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Memo

November 17, 2020

To: Consensus Standards Approval Committee (CSAC)

From: Cancer Project Team

Re: Cancer Fall 2019 Track 2 Measures[a]

COVID-19 Updates

Considering the recent COVID-19 global pandemic, many organizations needed to focus their attention on the public health crisis. In order to provide greater flexibility for stakeholders and continue the important work in quality measurement, the National Quality Forum (NQF) extended commenting periods and adjusted measure endorsement timelines for the fall 2019 cycle.

Commenting periods for all measures evaluated in the fall 2019 cycle were extended from 30 days to 60 days. Based on the comments received during this 60-day extended commenting period, measures entered one of two tracks:

Track 1: Measures that Remained in Fall 2019 Cycle
Measures that did not receive public comments or only received comments in support of the Standing Committees' recommendations moved forward to the CSAC for review and discussion during its meeting on July 28-29, 2020.

- **Exceptions**
  Exceptions were granted to measures if non-supportive comments received during the extended post-comment period were similar to those received during the pre-evaluation meeting period and have already been adjudicated by the respective Standing Committees during the measure evaluation fall 2019 meetings.

Track 2: Measures Deferred to Spring 2020 Cycle
Fall 2019 measures that required further action or discussion from a Standing Committee were deferred to the spring 2020 cycle. This includes measures where consensus was not reached or those that require a response to public comments received. Measures undergoing maintenance review retained endorsement during that time. Track 2 measures will be reviewed by the CSAC in November.

During the CSAC meeting on November 17-18, 2020, the CSAC will review fall 2019 measures assigned to Track 2. Evaluation summaries for measures in Track 2 have been described in this memo and related Cancer draft report. A list of measures assigned to Track 1 can be found in the Executive Summary section of the Cancer draft report for tracking purposes and can also be found in a separate report.

[a] *This memo is funded by the Centers for Medicare and Medicaid Services under contract HHSM-500-2017-00060I Task Order HHSM-500-T0001*

CSAC Action Required

The CSAC will review recommendations from the Cancer project at its November 17-18, 2020 meeting and vote on whether to uphold the recommendations from the Committee.

This memo includes a summary of the project, measure recommendations, themes identified and responses to the public and member comments and the results from the NQF member expression of support. The following documents accompany this memo:

1. **Cancer Fall 2019, Track 2 Draft Report**. The draft report includes measure evaluation details on all measures that followed Track 2. The complete draft report and supplemental materials are available on the project webpage. Measures that followed Track 1 have already been reviewed during the CSAC's meeting in July.
2. **Comment Table**. This table lists three comments received during the post-meeting comment period.

Background

Cancer is the second most common cause of death in the U.S., exceeded only by heart disease. The National Cancer Institute (NCI) estimated that in 2018, 1.7 million new cases of cancer would be diagnosed in the United States and over 600,000 people will die from the disease. Furthermore, nearly half of all men and one-third of all women in the U.S. will develop cancer during their lifetime. In addition, diagnosis and treatment of cancer has great economic impact on patients, their families, and society. NCI estimated that, in 2010, the costs for cancer care in the U.S. totaled nearly $157 billion and could reach $174 billion in 2020.

Cancer care is complex and provided in multiple settings—hospitals, outpatient clinics, ambulatory infusion centers, radiation oncology treatment centers, radiology departments, palliative and hospice care facilities—and by multiple providers including surgeons, oncologists, nurses, pain management specialists, pharmacists and social workers.

The Cancer Standing Committee oversees NQF's portfolio of Cancer measures that includes measures for hematology, breast cancer, colon cancer, prostate cancer, and other cancer measures. The purpose of this project was to review Cancer measure submitted for endorsement or undergoing maintenance during the spring 2020 cycle.

During the Measure Evaluation Web Meeting held on July 10, 2020, the Cancer Standing Committee evaluated two maintenance measures for endorsement consideration. Both measures are recommended for endorsement.

Draft Report

The Cancer Fall 2019 Track 2 draft report presents the results of the evaluation of two measures considered under the Consensus Development Process (CDP). Both measures are recommended for endorsement.

The measures were evaluated against the 2019 version of the measure evaluation criteria.

	Maintenance	New	Total
Measures under consideration	2	0	2

	Maintenance	New	Total
Measures recommended for endorsement	2	0	2
Measures recommended for inactive endorsement with reserve status	0	0	0
Measures approved for trial use	0	0	0
Measures not recommended for endorsement or trial use	0	0	0
Measures withdrawn from consideration	0	0	0
Reasons for not recommending	Importance - 0 Scientific Acceptability - 0 Use - 0 Overall - 0 Competing Measure - 0	Importance - 0 Scientific Acceptability - 0 Use - 0 Overall - 0 Competing Measure – 0	

CSAC Action Required

Pursuant to the CDP, the CSAC is asked to consider endorsement of two candidate consensus measures.

Measures Recommended for Endorsement

- **NQF 0223** Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer (Commission on Cancer, American College of Surgeons)

Overall Suitability for Endorsement: Yes-15; No-0

- **NQF 0384** Oncology: Medical and Radiation - Pain Intensity Quantified (American Society of Clinical Oncology/PCPI)

Overall Suitability for Endorsement: Yes-15; No-0

Comments and Their Disposition

NQF received three comments from two member organizations and individuals pertaining to the draft report and to the measures under consideration.

A table of comments submitted during the comment period, with the NQF responses to each comment, is posted to the Cancer project webpage.

Comments Received

Measure-Specific Comments

0223: Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer (American College of Surgeons)

Commenters expressed their support for the continued endorsement of NQF 0223 and their disagreement with the Standing Committee's original vote in February, which did not reach consensus, on the validity criterion. The commenter also explained why the measure should have passed on validity.

Committee Response

The Committee reviewed and discussed the validity testing along with the relevant comments that were received. The Committee reviewed this information, considered the developer's additional rationale, and agreed this measure has high face validity and measure specifications were consistently implemented within the registry program. The Committee re-voted on the validity criterion and ultimately passed the measure on validity. Subsequently, the Committee voted to recommend the measure for overall endorsement.

0384: Oncology: Medical and Radiation - Pain Intensity Quantified (American Society of Clinical Oncology)

Commenters expressed concerns that pain management for patients undergoing only cancer immunotherapy may be missed within this measure. Specifically, ADCC stated that they believe the use of Patient-Reported Outcome Measures (PROMs) are the preferred method for collecting meaningful patient data on pain and at this time neither fully developed PROMS nor the systems to capture and this type of measure are robust or prevalent enough for general use. Commenters expressed support for the measure's continued endorsement.

Committee Response

The Committee expressed agreement with the developer that it is vital to quantify pain and recommend continued endorsement. A Committee vote was captured during the July 13, 2020 post-comment meeting and the Committee recommended this measure for endorsement (Yes-15; No-0).

Member Expression of Support

Throughout the continuous public commenting period, NQF members had the opportunity to express their support ('support' or 'do not support') for each measure submitted for endorsement consideration to inform the Committee's recommendations. Two NQF members provided their expression of support. Appendix C details the expression of support.

Removal of NQF Endorsement

Five measures previously endorsed by NQF were not re-submitted, and endorsement has been removed.

Measure	Measure Description	Reason for Removal of Endorsement
0377 Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow (American Society of Hematology)	Percentage of patients aged 18 years and older with a diagnosis of myelodysplastic syndrome (MDS) or an acute leukemia who had baseline cytogenetic testing performed on bone marrow.	Steward elected not to resubmit for endorsement
0378 Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy (American Society of Hematology	Percentage of patients aged 18 years and older with a diagnosis of myelodysplastic syndrome (MDS) who are receiving erythropoietin therapy with documentation of iron stores within 60 days prior to initiating erythropoietin therapy	Steward elected not to resubmit for endorsement

Measure	Measure Description	Reason for Removal of Endorsement
0386 Oncology: Cancer Stage Documented (American Society of Clinical Oncology)	Percentage of patients, regardless of age, with a diagnosis of cancer who are seen in the ambulatory setting who have cancer staging documented using any standardized system or documentation that the cancer is metastatic in the medical record within one month of first office visit	Steward elected not to resubmit for endorsement
1853 Radical Prostatectomy Pathology Reporting (College of American Pathologists)	Percentage of radical prostatectomy pathology reports that include the pT category, the pN category, the Gleason score and a statement about margin status.	Steward elected not to resubmit for endorsement
1854 Barrett´s Esophagus (College of American Pathologists)	Percentage of patients with esophageal biopsy reports for Barrett's esophagus that contain a statement about dysplasia and if present the grade of dysplasia.	Steward elected not to resubmit for endorsement

Appendix A: CSAC Checklist

The table below lists the key considerations to inform the CSAC's review of the measures submitted for endorsement consideration.

Key Consideration	Yes/No	Notes
Were there any process concerns raised during the CDP project? If so, briefly explain.	No	
Did the Standing Committee receive requests for reconsideration? If so, briefly explain.	No	
Did the Standing Committee overturn any of the Scientific Methods Panel's ratings of Scientific Acceptability? If so, state the measure and why the measure was overturned.	No	
If a recommended measure is a related and/or competing measure, was a rationale provided for the Standing Committee's recommendation? If not, briefly explain.	Yes	
Were any measurement gap areas addressed? If so, identify the areas.	No	
Are there additional concerns that require CSAC discussion? If so, briefly explain.	No	

Appendix B: Measures Not Recommended for Endorsement

All measures reviewed this cycle by the Cancer Standing Committee were recommended for endorsement.

Appendix C: NQF Member Expression of Support Results

Two NQF members provided their expression of support for two measures under consideration. Results for each measure are provided below.

0223: Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer (American College of Surgeons)

Member Council	Support	Do Not Support	Total
Provider Organization	1	0	1

0384: Oncology: Medical and Radiation - Pain Intensity Quantified (American Society of Clinical Oncology)

Member Council	Support	Do Not Support	Total
Provider Organization	1	0	1
Supplier/Industry	1	0	1

Appendix D: Details of Measure Evaluation

Rating Scale: H=High; **M**=Moderate; **L**=Low; **I**=Insufficient; **NA**=Not Applicable

Track 2 – Measures Recommended

0223 Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer

Submission

Description: Percentage of patients, age = 18 and < 80 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy) that is lymph node positive and at AJCC stage III, whose primary tumor is of the colon and chemotherapy was recommended or administered within 4 months (120 days) of diagnosis

Numerator Statement: Adjuvant chemotherapy is administered within 4 months (120 days) of the date of diagnosis or it is recommended but not administered

Denominator Statement: Include if all of the following characteristics are identified:

Men or Women

Age = 18 and < 80 at time of diagnosis

Known or assumed to be first or only cancer diagnosis

Epithelial malignancy only

Invasive tumors

Primary tumors of the colon

All or part of 1st course of treatment performed at the reporting facility

Known to be alive within 4 months (120 days) of date of diagnosis

Lymph node positive disease

Surgical procedure of the primary site

Exclusions: Exclude, if any of the following characteristics are identified:

Under age 18 or over age 80 at time of diagnosis

Second or subsequent cancer diagnosis

Tumor not originating in the colon

Non-epithelial malignancies

Non-invasive tumors

Stage 0, in situ tumor

Stage IV, metastatic tumor

None of 1st course therapy performed at reporting facility

Died within 4 months (120 days) of diagnosis

Not lymph node positive disease

Patient enrolled in a clinical trial that directly impacts delivery of the standard of care

No surgical procedure of the primary site

Adjustment/Stratification: No risk adjustment or risk stratification

Level of Analysis: Facility

Setting of Care: Inpatient/Hospital

Type of Measure: Process

Data Source: Registry Data

Measure Steward: Commission on Cancer, American College of Surgeons

STANDING COMMITTEE MEETING 2/26/2020

1. Importance to Measure and Report: The measure meets the Importance criteria

(1a. Evidence, 1b. Performance Gap)

1a. Evidence: **H-0**; **M-15**; **L-0**; **I-0**; 1b. Performance Gap: **H-5**; **M-10**; **L-0**; **I-0**

Rationale:

0223 Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer

- The developer notes that there have been no changes in the evidence since the measure was last evaluated. This measure is supported by the NCCN Practice Guideline - Pathologic Stage T1-3, N1-2, M0 or T4, N1-2, M0: FOLFOX or CapeOx (both category 1 and preferred). A systematic review of the body of evidence was provided and included multiple randomized clinical demonstrating an approximate 25% reduction in risk of death.
- The developer provided national trend data from the NCDB. The mean performance increased from 75-85%, and racial and age disparities showed improvement, but still exist.

2. Scientific Acceptability of Measure Properties: <u>The measure meets the Scientific Acceptability criteria</u>

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity

2a. Reliability: **H-1**; **M-13**; **L-1**; **I-0**; 2b. Validity: **M-13**; **L-0**; **I-1**

<u>Rationale</u>:

- Reliability of the computed measure score was measured as the ratio of signal to noise, and testing was modeled from 2-level hierarchical logistic regression models using Bayesian shrinkage adjustments that control for random error for both patients and hospitals.
- During the initial measure evaluation meeting the Committee had the following vote on Validity: M-9; L-4; I-2. During the post comment meeting validity was voted on again. The final results are listed above.
- During the initial measure evaluation meeting the Committee had the following vote on Validity: M-9; L-4; I-2. During the post comment meeting validity was voted on again. The final results are listed above.
- The Committee noted that this measure is only applicable to CoC centers, and that the number of CoC centers is trending down. Concerns on how this would affect reliability were mentioned.
- The developer did not provide any statistical testing to assess the data quality. Instead, CoC performs annual caseload reviews, and cases are reviewed for coding accuracy. This data is submitted annually to maintain hospital accreditation.
- The Committee had reservations passing this measure on validity when limited testing information was supplied.

3. Feasibility: H-3; M-12; L-0; I-0

(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/ unintended consequences identified 3d. Data collection strategy can be implemented)

<u>Rationale</u>:

- This measure is used in accountability programs, i.e., Public Reporting by the PHCQA, Quality Improvement with Benchmarking by the CoC, NCDB, and Regulatory and Accreditation, CoC Standards

4. Use and Usability

4a. Use; 4a1. Accountability and transparency; 4a2. Feedback on the measure by those being measured and others; 4b. Usability; 4b1. Improvement; 4b2. The benefits to patients outweigh evidence of unintended negative consequences to patients)

4a. Use: **Pass-15; No Pass-0** 4b. Usability: **H-2; M-13; L-0; I-0**

<u>Rationale</u>:

- The Committee did not express any concerns with use and usability. It was noted that CoC-accredited cancer programs in Pennsylvania may elect to voluntarily report their estimated performance rates through the PHCQA. Currently, 60 of 73 (82.19%) CoC Pennsylvania programs are participating.

5. Related and Competing Measures

- No related or competing measures

6. Standing Committee Recommendation for Endorsement: **Y-14**; **N-0**

<u>Rationale</u>

- The Committee did not reach consensus on the validity of this measure, which is a must-pass criterion. The Committee reviewed validity again and revoted during the post-comment web meeting on July 13, 2020 and passed the measure on the validity criterion.

0223 Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer

- The Committee initially voted Y-15; N-0 and recommended the measure for endorsement. During the post-comment meeting, the Committee re-voted Y-14; N-0 and maintained their recommendation for endorsement.

7. Public and Member Comment

Commenters expressed support for the continued endorsement of NQF 0223 and their disagreement with the Standing Committee's vote, which did not reach consensus, on the validity criterion. The Committee considered the developer's additional rationale. The Committee re-voted on the validity criterion and ultimately passed the measure on validity. Subsequently, the Committee voted to recommend the measure for overall endorsement.

8. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X

9. Appeals

0384 Oncology: Medical and Radiation - Pain Intensity Quantified

Submission

Description: Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified

Numerator Statement: Patient visits in which pain intensity is quantified

Denominator Statement: All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy

Exclusions: None

Adjustment/Stratification: No risk adjustment or risk stratification

Level of Analysis: Clinician : Group/Practice, Clinician : Individual

Setting of Care: Other, Outpatient Services

Type of Measure: Process

Data Source: Registry Data

Measure Steward: PCPI

STANDING COMMITTEE MEETING 2/26/2020

1. Importance to Measure and Report: The measure meets the Importance criteria

(1a. Evidence, 1b. Performance Gap)

1a. Evidence: **M-11**; **L-6**; **I-1**; 1b. Performance Gap: **H-2**; **M-14**; **L-2**; **I-0**

Rationale:

- Since the evidence is the same for 0384 and 0384e, the discussion on evidence and vote from 0384e can be applied to 0384.
- The developer provided an updated logic model tying symptom reporting and control to survival, and noted that pain management contributes to broad quality-of-life improvement.
- The evidence to support this measure was updated to include the 2018 NCCN Clinical Practice Guideline in Oncology – Adult Cancer Pain.
- During Standing Committee's discussion on 0384e to the corresponding non-eCQM 0384, as there were no differences in the presented evidence.
- The Committee began their discussion by acknowledging the relationship between 0383 and 0384 (and thus 0348e). Specifically, they mentioned when measuring whether the plan of care is completed focuses on the provider, whereas measuring whether the pain is assessed and documented focuses on the performance of the health system. These aspects are inter-related, but also represent separate processes.
- The Committee discussed the idea of this being a check-the-box measure; however, that type of measure indicates a bimodal answer—yes/no, without doing something about the answer, which highlights the importance of pairing this measure with 0383.

0384 Oncology: Medical and Radiation - Pain Intensity Quantified

- The quantification of pain can lead to an action plan for addressing that pain. It was noted by the Committee that pain can be subjective and often hard to measure; it also varies and could be unrelated to the condition. The lack of validated pain score was also mentioned.
- The Committee discussed the quantification of pain as a measure at the health system level, whereas the plan of care is a measure at the provider level.
- Performance data was provided from 2016 PQRS testing data analysis. The average performance rates ranged from 75% to 83% between 2015-2017.

2. Scientific Acceptability of Measure Properties: <u>The measure meets the Scientific Acceptability criteria</u>

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity

2a. Reliability: **H-0**; **M-15**; **L-3**; **I-0**; 2b. Validity: **H-0**; **M-16**; **L-2**; **I-0**

<u>Rationale</u>:

- The level of analysis (LoA) specified are for clinician groups and individual clinicians.. Reliability of the computed measure score was measured as the ratio of signal to noise, and testing was performed using a beta-binomial model. The results of the reliability testing indicated that the reliability above the minimum level of quality reporting events (10) for 251 physicians was 0.97.
- The developer performed a correlation analysis with measure: Oncology: Medical and Radiation – Plan of Care for Pain (PQRS #144) due to the similarities in patient population and domain. This method can demonstrate an association between patients with a diagnosis of cancer receiving chemotherapy or radiation therapy in which pain intensity is quantified (NQF #0384) and those with a diagnosis of cancer receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain (PQRS #144). The developer reports a coefficient correlation of 0.69 (P-value = >0.001).
- The Committee raised concerns about the populations that are captured in this measure, citing a specific example of whether a patient who is experiencing pain and does not have chemotherapy; would this patient be included. In addition, the Committee questioned whether patients who opt out of chemo but still experience pain and those who receive chemo through other modes (e.g., oral, injection, or at their house) would still be captured by this measure.
- The developer provided clarification of the measure specifications; an update for the 2019 submission was to divide the patient population into two groups—those receiving chemotherapy or radiation therapy and have a face-to-face encounter with the provider and 30 days before OR 30 days after that visit experiences pain and that pain is quantified. The developer also mentioned that the measure does account for different types of chemotherapy administration.

3. Feasibility: H-0; M-17; L-1; I-0

(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/ unintended consequences identified 3d. Data collection strategy can be implemented)

<u>Rationale</u>:

- The developer states that all data elements are in defined fields in a combination of electronic data sources. Data are generated and used by healthcare personnel during provision of care, and this data is coded by another individual.
- The developer reports no areas of concern or measure modification as a result of feasibility testing.
- The measure is copyrighted but can be reproduced and distributed without modification for noncommercial purposes. Commercial use of the measure requires a license agreement between the user and the PCPI Foundation or the American Medical Association (AMA).
- The Committee expressed no concerns with feasibility.

4. Use and Usability

4a. Use; 4a1. Accountability and transparency; 4a2. Feedback on the measure by those being measured and others; 4b. Usability; 4b1. Improvement; 4b2. The benefits to patients outweigh evidence of unintended negative consequences to patients)

4a. Use: **Pass-18; No Pass-0** 4b. Usability: **H-12; M-3; L-0; I-0**

<u>Rationale</u>:

- This measure is currently used in MIPS. The measure was previously used in the PQRS.

0384 Oncology: Medical and Radiation - Pain Intensity Quantified
• The measure is not currently publicly reported, but data will be available for public reporting in Physician Compare beginning in late 2019. • The Committee agreed the benefits of the measure outweigh any potential harms and did not express any additional concerns with usability.

5. Related and Competing Measures
• This measure is related to the following measures:
  ○ 0177: Improvement in pain interfering with activity
  ○ 1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits

6. Standing Committee Recommendation for Endorsement: **Y-15; N-0** <u>Rationale</u> • The vote for overall suitability was postponed due to a process error during the discussion of evidence. The Committee reviewed overall suitability and voted on the post-comment web meeting, July 13, 2020.
7. Public and Member Comment Commenters expressed concerns that pain management for patients undergoing only cancer immunotherapy may be missed within this measure. Commenters expressed support for the measure's continued endorsement. The Committee expressed agreement with the developer that it is vital to quantify pain and recommend continued endorsement. A Committee vote was captured and the Committee recommended this measure for endorsement (Yes-15; No-0).
8. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X
9. Appeals

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Cancer
Fall 2019 Review Cycle

CSAC Review and Endorsement

November 17, 2020

This presentation is funded by the Centers for Medicare and Medicaid Services under contract HHSM-500-2017-00060I Task Order HHSM-500-T0001

Standing Committee Recommendations

- Two measures reviewed for Fall 2019 Track 2
  - No measures reviewed by the Scientific Methods Panel
- Two measures recommended for endorsement
  - **NQF 0223** Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer (Maintenance Measure)
  - **NQF 0384** Oncology: Medical and Radiation - Pain Intensity Quantified (Maintenance Measure)

Public and Member Comment and Member Expressions of Support

- Three comments received
  - All supportive of the measures under review
- Two NQF member expressions of support received

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Questions?

- Project team:
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  - Matthew Pickering, PharmD, Senior Director
  - Tamara Funk, MPH, Manager
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THANK YOU.

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Cancer, Fall 2019 Cycle Track 2: CDP Report

DRAFT REPORT FOR CSAC REVIEW NOVEMBER 17, 2020

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Executive Summary

Cancer is the second most common cause of death in the U.S., exceeded only by heart disease.[1] The National Cancer Institute (NCI) estimated that in 2018 1.7 million new cases of cancer would be diagnosed in the United States and over 600,000 people will die from the disease.[2] Nearly half of all men and one-third of all women in the U.S. will develop cancer during their lifetime.[3] In addition, diagnosis and treatment of cancer has a significant economic impact on patients, their families, and society. The NCI estimated that, in 2010, the costs for cancer care in the U.S. totaled nearly $157 billion and could reach $174 billion in 2020.[4]

The National Quality Forum's (NQF) portfolio of measures for cancer includes measures addressing cancer screening and appropriate cancer treatment (including surgery, chemotherapy, and radiation therapy).

For this project, the Standing Committee evaluated two measures undergoing maintenance review against NQF's standard evaluation criteria. The Committee recommended two measures for endorsement.

The Committee recommended the following measures:

- **NQF 0223** Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer
- **NQF 0384** Oncology: Medical and Radiation – Pain Intensity Quantified

Due to circumstances around the COVID-19 global pandemic, commenting periods for all measures evaluated in the fall 2019 cycle were extended from 30 days to 60 days. Based on the comments received during this 60-day extended commenting period, measures entered one of two tracks:

Track 1: measures that remained in fall 2019 Cycle:

- **NQF 0219** Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer
- **NQF 0220** Adjuvant hormonal therapy is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0 or Stage IB – Stage III hormone receptor positive breast cancer
- **NQF 0383** Oncology: Medical and Radiation - Plan of Care for Pain
- **NQF 1858** Trastuzumab administered to patients with AJCC stage I (T1c) – III human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy
- **NQF 1859** RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy
- **NQF 1860** Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

Track 2: measures deferred to spring 2020 Cycle:

- **NQF 0223** Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer
- **NQF 0384** Oncology: Medical and Radiation - Pain Intensity Quantified

This report contains details of the evaluation of measures assigned to Track 2 and moved to the spring 2020 cycle. Detailed summaries of the Committee's discussion and ratings of the criteria for each measure are in Appendix A. The detailed evaluation summary of measures assigned to Track 1 and remained in the fall 2019 cycle were included in a separate report.

Introduction

Cancer is the second most common cause of death in the U.S., exceeded only by heart disease.[1] NCI estimated that in 2018, 1.7 million new cases of cancer would be diagnosed in the United States and over 600,000 people will die from the disease.[2] Furthermore, nearly half of all men and one-third of all women in the U.S. will develop cancer during their lifetime.[3] In addition, diagnosis and treatment of cancer has great economic impact on patients, their families, and society. NCI estimated that, in 2010, the costs for cancer care in the U.S. totaled nearly $157 billion and could reach $174 billion in 2020.[4]

Cancer care is complex and provided in multiple settings—hospitals, outpatient clinics, ambulatory infusion centers, radiation oncology treatment centers, radiology departments, palliative and hospice care facilities—and by multiple providers including surgeons, oncologists, nurses, pain management specialists, pharmacists, and social workers. Due to the complexity of cancer, as well as the numerous care settings and providers, there is a need for quality measures that address the value and efficiency of cancer care for patients and their families.

NQF Portfolio of Performance Measures for Cancer Conditions

The Cancer Standing Committee (Appendix C) oversees NQF's portfolio of Cancer measures (Appendix B) that includes measures for hematology, breast cancer, colon cancer, prostate cancer, and other cancer measures. This portfolio contains 20 measures: 19 process measures, and 1 outcome and resource use measure (see table below).

Table 1. NQF Cancer Portfolio of Measures

	Process/Structure	Outcome
Breast Cancer	9	0
Colon Cancer	5	0
Prostate Cancer	2	0
Other Cancer Measures	3	1
Total	19	1

Additional measures related to cancer care are assigned to the Geriatrics and Palliative Care, Surgery, All Cause Admissions and Readmissions and Prevention and Population Health portfolios. The additional measures address appropriateness of care, cancer screening, screening for pain, pain related to chemotherapy or radiation therapy, and surgical care.

Cancer Measure Evaluation

On July 13, 2020 the Cancer Standing Committee evaluated one measure undergoing maintenance review and one new measure against NQF's standard measure evaluation criteria.

Table 2. Cancer Measure Evaluation Summary, Fall 2019 Track 2

	Maintenance	New	Total
Measures under consideration	2	0	2
Measures recommended for endorsement	2	0	2

Comments Received Prior to Committee Evaluation

NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). In addition, NQF solicits comments for a continuous 16-week period during each evaluation cycle via an online tool located on the project webpage. For this evaluation cycle, the commenting period opened on March 30, 2020 and closed on May 28, 2020. Pre-meeting commenting closed on April 24, 2020. As of that date, no comments were submitted (Appendix F).

All submitted comments were provided to the Committee prior to its initial deliberations during the workgroup call.

Comments Received After Committee Evaluation

Considering the recent COVID-19 global pandemic, many organizations needed to focus their attention on the public health crisis. In order to provide greater flexibility for stakeholders and continue the important work in quality measurement, NQF extended commenting periods and adjusted measure endorsement timelines for the fall 2019 cycle.

Commenting periods for all measures evaluated in the fall 2019 cycle were extended from 30 days to 60 days. Based on the comments received during this 60-day extended commenting period, measures entered one of two tracks:

Track 1: Measures Remained in Fall 2019 Cycle
Measures that did not receive public comments or only received comments in support of the Standing Committees' recommendations moved forward to the Consensus Standards Approval Committee (CSAC) for review and discussion during its meeting on July 28-29, 2020.

- **Exceptions**
  Exceptions were granted to measures if non-supportive comments received during the extended post-comment period were similar to those received during the pre-evaluation meeting period and have already been adjudicated by the respective Standing Committees during the measure evaluation fall 2019 meetings.

Track 2: Measures Deferred to Spring 2020 Cycle
Fall 2019 measures that required further action or discussion from a Standing Committee were deferred to the spring 2020 cycle. This includes measures where consensus was not reached or those that require a response to public comments received. Measures undergoing maintenance review retained endorsement during that time.

During the spring 2020 CSAC meeting on November 17-18, 2020, the CSAC will review all measures assigned to Track 2. A list of measures assigned to Track 1 can be found in the Executive Summary

section of this report for tracking purposes, but these measures were reviewed during the fall 2019 CSAC review period.

The extended public commenting period with NQF member support closed on May 28, 2020. Following the Committee's evaluation of the measures under consideration, NQF received three comments from two member organizations pertaining to the draft report and to the measures under consideration. All comments for each measure under consideration have been summarized in Appendix A.

Throughout the extended public commenting period, NQF members had the opportunity to express their support ('support' or 'do not support') for each measure submitted for endorsement consideration to inform the Committee's recommendations. No NQF members provided their expression of support.

Summary of Measure Evaluation: Fall 2019 Measures, Track 2

The following brief summaries of the measure evaluation highlight the major issues that the Committee considered. Details of the Committee's discussion and ratings of the criteria for each measure are included in Appendix A.

0223 Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer (Commission on Cancer, American College of Surgeons): Recommended

Description: Percentage of patients, age = 18 and < 80 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy) that is lymph node positive and at AJCC stage III, whose primary tumor is of the colon and chemotherapy was recommended or administered within 4 months (120 days) of diagnosis; **Measure Type**: Process; **Level of Analysis**: Facility; **Setting of Care**: Inpatient/Hospital; **Data Source**: Registry Data

The measure passed during the Standing Committee's re-vote on validity, and the Committee then voted to recommend the measure for overall endorsement. This measure captures the percentage of patients, age = 18 and <80 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy) that is lymph node positive and at AJCC stage III, whose primary tumor is of the colon and chemotherapy was recommended or administered within 4 months (120 days) of diagnosis. During the in-person measure evaluation meeting on February 26, 2020, the Committee discussed the scientific acceptability of the measure properties and expressed concerns with validity resulting in consensus not reached. During the post-comment call on July 13, 2020, the Committee reviewed and discussed the validity testing along with the relevant comments received. It was noted that the developer did not complete data element validity testing which is generally required for NQF maintenance measures. In this case, the developer did provide results and process for the validity testing conducted and a clear rationale for why the measure continues to be valid. The Committee reviewed this information and agreed this measure has high face validity and measure specifications were consistently implemented within the registry program. The Committee voted and this measure passed on validity.

0384 Oncology: Medical and Radiation - Pain Intensity Quantified (PCPI): Recommended

Description: Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified; **Measure Type**:

Process; **Level of Analysis**: Clinician : Group/Practice, Clinician : Individual; **Setting of Care**: Other, Outpatient Services; **Data Source**: Registry Data

The Standing Committee voted to recommend this measure for overall endorsement. This measure captures the percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified. Concerning evidence, the Committee acknowledged the relationship between 0383 and 0384 (and thus 0348e). Specifically, they mentioned when measuring whether the plan of care is completed focuses on the provider, whereas measuring whether the pain is assessed and documented focuses on the performance of the health system.

The Committee raised concerns about the populations that are captured in this measure, citing a specific example of whether a patient who is experiencing pain and does not have chemotherapy; would this patient be included. In addition, the Committee questioned whether patients who opt out of chemo but still experience pain and those who receive chemo through other modes (e.g., oral, injection, or at their house) would still be captured by this measure. The Committee expressed no concerns with feasibility. Regarding usability, the Committee agreed the benefits of the measure outweigh any potential harms and did not express any additional concerns.

During the in-person evaluation meeting, there was a process error during the Committee's vote on evidence, therefore, the Committee did not vote on overall suitability for endorsement. A recap of the previous discussion and explanation of the process error was provided, and a Committee vote was captured during the July 13, 2020, post-comment meeting. The Committee recommended this measure for endorsement.

References

1 Economic Impact of Cancer. https://www.cancer.org/cancer/cancer-basics/economic-impact-of-cancer.html. Last accessed March 2020.

2 Cancer Statistics. National Cancer Institute. https://www.cancer.gov/about-cancer/understanding/statistics. Published April 2, 2015. Last accessed March 2020.

3 Cancer Facts & Figures 2016 | American Cancer Society. https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2016.html. Last accessed March 2020.

4 Cancer Prevalence and Cost of Care Projections. https://costprojections.cancer.gov/. Last accessed March 2020.

Appendix A: Details of Measure Evaluation

Rating Scale: H=High; **M**=Moderate; **L**=Low; **I**=Insufficient; **NA**=Not Applicable

Track 2 – Measures Recommended

0223 Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer

Submission | Specifications

Description: Percentage of patients, age = 18 and < 80 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy) that is lymph node positive and at AJCC stage III, whose primary tumor is of the colon and chemotherapy was recommended or administered within 4 months (120 days) of diagnosis

Numerator Statement: Adjuvant chemotherapy is administered within 4 months (120 days) of the date of diagnosis or it is recommended but not administered

Denominator Statement: Include if all of the following characteristics are identified:

Men or Women

Age = 18 and < 80 at time of diagnosis

Known or assumed to be first or only cancer diagnosis

Epithelial malignancy only

Invasive tumors

Primary tumors of the colon

All or part of 1st course of treatment performed at the reporting facility

Known to be alive within 4 months (120 days) of date of diagnosis

Lymph node positive disease

Surgical procedure of the primary site

Exclusions: Exclude, if any of the following characteristics are identified:

Under age 18 or over age 80 at time of diagnosis

Second or subsequent cancer diagnosis

Tumor not originating in the colon

Non-epithelial malignancies

Non-invasive tumors

Stage 0, in situ tumor

Stage IV, metastatic tumor

None of 1st course therapy performed at reporting facility

Died within 4 months (120 days) of diagnosis

Not lymph node positive disease

Patient enrolled in a clinical trial that directly impacts delivery of the standard of care

No surgical procedure of the primary site

Adjustment/Stratification: No risk adjustment or risk stratification

Level of Analysis: Facility

Setting of Care: Inpatient/Hospital

Type of Measure: Process

Data Source: Registry Data

Measure Steward: Commission on Cancer, American College of Surgeons

STANDING COMMITTEE MEETING 2/26/2020

1. Importance to Measure and Report: The measure meets the Importance criteria

0223 Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer

(1a. Evidence, 1b. Performance Gap)

1a. Evidence: **H-0**; **M-15**; **L-0**; **I-0**; 1b. Performance Gap: **H-5**; **M-10**; **L-0**; **I-0**

Rationale:

- The developer notes that there have been no changes in the evidence since the measure was last evaluated. This measure is supported by the NCCN Practice Guideline - Pathologic Stage T1-3, N1-2, M0 or T4, N1-2, M0: FOLFOX or CapeOx (both category 1 and preferred). A systematic review of the body of evidence was provided and included multiple randomized clinical demonstrating an approximate 25% reduction in risk of death.
- The developer provided national trend data from the NCDB. The mean performance increased from 75-85%, and racial and age disparities showed improvement, but still exist.

2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity

2a. Reliability: **H-1**; **M-13**; **L-1**; **I-0**; 2b. Validity: **M-9**; **L-4**; **I-2**

Rationale:

- Reliability of the computed measure score was measured as the ratio of signal to noise, and testing was modeled from 2-level hierarchical logistic regression models using Bayesian shrinkage adjustments that control for random error for both patients and hospitals.
- The Committee noted that this measure is only applicable to Commission on Cancer (CoC) centers, and that the number of CoC centers is trending down. Concerns on how this would affect reliability were mentioned.
- The developer did not provide any statistical testing to assess the data quality. Instead, CoC performs annual caseload reviews, and cases are reviewed for coding accuracy. This data is submitted annually to maintain hospital accreditation.
- The Committee had reservations passing this measure on validity when limited testing information was supplied.

3. Feasibility: H-3; M-12; L-0; I-0

(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/ unintended consequences identified 3d. Data collection strategy can be implemented)

Rationale:

- This measure is used in accountability programs, i.e., Public Reporting by the Pennsylvania Health Care Quality Alliance (PHCQA), Quality Improvement with Benchmarking by the CoC, National Cancer Database (NCDB), and Regulatory and Accreditation, CoC Standards

4. Use and Usability

4a. Use; 4a1. Accountability and transparency; 4a2. Feedback on the measure by those being measured and others; 4b. Usability; 4b1. Improvement; 4b2. The benefits to patients outweigh evidence of unintended negative consequences to patients)

4a. Use: **Pass-15; No Pass-0** 4b. Usability: **H-2; M-13; L-0; I-0**

Rationale:

- The Committee did not express any concerns with use and usability. It was noted that CoC-accredited cancer programs in Pennsylvania may elect to voluntarily report their estimated performance rates through the PHCQA. Currently, 60 of 73 (82.19%) CoC Pennsylvania programs are participating

5. Related and Competing Measures

- No related or competing measures

6. Standing Committee Recommendation for Endorsement: **Y-14**; **N-0**

Rationale

0223 Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer

- The Committee did not reach consensus on the validity of this measure, which is a must-pass criterion. The Committee reviewed validity again and revoted during the post-comment web meeting on July 13, 2020 and passed the measure on the validity criterion.
- The Committee initially voted Y-15; N-0 and recommended the measure for endorsement. During the post-comment meeting, the Committee re-voted Y-14; N-0 and maintained their recommendation for endorsement.

7. Public and Member Comment

Commenters expressed support for the continued endorsement of NQF 0223 and their disagreement with the Standing Committee's vote, which did not reach consensus, on the validity criterion. The Committee considered the developer's additional rationale. The Committee re-voted on the validity criterion and ultimately passed the measure on validity. Subsequently, the Committee voted to recommend the measure for overall endorsement.

8. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X

9. Appeals

0384 Oncology: Medical and Radiation - Pain Intensity Quantified

Submission | Specifications

Description: Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified

Numerator Statement: Patient visits in which pain intensity is quantified

Denominator Statement: All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy

Exclusions: None

Adjustment/Stratification: No risk adjustment or risk stratification

Level of Analysis: Clinician : Group/Practice, Clinician : Individual

Setting of Care: Other, Outpatient Services

Type of Measure: Process

Data Source: Registry Data

Measure Steward: PCPI

STANDING COMMITTEE MEETING 2/26/2020

1. Importance to Measure and Report: The measure meets the Importance criteria

(1a. Evidence, 1b. Performance Gap)

1a. Evidence: **M-11**; **L-6**; **I-1**; 1b. Performance Gap: **H-2**; **M-14**; **L-2**; **I-0**

Rationale:

- Since the evidence is the same for 0384 and 0384e, the discussion on evidence and vote from 0384e can be applied to 0384.
- The developer provided an updated logic model tying symptom reporting and control to survival, and noted that pain management contributes to broad quality-of-life improvement.
- The evidence to support this measure was updated to include the 2018 NCCN Clinical Practice Guideline in Oncology – Adult Cancer Pain.
- During Standing Committee's discussion on 0384e to the corresponding non-eCQM 0384, as there were no differences in the presented evidence.
- The Committee began their discussion by acknowledging the relationship between 0383 and 0384 (and thus 0348e). Specifically, they mentioned when measuring whether the plan of care is completed focuses on the provider, whereas measuring whether the pain is assessed and documented focuses on

0384 Oncology: Medical and Radiation - Pain Intensity Quantified

the performance of the health system. These aspects are inter-related, but also represent separate processes.

- The Committee discussed the idea of this being a check-the-box measure; however, that type of measure indicates a bimodal answer—yes/no, without doing something about the answer, which highlights the importance of pairing this measure with 0383.
- The quantification of pain can lead to an action plan for addressing that pain. It was noted by the Committee that pain can be subjective and often hard to measure; it also varies and could be unrelated to the condition. The lack of validated pain score was also mentioned.
- The Committee discussed the quantification of pain as a measure at the health system level, whereas the plan of care is a measure at the provider level.
- Performance data was provided from 2016 PQRS testing data analysis. The average performance rates ranged from 75% to 83% between 2015-2017.

2. Scientific Acceptability of Measure Properties: <u>The measure meets the Scientific Acceptability criteria</u>

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity

2a. Reliability: **H-0**; **M-15**; **L-3**; **I-0**; 2b. Validity: **H-0**; **M-16**; **L-2**; **I-0**

<u>Rationale</u>:

- The level of analysis (LoA) specified are for clinician groups and individual clinicians.. Reliability of the computed measure score was measured as the ratio of signal to noise, and testing was performed using a beta-binomial model. The results of the reliability testing indicated that the reliability above the minimum level of quality reporting events (10) for 251 physicians was 0.97.
- The developer performed a correlation analysis with measure: Oncology: Medical and Radiation – Plan of Care for Pain (PQRS #144) due to the similarities in patient population and domain. This method can demonstrate an association between patients with a diagnosis of cancer receiving chemotherapy or radiation therapy in which pain intensity is quantified (NQF #0384) and those with a diagnosis of cancer receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain (PQRS #144). The developer reports a coefficient correlation of 0.69 (P-value = >0.001).
- The Committee raised concerns about the populations that are captured in this measure, citing a specific example of whether a patient who is experiencing pain and does not have chemotherapy; would this patient be included. In addition, the Committee questioned whether patients who opt out of chemo but still experience pain and those who receive chemo through other modes (e.g., oral, injection, or at their house) would still be captured by this measure.
- The developer provided clarification of the measure specifications; an update for the 2019 submission was to divide the patient population into two groups—those receiving chemotherapy or radiation therapy and have a face-to-face encounter with the provider and 30 days before OR 30 days after that visit experiences pain and that pain is quantified. The developer also mentioned that the measure does account for different types of chemotherapy administration.

3. Feasibility: H-0; M-17; L-1; I-0

(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/ unintended consequences identified 3d. Data collection strategy can be implemented)

<u>Rationale</u>:

- The developer states that all data elements are in defined fields in a combination of electronic data sources. Data are generated and used by healthcare personnel during provision of care, and this data is coded by another individual.
- The developer reports no areas of concern or measure modification as a result of feasibility testing.
- The measure is copyrighted but can be reproduced and distributed without modification for noncommercial purposes. Commercial use of the measure requires a license agreement between the user and the PCPI Foundation or the American Medical Association (AMA).
- The Committee expressed no concerns with feasibility.

0384 Oncology: Medical and Radiation - Pain Intensity Quantified

4. Use and Usability

4a. Use; 4a1. Accountability and transparency; 4a2. Feedback on the measure by those being measured and others; 4b. Usability; 4b1. Improvement; 4b2. The benefits to patients outweigh evidence of unintended negative consequences to patients)

4a. Use: **Pass-18; No Pass-0** 4b. Usability: **H-12; M-3; L-0; I-0**

Rationale:

- This measure is currently used in MIPS. The measure was previously used in the PQRS.
- The measure is not currently publicly reported, but data will be available for public reporting in Physician Compare beginning in late 2019.
- The Committee agreed the benefits of the measure outweigh any potential harms and did not express any additional concerns with usability.

5. Related and Competing Measures

- This measure directly competes with 0384 Oncology: Medical and Radiation – Pain Intensity Quantified.
    - 0177: Improvement in pain interfering with activity
    - 1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits

6. Standing Committee Recommendation for Endorsement: **Y-15; N-0**

Rationale

- The vote for overall suitability was postponed due to a process error during the discussion of evidence. The Committee reviewed overall suitability and voted on the post-comment web meeting, July 13, 2020.

7. Public and Member Comment

Commenters expressed concerns that pain management for patients undergoing only cancer immunotherapy may be missed within this measure. Commenters expressed support for the measure's continued endorsement. The Committee expressed agreement with the developer that it is vital to quantify pain and recommend continued endorsement. A Committee vote was captured and the Committee recommended this measure for endorsement (Yes-15; No-0).

8. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X

9. Appeals

Appendix B: Cancer Portfolio—Use in Federal Programs[1]

NQF #	Title	Federal Programs: Finalized or Implemented as of June 22, 2020
0223	Adjuvant Chemotherapy is Considered or Administered Within 4 Months (120 days) of Diagnosis to Patients Under the Age of 80 with AJCC III (lymph node positive) Colon Cancer	Hospital Compare
0383	Oncology: Medical and Radiation - Plan of Care for Pain	Hospital Compare Prospective Payment System-Exempt Cancer Hospital Quality Reporting Merit-Based Incentive Payment System (MIPS) Program
0384	Oncology: Medical and Radiation - Pain Intensity Quantified (eCQM)	Prospective Payment System-Exempt Cancer Hospital Quality Reporting MIPS Program Medicaid Promoting Interoperability Program for Eligible Professionals
0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	MIPS Program
0389e	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (eCQM)	MIPS Program (Implemented) Medicaid Promoting Interoperability Program for Eligible Professionals (Implemented)
0390	Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High Risk Prostate Cancer	MIPS Program (Implemented)
1858	Trastuzumab administered to patients with AJCC stage I (T1c) – III human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy	MIPS Program (Implemented)
1859	RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy	MIPS Program (Implemented)
1860	Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies	MIPS Program (Implemented)

[1] Per CMS Measures Inventory Tool as of 09/15/2020

Appendix C: Cancer Standing Committee and NQF Staff

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Appendix D: Measure Specifications

	0223 Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer
Steward	Commission on Cancer, American College of Surgeons
Description	Percentage of patients, age = 18 and < 80 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy) that is lymph node positive and at AJCC stage III, whose primary tumor is of the colon and chemotherapy was recommended or administered within 4 months (120 days) of diagnosis
Type	Process
Data Source	Registry Data Hospital cancer registry data, reported to the American College of Surgeons' Commission on Cancer, National Cancer Database
Level	Facility
Setting	Inpatient/Hospital
Numerator Statement	Adjuvant chemotherapy is administered within 4 months (120 days) of the date of diagnosis or it is recommended but not administered
Numerator Details	Chemotherapy recommended and not received [NAACCR Item# 1390] = 82, 85, 86, 87 (82:not recommended/ administered because it was contraindicated due to patient risk factors, 85:not administered because the patient died prior to planned or recommended therapy, 86:It was recommended by the patient´s physician, but was not administered as part of first-course therapy. No reason was stated in the patient record, 87: it was recommended by the patient´s physician, but this treatment was refused by the patient, the patient´s family member, or the patient´s guardian. The refusal was noted in the patient record) or Chemotherapy administered [NAACCR Item# 1390] = 01, 02, 03 AND date chemotherapy started [NAACCR Item# 1220] = 120 days following date of initial diagnosis [NAACCR Item# 390]
Denominator Statement	Include if all of the following characteristics are identified: Men or Women Age = 18 and < 80 at time of diagnosis Known or assumed to be first or only cancer diagnosis Epithelial malignancy only Invasive tumors Primary tumors of the colon All or part of 1st course of treatment performed at the reporting facility Known to be alive within 4 months (120 days) of date of diagnosis Lymph node positive disease Surgical procedure of the primary site
Denominator Details	Sex [NAACCR Item# 220] = 1, 2 Age [NAACCR Item# 230] = 18 and < 80 Known or assumed to be first or only cancer diagnosis [NAACCR Item# 560] = 00, 01 Stageable epithelial tumor ICD-O codes in the AJCC 8th Edition staging manual [NAACCR Item# 522] = 8010, 8013, 8020, 8041, 8070, 8140, 8213, 8246, 8265, 8480, 8490, 8510, 8560, 8000, 8481 Invasive tumor behavior [NAACCR Item# 523] = 3

	0223 Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer
	Primary tumors of the colon [NAACCR Item# 400] = C18.0, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9 AJCC clinical stage group [NAACCR Item# 1004] ? 0, 4A, 4B, 4C AJCC pathologic stage group [NAACCR Item# 1014] ? 0, 4A, 4B, 4C AJCC clinical M [NAACCR Item# 1003] ? cM1, cM1a, cM1b, cM1c, pM1, pM1a, pM1b, pM1c AJCC pathologic M [NAACCR Item# 1013] ? cM1, cM1a, cM1b, cM1c, pM1, pM1a, pM1b, pM1c All or part of 1st course of treatment performed at the reporting facility [NAACCR Item# 610] = 10-22 Known to be alive within 4 months (120 days) of date of diagnosis: vital status [NAACCR Item# 1760] = 1 AND date of last contact or death [NAACCR Item# 1750] – date of initial diagnosis [NAACCR Item# 390] > 120 Surgical Procedure of the Primary Site [NAACCR Item# 1290] = 30–90 Lymph node positive disease [NAACCR Item# 820] = 1-90, 95, 97
Exclusions	Exclude, if any of the following characteristics are identified: Under age 18 or over age 80 at time of diagnosis Second or subsequent cancer diagnosis Tumor not originating in the colon Non-epithelial malignancies Non-invasive tumors Stage 0, in situ tumor Stage IV, metastatic tumor None of 1st course therapy performed at reporting facility Died within 4 months (120 days) of diagnosis Not lymph node positive disease Patient enrolled in a clinical trial that directly impacts delivery of the standard of care No surgical procedure of the primary site
Exclusion details	See pages 3-8: https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/measure%20specs%20colon.ashx
Risk Adjustment	No risk adjustment or risk stratification
Stratification	No stratification applied
Type Score	Rate/proportion better quality = higher score
Algorithm	See pages 3-8: https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/measure%20specs%20colon.ashx 108891| 138615| 141025| 134906| 141015
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	0384 Oncology: Medical and Radiation - Pain Intensity Quantified
Steward	PCPI
Description	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified
Type	Process
Data Source	Registry Data
Level	Clinician : Group/Practice, Clinician : Individual
Setting	Other, Outpatient Services Oncology/Outpatient Clinic; Radiation Oncology Dept/Clinic
Numerator Statement	Patient visits in which pain intensity is quantified
Numerator Details	Time Period for Data Collection: At each visit within the measurement period Guidance: Pain intensity should be quantified using a standard instrument, such as a 0-10 numerical rating scale, visual analog scale, a categorical scale, or pictorial scale. Examples include the Faces Pain Rating Scale and the Brief Pain Inventory (BPI). The Oncology: Medical and Radiation - Pain Intensity Quantified measure is specified for both registry (this measure) and for EHR (NQF #384e) implementation. The registry version has two submission criteria to capture 1) patients undergoing chemotherapy and 2) patients undergoing radiation therapy, and to align with the specifications for the EHR version of this measure. For the Submission Criteria 1 and Submission Criteria 2 numerators, report one of the following CPT Category II codes to submit the numerator option for patient visits in which pain intensity was quantified: 1125F: Pain severity quantified; pain present OR 1126F: Pain severity quantified; no pain present
Denominator Statement	All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy
Denominator Details	Time Period for Data Collection: 12 consecutive months The registry version has two submission criteria to capture 1) patients undergoing chemotherapy and 2) patients undergoing radiation therapy, and to align with the specifications for the EHR version of this measure. Guidance: For patients receiving radiation therapy, pain intensity should be quantified at each radiation treatment management encounter where the patient and physician have a face-to-face interaction. Due to the nature of some applicable coding related to the radiation therapy (eg, delivered in multiple fractions), the billing date for certain codes may or may not be the same as the face-to-face encounter date. For patients receiving chemotherapy, pain intensity should be quantified at each face-to-face encounter with the physician while the patient is currently receiving chemotherapy. For purposes of identifying eligible encounters, patients "currently receiving chemotherapy" refers to patients administered chemotherapy within 30 days prior to the encounter AND administered chemotherapy within 30 days after the date of the encounter. Submission Criteria 1 denominator: Patient visits for patients with a diagnosis of cancer currently receiving chemotherapy Diagnosis for cancer (ICD-10-CM) - Due to character limitation, please see codes in the attached Excel file in S.2b. AND

	0384 Oncology: Medical and Radiation - Pain Intensity Quantified
	Patient encounter during the performance period (CPT) – to be used to evaluate remaining denominator criteria and for numerator evaluation: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 WITHOUT Telehealth Modifier: GQ, GT, 95, POS 02 AND Patient procedure within 30 days before denominator eligible encounter: 51720, 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96521, 96522, 96523, 96542, 96549 AND Patient procedure within 30 days after denominator eligible encounter: 51720, 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96521, 96522, 96523, 96542, 96549 Submission Criteria 2 denominator: Patient visits for patients with a diagnosis of cancer currently receiving radiation therapy DENOMINATOR NOTE: For the reporting purposes for this measure, in instances where CPT code 77427 is reported, the billing date, which may or may not be the same date as the face-to-face encounter with the physician, should be used to pull the appropriate patient population into the denominator. It is expected, though, that the numerator criteria would be performed at the time of the actual face-to-face encounter during the series of treatments. Diagnosis for cancer (ICD-10-CM) - Due to character limitation, please see codes in the attached Excel file in S.2b. AND Patient procedure during the performance period (CPT) – Procedure codes: 77427, 77431, 77432, 77435
Exclusions	None
Exclusion details	Not applicable
Risk Adjustment	No risk adjustment or risk stratification
Stratification	Consistent with the CMS Measures Management System Blueprint and recent national recommendations put forth by the IOM and NQF to standardize the collection of race and ethnicity data, we encourage the results of this measure to be stratified by race, ethnicity, administrative sex, and payer.
Type Score	Rate/proportion better quality = higher score
Algorithm	This measure is comprised of two submission criteria but is intended to result in one reporting rate. The reporting rate is the aggregate of Submission Criteria 1 and Submission Criteria 2, resulting in a single performance rate. For the purposes of this measure, the single performance rate can be calculated as follows: Performance Rate = (Numerator 1 + Numerator 2)/ (Denominator 1 + Denominator 2) Calculation algorithm for Submission Criteria 1: Patient visits for patients with a diagnosis of cancer currently receiving chemotherapy 1. Find the patients who meet the initial population (ie, the general group of patients that a set of performance measures is designed to address). 2. From the patients within the initial population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial population and denominator are identical.

	0384 Oncology: Medical and Radiation - Pain Intensity Quantified
	3. From the patients within the denominator, find the patients who meet the numerator criteria (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator If the patient does not meet the numerator, this case represents a quality failure. Calculation algorithm for Submission Criteria 2: Patient visits for patients with a diagnosis of cancer currently receiving radiation therapy 1. Find the patients who meet the initial population (ie, the general group of patients that a set of performance measures is designed to address). 2. From the patients within the initial population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial population and denominator are identical. 3. From the patients within the denominator, find the patients who meet the numerator criteria (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator If the patient does not meet the numerator, this case represents a quality failure. 140560| 141015| 143584
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Appendix E: Related and Competing Measures

Comparison of NQF 0384 and NQF 0177 and NQF 1628

0384: Oncology: Medical and Radiation - Pain Intensity Quantified
0177: Improvement in pain interfering with activity
1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits

Steward

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

PCPI

0177: Improvement in pain interfering with activity

Centers for Medicare & Medicaid Services

1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits

RAND Corporation

Description

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified

0177: Improvement in pain interfering with activity

The percentage of home health episodes of care during which the frequency of the patient's pain when moving around improved.

1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits

Adult patients with advanced cancer who are screened for pain with a standardized quantitative tool at each outpatient visit

Type

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

Process

0177: Improvement in pain interfering with activity

Outcome

1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits

Process

Data Source

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

Registry Data

No data collection instrument provided Attachment NQF0384_I9toI10_conversion_2018Nov.xlsx

0177: Improvement in pain interfering with activity

Electronic Health Data The measure is calculated based on the data obtained from the Home Health Outcome and Assessment Information Set (OASIS), which is a statutorily required core standard

assessment instrument that home health agencies integrate into their own patient-specific, comprehensive assessment to identify each patient's need for home care. The instrument is used to collect valid and reliable information for patient assessment, care planning, and service delivery in the home health setting, as well as for the home health quality assessment and performance improvement program. Home health agencies are required to collect OASIS data on all non-maternity Medicare/Medicaid patients, 18 or over, receiving skilled services. Data are collected at specific time points (admission, resumption of care after inpatient stay, recertification every 60 days that the patient remains in care, transfer, death, and at discharge). HH agencies are required to encode and transmit patient OASIS data to the OASIS repositories Each HHA has on-line access to outcome and process measure reports based on their own OASIS data submissions, as well as comparative state and national aggregate reports, case mix reports, and potentially avoidable event reports. CMS regularly collects OASIS data for storage in the national OASIS repository, and makes measures based on these data (including the Improvement in Pain Interfering with Activity measure) available to consumers and to the general public through the Medicare Home Health Compare website.

The current version of OASIS is OASIS C2. Starting January 1, 2019, OASIS D will be in effective.

Differences include added, deleted, modified items and responses.

Available at measure-specific web page URL identified in S.1 Attachment isc_mstr_-V2.21.1-_FINAL_08-15-2017-636776316361945348.xlsx

1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits

Electronic Health Records, Paper Medical Records, Registry Data Patients were identified via the testing organizations' cancer registries.

At one institution, outpatient pain vital sign scores were extracted electronically from the patient EHR.

At other institutions, quantitative pain scores were collected via medical record abstraction.

No data collection instrument provided No data dictionary

Level

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

Clinician : Group/Practice, Clinician : Individual

0177: Improvement in pain interfering with activity

Facility

1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits

Facility, Health Plan, Integrated Delivery System

Setting

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

Other, Outpatient Services Oncology/Outpatient Clinic; Radiation Oncology Dept/Clinic

0177: Improvement in pain interfering with activity

Home Care

1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits

Outpatient Services

Numerator Statement

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

Patient visits in which pain intensity is quantified

0177: Improvement in pain interfering with activity

The number of home health episodes of care where the value recorded on the discharge assessment indicates less frequent pain at discharge than at start (or resumption) of care.

1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits

Outpatient visits from the denominator in which the patient was screened for pain (and if present, severity noted) with a quantitative standardized tool

Numerator Details

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

Time Period for Data Collection: At each visit within the measurement period

Guidance: Pain intensity should be quantified using a standard instrument, such as a 0-10 numerical rating scale, visual analog scale, a categorical scale, or pictorial scale. Examples include the Faces Pain Rating Scale and the Brief Pain Inventory (BPI).

The Oncology: Medical and Radiation - Pain Intensity Quantified measure is specified for both registry (this measure) and for EHR (NQF #384e) implementation. The registry version has two submission criteria to capture 1) patients undergoing chemotherapy and 2) patients undergoing radiation therapy, and to align with the specifications for the EHR version of this measure.

For the Submission Criteria 1 and Submission Criteria 2 numerators, report one of the following CPT Category II codes to submit the numerator option for patient visits in which pain intensity was quantified:

1125F: Pain severity quantified; pain present

OR

1126F: Pain severity quantified; no pain present

0177: Improvement in pain interfering with activity

The number of home health episodes where the value recorded for the OASIS-C2 item M1242 ("Frequency of Pain Interfering with Activity") on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less frequent pain interfering with activity at discharge.

1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits

Pain screening with a standardized quantitative tool during the primary care or cancer-related/specialty outpatient visit(s). Screening may be completed using verbal, numeric, visual analog, rating scales designed for use with nonverbal patients, or other standardized tools.

Denominator Statement

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy

0177: Improvement in pain interfering with activity

Number of home heath episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure- specific exclusions.

1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits

Adult patients with advanced cancer who have at least 1 primary care or cancer-related/specialty outpatient visit

Denominator Details

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

Time Period for Data Collection: 12 consecutive months

The registry version has two submission criteria to capture 1) patients undergoing chemotherapy and 2) patients undergoing radiation therapy, and to align with the specifications for the EHR version of this measure.

Guidance: For patients receiving radiation therapy, pain intensity should be quantified at each radiation treatment management encounter where the patient and physician have a face-to-face interaction. Due to the nature of some applicable coding related to the radiation therapy (eg, delivered in multiple fractions), the billing date for certain codes may or may not be the same as the face-to-face encounter date. For patients receiving chemotherapy, pain intensity should be quantified at each face-to-face encounter with the physician while the patient is currently receiving chemotherapy. For purposes of identifying eligible encounters, patients "currently receiving chemotherapy" refers to patients administered chemotherapy within 30 days prior to the encounter AND administered chemotherapy within 30 days after the date of the encounter.

Submission Criteria 1 denominator: Patient visits for patients with a diagnosis of cancer currently receiving chemotherapy

Diagnosis for cancer (ICD-10-CM) - Due to character limitation, please see codes in the attached Excel file in S.2b.

AND

Patient encounter during the performance period (CPT) – to be used to evaluate remaining denominator criteria and for numerator evaluation: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

AND

Patient procedure within 30 days before denominator eligible encounter: 51720, 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96521, 96522, 96523, 96542, 96549

AND

Patient procedure within 30 days after denominator eligible encounter: 51720, 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96446, 96450, 96521, 96522, 96523, 96542, 96549

Submission Criteria 2 denominator: Patient visits for patients with a diagnosis of cancer currently receiving radiation therapy

DENOMINATOR NOTE: For the reporting purposes for this measure, in instances where CPT code 77427 is reported, the billing date, which may or may not be the same date as the face-to-face encounter with the physician, should be used to pull the appropriate patient population into the denominator. It is expected, though, that the numerator criteria would be performed at the time of the actual face-to-face encounter during the series of treatments.

Diagnosis for cancer (ICD-10-CM) - Due to character limitation, please see codes in the attached Excel file in S.2b.

AND

Patient procedure during the performance period (CPT) – Procedure codes: 77427, 77431, 77432, 77435

0177: Improvement in pain interfering with activity

All home health episodes of care (except those defined in the denominator exclusions) in which the patient was eligible to improve in pain interfering with activity or movement (i.e., were not at the optimal level of health status according to the "Frequency of Pain Interfering" OASIS-C2 item M1242).

1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits

Adult patients with Stage IV cancer who are alive 30 days or more after diagnosis and who have had at least 1 primary care visit or cancer-related/specialty outpatient visit. Cancer-related visit = any oncology (medical, surgical, radiation) visit, chemotherapy infusion

Exclusions

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

None

0177: Improvement in pain interfering with activity

All home health episodes where there is no pain reported at the start (or resumption) of care assessment, or the patient is non-responsive, or the episode of care ended in transfer to inpatient facility or death at home, or the episodes is covered by one of the generic exclusions.

1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits

None (other than those patients noted in 2a1.7. who did not survive at least 30 days after cancer diagnosis)

Exclusion Details

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

Not applicable

0177: Improvement in pain interfering with activity

Home health episodes of care for which [1] at start/resumption of care OASIS item M1242 = 0, indicating the patient had no pain; OR [2] at start/ resumption of care, OASIS item M1700 "Cognitive Functioning" is 4, or M1710 "When Confused" is NA, or M1720 "When Anxious" is NA, indicating the patient is non-responsive; OR [3] The patient did not have a discharge assessment because the episode of care ended in transfer to inpatient facility or death at home; OR [4] All episodes covered by the generic exclusions:

a. Pediatric home health patients - less than 18 years of age as data are not

collected for these patients.

b. Home health patients receiving maternity care only.

c. Home health clients receiving non-skilled care only.

d. Home health patients for which neither Medicare nor Medicaid are a payment source.

e. The episode of care does not end during the reporting period.

f. If the agency sample includes fewer than 20 episodes after all other patient-level exclusions are applied, or if the agency has been in operation less than six months, then the data is suppressed from public reporting on Home Health Compare.

1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits

Risk Adjustment

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

No risk adjustment or risk stratification

140560| 141015| 143584

140560| 141015| 143584

0177: Improvement in pain interfering with activity

Statistical risk model

121650| 123185| 126284| 134819| 137428| 138696| 140506| 141130| 141592| 142923| 138874| 141015

121650| 123185| 126284| 134819| 137428| 138696| 140506| 141130| 141592| 142923| 138874| 141015

1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits

No risk adjustment or risk stratification

113885| 110832| 136569| 141015| 141057

113885| 110832| 136569| 141015| 141057

Stratification

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

Consistent with the CMS Measures Management System Blueprint and recent national recommendations put forth by the IOM and NQF to standardize the collection of race and ethnicity data, we encourage the results of this measure to be stratified by race, ethnicity, administrative sex, and payer.

0177: Improvement in pain interfering with activity

Not Applicable

1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits

Type Score

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

Rate/proportion better quality = higher score

0177: Improvement in pain interfering with activity

Rate/proportion better quality = higher score

1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits

Rate/proportion better quality = higher score

Algorithm

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

This measure is comprised of two submission criteria but is intended to result in one reporting rate. The reporting rate is the aggregate of Submission Criteria 1 and Submission Criteria 2, resulting in a single performance rate. For the purposes of this measure, the single performance rate can be calculated as follows:

Performance Rate = (Numerator 1 + Numerator 2)/ (Denominator 1 + Denominator 2)

Calculation algorithm for Submission Criteria 1: Patient visits for patients with a diagnosis of cancer currently receiving chemotherapy

1. Find the patients who meet the initial population (ie, the general group of patients that a set of performance measures is designed to address).
2. From the patients within the initial population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial population and denominator are identical.
3. From the patients within the denominator, find the patients who meet the numerator criteria (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator

If the patient does not meet the numerator, this case represents a quality failure.

Calculation algorithm for Submission Criteria 2: Patient visits for patients with a diagnosis of cancer currently receiving radiation therapy

1. Find the patients who meet the initial population (ie, the general group of patients that a set of performance measures is designed to address).
2. From the patients within the initial population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial population and denominator are identical.
3. From the patients within the denominator, find the patients who meet the numerator criteria (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator

   If the patient does not meet the numerator, this case represents a quality failure. 140560| 141015| 143584

0177: Improvement in pain interfering with activity

1. Define an episode of care (the unit of analysis): Data from matched pairs of OASIS assessments for each episode of care (start or resumption of care paired with a discharge or transfer to inpatient facility) are used to calculate individual patient outcome measures.

2. Identify target population: All episodes of care ending during a specified time interval (usually a period of twelve months), subject to generic and measure-specific exclusions.

Generic exclusions: Episodes of care ending in discharge due to death (M0100_ASSMT_REASON[2] = 08).

Measure specific exclusions: Episodes of care ending in transfer to inpatient facility (M0100_ASSMT_REASON[2] IN (06,07), patients who are comatose or non-responsive at start/resumption of care (M1700_COG_FUNCTION[1] = 04 OR M1710_WHEN_CONFUSED[1] = NA OR M1720_WHEN_ANXIOUS[1] = NA), and patients with no pain interfering with activity at start/resumption of care (M1242_PAIN_FREQ_ACTVTY_MVMT [1] = 00).

Cases meeting the target outcome are those where the patient has less pain interfering with activity at discharge than at start/resumption of care:

M1242_PAIN_FREQ_ACTVTY_MVMT[2] < M1242_PAIN_FREQ_ACTVTY_MVMT[1].

3. Aggregate the Data: The observed outcome measure value for each HHA is calculated as the percentage of cases meeting the target population (denominator) criteria that meet the target outcome (numerator) criteria.

4. Risk Adjustment: The expected probability for a patient is calculated using the following formula:

P(x)=1/(1+e^(-(a+?¦?b_i x_i ?)))

Where:

P(x) = predicted probability of achieving outcome x

a = constant parameter listed in the model documentation

bi = coefficient for risk factor i in the model documentation

xi = value of risk factor i for this patient. See the attached zipped risk adjustment file for detailed lists and specifications of risk factors.

Predicted probabilities for all patients included in the measure denominator are then averaged to derive an expected outcome value for the agency. This expected value is then used, together with the observed (unadjusted) outcome value and the expected value for the national population of home health agency patients for the same data collection period, to calculate a risk-adjusted outcome value for the home health agency. The formula for the adjusted value of the outcome measure is as follows:

X(A_ra)= X(A_obs)+ X(N_exp)-X(A_exp)

Where:

X(Ara) = Agency risk-adjusted outcome measure value

X(Aobs) = Agency observed outcome measure value

X(Aexp) = Agency expected outcome measure value

X(Nexp) = National expected outcome measure value

If the result of this calculation is a value greater than 100%, the adjusted value is set to 100%. Similarly, if the result is a negative number the adjusted value is set to zero. 121650| 123185| 126284| 134819| 137428| 138696| 140506| 141130| 141592| 142923| 138874| 141015

1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits

1. Identify patients at least 18 years of age with Stage IV cancer

2. Identify patients who have had at least 1 primary care or cancer-related visit. Exclude patients who are not alive 30 or more days after diagnosis.

3. For each applicable visit, determine if a screening for pain was performed using a quantitative standardized tool.

4. Performance score = number of visits with standardized quantitative screening for pain/total number of outpatient visits 113885| 110832| 136569| 141015| 141057

Submission items

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

5.1 Identified measures: 1637 : Hospice and Palliative Care -- Pain Assessment

1628 : Patients with Advanced Cancer Screened for Pain at Outpatient Visits

0677 : Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)

0676 : Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)

0523 : Pain Assessment Conducted

0420 : Pain Assessment and Follow-Up

0192 : Residents who experience moderate to severe pain during the 7-day assessment period (risk-adjusted)

0177 : Improvement in pain interfering with activity

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: There are several NQF-endorsed measures related to measure #384 Oncology: Medical and Radiation – Pain Intensity Quantified. Most related measures are assessed within different settings and at distinct levels of analysis. NQF measure #177 assesses the percentage of home health episodes with improvements in the frequency of a patient's pain. The measure is assessed at the facility level and within the home care setting. NQF measure #192 assesses the percentage of nursing home residents or patients within skilled nursing facilities who experience moderate to severe pain. In contrast to the PCPI measure, measure #192 is assessed at the facility level. NQF measure #523 is also assessed at the facility level and focuses on whether home health patients are assessed for pain. NQF measures #676 and 677 are facility-based measures and assess whether patients report moderate or severe pain while in post-acute care as short-stay or long stay patients, respectively. Measure #1628 is limited to patients with Stage IV diagnosis and is identified as a measure to be assessed at the facility, health plan or integrated delivery system level of analysis. NQF measure #1637 is also a facility level measure and assesses whether hospice or palliative care patients are assessed for pain. NQF measure #420 is also related to the PCPI measure but is a claims-based measure. Measure #420 generally assesses pain whereas the PCPI measure assesses cancer treatment-related pain which represents a current gap in care.

5b.1 If competing, why superior or rationale for additive value: Not applicable

0177: Improvement in pain interfering with activity

5.1 Identified measures:

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: see 5b.1.

5b.1 If competing, why superior or rationale for additive value: A search using the NQF QPS for outcome measures reporting rates of improvement in pain identified two measures used in the hospice setting (NQF# 0676, 0677 - Percent of Residents Who Self-Report Moderate to Severe Pain). These measures are focused on inpatient (not homebound) patients, are calculated using

data that are not currently collected in the home health setting, and do not consider the functional impact of pain.

1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits

5.1 Identified measures:

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value: This measure was part of the National Palliative Care Research Center (NPCRC) Key Palliative Measures Bundle during the original submission. At that time, a NPCRC cover letter and table of bundle measures for description of the selection and harmonization of the Key Palliative Measures Bundle was provided.

Measures 0677, 0675, 0523, and 0524 apply to nursing home and home health care settings and are, therefore, not competing with the proposed measure.

It is unclear exactly what the scope of measure 0420 is, however it appears to be directed at ancillary, non-physician professionals. It is unclear what "initiation of therapy" is referring to. The measure's endorsement is time limited (endorsed July 31, 2008)

Measure 0384 (paired with 0383) also has a time-limited endorsement (endorsed July 31, 2008). This measure targets only patients who are currently receiving chemotherapy or radiation therapy, and by definition, excludes some patients with advanced cancer who are not receiving this type of treatment. The proposed measure targets patients with Stage IV cancer and includes more venues of care than the existing measure where it would be applied (primary care and all cancer-related outpatient visits). This is in keeping with the reality that pain and pain control becomes a central focus for patients with late-stage cancer, and regular pain assessment should occur in multiple outpatient care settings. The developers propose that measure 0383 be limited to patients with Stage I-III cancer and endorse the proposed measure which targets Stage IV cancer patients.

Proposed measure 1634: Hospice and Palliative Care - Pain Screening: Proposed measure 1634 targets patients with serious conditions who are entering hospice or hospital-based palliative care. The measure proposed here targets a sub-population (advanced cancer). However, the setting and timing of 1634 is hospice/palliative care admission and is a one-time screen. 1628 focuses on pain screening at all outpatient visits. Although the 2 measures focus on different venues of care (and 1 is a time measure and the other every visit), they are completely harmonized in content.

Appendix F: Pre-Evaluation Comments

Pre-meeting commenting closed on April 24, 2020. As of that date, no comments were submitted.

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