## PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

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

# PCHQR Program: FY 2023 IPPS/LTCH PPS Final Rule Transcript

## Speakers

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This document may have been edited for clarity and grammar.

**Lisa Vinson:** Good afternoon! We would like to welcome everyone to today's PPS-Exempt Cancer Hospital Quality Reporting Program Outreach and Education event entitled, *Fiscal Year 2023 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System Final Rule*. My name is Lisa Vinson, and I serve as 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 moderator for today's event. As the title indicates, we will be discussing the Fiscal Year 2023 IPPS/LTCH PPS Final Rule. Today's event is specific for participants in the PCHQR Program. Although the final rule contains content that addresses the [Hospital] Inpatient Quality Reporting, or IQR, and the Long-Term Care Hospital, or LTCH, Quality Reporting Programs, we will only be focusing on the PCHQR Program section of the final rule publication. If your facility is participating in the IQR or LTCH program, please contact your support contractor to find out when there has been, or will be, a presentation on your section of the fiscal year 2023 final rule. Furthermore, if you have questions about the content of today's presentation, please submit them using the chat function. Also, please remember that presentation slides, recording, transcript, and question-and-answer summary document will be posted following today's presentation on both QualityNet and Quality Reporting Center websites.

The materials for today's presentation were developed by our team in conjunction with our CMS Program Lead, Ora Dawedeit, who will be the main speaker for today's presentation. Ora serves in this role, as the PCHQR Program lead, with the Division of Value-Based Incentives and Quality Reporting; Quality Measurement and Value-Based Incentives Group; Center for Clinical Standards and Quality at the Centers for Medicare & Medicaid Services (CMS).

As we customarily provide, here is a list of acronyms and abbreviations. Acronyms and abbreviations that you will hear and see today include C-M-S, for Centers for Medicare & Medicaid Services; C-F-R, for Code of Federal Regulations; C-Y, for Calendar Year; E-O-L, for End of Life; F-Y, for Fiscal Year; I-P-P-S, for Inpatient Prospective Payment System;

L-T-C-H, or LTCH, for Long-Term Care Hospital; P-C-H-Q-R, for PPS-Exempt Cancer Hospital Quality Reporting; P-P-S, for prospective payment system; and R-F-I, for Request for Information. Please use this slide as a reference as we go through this presentation today.

The purpose of this presentation is to provide an overview of the Fiscal Year 2023 IPPS/LTCH PPS Final Rule and focus on the impact of the finalized changes on the PCHQR Program.

Upon completion of this event, PCHQR Program participants will be able to locate the FY 2022 IPPS/LTCH PPS Final Rule text and identify finalized changes impacting the PCHQR Program.

Before Ora begins our discussion of the fiscal year 2023 final rule, which will be the eleventh rule finalized that will impact the PCHQR Program since its formation as a result of the Affordable Care Act, I would like to recap, briefly, the history of the measures that have been added to, and in some cases removed from, the program since its inception. In the first year of the program, the fiscal year 2013 final rule established five quality measures for the program, including the three Cancer-Specific Measures and two Healthcare-Associated Infection, or HAI, measures, CLABSI and CAUTI. Next year, in the fiscal year 2014 final rule, was the addition of another HAI measure, Surgical Site Infections, or SSIs, and the addition of 12 new quality measures. These new measures included the five process-oriented Oncology Care Measures, six Surgical Care Improvement Project, or SCIP, measures, and the incorporation of the HCAHPS Survey data.

The third rule to impact the PCHQR Program, fiscal year 2015, saw the addition of one measure, EBRT or PCH-25, which is External Beam Radiotherapy for Bone Metastases. The fourth rule impacting the program, fiscal year 2016, saw the addition of two more HAI measures: MRSA and CDI, as well as the inclusion of the Healthcare Personnel Influenza Vaccination measure. Of note, the fiscal year 2016 rule removed the six Surgical Care Improvement Process measures effective October 1, 2016.

In the fiscal year 2017 final rule, a new claims-based measure, Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy, also known as PCH-30 and PCH-31, was added, and the diagnosis cohort for NQF #382, Radiation Dose Limits to Normal Tissues, was expanded to include patients with a diagnosis of breast or rectal cancer. In the fiscal year 2018 final rule, the three CST measures were finalized for removal from the program, effective for diagnoses occurring in calendar year 2018. Also, four new End of Life measures were added to the program for the fiscal year 2020 program and subsequent years.

In the fiscal year 2019 final rule, removal Factor 8 was added; four of five OCMs were finalized for removal from the program, effective for patients treated in calendar year 2019; and one new claims-based measure was added, 30-Day Unplanned Readmissions for Cancer Patients, or PCH-36.

In the fiscal year 2020 final rule, there were quite a few finalized changes, which included the addition of a new claims-based measure, Surgical Treatment Complications for Localized Prostate Cancer, or PCH-37. EBRT was removed. Refinement of the HCAHPS Survey data [occurred] by removing the pain management question. Public reporting was specified for MRSA, CDI, the SSIs for colon and abdominal hysterectomy, and the Admission and ED Visits for Patients Receiving Outpatient Chemotherapy claims-based measure. Lastly, confidential national reporting was specified for the four End of Life measures and the 30-Day Unplanned Readmissions for Cancer Patients measure.

In the fiscal year 2021, CAUTI and CLABSI measures were refined to incorporate updated methodology developed by the CDC. Also, public reporting was specified to begin in October 2022.

Lastly, in the fiscal year 2022 final rule, the removal of the OCM measure, Plan of Care for Moderate to Severe Pain, also known as PCH-15, was removed. The COVID-19 Vaccination Among Healthcare Personnel measure was finalized for inclusion. The QualityNet Administrator terminology was updated to QualityNet Security Official.

The existing PCHQR Program policies were codified at 42 CFR 412.23 (f) (3) and CFR 412.24. You certainly have these slides for informational purposes, but, please keep in mind, if you are ever looking for a brief history of the program and the measures online, a list of the final rules with a summary of the key changes to the program, along with the hyperlink to the PDF versions of the final rule, is available on the QualityNet PCHQR Program Resources page, in the program manual, and on the Resources and Tools page of the Quality Reporting Center website.

On August 10, 2022, the Fiscal Year 2023 IPPS/LTCH PPS Final Rule official *Federal Register* version was published. This version can be accessed via the *Federal Register* link provided on the slide, and the pages specific to the PCHQR Program are 49311 through 49314. At this time, I would like to turn the presentation over to Ora, who will further discuss the changes that have been finalized and how they will impact the PCHQR Program. Ora, the floor is yours!

**Ora Dawedeit** Thank you, Lisa. I would like to welcome everyone to our webinar today. Thank you for taking the time out of your day to join us. I really appreciate this opportunity to share an overview of the Fiscal Year 2023 IPPS/LTCH [PPS] Final Rule. This webinar is going to focus on the finalized changes of the PCHQR Program.

On this slide, I would like to note Sections 2, 3 and 6 are the sections I will provide a more in-depth overview, as they have changes I would like to review. The unchanged sections, 1, 4, 5, 7, and 8, I will be providing a high-level overview. So, again, the highlighted Sections 2: Measure Retention and Removal Factors for the PCHQR Program; 3: Potential Adoption of Two National Healthcare Safety (NHSN) Measures: Request for Information; and 6: Public Display Requirements. This is the Public Display of End-of-Life and 30-Day Unplanned Readmissions for Cancer Patients measure, beginning with the fiscal year 2024 program year data.

Again, the unchanged sections are Background; Summary of PCHQR Program Measures for the FY 2024 Program Year and Subsequent Years; Maintenance of Technical Specification for Quality Measures; Form, Manner, and Timing of Data Submissions; as well as Extraordinary Circumstances Exceptions, ECE, Policy Under PCHQR Program. Those are unchanged.

So, the background, again, is sections 1866 (k) and (k)(1) of the Social Security Act. Section 4 is the program measures for the fiscal year 2024 program year. Section 5 is the maintenance of Technical Specifications for Quality Measures. These specifications are periodically updated and maintained on our QualityNet website. Section 7 is Form, Manner and Timing of Data Submissions and Section 8 is ECE policy under the PCHQR Program. I would like you to refer to the fiscal year 2019 final rule for more information on Section 8.

So, Section 2 is measure retention and removal factors for the PCHQR Program. This is the adoption of patient safety exceptions to the measure removal policy. To align with other measure removal policies adopted in other quality programs, CMS proposed to promptly remove a measure, without rulemaking, if continued use of a measure in the PCHQR Program raises specific patient safety concerns. The notification would be appropriately delivered to hospitals, the public, vendors, and QIOs, as it relates to the reason for its removal, via routine communication channels, such as memos, emails, and notices on QualityNet. Notice of the measure removal would also be provided in the *Federal Register.* CMS finalized a proposal to adopt a patient safety exception to the measure removal policy and to the regulations by revising 42 CFR to add a new paragraph, effective with the FY 2024 program year.

So, Section 3 is the potential adoption of two digital NHSN measures and Request for Information. So, CMS has been considering adoption of both measures since cancer patients are often immunocompromised and more vulnerable to HAIs, and those are healthcare-associated infections. So, this measure supports efforts to measure alignment across programs. We received many comments on these two Requests for Information.

We will use that feedback to inform future rulemaking. This also goes into prevention practices, which will lead to a reduction in the number HAI cases, morbidity, and mortality. Again, we received this feedback that is summarized in the final rule to determine whether to adopt these measures for future program years. These considerations include potential measure refinement, measure specifications, reporting burden, NQF review, and lack of risk adjustments.

So, this table provides the summary of the measures for the 2024 program year. These are the safety and healthcare-associated infection, HAI, measures. You can see the short names, NQF, and the measure name. The short name is primarily what everyone uses. So, CAUTI, CLABSI, HCP, SSI, MRSA, CDI, and, of course, COVID-19 Vaccination Among Healthcare Professionals [Personnel]. This is a really good table to have for use, and it is something we all use all the time.

So, these are the Clinical Process/Oncology Care Measures, and the Intermediate Clinical Outcome measures. These are the four EOL, End of Life, measures. The measures have become very important to this PCHQR Program and is something we will discuss further in the webinar. Again, [these are] EOL-Chemo, Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life; EOL-Hospice, Proportion of Patients who Died from Cancer not Admitted to Hospice; EOL-ICU, Proportion of Patients who Died from Cancer Admitted to the Intensive Care Unit in the Last 30 Days of Life; and EOL-3DH, Proportion of Patients who Died from Cancer Admitted to Hospice for Less than Three Days.

This, again, is a table that goes over the patient engagement/experience of care measures. as well as claims-based outcomes measures. This is HCAHPS, as well as Admissions for ED Visits for Patients Receiving Outpatient Chemotherapy, 30-Day Unplanned Readmission for Cancer Patients, and Surgical Treatment Complication for Localized Prostate Cancer.

So, this is going into the public display requirements. This is Section 6.

So, when the PCHQR [Program] adopted the 30-Day Unplanned Readmissions for Cancer patients measure in the Fiscal Year 2021 IPPS Final Rule, we indicated that we would make the data available via confidential feedback reports to hospitals for two years before publicly reporting the data. Finalizing our proposal to begin public reporting delivers on that policy. Similarly, when the PCHQR Program adopted the four EOL measures in [the] fiscal year 2020 final rule, we indicated that we would make the data available via confidential feedback reports to hospitals for two years before publicly reporting. However, due to a data delay, confidential report feedback reports were delivered later than expected, and we really listened to the comments that were provided during the proposed rule. We finalized the proposal with a one-year delay, beginning with public display of fiscal year 2025 program year data. We continue to use rulemaking to establish the first year public reporting data will be made available and publish the data as soon as feasible during that year. Again, this is the proposal to begin the public display of End of Life measures, beginning with fiscal year 2024 program year data. It indicates that we were going to begin the public display with fiscal year 2024, but I would like to take a moment here to address the change from proposed rule language to the final rule language. This will not be publicly displayed until 2025 due to data delays that were beyond all of our control. Now, the exact time frame will be announced on our CMS website and applicable Listserves.

This is the proposal to begin the 30-Day Unplanned Readmissions for Cancer Patients measure beginning with the fiscal year 2024 program year data. CMS finalized its proposal to begin public display of the 30-Day Unplanned Readmissions for Cancer Patients, beginning with the fiscal year 2024 program year. Public display will occur during the October 2023 refresh cycle or as soon as feasible thereafter following the 30-day preview period. Again, data delays and other unexpected issues came up, and we will work to ensure that all data are as clean as possible. We want everyone to have correct data.

So, we anticipate providing confidential reports on the data collected for fiscal year 2023. That would be October 2020 through September 30, 2021, program, sometime in the summer of 2022.

This slide provides finalized and proposed public display requirements. Again, these are the measures and the public reporting timelines. You guys are very well aware of these as well as me and Lisa. So, I won't read through every single one.

This is the previously finalized and proposed public display requirements continued. This identifies the EOL measures: Proportion of Patients who Died from Cancer Receiving Chemotherapy in the Last 14 Days; Proportion of Patients who Died from Cancer Not Admitted to Hospice; Proportion of Patients who Died from Cancer Admitted to the ICU in the Last 30 Days of Life; and Proportion of Patients who Died from Cancer Admitted to Hospice Less than 3 Days. Again, this public reporting will be July 2024 or as soon as feasible thereafter. The next measure 30-day Unplanned Readmissions for Cancer Patients [is] October 2023 or as soon as feasible thereafter.

This wraps up the Fiscal Year 2023 IPPS/LTCH [PPS] Final Rule webinar for the PCHQR Program. I would like to thank Lisa Vinson, again, for her presentation. I want to thank you all again for your participation today. Have a wonderful day. Thank you.