PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

PCHQR Program Measure Overview: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy (PCH-30 and PCH-31)

Questions and Answers

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar. The questions and answers may have been edited for grammar.

Question 1: **Why are only patients with leukemia excluded and not those with other hematologic cancers?**

The Centers for Medicare & Medicaid Services (CMS) specified the measure to be as inclusive as possible. Therefore, CMS excluded only those patient groups in which hospital visits were not typically a quality signal or in which risk adjustment would not be adequate.

CMS decided during the development to limit the exclusion criteria to only those patients with leukemia, based on feedback from earlier public comments suggesting that exclusions for all patients with a hematologic malignancy would be too broad.

Analyses showed that patients with lymphoma and multiple myeloma have similar rates of admissions and ED visits when compared to patients with other non-leukemia cancer types. In addition to this, CMS decided to risk adjust for both lymphoma and multiple myeloma in the risk model.

Question 2: **My facility does not have an ED. How can the measure capture ED visits for patients receiving outpatient chemotherapy in my facility?**

Patients receiving outpatient chemotherapy at your facility are not required to visit your ED in order to be captured in the outcome. Outpatient chemotherapy patients at your facility who visit any ED for qualifying diagnosis within 30 days of chemotherapy will be considered. Using Medicare Fee-for-Service claims, CMS is able to review the patient experience across all facilities.

Question 3: **How does CMS account for differences in the patient characteristics of prospective payment system (PPS)-exempt cancer hospitals (PCHs) and non-PCHs?**

The measure uses risk standardized rates of hospital visits to account for the fact that patient characteristics may vary by facility type. The risk adjustment models account for patient-level factors that affect the probability of having a hospital visit. This ensures fair treatment of all facilities that see different kinds of patients, regardless of whether they're a PCH or a non-PCH.

Furthermore, since the measure's calculation is separate for PCHs and non-PCHs, the risk adjustment models also have different co-efficiency for identified risk factors. Therefore, while the same set of risk factors are applied in both the PCHQR Program and Hospital Outpatient Quality Reporting Program, only information from the patients seen at the 11 PCHs are used to determine the numerical value of the risk-factor co-efficiencies for the PCHQR Program.

Question 4: **How are multiple ED visits or hospitalizations weighted in the measure calculation?**

If a patient has multiple ED visits, the measure will only capture that first ED visit. And therefore, the measure only assesses, at a patient level, if one or more outcomes occurred.

Subject-matter experts researched and answered the following questions after the live webinar. This content may have been edited.

Question 5: **What's the random facility-specific intercept? Where does it come from? Is it different for all the facilities?**

The random facility-specific intercept is a measure of the facility quality of care calculated based on the facility's actual hospital visit rate relative to facilities with similar patients, considering how many patients it served, its patients' risk factors, and how many of its patients experienced a subsequent unplanned hospital visit. In this regard, the random facility-specific intercept is unique for each facility. The random facility-specific effect will be negative for a better-than-average facility, positive for a worse-than-average facility, and close to zero for an average facility. The facility-specific effect is used in the numerator (outcome) to calculate predicted hospital visits.

Question 6: **Is there any adjustment for more than one qualifying event at the time of ED visit or hospitalization? What if one facility is poorly managing all the potentially preventable outcome diagnoses?**

The measure does not currently adjust for the presence of multiple outcome diagnoses (the ten potentially preventable diagnoses) at the time of an outcome event. The measure's goal is to capture whether or not a patient had at least one outcome; therefore, the number of potentially preventable diagnoses present during the outcome is not a primary concern.

Question 7: **What if the admission is a planned admission for any other procedure, such as a transplant, and the patient develops one of the ten potentially preventable events following the transplant?**

CMS received several similar questions during the measure's dry run last year. After examining this issue during the 2018 reevaluation cycle, CMS will be excluding certain planned admissions from future versions of the measure. Specifically, certain procedures—such as stem cell and organ transplants—that are considered to be always-planned admissions will be excluded from the measure outcome.

For example, if a patient is admitted to the hospital for a stem cell transplant within 30 days of the last chemotherapy treatment and has one of the ten potentially preventable diagnoses present on the same claim, then that patient will not be counted in the outcome. For the PCHQR Program, this change will take effect for confidential reporting of the measure in July 2019 but will not be reflected in confidential reporting in January 2019.