NATIONAL QUALITY FORUM
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Cancer, Fall 2019 Cycle: CDP Report

DRAFT REPORT FOR COMMENT
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Contents

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 Cancer Standing Committee evaluated nine measures undergoing maintenance review against NQF's standard measure evaluation criteria. The Committee recommended six measures for endorsement, the Committee did not reach consensus on two measures, and there is one measure where voting will occur after the post-comment period. The recommended measures are:

- **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

The Committee did not reach consensus on 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 0384e** Oncology: Medical and Radiation - Pain Intensity Quantified

The Committee will vote on overall suitability for endorsement on the following measure:

- **NQF 0384** Oncology: Medical and Radiation - Pain Intensity Quantified

Brief summaries of the measures currently under review are included in the body of the report; detailed summaries of the Committee's discussion and ratings of the criteria for each measure are in Appendix A.

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, 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
Hematology	0	0
Lung/Thoracic Cancer	0	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, 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 February 26, 2020, the Cancer Standing Committee evaluated nine measures undergoing maintenance review against NQF's standard measure evaluation criteria.

Table 2. Cancer Measure Evaluation Summary

	Maintenance	New	Total
Measures under consideration	9	0	9
Measures recommended for endorsement	6	0	6
Measures where vote was postponed: overall suitability for endorsement [1]	1	0	1
Measures where consensus is not yet reached	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 December 11, 2019 and will close on May 28, 2020. As of January 30, 2020, no comments were submitted and shared with the Committee prior to the measure evaluation meeting (Appendix F).

Summary of Measure Evaluation

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.

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 (American Society of Clinical Oncology): Recommended

Description: Percentage of female patients aged 18 and over with HER2/neu positive invasive breast cancer who are administered trastuzumab; **Measure Type**: Process; **Level of Analysis**: Clinician: Group/Practice; **Setting of Care**: Outpatient Services; **Data Source**: Paper Medical Records, Registry Data

The Committee recommended the measure for continued endorsement. The Committee noted that this measure represents a standard of cancer care measure that remains relevant for measurement. Several Committee members expressed concern about the performance rate of 97.5% in the 2017 Quality Payment Program (QPP). While there is a high performance rate in the program, the Committee noted

[1] During the Committee evaluation of a measure, there was a process error and the measure was not voted on for overall suitability for endorsement. Therefore, the Committee will vote during a post-comment meeting.

persist gaps in the medical literature and the importance for this measure. The developer offered that this measure focuses on the importance of ensuring records connect in order to get the necessary information to the physician in a timely manner, and if this is lacking, it could be an indication of a larger systems issue rather than a physician's lack of adherence to guidelines.

The Committee discussed the age range for the measure, noting that the measure should consider an upper bound in which treatment would stop. The developer noted that another measure is in development that will specify an age cutoff for treatment. The Committee discussed the lack of data on minority populations, noting concerns that the performance rates may mask underlying disparities.

The developer computed a signal-to-noise ratio to test the reliability of the measure score using a beta-binomial model. A Committee member raised concern regarding exclusions in the measure denominator. Specifically, the Committee member noted the denominator exclusion: *Reason for not administering trastuzumab documented (e.g., patient declined, patient died, patient transferred, contraindication or other clinical exclusion, neoadjuvant chemotherapy or radiation therapy not complete).* The Committee member noted this exclusion is broad and may lead to the inappropriate exclusion of patients from the denominator and encouraged the developer to revisit this exclusion in future updates.

The Committee reviewed and discussed the remaining evaluation criterion—feasibility, use, and usability, and did not express any concerns.

1859 RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy (American Society of Clinical Oncology): Recommended

Description: Percentage of adult patients (aged 18 and over) with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy for whom RAS (KRAS and NRAS) gene mutation testing was performed; **Measure Type**: Process; **Level of Analysis**: Clinician Group/Practice; **Setting of Care**: Outpatient Services; **Data Source**: Paper Medical Records, Registry Data

The Committee recommended the measure for continued endorsement. The measure captures the percentage of adult patients (aged 18 and over) with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy for whom RAS (KRAS and NRAS) gene mutation testing was performed.

The Committee reviewed the updated evidence; specifically, the guidelines used to support it—an American Society of Clinical Oncology recommendation and National Comprehensive Cancer Network guideline on colon cancer. One Committee member mentioned that the evidence provided by the developer seems to be in direct support of this measure since it is focused on whether a test was performed. The developer responded, citing that there is a need for this testing, and the current evidence supports those with a KRAS gene mutation receiving anti-epidermal growth factor receptor monoclonal antibody therapy, and patients without a KRAS gene mutation are actually harmed by this treatment. This led to the development of a second measure (#1860) to address this difference. There was overall consensus among the Committee that data showed a persistent performance gap.

During the discussion of validity, the Committee expressed a concern with the numerator of the measure regarding whether RAS gene mutation testing was performed. The measure is capturing a process that may not be sufficiently granular enough to ensure that the molecular test identifies the important mutations for the treatment of colon cancer. While the Committee agreed that the issue of the granularity of the measurement is a challenge, the measure still addresses an important quality goal in the treatment of cancer.

The Committee agreed that since this measure is reported, the measure is feasible. The Committee also agreed that use and usability are not issues for this measure.

1860 Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies (American Society of Clinical Oncology): Recommended

Description: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies; **Measure Type**: Process; **Level of Analysis**: Clinician: Group/Practice; **Setting of Care**: Outpatient Services; **Data Source**: Paper Medical Records, Registry Data

The Committee recommended the measure for continued endorsement. This measure captures the percentage of patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies.

The Committee generally agreed that sufficient evidence was provided for this measure, and the discussion of measure #1859 on evidence would apply to this measure as well. It was acknowledged that this measure was a companion measure to 1859, the difference being that treatment is not administered for a patient who is positive for the KRASG mutation. The Committee agreed that there is a performance gap with the current performance, at 91%. During the discussion on reliability, one Committee member asked about patient re-test and whether a former test for a next-generation sequencing (NGS) tumor would be applicable for this measure. The Committee discussed the probability of Medicaid covering the cost for more than one test for each NGS tumor and the potential risk of financial burden for a patient. The Committee did not express any significant concerns or comments on validity.

When discussing feasibility, the Committee noted that the data to support this measure is not structured in the electronic health record (EHR) and requires abstraction, and also questioned why this measure was not an eCQM, which may improve feasibility. The developer informed the Committee that not all EHRs are able to accommodate this, but as the technology becomes more widely available, they intend for the measure to move in that direction. It was noted by the Committee that this measure is currently used in various accountability programs and the benefits outweigh the harms.

0383 Oncology: Medical and Radiation - Plan of Care for Pain (American Society of Clinical Oncology): Recommended

Description: Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain; **Measure Type**: Process; **Level of Analysis**: Clinician:Group/Practice; **Setting of Care**: Outpatient Services; **Data Source**: Paper Medical Records, Registry Data

The Committee recommended the measure for continued endorsement. This measure captures the percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain.

The Committee agreed that there was clear evidence for the importance of addressing pain and having a plan of care, but that the evidence provided does not directly relate to the measure as stated. To meet NQF's standard measure criteria, a process measure must include a systematic assessment and grading of the quality and consistency of the body of evidence that the measured process leads to a desired health outcome. According to NQF measure criteria, if a measure does not include a systematic review of the evidence, the Committee may choose to consider it as having an exception to evidence requirement. The Committee acknowledged that, commonly, Level 1 guidelines are related to randomized control trials (RCTs), but it would be unethical to have an RCT for patients who are experiencing pain, so the highest level of guideline rating is 2A (weak recommendation; benefits closely balanced with risks and burdens). The Committee agreed that the information presented to support evidence did not show that the measured process leads to a desired health outcome, and therefore the measure was rated insufficient on evidence. The Committee then voted to pass the measure on evidence with exception. The Committee determined there is consensus of expert opinion that the benefits of what is being measured (documented plan of care to address pain) outweighs any potential harm.

For performance gap, the Committee noted that the developer provided data from the literature demonstrating that patients with cancer receive disparate treatment across groupings.

The Committee also had no concerns about the reliability or validity of the measure. During the discussion on feasibility, the Committee noted the difficulty with extracting the information from an EHR, since there is no designated field. Traditionally the extraction is completed through audits. Another member noted that this has been a challenging measure to measure consistently. The Committee noted that it could be extremely difficult to obtain an accurate number of visits; however, one unforeseen benefit is that practices are improving their electronic infrastructure to accurately capture this documentation. However, the Committee overall agreed that the measure was feasible to report and passed it on feasibility.

This measure is currently being publicly reported in the Merit-Based Incentive Payment System (MIPS) and in the Prospective Payment System-exempt Cancer Hospital Quality Reporting (PCHQR)program, and the Committee expressed no concerns about the use of the measure. When discussing usability, the Committee noted the dangers of opioid prescribing patterns associated with this measure and

suggested that a future version of the measure might consider the distinction between pain in patients with an incurable cancer versus a curable cancer. Patient representatives on the Committee also noted the importance of providing better patient education about medications prescribed to them.

The Committee also discussed whether there was a way to create a unified measure between 0383 and 0384 as a composite measure. The developer clarified that this is an area of interest but might be procedurally challenging, as these measures return for maintenance and are related but no longer paired, and there is no current data for testing on such a composite.

0384e Oncology: Medical and Radiation - Pain Intensity Quantified (PCPI): Consensus Not Reached

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**: Electronic Health Records

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.

At the start of discussion, NQF clarified that there were updates to the measure performance gap and testing that were not included in the measure form due to technical errors. The updated data on performance gap and reliability and validity testing was shared with the Committee the day before the meeting and the developer provided a recap of the updated data. In addition, NQF provided clarification on the staff ratings that were present on the preliminary analysis. These ratings were based on inaccurate information and therefore should not be considered during the Committee discussion.

The Standing Committee began its 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. The Committee acknowledged these measures are interrelated, but also that they represent different processes.

It was noted that measure 0384e is a quantified measure that allows for the quantification of pain, which then can lead to an action plan for addressing that pain. One Committee member mentioned how pain can often be subjective and hard to measure. Patients may experience unrelated pain but still report this pain if asked. In addition, the intensity of pain may vary, particularly since there is no validated pain score. Ultimately, the Committee agreed it was vital to quantify pain, and passed this measure on evidence.

During the discussion on reliability, the Physician Quality Reporting System (PQRS) EHR data set was mentioned and how it may differ from actual data from an active EHR system. The developer noted that the PQRS data set provides a mix of data across multiple EHR vendors. It was noted by the Committee that a signal-to-noise analysis was completed for the reliability of this measure, and for providers that had at least one eligible patient, the reliability came to be 0.96.

During the discussion of validity, the Committee discussed the correlation analysis between the eCQM and another process measure as well as the exclusions for this measure. Specifically, they questioned whether a hormonal therapy measure was the best choice for testing validity of a pain quantification measure. The developer mentioned that measure selection for a comparative analysis of an eCQM is often limited, and they chose a measure that would be reported in a similar manner, e.g., similar diagnosis and face-to-face encounter. Additionally, the Committee questioned whether patients who opt out of chemotherapy and experience pain would be captured by the measure. Clarification was provided by the developer that the patient population was divided into two groups—those receiving chemotherapy or radiation therapy and have had a face-to-face encounter with the provider and 30 days before OR 30 days after that visit experience pain, and that pain is quantified. This measure also accounts for different types of chemotherapy administration.

The feasibility of the data elements also came up as a point of clarification, and the measure developer mentioned that the test sites were radiation oncology clinics and could capture the elements related to radiation but not chemotherapy. The Committee also expressed concerns regarding the use of billing codes, as they believe there to be insufficient difference in codes between types of chemotherapy. Overall, the Committee agreed that this topic was important to measure but was concerned that issues remained with the mode of measurement.

During the discussion on use and usability, it was noted that the measure is currently included in MIPS. The Committee agreed the measure use was appropriate and expressed no concerns with usability.

The Standing Committee did not vote on the recommendation for endorsement at the meeting because the Committee did not reach consensus on validity—a must-pass criterion. The Committee will revote on the measure at the post-comment web meeting on May 12, 2020.

0384 Oncology: Medical and Radiation - Pain Intensity Quantified (PCPI): Vote Postponed – Overall Suitability for Endorsement

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

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.

Since the evidence is the same for 0384 and 0384e, the discussion on evidence and vote from 0384e can be applied to 0384. During the Standing Committee's discussion on 0384e, 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. While these are interrelated, the Committee acknowledged them to represent different processes.

It was noted that measure 0384e, similar to 0384, is a quantified measure that allows for the quantification of pain, which then can lead to an action plan for addressing that pain. One Committee

member mentioned how pain can often be subjective and often hard to measure. Patients may experience unrelated pain but still report this pain if asked. In addition, the intensity of pain may vary particularly since there is no validated pain score. Ultimately, the Committee agreed it was vital to quantify pain. Measure 0384 also passed on evidence.

The Standing Committee noted that 0384 lacks disparities data. While the developer reiterated that disparities data is not available from the data source they used, the Committee noted that the literature demonstrates there is a disparities gap, and the lack of disparities data is a larger problem that should be addressed in the future.

During the discussion on validity, the Committee expressed concern that the measure exclusions remove a significant number of people from the denominator. The evidence base for this measure is specific to all patients with cancer, but this measure excludes patients who are not actively receiving chemotherapy and radiation treatment. The developer clarified the measure specifications, mentioning that the patient population for this measure was divided into two groups: those who receive chemotherapy or radiation therapy and have a face-to-face encounter with the provider and 30 days before OR 30 days after that visit experience pain and that pain is quantified. In addition, it was noted that the measure does account for different types of chemotherapy administration. The Committee passed the measure on validity.

The feasibility of the measure was discussed briefly by the Committee, which mentioned that the data are generated and used by healthcare personnel during provision of care. There were no concerns expressed on feasibility. The Committee agreed the benefits of the measure outweigh any potential harms and did not express any additional concerns with usability.

The Standing Committee vote for overall suitability for endorsement was postponed due to a process error during the discussion of the evidence criterion. The Committee will vote on the measure at the post-comment web meeting on May 12, 2020.

0219 Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer (Commission on Cancer, American College of Surgeons): Recommended

Description: Percentage of female patients, age = 18 and <70 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy), whose primary tumor is of the breast, had breast conserving surgery and was administered radiation therapy within 1 year (365 days) of diagnosis; **Measure Type**: Process; **Level of Analysis**: Facility; **Setting of Care**: Inpatient/Hospital; **Data Source**: Registry Data

The Committee recommended the measure for continued endorsement. The measure captures the percentage of female patients, age = 18 and <70 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy), whose primary tumor is of the breast, had breast conserving surgery and was administered radiation therapy within 1 year of diagnosis.

The Committee expressed no concerns about evidence since it had not changed since the last review. The Committee noted that significant progress in performance has been made since the last review, but

a performance gap still warrants a performance measure in this area. Disparities related to race/ethnicity and insurance status persist. The Committee had no concerns with reliability. In addition, the Committee did not have any concerns with the measure's validity.

Concerning feasibility, the Committee noted that this data is regularly generated by any facility with a cancer registry. The Committee inquired about whether this measure was limited to National Cancer Database (NCDB) hospitals. The developer clarified that a benefit of being part of the Commission on Cancer (CoC) is they report back to CoC programs, but that the measure specifications can be applied to any registry data, regardless of whether it is from a reporting hospital. The Committee had no further questions on feasibility.

The Committee also had no issues with the use of this measure, as it is currently publicly reported and used in a number of accountability programs. They also had no concerns about the usability of this measure, and noted being able to see improvement, as the measure is having an effect.

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 (Commission on Cancer, American College of Surgeons): Recommended

Description: Percentage of female patients, age = 18 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy), at AJCC T1cN0M0 or stage IB to IIIC, whose primary tumor is of the breast, and is progesterone or estrogen receptor positive with adjuvant hormonal therapy (recommended or administered) within 1 year (365 days) of diagnosis; **Measure Type**: Process; **Level of Analysis**: Facility; **Setting of Care**: Inpatient/Hospital; **Data Source**: Registry Data

The Committee recommended the measure for continued endorsement. The measure captures the percentage of female patients, age = 18 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy), at AJCC T1cN0M0 or stage IB to IIIC, whose primary tumor is of the breast, and is progesterone or estrogen receptor positive with adjuvant hormonal therapy within one year of diagnosis.

The Committee agreed that there has been no change in evidence since the last evaluation. Although the performance data from the NCDB is from 2015, the Committee accepted the developer's justification that a lag exists in data collection, because it takes longer to document receipt of adjuvant therapy. Committee members noted that although the performance gap is fairly narrow, the data from 2008 and 2015 demonstrate improvement over time, and disparities exist based on race and ethnicity, age, insurance status, income, educational level, facility type, and region of the country. The Committee agreed there is continuing gap in performance that justifies ongoing performance measurement and reporting. The Committee was pleased that the NCDB used by the developer contained disparities data, including race/ethnicity data and insurance data.

The Committee did not have any concerns with the reliability or validity of this measure. The Committee agreed that the measure remains feasible for CoC-accredited hospitals, though it may not be as feasible for non-CoC-accredited centers. The Committee had no concerns with the use or usability of this measure, as it is currently used in accountability programs.

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): Consensus Not Reached

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 captures the percentage of patients, age =- 18 and <80 at diagnosis, who have their first diagnosis of cancer that is lymph node positive and at AJCC stage III, whose primary tumor is of the colon, and chemotherapy was recommended or administered within four months of diagnosis.

The Committee agreed that the evidence base for this measure was strong and had no concerns. Similar to the other CoC measures, the Committee noted an improvement in performance in this measure since last review. However, the Committee noted that there continues to be room for improvement, especially improvement in disparities across racial and ethnic groups. There were no concerns regarding performance gap.

The Committee noted that reliability was lower in hospitals with fewer than five cases per year. The developer agreed that case volume was primarily driving the testing model results, that hospitals with more cases had greater reliability, and that performance variability across hospitals was factored into their results.

For validity, the NQF measure evaluation criteria states that testing must be completed on critical data elements, and therefore the measure was rated as insufficient. The developer confirmed this, but explained that CoC does not do any re-abstraction to assess validity in this instance. While the Committee comments indicated that they were, in general, comfortable with the validity of this measure, they had reservations passing this measure on validity, as no testing information was supplied to support them doing so, resulting in a consensus not reached vote.

The Committee noted that this measure has been in use for many years, and data elements are routinely collected during care delivery and are available on the EHR. They had no concerns with the feasibility of this measure. The Committee also had no concerns with the use or usability of this measure.

The Standing Committee did not vote on the recommendation for endorsement at the meeting because the Committee did not reach consensus on scientific acceptability (validity)—a must-pass criterion. The Committee will revote on the measure at the post-comment web meeting on May 12, 2020.

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 May 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

Measures Recommended

0219 Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer

Submission | Specifications

Description: Percentage of female patients, age = 18 and <70 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy), whose primary tumor is of the breast, had breast conserving surgery and was administered radiation therapy within 1 year (365 days) of diagnosis

Numerator Statement: Radiation therapy is administered within 1 year (365 days) of the date of diagnosis

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

Women

Age = 18 and <70 at time of diagnosis

Known or assumed to be first or only cancer diagnosis

Epithelial malignancy only

Invasive tumors

Primary tumors of the breast

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

Known to be alive within 1 year (365 days) of date of diagnosis

Receipt of breast conserving surgery

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

Men

Under age 18 or over 69 at time of diagnosis

Second or subsequent cancer diagnosis

Tumor not originating in the breast

Non-epithelial malignancies, exclude rare tumors: 8940 - Mixed tumor, malignant, NOS; 8950 - Mullerian mixed tumor; 8980 - Carcinosarcoma; 8981 - Carcinosarcoma, embryonal

Non-invasive tumor

Stage 0, in situ tumor

Stage IV, metastatic tumor

None of 1st course therapy performed at reporting facility

Breast conserving surgery was not received

Died within 1 year (365 days) of diagnosis

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

Adjustment/Stratification: No stratification applied. 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

0219 Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer

STANDING COMMITTEE MEETING 02/26/2020

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

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

1a. Evidence: **M-15**; **L-0**; **I-0**; 1b. Performance Gap: **H-2**; **M-12**; **L-1**; **I-0**

Rationale:

- The evidence for this measure is a National Comprehensive Cancer Network (NCCN) Practice Guideline. The developer has used this as the supporting guideline, and categories for evidence is Level 1.
- The performance data from the NCDB was provided from 2015. The developer explained that the lag in data collection existed because it takes longer to document receipt of adjuvant therapy.
- The data from 2008 and 2015 demonstrated improvement over time, 88.1% (2008) and 92.0% (2015), and disparities exist based on race and ethnicity, age, insurance status, income, educational level, facility type, and region of the country. The Committee agreed there is a continuing gap in performance that justifies ongoing performance measurement and reporting. The Committee was pleased that the NCDB used by the developer contained disparities data, including race/ethnicity data and insurance data, and encouraged other developers to take note.

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-3**; **M-12**; **L-0**; **I-0**; 2b. Validity: **M-14**; **L-1**; **I-0**

Rationale:

- The measure is a process measure reported at the facility level, and the data elements are collected from a registry. The Committee agreed the data elements were clear and precise, and there were no concerns of threats to reliability of the measure.
- Validity testing was conducted at the data element level. Annually a review of a minimum of 10% of the annual caseload of the registry abstracts is performed to verify that abstracted data accuracy. Both the annual caseload reviews and the measure reporting system reviews are intended to ensure that reported performance rates are an accurate reflection of the care provided to patients at CoC-accredited programs.

3. Feasibility: H-9; M-6; 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 currently reported to CoC-accredited programs through the NCDB using the Cancer Program Practice Profile Report (CP3R) web-based audit and feedback reporting tool by registrars submitting new and updated cases annually. In addition, this measure is also reported to 1,500 cancer programs participating in its "real clinical time" feedback reporting tool through its Rapid Quality Reporting System (RQRS) reported daily from registrars in regard to new and updated cases. Both of these reporting tools have been used in the cancer registry community and do not produce an undue burden on the data collection network.
- The Committee expressed concern about smaller hospitals that might not have a registry. The Committee did ask whether this measure was limited to NCDB hospitals. The developer clarified that a benefit of being part of the CoC is they report back to COC programs, but that the measure specifications can be applied to any registry data, regardless of whether it is from a reporting hospital.

0219 Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer
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-12; M-3; L-0; I-0** Rationale: • This measure is in use within accountability programs including Public Reporting – Pennsylvania Health Care Quality Alliance (PHCQA); Quality Improvement and Benchmarking – CoC, NCDB; and Regulatory and Accreditation programs –CoC Standards.
5. Related and Competing Measures • No related or competing measures noted.
6. Standing Committee Recommendation for Endorsement: **Y-15**; **N-0**
7. Public and Member Comment • No Public comments received to date
8. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X
9. Appeals

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

Submission | Specifications

Description: Percentage of female patients, age = 18 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy), at AJCC T1cN0M0 or stage IB to IIIC, whose primary tumor is of the breast, and is progesterone or estrogen receptor positive with adjuvant hormonal therapy (recommended or administered) within 1 year (365 days) of diagnosis

Numerator Statement: Adjuvant hormonal therapy is administered within 1 year (365 days) of the date of diagnosis or it is recommended but not administered

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

Women

Age = 18 at time of diagnosis

Known or assumed to be first or only cancer diagnosis

Epithelial malignancy only

Invasive tumors

Primary tumors of the breast

AJCC T1cN0M0 or Stage IB – IIIC

Primary tumor is estrogen receptor positive or progesterone receptor positive

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

Known to be alive within 1 year (365 days) of date of diagnosis

Surgical procedure of the primary site

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

Men

Under age 18 at time of diagnosis

Second or subsequent cancer diagnosis

Tumor not originating in the breast

Non-epithelial malignancies, exclude malignant phyllodes tumors; 8940 - Mixed tumor, malignant, NOS; 8950 - Mullerian mixed tumor; 8980 - Carcinosarcoma; 8981 - Carcinosarcoma, embryonal

Non-invasive tumors

Stage 0, in-situ tumor

Stage IV, metastatic tumor

Primary tumor is estrogen receptor negative and progesterone receptor negative

None of 1st course therapy performed at reporting facility

Died within 1 year (365 days) of diagnosis,

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

No surgical procedure of the primary site

Not AJCC T1cN0M0 or not AJCC stage IB-IIIC

Adjustment/Stratification: No stratification applied. 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

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

STANDING COMMITTEE MEETING 02/26/2020

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

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

1a. Evidence: **M-18**; **L-0**; **I-0**; 1b. Performance Gap: **H-3**; **M-14**; **L-1**; **I-0**

Rationale:

- In the 2019 submission, the developer provided an updated link to the National Comprehensive Cancer Network Guidelines v2.2019 and grade of evidence (Level 1).
- The performance data from the NCDB was provided from 2015. The developer explained that the lag existed in data collection because it takes longer to document receipt of adjuvant therapy.
- The data from 2008 and 2015 demonstrated improvement over time, 78.8% (2008) and 92.7% (2015), and disparities exist based on race, ethnicity, age, insurance status, income, educational level, facility type, and region of the country. The Committee agreed there is a continuing gap in performance that justifies ongoing performance measurement and reporting. The Committee was pleased that the NCDB used by the developer contained disparities data, including race/ethnicity data and insurance data, and encouraged other developers to take note.

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-2**; **M-16**; **L-0**; **I-0**; 2b. Validity: **H-5**; **M-12**; **L-0**; **I-0**Rationale:

- The measure is a process measure reported at the facility level, and the data elements are collected from a registry. The Committee agreed the data elements were clear and precise, and there were no concerns of threats to reliability of the measure.
- Validity testing was conducted at the data element level. Annually a review of a minimum of 10% of the annual caseload of the registry abstracts is performed to verify that abstracted data accuracy. Both the annual caseload reviews and the measure reporting system reviews are intended to ensure that reported performance rates are an accurate reflection of the care provided to patients at CoC-accredited programs.

3. Feasibility: H-9; M-7; 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 currently reported to CoC-accredited programs through the NCDB using the CP3R web-based audit and feedback reporting tool by registrars submitting new and updated cases annually. In addition, this measure is also reported to 1,500 cancer programs participating in its "real clinical time" feedback reporting tool through its RQRS reported daily from registrars in regard to new and updated cases. Both of these reporting tools have been used in the cancer registry community and do not produce an undue burden on the data collection network.
- The Committee did not express any additional concerns with feasibility.

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
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-16; No Pass-0** 4b. Usability: **H-10; M-6; L-0; I-0** Rationale: • This measure is in use within accountability programs including Public Reporting – PHCQA); Quality Improvement and Benchmarking – CoC, NCDB; and Regulatory and Accreditation programs – CoC Standards, Cancer Program Practice Profile Reports, Cancer Quality Improvement Program, Rapid Quality Reporting System
5. Related and Competing Measures • This measure is related to NQF 0387e – Breast Cancer: Hormonal Therapy for Stage I (T1b) – IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer. • No competing measures noted.
6. Standing Committee Recommendation for Endorsement: **Y-16**; **N-0**
7. Public and Member Comment • No Public comments received to date
8. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X
9. Appeals

0383 Oncology: Medical and Radiation - Plan of Care for Pain

Submission | Specifications

Description: Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain.

Numerator Statement: Patient visits that include a documented plan of care* to address pain.

*A documented plan of care may include: use of non-opioid analgesics, opioids, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain at an appropriate time interval.

Denominator Statement: All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain

Exclusions: None

Adjustment/Stratification: N/A, no risk stratification. No risk adjustment or risk stratification

Level of Analysis: Clinician : Group/Practice

Setting of Care: Outpatient Services

Type of Measure: Process

Data Source: Paper Medical Records, Registry Data

Measure Steward: American Society of Clinical Oncology

STANDING COMMITTEE MEETING 02/26/2020

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

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

1a. Evidence: **M-3**; **L-4**; **I-11**; Evidence Exception: **Y-16**; **N-2**; 1b. Performance Gap: **H-1**; **M-13**; **L-3**; **I-0**

Rationale:

- The developer provided updated evidence for this measure, citing the NCCN Clinical Practice Guidelines in Oncology, Adult Cancer Pain includes management of pain in both opioid-naïve and opioid tolerant patient.
- This guideline did not include an overview of the body of evidence used for recommendations specific to the overall management of pain, nor does it address specifically what the measure is evaluating, which is or developing a plan of care for pain.
- The Committee discussed the difference between a level 1 guideline and level 2A guideline, citing that level 1 evidence is specific to randomized control trials (RCT).
- The Committee discussed the guideline level of evidence (Level 2A), which is a lower level, but there was consensus among the Committee that the intervention was appropriate. The guideline also includes an in-depth discussion on the evidence, benefits, as well asand harms of specific therapies and interventions.
- Patient advocates on the Standing Committee stressed the importance of the measure, as it signifies a step to make certain that pain is addressed.
- The Committee discussed the difference between a Level 1 guideline and Level 2A guideline, citing that Level 1 evidence is specific to RCT.
- The Committee, using their expertise, made the determination that the benefits of what is being measured (documented plan of care to address pain) outweighs any potential harm, and voted to pass the measure on evidence with exception.
- Performance gap data ranged from 75-89% from 2015 through 2017, showing an increase in performance. There was no performance data on disparities.

0383 Oncology: Medical and Radiation - Plan of Care for Pain

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-3**; **I-0**; 2b. Validity: **H-1**; **M-14**; **L-2**; **I-0**Rationale:

- Reliability was measured as the ratio of signal to noise, and testing was performed using a beta-binomial model.
- The measure was revised for the 2019 submission to include two different populations (chemotherapy patient and radiation patients both undergoing active therapy and experiencing pain).
- The overall reliability score was 0.98, which suggests a high degree of reliability.
- The Committee did not express any concerns on reliability.
- The developer performed a correlation analysis with measure #0384 (Oncology: Medical and Radiation – Pain Intensity Quantified) due to the similarities in patient population and domain.
- This correlation analysis method demonstrated an association between patients with a diagnosis of cancer receiving chemotherapy or radiation therapy in which pain intensity is quantified, 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.
- The Committee had no concerns with validity testing and did not find any threats of validity.

3. Feasibility: H-0; M-13; L-5; 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:

- The data elements of the measure are generated during the provision of care, and are collected through the EHR or through the use of keyword searches.
- The Committee noted the difficulty with extracting the information from an EHR without a designated field. Traditionally, the extraction is completed through audits.
- The Committee noted that it could be extremely difficult to obtain an accurate number of visits; however, one unforeseen benefit is that practices are improving their electronic infrastructure to accurately capture this documentation.

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-1; M-13; L-3; I-1**

Rationale:

- This measure is currently used in accountability programs: MIPS, American Society of Clinical Oncology's Quality Oncology Practice Incentive (QOPI) and PPS-Exempt Cancer Hospital Quality Reporting (PCHQR).
- The Committee noted a potential danger with the usability of this measure as it relates to opioid-prescribing patterns. The concern is that patients may inaccurately report pain to receive opioid prescriptions. The Committee suggested that a future version of the measure might consider the distinction between pain in patients with an incurable cancer versus a curable cancer.
- Patient representatives on the Committee also noted the importance of providing better patient education about medications prescribed to them.

5. Related and Competing Measures

- This measure is related to NQF #0524: Pain Interventions Implemented During Short Term Episodes of Care and NQF #1628: Patients with Advanced Cancer Screened for Pain at outpatient visits.

This measure does not compete with any measures.

0383 Oncology: Medical and Radiation - Plan of Care for Pain
6. Standing Committee Recommendation for Endorsement: **Y-15**; **N-2** Rationale • During the Committee's discussion on evidence, they voted to use the evidence exception option, determining that the benefits of what is being measured (documented plan of care to address pain) outweighs any potential harm. • The Committee also discussed the pairing of this measure (0383) with measure 0384, and suggested to the developer that a composite measure be developed that would include both.
7. Public and Member Comment • No public comments received to date
8. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X
9. Appeals

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

Submission | Specifications

Description: Percentage of female patients aged 18 and over with HER2/neu positive invasive breast cancer who are administered trastuzumab

Numerator Statement: Patients for whom trastuzumab is administered within 12 months of diagnosis

Denominator Statement: Female patients aged 18 and over with AJCC stage I (T1c) – III, HER2/neu positive breast cancer who receive chemotherapy

Exclusions: Denominator Exclusions:

o Patient transfer to practice after initiation of chemotherapy

Denominator Exceptions:

o Reason for not administering trastuzumab documented (e.g. patient declined, patient died, patient transferred, contraindication or other clinical exclusion, neoadjuvant chemotherapy or radiation therapy not complete)

Adjustment/Stratification: N/A, no risk stratification. No risk adjustment or stratification.

Level of Analysis: Clinician: Group/Practice

Setting of Care: Outpatient Services

Type of Measure: Process

Data Source: Paper Medical Records, Registry Data

Measure Steward: American Society of Clinical Oncology

STANDING COMMITTEE MEETING 02/26/2020

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

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

1a. Evidence: **H-12**; **M-5**; **L-0**; **I-0**; 1b. Performance Gap: **H-0**; **M-12**; **L-5**; **I-0**

Rationale:

- The developer provided updated evidence for this measure, an additional clinical practice guideline on breast cancer from NCCN. The guideline recommended HER2-targeted therapy in patients with HER2-positive tumors. Trastuzumab is humanized monoclonal antibody with specificity for the extracellular domain of HER2. The use of trastuzumab with chemotherapy was a category 1 recommendation in patients with HER2-positive tumors greater than 1 cm.
- The developer provided a systematic review of the evidence for the American Society of Clinical Oncology (ASCO) guideline, noting that a 2018 guideline update reaffirmed the recommendation of this measure. No new studies changed the conclusions reached by the 2018 guideline. In addition, a systematic review of the evidence for the Cancer Care Ontario (CCO) guideline, noting that updated guidelines continue to support the measure.
- The developer provided 2017 MIPS performance data and QPP that indicated the performance rate is 97.5%.
- The Committee expressed strong views on the importance of this measure and cited that gaps persist in the medical literature. The developer offered comments in response to the performance gap, citing that this measure focuses on the importance of making sure the patient testing records are received by the physician in a timely manner to administer therapy, and if this is lacking, it could be an indication of systems issues rather than a physician's lack of adherence to guidelines.

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

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-3**; **I-0**; 2b. Validity: **H-14**; **M-3**; **L-0**; **I-0**Rationale:

- The developer computed signal-to-noise scores to address precision of measurement (measure score) and used a beta-binomial model. The reported mean reliability was 0.9657, which is considered high. A reliability of zero implies that the variability in the measure is attributed to measurement error, while a reliability closer to 1 implies that the variability is attributable to real differences in facility performance. A 0.70-0.80 reliability is considered an acceptable threshold; 0.80-0.90 is considered high reliability; and 0.90-1.00 is considered very high.
- It was noted during the preliminary analysis of the measure that testing is at the facility level but indicated that level of analysis is group/practice. The developer clarified that there was a misunderstanding in the terminology between facility and group/practice, but the testing was conducted at the facility level.
- The developer conducted a Pearson correlation analysis to determine the association between performance scores of the shared providers. The correlation was 0.711, indicating a strong, positive correlation between performance scores of the shared providers.
- There was concern raised by one committee member about a statement in the denominator exclusions that state: Reason for not administering trastuzumab documented (e.g., patient declined, patient died, patient transferred, contraindication or other clinical exclusion, neoadjuvant chemotherapy or radiation therapy not complete). Specifically, the concern was that this statement gave the impression that physicians can give any reason at all for not administering Trastuzumab and be excluded from the denominator. The Committee urged the developer to think about this exclusion as they are developing a new measure.

3. Feasibility: H-10; M-7; 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:

- The measure data elements are documented during routine care; however, they are either documented in a narrative note, an order (i.e., pain medication, referral), or in an electronic way depending on EHR build. It was noted by the Committee that this may be burdensome, as it may require chart abstractions. The developer reports that they are in the process of assessing feasibility of developing an eCQM.

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-17; No Pass-1** 4b. Usability: **H-2; M-15; L-0; I-1**

Rationale:

- This measure is currently used in accountability programs including MIPS, Quality Oncology Practice Initiative (QOPI), Core Quality Measure Collaborative's (CQMC) Medical Oncology Core Measure Set.
- The developer reported a high performance rate of 97.51% in the 2017 QPP Data Results. The 2019 MIPS benchmarking data for quality improvement is 450.

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
5. Related and Competing Measures • This measure related to NQF 1855 Quantitative HER2 evaluation by IHC uses the system recommended by the ASCO/CAP guidelines and NQF 1857 HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies • No competing measures noted.
6. Standing Committee Recommendation for Endorsement: **Y-18**; **N-0**
7. Public and Member Comment • No Public comments received to date.
8. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X
9. Appeals

1859 RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

Submission | Specifications

Description: Percentage of adult patients (aged 18 and over) with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy for whom RAS (KRAS and NRAS) gene mutation testing was performed

Numerator Statement: RAS (KRAS and NRAS) gene mutation testing performed prior to initiation of anti-EGFR monoclonal antibody therapy

Denominator Statement: Adult patients with metastatic colorectal cancer who receive anti-EGFR monoclonal antibody therapy

Exclusions: None

Adjustment/Stratification: N/A. No risk adjustment or stratification.

Level of Analysis: Clinician: Group/Practice

Setting of Care: Outpatient Services

Type of Measure: Process

Data Source: Paper Medical Records, Registry Data

Measure Steward: American Society of Clinical Oncology

STANDING COMMITTEE MEETING 02/26/2020

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

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

1a. Evidence: **H-4**; **M-13**; **L-1**; **I-0**; 1b. Performance Gap: **H-7**; **M-10**; **L-1**; **I-0**

Rationale:

- The developer provided updated evidence for this measure. A recommendation from the ASCO): Colorectal carcinoma patients being considered for anti-EGFR therapy must receive RAS mutational testing. Mutational analysis should include KRAS and NRAS codons 12, 13 of exon 2; 59, 61 of exon 3; and 117 and 146 of exon 4 ("expanded" or "extended" RAS).
- The grade of evidence for the ASCO recommendation was expert consensus opinion. The developer noted the limitations, such as limited strength of evidence, intermediate-to-low quality of evidence, and balance of benefits and harms, values, or costs.
- The updated evidence also included a clinical practice guideline: NCCN guideline on colon cancer: All patients with metastatic colorectal cancer should have tumor tissue genotyped for RAS (KRAS and NRAS) and BRAF mutations individually or as part of an NGS panel. The developer noted that the NCCN guidelines do not present evidence used for the recommendation specific to RAS mutation status; however, evidence is provided on the benefits and harms of EGFR inhibitors. This was noted as a challenge for the developer, considering the length of time it takes to develop new guidelines as well as working within the confines of what is available
- The Committee discussed specifically the evidence presented to support gene mutation testing, citing that the information presented seems to be indirect evidence to support the measure.
- The developer clarified that the intent of the measure is to focus on two components: 1) patients receiving the drug who have the RAS mutation; and 2) patients who are RAS mutant and are receiving this drug and whether it is causing harm (e.g., immediate toxicity related to cost and survivorship).
- A performance gap from the analysis of 2017 MIPS performance registry data was provided. The data is presented per practice with a mean of 76%. No disparities data was presented. However, the developer cited a 2017 Surveillance, Epidemiology, and End Results (SEER) study that found overall proportion of KRAS testing was only 22.7% among the sample population, with variation by geographic region and patient characteristics, indicating disparities in KRAS testing.

1859 RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

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-2**; **M-14**; **L-2**; **I-0**; 2b. Validity: **H-2**; **M-13**; **L-3**; **I-0**Rationale:

- The developer computed signal-to-noise scores to address precision of measurement (measure score) and used a beta-binomial model. A reliability of zero implies that the variability in the measure is attributed to measurement error, while a reliability of 1 implies that the variability is attributable to real differences in facility performance. The developers reported a mean reliability of 0.8908, which is considered very high.
- It was noted during the preliminary analysis of the measure that testing was at the facility level, but it was indicated that level of analysis is group/practice. The developer clarified that there was a misunderstanding in the terminology between facility and group/practice, but the testing was conducted at the facility level. Facility-level reliability testing was found to be a mean of 0.9465, which is associated with a high level of reliability.
- Empirical validity testing of the measure score was provided. The developer performed a Pearson correlation analysis to determine the association between the performance scores of the shared providers, and those scores were interpreted in the following way: >0.40 correlation coefficient = strong correlation; 0.20-0.40 correlation coefficient = moderate correlation; <0.20 correlation coefficient = weak coefficient. The correlation was 0.49, indicating a positive correlation between performance scores of the shared providers.
- The Committee expressed a concern with the accuracy of the testing, citing it was critically important because there are a large number of RAS mutations that exist, and this measure may not be granular enough to capture the most appropriate clinical information.

3. Feasibility: H-1; M-17; 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:

- The measure data elements are documented during routine care; however, they are either documented in a narrative note, an order (i.e., pain medication, referral), or in an electronic way depending on EHR build. It was noted by the Committee that this may be burdensome, as it may require chart abstractions. The developer reports that they are in the process of assessing feasibility of developing an eCQM.

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-4; M-12; L-1; I-1**

Rationale:

- The measure is currently used in several accountability programs, which include MIPS; Quality Oncology Practice Initiative (QOPI); and Core Quality Measure Collaborative's (CQMC) Medical Oncology Core Measure Set.
- The developer reported a high performance rate for usability of the measure. Approximately 54% of practices are performing at 100%; however, multiple practices are still operating at 0%. Mean performance is at 76%, indicating room for improvement. The MIPS 2017 performance data does not include RAS testing guideline changes made in 2018. The developer anticipates a greater performance gap to be made due to this guideline update.
- The Committee agreed with the use and usability of the measure.

1859 RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy
5. Related and Competing Measures • This measure is related to NQF 1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies. • No competing measures presented
6. Standing Committee Recommendation for Endorsement: **Y-16**; **N-2**
7. Public and Member Comment • No public comments received to date
8. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X
9. Appeals

1860 Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

Submission | Specifications

Description: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

Numerator Statement: Anti-EGFR monoclonal antibody therapy not received

Denominator Statement: Adult patients with metastatic colorectal cancer who have a RAS (KRAS or NRAS) gene mutation

Exclusions: None

Adjustment/Stratification: N/A. No risk adjustment or stratification.

Level of Analysis: Clinician : Group/Practice

Setting of Care: Outpatient Services

Type of Measure: Process

Data Source: Paper Medical Records, Registry Data

Measure Steward: American Society of Clinical Oncology

STANDING COMMITTEE MEETING 02/26/2020

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

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

1a. Evidence: **H-11**; **M-6**; **L-0**; **I-0**; 1b. Performance Gap: **H-15**; **M-3**; **L-0**; **I-0**

Rationale:

- The developer provided an overview of the evidence to support this measure, citing that the focus of the measure is halting the use of anti-EGFR monoclonal antibody (MoAb) therapies in patients who will not derive any benefit.
- The body of evidence provided for this measure addressed the relationship between RAS status in patients with metastatic colorectal cancer who underwent anti-EGFR MoAb therapy, specifically cetuximab or panitumumab, and the outcomes of tumor response, progression-free survival, and overall survival. Patients with and without KRAS or NRAS mutations to exons 2, 3, or 4 who underwent anti-EGFR MoAb therapy were evaluated with respect to these outcomes in both single-arm and randomized trials. Additionally, this measure is directly supported by recommendations in American Society for Clinical Pathology, College of American Pathologists, Association for Molecular Pathology, American Society of Clinical Oncology, and NCCN clinical practice guidelines.
- The Committee generally agreed that sufficient evidence was provided for this measure, and acknowledged that the discussion of measure 1859 on evidence would apply to this measure as well. It was noted that measure 1860 was a companion measure to 1859—the difference being that treatment is not administered for a patient who is positive for the KRASG mutation.
- The developer provided 2017 MIPS performance from registry data provided from CMS. The 2017 data was from 158 providers representing 43 practices and 495 individual patients. The majority (approximately 76.7%) of practices perform at 100% with a mean performance of 91%. The mean performance rate of 91% is statistically significant from 100%, suggesting that room for improvement remains across practices.

1860 Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

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-10**; **M-8**; **L-0**; **I-0**; 2b. Validity: **H-12**; **M-6**; **L-0**; **I-0**

Rationale:

- The measure developer noted changes to the measure specifications since the last endorsement, including an expansion to RAS mutational testing based on a guideline update to include NRAS as well as KRAS. In addition to testing for mutations in KRAS exon 2 (codons 12 and 13) as recommended previously, before treatment with anti-EGFR antibody therapy, patients with metastatic colorectal cancer should have their tumor tested for mutations in: KRAS exons 3 (codons 59 and 61) and 4 (codons 117 and 146), NRAS exons 2 (codons 12 and 13), 3 (codons 59 and 61), and 4 (codons 117 and 146)
- Additionally, the developer noted that an exclusion was removed for patient transfer to practice after initiation of chemotherapy and receipt of anti-EGFR monoclonal antibody therapy as part of a clinical trial protocol.
- Reliability of the computed measure score was measured as the ratio of signal to noise. The signal in this case is the proportion of the variability in measured performance that can be explained by real differences in physician performance, and the noise is the total variability in measured performance.
- The Committee asked about patient retest and whether a former test for NGS tumors would be applicable for this measure. This led to a further discussion on payment with this measure. Since Medicaid will only pay for one test for each NGS tumor, there is the potential risk of financial burden for this measure, as the patient may not be able to afford sufficient testing.
- A correlation analysis was completed to conduct empirical validity testing using 2017 MIPS data. KRAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy (QI #451/ NQF#1859) was chosen as a suitable candidate for correlation analysis due to the similarities in patient population and domain.
- This measure has a strong positive correlation with another evidence-based process of care, as the correlation coefficient observed was 0.49.

3. Feasibility: H-1; M-17; 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:

- When discussing feasibility, the Committee noted that the data to support this measure is not structured in the EHR and requires abstraction, and they questioned why this measure was not an eCQM, which may improve feasibility. The developer informed the Committee that not all EHRs are able to accommodate this, but as the technology becomes more widely available, they intend for the measure to move in that direction.

1860 Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies
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-17; No Pass-1** 4b. Usability: **H-2; M-15; L-1; I-0** Rationale: • The measure is currently used in accountability programs including Payment Program MIPS; ASCO Qualified Clinical Data Registry; Quality Improvement (external benchmarking to organizations); Quality Oncology Practice Initiative (QOPI®); Quality Improvement (Internal to the specific organization); Quality Oncology Practice Initiative (QOPI®) • The performance results of the measure show that 76% of the practices report at 100%, so there is still room for improved performance.
5. Related and Competing Measures • This measure is related to NQF 1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody treatment. • No competing measures noted.
6. Standing Committee Recommendation for Endorsement: **Y-17**; **N-1**
7. Public and Member Comment • No Public Comments received to date.
8. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X
9. Appeals

Measure Where Vote was Postponed: Overall Suitability for Endorsement

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: 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. 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 02/26/2020

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-0**; **M-15**; **L-3**; **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.
- 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.

0384 Oncology: Medical and Radiation - Pain Intensity Quantified

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-16**; **L-2**; **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-0; M-14; L-3; I-1**

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 is related to the following NQF measures – NQF 0177: Improvement in pain interfering with activity; NQF 0192: Residents who experience moderate to severe pain during the 7-day assessment period (risk-adjusted); NQF 0420: Pain Assessment and Follow-Up; NQF 0523: Pain Assessment Conducted; NQF 0676: Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay); NQF 0677: Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay); NQF 1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits; NQF 1637: Hospice and Palliative Care – Pain Assessment.
- No competing measures noted.

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

Rationale

- The vote for overall suitability was postponed due to a process error during the discussion of evidence. The Committee will review overall suitability and vote on the post-comment web meeting, May 12, 2020.

7. Public and Member Comment

- No public comments received to date

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

9. Appeals

Measures Where Consensus Is Not Yet Reached

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 stratification applied. No risk adjustment or risk stratification.

Level of Analysis: Facility

Setting of Care: Inpatient/Hospital

Type of Measure: Process

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

Data Source: Registry Data

Measure Steward: Commission on Cancer, American College of Surgeons

STANDING COMMITTEE MEETING 02/26/2020

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

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

1a. Evidence: **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 was consensus not reached on 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 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 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**

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.

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
5. Related and Competing Measures • This measure is related to NQF #0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients.
6. Standing Committee Recommendation for Endorsement: **Y-X**; **N-X** Rationale • The Committee did not reach consensus on the validity of this measure, which is a must-pass criterion. The Committee will review validity again during the post-comment web meeting and revote.
7. Public and Member Comment • No comments received to date.
8. Consensus Standards Approval Committee (CSAC) Vote: Y-X; N-X
9. Appeals

0384e 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: Consistent with the CMS Measures Management System Blueprint and national recommendations put forth by the IOM (now NASEM) 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, and have included these variables as recommended data elements to be collected. 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: Electronic Health Records

Measure Steward: PCPI

STANDING COMMITTEE MEETING 02/26/2020

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:

- 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.
- The Committee began their discussion by acknowledging the relationship between 0383 and 0384 (and thus 0348e). Specifically, they mentioned that 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 two aspects are interrelated, but also represent different 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 75.9% to 82.7% between 2015-2017.

0384e Oncology: Medical and Radiation - Pain Intensity Quantified

2. Scientific Acceptability of Measure Properties: The measure was consensus not reached on Scientific Acceptability criteria

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

2a. Reliability: **H-0**; **M-16**; **L-2**; **I-0**; 2b. Validity: **H-0**; **M-8**; **L-8**; **I-1**Rationale:

- A signal-to-noise analysis was completed for the reliability of this measure; for providers that had at least one eligible patient, the reliability score was 0.96. The Committee discussed the PQRS EHR data set and how it may differ from data captured from an active EHR system. It was clarified that that PQRS provides the mix of data across multiple EHR vendors. The reliability testing indicated that more than one EHR system was used across 10 or more providers.
- The developer completed empirical validity testing of the measure score. A correlation analysis was performed using data from the PQRS program, comparing measure PQRS #143 Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology with PQRS #071 Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer. The analysis showed a positive correlation.
- The Committee discussed the correlation analysis and questioned whether a hormonal therapy measure was the best choice for testing validity of a pain quantification measure. The developer mentioned that measure selection for a comparative analysis of an eCQM is often limited, and they chose a measure that would be reported in a similar manner, e.g., similar diagnosis and face-to-face encounter.
- The Committee raised concerns about the populations that are captured in this measure, citing a specific example of 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-8; L-8; I-1

(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:

- The measure is constructed using EHRs, and the developer shared the feasibility scorecard which showed the measure was tested in two sites using two EHR systems.
- The Committee expressed concerns regarding the use of billing codes, as they believe there to be insufficient difference in codes between types of chemotherapy. The developer clarified that the test sites included were both radiation oncology practices and do not manage chemotherapy administration; therefore, the feasibility of certain data elements were not included, e.g., the data element *ChemotherapyAdministration_ProcedurePerformed*. The developer noted that the data element is "likely feasible, given the current capabilities of the EHR system and the feasibility of all other data elements."
- The value sets for this measure are housed in the Value Set Authority Center (VSAC), which has no fee for viewing/downloading. The developer included simulated data set results demonstrating unit testing covering 100% of the measure logic. There are no other fees or licensing requirements to use this measure, which is in the public domain.

0384e 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-13; No Pass-5** 4b. Usability: **H-0; M-10; L-7; I-1**

Rationale:

- The measure is currently included in MIPS. Prior to 2016, this measure was used for eligible providers (EPs) in the PQRS. The developer indicated the 2018 data will be available for public reporting on Physician Compare in late 2019.
- The Committee agreed the measure use was appropriate and expressed no concerns with usability.

5. Related and Competing Measures

- This measure is related to the following measures NQF #0177: Improvement in pain interfering with activity; #0192: Residents who experience moderate to severe pain during the 7-day assessment period (risk-adjusted); #0420: Pain Assessment and Follow-up, #0523: Pain Assessment Conducted; #0676: Percent of Residents who Self-Report Moderate to Severe Pain (Short Stay); #0677: Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay); #1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits; #1637: Hospice and Palliative Care – Pain Assessment
- No competing measures noted.

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

Rationale

- The Committee did not reach consensus on the validity of this measure, which is a must-pass criterion.
- The Committee will review validity again during the post-comment web meeting and revote.

7. Public and Member Comment

- No public comments received to date

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

9. Appeals

Appendix B: Cancer Portfolio—Use in Federal Programs[2]

NQF #	Title	Federal Programs: Finalized or Implemented as of February 25, 2019
0219	Post Breast Conservation Surgery Irradiation	Prospective Payment System-Exempt Cancer Hospital Quality Reporting (Considered)
0220	Adjuvant Hormonal Therapy	N/A
0223	Adjuvant Chemotherapy is Recommended 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 (Implemented)
0225	At Least 12 Regional Lymph Nodes Are Removed and Pathologically Examined for Resected Colon Cancer	Prospective Payment System-Exempt Cancer Hospital Quality Reporting (Considered)
0383	Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (paired with 0384)	Hospital Compare (Implemented); Prospective Payment System-Exempt Cancer Hospital Quality Reporting (Implemented); MIPS Program (Implemented)
0384	Oncology: Medical and Radiation - Pain Intensity Quantified	MIPS Program (Implemented), Medicaid Promoting Interoperability Program for Eligible Professionals (Implemented)
0385	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	N/A
0385e	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	N/A
0387	Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	N/A
0387e	Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	N/A
0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	N/A
0389e	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	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	Hospital Compare (Implemented), Merit-Based Incentive Payment System (MIPS) Program (Implemented)

[2] Per CMS Measures Inventory Tool as of March 11, 2020

NQF #	Title	Federal Programs: Finalized or Implemented as of February 25, 2019
0508	Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms	Merit-Based Incentive Payment System (MIPS) Program (Implemented)
0509	Diagnostic Imaging: Reminder System for Screening Mammograms	Merit-Based Incentive Payment System (MIPS) Program (Implemented)
0559	Combination Chemotherapy is Recommended or Administered Within 4 Months (120 Days) of Diagnosis for Women Under 70 with AJCC T1cN0M0, or Stage IB - III Hormone Receptor Negative Breast Cancer	Hospital Compare (Implemented)
1857	HER2 Negative or Undocumented Breast Cancer Patients Spared Treatment with HER2-Targeted Therapies	N/A
1858	Trastuzumab Administered to Patients with AJCC Stage I (T1c) – III and Human Epidermal Growth Factor Receptor 2 (HER2) Positive Breast Cancer Who Receive Adjuvant Chemotherapy	Merit-Based Incentive Payment System (MIPS) Program (Implemented)
1859	KRAS Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer Who Receive Anti-Epidermal Growth Factor Receptor Monoclonal Antibody Therapy	Merit-Based Incentive Payment System (MIPS) Program (Implemented)
1860	Patients with Metastatic Colorectal Cancer and KRAS Gene Mutation Spared Treatment with Anti-Epidermal Growth Factor Receptor Monoclonal Antibodies	Merit-Based Incentive Payment System (MIPS) Program (Implemented)
1878	HER2 Testing for Overexpression or Gene Amplification in Patients with Breast Cancer	N/A
2930	Febrile Neutropenia Risk Assessment Prior to Chemotherapy	N/A

Appendix C: Cancer Standing Committee and NQF Staff

STANDING COMMITTEE

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Tampa, Florida

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Appendix D: Measure Specifications

0219 Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer

STEWARD

Commission on Cancer, American College of Surgeons

DESCRIPTION

Percentage of female patients, age = 18 and < 70 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy), whose primary tumor is of the breast, had breast conserving surgery and was administered radiation therapy within 1 year (365 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

Radiation therapy is administered within 1 year (365 days) of the date of diagnosis

NUMERATOR DETAILS

Radiation treatment is administered (phase I radiation treatment modality [NAACCR Item# 1506] = 01-16, or phase I radiation treatment modality [NAACCR Item# 1506] = 99 AND phase I radiation primary treatment volume [NAACCR Item# 1504] = 40, 41), AND date radiation therapy started [NAACCR Item# 1210] <=365 days following date of initial diagnosis [NAACCR Item# 390]

DENOMINATOR STATEMENT

Include if all of the following characteristics are identified:

Women

Age = 18 and < 70 at time of diagnosis

Known or assumed to be first or only cancer diagnosis

Epithelial malignancy only

Invasive tumors

Primary tumors of the breast

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

Known to be alive within 1 year (365 days) of date of diagnosis

Receipt of breast conserving surgery

DENOMINATOR DETAILS

Sex [NAACCR Item# 220] = 2

Age at diagnosis [NAACCR Item# 230] = 018 and < 070

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] = 8022, 8032, 8035, 8041, 8070, 8200, 8201, 8211, 8246, 8290, 8314, 8315, 8410, 8430, 8480, 8500, 8502, 8503, 8504, 8507, 8509, 8510, 8513, 8520, 8525, 8530, 8540, 8550, 8570, 8571, 8572, 8574, 8575, 8982, 8983, 8000, 8010, 8140, 8255, 8401, 8501, 8521, 8522, 8523, 8524, 8541, 8543

Invasive tumor behavior [NAACCR Item# 523] = 3

Primary tumors of the breast [NAACCR Item# 400] = C50.0, C50.1, C50.2, C50.3, C50.4, C50.5, C50.6, C50.8, C50.9

AJCC clinical stage group [NAACCR Item# 1004] ? 0, 4 when AJCC pathologic stage group [NAACCR Item# 1014] = 88, 99

AJCC pathologic stage group [NAACCR Item# 1014] ? 0, 4

AJCC clinical M [NAACCR Item#1003] ? cM1, pM1

AJCC pathologic M [NAACCR Item#1013] ? cM1, pM1

All or part of 1st course of treatment performed at the reporting facility [NAACCR Item# 610] = 10-22

Known to be alive within 1 year (365 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] > 365

Surgical Procedure of the Primary Site (breast conserving surgery) [NAACCR Item# 1290] = 20–24

EXCLUSIONS

Exclude, if any of the following characteristics are identified:

Men

Under age 18 or over 69 at time of diagnosis

Second or subsequent cancer diagnosis

Tumor not originating in the breast

Non-epithelial malignancies, exclude rare tumors: 8940 - Mixed tumor, malignant, NOS; 8950 - Mullerian mixed tumor; 8980 - Carcinosarcoma; 8981 - Carcinosarcoma, embryonal

Non-invasive tumor

Stage 0, in situ tumor

Stage IV, metastatic tumor

None of 1st course therapy performed at reporting facility

Breast conserving surgery was not received

Died within 1 year (365 days) of diagnosis

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

EXCLUSION DETAILS

See pages 3-8: https://www.facs.org/~/media/files/quality programs/cancer/ncdb/measure specs breast.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 programs/cancer/ncdb/measure specs breast.ashx

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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

STEWARD

Commission on Cancer, American College of Surgeons

DESCRIPTION

Percentage of female patients, age = 18 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy), at AJCC T1cN0M0 or stage IB to IIIC, whose primary tumor is of the breast, and is progesterone or estrogen receptor positive with adjuvant hormonal therapy (recommended or administered) within 1 year (365 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 hormonal therapy is administered within 1 year (365 days) of the date of diagnosis or it is recommended but not administered

NUMERATOR DETAILS

Hormone Therapy recommended and not received [NAACCR Item# 1400]=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

Hormone Therapy administered [NAACCR Item# 1400] = 01 AND date hormone therapy started [NAACCR Item# 1230] <=365 days following date of initial diagnosis [NAACCR Item# 390]

DENOMINATOR STATEMENT

Include if all of the following characteristics are identified:

Women

Age = 18 at time of diagnosis

Known or assumed to be first or only cancer diagnosis

Epithelial malignancy only

Invasive tumors

Primary tumors of the breast

AJCC T1cN0M0 or Stage IB – IIIC

Primary tumor is estrogen receptor positive or progesterone receptor positive

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

Known to be alive within 1 year (365 days) of date of diagnosis

Surgical procedure of the primary site

DENOMINATOR DETAILS

Sex [NAACCR Item# 220] = 2

Age [NAACCR Item# 230] = 018

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] = 8022, 8032, 8035, 8041, 8070, 8200, 8201, 8211, 8246, 8290, 8314, 8315, 8410, 8430, 8480, 8500, 8502, 8503, 8504, 8507, 8509, 8510, 8513, 8520, 8525, 8530, 8540, 8550, 8570, 8571, 8572, 8574, 8575, 8982, 8983, 8000, 8010, 8140, 8255, 8401, 8501, 8521, 8522, 8523, 8524, 8541, 8543

Invasive tumor behavior [NAACCR Item# 523] = 3

Primary tumors of the breast [NAACCR Item# 400] = C50.0, C50.1, C50.2, C50.3, C50.4, C50.5, C50.6, C50.8, C50.9

AJCC T1cN0M0 or Stage IB – IIIC:

AJCC pathologic N [NAACCR Item# 1012] = (cN0, pN0, pN0(i+), pN0(mol+)) AND tumor size summary [NAACCR Item# 756] = 011-989

or

AJCC pathologic N [NAACCR Item# 1012] = (cN1, cN1mi, cN2, cN2a, cN2b, cN3, cN3a, cN3b, cN3c, pN1, pN1mi, pN1a, pN1b, pN1c, pN2, pN2a, pN2b, pN3, pN3a, pN3b, pN3c)

AJCC clinical stage group [NAACCR Item# 1004] ? 0, 4 when AJCC pathologic stage group [NAACCR Item# 1014] = 88, 99

AJCC pathologic stage group [NAACCR Item# 1014] ? 0, 4

AJCC clinical M [NAACCR Item# 1003] ? cM1, pM1

AJCC pathologic M [NAACCR Item# 1013] ? cM1, pM1

Hormone receptor positive:

SSDI ER positive [NAACCR Item# 3826] = 001-100, R10-R99

or

SSDI PR positive [NAACCR Item# 3914] = 001-100, R10-R99

All or part of 1st course of treatment performed at the reporting facility [NAACCR Item# 610] = 10-22

Known to be alive within 1 year (365 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] > 365

Surgical Procedure of the Primary Site [NAACCR Item# 1290] = 20–90

EXCLUSIONS

Exclude, if any of the following characteristics are identified:

Men

Under age 18 at time of diagnosis

Second or subsequent cancer diagnosis

Tumor not originating in the breast

Non-epithelial malignancies, exclude malignant phyllodes tumors; 8940 - Mixed tumor, malignant, NOS; 8950 - Mullerian mixed tumor; 8980 - Carcinosarcoma; 8981 - Carcinosarcoma, embryonal

Non-invasive tumors

Stage 0, in situ tumor

Stage IV, metastatic tumor

Primary tumor is estrogen receptor negative and progesterone receptor negative

None of 1st course therapy performed at reporting facility

Died within 1 year (365 days) of diagnosis,

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

No surgical procedure of the primary site

Not AJCC T1cN0M0 or not AJCC stage IB-IIIC

EXCLUSION DETAILS

See pages 18-26: https://www.facs.org/~/media/files/quality programs/cancer/ncdb/measure specs breast.ashx

RISK ADJUSTMENT

No risk adjustment or risk stratification

STRATIFICATION

No stratification applied

TYPE SCORE

Rate/proportion better quality = higher score

ALGORITHM

See pages 18-26: https://www.facs.org/~/media/files/quality programs/cancer/ncdb/measure specs breast.ashx

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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

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

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0383 Oncology: Medical and Radiation - Plan of Care for Pain

STEWARD

American Society of Clinical Oncology

DESCRIPTION

Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain.

TYPE

Process

DATA SOURCE

Paper Medical Records, Registry Data N/A, measure is not instrument-based

LEVEL

Clinician : Group/Practice

SETTING

Outpatient Services

NUMERATOR STATEMENT

Patient visits that include a documented plan of care* to address pain.

*A documented plan of care may include: use of non-opioid analgesics, opioids, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain at an appropriate time interval.

NUMERATOR DETAILS

Patient visits that included a documented plan of care to address pain.

Time Period for Data Collection: At each visit within the measurement period for patients with a diagnosis of cancer and in which pain is present.

Guidance: A documented outline of care for a positive pain assessment is required. May include: use of non-opioid analgesics, opioids, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain at an appropriate time interval.

DENOMINATOR STATEMENT

All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain

DENOMINATOR DETAILS

Time Period for Data Collection: 12 consecutive months

Denominator Criteria (Eligible Cases):

For all eligible patient encounters when pain severity quantified and pain is present (e.g., CPT II: 1125F is submitted in the numerator for NQF 0384) for patients regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy.

Guidance: This measure is an episode-of-care measure; the level of analysis for this measure is every visit for patients with a diagnosis of cancer who are also currently receiving chemotherapy or radiation therapy and a positive pain assessment during the measurement period. For patients receiving radiation therapy, pain intensity should be quantified at each radiation treatment management encounter. 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.

All visits for patients, regardless of age

AND

Diagnosis of cancer

AND

Patient encounter during the performance period

AND

Patient reported pain was present

AND

Radiation treatment management encounter

OR

Face-to-face encounter with the physician while the patient is currently receiving chemotherapy

EXCLUSIONS

None

EXCLUSION DETAILS

N/A, no denominator exclusion

RISK ADJUSTMENT

No risk adjustment or risk stratification

STRATIFICATION

N/A, no risk stratification

TYPE SCORE

Rate/proportion better quality = higher score

ALGORITHM

This measure is comprised of two populations but is intended to result in one reporting rate. The reporting rate is the aggregate of Population 1 and Population 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 Population 1: Patient visits for patients with a diagnosis of cancer currently receiving chemotherapy

1. Find the patients who meet the initial population (i.e., 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 (i.e., 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 (i.e., 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 Population 2: Patient visits for patients with a diagnosis of cancer currently receiving radiation therapy

1. Find the patients who meet the initial population (i.e., 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 (i.e., 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.

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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

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.

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.

0384e 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

Electronic Health Records

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 numeric rating scale, visual analog scale, a categorical scale, or a pictorial scale. Examples include the Faces Pain Rating Scale and the Brief Pain Inventory (BPI).

HQMF eCQM developed and is attached to this submission in fields S.2a and S.2b.

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

Guidance:

This measure is an episode-of-care measure; the level of analysis for this measure is every visit for patients with a diagnosis of cancer who are also currently receiving chemotherapy or radiation therapy during the measurement period. For patients receiving radiation therapy, pain intensity should be quantified at each radiation treatment management encounter. 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.

HQMF eCQM developed and is attached to this submission in fields S.2a and S.2b.

EXCLUSIONS

None

EXCLUSION DETAILS

Not applicable

RISK ADJUSTMENT

No risk adjustment or risk stratification

STRATIFICATION

Consistent with the CMS Measures Management System Blueprint and national recommendations put forth by the IOM (now NASEM) 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, and have included these variables as recommended data elements to be collected.

TYPE SCORE

Rate/proportion better quality = higher score

ALGORITHM

This measure is comprised of two populations but is intended to result in one reporting rate. The reporting rate is the aggregate of Population 1 and Population 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 Population 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 Population 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

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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

STEWARD

American Society of Clinical Oncology

DESCRIPTION

Percentage of female patients aged 18 and over with HER2/neu positive invasive breast cancer who are administered trastuzumab

TYPE

Process

DATA SOURCE

Paper Medical Records, Registry Data N/A, measure is not instrument-based.

LEVEL

Clinician : Group/Practice

SETTING

Outpatient Services

NUMERATOR STATEMENT

Patients for whom trastuzumab is administered within 12 months of diagnosis

NUMERATOR DETAILS

Numerator:

Trastuzumab administered within 12 months of diagnosis

Numerator Options:

Performance Met: Trastuzumab administered within 12 months of diagnosis

OR

Denominator Exception: Reason for not administering Trastuzumab documented (e. g. patient declined, patient died, patient transferred, contraindication or other clinical exclusion, neoadjuvant chemotherapy or radiation NOT complete)

OR

Performance Not Met: Trastuzumab not administered within 12 months of diagnosis

DENOMINATOR STATEMENT

Female patients aged 18 and over with AJCC stage I (T1c) – III, HER2/neu positive breast cancer who receive chemotherapy

DENOMINATOR DETAILS

Denominator Criteria (Eligible Cases):

Female Patients aged = 18 years on date of encounter

AND

Diagnosis of breast cancer

AND

Patient encounter during performance period

AND

Two or more encounters at the reporting site AND

Breast Adjuvant Chemotherapy administered:

AND

HER-2/neu positive:

AND

AJCC stage at breast cancer diagnosis = II or III: G9831

OR

AJCC stage at breast cancer diagnosis = I (IA or IB) and T-Stage at breast cancer diagnosis does NOT equal = T1, T1a, T1b

AND NOT

Denominator Exclusions:

Patient transfer to practice after initiation of chemotherapy

EXCLUSIONS

Denominator Exclusions:

- Patient transfer to practice after initiation of chemotherapy

Denominator Exceptions:

- Reason for not administering trastuzumab documented (e.g. patient declined, patient died, patient transferred, contraindication or other clinical exclusion, neoadjuvant chemotherapy or radiation therapy not complete)

EXCLUSION DETAILS

Denominator Exclusions:

Patient transfer to practice after initiation of chemotherapy

RISK ADJUSTMENT

No risk adjustment or risk stratification

STRATIFICATION

N/A, no risk stratification

TYPE SCORE

Rate/proportion better quality = higher score

ALGORITHM

This measure is a proportion with exclusions and exceptions; thus, the calculation algorithm is: Patients meeting the numerator + patients with valid exceptions/ (Patients in the denominator – Patients with valid exclusions) x 100

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1859 RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

STEWARD

American Society of Clinical Oncology

DESCRIPTION

Percentage of adult patients (aged 18 and over) with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy for whom RAS (KRAS and NRAS) gene mutation testing was performed

TYPE

Process

DATA SOURCE

Paper Medical Records, Registry Data N/A, measure is not instrument-based.

LEVEL

Clinician : Group/Practice

SETTING

Outpatient Services

NUMERATOR STATEMENT

RAS (KRAS and NRAS) gene mutation testing performed prior to initiation of anti-EGFR monoclonal antibody therapy

NUMERATOR DETAILS

RAS gene mutation testing = RAS mutation detected

OR

RAS gene mutation testing = No RAS mutation detected (wildtype)

AND

RAS gene mutation testing date

Numerator definitions:

RAS mutation testing - RAS testing for this measure refers to assays that detect mutations in codons 12 and 13 of exon 2, codons 59 and 61 of exon 3 and codons 117 and 146 in exon 4 in KRAS or NRAS. Do not include results from mutations at other codons or assays for other alterations (e.g., BRAF, PI3K, PTEN genes). The College of American Pathologists (CAP) Perspectives on Emerging Technology (POET) Report on RAS mutation testing provides additional guidance on testing.

If multiple RAS mutation tests have been performed, refer to the most recent test results.

In the absence of any documentation regarding testing for the RAS gene mutation, select 'Test not ordered/no documentation.'

Refer to the interpretive report for the RAS test. The report will indicate if a mutation within codons 12 and 13 of exon 2, codons 59 and 61 of exon 3 and codons 117 and 146 in exon 4 in KRAS or NRAS, where KRAS or NRAS gene was detected in the DNA extracted from the colon tumor specimen.

DENOMINATOR STATEMENT

Adult patients with metastatic colorectal cancer who receive anti-EGFR monoclonal antibody therapy

DENOMINATOR DETAILS

Age at diagnosis greater than or equal to 18 years

AND

2 or more encounters at the reporting site

AND

Initial colon or rectal cancer diagnosis (153.x, 154.0, 154.0, 154.1, 154.8)

AND

Presence of metastatic disease documented

AND

Anti-EGFR monoclonal antibody therapy received

Definitions

Encounter: new patient visit (CPT 99201-99205) or established patient (CPT 99211-99215), not consult (CPT 99241-99245) office consult or inpatient consult CPT 99251-99255)

EXCLUSIONS

None

EXCLUSION DETAILS

n/a

RISK ADJUSTMENT

No risk adjustment or risk stratification

STRATIFICATION

n/a

TYPE SCORE

Rate/proportion better quality = higher score

ALGORITHM

This measure is a proportion without exclusions. The calculation algorithm is: (Patients meeting the numerator/patients in the denominator) x 100

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1860 Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

STEWARD

American Society of Clinical Oncology

DESCRIPTION

Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

TYPE

Process

DATA SOURCE

Paper Medical Records, Registry Data N/A, measure is not instrument-based.

LEVEL

Clinician : Group/Practice

SETTING

Outpatient Services

NUMERATOR STATEMENT

Anti-EGFR monoclonal antibody therapy not received

NUMERATOR DETAILS

Anti-EGFR monoclonal antibody therapy status = No Anti-EGFR monoclonal antibody therapy received

DENOMINATOR STATEMENT

Adult patients with metastatic colorectal cancer who have a RAS (KRAS or NRAS) gene mutation

DENOMINATOR DETAILS

Age at diagnosis greater than or equal to 18 years

AND

2 or more encounters at the reporting site

AND

Initial colon or rectal cancer diagnosis (ICD-10 CM C18.0, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20)

AND

Presence of metastatic disease documented

AND

RAS (KRAS or NRAS) gene mutation detected

Definitions

Encounter = new patient visit (CPT 99201 -99205) or established patient (CPT 99211-99215), not consult (CPT 99241-99245 office consult or inpatient consult CPT 99251-99255)

RAS mutation testing - RAS testing for this measure refers to assays that detect mutations in codons 12 and 13 of exon 2, codons 59 and 61 of exon 3 and codons 117 and 146 in exon 4 in KRAS or NRAS. Do not include results from mutations at other codons or assays for other alterations (e.g., BRAF, PI3K, PTEN genes). The College of American Pathologists (CAP) Perspectives on Emerging Technology (POET) Report on RAS mutation testing provides additional guidance on testing.

If multiple RAS mutation tests have been performed, refer to the most recent test results.

EXCLUSIONS

None

EXCLUSION DETAILS

n/a

RISK ADJUSTMENT

No risk adjustment or risk stratification

STRATIFICATION

n/a

TYPE SCORE

Rate/proportion better quality = higher score

ALGORITHM

This measure is a proportion without exclusions. The calculation algorithm is: (Patients meeting the numerator/patients in the denominator) x 100

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Appendix E1: Related and Competing Measures (Tabular)

Comparison of NQF #0220 and NQF #0387e

	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	0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
Steward	Commission on Cancer, American College of Surgeons	PCPI Foundation
Description	Percentage of female patients, age = 18 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy), at AJCC T1cN0M0 or stage IB to IIIC, whose primary tumor is of the breast, and is progesterone or estrogen receptor positive with adjuvant hormonal therapy (recommended or administered) within 1 year (365 days) of diagnosis	Percentage of female patients aged 18 years and older with Stage I (T1b) through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period
Type	Process	Process
Data Source	Registry Data Hospital cancer registry data, reported to the American College of Surgeons' Commission on Cancer, National Cancer Database Available at measure-specific web page URL identified in S.1 No data dictionary	Claims, Electronic Health Records, Paper Medical Records, Registry Data Not applicable. Zip file for data dictionary/code table to be sent separately (cannot be attached to 2a1.30). Attachment 0387_BreastCancer_v6_ValueSets_09282017.xls
Level	Facility	Clinician : Group/Practice, Clinician : Individual
Setting	Inpatient/Hospital	Other, Outpatient Services Oncology/Outpatient Clinic
Numerator Statement	Adjuvant hormonal therapy is administered within 1 year (365 days) of the date of diagnosis or it is recommended but not administered	Patients who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period
Numerator Details	Hormone Therapy recommended and not received [NAACCR Item# 1400]=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	Time Period for Data Collection: At least once during the measurement period Definition: Prescribed - May include prescription given to the patient for tamoxifen or aromatase inhibitor (AI) at one or more visits in the 12-month period OR patient already taking tamoxifen or aromatase inhibitor (AI) as documented in the current medication list. For Claims/Registry: Report the CPT Category II code: 4179F - Tamoxifen or aromatase inhibitor (AI) prescribed For EHR: HQMF eCQM developed and is included in this submission.

	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	0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
	family member, or the patient´s guardian. The refusal was noted in the patient record) or Hormone Therapy administered [NAACCR Item# 1400] = 01 AND date hormone therapy started [NAACCR Item# 1230] <=365 days following date of initial diagnosis [NAACCR Item# 390]	
Denominator Statement	Include if all of the following characteristics are identified: Women Age = 18 at time of diagnosis Known or assumed to be first or only cancer diagnosis Epithelial malignancy only Invasive tumors Primary tumors of the breast AJCC T1cN0M0 or Stage IB – IIIC Primary tumor is estrogen receptor positive or progesterone receptor positive All or part of 1st course of treatment performed at the reporting facility Known to be alive within 1 year (365 days) of date of diagnosis Surgical procedure of the primary site	All female patients aged 18 years and older with a diagnosis of breast cancer with Stage I (T1b) through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer
Denominator Details	Sex [NAACCR Item# 220] = 2 Age [NAACCR Item# 230] = 018 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] = 8022, 8032, 8035, 8041, 8070, 8200, 8201, 8211, 8246, 8290, 8314, 8315, 8410, 8430, 8480, 8500, 8502, 8503, 8504, 8507, 8509, 8510, 8513, 8520, 8525, 8530, 8540, 8550, 8570, 8571, 8572, 8574,	Time Period for Data Collection: 12 consecutive months For Claims/Registry: All female patients aged >= 18 years on date of encounter AND Diagnosis for breast cancer (ICD-10-CM): C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919 AND

	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	0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
	8575, 8982, 8983, 8000, 8010, 8140, 8255, 8401, 8501, 8521, 8522, 8523, 8524, 8541, 8543 Invasive tumor behavior [NAACCR Item# 523] = 3 Primary tumors of the breast [NAACCR Item# 400] = C50.0, C50.1, C50.2, C50.3, C50.4, C50.5, C50.6, C50.8, C50.9 AJCC T1cN0M0 or Stage IB – IIIC: AJCC pathologic N [NAACCR Item# 1012] = (cN0, pN0, pN0(i+), pN0(mol+)) AND tumor size summary [NAACCR Item# 756] = 011-989 or AJCC pathologic N [NAACCR Item# 1012] = (cN1, cN1mi, cN2, cN2a, cN2b, cN3, cN3a, cN3b, cN3c, pN1, pN1mi, pN1a, pN1b, pN1c, pN2, pN2a, pN2b, pN3, pN3a, pN3b, pN3c) AJCC clinical stage group [NAACCR Item# 1004] ? 0, 4 when AJCC pathologic stage group [NAACCR Item# 1014] = 88, 99 AJCC pathologic stage group [NAACCR Item# 1014] ? 0, 4 AJCC clinical M [NAACCR Item# 1003] ? cM1, pM1 AJCC pathologic M [NAACCR Item# 1013] ? cM1, pM1 Hormone receptor positive: SSDI ER positive [NAACCR Item# 3826] = 001-100, R10-R99 or SSDI PR positive [NAACCR Item# 3914] = 001-100, R10-R99 All or part of 1st course of treatment performed at the reporting facility [NAACCR Item# 610] = 10-22 Known to be alive within 1 year (365 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] > 365	Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 WITHOUT Telehealth Modifier: GQ, GT, 95, Place of Service (POS) 2 AND Quality Data Code (G-code) G9705: AJCC Breast Cancer Stage I: T1b (tumor > 0.5 cm but <= 1 cm in greatest dimension) documented OR CPT Category II code 3374F: AJCC Breast Cancer Stage I: T1c (tumor size > 1 cm to 2 cm) documented OR CPT Category II code 3376F: AJCC Breast Cancer Stage II documented OR CPT Category II code 3378F: AJCC Breast Cancer Stage III documented AND CPT Category II code 3315F: Estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer For EHR: HQMF eCQM developed and is included in this submission.

	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	0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
	Surgical Procedure of the Primary Site [NAACCR Item# 1290] = 20–90	
Exclusions	Exclude, if any of the following characteristics are identified: Men Under age 18 at time of diagnosis Second or subsequent cancer diagnosis Tumor not originating in the breast Non-epithelial malignancies, exclude malignant phyllodes tumors; 8940 - Mixed tumor, malignant, NOS; 8950 - Mullerian mixed tumor; 8980 - Carcinosarcoma; 8981 - Carcinosarcoma, embryonal Non-invasive tumors Stage 0, in situ tumor Stage IV, metastatic tumor Primary tumor is estrogen receptor negative and progesterone receptor negative None of 1st course therapy performed at reporting facility Died within 1 year (365 days) of diagnosis, Patient enrolled in a clinical trial that directly impacts delivery of the standard of care No surgical procedure of the primary site Not AJCC T1cN0M0 or not AJCC stage IB-IIIC	Documentation of medical reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient's disease has progressed to metastatic; patient is receiving a gonadotropin-releasing hormone analogue, patient has received oophorectomy, patient is receiving radiation or chemotherapy, patient's diagnosis date was > 5 years from reporting date, patient's diagnosis date is within 120 days of the end of the 12-month reporting period, other medical reasons) Documentation of patient reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient refusal, other patient reasons) Documentation of system reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient is currently enrolled in a clinical trial, other system reasons)
Exclusion Details	See pages 18-26: https://www.facs.org/~/media/files/quality programs/cancer/ncdb/measure specs breast.ashx	Time Period for Data Collection: At the time of the encounter Exceptions are used to remove a patient from the denominator of a performance measure when the patient does not receive a therapy or service AND that therapy or service would not be appropriate due to patient-specific reasons. The patient would otherwise meet the denominator criteria. Exceptions are not absolute, and are based on clinical judgment, individual patient characteristics, or patient preferences. The PCPI exception methodology uses three categories of reasons for which a patient may be removed from the denominator of an individual measure. These measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. Examples are provided in the measure exception language

	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	0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
		of instances that may constitute an exception and are intended to serve as a guide to clinicians. For measure Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer, exceptions may include medical reason(s) (eg, patient's disease has progressed to metastatic; patient is receiving a gonadotropin-releasing hormone analogue, patient has received oophorectomy, patient is receiving radiation or chemotherapy, patient's diagnosis date was > 5 years from reporting date, patient's diagnosis date is within 120 days of the end of the 12-month reporting period, other medical reasons), patient reason(s) (eg, patient refusal, other patient reasons), or system reason(s) (eg, patient is currently enrolled in a clinical trial, other system reasons). Where examples of exceptions are included in the measure language, value sets for these examples are developed and included in the eCQM. Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement. Additional details by data source are as follows: For Claims/Registry: Documentation of medical reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient's disease has progressed to metastatic; patient is receiving a gonadotropin-releasing hormone analogue, patient has received oophorectomy, patient is receiving radiation or chemotherapy, patient's diagnosis date was > 5 years from reporting date, patient's diagnosis date is within 120 days of the end of the 12-month reporting period, other medical reasons): Append modifier to CPT Category II code: 4179F-1P Documentation of patient reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient refusal, other patient reasons): Append modifier to CPT Category II code: 4179F-2P Documentation of system reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient is currently enrolled in a clinical trial, other system reasons): Append modifier to CPT Category II code: 4179F-3P For EHR: HQMF eCQM developed and is included in this submission.
Risk Adjustment	No risk adjustment or risk stratification	No risk adjustment or risk stratification
Stratification	No stratification applied	Consistent with 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,

	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	0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
		administrative sex, and payer and have included these variables as recommended data elements to be collected.
Type Score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score
Algorithm	See pages 18-26: https://www.facs.org/~/media/files/quality programs/cancer/ncdb/measure specs breast.ashx	To calculate performance rates: 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 4. From the patients who did not meet the numerator criteria, determine if the provider has documented that the patient meets any criteria for exception when denominator exceptions have been specified [for this measure: medical reason(s) (eg, patient's disease has progressed to metastatic; patient is receiving a gonadotropin-releasing hormone analogue, patient has received oophorectomy, patient is receiving radiation or chemotherapy, patient's diagnosis date was > 5 years from reporting date, patient's diagnosis date is within 120 days of the end of the 12-month reporting period, other medical reasons), patient reason(s) (eg, patient refusal, other patient reasons), or system reason(s) (eg, patient is currently enrolled in a clinical trial, other system reasons)]. If the patient meets any exception criteria, they should be removed from the denominator for performance calculation. --Although the exception cases are removed from the denominator population for the performance calculation, the exception rate (ie, percentage with valid exceptions) should be calculated and reported along with performance rates to track variations in care and highlight possible areas of focus for QI. If the patient does not meet the numerator and a valid exception is not present, this case represents a quality failure.
Submission items	5.1 Identified measures: 0387 : Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer 5a.1 Are specs completely harmonized? No	5.1 Identified measures: 5a.1 Are specs completely harmonized? No 5a.2 If not completely harmonized, identify difference, rationale, impact: No related measures; See competing measures section below regarding the harmonization of measure specifications.

	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	0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
	5a.2 If not completely harmonized, identify difference, rationale, impact: These measures are related but assess different levels of analysis and different data systems are used to determine eligibility and compliance. 5b.1 If competing, why superior or rationale for additive value: 0387 assesses hormone therapy for patients with stage Ic through III hormone receptor positive cancer. 0387 assesses if hormone therapy was prescribed within a 12 month period while our measure (0220) assesses if hormone therapy was administered within one year of diagnosis or if it was recommended but not received based on patient refusal, medical co-morbidity or other valid reasons. 0220 also assesses compliance at the facility level while 0387 assesses individual physician or practice level performance. The two measures use different data sources as well. 0220 utilizes cancer registry coding.	5b.1 If competing, why superior or rationale for additive value: Measure 0220 is similarly limited to stage I through III breast cancer patients whose primary tumor is progesterone or estrogen receptor positive. Measure 0220 requires that the agents be considered or administered within 1 year of diagnosis while our measure looks at the receipt of adjuvant endocrine therapy over time, specifically whether the agents were prescribed once within a 12 month reporting period. Since the recommended treatment duration of adjuvant endocrine therapy is 5 years, our measure includes medical reason exceptions to allow physicians to exclude patients who have already received the agents for the recommended duration and for other medical reasons. Our measure assess performance at the individual physician level while measure 0220 was designed to assess performance at the facility level.

Comparison of NQF #0223 and NQF #0385e

	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	0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
Steward	Commission on Cancer, American College of Surgeons	PCPI Foundation
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	Percentage of patients aged 18 years through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy or have previously received adjuvant chemotherapy within the 12-month reporting period
Type	Process	Process
Data Source	Registry Data Hospital cancer registry data, reported to the American College of Surgeons' Commission on Cancer, National Cancer Database Available at measure-specific web page URL identified in S.1 No data dictionary	Claims, Electronic Health Records, Paper Medical Records, Registry Data Not applicable. Zip file for data dictionary/code table to be sent separately (cannot be attached to 2a1.30). Attachment 0385_ColonCancer_v7_ValueSets_09282017.xls
Level	Facility	Clinician : Group/Practice, Clinician : Individual
Setting	Inpatient/Hospital	Other, Outpatient Services Oncology/Outpatient Clinic; Radiation Oncology Dept/Clinic
Numerator Statement	Adjuvant chemotherapy is administered within 4 months (120 days) of the date of diagnosis or it is recommended but not administered	Patients who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or who have previously received adjuvant chemotherapy within the 12-month reporting period
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]	Time Period for Data Collection: At least once during the measurement period Definitions: Adjuvant Chemotherapy - According to current NCCN guidelines, the following therapies are recommended: 5-FU/LV/oxaliplatin (FOLFOX) or capecitabine/oxaliplatin (CapeOx) (both category 1 and preferred); bolus 5-FU/LV/oxaliplatin (FLOX) (category 1); or single-agent capecitabine or 5-FU/LV in patients felt to be inappropriate for oxaliplatin therapy (NCCN). See clinical recommendation statement for cases where leucovorin is not available. Prescribed – May include prescription ordered for the patient for adjuvant chemotherapy at one or more visits in the 12-month period OR patient already receiving adjuvant chemotherapy as documented in the current medication list For Claims/Registry: Report the quality-data code: G8927 - Adjuvant chemotherapy referred, prescribed, or previously received for AJCC stage III, colon cancer For EHR:

	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	0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
		HQMF eCQM developed and is included in this submission.
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	All patients aged 18 through 80 years with AJCC Stage III colon cancer
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 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	Time Period for Data Collection: 12 consecutive months For Claims/Registry: Patients aged >= 18 years and < 80 years on date of encounter AND Diagnosis for colon cancer (ICD-10-CM): C18.0, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9 AND Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 WITHOUT Telehealth Modifier: GQ, GT, 95, Place of Service (POS) 2 AND CPT Category II code 3388F: AJCC colon cancer, Stage III documented For EHR: HQMF eCQM developed and is included in this submission.

	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	0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
	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	Documentation of medical reason(s) for not referring for or prescribing adjuvant chemotherapy (eg, medical comorbidities, diagnosis date more than 5 years prior to the current visit date, diagnosis date is within 120 days of the end of the 12-month reporting period, patient's cancer has metastasized, medical contraindication/allergy, poor performance status) Documentation of patient reason(s) for not referring for or prescribing adjuvant chemotherapy (eg, patient refusal) Documentation of system reason(s) for not referring for or prescribing adjuvant chemotherapy (eg, patient is currently enrolled in a clinical trial that precludes prescription of chemotherapy)
Exclusion Details	See pages 3-8: https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/measure%20specs%20colon.ashx	Time Period for Data Collection: At least once during the measurement period Exceptions are used to remove a patient from the denominator of a performance measure when the patient does not receive a therapy or service AND that therapy or service would not be appropriate due to patient-specific reasons. The patient would otherwise meet the denominator criteria. Exceptions are not absolute, and are based on clinical judgment, individual patient characteristics, or patient preferences. The PCPI exception methodology uses three categories of reasons for which a patient may be removed from the denominator of an individual measure. These measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. Examples are provided in the measure exception language of instances that may constitute an exception and are intended to serve as a guide to clinicians. For measure Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients, exceptions may include medical reason(s) (eg, medical co-morbidities, diagnosis date more than 5 years prior to the current visit date, patient's diagnosis date is within 120 days of the end of the 12-month reporting period, patient's cancer has metastasized, medical contraindication/allergy, poor performance status, other medical reasons), patient reason(s) (eg,

	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	0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
		patient refusal, other patient reasons), or system reason(s) (eg, patient is currently enrolled in a clinical trial that precludes prescription of chemotherapy, other system reasons). Where examples of exceptions are included in the measure language, value sets for these examples are developed and included in the eCQM. Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement. Additional details by data source are as follows: For Claims/Registry: Report the quality-data code G8928: Adjuvant chemotherapy not prescribed or previously received, for documented reasons (e.g., medical co-morbidities, diagnosis date more than 5 years prior to the current visit date, patient's diagnosis date is within 120 days of the end of the 12 month reporting period, patient's cancer has metastasized, medical contraindication/allergy, poor performance status, other medical reasons, patient refusal, other patient reasons, patient is currently enrolled in a clinical trial that precludes prescription of chemotherapy, other system reasons) For EHR: HQMF eCQM developed and is included in this submission.
Risk Adjustment	No risk adjustment or risk stratification	No risk adjustment or risk stratification
Stratification	No stratification applied	Consistent with 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 and have included these variables as recommended data elements to be collected.
Type Score	Rate/proportion better quality = higher 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	To calculate performance rates: 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).

	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	0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
		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 4. From the patients who did not meet the numerator criteria, determine if the provider has documented that the patient meets any criteria for exception when denominator exceptions have been specified [for this measure: medical reason(s) (eg, medical co-morbidities, diagnosis date more than 5 years prior to the current visit date, patient's diagnosis date is within 120 days of the end of the 12-month reporting period, patient's cancer has metastasized, medical contraindication/allergy, poor performance status, other medical reasons), patient reason(s) (eg, patient refusal, other patient reasons), or system reason(s) (eg, patient is currently enrolled in a clinical trial that precludes prescription of chemotherapy, other system reasons)]. If the patient meets any exception criteria, they should be removed from the denominator for performance calculation. --Although the exception cases are removed from the denominator population for the performance calculation, the exception rate (ie, percentage with valid exceptions) should be calculated and reported along with performance rates to track variations in care and highlight possible areas of focus for QI. If the patient does not meet the numerator and a valid exception is not present, this case represents a quality failure.
Submission items	5.1 Identified measures: 0385 : Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients 5a.1 Are specs completely harmonized? No 5a.2 If not completely harmonized, identify difference, rationale, impact: The measures assess different levels of data analysis, 0385 assesses clinical group practice while 0223 assesses facility level performance. The data sources are also different for the two measures increasing the burden of collection for harmonization.	5.1 Identified measures: 5a.1 Are specs completely harmonized? No 5a.2 If not completely harmonized, identify difference, rationale, impact: No related measures; See competing measures section below regarding the harmonization of measure specifications. 5b.1 If competing, why superior or rationale for additive value: Measure 0223 is limited to Stage III colon cancer patients under the age of 80

	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	0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
	5b.1 If competing, why superior or rationale for additive value: The target populations of these measures and the level of analysis are sufficiently different to warrant both measures. Measure 0223 assesses adjuvant chemotherapy on surgically treated patients to be reported at the facility level for CoC-accredited cancer programs. Measure 0223 assesses receipt of chemotherapy based on information captured through cancer registries utilizing coding of the North American Association of Central Cancer Registries (NAACCR) while measure 0385 assesses compliance utilizing CPT codes through clinical practices.	following surgical treatment. Although our measure focuses on stage III colon cancer patients, it does not focus only on patients following surgical treatment. However, the numerator of the measure allows for current OR PREVIOUS receipt of adjuvant chemotherapy as well as a referral for adjuvant chemotherapy. This approach offers a great likelihood of achieving a sufficient sample size to measure performance at the individual physician level. Additionally, patients over the age of 80 can be excluded from the patient population through the use of a medical reason exception. Our measure assesses performance at the individual physician level while measure 0223 was designed to assess performance at the facility level.

Comparison of NQF #0383, NQF #0420, and NQF #1628

	0383: Oncology: Medical and Radiation - Plan of Care for Pain	0420: Pain Assessment and Follow-Up	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits
Steward	American Society of Clinical Oncology	Centers for Medicare & Medicaid Services	RAND Corporation
Description	Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain.	Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present	Adult patients with advanced cancer who are screened for pain with a standardized quantitative tool at each outpatient visit
Type	Process	Process	Process
Data Source	Paper Medical Records, Registry Data N/A, measure is not instrument-based No data collection instrument provided Attachment 0383_NQF_PlanofCarePain_CodeSet_07312019.xlsx	Claims, Paper Medical Records The data source is the patient medical record. Medicare Part B claims data and registry data is provided for test purposes. No data collection instrument provided Attachment NQF_420_DataDic_1117.xlsx	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	Clinician : Group/Practice	Clinician : Group/Practice, Clinician : Individual	Facility, Health Plan, Integrated Delivery System
Setting	Outpatient Services	Outpatient Services	Outpatient Services
Numerator Statement	Patient visits that include a documented plan of care* to address pain. *A documented plan of care may include: use of non-opioid analgesics, opioids, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain at an appropriate time interval.	Patient visits with a documented pain assessment using a standardized tool(s) AND documentation of a follow-up plan when pain is present	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	Patient visits that included a documented plan of care to address pain. Time Period for Data Collection: At each visit within the measurement period for patients with a diagnosis of cancer and in which pain is present.	Definitions: Pain Assessment – Documentation of a clinical assessment for the presence or absence of pain using a standardized tool is required. A multi-dimensional clinical assessment of pain using a standardized tool may include	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

	0383: Oncology: Medical and Radiation - Plan of Care for Pain	0420: Pain Assessment and Follow-Up	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits
	Guidance: A documented outline of care for a positive pain assessment is required. May include: use of non-opioid analgesics, opioids, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain at an appropriate time interval.	characteristics of pain, such as: location, intensity, description, and onset/duration. Standardized Tool – An assessment tool that has been appropriately normed and validated for the population in which it is used. Examples of tools for pain assessment, include, but are not limited to: Brief Pain Inventory (BPI), Faces Pain Scale (FPS), McGill Pain Questionnaire (MPQ), Multidimensional Pain Inventory (MPI), Neuropathic Pain Scale (NPS), Numeric Rating Scale (NRS), Oswestry Disability Index (ODI), Roland Morris Disability Questionnaire (RMDQ), Verbal Descriptor Scale (VDS), Verbal Numeric Rating Scale (VNRS),Visual Analog Scale (VAS)), and Patient-Reported Outcomes Measurement Information System (PROMIS). Follow-Up Plan – A documented outline of care for a positive pain assessment is required. This must include a planned follow-up appointment or a referral, a notification to other care providers as applicable OR indicate the initial treatment plan is still in effect. These plans may include pharmacologic, behavioral, physical medicine and/or educational interventions. Not Eligible (Denominator Exception)– A patient is not eligible if one or more of the following reason(s) is documented: • Severe mental and/or physical incapacity where the person is unable to express himself/herself in a manner understood by others. For example, cases where pain cannot be accurately assessed through use of nationally recognized standardized pain assessment tools • Patient is in an urgent or emergent situation where time is of the essence and to delay	for use with nonverbal patients, or other standardized tools.

	0383: Oncology: Medical and Radiation - Plan of Care for Pain	0420: Pain Assessment and Follow-Up	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits
		treatment would jeopardize the patient's health status NUMERATOR NOTE: The standardized tool used to assess the patient's pain must be documented in the medical record (exception: A provider may use a fraction such as 5/10 for Numeric Rating Scale without documenting this actual tool name when assessing pain for intensity). Numerator Quality-Data Coding Options: Pain Assessment Documented as Positive AND Follow-Up Plan Documented Performance Met: G8730: Pain assessment documented as positive using a standardized tool AND a follow-up plan is documented OR Pain Assessment Documented as Negative, No Follow-Up Plan Required Performance Met: G8731: Pain assessment using a standardized tool is documented as negative, no follow-up plan required OR Pain Assessment not Documented, Reason not Given Performance Not Met: G8732: No documentation of pain assessment, reason not given OR Pain Assessment Documented as Positive, Follow-Up Plan not Documented, Reason not Given Performance Not Met: G8509: Pain assessment documented as positive using a standardized tool, follow-up plan not documented, reason not given	

	0383: Oncology: Medical and Radiation - Plan of Care for Pain	0420: Pain Assessment and Follow-Up	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits
Denominator Statement	All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain	All visits for patients aged 18 years and older	Adult patients with advanced cancer who have at least 1 primary care or cancer-related/specialty outpatient visit
Denominator Details	Time Period for Data Collection: 12 consecutive months Denominator Criteria (Eligible Cases): For all eligible patient encounters when pain severity quantified and pain is present (e.g., CPT II: 1125F is submitted in the numerator for NQF 0384) for patients regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy. Guidance: This measure is an episode-of-care measure; the level of analysis for this measure is every visit for patients with a diagnosis of cancer who are also currently receiving chemotherapy or radiation therapy and a positive pain assessment during the measurement period. For patients receiving radiation therapy, pain intensity should be quantified at each radiation treatment management encounter. 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. All visits for patients, regardless of age AND Diagnosis of cancer AND Patient encounter during the performance period AND Patient reported pain was present AND Radiation treatment management encounter	Denominator Criteria (Eligible Cases): Patients aged greater than or equal to 18 years on date of encounter AND Patient encounter during the reporting period (CPT or HCPCS): 90791, 90792, 92002, 92004, 92012, 92014, 92507, 92508, 92526, 96116, 96118, 96150, 96151, 97161, 97162, 97164, 97165, 97166, 97167, 97168, 97532, 98940, 98941, 98942, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, D7140, D7210, G0101, G0402, G0438, G0439 WITHOUT Telehealth Modifier: GQ, GT	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

	0383: Oncology: Medical and Radiation - Plan of Care for Pain	0420: Pain Assessment and Follow-Up	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits
	OR Face-to-face encounter with the physician while the patient is currently receiving chemotherapy		
Exclusions	None	Pain Assessment not Documented Patient not Eligible Denominator Exception: G8442: Pain assessment NOT documented as being performed, documentation the patient is not eligible for a pain assessment using a standardized tool Not Eligible – A patient is not eligible if one or more of the following reason(s) is documented: Severe mental and/or physical incapacity where the person is unable to express himself/herself in a manner understood by others. For example, cases where pain cannot be accurately assessed through use of nationally recognized standardized pain assessment tools Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status	None (other than those patients noted in 2a1.7. who did not survive at least 30 days after cancer diagnosis)
Exclusion Details	N/A, no denominator exclusion	Pain Assessment not Documented Patient not Eligible Denominator Exception: G8442: Pain assessment NOT documented as being performed, documentation the patient is not eligible for a pain assessment using a standardized tool OR Pain Assessment Documented as Positive, Follow-Up Plan not Documented, Patient not Eligible	

	0383: Oncology: Medical and Radiation - Plan of Care for Pain	0420: Pain Assessment and Follow-Up	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits
		Denominator Exception: G8939: Pain assessment documented as positive, follow-up plan not documented, documentation the patient is not eligible	
Risk Adjustment	No risk adjustment or risk stratification	No risk adjustment or risk stratification	No risk adjustment or risk stratification
Stratification	N/A, no risk stratification	N/A	
Type Score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score
Algorithm	This measure is comprised of two populations but is intended to result in one reporting rate. The reporting rate is the aggregate of Population 1 and Population 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 Population 1: Patient visits for patients with a diagnosis of cancer currently receiving chemotherapy 1. Find the patients who meet the initial population (i.e., 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 (i.e., 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 (i.e., the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of	Satisfactory reporting criteria are met by valid submission of one of six G codes on claims that meet denominator criteria. A rate of quality performance is calculated by dividing the number of records with G codes indicating that the quality actions were performed or that the patient was not eligible by total number of valid G code submissions. THIS SECTION PROVIDES DEFINITIONS & FORMULAS FOR THE NUMERATOR (A), TOTAL DENOMINATOR POPULATION (TDP), DENOMINATOR EXCEPTIONS (B) CALCULATION & PERFORMANCE DENOMINATOR (PD) CALCULATION. NUMERATOR (A): HCPCS Clinical Quality Codes G8730, G8731 TOTAL DENOMINATOR POPULATION (TDP): Patient aged 18 years and older on the date of the encounter of the 12-month reporting period, with denominator defined encounter codes & Medicare Part B Claims reported HCPCS Clinical Quality Codes G8730, G8731, G8442, G8939, G8732, G8509 DENONINATOR Exception(B): HCPCS Clinical Quality Code G8442, G8939 DENOMINATOR Exception CALCULATION: Denominator Exception (B): # of patients with valid exceptions # G8442+G8939 / # TDP	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

	0383: Oncology: Medical and Radiation - Plan of Care for Pain	0420: Pain Assessment and Follow-Up	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits
	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 Population 2: Patient visits for patients with a diagnosis of cancer currently receiving radiation therapy 1. Find the patients who meet the initial population (i.e., 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 (i.e., 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.	PERFORMANCE DENOMINATOR CALCULATION: Performance Denominator (B): Patients meeting criteria for performance denominator calculation # A / (# TDP - # B)	
Submission items	5.1 Identified measures: 0420 : Pain Assessment and Follow-Up 1628 : Patients with Advanced Cancer Screened for Pain at Outpatient Visits 5a.1 Are specs completely harmonized? Yes 5a.2 If not completely harmonized, identify difference, rationale, impact: Measure #420 is broadly applicable to any patients 18 years of	5.1 Identified measures: 0676 : Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay) 0677 : Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay) 0383 : Oncology: Medical and Radiation - Plan of Care for Pain 1628 : Patients with Advanced Cancer Screened for Pain at Outpatient Visits 1634 : Hospice and Palliative Care -- Pain Screening	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

	0383: Oncology: Medical and Radiation - Plan of Care for Pain	0420: Pain Assessment and Follow-Up	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits
	age and older using claims. Measure #383 is examines whether a plan of care is present and maintained for a population who frequently experience pain – a population in which adequate pain management is crucial. In addition, it uses registry data in addition to paper medical records. Measure #1628 targets only patients with Stage IV cancer. Our measure looks at any stage of cancer for purposes of managing pain for which chemotherapy or radiation may be appropriate. 5b.1 If competing, why superior or rationale for additive value: An environmental scan did not identify competing measures.	1637 : Hospice and Palliative Care -- Pain Assessment 5a.1 Are specs completely harmonized? No 5a.2 If not completely harmonized, identify difference, rationale, impact: Six related measures were identified that are not harmonized with NQF# 0420. The differences between these related measures and the submitted measure NQF# 0420 are listed below: 0383 - Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (paired with 0384 which is unrelated to and non-competing with 0420) - target population is specific to patients with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain; 0383 does not include the use of a standardized pain assessment tool. Both measures are process measures. Both measures have outpatient care setting. 0676 - Percent of Residents Who Self-Report Moderate to Severe Pain (Short-Stay) – target population is specific to short - stay residents whereas 0420 has a broader outpatient population; 0420 is NOT a self-report measure, it is an eligible provider report; 0676 does not include the use of a standardized pain assessment tool; 0676 does not include documentation of a follow-up plan if pain is present; 0676 is an outcome measure whereas 0420 is a process measure. Care setting for 0676 is long term care/skilled nursing facilities whereas 0420 care setting is outpatient clinician office or outpatient rehabilitation. 0677 - Percent of Residents Who Self-Report Moderate to Severe Pain (Long-Stay) – target population is	(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

	0383: Oncology: Medical and Radiation - Plan of Care for Pain	0420: Pain Assessment and Follow-Up	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits
		specific to long - stay residents whereas 0420 has a broader outpatient population; 0420 is NOT a self-report measure, it is an eligible provider report; 0677 does not include the use of a standardized pain assessment tool; 0677 does not include documentation of a follow-up plan if pain is present; 0677 is an outcome measure whereas 0420 is a process measure. Care setting for 0677 is long term care/skilled nursing facilities whereas 0420 care setting is outpatient clinician office or outpatient rehabilitation. 1628 - Patients with Advanced Cancer Screened for Pain at Outpatient Visits - target population is specific to patients with a diagnosis of advanced cancer; 1628 does not include a follow-up plan if pain is present; Both 1628 and 0420 are process measures; Both measures have outpatient care setting. 1634 - Hospice and Palliative Care -- Pain Screening: target population has no age parameters whereas 0420 has an age range (> 18 yrs.); 1634 target population is specific to hospice and palliative care patients whereas 0420 is not diagnosis specific; 1634 does not include documentation of a follow-up plan if pain is present; Both 1634 and 0420 are process measures; Care setting for 1634 is restricted to Hospice/Hospital/Acute Care Facility, whereas 0420 care setting is outpatient clinician office or outpatient rehabilitation. 1637 – Hospice and Palliative Care—Pain Assessment- target population has no age parameters whereas 0420 has an age range (> 18 yrs.); 1637 target population is specific to hospice and palliative care patients whereas 0420 is not diagnosis specific; 1637 measure focus is clinical assessment within 24hrs of positive screening for pain; 0420 measure focus is performing a screening and a	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.

	0383: Oncology: Medical and Radiation - Plan of Care for Pain	0420: Pain Assessment and Follow-Up	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits
		documented follow-up plan not just limited to a clinical assessment; Both are process measures; Care setting for 1637 is restricted to Hospice/Hospital/Acute Care Facility; whereas 0420 care setting is outpatient clinician office or outpatient rehabilitation. 5b.1 If competing, why superior or rationale for additive value: There are no competing measures.	

Comparison of NQF #0384e/#0384 and NQF #0177, NQF #0420, NQF #1628, NQF #1637

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	0420: Pain Assessment and Follow-Up
Steward	PCPI	PCPI	Centers for Medicare & Medicaid Services	Centers for Medicare & Medicaid Services
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	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	The percentage of home health episodes of care during which the frequency of the patient's pain when moving around improved.	Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present
Type	Process	Process	Outcome	Process
Data Source	Electronic Health Records No data collection instrument provided Attachment 0384e_OncologyPainIntensity_ValueSets_2018Sept.xlsx	Registry Data No data collection instrument provided Attachment NQF0384_I9toI10_conversion_2018Nov.xlsx	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	Claims, Paper Medical Records The data source is the patient medical record. Medicare Part B claims data and registry data is provided for test purposes. No data collection instrument provided Attachment NQF_420_DataDic_1117.xlsx

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	0420: Pain Assessment and Follow-Up
			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_08-15-2017-63677631636194534 8.xlsx	
Level	Clinician : Group/Practice, Clinician : Individual	Clinician : Group/Practice, Clinician : Individual	Facility	Clinician : Group/Practice, Clinician : Individual
Setting	Other, Outpatient Services Oncology/Outpatient Clinic; Radiation Oncology Dept/Clinic	Other, Outpatient Services Oncology/Outpatient Clinic; Radiation Oncology Dept/Clinic	Home Care	Outpatient Services
Numerator Statement	Patient visits in which pain intensity is quantified	Patient visits in which pain intensity is quantified	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.	Patient visits with a documented pain assessment using a standardized tool(s) AND documentation of a follow-up plan when pain is present

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	0420: Pain Assessment and Follow-Up
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 numeric rating scale, visual analog scale, a categorical scale, or a pictorial scale. Examples include the Faces Pain Rating Scale and the Brief Pain Inventory (BPI). HQMF eCQM developed and is attached to this submission in fields S.2a and S.2b.	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	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.	Definitions: Pain Assessment – Documentation of a clinical assessment for the presence or absence of pain using a standardized tool is required. A multi-dimensional clinical assessment of pain using a standardized tool may include characteristics of pain, such as: location, intensity, description, and onset/duration. Standardized Tool – An assessment tool that has been appropriately normed and validated for the population in which it is used. Examples of tools for pain assessment, include, but are not limited to: Brief Pain Inventory (BPI), Faces Pain Scale (FPS), McGill Pain Questionnaire (MPQ), Multidimensional Pain Inventory (MPI), Neuropathic Pain Scale (NPS), Numeric Rating Scale (NRS), Oswestry Disability Index (ODI), Roland Morris Disability Questionnaire (RMDQ), Verbal Descriptor Scale (VDS), Verbal Numeric Rating Scale (VNRS),Visual Analog Scale (VAS)), and Patient-Reported Outcomes Measurement Information System (PROMIS). Follow-Up Plan – A documented outline of care for a positive pain assessment is required. This must include a planned follow-up appointment or a referral, a notification to other care providers as applicable OR indicate the initial treatment plan is still in effect. These plans may include pharmacologic,

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	0420: Pain Assessment and Follow-Up
				behavioral, physical medicine and/or educational interventions. Not Eligible (Denominator Exception)– A patient is not eligible if one or more of the following reason(s) is documented: • Severe mental and/or physical incapacity where the person is unable to express himself/herself in a manner understood by others. For example, cases where pain cannot be accurately assessed through use of nationally recognized standardized pain assessment tools • Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status NUMERATOR NOTE: The standardized tool used to assess the patient's pain must be documented in the medical record (exception: A provider may use a fraction such as 5/10 for Numeric Rating Scale without documenting this actual tool name when assessing pain for intensity). Numerator Quality-Data Coding Options: Pain Assessment Documented as Positive AND Follow-Up Plan Documented Performance Met: G8730: Pain assessment documented as positive using a standardized tool AND a follow-up plan is documented OR

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	0420: Pain Assessment and Follow-Up
				Pain Assessment Documented as Negative, No Follow-Up Plan Required Performance Met: G8731: Pain assessment using a standardized tool is documented as negative, no follow-up plan required OR Pain Assessment not Documented, Reason not Given Performance Not Met: G8732: No documentation of pain assessment, reason not given OR Pain Assessment Documented as Positive, Follow-Up Plan not Documented, Reason not Given Performance Not Met: G8509: Pain assessment documented as positive using a standardized tool, follow-up plan not documented, reason not given
Denominator Statement	All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy	All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy	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.	All visits for patients aged 18 years and older
Denominator Details	Time Period for Data Collection: 12 consecutive months Guidance: This measure is an episode-of-care measure; the level of analysis for this measure is every visit for patients with a diagnosis of cancer who are also currently receiving chemotherapy or radiation therapy during the measurement period. For	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.	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).	Denominator Criteria (Eligible Cases): Patients aged greater than or equal to 18 years on date of encounter AND Patient encounter during the reporting period (CPT or HCPCS): 90791, 90792, 92002, 92004, 92012, 92014, 92507, 92508, 92526, 96116, 96118, 96150, 96151, 97161, 97162, 97164, 97165, 97166, 97167, 97168, 97532, 98940, 98941, 98942, 99201, 99202, 99203, 99204, 99205, 99212,

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	0420: Pain Assessment and Follow-Up
	patients receiving radiation therapy, pain intensity should be quantified at each radiation treatment management encounter. 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. HQMF eCQM developed and is attached to this submission in fields S.2a and S.2b.	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		99213, 99214, 99215, D7140, D7210, G0101, G0402, G0438, G0439 WITHOUT Telehealth Modifier: GQ, GT

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	0420: Pain Assessment and Follow-Up
		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		

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	0420: Pain Assessment and Follow-Up
		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	None	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.	Pain Assessment not Documented Patient not Eligible Denominator Exception: G8442: Pain assessment NOT documented as being performed, documentation the patient is not eligible for a pain assessment using a standardized tool Not Eligible – A patient is not eligible if one or more of the following reason(s) is documented: Severe mental and/or physical incapacity where the person is unable to express himself/herself in a manner understood by others. For example, cases where pain cannot be accurately assessed through use of nationally recognized standardized pain assessment tools Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status
Exclusion Details	Not applicable	Not applicable	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/	Pain Assessment not Documented Patient not Eligible Denominator Exception: G8442: Pain assessment NOT documented as

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			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.	being performed, documentation the patient is not eligible for a pain assessment using a standardized tool OR Pain Assessment Documented as Positive, Follow-Up Plan not Documented, Patient not Eligible Denominator Exception: G8939: Pain assessment documented as positive, follow-up plan not documented, documentation the patient is not eligible
Risk Adjustment	No risk adjustment or risk stratification	No risk adjustment or risk stratification	Statistical risk model	No risk adjustment or risk stratification
Stratification	Consistent with the CMS Measures Management System Blueprint and	Consistent with the CMS Measures Management System Blueprint and	Not Applicable	N/A

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	0420: Pain Assessment and Follow-Up
	national recommendations put forth by the IOM (now NASEM) 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, and have included these variables as recommended data elements to be collected.	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	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score
Algorithm	This measure is comprised of two populations but is intended to result in one reporting rate. The reporting rate is the aggregate of Population 1 and Population 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 Population 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	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	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	Satisfactory reporting criteria are met by valid submission of one of six G codes on claims that meet denominator criteria. A rate of quality performance is calculated by dividing the number of records with G codes indicating that the quality actions were performed or that the patient was not eligible by total number of valid G code submissions. THIS SECTION PROVIDES DEFINITIONS & FORMULAS FOR THE NUMERATOR (A), TOTAL DENOMINATOR POPULATION (TDP), DENOMINATOR EXCEPTIONS (B) CALCULATION & PERFORMANCE DENOMINATOR (PD) CALCULATION. NUMERATOR (A): HCPCS Clinical Quality Codes G8730, G8731 TOTAL DENOMINATOR POPULATION (TDP): Patient aged 18 years and older on the date of the encounter of the 12-month reporting period, with denominator defined encounter codes & Medicare Part B Claims

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	0420: Pain Assessment and Follow-Up
	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 Population 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	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	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.	reported HCPCS Clinical Quality Codes G8730, G8731, G8442, G8939, G8732, G8509 DENONINATOR Exception(B): HCPCS Clinical Quality Code G8442, G8939 DENOMINATOR Exception CALCULATION: Denominator Exception (B): # of patients with valid exceptions # G8442+G8939 / # TDP PERFORMANCE DENOMINATOR CALCULATION: Performance Denominator (B): Patients meeting criteria for performance denominator calculation # A / (# TDP - # B)

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	0420: Pain Assessment and Follow-Up
	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.	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.	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.	
Submission items	5.1 Identified measures: 0676 : Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay) 0677 : Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)	5.1 Identified measures: 0676 : Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay) 0677 : Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)	5.1 Identified measures: 5a.1 Are specs completely harmonized? No	5.1 Identified measures: 0676 : Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay) 0677 : Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	0420: Pain Assessment and Follow-Up
	0420 : Pain Assessment and Follow-Up 0177 : Improvement in pain interfering with activity 0523 : Pain Assessment Conducted 0192 : Residents who experience moderate to severe pain during the 7-day assessment period (risk-adjusted) 1628 : Patients with Advanced Cancer Screened for Pain at Outpatient Visits 1637 : Hospice and Palliative Care -- Pain Assessment 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 # 0384e 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	0420 : Pain Assessment and Follow-Up 0177 : Improvement in pain interfering with activity 0523 : Pain Assessment Conducted 0192 : Residents who experience moderate to severe pain during the 7-day assessment period (risk-adjusted) 1628 : Patients with Advanced Cancer Screened for Pain at Outpatient Visits 1637 : Hospice and Palliative Care -- Pain Assessment 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,	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.	0383 : Oncology: Medical and Radiation - Plan of Care for Pain 1628 : Patients with Advanced Cancer Screened for Pain at Outpatient Visits 1634 : Hospice and Palliative Care -- Pain Screening 1637 : Hospice and Palliative Care -- Pain Assessment 5a.1 Are specs completely harmonized? No 5a.2 If not completely harmonized, identify difference, rationale, impact: Six related measures were identified that are not harmonized with NQF# 0420. The differences between these related measures and the submitted measure NQF# 0420 are listed below: 0383 - Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (paired with 0384 which is unrelated to and non-competing with 0420) - target population is specific to patients with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain; 0383 does not include the use of a standardized pain assessment tool. Both measures are process measures. Both measures have outpatient care setting. 0676 - Percent of Residents Who Self-Report Moderate to Severe Pain (Short-Stay) – target population is specific to short - stay residents whereas 0420

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	0420: Pain Assessment and Follow-Up
	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.	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		has a broader outpatient population; 0420 is NOT a self-report measure, it is an eligible provider report; 0676 does not include the use of a standardized pain assessment tool; 0676 does not include documentation of a follow-up plan if pain is present; 0676 is an outcome measure whereas 0420 is a process measure. Care setting for 0676 is long term care/skilled nursing facilities whereas 0420 care setting is outpatient clinician office or outpatient rehabilitation. 0677 - Percent of Residents Who Self-Report Moderate to Severe Pain (Long-Stay) – target population is specific to long - stay residents whereas 0420 has a broader outpatient population; 0420 is NOT a self-report measure, it is an eligible provider report; 0677 does not include the use of a standardized pain assessment tool; 0677 does not include documentation of a follow-up plan if pain is present; 0677 is an outcome measure whereas 0420 is a process measure. Care setting for 0677 is long term care/skilled nursing facilities whereas 0420 care setting is outpatient clinician office or outpatient rehabilitation. 1628 - Patients with Advanced Cancer Screened for Pain at Outpatient Visits - target population is specific to patients with a diagnosis of advanced cancer; 1628 does not include a follow-up plan if pain is present; Both 1628 and 0420 are process measures; Both measures

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	0420: Pain Assessment and Follow-Up
				have outpatient care setting. 1634 - Hospice and Palliative Care -- Pain Screening: target population has no age parameters whereas 0420 has an age range (> 18 yrs.); 1634 target population is specific to hospice and palliative care patients whereas 0420 is not diagnosis specific; 1634 does not include documentation of a follow-up plan if pain is present; Both 1634 and 0420 are process measures; Care setting for 1634 is restricted to Hospice/Hospital/Acute Care Facility, whereas 0420 care setting is outpatient clinician office or outpatient rehabilitation. 1637 – Hospice and Palliative Care—Pain Assessment- target population has no age parameters whereas 0420 has an age range (> 18 yrs.); 1637 target population is specific to hospice and palliative care patients whereas 0420 is not diagnosis specific; 1637 measure focus is clinical assessment within 24hrs of positive screening for pain; 0420 measure focus is performing a screening and a documented follow-up plan not just limited to a clinical assessment; Both are process measures; Care setting for 1637 is restricted to Hospice/Hospital/Acute Care Facility; whereas 0420 care setting is outpatient clinician office or outpatient rehabilitation. 5b.1 If competing, why superior or rationale for additive value: There are no competing measures.

Comparison of NQF #0384e, NQF #0384, NQF #0177, NQF #0420, NQF #1628, NQF #1637 continued

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits	1637: Hospice and Palliative Care -- Pain Assessment
Steward	PCPI	PCPI	RAND Corporation	University of North Carolina-Chapel Hill
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	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	Adult patients with advanced cancer who are screened for pain with a standardized quantitative tool at each outpatient visit	This quality measure is defined as: Percentage of hospice or palliative care patients who screened positive for pain and who received a clinical assessment of pain within 24 hours of screening.
Type	Process	Process	Process	Process
Data Source	Electronic Health Records No data collection instrument provided Attachment 0384e_OncologyPainIntensity_ValueSets_2018Sept.xlsx	Registry Data No data collection instrument provided Attachment NQF0384_I9toI10_conversion_2018Nov.xlsx	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	Electronic Health Records, Other Hospice: Hospice analysis uses the Hospice Item Set (HIS) as the data source to calculate the quality measure. Palliative Care: Structured medical record abstraction tool with separate collection of numerator and denominator values. Available in attached appendix at A.1 No data dictionary
Level	Clinician : Group/Practice, Clinician : Individual	Clinician : Group/Practice, Clinician : Individual	Facility, Health Plan, Integrated Delivery System	Facility, Clinician : Group/Practice
Setting	Other, Outpatient Services Oncology/Outpatient Clinic; Radiation Oncology Dept/Clinic	Other, Outpatient Services Oncology/Outpatient Clinic; Radiation Oncology Dept/Clinic	Outpatient Services	Home Care, Inpatient/Hospital
Numerator Statement	Patient visits in which pain intensity is quantified	Patient visits in which pain intensity is quantified	Outpatient visits from the denominator in which the patient was screened for pain (and if present, severity noted) with a quantitative standardized tool	Patients who received a comprehensive clinical assessment to determine the severity, etiology and impact of their pain within 24 hours of screening positive for pain.

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits	1637: Hospice and Palliative Care -- Pain Assessment
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 numeric rating scale, visual analog scale, a categorical scale, or a pictorial scale. Examples include the Faces Pain Rating Scale and the Brief Pain Inventory (BPI). HQMF eCQM developed and is attached to this submission in fields S.2a and S.2b.	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	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.	Patients with a comprehensive clinical assessment including at least 5 of the following 7 characteristics of the pain: location, severity, character, duration, frequency, what relieves or worsens the pain, and the effect on function or quality of life.
Denominator Statement	All patient visits, regardless of patient age, with a diagnosis of	All patient visits, regardless of patient age, with a diagnosis of	Adult patients with advanced cancer who have at least 1 primary care or	Patients enrolled in hospice OR receiving specialty palliative care in

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits	1637: Hospice and Palliative Care -- Pain Assessment
	cancer currently receiving chemotherapy or radiation therapy	cancer currently receiving chemotherapy or radiation therapy	cancer-related/specialty outpatient visit	an acute hospital setting who report pain when pain screening is done on the admission evaluation / initial encounter.
Denominator Details	Time Period for Data Collection: 12 consecutive months Guidance: This measure is an episode-of-care measure; the level of analysis for this measure is every visit for patients with a diagnosis of cancer who are also currently receiving chemotherapy or radiation therapy during the measurement period. For patients receiving radiation therapy, pain intensity should be quantified at each radiation treatment management encounter. 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. HQMF eCQM developed and is attached to this submission in fields S.2a and S.2b.	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	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	The Pain Assessment quality measure is intended for patients with serious illness who are enrolled in hospice care OR receive specialty palliative care in an acute hospital setting. Conditions may include, but are not limited to: cancer, heart disease, pulmonary disease, dementia and other progressive neurodegenerative diseases, stroke, HIV/AIDS, and advanced renal or hepatic failure. For patients enrolled in hospice, a positive screen is indicated by any pain noted in screening (any response other than none on verbal scale, any number >0 on numerical scale or any observation or self-report of pain), due to the primacy of pain control and comfort care goals in hospice care. For patients receiving specialty palliative care, a positive screen is indicated by moderate or severe pain noted in screening (response of moderate or severe on verbal scale, >4 on a 10-point numerical scale, or any observation or self-report of moderate to severe pain). Only management of moderate or severe pain is targeted for palliative care patients, who have more diverse care goals. Individual clinicians and patients may still decide to assess

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits	1637: Hospice and Palliative Care -- Pain Assessment
		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		mild pain, but this subset of patients is not included in the quality measure denominator. [NOTE: This quality measure should be paired with the Pain Screening quality measure (NQF #1634) to ensure that all patients are screened and therefore given the opportunity to report pain and enter the denominator population for Pain Assessment.]

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits	1637: Hospice and Palliative Care -- Pain Assessment
		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	None	None (other than those patients noted in 2a1.7. who did not survive at least 30 days after cancer diagnosis)	Patients with length of stay < 1 day in palliative care. Patients who screen negative for pain are excluded from the denominator.
Exclusion Details	Not applicable	Not applicable		Calculation of length of stay; discharge date is identical to date of initial encounter.
Risk Adjustment	No risk adjustment or risk stratification	No risk adjustment or risk stratification	No risk adjustment or risk stratification	No risk adjustment or risk stratification

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits	1637: Hospice and Palliative Care -- Pain Assessment
Stratification	Consistent with the CMS Measures Management System Blueprint and national recommendations put forth by the IOM (now NASEM) 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, and have included these variables as recommended data elements to be collected.	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.		N/A
Type Score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score
Algorithm	This measure is comprised of two populations but is intended to result in one reporting rate. The reporting rate is the aggregate of Population 1 and Population 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 Population 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	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).	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	Clinical assessment of Pain: a.Step 1- Identify all patients with serious, life-limiting illness who are enrolled in hospice OR received specialty palliative care in an acute hospital setting b.Step 2- Exclude palliative care patients if length of stay is < 1 day. c.Step 3- Identify patients who were screened for pain during the admission evaluation (hospice) OR initial encounter (palliative care) d.Step 4- Identify patients who screened positive for pain [any pain if hospice; moderate or severe pain if palliative care]. e.Step 5- Exclude patients who screened negative for pain f.Step 6- Identify patients who received a clinical assessment for pain within 24 hours of screening positive for pain

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits	1637: Hospice and Palliative Care -- Pain Assessment
	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 Population 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.	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		Quality Measure= Numerator: Patients who received a clinical assessment for pain in Step 6 / Denominator: Patients in Step 4

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits	1637: Hospice and Palliative Care -- Pain Assessment
	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.	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.		
Submission items	5.1 Identified measures: 0676 : Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay) 0677 : Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay) 0420 : Pain Assessment and Follow-Up 0177 : Improvement in pain interfering with activity 0523 : Pain Assessment Conducted 0192 : Residents who experience moderate to severe pain during the 7-day assessment period (risk-adjusted) 1628 : Patients with Advanced Cancer Screened for Pain at Outpatient Visits 1637 : Hospice and Palliative Care -- Pain Assessment	5.1 Identified measures: 0676 : Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay) 0677 : Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay) 0420 : Pain Assessment and Follow-Up 0177 : Improvement in pain interfering with activity 0523 : Pain Assessment Conducted 0192 : Residents who experience moderate to severe pain during the 7-day assessment period (risk-adjusted) 1628 : Patients with Advanced Cancer Screened for Pain at Outpatient Visits 1637 : Hospice and Palliative Care -- Pain Assessment	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.	5.1 Identified measures: 5a.1 Are specs completely harmonized? 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 NPCRC Key Palliative Care Measures Bundle. Refer to the NPCRC cover letter and table of bundle measures for description of the selection and harmonization of the Key Palliative Care Measures Bundle.

	0384e: Oncology: Medical and Radiation - Pain Intensity Quantified	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits	1637: Hospice and Palliative Care -- Pain Assessment
	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 # 0384e 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	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	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	

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	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.	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	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.	

Comparison of NQF #1858 and NQF #1857

	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	1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies
Steward	American Society of Clinical Oncology	American Society of Clinical Oncology
Description	Percentage of female patients aged 18 and over with HER2/neu positive invasive breast cancer who are administered trastuzumab	Proportion of female patients (aged 18 years and older) with breast cancer who are human epidermal growth factor receptor 2 (HER2)/neu negative who are not administered HER2-targeted therapies
Type	Process	Process
Data Source	Paper Medical Records, Registry Data N/A, measure is not instrument-based. No data collection instrument provided No data dictionary	Not applicable This measure is specified with specific criteria and data elements. If a patient record does not include one or more of these components for the initial patient population or denominator, then patients are not considered eligible for the measure and not included. If data to determine whether a patient should be considered for the numerator or exclusions is missing, then the numerator or exclusions not considered to be met and the practice will not get credit for meeting performance for that patient. Registry "Trastuzumab" has been changed to "HER2 targeted therapies" to reflect updated evidence regarding the expansion of treatment options for HER-2 positive patients. Changes to the measure were made after the latest measure update of ASCO's Quality Oncology Practice Initiative (QOPI®) measures and therefore the data and testing reflect the previous version of the measure. These changes will be implemented in the Fall of 2016.
Level	Clinician : Group/Practice	ASCO Quality Oncology Practice Initiative (QOPI®)
Setting	Outpatient Services	No data collection instrument provided Clinician : Group/Practice
Numerator Statement	Patients for whom trastuzumab is administered within 12 months of diagnosis	Female And 2 or more encounters at the reporting site And Age at diagnosis greater than or equal to 18 years And Initial breast cancer diagnosis [C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-] AND

	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	1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies
		(HER-2/neu status = HER2 negative OR HER-2/neu status = Test ordered, results not yet documented OR HER-2/neu status = Test NOT ordered/no documentation OR HER-2/neu status=Test ordered, insufficient sample for results Or HER-2/neu status= HER2 equivocal) Definitions Encounter: Patients must have been first seen in the office by a medical oncology or hematology oncology practitioner for the cancer diagnosis eligible for inclusion within the 1-year time frame of the reporting period. Enter the most recent visit that occurred during the 6-month visit window before the abstraction date. This can include visits to other office sites within the practice only if the practice uses a common medical record and shares management of care for the patient. This does not include visits during which a practitioner wasn't seen (e.g., laboratory testing), inpatient consults/visits, phone or email consults, or visits to a surgeon or radiation oncologist. HER2 status: Select 'Test ordered, results not yet documented' only if there is documentation in the chart that a test that included HER2 analyses was ordered. In the absence of any documentation regarding HER-2/neu status, select 'Test not ordered/no documentation.' Enter information from the most recent test report. If the most recent report indicates insufficient sample, select 'Test ordered, insufficient sample for results.' If a physician note and the HER-2/neu report differ in results, report the status in the physician note if the note explains the discrepancy. Otherwise, report the status from the HER-2/neu report. Use the following definitions to determine HER-2/neu status: Positive:

	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	1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies
		IHC 3+ based on circumferential membrane staining that is complete, intense - ISH positive based on: - Single-probe average HER2 copy number =6.0 signals/cell - Dual-probe HER2/CEP17 ratio =2.0 with an average HER2 copy number =4.0 signals/cell - Dual-probe HER2/CEP17 ratio =2.0 with an average HER2 copy number <4.0 signals/cell - Dual-probe HER2/CEP17 ratio < 2.0 with an average HER2 copy number =6.0 signals/cell Equivocal: - IHC 2+ based on circumferential membrane staining that is incomplete and/or weak/moderate and within > 10% of the invasive tumor cells or complete and circumferential membrane staining that is intense and within = 10% of the invasive tumor cells ISH equivocal based on: - Single-probe ISH average HER2 copy number = 4.0 and < 6.0 signals/cell - Dual-probe HER2/CEP17 ratio < 2.0 with an average HER2 copy number = 4.0 and < 6.0 signals/cell Negative: IHC 1+ as defined by incomplete membrane staining that is faint/barely perceptible and within > 10% of the invasive tumor cells or IHC 0 as defined by no staining observed or membrane staining that is incomplete and is faint/barely perceptible and within = 10% of the invasive tumor cells ISH negative based on: - Single-probe average HER2 copy number < 4.0 signals/cell - Dual-probe HER2/CEP17 ratio < 2.0 with an average HER2 copy number < 4.0 signals/cell Indeterminate: Indeterminate if technical issues prevent one or both tests (IHC and ISH) from being reported as positive, negative, or equivocal. Conditions may include:

	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	1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies
		- Inadequate specimen handling, - Artifacts (crush or edge artifacts) that make interpretation difficult - Analytic testing failure.
Numerator Details	Numerator: Trastuzumab administered within 12 months of diagnosis Numerator Options: Performance Met: Trastuzumab administered within 12 months of diagnosis OR Denominator Exception: Reason for not administering Trastuzumab documented (e. g. patient declined, patient died, patient transferred, contraindication or other clinical exclusion, neoadjuvant chemotherapy or radiation NOT complete) OR Performance Not Met: Trastuzumab not administered within 12 months of diagnosis	Patient transfer to practice during or after initial course.
Denominator Statement	Female patients aged 18 and over with AJCC stage I (T1c) – III, HER2/neu positive breast cancer who receive chemotherapy	Transfer-in Status does not equal Reporting practice has/had primary responsibility for the initial course of the patient's medical oncology care
Denominator Details	Denominator Criteria (Eligible Cases): Female Patients aged = 18 years on date of encounter AND Diagnosis of breast cancer AND Patient encounter during performance period AND Two or more encounters at the reporting site AND Breast Adjuvant Chemotherapy administered: AND HER-2/neu positive: AND AJCC stage at breast cancer diagnosis = II or III: G9831 OR	Not applicable

	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	1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies
	AJCC stage at breast cancer diagnosis = I (IA or IB) and T-Stage at breast cancer diagnosis does NOT equal = T1, T1a, T1b AND NOT Denominator Exclusions: Patient transfer to practice after initiation of chemotherapy	
Exclusions	Denominator Exclusions: o Patient transfer to practice after initiation of chemotherapy Denominator Exceptions: o Reason for not administering trastuzumab documented (e.g. patient declined, patient died, patient transferred, contraindication or other clinical exclusion, neoadjuvant chemotherapy or radiation therapy not complete)	No risk adjustment or risk stratification
Exclusion Details	Denominator Exclusions: Patient transfer to practice after initiation of chemotherapy	
Risk Adjustment	No risk adjustment or risk stratification	Not applicable
Stratification	N/A, no risk stratification	Not applicable
Type Score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score
Algorithm	This measure is a proportion with exclusions and exceptions; thus, the calculation algorithm is: Patients meeting the numerator + patients with valid exceptions/ (Patients in the denominator – Patients with valid exclusions) x 100	Performance is calculated as: 1. Identify those patients that meet the denominator criteria defined in the measure. 2. Subtract those patients with a denominator exclusion from the denominator if applicable. 3. From the patients who qualify for the denominator (after any exclusions are removed), identify those who meet the numerator criteria. 4. Calculation: Numerator/Denominator-Denominator Exclusions
Submission items	5.1 Identified measures: 1855 : Quantitative HER2 evaluation by IHC uses the system recommended by the ASCO/CAP guidelines 1857 : HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies 5a.1 Are specs completely harmonized? Yes	5.1 Identified measures: 5a.1 Are specs completely harmonized? 5a.2 If not completely harmonized, identify difference, rationale, impact: Attachment

	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	1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies
	5a.2 If not completely harmonized, identify difference, rationale, impact: N/A - The measure specifications are harmonized. 5b.1 If competing, why superior or rationale for additive value: An environmental scan did not identify competing measures. ASCO believes that NQF 1857 is a complementary measure assessing the inverse of the quality action captured in NQF 1858. Furthermore, because NQF 1857 is endorsed with reserve status and is no longer in use, harmonization is therefore not required. We believe NQF 1855 is a complementary measure assessing HER2 testing, which is an integral component to NQF 1858, and harmonization is not required.	5b.1 If competing, why superior or rationale for additive value: QOPI_Adoption_of_ICD10_020916-635933001750874650.docx

Comparison of NQF #1859 and NQF #1860

	1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy	1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies
Steward	American Society of Clinical Oncology	American Society of Clinical Oncology
Description	Percentage of adult patients (aged 18 and over) with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy for whom RAS (KRAS and NRAS) gene mutation testing was performed	Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies
Type	Process	Process
Data Source	Paper Medical Records, Registry Data N/A, measure is not instrument-based. No data collection instrument provided No data dictionary	Paper Medical Records, Registry Data N/A, measure is not instrument-based. No data collection instrument provided No data dictionary
Level	Clinician : Group/Practice	Clinician : Group/Practice
Setting	Outpatient Services	Outpatient Services
Numerator Statement	RAS (KRAS and NRAS) gene mutation testing performed prior to initiation of anti-EGFR monoclonal antibody therapy	Anti-EGFR monoclonal antibody therapy not received
Numerator Details	RAS gene mutation testing = RAS mutation detected OR RAS gene mutation testing = No RAS mutation detected (wildtype) AND RAS gene mutation testing date Numerator definitions: RAS mutation testing - RAS testing for this measure refers to assays that detect mutations in codons 12 and 13 of exon 2, codons 59 and 61 of exon 3 and codons 117 and 146 in exon 4 in KRAS or NRAS. Do not include results from mutations at other codons or assays for other alterations (e.g., BRAF, PI3K, PTEN genes). The College of American Pathologists (CAP) Perspectives on Emerging Technology (POET) Report on RAS mutation testing provides additional guidance on testing. If multiple RAS mutation tests have been performed, refer to the most recent test results. In the absence of any documentation regarding testing for the RAS gene mutation, select 'Test not ordered/no documentation.'	Anti-EGFR monoclonal antibody therapy status = No Anti-EGFR monoclonal antibody therapy received

	1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy	1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies
	Refer to the interpretive report for the RAS test. The report will indicate if a mutation within codons 12 and 13 of exon 2, codons 59 and 61 of exon 3 and codons 117 and 146 in exon 4 in KRAS or NRAS, where KRAS or NRAS gene was detected in the DNA extracted from the colon tumor specimen.	
Denominator Statement	Adult patients with metastatic colorectal cancer who receive anti-EGFR monoclonal antibody therapy	Adult patients with metastatic colorectal cancer who have a RAS (KRAS or NRAS) gene mutation
Denominator Details	Age at diagnosis greater than or equal to 18 years AND 2 or more encounters at the reporting site AND Initial colon or rectal cancer diagnosis (153.x, 154.0, 154.0, 154.1, 154.8) AND Presence of metastatic disease documented AND Anti-EGFR monoclonal antibody therapy received Definitions Encounter: new patient visit (CPT 99201-99205) or established patient (CPT 99211-99215), not consult (CPT 99241-99245) office consult or inpatient consult CPT 99251-99255)	Age at diagnosis greater than or equal to 18 years AND 2 or more encounters at the reporting site AND Initial colon or rectal cancer diagnosis (ICD-10 CM C18.0, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20) AND Presence of metastatic disease documented AND RAS (KRAS or NRAS) gene mutation detected Definitions Encounter = new patient visit (CPT 99201 -99205) or established patient (CPT 99211-99215), not consult (CPT 99241-99245 office consult or inpatient consult CPT 99251-99255) RAS mutation testing - RAS testing for this measure refers to assays that detect mutations in codons 12 and 13 of exon 2, codons 59 and 61 of exon 3 and codons 117 and 146 in exon 4 in KRAS or NRAS. Do not include results from mutations at other codons or assays for other alterations (e.g., BRAF, PI3K, PTEN genes). The College of American Pathologists (CAP) Perspectives on Emerging Technology (POET) Report on RAS mutation testing provides additional guidance on testing. If multiple RAS mutation tests have been performed, refer to the most recent test results.
Exclusions	None	None
Exclusion Details	n/a	n/a
Risk Adjustment	No risk adjustment or risk stratification	No risk adjustment or risk stratification

	1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy	1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies
Stratification	n/a	n/a
Type Score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score
Algorithm	This measure is a proportion without exclusions. The calculation algorithm is: (Patients meeting the numerator/patients in the denominator) x 100	This measure is a proportion without exclusions. The calculation algorithm is: (Patients meeting the numerator/patients in the denominator) x 100
Submission items	5.1 Identified measures: 1860 : Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies 5a.1 Are specs completely harmonized? Yes 5a.2 If not completely harmonized, identify difference, rationale, impact: N/A - The measure specifications are harmonized. 5b.1 If competing, why superior or rationale for additive value: An environmental scan did not identify competing measures. ASCO believes that NQF 1860 is a complementary measure assessing the inverse of the quality action captured in NQF 1859.	5.1 Identified measures: 1859 : RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy 5a.1 Are specs completely harmonized? Yes 5a.2 If not completely harmonized, identify difference, rationale, impact: N/A - The measure specifications are harmonized. 5b.1 If competing, why superior or rationale for additive value: An environmental scan did not identify competing measures. ASCO believes that NQF 1859 is a complementary measure assessing the inverse of the quality action captured in NQF 1860.

Appendix E2: Related and Competing Measures (Narrative)

Comparison of NQF #0220 and NQF #0387e

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

0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

Steward

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

Commission on Cancer, American College of Surgeons

0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

PCPI Foundation

Description

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

Percentage of female patients, age = 18 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy), at AJCC T1cN0M0 or stage IB to IIIC, whose primary tumor is of the breast, and is progesterone or estrogen receptor positive with adjuvant hormonal therapy (recommended or administered) within 1 year (365 days) of diagnosis

0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

Percentage of female patients aged 18 years and older with Stage I (T1b) through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period

Type

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

Process

0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

Process

Data Source

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

Registry Data Hospital cancer registry data, reported to the American College of Surgeons' Commission on Cancer, National Cancer Database

Available at measure-specific web page URL identified in S.1 No data dictionary

0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

Claims, Electronic Health Records, Paper Medical Records, Registry Data Not applicable. Zip file for data dictionary/code table to be sent separately (cannot be attached to 2a1.30).

Attachment 0387_BreastCancer_v6_ValueSets_09282017.xls

Level

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

Facility

0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

Clinician : Group/Practice, Clinician : Individual

Setting

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

Inpatient/Hospital

0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

Other, Outpatient Services Oncology/Outpatient Clinic

Numerator Statement

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

Adjuvant hormonal therapy is administered within 1 year (365 days) of the date of diagnosis or it is recommended but not administered

0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

Patients who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period

Numerator Details

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

Hormone Therapy recommended and not received [NAACCR Item# 1400]=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

Hormone Therapy administered [NAACCR Item# 1400] = 01 AND date hormone therapy started [NAACCR Item# 1230] <=365 days following date of initial diagnosis [NAACCR Item# 390]

0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

Time Period for Data Collection: At least once during the measurement period

Definition:

Prescribed - May include prescription given to the patient for tamoxifen or aromatase inhibitor (AI) at one or more visits in the 12-month period OR patient already taking tamoxifen or aromatase inhibitor (AI) as documented in the current medication list.

For Claims/Registry:

Report the CPT Category II code: 4179F - Tamoxifen or aromatase inhibitor (AI) prescribed

For EHR:

HQMF eCQM developed and is included in this submission.

Denominator Statement

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

Include if all of the following characteristics are identified:

Women

Age = 18 at time of diagnosis

Known or assumed to be first or only cancer diagnosis

Epithelial malignancy only

Invasive tumors

Primary tumors of the breast

AJCC T1cN0M0 or Stage IB – IIIC

Primary tumor is estrogen receptor positive or progesterone receptor positive

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

Known to be alive within 1 year (365 days) of date of diagnosis

Surgical procedure of the primary site

0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

All female patients aged 18 years and older with a diagnosis of breast cancer with Stage I (T1b) through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer

Denominator Details

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

Sex [NAACCR Item# 220] = 2

Age [NAACCR Item# 230] = 018

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] = 8022, 8032, 8035, 8041, 8070, 8200, 8201, 8211, 8246, 8290, 8314, 8315, 8410, 8430, 8480, 8500, 8502, 8503, 8504, 8507, 8509, 8510, 8513, 8520, 8525, 8530, 8540, 8550, 8570, 8571, 8572, 8574, 8575, 8982, 8983, 8000, 8010, 8140, 8255, 8401, 8501, 8521, 8522, 8523, 8524, 8541, 8543

Invasive tumor behavior [NAACCR Item# 523] = 3

Primary tumors of the breast [NAACCR Item# 400] = C50.0, C50.1, C50.2, C50.3, C50.4, C50.5, C50.6, C50.8, C50.9

AJCC T1cN0M0 or Stage IB – IIIC:

AJCC pathologic N [NAACCR Item# 1012] = (cN0, pN0, pN0(i+), pN0(mol+)) AND tumor size summary [NAACCR Item# 756] = 011-989

or

AJCC pathologic N [NAACCR Item# 1012] = (cN1, cN1mi, cN2, cN2a, cN2b, cN3, cN3a, cN3b, cN3c, pN1, pN1mi, pN1a, pN1b, pN1c, pN2, pN2a, pN2b, pN3, pN3a, pN3b, pN3c)

AJCC clinical stage group [NAACCR Item# 1004] ? 0, 4 when AJCC pathologic stage group [NAACCR Item# 1014] = 88, 99

AJCC pathologic stage group [NAACCR Item# 1014] ? 0, 4

AJCC clinical M [NAACCR Item# 1003] ? cM1, pM1

AJCC pathologic M [NAACCR Item# 1013] ? cM1, pM1

Hormone receptor positive:

SSDI ER positive [NAACCR Item# 3826] = 001-100, R10-R99

or

SSDI PR positive [NAACCR Item# 3914] = 001-100, R10-R99

All or part of 1st course of treatment performed at the reporting facility [NAACCR Item# 610] = 10-22

Known to be alive within 1 year (365 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] > 365

Surgical Procedure of the Primary Site [NAACCR Item# 1290] = 20–90

0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

Time Period for Data Collection: 12 consecutive months

For Claims/Registry:

All female patients aged >= 18 years on date of encounter

AND

Diagnosis for breast cancer (ICD-10-CM): C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919

AND

Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

WITHOUT

Telehealth Modifier: GQ, GT, 95, Place of Service (POS) 2

AND

Quality Data Code (G-code) G9705: AJCC Breast Cancer Stage I: T1b (tumor > 0.5 cm but <= 1 cm in greatest dimension) documented OR

CPT Category II code 3374F: AJCC Breast Cancer Stage I: T1c (tumor size > 1 cm to 2 cm) documented OR

CPT Category II code 3376F: AJCC Breast Cancer Stage II documented OR

CPT Category II code 3378F: AJCC Breast Cancer Stage III documented

AND

CPT Category II code 3315F: Estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer

For EHR:

HQMF eCQM developed and is included in this submission.

Exclusions

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

Exclude, if any of the following characteristics are identified:

Men

Under age 18 at time of diagnosis

Second or subsequent cancer diagnosis

Tumor not originating in the breast

Non-epithelial malignancies, exclude malignant phyllodes tumors; 8940 - Mixed tumor, malignant, NOS; 8950 - Mullerian mixed tumor; 8980 - Carcinosarcoma; 8981 - Carcinosarcoma, embryonal

Non-invasive tumors

Stage 0, in situ tumor

Stage IV, metastatic tumor

Primary tumor is estrogen receptor negative and progesterone receptor negative

None of 1st course therapy performed at reporting facility

Died within 1 year (365 days) of diagnosis,

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

No surgical procedure of the primary site

Not AJCC T1cN0M0 or not AJCC stage IB-IIIC

0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

Documentation of medical reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient's disease has progressed to metastatic; patient is receiving a gonadotropin-releasing hormone analogue, patient has received oophorectomy, patient is receiving radiation or chemotherapy, patient's diagnosis date was > 5 years from reporting date, patient's diagnosis date is within 120 days of the end of the 12-month reporting period, other medical reasons)

Documentation of patient reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient refusal, other patient reasons)

Documentation of system reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient is currently enrolled in a clinical trial, other system reasons)

Exclusion Details

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

See pages 18-26: https://www.facs.org/~/media/files/quality programs/cancer/ncdb/measure specs breast.ashx

0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

Time Period for Data Collection: At the time of the encounter

Exceptions are used to remove a patient from the denominator of a performance measure when the patient does not receive a therapy or service AND that therapy or service would not be appropriate due to patient-specific reasons. The patient would otherwise meet the denominator criteria. Exceptions are not absolute, and are based on clinical judgment, individual patient characteristics, or patient preferences. The PCPI exception methodology uses three categories of reasons for which a patient may be removed from the denominator of an individual measure. These measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a

medical, patient, or system reason. Examples are provided in the measure exception language of instances that may constitute an exception and are intended to serve as a guide to clinicians. For measure Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer, exceptions may include medical reason(s) (eg, patient's disease has progressed to metastatic; patient is receiving a gonadotropin-releasing hormone analogue, patient has received oophorectomy, patient is receiving radiation or chemotherapy, patient's diagnosis date was > 5 years from reporting date, patient's diagnosis date is within 120 days of the end of the 12-month reporting period, other medical reasons), patient reason(s) (eg, patient refusal, other patient reasons), or system reason(s) (eg, patient is currently enrolled in a clinical trial, other system reasons). Where examples of exceptions are included in the measure language, value sets for these examples are developed and included in the eCQM. Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement.

Additional details by data source are as follows:

For Claims/Registry:

Documentation of medical reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient's disease has progressed to metastatic; patient is receiving a gonadotropin-releasing hormone analogue, patient has received oophorectomy, patient is receiving radiation or chemotherapy, patient's diagnosis date was > 5 years from reporting date, patient's diagnosis date is within 120 days of the end of the 12-month reporting period, other medical reasons): Append modifier to CPT Category II code: 4179F-1P

Documentation of patient reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient refusal, other patient reasons): Append modifier to CPT Category II code: 4179F-2P

Documentation of system reason(s) for not prescribing tamoxifen or aromatase inhibitor (eg, patient is currently enrolled in a clinical trial, other system reasons): Append modifier to CPT Category II code: 4179F-3P

For EHR:

HQMF eCQM developed and is included in this submission.

Risk Adjustment

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

No risk adjustment or risk stratification

0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

No risk adjustment or risk stratification

Stratification

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

No stratification applied

0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

Consistent with 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 and have included these variables as recommended data elements to be collected.

Type Score

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

Rate/proportion better quality = higher score

0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

Rate/proportion better quality = higher score

Algorithm

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

See pages 18-26: https://www.facs.org/~/media/files/quality programs/cancer/ncdb/measure specs breast.ashx

0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

To calculate performance rates:

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

4. From the patients who did not meet the numerator criteria, determine if the provider has documented that the patient meets any criteria for exception when denominator exceptions have been specified [for this measure: medical reason(s) (eg, patient's disease has progressed to metastatic; patient is receiving a gonadotropin-releasing hormone analogue, patient has received oophorectomy, patient is receiving radiation or chemotherapy, patient's diagnosis date was > 5 years from reporting date, patient's diagnosis date is within 120 days of the end of the 12-month reporting period, other medical reasons), patient reason(s) (eg, patient refusal, other patient reasons), or system reason(s) (eg, patient is currently enrolled in a clinical trial, other system reasons)]. If the patient meets any exception criteria, they should be removed from the denominator for performance calculation. --Although the exception cases are removed from the denominator population for the performance calculation, the exception rate (ie, percentage with valid exceptions) should be calculated and reported along with performance rates to track variations in care and highlight possible areas of focus for QI.

If the patient does not meet the numerator and a valid exception is not present, this case represents a quality failure.

Submission items

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

5.1 Identified measures: 0387 : Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: These measures are related but assess different levels of analysis and different data systems are used to determine eligibility and compliance.

5b.1 If competing, why superior or rationale for additive value: 0387 assesses hormone therapy for patients with stage Ic through III hormone receptor positive cancer. 0387 assesses if hormone therapy was prescribed within a 12 month period while our measure (0220) assesses if hormone therapy was administered within one year of diagnosis or if it was recommended but not received based on patient refusal, medical co-morbidity or other valid reasons.

0220 also assesses compliance at the facility level while 0387 assesses individual physician or practice level performance. The two measures use different data sources as well. 0220 utilizes cancer registry coding.

0387e: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

5.1 Identified measures:

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: No related measures; See competing measures section below regarding the harmonization of measure specifications.

5b.1 If competing, why superior or rationale for additive value: Measure 0220 is similarly limited to stage I through III breast cancer patients whose primary tumor is progesterone or estrogen receptor positive. Measure 0220 requires that the agents be considered or administered within 1 year of diagnosis while our measure looks at the receipt of adjuvant endocrine therapy over time, specifically whether the agents were prescribed once within a 12 month reporting period. Since the recommended treatment duration of adjuvant endocrine therapy is 5 years, our measure includes medical reason exceptions to allow physicians to exclude patients who have already received the agents for the recommended duration and for other medical reasons.

Our measure assess performance at the individual physician level while measure 0220 was designed to assess performance at the facility level.

Comparison of NQF #0223 and NQF #0385e

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
0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

Steward

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

0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

PCPI Foundation

Description

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

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

0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

Percentage of patients aged 18 years through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy or have previously received adjuvant chemotherapy within the 12-month reporting period

Type

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

Process

0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

Process

Data Source

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

Registry Data Hospital cancer registry data, reported to the American College of Surgeons' Commission on Cancer, National Cancer Database

Available at measure-specific web page URL identified in S.1 No data dictionary

0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

Claims, Electronic Health Records, Paper Medical Records, Registry Data Not applicable. Zip file for data dictionary/code table to be sent separately (cannot be attached to 2a1.30).

Attachment 0385_ColonCancer_v7_ValueSets_09282017.xls

Level

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

Facility

0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

Clinician : Group/Practice, Clinician : Individual

Setting

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

Inpatient/Hospital

0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

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

Numerator Statement

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

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

0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

Patients who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or who have previously received adjuvant chemotherapy within the 12-month reporting period

Numerator Details

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

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]

0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

Time Period for Data Collection: At least once during the measurement period

Definitions:

Adjuvant Chemotherapy - According to current NCCN guidelines, the following therapies are recommended: 5-FU/LV/oxaliplatin (FOLFOX) or capecitabine/oxaliplatin (CapeOx) (both category 1 and preferred); bolus 5-FU/LV/oxaliplatin (FLOX) (category 1); or single-agent capecitabine or 5-FU/LV in patients felt to be inappropriate for oxaliplatin therapy (NCCN). See clinical recommendation statement for cases where leucovorin is not available.

Prescribed – May include prescription ordered for the patient for adjuvant chemotherapy at one or more visits in the 12-month period OR patient already receiving adjuvant chemotherapy as documented in the current medication list

For Claims/Registry:

Report the quality-data code: G8927 - Adjuvant chemotherapy referred, prescribed, or previously received for AJCC stage III, colon cancer

For EHR:

HQMF eCQM developed and is included in this submission.

Denominator Statement

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

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

0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

All patients aged 18 through 80 years with AJCC Stage III colon cancer

Denominator Details

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

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

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

0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

Time Period for Data Collection: 12 consecutive months

For Claims/Registry:

Patients aged >= 18 years and < 80 years on date of encounter

AND

Diagnosis for colon cancer (ICD-10-CM): C18.0, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9

AND

Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

WITHOUT

Telehealth Modifier: GQ, GT, 95, Place of Service (POS) 2

AND

CPT Category II code 3388F: AJCC colon cancer, Stage III documented

For EHR:

HQMF eCQM developed and is included in this submission.

Exclusions

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

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

0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

Documentation of medical reason(s) for not referring for or prescribing adjuvant chemotherapy (eg, medical comorbidities, diagnosis date more than 5 years prior to the current visit date, diagnosis date is within 120 days of the end of the 12-month reporting period, patient's cancer has metastasized, medical contraindication/allergy, poor performance status)

Documentation of patient reason(s) for not referring for or prescribing adjuvant chemotherapy (eg, patient refusal)

Documentation of system reason(s) for not referring for or prescribing adjuvant chemotherapy (eg, patient is currently enrolled in a clinical trial that precludes prescription of chemotherapy)

Exclusion Details

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

See pages 3-8: https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/measure%20specs%20colon.ashx

0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

Time Period for Data Collection: At least once during the measurement period

Exceptions are used to remove a patient from the denominator of a performance measure when the patient does not receive a therapy or service AND that therapy or service would not be appropriate due to patient-specific reasons. The patient would otherwise meet the denominator criteria. Exceptions are not absolute, and are based on clinical judgment, individual patient characteristics, or patient preferences. The PCPI exception methodology uses three categories of reasons for which a patient may be removed from the denominator of an individual measure. These measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. Examples are provided in the measure exception language of instances that may constitute an exception and are intended to serve as a guide to clinicians. For measure Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients, exceptions may include medical reason(s) (eg, medical co-morbidities, diagnosis date more than 5 years prior to the current visit date, patient's diagnosis date is within 120 days of the end of the 12-month reporting period, patient's cancer has metastasized, medical contraindication/allergy, poor performance status, other medical reasons), patient reason(s) (eg, patient refusal, other patient reasons), or system reason(s) (eg, patient is currently enrolled in a clinical trial that precludes prescription of chemotherapy, other system reasons). Where examples of exceptions are included in the measure language, value sets for these examples are developed and included in the eCQM. Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement.

Additional details by data source are as follows:

For Claims/Registry:

Report the quality-data code G8928: Adjuvant chemotherapy not prescribed or previously received, for documented reasons (e.g., medical co-morbidities, diagnosis date more than 5 years prior to the current visit date, patient's diagnosis date is within 120 days of the end of the 12 month reporting period, patient's cancer has metastasized, medical contraindication/allergy, poor performance status, other medical reasons, patient refusal, other patient reasons, patient is currently enrolled in a clinical trial that precludes prescription of chemotherapy, other system reasons)

For EHR:

HQMF eCQM developed and is included in this submission.

Risk Adjustment

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

No risk adjustment or risk stratification

0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

No risk adjustment or risk stratification

Stratification

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

No stratification applied

0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

Consistent with 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 and have included these variables as recommended data elements to be collected.

Type Score

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

Rate/proportion better quality = higher score

0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

Rate/proportion better quality = higher score

Algorithm

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

See pages 3-8: https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/measure%20specs%20colon.ashx

0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

To calculate performance rates:

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

4. From the patients who did not meet the numerator criteria, determine if the provider has documented that the patient meets any criteria for exception when denominator exceptions have been specified [for this measure: medical reason(s) (eg, medical co-morbidities, diagnosis date more than 5 years prior to the current visit date, patient's diagnosis date is within 120 days of the end of the 12-month reporting period, patient's cancer

has metastasized, medical contraindication/allergy, poor performance status, other medical reasons), patient reason(s) (eg, patient refusal, other patient reasons), or system reason(s) (eg, patient is currently enrolled in a clinical trial that precludes prescription of chemotherapy, other system reasons)]. If the patient meets any exception criteria, they should be removed from the denominator for performance calculation. --Although the exception cases are removed from the denominator population for the performance calculation, the exception rate (ie, percentage with valid exceptions) should be calculated and reported along with performance rates to track variations in care and highlight possible areas of focus for QI.

If the patient does not meet the numerator and a valid exception is not present, this case represents a quality failure.

Submission items

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

5.1 Identified measures: 0385 : Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: The measures assess different levels of data analysis, 0385 assesses clinical group practice while 0223 assesses facility level performance. The data sources are also different for the two measures increasing the burden of collection for harmonization.

5b.1 If competing, why superior or rationale for additive value: The target populations of these measures and the level of analysis are sufficiently different to warrant both measures. Measure 0223 assesses adjuvant chemotherapy on surgically treated patients to be reported at the facility level for CoC-accredited cancer programs.

Measure 0223 assesses receipt of chemotherapy based on information captured through cancer registries utilizing coding of the North American Association of Central Cancer Registries (NAACCR) while measure 0385 assesses compliance utilizing CPT codes through clinical practices.

0385e: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients

5.1 Identified measures:

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: No related measures; See competing measures section below regarding the harmonization of measure specifications.

5b.1 If competing, why superior or rationale for additive value: Measure 0223 is limited to Stage III colon cancer patients under the age of 80 following surgical treatment. Although our measure focuses on stage III colon cancer patients, it does not focus only on patients following surgical treatment. However, the numerator of the measure allows for current OR PREVIOUS receipt of adjuvant chemotherapy as well as a referral for adjuvant chemotherapy. This approach offers a great likelihood of achieving a sufficient sample size to measure performance at the individual physician level. Additionally, patients over the age of 80 can be excluded from the patient population through the use of a medical reason exception.

Our measure assesses performance at the individual physician level while measure 0223 was designed to assess performance at the facility level.

Comparison of NQF #0383, NQF #0420, and NQF #1628

0383: Oncology: Medical and Radiation - Plan of Care for Pain

0420: Pain Assessment and Follow-Up

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

Steward

0383: Oncology: Medical and Radiation - Plan of Care for Pain

American Society of Clinical Oncology

0420: Pain Assessment and Follow-Up

Centers for Medicare & Medicaid Services

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

RAND Corporation

Description

0383: Oncology: Medical and Radiation - Plan of Care for Pain

Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain.

0420: Pain Assessment and Follow-Up

Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present

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

0383: Oncology: Medical and Radiation - Plan of Care for Pain

Process

0420: Pain Assessment and Follow-Up

Process

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

Process

Data Source

0383: Oncology: Medical and Radiation - Plan of Care for Pain

Paper Medical Records, Registry Data N/A, measure is not instrument-based

No data collection instrument provided Attachment 0383_NQF_PlanofCarePain_CodeSet_07312019.xlsx

0420: Pain Assessment and Follow-Up

Claims, Paper Medical Records The data source is the patient medical record. Medicare Part B claims data and registry data is provided for test purposes.

No data collection instrument provided Attachment NQF_420_DataDic_1117.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

0383: Oncology: Medical and Radiation - Plan of Care for Pain

Clinician : Group/Practice

0420: Pain Assessment and Follow-Up

Clinician : Group/Practice, Clinician : Individual

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

Facility, Health Plan, Integrated Delivery System

Setting

0383: Oncology: Medical and Radiation - Plan of Care for Pain

Outpatient Services

0420: Pain Assessment and Follow-Up

Outpatient Services

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

Outpatient Services

Numerator Statement

0383: Oncology: Medical and Radiation - Plan of Care for Pain

Patient visits that include a documented plan of care* to address pain.

*A documented plan of care may include: use of non-opioid analgesics, opioids, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain at an appropriate time interval.

0420: Pain Assessment and Follow-Up

Patient visits with a documented pain assessment using a standardized tool(s) AND documentation of a follow-up plan when pain is present

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

0383: Oncology: Medical and Radiation - Plan of Care for Pain

Patient visits that included a documented plan of care to address pain.

Time Period for Data Collection: At each visit within the measurement period for patients with a diagnosis of cancer and in which pain is present.

Guidance: A documented outline of care for a positive pain assessment is required. May include: use of non-opioid analgesics, opioids, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain at an appropriate time interval.

0420: Pain Assessment and Follow-Up

Definitions:

Pain Assessment – Documentation of a clinical assessment for the presence or absence of pain using a standardized tool is required. A multi-dimensional clinical assessment of pain using a standardized tool may include characteristics of pain, such as: location, intensity, description, and onset/duration.

Standardized Tool – An assessment tool that has been appropriately normed and validated for the population in which it is used. Examples of tools for pain assessment, include, but are not limited to: Brief Pain Inventory (BPI), Faces Pain Scale (FPS), McGill Pain Questionnaire (MPQ), Multidimensional Pain Inventory (MPI), Neuropathic Pain Scale (NPS), Numeric Rating Scale (NRS), Oswestry Disability Index (ODI), Roland Morris Disability Questionnaire (RMDQ), Verbal Descriptor Scale (VDS), Verbal Numeric Rating Scale (VNRS),Visual Analog Scale (VAS)), and Patient-Reported Outcomes Measurement Information System (PROMIS).

Follow-Up Plan – A documented outline of care for a positive pain assessment is required. This must include a planned follow-up appointment or a referral, a notification to other care providers as applicable OR indicate the initial treatment plan is still in effect. These plans may include pharmacologic, behavioral, physical medicine and/or educational interventions.

Not Eligible (Denominator Exception)– A patient is not eligible if one or more of the following reason(s) is documented:

• Severe mental and/or physical incapacity where the person is unable to express himself/herself in a manner understood by others. For example, cases where pain cannot be accurately assessed through use of nationally recognized standardized pain assessment tools

• Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status

NUMERATOR NOTE: The standardized tool used to assess the patient's pain must be documented in the medical record (exception: A provider may use a fraction such as 5/10 for Numeric Rating Scale without documenting this actual tool name when assessing pain for intensity).

Numerator Quality-Data Coding Options:

Pain Assessment Documented as Positive AND Follow-Up Plan Documented

Performance Met: G8730: Pain assessment documented as positive using a standardized tool AND a follow-up plan is documented

OR

Pain Assessment Documented as Negative, No Follow-Up Plan Required

Performance Met: G8731: Pain assessment using a standardized tool is documented as negative, no follow-up plan required

OR

Pain Assessment not Documented, Reason not Given

Performance Not Met: G8732: No documentation of pain assessment, reason not given

OR

Pain Assessment Documented as Positive, Follow-Up Plan not Documented, Reason not Given

Performance Not Met: G8509: Pain assessment documented as positive using a standardized tool, follow-up plan not documented, reason not given

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

0383: Oncology: Medical and Radiation - Plan of Care for Pain

All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain

0420: Pain Assessment and Follow-Up

All visits for patients aged 18 years and older

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

0383: Oncology: Medical and Radiation - Plan of Care for Pain

Time Period for Data Collection: 12 consecutive months

Denominator Criteria (Eligible Cases):

For all eligible patient encounters when pain severity quantified and pain is present (e.g., CPT II: 1125F is submitted in the numerator for NQF 0384) for patients regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy.

Guidance: This measure is an episode-of-care measure; the level of analysis for this measure is every visit for patients with a diagnosis of cancer who are also currently receiving chemotherapy or radiation therapy and a positive pain assessment during the measurement period. For patients receiving radiation therapy, pain intensity should be quantified at each radiation treatment management encounter. 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.

All visits for patients, regardless of age

AND

Diagnosis of cancer

AND

Patient encounter during the performance period

AND

Patient reported pain was present

AND

Radiation treatment management encounter

OR

Face-to-face encounter with the physician while the patient is currently receiving chemotherapy

0420: Pain Assessment and Follow-Up

Denominator Criteria (Eligible Cases): Patients aged greater than or equal to 18 years on date of encounter AND Patient encounter during the reporting period (CPT or HCPCS): 90791, 90792, 92002, 92004, 92012, 92014, 92507, 92508, 92526, 96116, 96118, 96150, 96151, 97161, 97162, 97164, 97165, 97166, 97167, 97168, 97532, 98940, 98941, 98942, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, D7140, D7210, G0101, G0402, G0438, G0439 WITHOUT Telehealth Modifier: GQ, GT

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

0383: Oncology: Medical and Radiation - Plan of Care for Pain

None

0420: Pain Assessment and Follow-Up

Pain Assessment not Documented Patient not Eligible

Denominator Exception: G8442: Pain assessment NOT documented as being performed, documentation the patient is not eligible for a pain assessment using a standardized tool

Not Eligible – A patient is not eligible if one or more of the following reason(s) is documented:

Severe mental and/or physical incapacity where the person is unable to express himself/herself in a manner understood by others. For example, cases where pain cannot be accurately assessed through use of nationally recognized standardized pain assessment tools

Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status

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

0383: Oncology: Medical and Radiation - Plan of Care for Pain

N/A, no denominator exclusion

0420: Pain Assessment and Follow-Up

Pain Assessment not Documented Patient not Eligible

Denominator Exception: G8442: Pain assessment NOT documented as being performed, documentation the patient is not eligible for a pain assessment using a standardized tool

OR

Pain Assessment Documented as Positive, Follow-Up Plan not Documented, Patient not Eligible

Denominator Exception: G8939: Pain assessment documented as positive, follow-up plan not documented, documentation the patient is not eligible

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

Risk Adjustment

0383: Oncology: Medical and Radiation - Plan of Care for Pain

No risk adjustment or risk stratification

0420: Pain Assessment and Follow-Up

No risk adjustment or risk stratification

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

No risk adjustment or risk stratification

Stratification

0383: Oncology: Medical and Radiation - Plan of Care for Pain

N/A, no risk stratification

0420: Pain Assessment and Follow-Up

N/A

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

Type Score

0383: Oncology: Medical and Radiation - Plan of Care for Pain

Rate/proportion better quality = higher score

0420: Pain Assessment and Follow-Up

Rate/proportion better quality = higher score

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

Rate/proportion better quality = higher score

Algorithm

0383: Oncology: Medical and Radiation - Plan of Care for Pain

This measure is comprised of two populations but is intended to result in one reporting rate. The reporting rate is the aggregate of Population 1 and Population 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 Population 1: Patient visits for patients with a diagnosis of cancer currently receiving chemotherapy

1. Find the patients who meet the initial population (i.e., 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 (i.e., 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 (i.e., 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 Population 2: Patient visits for patients with a diagnosis of cancer currently receiving radiation therapy

1. Find the patients who meet the initial population (i.e., 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 (i.e., 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.

0420: Pain Assessment and Follow-Up

Satisfactory reporting criteria are met by valid submission of one of six G codes on claims that meet denominator criteria.

A rate of quality performance is calculated by dividing the number of records with G codes indicating that the quality actions were performed or that the patient was not eligible by total number of valid G code submissions.

THIS SECTION PROVIDES DEFINITIONS & FORMULAS FOR THE NUMERATOR (A), TOTAL DENOMINATOR POPULATION (TDP), DENOMINATOR EXCEPTIONS (B) CALCULATION & PERFORMANCE DENOMINATOR (PD) CALCULATION.

NUMERATOR (A): HCPCS Clinical Quality Codes G8730, G8731

TOTAL DENOMINATOR POPULATION (TDP): Patient aged 18 years and older on the date of the encounter of the 12-month reporting period, with denominator defined encounter codes & Medicare Part B Claims reported HCPCS Clinical Quality Codes G8730, G8731, G8442, G8939, G8732, G8509

DENONINATOR Exception(B): HCPCS Clinical Quality Code G8442, G8939

DENOMINATOR Exception CALCULATION: Denominator Exception (B): # of patients with valid exceptions # G8442+G8939 / # TDP

PERFORMANCE DENOMINATOR CALCULATION: Performance Denominator (B): Patients meeting criteria for performance denominator calculation # A / (# TDP - # B)

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

Submission items

0383: Oncology: Medical and Radiation - Plan of Care for Pain

5.1 Identified measures: 0420 : Pain Assessment and Follow-Up

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

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: Measure #420 is broadly applicable to any patients 18 years of age and older using claims. Measure #383 is examines whether a plan of care is present and maintained for a population who frequently experience pain – a population in which adequate pain management is crucial. In addition, it uses registry data in addition to paper medical records. Measure #1628 targets only patients with Stage IV cancer. Our measure looks at any stage of cancer for purposes of managing pain for which chemotherapy or radiation may be appropriate.

5b.1 If competing, why superior or rationale for additive value: An environmental scan did not identify competing measures.

0420: Pain Assessment and Follow-Up

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

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

0383 : Oncology: Medical and Radiation - Plan of Care for Pain

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

1634 : Hospice and Palliative Care -- Pain Screening

1637 : Hospice and Palliative Care -- Pain Assessment

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: Six related measures were identified that are not harmonized with NQF# 0420. The differences between these related measures and the submitted measure NQF# 0420 are listed below: 0383 - Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (paired with 0384 which is unrelated to and non-competing with 0420) - target population is specific to patients with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain; 0383 does not include the use of a standardized pain assessment tool. Both measures are process measures. Both measures have outpatient care setting. 0676 - Percent of Residents Who Self-Report Moderate to Severe Pain (Short-Stay) – target population is specific to short - stay residents whereas 0420 has a broader outpatient population; 0420 is NOT a self-report measure, it is an eligible provider report; 0676 does not include the use of a standardized pain assessment tool; 0676 does not include documentation of a follow-up plan if pain is present; 0676 is an outcome measure whereas 0420 is a process measure. Care setting for 0676 is long term care/skilled nursing facilities whereas 0420 care setting is outpatient clinician office or outpatient rehabilitation. 0677 - Percent of Residents Who Self-Report Moderate to Severe Pain (Long-Stay) – target population is specific to long - stay residents whereas 0420 has a broader outpatient population; 0420 is NOT a self-report measure, it is an eligible provider report; 0677 does not include the use of a standardized pain assessment tool; 0677 does not include documentation of a follow-up plan if pain is present; 0677 is an outcome measure whereas 0420 is a process measure. Care setting for 0677 is long term care/skilled nursing facilities whereas 0420 care setting is outpatient clinician office or outpatient rehabilitation. 1628 - Patients with Advanced Cancer Screened for Pain at Outpatient Visits - target population is specific to patients with a diagnosis of advanced cancer; 1628 does not include a follow-up plan if pain is present; Both 1628 and 0420 are process measures; Both measures have outpatient care setting. 1634 - Hospice and Palliative Care -- Pain Screening: target population has no age parameters whereas 0420 has an age range (> 18 yrs.); 1634 target population is specific to hospice and palliative care patients whereas 0420 is not diagnosis specific; 1634 does not include documentation of a follow-up plan if pain is present; Both 1634 and 0420 are process measures; Care setting for 1634 is restricted to Hospice/Hospital/Acute Care Facility, whereas 0420 care setting is outpatient clinician office or outpatient rehabilitation. 1637 – Hospice and Palliative Care—Pain Assessment- target population has no age parameters whereas 0420 has an age range (> 18 yrs.); 1637 target population is specific to hospice and palliative care patients whereas 0420 is not diagnosis specific; 1637 measure focus is

clinical assessment within 24hrs of positive screening for pain; 0420 measure focus is performing a screening and a documented follow-up plan not just limited to a clinical assessment; Both are process measures; Care setting for 1637 is restricted to Hospice/Hospital/Acute Care Facility; whereas 0420 care setting is outpatient clinician office or outpatient rehabilitation.

5b.1 If competing, why superior or rationale for additive value: There are no competing measures.

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.

Comparison of NQF #0384e/#0384 and NQF #0177, NQF #0420, NQF #1628, NQF #1637

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified
0384: Oncology: Medical and Radiation - Pain Intensity Quantified
0177: Improvement in pain interfering with activity
0420: Pain Assessment and Follow-Up

Steward

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

PCPI

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

PCPI

0177: Improvement in pain interfering with activity

Centers for Medicare & Medicaid Services

0420: Pain Assessment and Follow-Up

Centers for Medicare & Medicaid Services

Description

0384e: 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

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.

0420: Pain Assessment and Follow-Up

Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present

Type

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

Process

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

Process

0177: Improvement in pain interfering with activity

Outcome

0420: Pain Assessment and Follow-Up

Process

Data Source

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

Electronic Health Records

No data collection instrument provided Attachment 0384e_OncologyPainIntensity_ValueSets_2018Sept.xlsx

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

0420: Pain Assessment and Follow-Up

Claims, Paper Medical Records The data source is the patient medical record. Medicare Part B claims data and registry data is provided for test purposes.

No data collection instrument provided Attachment NQF_420_DataDic_1117.xlsx

Level

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

Clinician : Group/Practice, Clinician : Individual

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

Clinician : Group/Practice, Clinician : Individual

0177: Improvement in pain interfering with activity

Facility

0420: Pain Assessment and Follow-Up

Clinician : Group/Practice, Clinician : Individual

Setting

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

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

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

0420: Pain Assessment and Follow-Up

Outpatient Services

Numerator Statement

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

Patient visits in which pain intensity is quantified

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.

0420: Pain Assessment and Follow-Up

Patient visits with a documented pain assessment using a standardized tool(s) AND documentation of a follow-up plan when pain is present

Numerator Details

0384e: 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 numeric rating scale, visual analog scale, a categorical scale, or a pictorial scale. Examples include the Faces Pain Rating Scale and the Brief Pain Inventory (BPI).

HQMF eCQM developed and is attached to this submission in fields S.2a and S.2b.

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.

0420: Pain Assessment and Follow-Up

Definitions:

Pain Assessment – Documentation of a clinical assessment for the presence or absence of pain using a standardized tool is required. A multi-dimensional clinical assessment of pain using a standardized tool may include characteristics of pain, such as: location, intensity, description, and onset/duration.

Standardized Tool – An assessment tool that has been appropriately normed and validated for the population in which it is used. Examples of tools for pain assessment, include, but are not limited to: Brief Pain Inventory (BPI), Faces Pain Scale (FPS), McGill Pain Questionnaire (MPQ), Multidimensional Pain Inventory (MPI), Neuropathic Pain Scale (NPS), Numeric Rating Scale (NRS), Oswestry Disability Index (ODI), Roland Morris Disability Questionnaire (RMDQ), Verbal Descriptor Scale (VDS), Verbal Numeric Rating Scale (VNRS),Visual Analog Scale (VAS)), and Patient-Reported Outcomes Measurement Information System (PROMIS).

Follow-Up Plan – A documented outline of care for a positive pain assessment is required. This must include a planned follow-up appointment or a referral, a notification to other care providers as applicable OR indicate the initial treatment plan is still in effect. These plans may include pharmacologic, behavioral, physical medicine and/or educational interventions.

Not Eligible (Denominator Exception)– A patient is not eligible if one or more of the following reason(s) is documented:

• Severe mental and/or physical incapacity where the person is unable to express himself/herself in a manner understood by others. For example, cases where pain cannot be accurately assessed through use of nationally recognized standardized pain assessment tools

• Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status

NUMERATOR NOTE: The standardized tool used to assess the patient's pain must be documented in the medical record (exception: A provider may use a fraction such as 5/10 for Numeric Rating Scale without documenting this actual tool name when assessing pain for intensity).

Numerator Quality-Data Coding Options:

Pain Assessment Documented as Positive AND Follow-Up Plan Documented

Performance Met: G8730: Pain assessment documented as positive using a standardized tool AND a follow-up plan is documented

OR

Pain Assessment Documented as Negative, No Follow-Up Plan Required

Performance Met: G8731: Pain assessment using a standardized tool is documented as negative, no follow-up plan required

OR

Pain Assessment not Documented, Reason not Given

Performance Not Met: G8732: No documentation of pain assessment, reason not given

OR

Pain Assessment Documented as Positive, Follow-Up Plan not Documented, Reason not Given

Performance Not Met: G8509: Pain assessment documented as positive using a standardized tool, follow-up plan not documented, reason not given

Denominator Statement

0384e: 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

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.

0420: Pain Assessment and Follow-Up

All visits for patients aged 18 years and older

Denominator Details

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

Time Period for Data Collection: 12 consecutive months

Guidance:

This measure is an episode-of-care measure; the level of analysis for this measure is every visit for patients with a diagnosis of cancer who are also currently receiving chemotherapy or radiation therapy during the measurement period. For patients receiving radiation therapy, pain intensity should be quantified at each radiation treatment management encounter. 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.

HQMF eCQM developed and is attached to this submission in fields S.2a and S.2b.

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).

0420: Pain Assessment and Follow-Up

Denominator Criteria (Eligible Cases): Patients aged greater than or equal to 18 years on date of encounter AND Patient encounter during the reporting period (CPT or HCPCS): 90791, 90792, 92002, 92004, 92012, 92014, 92507, 92508, 92526, 96116, 96118, 96150, 96151, 97161, 97162, 97164, 97165, 97166, 97167, 97168, 97532, 98940, 98941, 98942, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, D7140, D7210, G0101, G0402, G0438, G0439 WITHOUT Telehealth Modifier: GQ, GT

Exclusions

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

None

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.

0420: Pain Assessment and Follow-Up

Pain Assessment not Documented Patient not Eligible

Denominator Exception: G8442: Pain assessment NOT documented as being performed, documentation the patient is not eligible for a pain assessment using a standardized tool

Not Eligible – A patient is not eligible if one or more of the following reason(s) is documented:

Severe mental and/or physical incapacity where the person is unable to express himself/herself in a manner understood by others. For example, cases where pain cannot be accurately assessed through use of nationally recognized standardized pain assessment tools

Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status

Exclusion Details

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

Not applicable

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.

0420: Pain Assessment and Follow-Up

Pain Assessment not Documented Patient not Eligible

Denominator Exception: G8442: Pain assessment NOT documented as being performed, documentation the patient is not eligible for a pain assessment using a standardized tool

OR

Pain Assessment Documented as Positive, Follow-Up Plan not Documented, Patient not Eligible

Denominator Exception: G8939: Pain assessment documented as positive, follow-up plan not documented, documentation the patient is not eligible

Risk Adjustment

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

No risk adjustment or risk stratification

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

No risk adjustment or risk stratification

0177: Improvement in pain interfering with activity

Statistical risk model

0420: Pain Assessment and Follow-Up

No risk adjustment or risk stratification

Stratification

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

Consistent with the CMS Measures Management System Blueprint and national recommendations put forth by the IOM (now NASEM) 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, and have included these variables as recommended data elements to be collected.

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

0420: Pain Assessment and Follow-Up

N/A

Type Score

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

Rate/proportion better quality = higher 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

0420: Pain Assessment and Follow-Up

Rate/proportion better quality = higher score

Algorithm

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

This measure is comprised of two populations but is intended to result in one reporting rate. The reporting rate is the aggregate of Population 1 and Population 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 Population 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 Population 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.

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.

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.

0420: Pain Assessment and Follow-Up

Satisfactory reporting criteria are met by valid submission of one of six G codes on claims that meet denominator criteria.

A rate of quality performance is calculated by dividing the number of records with G codes indicating that the quality actions were performed or that the patient was not eligible by total number of valid G code submissions.

THIS SECTION PROVIDES DEFINITIONS & FORMULAS FOR THE NUMERATOR (A), TOTAL DENOMINATOR POPULATION (TDP), DENOMINATOR EXCEPTIONS (B) CALCULATION & PERFORMANCE DENOMINATOR (PD) CALCULATION.

NUMERATOR (A): HCPCS Clinical Quality Codes G8730, G8731

TOTAL DENOMINATOR POPULATION (TDP): Patient aged 18 years and older on the date of the encounter of the 12-month reporting period, with denominator defined encounter codes & Medicare Part B Claims reported HCPCS Clinical Quality Codes G8730, G8731, G8442, G8939, G8732, G8509

DENONINATOR Exception(B): HCPCS Clinical Quality Code G8442, G8939

DENOMINATOR Exception CALCULATION: Denominator Exception (B): # of patients with valid exceptions # G8442+G8939 / # TDP

PERFORMANCE DENOMINATOR CALCULATION: Performance Denominator (B): Patients meeting criteria for performance denominator calculation # A / (# TDP - # B)

Submission items

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

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

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

0420 : Pain Assessment and Follow-Up

0177 : Improvement in pain interfering with activity

0523 : Pain Assessment Conducted

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

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

1637 : Hospice and Palliative Care -- Pain Assessment

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 # 0384e 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.

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

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

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

0420 : Pain Assessment and Follow-Up

0177 : Improvement in pain interfering with activity

0523 : Pain Assessment Conducted

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

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

1637 : Hospice and Palliative Care -- Pain Assessment

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.

0420: Pain Assessment and Follow-Up

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

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

0383 : Oncology: Medical and Radiation - Plan of Care for Pain

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

1634 : Hospice and Palliative Care -- Pain Screening

1637 : Hospice and Palliative Care -- Pain Assessment

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: Six related measures were identified that are not harmonized with NQF# 0420. The differences between these related measures and the submitted measure NQF# 0420 are listed below: 0383 - Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (paired with 0384 which is unrelated to and non-competing with 0420) - target population is specific to patients with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain; 0383 does not include the use of a standardized pain assessment tool. Both measures are process measures. Both measures have outpatient care setting. 0676 - Percent of Residents Who Self-Report Moderate to Severe Pain (Short-Stay) – target population is specific to short - stay residents whereas 0420 has a broader outpatient population; 0420 is NOT a self-report measure, it is an eligible provider report; 0676 does not include the use of a standardized pain assessment tool; 0676 does not include documentation of a follow-up plan if pain is present; 0676 is an outcome measure whereas 0420 is a process measure. Care setting for 0676 is long term care/skilled nursing facilities whereas 0420 care setting is outpatient clinician office or outpatient rehabilitation. 0677 - Percent of Residents Who Self-Report Moderate to Severe Pain (Long-Stay) – target population is specific to long - stay residents whereas 0420 has a broader outpatient population; 0420 is NOT a self-report measure, it is an eligible provider report; 0677 does not include the use of a standardized pain assessment tool; 0677 does not include documentation of a follow-up plan if pain is present; 0677 is an outcome measure whereas 0420 is a process measure. Care setting for 0677 is long term care/skilled nursing facilities whereas 0420 care setting is outpatient clinician office or outpatient rehabilitation. 1628 - Patients with Advanced Cancer Screened for Pain at Outpatient Visits - target population is specific to patients with a diagnosis of advanced cancer; 1628 does not include a follow-up plan if pain is present; Both 1628 and 0420 are process measures; Both measures have outpatient care setting. 1634 - Hospice and Palliative Care -- Pain Screening: target population has no age parameters whereas 0420 has an age range (> 18 yrs.); 1634 target population is specific to hospice and palliative care patients whereas 0420 is not diagnosis specific; 1634 does not include documentation of a follow-up plan if pain is present; Both 1634 and 0420 are process measures; Care setting for 1634 is restricted to Hospice/Hospital/Acute Care Facility, whereas 0420 care setting is outpatient clinician office or outpatient rehabilitation. 1637 – Hospice and Palliative Care—Pain Assessment- target population has no age parameters whereas 0420 has an age range (> 18 yrs.); 1637 target population is specific to hospice and palliative care patients whereas 0420 is not diagnosis specific; 1637 measure focus is clinical assessment within 24hrs of positive screening for pain; 0420 measure focus is performing a screening and a documented follow-up plan not just limited to a clinical assessment; Both are process measures; Care setting for 1637 is restricted to Hospice/Hospital/Acute Care Facility; whereas 0420 care setting is outpatient clinician office or outpatient rehabilitation.

5b.1 If competing, why superior or rationale for additive value: There are no competing measures.

Comparison of NQF #0384e, NQF #0384, NQF #0177, NQF #0420, NQF #1628, NQF #1637 continued

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified
0384: Oncology: Medical and Radiation - Pain Intensity Quantified
1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits
1637: Hospice and Palliative Care -- Pain Assessment

Steward

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

PCPI

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

PCPI

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

RAND Corporation

1637: Hospice and Palliative Care -- Pain Assessment

University of North Carolina-Chapel Hill

Description

0384e: 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

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

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

1637: Hospice and Palliative Care -- Pain Assessment

This quality measure is defined as:

Percentage of hospice or palliative care patients who screened positive for pain and who received a clinical assessment of pain within 24 hours of screening.

Type

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

Process

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

Process

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

Process

1637: Hospice and Palliative Care -- Pain Assessment

Process

Data Source

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

Electronic Health Records

No data collection instrument provided Attachment 0384e_OncologyPainIntensity_ValueSets_2018Sept.xlsx

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

Registry Data

No data collection instrument provided Attachment NQF0384_I9toI10_conversion_2018Nov.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

1637: Hospice and Palliative Care -- Pain Assessment

Electronic Health Records, Other Hospice: Hospice analysis uses the Hospice Item Set (HIS) as the data source to calculate the quality measure.

Palliative Care: Structured medical record abstraction tool with separate collection of numerator and denominator values.

Available in attached appendix at A.1 No data dictionary

Level

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

Clinician : Group/Practice, Clinician : Individual

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

Clinician : Group/Practice, Clinician : Individual

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

Facility, Health Plan, Integrated Delivery System

1637: Hospice and Palliative Care -- Pain Assessment

Facility, Clinician : Group/Practice

Setting

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

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

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

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

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

Outpatient Services

1637: Hospice and Palliative Care -- Pain Assessment

Home Care, Inpatient/Hospital

Numerator Statement

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

Patient visits in which pain intensity is quantified

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

Patient visits in which pain intensity is quantified

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

1637: Hospice and Palliative Care -- Pain Assessment

Patients who received a comprehensive clinical assessment to determine the severity, etiology and impact of their pain within 24 hours of screening positive for pain.

Numerator Details

0384e: 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 numeric rating scale, visual analog scale, a categorical scale, or a pictorial scale. Examples include the Faces Pain Rating Scale and the Brief Pain Inventory (BPI).

HQMF eCQM developed and is attached to this submission in fields S.2a and S.2b.

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

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.

1637: Hospice and Palliative Care -- Pain Assessment

Patients with a comprehensive clinical assessment including at least 5 of the following 7 characteristics of the pain: location, severity, character, duration, frequency, what relieves or worsens the pain, and the effect on function or quality of life.

Denominator Statement

0384e: 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

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

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

1637: Hospice and Palliative Care -- Pain Assessment

Patients enrolled in hospice OR receiving specialty palliative care in an acute hospital setting who report pain when pain screening is done on the admission evaluation / initial encounter.

Denominator Details

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

Time Period for Data Collection: 12 consecutive months

Guidance:

This measure is an episode-of-care measure; the level of analysis for this measure is every visit for patients with a diagnosis of cancer who are also currently receiving chemotherapy or radiation therapy during the measurement period. For patients receiving radiation therapy, pain intensity should be quantified at each radiation treatment management encounter. 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.

HQMF eCQM developed and is attached to this submission in fields S.2a and S.2b.

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

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

1637: Hospice and Palliative Care -- Pain Assessment

The Pain Assessment quality measure is intended for patients with serious illness who are enrolled in hospice care OR receive specialty palliative care in an acute hospital setting. Conditions may include, but are not limited to: cancer, heart disease, pulmonary disease, dementia and other progressive neurodegenerative diseases, stroke, HIV/AIDS, and advanced renal or hepatic failure.

For patients enrolled in hospice, a positive screen is indicated by any pain noted in screening (any response other than none on verbal scale, any number >0 on numerical scale or any observation or self-report of pain), due to the primacy of pain control and comfort care goals in hospice care.

For patients receiving specialty palliative care, a positive screen is indicated by moderate or severe pain noted in screening (response of moderate or severe on verbal scale, >4 on a 10-point numerical scale, or any observation or self-report of moderate to severe pain). Only management of moderate or severe pain is targeted for palliative care patients, who have more diverse care goals. Individual clinicians and patients may still decide to assess mild pain, but this subset of patients is not included in the quality measure denominator.

[NOTE: This quality measure should be paired with the Pain Screening quality measure (NQF #1634) to ensure that all patients are screened and therefore given the opportunity to report pain and enter the denominator population for Pain Assessment.]

Exclusions

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

None

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

None

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)

1637: Hospice and Palliative Care -- Pain Assessment

Patients with length of stay < 1 day in palliative care. Patients who screen negative for pain are excluded from the denominator.

Exclusion Details

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

Not applicable

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

Not applicable

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

1637: Hospice and Palliative Care -- Pain Assessment

Calculation of length of stay; discharge date is identical to date of initial encounter.

Risk Adjustment

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

No risk adjustment or risk stratification

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

No risk adjustment or risk stratification

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

No risk adjustment or risk stratification

1637: Hospice and Palliative Care -- Pain Assessment

No risk adjustment or risk stratification

Stratification

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

Consistent with the CMS Measures Management System Blueprint and national recommendations put forth by the IOM (now NASEM) 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, and have included these variables as recommended data elements to be collected.

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.

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

1637: Hospice and Palliative Care -- Pain Assessment

N/A

Type Score

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

Rate/proportion better quality = higher score

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

Rate/proportion better quality = higher score

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

Rate/proportion better quality = higher score

1637: Hospice and Palliative Care -- Pain Assessment

Rate/proportion better quality = higher score

Algorithm

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

This measure is comprised of two populations but is intended to result in one reporting rate. The reporting rate is the aggregate of Population 1 and Population 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 Population 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 Population 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.

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.

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

1637: Hospice and Palliative Care -- Pain Assessment

Clinical assessment of Pain:

a.Step 1- Identify all patients with serious, life-limiting illness who are enrolled in hospice OR received specialty palliative care in an acute hospital setting

b.Step 2- Exclude palliative care patients if length of stay is < 1 day.

c.Step 3- Identify patients who were screened for pain during the admission evaluation (hospice) OR initial encounter (palliative care)

d.Step 4- Identify patients who screened positive for pain [any pain if hospice; moderate or severe pain if palliative care].

e.Step 5- Exclude patients who screened negative for pain

f.Step 6- Identify patients who received a clinical assessment for pain within 24 hours of screening positive for pain

Quality Measure= Numerator: Patients who received a clinical assessment for pain in Step 6 / Denominator: Patients in Step 4

Submission items

0384e: Oncology: Medical and Radiation - Pain Intensity Quantified

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

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

0420 : Pain Assessment and Follow-Up

0177 : Improvement in pain interfering with activity

0523 : Pain Assessment Conducted

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

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

1637 : Hospice and Palliative Care -- Pain Assessment

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 # 0384e 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.

0384: Oncology: Medical and Radiation - Pain Intensity Quantified

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

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

0420 : Pain Assessment and Follow-Up

0177 : Improvement in pain interfering with activity

0523 : Pain Assessment Conducted

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

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

1637 : Hospice and Palliative Care -- Pain Assessment

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

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.

1637: Hospice and Palliative Care -- Pain Assessment

5.1 Identified measures:

5a.1 Are specs completely harmonized?

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 NPCRC Key Palliative Care Measures Bundle. Refer to the NPCRC cover letter and table of bundle measures for description of the selection and harmonization of the Key Palliative Care Measures Bundle.

Comparison of NQF #1858 and NQF #1857

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
1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies

Steward

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

American Society of Clinical Oncology

1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies

American Society of Clinical Oncology

Description

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

Percentage of female patients aged 18 and over with HER2/neu positive invasive breast cancer who are administered trastuzumab

1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies

Proportion of female patients (aged 18 years and older) with breast cancer who are human epidermal growth factor receptor 2 (HER2)/neu negative who are not administered HER2-targeted therapies

Type

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

Process

1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies

Process

Data Source

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

Paper Medical Records, Registry Data N/A, measure is not instrument-based.

No data collection instrument provided No data dictionary

1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies

Not applicable This measure is specified with specific criteria and data elements. If a patient record does not include one or more of these components for the initial patient population or denominator, then patients are not considered eligible for the measure and not included.

If data to determine whether a patient should be considered for the numerator or exclusions is missing, then the numerator or exclusions not considered to be met and the practice will not get credit for meeting performance for that patient.

Registry "Trastuzumab" has been changed to "HER2 targeted therapies" to reflect updated evidence regarding the expansion of treatment options for HER-2 positive patients.

Changes to the measure were made after the latest measure update of ASCO's Quality Oncology Practice Initiative (QOPI®) measures and therefore the data and testing reflect the previous version of the measure. These changes will be implemented in the Fall of 2016.

Level

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

Clinician : Group/Practice

1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies

ASCO Quality Oncology Practice Initiative (QOPI®)

Setting

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

Outpatient Services

1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies

No data collection instrument provided Clinician : Group/Practice

Numerator Statement

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

Patients for whom trastuzumab is administered within 12 months of diagnosis

1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies

Female

And

2 or more encounters at the reporting site

And

Age at diagnosis greater than or equal to 18 years

And

Initial breast cancer diagnosis [C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-]

AND

(HER-2/neu status = HER2 negative

OR

HER-2/neu status = Test ordered, results not yet documented

OR

HER-2/neu status = Test NOT ordered/no documentation

OR

HER-2/neu status=Test ordered, insufficient sample for results

Or

HER-2/neu status= HER2 equivocal)

Definitions

Encounter: Patients must have been first seen in the office by a medical oncology or hematology oncology practitioner for the cancer diagnosis eligible for inclusion within the 1-year time frame of the reporting period. Enter the most recent visit that occurred during the 6-month visit window before the abstraction date. This can include visits to other office sites within the practice only if the practice uses a common medical record and shares management of care for the patient. This does not include visits during which a practitioner wasn't seen (e.g., laboratory testing), inpatient consults/visits, phone or email consults, or visits to a surgeon or radiation oncologist.

HER2 status:

Select ‘Test ordered, results not yet documented' only if there is documentation in the chart that a test that included HER2 analyses was ordered.

In the absence of any documentation regarding HER-2/neu status, select ‘Test not ordered/no documentation.’

Enter information from the most recent test report. If the most recent report indicates insufficient sample, select ‘Test ordered, insufficient sample for results.’

If a physician note and the HER-2/neu report differ in results, report the status in the physician note if the note explains the discrepancy. Otherwise, report the status from the HER-2/neu report.

Use the following definitions to determine HER-2/neu status:

Positive:

IHC 3+ based on circumferential membrane staining that is complete, intense

- ISH positive based on:

- Single-probe average HER2 copy number =6.0 signals/cell

- Dual-probe HER2/CEP17 ratio =2.0 with an average HER2 copy number =4.0 signals/cell

- Dual-probe HER2/CEP17 ratio =2.0 with an average HER2 copy number <4.0 signals/cell

- Dual-probe HER2/CEP17 ratio < 2.0 with an average HER2 copy number =6.0 signals/cell

Equivocal:

- IHC 2+ based on circumferential membrane staining that is incomplete and/or weak/moderate and within > 10% of the invasive tumor cells or complete and circumferential membrane staining that is intense and within = 10% of the invasive tumor cells

ISH equivocal based on:

- Single-probe ISH average HER2 copy number = 4.0 and < 6.0 signals/cell

- Dual-probe HER2/CEP17 ratio < 2.0 with an average HER2 copy number = 4.0 and < 6.0 signals/cell

Negative:

IHC 1+ as defined by incomplete membrane staining that is faint/barely perceptible and within > 10% of the invasive tumor cells or

IHC 0 as defined by no staining observed or membrane staining that is incomplete and is faint/barely perceptible and within = 10% of the invasive tumor cells

ISH negative based on:

- Single-probe average HER2 copy number < 4.0 signals/cell

- Dual-probe HER2/CEP17 ratio < 2.0 with an average HER2 copy number < 4.0 signals/cell

Indeterminate:

Indeterminate if technical issues prevent one or both tests (IHC and ISH) from being reported as positive, negative, or equivocal. Conditions may include:

- Inadequate specimen handling,

- Artifacts (crush or edge artifacts) that make interpretation difficult

- Analytic testing failure.

Numerator Details

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

Numerator:

Trastuzumab administered within 12 months of diagnosis

Numerator Options:

Performance Met: Trastuzumab administered within 12 months of diagnosis

OR

Denominator Exception: Reason for not administering Trastuzumab documented (e. g. patient declined, patient died, patient transferred, contraindication or other clinical exclusion, neoadjuvant chemotherapy or radiation NOT complete)

OR

Performance Not Met: Trastuzumab not administered within 12 months of diagnosis

1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies

Patient transfer to practice during or after initial course.

Denominator Statement

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

Female patients aged 18 and over with AJCC stage I (T1c) – III, HER2/neu positive breast cancer who receive chemotherapy

1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies

Transfer-in Status does not equal Reporting practice has/had primary responsibility for the initial course of the patient's medical oncology care

Denominator Details

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

Denominator Criteria (Eligible Cases):

Female Patients aged = 18 years on date of encounter

AND

Diagnosis of breast cancer

AND

Patient encounter during performance period

AND

Two or more encounters at the reporting site AND

Breast Adjuvant Chemotherapy administered:

AND

HER-2/neu positive:

AND

AJCC stage at breast cancer diagnosis = II or III: G9831

OR

AJCC stage at breast cancer diagnosis = I (IA or IB) and T-Stage at breast cancer diagnosis does NOT equal = T1, T1a, T1b

AND NOT

Denominator Exclusions:

Patient transfer to practice after initiation of chemotherapy

1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies

Not applicable

Exclusions

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

Denominator Exclusions:

o Patient transfer to practice after initiation of chemotherapy

Denominator Exceptions:

o Reason for not administering trastuzumab documented (e.g. patient declined, patient died, patient transferred, contraindication or other clinical exclusion, neoadjuvant chemotherapy or radiation therapy not complete)

1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies

No risk adjustment or risk stratification

Exclusion Details

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

Denominator Exclusions:

Patient transfer to practice after initiation of chemotherapy

1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies

Risk Adjustment

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

No risk adjustment or risk stratification

1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies

Not applicable

Stratification

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

N/A, no risk stratification

1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies

Not applicable

Type Score

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

Rate/proportion better quality = higher score

1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies

Rate/proportion better quality = higher score

Algorithm

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

This measure is a proportion with exclusions and exceptions; thus, the calculation algorithm is: Patients meeting the numerator + patients with valid exceptions/ (Patients in the denominator – Patients with valid exclusions) x 100

1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies

Performance is calculated as:

1. Identify those patients that meet the denominator criteria defined in the measure.
2. Subtract those patients with a denominator exclusion from the denominator if applicable.
3. From the patients who qualify for the denominator (after any exclusions are removed), identify those who meet the numerator criteria.
4. Calculation: Numerator/Denominator-Denominator Exclusions

Submission items

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

5.1 Identified measures: 1855 : Quantitative HER2 evaluation by IHC uses the system recommended by the ASCO/CAP guidelines

1857 : HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: N/A - The measure specifications are harmonized.

5b.1 If competing, why superior or rationale for additive value: An environmental scan did not identify competing measures. ASCO believes that NQF 1857 is a complementary measure assessing the inverse of the quality action captured in NQF 1858. Furthermore, because NQF 1857 is endorsed with reserve status and is no longer in use, harmonization is therefore not required. We believe NQF 1855 is a complementary measure assessing HER2 testing, which is an integral component to NQF 1858, and harmonization is not required.

1857: HER2 negative or undocumented breast cancer patients spared treatment with HER2-targeted therapies

5.1 Identified measures:

5a.1 Are specs completely harmonized?

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

5b.1 If competing, why superior or rationale for additive value: QOPI_Adoption_of_ICD10_020916-635933001750874650.docx

Comparison of NQF #1859 and NQF #1860

1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy
1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

Steward

1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

American Society of Clinical Oncology

1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

American Society of Clinical Oncology

Description

1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

Percentage of adult patients (aged 18 and over) with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy for whom RAS (KRAS and NRAS) gene mutation testing was performed

1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

Type

1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

Process

1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

Process

Data Source

1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

Paper Medical Records, Registry Data N/A, measure is not instrument-based.

No data collection instrument provided No data dictionary

1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

Paper Medical Records, Registry Data N/A, measure is not instrument-based.

No data collection instrument provided No data dictionary

Level

1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

Clinician : Group/Practice

1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

Clinician : Group/Practice

Setting

1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

Outpatient Services

1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

Outpatient Services

Numerator Statement

1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

RAS (KRAS and NRAS) gene mutation testing performed prior to initiation of anti-EGFR monoclonal antibody therapy

1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

Anti-EGFR monoclonal antibody therapy not received

Numerator Details

1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

RAS gene mutation testing = RAS mutation detected

OR

RAS gene mutation testing = No RAS mutation detected (wildtype)

AND

RAS gene mutation testing date

Numerator definitions:

RAS mutation testing - RAS testing for this measure refers to assays that detect mutations in codons 12 and 13 of exon 2, codons 59 and 61 of exon 3 and codons 117 and 146 in exon 4 in KRAS or NRAS. Do not include results from mutations at other codons or assays for other alterations (e.g., BRAF, PI3K, PTEN genes). The College of American Pathologists (CAP) Perspectives on Emerging Technology (POET) Report on RAS mutation testing provides additional guidance on testing.

If multiple RAS mutation tests have been performed, refer to the most recent test results.

In the absence of any documentation regarding testing for the RAS gene mutation, select 'Test not ordered/no documentation.'

Refer to the interpretive report for the RAS test. The report will indicate if a mutation within codons 12 and 13 of exon 2, codons 59 and 61 of exon 3 and codons 117 and 146 in exon 4 in KRAS or NRAS, where KRAS or NRAS gene was detected in the DNA extracted from the colon tumor specimen.

1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

Anti-EGFR monoclonal antibody therapy status = No Anti-EGFR monoclonal antibody therapy received

Denominator Statement

1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

Adult patients with metastatic colorectal cancer who receive anti-EGFR monoclonal antibody therapy

1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

Adult patients with metastatic colorectal cancer who have a RAS (KRAS or NRAS) gene mutation

Denominator Details

1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

Age at diagnosis greater than or equal to 18 years

AND

2 or more encounters at the reporting site

AND

Initial colon or rectal cancer diagnosis (153.x, 154.0, 154.0, 154.1, 154.8)

AND

Presence of metastatic disease documented

AND

Anti-EGFR monoclonal antibody therapy received

Definitions

Encounter: new patient visit (CPT 99201-99205) or established patient (CPT 99211-99215), not consult (CPT 99241-99245) office consult or inpatient consult CPT 99251-99255)

1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

Age at diagnosis greater than or equal to 18 years

AND

2 or more encounters at the reporting site

AND

Initial colon or rectal cancer diagnosis (ICD-10 CM C18.0, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20)

AND

Presence of metastatic disease documented

AND

RAS (KRAS or NRAS) gene mutation detected

Definitions

Encounter = new patient visit (CPT 99201 -99205) or established patient (CPT 99211-99215), not consult (CPT 99241-99245 office consult or inpatient consult CPT 99251-99255)

RAS mutation testing - RAS testing for this measure refers to assays that detect mutations in codons 12 and 13 of exon 2, codons 59 and 61 of exon 3 and codons 117 and 146 in exon 4 in KRAS or NRAS. Do not include results from mutations at other codons or assays for other alterations (e.g.,

BRAF, PI3K, PTEN genes). The College of American Pathologists (CAP) Perspectives on Emerging Technology (POET) Report on RAS mutation testing provides additional guidance on testing.

If multiple RAS mutation tests have been performed, refer to the most recent test results.

Exclusions

1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

None

1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

None

Exclusion Details

1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

n/a

1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

n/a

Risk Adjustment

1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

No risk adjustment or risk stratification

1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

No risk adjustment or risk stratification

Stratification

1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

n/a

1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

n/a

Type Score

1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

Rate/proportion better quality = higher score

1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

Rate/proportion better quality = higher score

Algorithm

1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

This measure is a proportion without exclusions. The calculation algorithm is: (Patients meeting the numerator/patients in the denominator) x 100

1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

This measure is a proportion without exclusions. The calculation algorithm is: (Patients meeting the numerator/patients in the denominator) x 100

Submission items

1859: RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

5.1 Identified measures: 1860 : Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: N/A - The measure specifications are harmonized.

5b.1 If competing, why superior or rationale for additive value: An environmental scan did not identify competing measures. ASCO believes that NQF 1860 is a complementary measure assessing the inverse of the quality action captured in NQF 1859.

1860: Patients with metastatic colorectal cancer and RAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies

5.1 Identified measures: 1859 : RAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: N/A - The measure specifications are harmonized.

5b.1 If competing, why superior or rationale for additive value: An environmental scan did not identify competing measures. ASCO believes that NQF 1859 is a complementary measure assessing the inverse of the quality action captured in NQF 1860.

Appendix F: Pre-Evaluation Comments

No comments received as of February 14, 2020.

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