview page provides statutory- and background-related information, along with links to Final Rule publications with page citations specifically for the PCHQR Program section and a summary of the finalized changes. The three remaining links, we take a look at on our next series of slides.

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On this slide is a view of the *QualityNet* home page. If you are looking for more information on the PCHQR Program, you will need to click the PPS-Exempt Cancer Hospitals quick link as denoted by red box on this slide. By doing so, you will be taken to the screen on the next slide.

This is the PCHQR Program Landing page where you can start your journey to accessing all information related to the program from downloading the program manual to information on public reporting and data management.

Here is how you will access the *QualityNet* PCHQR Program Data Collection Page which houses the measures specifications for most of the program measures, including PCH-15. On the Data Management page, you will find the PCH Data Collection section, as shown by the red box on this slide. By selecting “Learn More” you will be directed to the Data Collection Overview page which houses the data collection tools for PCHQR Program measures.

Currently, on the Data Collection page, you will find the 2019 tools for PCH-15 which include the Measure Information Form, or MIF; clean algorithm; population and sampling algorithm; and the paper abstraction tool. Once this page is updated, it will appear as shown on this slide, noting the hyperlinks will clearly indicate calendar year 2020. Of note, the 2019 tools for EBRT, or PCH-25, can also be found on this page; however, with a future update of this page later this year, these tools will be removed altogether.

Here is the *QualityNet* Resource page which houses several valuable and useful documents. These resources include the PCHQR Program Manual, which has undergone a few minor updates and is posted; the Measure Crosswalk; and the Web-Based Data Collection Tool Guideline by Due Date tool, which will likely undergo updates later this year. I have highlighted the PCHQR Program Measure Submission Deadlines by Due Date table and the PCHQR Measure to Public Reporting Relationship Matrix, denoted by the red boxes on this slide. They were updated recently, and we will be looking more closely at these two resources on next two slides.

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First, the PCHQR Program Measure Submission Deadlines by Due Date table has been updated to include submission due dates through April 2021. You will also note that certain boxes are shaded a different color. This highlights that these particular reporting periods, specifically Q4 2019, Q1 2020, and Q2 2020, are covered under the CMS-granted COVID-19 blanket waiver which allows for optional reporting for that submission period. This document is located both *QualityNet* and Quality Reporting Center.

Displayed on this slide is the PCHQR Program Relationship Matrix of Program Measures by Years and Quarters. This document displays the measure name, applicable program/fiscal year, reporting period/calendar year quarters, quarterly data submission deadline date, and *Hospital Compare* releases. The updates to document include marking past data submission due dates and *Hospital Compare* releases as PRIOR and shading gray. The program/fiscal year column was extended through 2022, and, again, the applicable quarters covered under the COVID-19 blanket waiver are italicized and marked with an asterisk. This document is also located both *QualityNet* and Quality Reporting Center.

In addition to *QualityNet*, the Quality Reporting Center website is valuable as well. I would like to briefly show you how to navigate this site, particularly the PCHQR Program resources and tools. The Quality Reporting Center homepage, shown here, can be accessed by the clicking the hyperlink above the image. You will also start by selecting Inpatient as denoted by the red box on this slide. By doing so, you will be taken to the screen on the next slide.

On this page, you have two options that will take you to the PCHQR Program page. For the purpose of the presentation, we will choose the selection on the left hand side of screen which will display the drop-down menu options on the next slide.

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I would like to highlight the PCHQR Program Archived Events link. If you are ever looking for a past event recording, transcripts, and/or question-and-answer summary documents, this is the link you can access to locate this information. Now, from the three options available under the PCHQR Program header, by choosing Resources and Tools, you will be taken to the screen on the next slide.

Here you will find many, if not all, of the same resources and tools found on the *QualityNet* PCHQR Program page. You can access the Hospital Contact Change Form, the July 2020 *Hospital Compare* preview documents, Program Manual, along other program resources and tools that we have already covered. Of note, regarding the Hospital Contact Change Form, if you are subscribed to the PCHQR Program Notification distribution list, you should have received information on May 12 about updating your facility's contact information. This is an annual request we, the VIQR Support Contractor, send out to ensure we have accurate contact information and to ensure that you receive critical communications throughout the year. These communications include information about meeting CMS program requirements, submission deadline reminders, and general program updates.

We will conclude today's event, as always, by reviewing key reminders for the PCHQR Program beginning on our next slide.

Until further notice, the VIQR Support Contractor will post education events on the Quality Reporting Center Events On Demand page. On this slide, you can access the page displayed by selecting the Events On Demand hyperlink just above the image. Just as you did for this event, you will receive advance notification about the webinar via Listserve.

On this page you will also find instructions on how submit an event-related question via the email address which I mentioned during my introductory remarks. Again, the email address is WebinarQuestions@hsag.com, and we request that you include the webinar title and, if you a question about a specific slide, to reference the slide number. For this event and other events, the presentation transcript and question-and-answer summary document will be posted here as well at a later date.

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Outlined on this slide are the upcoming data submission deadlines. PCHs choosing to submit Q1 2020 HCAHPS Survey Data will need to do so by July 1, 2020. This data submission is optional as it falls under the CMS-granted, COVID-19 blanket waiver. The same goes for the Q1 2020 HAI measures which are due August 17, 2020, and are covered under the COVID-19 exception as well; therefore, they are optional to report. Please note that although data submission for the excepted reporting periods is optional, submitted data will be publicly reported. As we have discussed today, PCHs are required to submit CY 2019 PCH-15 and PCH-25 data via the web-based data collection tool. This measure data are due August 17, 2020. Lastly, the FY 2021 Data Accuracy and Completeness Acknowledgement, or DACA, is due August 31, 2020.

For your convenience, here is information regarding the COVID-19 blanket waiver. On March 22, CMS announced relief for participants in quality reporting programs in the healthcare community in response to COVID-19. Then, on March 27, additional guidance was provided surrounding the scope and duration of exceptions. Most recently, on May 12, CMS issued an amended exception list for the PCHs, noting additional exceptions for reporting periods related to the HAI measures and web-based measures. The hyperlinks on this slide will take you directly to these correspondences. The next two slides provide the measures and reporting periods that are currently covered under the COVID-19 blanket waiver.

Quarter 4 2019, Q1 2020, and Q2 2020 data for the HAI measures which includes the May, August, and November 2020 submission deadlines are excepted. Quarter 4 2019, Q1 2020, and Q2 2020 HCAHPS Survey Data, which includes the April, July, and October 2020 submission deadlines, are excepted as well.

For web-based measures, Q1 and Q2 2020 are excepted, and Q1 and Q2 2020 qualifying claims for claims-based measures are excepted. Again, please refer to slide 28, and the hyperlink for the May 12 Listserve communication will direct you to that particular correspondence.

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On this slide, the PCHQR Program data that will be publicly displayed for the July and October 2020 public reporting releases are listed. The COVID-19 excepted quarters are noted with an asterisk. As I mentioned earlier, submitted data will be publicly reported. Please be sure you are subscribed to the PCHQR Program notifications distribution list as our Public Reporting teams provides details related to preview periods, public reporting resources, and releases.

By now, you should have downloaded your Fiscal Year 2021 Facility-Specific Report, or FSR, for the Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy measure, or PCH-30 and PCH-31. This report contains measure results from the data collected from July 1, 2018, to June 30, 2019. We anticipate these results will be publicly reported in July 2020. The fiscal year 2020 results for data collected from July 1, 2017, to June 30, 2018, was publicly reported on *Hospital Compare*, on April 22. Please be sure to monitor to *QualityNet* chemotherapy measure page for updated information pertaining to the current measure results. If you have any questions related to the reports or measure methodology, please submit them using the *QualityNet* Question and Answer tool. There is a designated queue for these inquiries which will be addressed in timely manner.

On April 14, 2020, CMS launched the “One Login” functionality to allow *QualityNet* account holders to start transitioning their *QualityNet* accounts to the Health Care Quality Information Systems, or HCQIS, Access Roles, and Profile, or HARP, system. HARP is a secure identity management portal for users of the Hospital Quality Reporting HQR system, and it streamlines the login process by allowing access to all CMS quality organizations with one login.

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The following hyperlinked resources listed on this slide are available to provide more information about HARP and assist with the transition process. These resources include an article on the *QualityNet* News page; HARP User Guide; and a webinar entitled *Setting Up Your HARP Account for Hospital Quality Reporting*, which provides detailed information on establishing a HARP account. Please note that the transition period ends June 15, 2020. If you receive a failure notification during the transition process, you are advised to contact the QualityNet Helpdesk for further assistance. The *QualityNet* Help Desk contact information is provided on this slide for your convenience.

Displayed on this slide is how you can access the new PCHQR Program Questions and Answers tool via the *QualityNet* homepage. You will access this tool by selecting the “Help” drop-down link as indicated by the red box and then select the “PPS-Exempt Cancer Hospitals” link to start the process.

Now you are at the new *QualityNet* Question and Answer tool landing page. After you select the “Ask a Question” link, as shown by the red box on this slide, you will be taken to a page where you will need to complete your personal information. Then, you will be asked to enter details regarding the inquiry you are submitting. On this page you are also able to browse program articles and search to see if your questions may have been previously addressed and posted for viewing.

Here is where you will submit your inquiry. Be sure to complete the required fields. Once this is complete, you will need to select “Submit Question,” as denoted by the red box on this slide, in order to submit your inquiry. We encourage you to utilize this tool to ask any program-related questions you may have, and you may query the system to see if the topic you are inquiring about has already been addressed. Again, there is no registration process required with this new tool, and we hope that you find it to be easy to navigate and more intuitive. So, we do encourage you as a program participant to utilize this tool, and feel free to leave site feedback as well.

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As always, we thank you for your time and attention during today's event.
Thank you and have a great day!