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Cancer, Fall 2019, Track 2 Cycle: CDP Report

TECHNICAL REPORT
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http://www.qualityforum.org

Contents

Executive Summary

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

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

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

The Standing Committee recommended endorsement for the following measures. The Consensus Standards Approval Standing Committee (CSAC) upheld the recommendations, and the measures were endorsed.

- **NQF #0223** Adjuvant Chemotherapy Is Recommended, or Administered Within 4 Months (120 Days) of Diagnosis for Patients Under the Age of 80 With AJCC Stage III (Lymph Node Positive) Colon Cancer
- **NQF 0384** Oncology: Medical and Radiation – Pain Intensity Quantified

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

Track 1: Measures That Remained in Fall 2019 Cycle

These measures did not receive public comments or only received comments in support of the Standing Committee's recommendations:

- **NQF #0219** Radiation Therapy Is Administered Within 1 Year (365 Days) of Diagnosis for Women Under Age 70 Receiving Breast Conserving Surgery for Breast Cancer
- **NQF #0220** Adjuvant Hormonal Therapy Is Recommended or Administered Within 1 Year (365 Days) of Diagnosis for Women With AJCC T1cN0M0 or Stage IB – Stage III Hormone Receptor Positive Breast Cancer
- **NQF #0383** Oncology: Medical and Radiation – Plan of Care for Pain
- **NQF #1858** Trastuzumab Administered to Patients With AJCC Stage I (T1c) – III Human Epidermal Growth Factor Receptor 2 (HER2) Positive Breast Cancer Who Receive Adjuvant Chemotherapy
- **NQF #1859** RAS Gene Mutation Testing Performed for Patients With Metastatic Colorectal Cancer Who Receive Anti-Epidermal Growth Factor Receptor Monoclonal Antibody Therapy

- **NQF #1860** Patients With Metastatic Colorectal Cancer and RAS Gene Mutation Spared Treatment With Anti-Epidermal Growth Factor Receptor Monoclonal Antibodies

Track 2: Measures Deferred to Spring 2020 Cycle

These measures required further action or discussion from a Standing Committee:

- **NQF #0223** Adjuvant Chemotherapy Is Recommended, or Administered Within 4 Months (120 Days) of Diagnosis for Patients Under the Age of 80 With AJCC Stage III (Lymph Node Positive) Colon Cancer
- **NQF 0384** Oncology: Medical and Radiation – Pain Intensity Quantified

This report contains details of the evaluation of measures assigned to *Track 2* and moved to the spring 2020 cycle. Detailed summaries of the Standing Committee's discussion and ratings of the criteria for each measure are in Appendix A. The detailed evaluation summary of measures assigned to *Track 1* and that remained in the fall 2019 cycle was included in the Cancer Final Report – Fall 2019 Cycle.

Introduction

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

An estimated 1.8 million new cases of cancer are diagnosed in the U.S. each year[5]. Pain is a commonly occurring symptom for cancer patients as 30 percent to 50 percent (510,000 to 850,000 each year based on current statistics) will experience moderate to severe pain[6]. Initial and ongoing pain assessments are essential to determine the pathophysiology of pain and ensure proper pain management. There is increasing evidence in oncology that pain management contributes to broad quality-of-life improvement[7,8].

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), which includes measures for hematology, breast cancer, colon cancer, prostate cancer, and other cancer measures. This portfolio contains 20 measures: 19 process measures and one outcome and resource use measure (see Table 1 below).

Table 1. NQF Cancer Portfolio of Measures

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

Additional measures have been assigned to other portfolios. The additional measures address appropriateness of care (Geriatrics and Palliative Care), cancer screening (Prevention and Population Health), screening for pain, pain related to chemotherapy or radiation therapy, and surgical care.

Cancer Measure Evaluation

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

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

	Maintenance	New	Total
Measures under review	2	0	2
Measures endorsed	2	0	2

Comments Received Prior to Standing Committee Evaluation

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

Comments Received After Standing Committee Evaluation

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

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

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

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

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

During the spring 2020 CSAC meeting on November 17-18, 2020, the CSAC reviewed all measures assigned to *Track 2*. A list of measures assigned to *Track 1* can be found in the Executive Summary section of this report for tracking purposes, but these measures were reviewed during the fall 2019 CSAC review period.

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

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

Summary of Measure Evaluation: Fall 2019 Measures, Track 2

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

#0223 Adjuvant Chemotherapy Is Recommended, or Administered Within 4 Months (120 Days) of Diagnosis for Patients Under the Age of 80 With AJCC Stage III (Lymph Node Positive) Colon Cancer (Commission on Cancer, American College of Surgeons): Endorsed

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 Standing Committee voted to recommend the measure for overall endorsement. This measure captures the percentage of patients, age = 18 and <80 at diagnosis, who have their first diagnosis of cancer (epithelial malignancy) that is lymph node positive and at AJCC stage III, whose primary tumor is in the colon, and chemotherapy was recommended or administered within four months (120 days) of diagnosis. During the in-person measure evaluation meeting on February 26, 2020, the Standing Committee discussed the scientific acceptability of the measure. The Standing 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 results in that hospitals with more cases had greater reliability scores, and that performance variability across hospitals was factored into their results. For validity, the Standing Committee raised concern with the lack of empirical validity testing for the critical data elements. The developer commented that the Commission of Cancer (CoC) does not do any re-abstraction to assess validity for this measure. While some Standing Committee members were agreeable to not having data element validity testing conducted, some had reservations passing this measure on validity when no empirical testing information was supplied.

The Standing Committee did not reach consensus on validity. During the post comment call on July 13, 2020, the Standing Committee reviewed and discussed the validity testing along with the relevant comments received. It was noted that the developer did not complete data element validity testing but did provide results and process for the validity testing conducted and a clear rationale for why the measure continues to be valid. The Standing Committee reviewed this information and agreed this

measure has high face validity and measure specifications were consistently implemented within the registry program. The Standing Committee voted, and this measure passed on validity. The Standing Committee noted that this measure has been in use for many years, and data elements are routinely collected during care delivery. They had no concerns with the feasibility of this measure. The Standing Committee also had no concerns with the use or usability of this measure. The Standing Committee further recommended this measure for endorsement, and the CSAC upheld the Standing Committee's recommendation. The Standing Committee also considered received one public comment during their evaluation of the measure, which expressed support for the measure's continued endorsement.

#0384 Oncology: Medical and Radiation – Pain Intensity Quantified (PCPI): Endorsed

Description: Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified. **Measure Type**: Process; **Level of Analysis**: Clinician : Group/Practice, Clinician : Individual; **Setting of Care**: Other, Outpatient Services; **Data Source**: Registry Data

The Standing Committee voted to recommend this measure for overall endorsement. This measure captures the percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified. Concerning evidence, during the in-person evaluation meeting on February 26, 2020, there was a process error during the Standing Committee's vote on evidence. The Standing Committee was made aware of this error and did not vote on overall suitability for endorsement during the in-person meeting. A revote on evidence was held during the July 13, 2020 post-comment meeting, in which the Standing Committee passed the measure on evidence. The Standing Committee did not have any concerns related to reliability and passed the measure on this criterion. For validity, the Standing Committee questioned whether a patient who is experiencing pain and does not have chemotherapy would be included in this measure. In addition, the Standing Committee questioned whether patients who opt out of chemo but still experience pain and those who receive chemotherapy 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.

The Standing Committee did not have any further concerns and passed the measure on validity. The Standing Committee expressed no concerns with feasibility or use. Regarding usability, the Standing Committee agreed the benefits of the measure outweigh any potential harms and did not express any additional concerns. The Standing Committee further recommended this measure for endorsement, and the CSAC upheld the Standing Committee's recommendation. The Standing Committee also considered several public comments during their evaluation of the measure. These comments focused on (1) concerns that pain management for patients undergoing only cancer immunotherapy may be missed within this measure and (2) support for the measure's continued endorsement.

References

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Appendix A: Details of Measure Evaluation

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

Note: Vote totals may differ between measure criteria and between measures as Committee members often have to join calls late or leave calls early. NQF ensures that quorum is maintained for all live voting. All voting outcomes are calculated using the number of Committee members present for that vote as the denominator. For both the February 26, 2020 and July 13, 2020 meetings, quorum was met and maintained throughout the proceedings.

Track 2 – Measures Endorsed

#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 in 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 affects delivery of the standard of care

No surgical procedure of the primary site

Adjustment/Stratification: No risk adjustment or risk stratification

Level of Analysis: Facility

#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

Setting of Care: Inpatient/Hospital

Type of Measure: Process

Data Source: Registry Data

Measure Steward: Commission on Cancer, American College of Surgeons

STANDING COMMITTEE MEETING February 26, 2020

1. Importance to Measure and Report: <u>The measure meets the Importance criteria.</u>

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

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

<u>Rationale</u>:

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

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

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

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

<u>Rationale</u>:

- Reliability of the computed measure score was measured as the ratio of signal to noise, and testing was modeled from 2-level hierarchical logistic regression models using Bayesian shrinkage adjustments that control for random error for both patients and hospitals.
- The Standing 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.
- During the in-person measure evaluation meeting on February 26, 2020, the Standing Committee expressed concerns with validity in that the developer did not complete empirical validity testing, which is generally required for NQF maintenance measures. However, some Standing Committee members agreed that the measure does have good face validity. As a result, the Standing Committee did not reach consensus during the February 26 meeting.
- During the post-comment call on July 13, 2020, the Standing Committee reviewed and discussed the validity of the measure.
- It was noted that the developer did not complete data element validity testing, which is generally required for NQF maintenance measures. In this case, the developer did provide results and process for the validity testing conducted and a clear rationale for why the measure continues to be valid.
- The Standing Committee reviewed this information and agreed this measure has high face validity and measure specifications were consistently implemented within the registry program.
- The Standing Committee voted, and this measure passed on validity.

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

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

<u>Rationale</u>:

#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

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

5. Related and Competing Measures

- No related or competing measures were noted.

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

Rationale

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

7. Public and Member Comment

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

8. Consensus Standards Approval Standing Committee (CSAC) Vote: Y-11; N-0

9. Appeals

- **No appeals were received.**

#0384 Oncology: Medical and Radiation – Pain Intensity Quantified

Submission | Specifications

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

Numerator Statement: Patient visits in which pain intensity is quantified

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

Exclusions: None

Adjustment/Stratification: No risk adjustment or risk stratification

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

Setting of Care: Other, Outpatient Services

#0384 Oncology: Medical and Radiation – Pain Intensity Quantified

Type of Measure: Process

Data Source: Registry Data

Measure Steward: PCPI

STANDING COMMITTEE MEETING February 26, 2020

1. Importance to Measure and Report: <u>The measure meets the Importance criteria.</u>

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

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

<u>Rationale</u>:

- Since the evidence is the same for both #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 National Comprehensive Cancer Network (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 Standing 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 interrelated but also represent separate processes.
- The Standing 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 Standing 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 Standing 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 Physician Quality Reporting System PQRS testing data analysis. The average performance rates ranged from 75% to 83% between 2015-2017.

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

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

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

<u>Rationale</u>:

- The level of analysis (LoA) specified are for clinician groups and individual clinicians. Reliability of the computed measure score was measured as the ratio of signal to noise, and testing was performed using a beta-binomial model. The results of the reliability testing indicated that the reliability above the minimum level of quality reporting events (10) for 251 physicians was 0.97.
- The developer performed a correlation analysis with *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 Standing 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 Standing Committee questioned

#0384 Oncology: Medical and Radiation – Pain Intensity Quantified

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)

Rationale:

- 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 Standing Committee expressed no concerns with feasibility.

4. Use and Usability

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

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

Rationale:

- This measure is currently used in Merit-based Incentive Payment System (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 Standing Committee agreed the benefits of the measure outweigh any potential harms and did not express any additional concerns with usability.

5. Related and Competing Measures

- This measure directly competes with #0384 *Oncology: Medical and Radiation – Pain Intensity Quantified.*
    - #0177 Improvement in Pain Interfering With Activity
    - #1628 Patients With Advanced Cancer Screened for Pain at Outpatient Visits

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

Rationale

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

7. Public and Member Comment

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

8. Consensus Standards Approval Standing Committee (CSAC) Vote: Y-11; N-0

#0384 Oncology: Medical and Radiation – Pain Intensity Quantified
9. Appeals • **No appeals were received.**

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

NQF #	Title	Federal Programs: Finalized or Implemented as of June 22, 2020
0219	Post-Breast Conservation Surgery Irradiation	N/A
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	N/A
0225	At Least 12 Regional Lymph Nodes Are Removed and Pathologically Examined for Resected Colon Cancer	N/A
0383	Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (Paired With #0384)	Prospective Payment System-Exempt Cancer Hospital Quality Reporting (Implemented); Merit-Based Incentive Payment System (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	MIPS Program (Implemented)
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	MIPS Program (Implemented)
0509	Diagnostic Imaging: Reminder System for Screening Mammograms	MIPS Program (Implemented)

[1] Per CMS Measures Inventory Tool as of 02/18/2021

NQF #	Title	Federal Programs: Finalized or Implemented as of June 22, 2020
0559	Combination Chemotherapy or Chemo-Immunotherapy (if HER2 Positive), Is Recommended or Administered Within 4 Months (120 days) of Diagnosis for Women Under 70 With AJCC T1cN0 or Stage IB – III Hormone Receptor Negative Breast Cancer	N/A
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	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	MIPS Program (Implemented)
1860	Patients With Metastatic Colorectal Cancer and KRAS Gene Mutation Spared Treatment with Anti-Epidermal Growth Factor Receptor Monoclonal Antibodies	MIPS Program (Implemented)
2930	Febrile Neutropenia Risk Assessment Prior to Chemotherapy	N/A

Appendix C: Cancer Standing Committee and NQF Staff

STANDING COMMITTEE

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Appendix D: Measure Specifications

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

	0223 Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer
	Primary tumors of the colon [NAACCR Item# 400] = C18.0, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9 AJCC clinical stage group [NAACCR Item# 1004] ? 0, 4A, 4B, 4C AJCC pathologic stage group [NAACCR Item# 1014] ? 0, 4A, 4B, 4C AJCC clinical M [NAACCR Item# 1003] ? cM1, cM1a, cM1b, cM1c, pM1, pM1a, pM1b, pM1c AJCC pathologic M [NAACCR Item# 1013] ? cM1, cM1a, cM1b, cM1c, pM1, pM1a, pM1b, pM1c All or part of 1st course of treatment performed at the reporting facility [NAACCR Item# 610] = 10-22 Known to be alive within 4 months (120 days) of date of diagnosis: vital status [NAACCR Item# 1760] = 1 AND date of last contact or death [NAACCR Item# 1750] – date of initial diagnosis [NAACCR Item# 390] > 120 Surgical Procedure of the Primary Site [NAACCR Item# 1290] = 30–90 Lymph node positive disease [NAACCR Item# 820] = 1-90, 95, 97
Exclusions	Exclude, if any of the following characteristics are identified: Under age 18 or over age 80 at time of diagnosis Second or subsequent cancer diagnosis Tumor not originating in the colon Non-epithelial malignancies Non-invasive tumors Stage 0, in situ tumor Stage IV, metastatic tumor None of 1st course therapy performed at reporting facility Died within 4 months (120 days) of diagnosis Not lymph node positive disease Patient enrolled in a clinical trial that directly impacts delivery of the standard of care No surgical procedure of the primary site
Exclusion details Risk Adjustment	See pages 3-8: https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/measure%20specs%20colon.ashx No risk adjustment or risk stratification
Stratification	No stratification applied
Type Score Algorithm	Rate/proportion better quality = higher score See pages 3-8: https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/measure%20specs%20colon.ashx 108891| 138615| 141025| 134906| 141015

	0384 Oncology: Medical and Radiation - Pain Intensity Quantified
Steward	PCPI

	0384 Oncology: Medical and Radiation - Pain Intensity Quantified
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

	0384 Oncology: Medical and Radiation - Pain Intensity Quantified
	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

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

Comparison of NQF 0384 and NQF 0177 and NQF 1628

	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits
Steward	PCPI	Centers for Medicare & Medicaid Services	RAND Corporation
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	The percentage of home health episodes of care during which the frequency of the patient's pain when moving around improved.	Adult patients with advanced cancer who are screened for pain with a standardized quantitative tool at each outpatient visit
Type	Process	Outcome	Process
Data Source	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 to encode and transmit patient OASIS data to the OASIS repositories Each HHA has on-line access to outcome and process measure reports	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

	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits
		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	
Level	Clinician : Group/Practice, Clinician : Individual	Facility	Facility, Health Plan, Integrated Delivery System
Setting	Other, Outpatient Services Oncology/Outpatient Clinic; Radiation Oncology Dept/Clinic	Home Care	Outpatient Services
Numerator Statement	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.	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	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	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,	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.

	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits
	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	indicating less frequent pain interfering with activity at discharge.	
Denominator Statement	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.	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 The registry version has two submission criteria to capture 1) patients undergoing chemotherapy and 2) patients undergoing radiation therapy, and to	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).	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

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

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

	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits
	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	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.	None (other than those patients noted in 2a1.7. who did not survive at least 30 days after cancer diagnosis)
Exclusion Details	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/ 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.	

	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits
		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.	
Risk Adjustment	No risk adjustment or risk stratification 140560| 141015| 143584 140560| 141015| 143584	Statistical risk model 121650| 123185| 126284| 134819| 137428| 138696| 140506| 141130| 141592| 142923| 138874| 141015 121650| 123185| 126284| 134819| 137428| 138696| 140506| 141130| 141592| 142923| 138874| 141015	No risk adjustment or risk stratification 113885| 110832| 136569| 141015| 141057 113885| 110832| 136569| 141015| 141057
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.	Not Applicable	
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 submission criteria but is intended to result in one reporting rate. The reporting rate is the aggregate of Submission Criteria 1 and Submission	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	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

	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits
	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	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:	patients who are not alive 30 or more days after diagnosis. 3. For each applicable visit, determine if a screening for pain was performed using a quantitative standardized tool. 4. Performance score = number of visits with standardized quantitative screening for pain/total number of outpatient visits 113885| 110832| 136569| 141015| 141057

	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits
	a diagnosis of cancer currently receiving radiation therapy 1. Find the patients who meet the initial population (ie, the general group of patients that a set of performance measures is designed to address). 2. From the patients within the initial population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial population and denominator are identical. 3. From the patients within the denominator, find the patients who meet the numerator criteria (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator If the patient does not meet the numerator, this case represents a quality failure. 140560| 141015| 143584	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	

	0384: Oncology: Medical and Radiation - Pain Intensity Quantified	0177: Improvement in pain interfering with activity	1628: Patients with Advanced Cancer Screened for Pain at Outpatient Visits
		100%. Similarly, if the result is a negative number the adjusted value is set to zero. 121650| 123185| 126284| 134819| 137428| 138696| 140506| 141130| 141592| 142923| 138874| 141015	
Submission items	5.1 Identified measures: 1637 : Hospice and Palliative Care -- Pain Assessment 1628 : Patients with Advanced Cancer Screened for Pain at Outpatient Visits 0677 : Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay) 0676 : Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay) 0523 : Pain Assessment Conducted 0420 : Pain Assessment and Follow-Up 0192 : Residents who experience moderate to severe pain during the 7-day assessment period (risk-adjusted) 0177 : Improvement in pain interfering with activity 5a.1 Are specs completely harmonized? Yes 5a.2 If not completely harmonized, identify difference, rationale, impact: There are several NQF-endorsed measures related to measure #384 Oncology: Medical and Radiation – Pain Intensity Quantified. Most related measures are assessed within different settings and at distinct levels of analysis. NQF measure #177 assesses the	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.	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

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	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.		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.

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

Appendix F: Pre-Evaluation Comments

Pre-meeting commenting closed on April 24, 2020. No comments were submitted.

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