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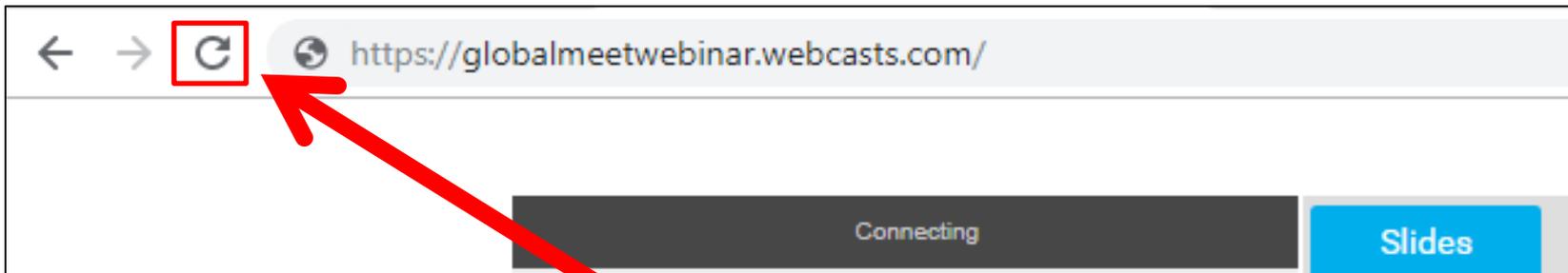
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F5 Key

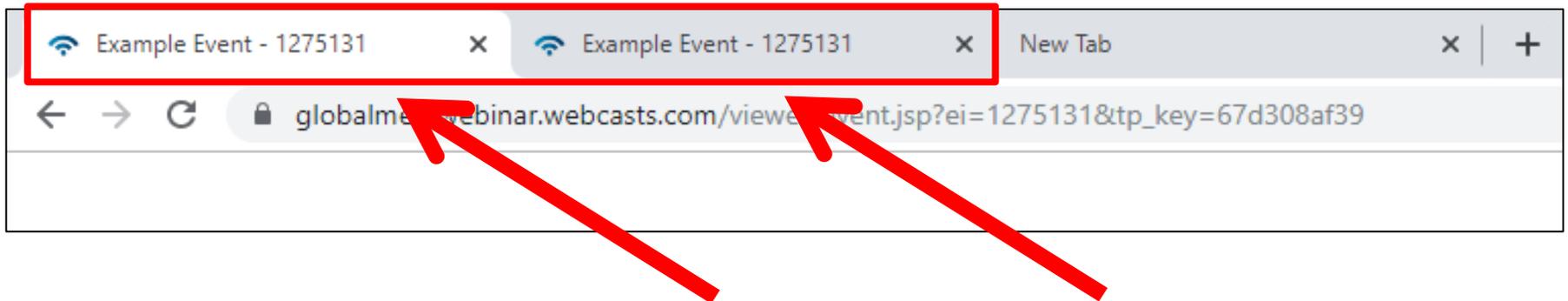
Top Row of Keyboard



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Troubleshooting Echo

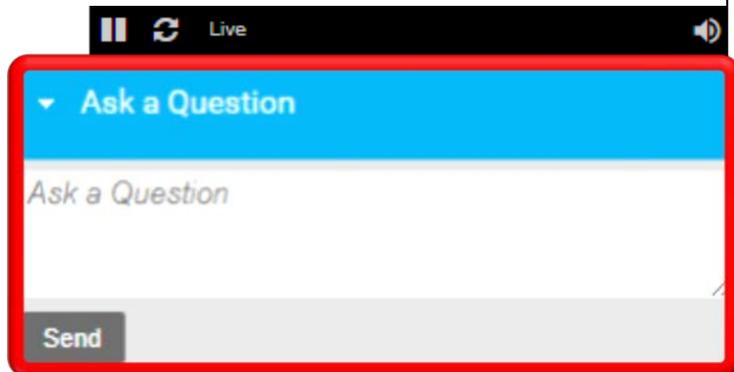
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Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

Today's Presentation



PCHQR Program: Overview of the End-of-Life Measures

November 10, 2021

Speakers

Tom Ross, MS

President – Ross Oncology Consulting
Consultant to Alliance of Dedicated Cancer Centers (ADCC)

Kris McNiff Landrum, MPH

President – KM Healthcare Consulting
Consultant to ADCC

Lisa Vinson, BS, BSN, RN

Program Lead

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

Purpose

This presentation provides an overview of the End-of-Life (EOL) measures for the PCHQR Program, including measure specifications and confidential reporting.

Objectives

PCHQR Program participants will be able to:

- Understand how PCHQR Program EOL measures were developed based on measure specifications.
- Locate and access the confidential fiscal year (FY) 2022 EOL reports in the Hospital Quality Reporting (HQR) System.
- Understand the contents of the confidential FY 2022 EOL reports and the steps to provide feedback.

Acronyms and Abbreviations

ADCC	Alliance of Dedicated Cancer Centers	IP	inpatient
ASCO	American Society of Clinical Oncology	IPFQR	Inpatient Psychiatric Facilities Quality Reporting
ASCQR	Ambulatory Surgical Center Quality Reporting	IPPS	Inpatient Prospective Payment System
CMS	Centers for Medicare & Medicaid Services	IQR	Inpatient Quality Reporting
DOB	date of birth	LTCH	Long-Term Care Hospital
DOD	date of death	MBI	Medicare Beneficiary Identifier
EOL	End of Life	NQF	National Quality Forum
FY	Fiscal Year	OCM	Oncology Care Measure
HARP	Health Care Quality Information Systems (HCQIS) Access Roles and Profile	OP	outpatient
HCPCS	Healthcare Common Procedure Coding System	OQR	Outpatient Quality Reporting
HMO	Health Maintenance Organization	PCH	PPS-Exempt Cancer Hospital
HQR	Hospital Quality Reporting	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
HVBP	Hospital Value-Based Purchasing	PHE	Public Health Emergency
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification	PPS	Prospective Payment System
ICU	intensive care unit	VIQR	Value, Incentives, and Quality Reporting

Lisa Vinson, BS, BSN, RN, Program Lead, PCHQR Program,
Inpatient VIQR Outreach and Education Support Contractor

Background Information

EOL Measures in the PCHQR Program

NQF #	PCH #	Short Name	Full Name
0210	32	EOL-Chemo	Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life
0213	33	EOL-ICU	Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life
0215	34	EOL-Hospice	Proportion of Patients Who Died from Cancer Not Admitted to Hospice
0216	35	EOL-3DH	Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than 3 Days

ICU=intensive care unit
NQF=National Quality Forum

Background

- The 4 EOL measures were finalized for inclusion in the PCHQR Program in the FY 2018 Inpatient Prospective Payment System (IPPS)/Long-Term Care Prospective Payment System (LTCH PPS) Final Rule (82 FR 38414 through 38420) for the FY 2020 program year.
- The data collection period was established as July 1, 2017, through June 18, 2020.

EOL Care vs. Palliative Care

- End-of-Life (EOL) care may be defined as “comprehensive care that addresses medical, emotional, spiritual, and social needs during the last stages of a person’s terminal illness.”
 - The NQF identified quality of EOL care as an area of care that continues to need improvement.
- Palliative care is generally defined as multi-faceted, holistic care that anticipates, prevents, and alleviates suffering.
- Both types of care can be provided when a patient is receiving hospice services, but it is not necessary to be admitted to hospice to receive such care.
- When death is imminent, providing less aggressive care can improve quality of life for patients.

Benefits of EOL and Palliative Care Services

- When death is imminent, providing less aggressive care can improve quality of life for patients.
- Hospice is both a type of care team and a care philosophy, intended to enable patients to prepare for death while living a full life as much as possible.

Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (NQF #0210/PCH-32)

- **Measure Category**: Clinical Process
- **Numerator**: Cancer patients who received chemotherapy (regardless of whether for treatment or palliative purposes) in the last 14 days of life
- **Denominator**: Patients who died from cancer
- Seeks to assess the use of chemotherapy at the end-of-life with the intent to alleviate disease symptoms
- Evaluates how often chemotherapy is administered near the end of life in PCHs

Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life (NQF #0213/PCH-33)

- **Measure Category**: Intermediate Clinical Outcome
- **Numerator**: Number of patients who died from cancer and who were admitted to the ICU in the last 30 days of life
- **Denominator**: Patients who died from cancer.
- Assesses whether cancer patients were admitted to the ICU in the last 30 days of their lives
 - Particularly the frequency of end-of-life admissions to the ICU in this setting

Proportion of Patients Who Died from Cancer Not Admitted to Hospice (NQF #0215/PCH-34)

- **Measure Category**: Clinical Process
- **Numerator**: Proportion of patients not enrolled in hospice
- **Denominator**: Patients who died from cancer
- Assesses the proportion of patients who died from cancer who were not admitted to hospice
- Seeks to evaluate whether patients were admitted to hospice or not

Proportion of Patients Who Died from Cancer Admitted to Hospice for Less Than 3 Days (NQF #0216/PCH-35)

- **Measure Category**: Intermediate Clinical Outcome
- **Numerator**: Number of patients who died from cancer and spent fewer than 3 days in hospice
- **Denominator**: Number of patients who died from cancer and were admitted to hospice.
- Tied to the EOL-Hospice (PCH-34) measure to assess whether, if patients were admitted to hospice, they were admitted prior to or when death was immediately imminent.

Tom Ross, MS, President – Ross Oncology Consulting
Kris McNiff, MPH, President – KM Healthcare Consulting

EOL Measure Specifications

Specifications Overview

- The ADCC defined claims-only cohort identification and hospital attribution methodologies using the NQF-endorsed specifications.
 - The American Society of Clinical Oncology (ASCO) is measure steward.
- These are a claims-based measures.
- These specifications are intended to be used to measure performance at the hospital/facility level.
- While not part of the actual NQF-endorsed measures, nor for use in public display, a stratification method is provided to give hospitals more actionable data for internal performance improvement.

Overall Process

1. The overall population/cohort for the performance period is identified from the Medicare claims files.
2. Patients are attributed to hospitals.
3. **Denominator**: The patients attributed to each hospital/facility form the denominator for NQF #0210, #0213, and #0215. A further calculation is required to determine the denominator for NQF #0216.

Overall Process (continued)

4. The numerator for each measure is then calculated.
5. The performance rate is then determined for each measure by dividing the numerator by the denominator.
6. The results for each hospital are then stratified into one of 3 groups:
 - Acute Hematology
 - Non-Acute Hematology
 - Solid Tumor

Step 1:

Identification of Population

The measure population includes all patients who died with a cancer diagnosis in the data collection period. The population is determined by the following (in order):

- Patients who died in the data collection period
- Patients aged 65 or greater as of the date of death
- Patients continuously enrolled in Medicare Parts A and B during the last 12 months before death
 - Patients enrolled in a health maintenance organization (HMO) in the 12 months before death are excluded

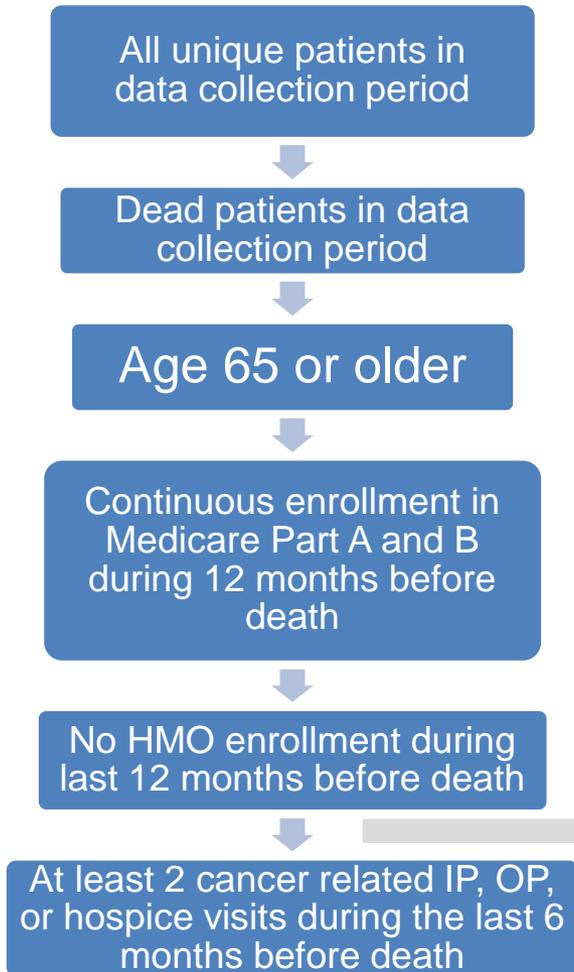
Step 1:

Identification of Population (continued)

- Patients with at least 2 cancer-related inpatient, outpatient or hospice visits during the 6 months before death. A cancer-related visit has a cancer diagnosis* listed within the top 3 diagnoses.
 - For inpatient visits, each admission with cancer diagnosis within the top 3 diagnoses counts as one visit
 - For outpatient visits, a claim with a cancer diagnosis within the top 3 is counted; however, if there are multiple outpatient claims on the same calendar day, these contribute to a “claims day.” A claims day equals one outpatient visit.

*Cancer diagnosis is defined as ICD-10-CM range: C00.xx-97.xx, J91.01, R18.0, and D37.xx – D48.xx. Exclude C44.xx.

Step 1: Population Flowchart



1. All the claims from inpatient claim, outpatient claim and hospice claim files
2. A cancer visit is defined as one day with claim(s) with cancer diagnosis at the top 3 diagnoses; each admission counts as a single visit
3. For outpatient services, "visit" is defined as one claims day
4. Cancer dx if ICD-10-CM range: C00.xx – C97.xx, J91.0, R18.0, and D37.xx – D48.xx. Exclude C44.xx)
5. At least 2 cancer visits based on the sum of all types of claims
6. Only include claims 6 months before death

Step 2:

Attribution

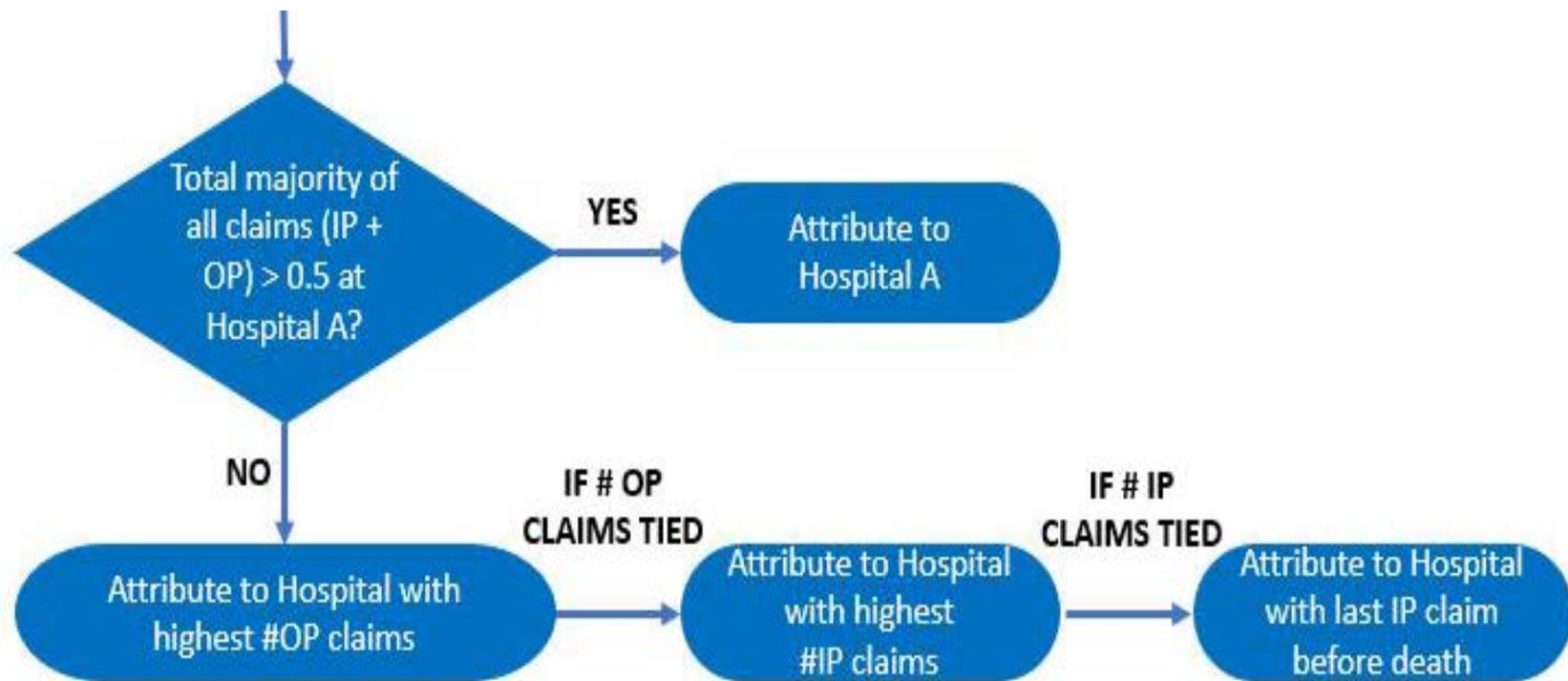
Attribution: Patients are attributed to the hospital/facility where the majority (> 50%) of all claims (inpatient (IP) + outpatient (OP)) occur.

- Patients without any outpatient visits or inpatient stays in the last 6 months before death are removed
- Patients who have no individual hospital/facility with more than one claim in last 6 months before death are removed
- If a patient does not have a total majority of all claims (IP + OP) >0.5 at a single hospital A:
 - Attribute to hospital with highest # of outpatient claims; if # OP claims tied
 - Attribute to hospital with highest # of inpatient claims; if #IP claims tied
 - Attribute to hospital with last IP claim before death

Attribution Flowchart



Attribution Flowchart (continued)



Step 3:

Denominator

- The denominator for the chemo measure (NQF #0210), ICU measure (NQF #0213), and the not admitted to hospice measure (NQF #0215) is the number of patients attributed to the hospital/facility in the performance period.
- The denominator for the patients admitted to hospice for less than 3 days (NQF #0216) is the number of patients attributed to the hospital/facility in the performance period AND who were admitted to hospice in the last 6 months of life.

Step 4: Numerator Calculation

NQF #0210 (Chemo in Last 14 Days of Life)

All patients attributed to hospital in data period

Identify # patients who received chemotherapy in the last 14 days of life

Numerator for NQF #0210

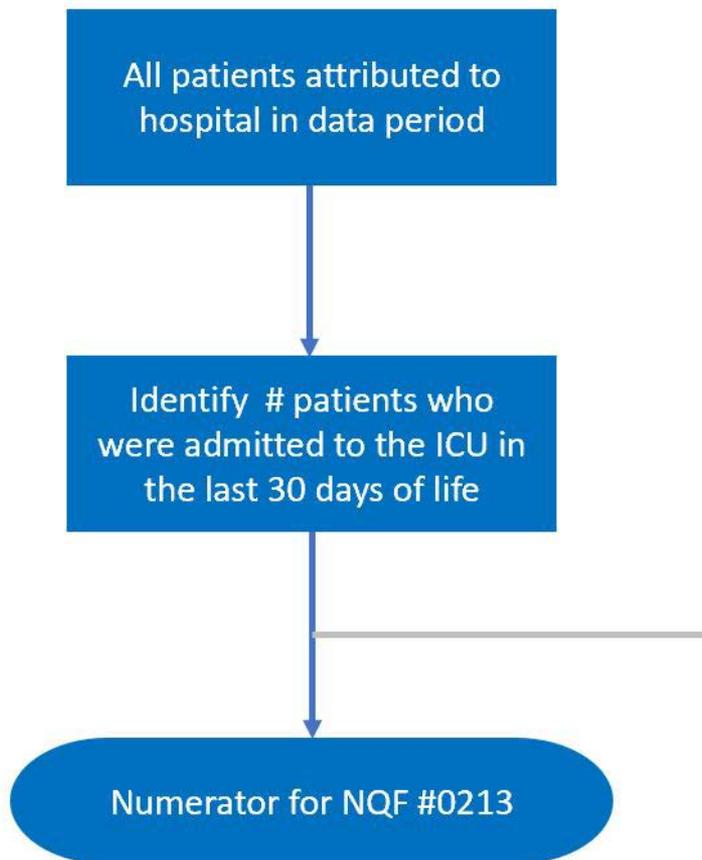
Chemotherapy Administration HCPCS Codes

96401, 96402, 96405, 96406, 96410, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96445, 96446, 96450, 96542, 96549

- Chemotherapy is defined as HCPCS code for administration of chemotherapy AND
- Date of death MINUS date of last chemotherapy administration \leq 14 days

Step 4: Numerator Calculation

NQF #0213 (ICU in the Last 30 Days of Life)



1. The patient counts toward the numerator if the patient has an inpatient claim including revenue codes 200-219 (ICU) for a hospitalization with an admission date within 30 days of death
2. If the admission date is beyond the 30 days of death but discharge date is within 30 days, and the inpatient claim for that hospitalization includes revenue codes 200-219 (ICU), then determine whether the ICU room change occurs within the 30 days window. If so, the patient counts toward the numerator.

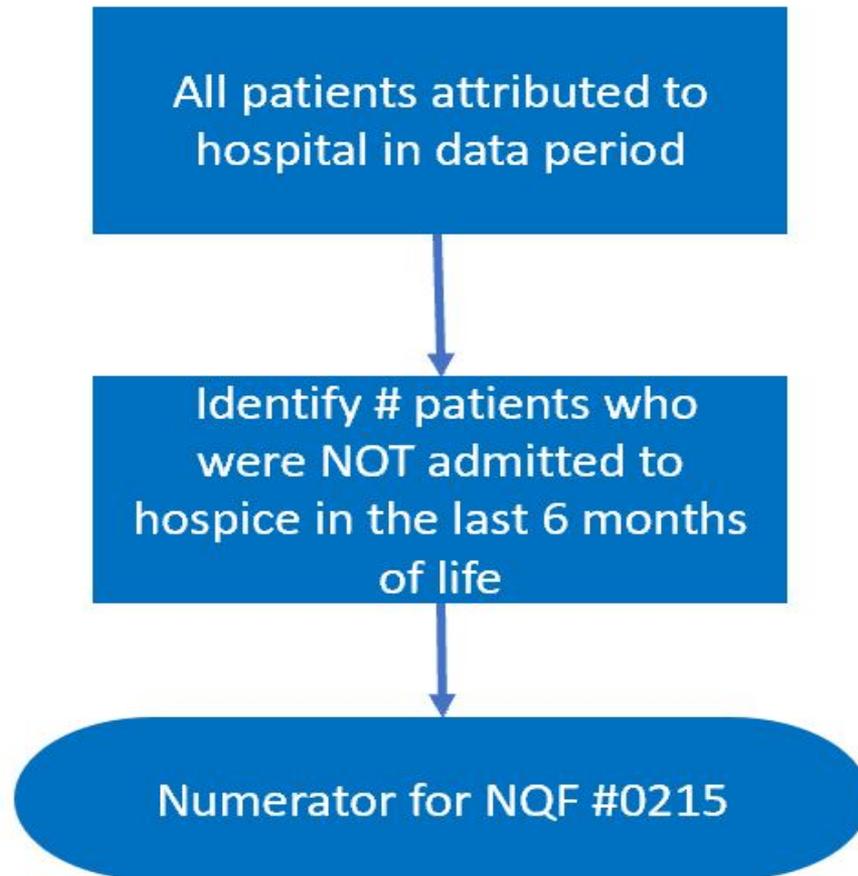
ICU Revenue Codes

200	INTENSIVE CARE - GENERAL CLASSIFICATION
201	INTENSIVE CARE - SURGICAL
202	INTENSIVE CARE - MEDICAL
203	INTENSIVE CARE - PEDIATRIC
204	INTENSIVE CARE - PSYCHIATRIC
206	INTENSIVE CARE - INTERMEDIATE ICU
207	INTENSIVE CARE - BURN CARE
208	INTENSIVE CARE - TRAUMA
209	INTENSIVE CARE - OTHER INTENSIVE CARE
210	CORONARY CARE - GENERAL CLASSIFICATION
211	CORONARY CARE - MYOCARDIAL INFARCTION
212	CORONARY CARE - PULMONARY CARE
213	CORONARY CARE - HEART TRANSPLANT
214	CORONARY CARE - INTERMEDIATE CCU
219	CORONARY CARE - OTHER CORONARY CARE

Step 4: Numerator Calculation

NQF #0215

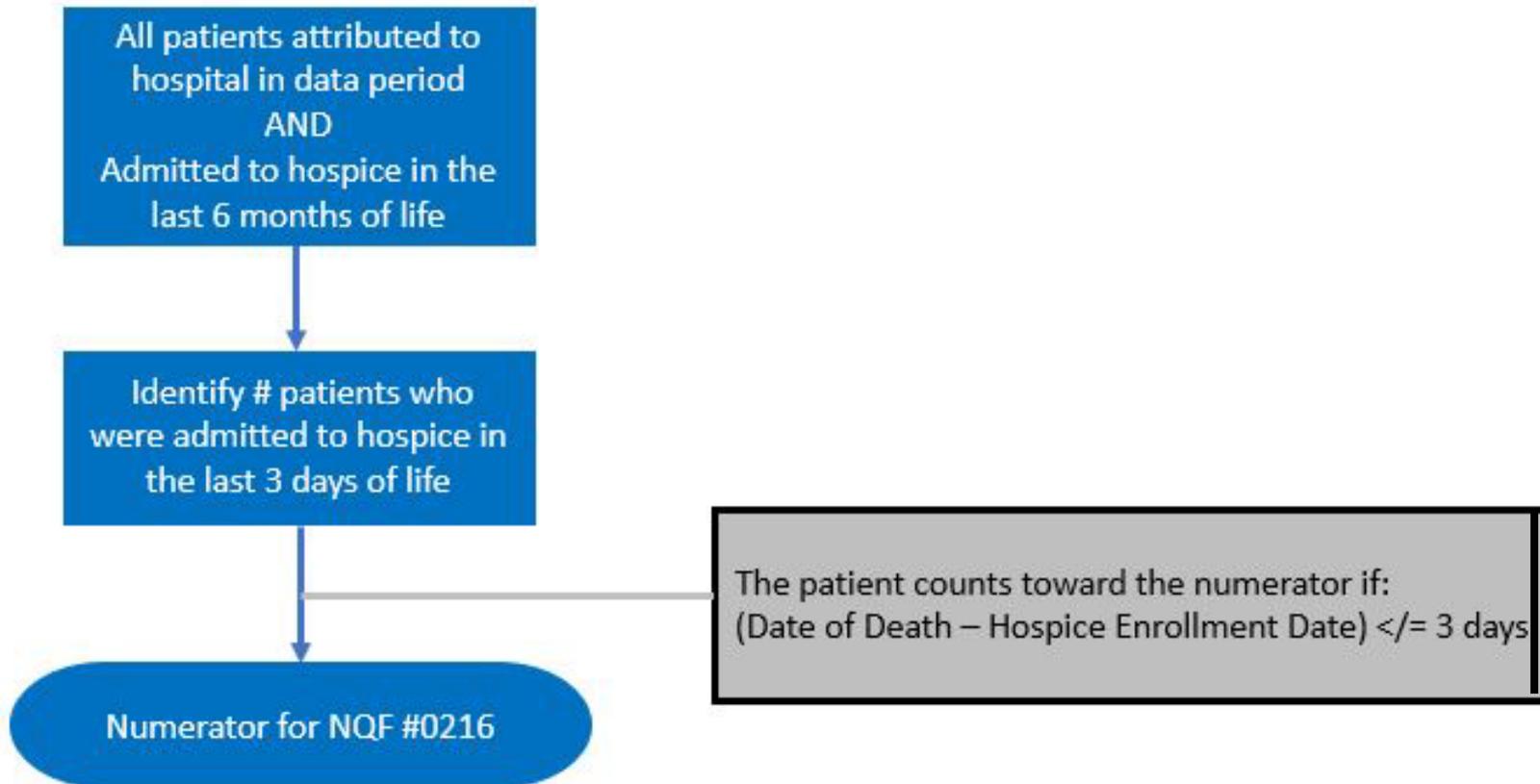
(Not Admitted to Hospice in Last 6 Months of Life)



The patient counts toward the numerator if **no** hospice claims during the last 6 months of life.

Step #4: Numerator Calculation

NQF #216 (Admitted to Hospice for ≤ 3 Days)



Note: While official name of measure is, "Proportion of patients who died from cancer admitted to hospice for less than 3 days (NQF #0216), a review of NQF specifications clarifies that calculation is "Date of Death – Hospice Enrollment Date \leq 3 Days".

Step 5:

Calculation of Performance Rates

- The performance rates are then determined for each measure by dividing the numerator by the denominator.
- These are measures for which a **lower score** indicates better quality:
 - Less chemo within last 14 days of life
 - Less intensive care utilization in last 30 days of life
 - MORE hospice care is desired in last 6 months of life, so measure is written to reflect this: “Proportion of patients who died from cancer **not admitted** to hospice”
 - Want fewer patients not admitted to hospice
 - EARLIER enrollment in hospice is better, so measure is written, “Proportion of patients who died from cancer admitted to hospice **for less than 3 days**”
 - Want fewer patients admitted to hospice only in the last days of life

Step 6:

Stratification

Stratification: The ADCC tested and proposed the following stratification categories:

- **Acute Hematology** – Lymphoblastic (diffuse) lymphoma, Burkitt lymphoma, anaplastic large cell lymphoma, acute lymphoblastic leukemia, acute myeloblastic leukemia, acute monoblastic/monocytic leukemia, acute erythroid leukemia, acute megakaryoblastic leukemia, and acute leukemia of unspecified cell type
- **Non-Acute Hematology** – chronic leukemia, Hodgkin’s lymphoma, non-Hodgkin’s lymphoma, multiple myeloma, and other hematological malignancies that are not included as “acute hematology”
- **Solid Tumor** – All other cancers included in the cancer diagnoses codes used in determining the cohort for these measures

Step 6:

Stratification Codes

Acute Hematology	
ICD10	Description
C83.5	Lymphoblastic (diffuse) lymphoma
C83.7	Burkitt lymphoma
C84.6	Anaplastic large cell lymphoma
C84.7	Anaplastic large cell lymphoma
C91.0	Acute lymphoblastic leukemia
C92.0	Acute myeloblastic leukemia
C92.4	Acute myeloblastic leukemia
C92.5	Acute myeloblastic leukemia
C92.6	Acute myeloblastic leukemia
C92.A	Acute myeloblastic leukemia
C93.0	Acute monoblastic/monocytic leukemia
C94.0	Acute erythroid leukemia
C94.2	Acute megakaryoblastic leukemia
C95.0	Acute leukemia of unspecified cell type
Non-Acute Hematology	
C81.xx - C 96.xx EXCLUDING the acute hematology codes above	

Solid Tumor
All other cancer diagnoses in the cohort population (Refer to Cancer Diagnosis Codes tab)

Lisa Vinson, BS, BSN, RN, Program Lead, PCHQR Program,
Inpatient VIQR Outreach and Education Support Contractor

FY 2022 Confidential National Reporting

FY 2022 EOL Measures

- Confidential national reporting finalized in the FY 2020 IPPS/LTCH PPS Final Rule (84 FR 42523–42524)
- Original data collection period is July 1, 2019–June 30, 2020*.
 - Collection period adjusted due to COVID-19 PHE: July 1, 2019–December 31, 2019

*1Q 2020 and 2Q 2020 claims data are excepted under the COVID-19 Public Health Emergency (PHE).

5 Objectives of Confidential National Reporting

1. Educate PCHs and other stakeholders about the measure.
2. Allow PCHs to review their measure results and data prior to public reporting.
3. Answer questions from PCHs and other stakeholders.
4. Test the production and reporting process.
5. Identify potential additional technical changes to the measure specifications that might be needed.

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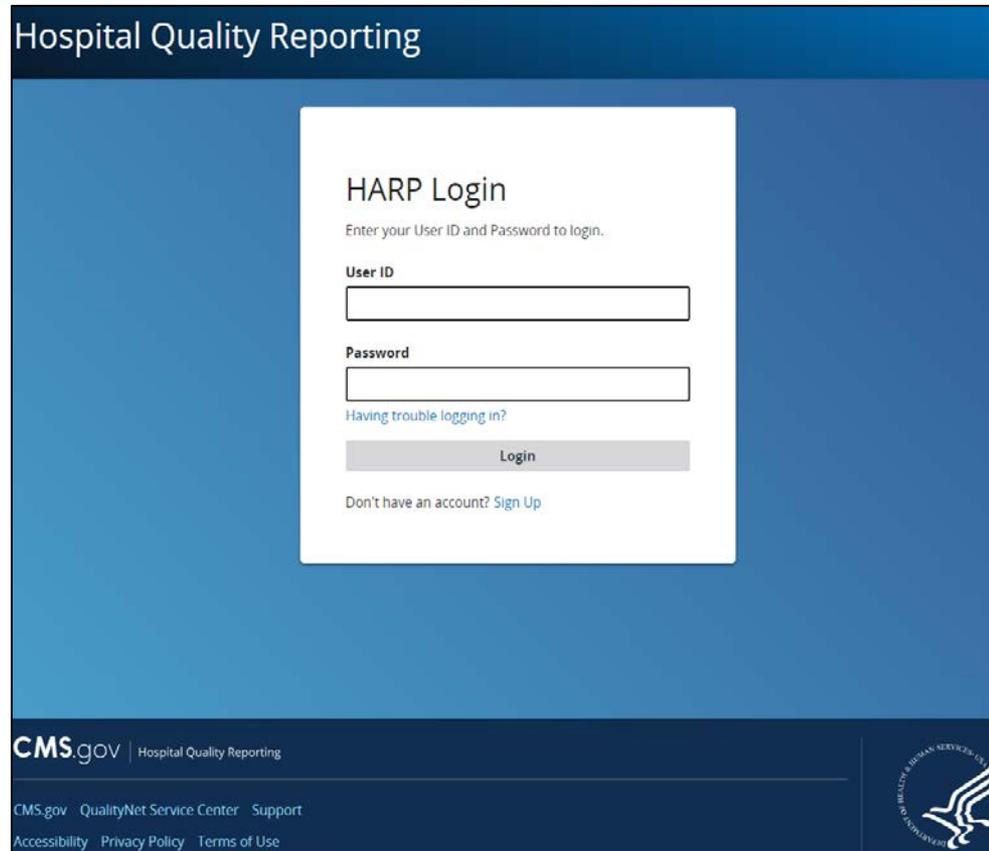
Accessing the EOL Confidential National Report

Getting Started: HQR Sign-In

Step 1: Navigate to the [HQR sign-in page](#).

Step 2: Enter your HCQIS Access Roles and Profile (HARP) User ID and Password.

Step 3: Select Login.



The screenshot displays the 'Hospital Quality Reporting' login interface. At the top, the text 'Hospital Quality Reporting' is visible. The main content area features a white box titled 'HARP Login' with the instruction 'Enter your User ID and Password to login.' Below this, there are two input fields: 'User ID' and 'Password'. A 'Login' button is positioned below the password field. A link for 'Having trouble logging in?' is also present. At the bottom of the white box, there is a link for 'Don't have an account? Sign Up'. The footer of the page includes the CMS.gov logo, the text 'Hospital Quality Reporting', and a navigation menu with links for 'CMS.gov', 'QualityNet Service Center', 'Support', 'Accessibility', 'Privacy Policy', and 'Terms of Use'. The Department of Health & Human Services logo is located in the bottom right corner.

Device Verification

Hospital Quality Reporting

Two-Factor Authentication

Select a device to verify your account

-  SMS Text for number ending in 1234
-  Voice for number ending in 1234
-  Email

[Cancel](#) [Next](#)

CMS.gov | Hospital Quality Reporting

[CMS.gov](#) [QualityNet Service Center](#) [Support](#)
[Accessibility](#) [Privacy Policy](#) [Terms of Use](#)



Verification Code

Hospital Quality Reporting

Two-Factor Authentication

For your security, we need to authenticate your request. We've sent a verification code via:

SMS Text
Please enter it below.

Enter Code

[Continue](#)

Code sent 
[Change two factor authentication](#)

CMS.gov | Hospital Quality Reporting

CMS.gov QualityNet Service Center Support
Accessibility Privacy Policy Terms of Use



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Hospital Quality Reporting

Terms & Conditions

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HQR Home Page



i My Tasks page is still available for PRS.

Thank you for your patience as we make changes to HQR. PRS is still on the My Tasks page.

[My Tasks](#)

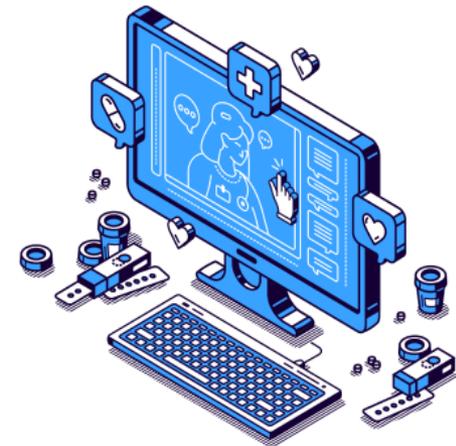
- i** Are you expecting to receive facility-specific or claims-detail reports in Managed File Transfer (MFT)? Users who historically received these reports through their AutoRoute Inbox in Secure File Transfer may need to request permissions in the Hospital Quality Reporting system to continue to receive these reports for their facilities. Refer to the [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification to learn more about requesting permissions to access your reports!

The New HQR is Coming

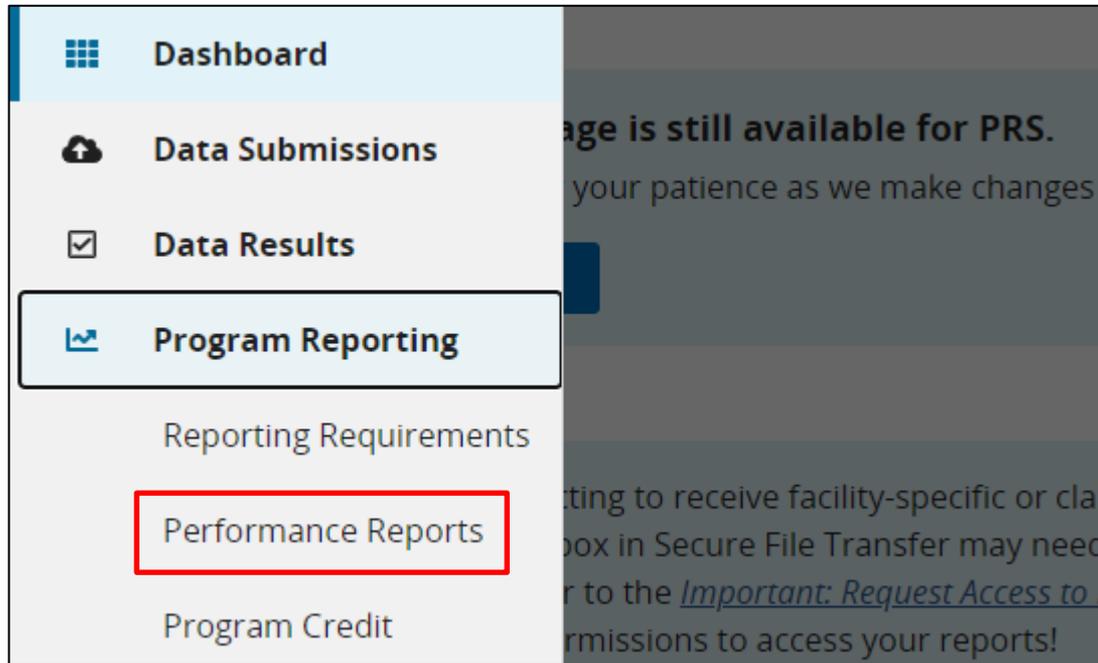
We are hard at work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many exciting new features to help you execute your responsibilities faster, and with more confidence.

New! Check out the navigation on the left:

- ← All features and functions are now available in the navigation
- ← Tasks are clearly divided - move from one to another with ease



Program Reporting



EOL Report Selections

Performance Reports

This is where you can check your Quality Measure and other calculated metrics. Facility, State, and National level calculations are available for the IQR, OQR, ASCQR, IPFQR, and PCHQR Programs; Baseline Measure and Percentage Payment Summary calculations are available for the HVBP Program. Access is dependent upon permissions.

Program PCHQR	Report Select Report EOL Measures Patient Summary EOL Measures Performance PCH Facility	Fiscal Year Select Year 2022	Export CSV
Provider(s) Search Provider(s)			

EOL Measures

Patient Summary Report

The Patient Summary Report is in a CSV file format.

fiscal_year	discharge_perf_period	id_number	provider_id	mbi	medical_record_number	bene_dob	bene_dod	patient_age
2022	07/01/2019-12/31/2019	1	123456	99999999999	999999999A	9/99/9999	9/99/9999	65 years and over

MBI = Medicare Beneficiary Identifier (11 digits)

DOB = date of birth

DOD = date of death

EOL Measures

Patient Summary Report

cancer_code_1_provider_id	cancer_diagnosis_code_1	cancer_code_1_date	cancer_stratification	chemo_provider_id	chemo_treatment_code	date_of_chemo_treatment	icu_provider_id	icu_encounter_code	date_of_icu_service
999999	A	9/99/9999	B	999999	Q codes	9/99/9999	999999	2XX	9/99/9999

Cancer diagnosis ICD-10 codes include specific ranges in categories C, D, J, R

A

Cancer Stratification selections include:

- Solid Tumor or
- Acute Hematology or
- Non-acute Hematology

B

EOL Measures

Patient Summary Report

hospice_provider_id	hospice_care_code	date_of_admission_to_hospice	hospice_days
999999	Q Codes	9/99/9999	

Hospice Days = numerical value will display if there is a date in the Date_of_Admission_to Hospice column

EOL Measures

Patient Summary Report

chemo_pch_32_num	chemo_pch_32_den	icu_pch_33_num	icu_pch_33_den	hospice_pch_34_num	hospice_pch_34_den	3dh_pch_35_num	3dh_pch_35_den
Yes <u>or</u> No	Yes <u>or</u> No	Yes <u>or</u> No	Yes <u>or</u> No				

Yes = patient qualifies for inclusion in numerator and/or denominator

No = patient does not qualify for inclusion in the numerator and/or denominator

EOL Measures Performance Report

Performance Reports

This is where you can check your Quality Measure and other calculated metrics. Facility, State, and National level calculations are available for the IQR, OQR, ASCQR, IPFQR, and PCHQR Programs; Baseline Measure and Percentage Payment Summary calculations are available for the HVBP Program. Access is dependent upon permissions.

Program

PCHQR

Report

Select Report

EOL Measures Patient Summary

EOL Measures Performance

PCH Facility

Fiscal Year

Select Year

2022

Provider(s)

Search Provider(s)

Export CSV

EOL Measures Performance Report

Provider_ID	Fiscal_Year	Measure	Stratification	Provider_Type
999999	2022			Provider_Summary

- Measure – individual rows for:

- PCH-32
- PCH-33
- PCH-34
- PCH-35

- Stratification – individual rows for:

- Acute Hematology
- Non-Acute Hematology
- Solid Tumor
- Overall



32	ACUTE HEMATOLOGY
32	NON-ACUTE HEMATOLOGY
32	SOLID TUMOR
32	OVERALL

EOL Measures Performance Report

Numerator	Denominator	Measure_Rate	Footnote	Footnote_Description	Performance_Period_Start_Date	Performance_Period_End_Date
17*	43*	40	5 <u>or</u> 7		7/01/2019	12/31/2019

*Numerical values are examples only.

Footnote Description:

5 = Results are not available for this reporting period

7 = No cases met the criteria for this measure

Do You Have a Question About Your Report?

[QualityNet Question and Answer Tool](#)

Quality Question and Answer Tool

Your one-stop shop for CMS Quality Answers

Search for the answer to your question



Browse
View existing articles



My Questions
Both Old & New Q&A tools



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Select a Topic

Select a Topic

- PCH - Cancer Hosp. Quality Reporting
 - Cancer Measures
 - Clinical Effectiveness Measure
 - Clinical Process/Oncology Care Measures (OCM) For PCH-32 and PCH-34**
 - Healthcare-Associated Infection Measures
 - Intermediate Clinical Outcome Measures For PCH-33 and PCH-35**
 - Patient Engagement/Experience of Care Measure
 - PCH-30/31: Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy
 - PCH-36: 30-Day Unplanned Readmissions for Cancer Patients
 - PCH-37: Surgical Treatment Complications for Localized Prostate Cancer
 - Extraordinary Circumstances Exemption
- FSRs
 - Preview Period Request

OK

Submit a Question to Our Support

WARNING: Individually identifiable health information submitted to the QIO and HCAI system will be processed by the system and not processed. For detailed information, please see the QIO and HCAI system user guide.

Tell us about yourself.

First Name *
First

Email Address *
firstlast@email.com

Phone Number
(xxx)xxx-xxxx(ext.)

Question Details

Program *
PCH - Cancer Hosp. Quality Reporting

Topic *
Select from the list of topics

EOL Resources

- QualityNet Questions and Answers Tool
 - Program > PCH > Cancer Hosp. Quality Reporting > Topic
 - > Clinical Process/Oncology Care Measures (OCM) or
 - > Intermediate Clinical Outcome Measures
- QualityNet Measures Page (*Coming Soon*)
- QualityNet Data Collection Page

PCHQR Program: Overview of End-of-Life Measures

Questions

Continuing Education Approval

This program has been approved for [credit](#) for the following boards:

- **National credit**
 - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
 - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - Board of Registered Nursing
 - Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - Board of Pharmacy

Note: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

PCHQR Program: Overview of End-of-Life Measures

Closing Remarks

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