Quality ID #456 (NQF 0215): Percentage of Patients Who Died From Cancer Not Admitted To Hospice (lower score – better)

- National Quality Strategy Domain: Effective Clinical Care
- Meaningful Measure Area: Appropriate Use of Healthcare

2019 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process – High Priority

DESCRIPTION:

Percentage of patients who died from cancer not admitted to hospice

INSTRUCTIONS:

This measure is to be submitted a minimum of <u>once per performance period</u> for patients who died of cancer during the measurement year. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians who provide services for patients with the diagnosis of cancer will submit this measure.

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

Patients who died from cancer

Denominator Criteria (Eligible Cases):

Diagnosis for cancer (ICD-10-CM): C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.6, C00.8, C00.9, C01, C02.0, C02.1, C02.2, C02.3, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C05.2, C05.8, C05.9, C06.0, C06.1, C06.2, C06.80, C06.89, C06.9, C07, C08.0, C08.1, C08.9, C09.0, C09.1, C09.8, C09.9, C10.0, C10.1, C10.2, C10.3, C10.4, C10.8, C10.9, C11.0, C11.1, C11.2, C11.3, C11.8, C11.9, C12, C13.0, C13.1, C13.2, C13.8, C13.9, C14.0, C14.2, C14.8, C15.3, C15.4, C15.5, C15.8, C15.9, C16.1, C16.2, C16.3, C16.4, C16.5, C16.6, C16.8, C16.9, C17.0, C17.1, C17.2, C17.3, C17.8, C17.9, C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.0, C21.1, C21.2, C21.8, C22.0, C22.1, C22.2, C22.3, C22.4, C22.7, C22.8, C22.9, C23, C24.0, C24.1, C24.8, C24.9, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C26.0, C26.1, C26.9, C30.0, C30.1, C31.0, C31.1, C31.2, C31.3, C31.8, C31.9, C32.0, C32.1, C32.2, C32.3, C32.8, C32.9, C33, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92, C37, C38.0, C38.1, C38.2, C38.3, C38.4, C38.8, C39.0, C39.9, C40.00, C40.01, C40.02, C40.10, C40.11, C40.12, C40.20, C40.21, C40.22, C40.30, C40.31, C40.32, C40.80, C40.81, C40.82, C40.90, C40.91, C40.92, C41.0, C41.1, C41.2, C41.3, C41.4, C41.9, C43.0, C43.10, C43.111, C43.112, C43.121, C43.122, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9, C44.00, C44.01, C44.02, C44.09, C44.101, C44.1021, C44.1022, C44.1091, C44.1092, C44.111, C44.1121, C44.1122, C44.1191, C44.1192, C44.121, C44.1221, C44.1222, C44.1291, C44.1292, C44.191, C44.1921, C44.1922, C44.1991, C44.1992, C44.201, C44.202, C44.209, C44.211, C44.212, C44.219, C44.221, C44.222, C44.229, C44.291, C44.292, C44.299, C44.300, C44.301, C44.309, C44.310, C44.311, C44.319, C44.320, C44.321, C44.329, C44.390,

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

AND

Two or more encounters at the reporting site

AND

Patients who died from cancer: G9855

NUMERATOR:

Patients not admitted to hospice

Numerator Instructions:

INVERSE MEASURE- A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

Numerator Options:

Performance Met: Patient was not admitted to hospice (G9856)

<u>OR</u>

Performance Not Met: Patient admitted to hospice (G9857)

RATIONALE:

Although the use of hospice and other palliative care services at the end of life has increased, many patients are enrolled in hospice less than 3 weeks before their death, which limits the benefit they may gain from these services. By potentially improving quality of life (QOL), cost of care, and even survival in patients with metastatic cancer, palliative care has increasing relevance for the care of patients with cancer (Smith, 2012). The rate of patients who

do not have a hospice referral prior to death continues to be higher than desired with one study reporting that more than 30% of patients were not referred and of those patients, only 7% had a documented discussion on the option of palliative care (O'Connor, 2015). Patients who were enrolled in hospice experienced increased survival times along with a reduction in resource use such as aggressive end of life care and hospital admissions; benefits that increased the longer patients were enrollment in hospice (Lee, 2015; Langton, 2014). In addition, Medicare patients were less likely to enroll in hospice in the last 30 days of life than Medicare patients with only 51% of Medicaid patients enrolled versus 64% of Medicare patients (Guadagnolo, 2015).

Citations

Smith, T. J., S. Temin, et al. (2012). "American Society of Clinical Oncology provisional clinical opinion: the integration of palliative care into standard oncology care." J Clin Oncol 30(8): 880-887.

O'Connor, T. L., N. Ngamphaiboon, et al. (2015). "Hospice utilization and end-of-life care in metastatic breast cancer patients at a comprehensive cancer center." J Palliat Med 18(1): 50-55.

Lee, Y. J., J. H. Yang, et al. (2015). "Association between the duration of palliative care service and survival in terminal cancer patients." Support Care Cancer 23(4): 1057-1062.

Langton, J. M., B. Blanch, et al. (2014). "Retrospective studies of end-of-life resource utilization and costs in cancer care using health administrative data: a systematic review." Palliat Med 28(10): 1167-1196.

Guadagnolo, B. A., K. P. Liao, et al. (2015). "Variation in Intensity and Costs of Care by Payer and Race for Patients Dying of Cancer in Texas: An Analysis of Registry-linked Medicaid, Medicare, and Dually Eligible Claims Data." Med Care 53(7): 591-598.

CLINICAL RECOMMENDATION STATEMENTS:

A 2012 American Society of Clinical Oncology (ASCO) Provisional Clinical Opinion (PCO) addressed the integration of palliative care (PC) services into standard oncology care at the time a person is diagnosed with metastatic cancer and/or high symptom burden.

Seven published randomized trials demonstrate the feasibility of providing various components of PC alongside usual oncology care. There is, however, a dearth of data evaluating the integration of modern PC practices into standard oncology care, especially in concert with ongoing antitumor therapy. Overall, the addition of PC interventions to standard oncology care delivered via different models to patients with cancer provided evidence of benefit.

A 2013 Cochrane Review, 'Effectiveness and cost-effectiveness of home palliative care services for adults with advanced illness and their caregivers', evaluated the impact of home palliative care services on outcomes for adults with advanced illness or their family caregivers, or both. The aim of the review was to quantify the effect of home palliative care services on a patients' odds of dying at home, examine the clinical effectiveness of home palliative care services on other outcomes such as symptom control, quality of life, caregiver distress and satisfaction with care, and comparing resource use and costs associated with these services.

Pooled data from seven studies (five RCTs, three of high quality, and two CCTs with 1222 participants) showed that those receiving home palliative care had statistically significantly higher odds of dying at home than those receiving usual care (95% CI 1.31 to 3.71; P value = 0.003).

Citations

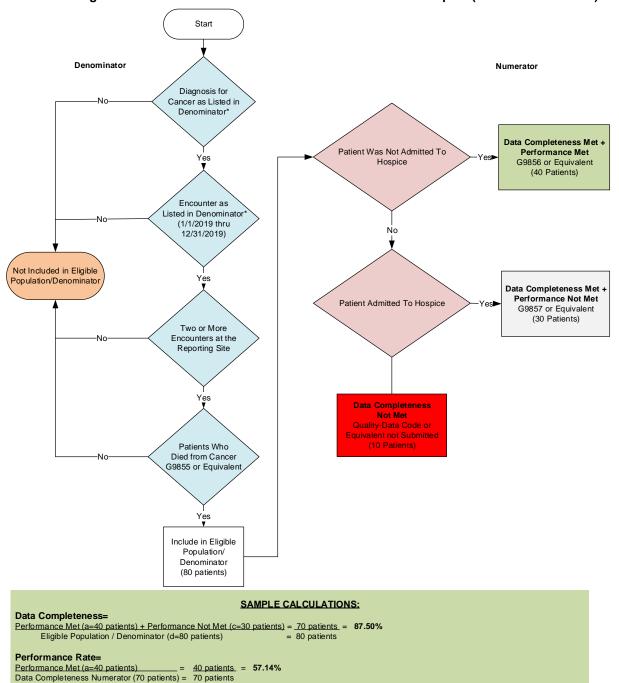
Smith TJ, Temin S, Alesi ER, et al. American Society of Clinical Oncology Provisional Clinical Opinion: The Integration of Palliative Care into Standard Oncology Care. J Clin Oncol 2012;30:880-887. Available at: <u>American Society of Clinical Oncology Website.</u>

Gomes, B., N. Calanzani, et al. (2013). "Effectiveness and cost-effectiveness of home palliative care services for adults with advanced illness and their caregivers." <u>Cochrane Database Syst Rev</u> 6: CD007760 Available at:

Effectiveness and Cost-Effectives of Home Palliative Care Services for Adults with Advanced Illness and their Caregivers PDF

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2019 Clinical Quality Measure Flow for Quality ID #456 NQF #0215: Percentage of Patients Who Died From Cancer Not Admitted To Hospice (lower score - better)



^{*}See the posted Measure Specification for specific coding and instructions to submit this measure. A lower calculated performance rate for this measure indicates better clinical control and care NOTE: Submission Frequency: Patient-process CPT onl

CPT only copyright 2018 American Medical Association. All rights reserved. The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a ' substitution for the measure specification.

2019 Clinical Quality Measure Flow Narrative for Quality ID #456 NQF #0215: Percentage of Patients Who Died From Cancer Not Admitted To Hospice (lower score – better)

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

- Start with Denominator
- 2. Check Diagnosis:
 - a. If Diagnosis for Cancer as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Diagnosis for Cancer as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
- 3. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, proceed to check Two or More Encounters at the Reporting Site.
- 4. Check Two or More Encounters at the Reporting Site:
 - a. If Two or More Encounters at the Reporting Site equals No, do not include in Eligible Population. Stop Processing.
 - b. If Two or More Encounters at the Reporting Site equals Yes, proceed to check Patients Who Died from Cancer.
- 5. Check Patients Who Died from Cancer:
 - a. If Patients Who Died from Cancer equals No, do not include in Eligible Population. Stop Processing.
 - b. If Patients Who Died from Cancer equals Yes, include in Eligible Population.
- 6. Denominator Population:
 - Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as
 Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in
 the Sample Calculation.
- 7. Start Numerator
- 8. Check Patient Was Not Admitted to Hospice:
 - If Patient Was Not Admitted to Hospice equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.
 - c. If Patient Was Not Admitted to Hospice equals No, proceed to check Patient Admitted to Hospice.

- 9. Check Patient Admitted to Hospice:
 - a. If Patient Admitted to Hospice equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 patients in the Sample Calculation.
 - c. If Patient Admitted to Hospice equals No, proceed to check Data Completeness Not Met.
- 10. Check Data Completeness Not Met:
 - a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS: Data Completeness= Performance Met (a=40 patients) + Performance Not Met (c=30 patients) = 70 patients = 87.50% Eligible Population / Denominator (d=80 patients) = 80 patients Performance Rate= Performance Met (a=40 patients) = 40 patients = 57.14% Data Completeness Numerator (70 patients) = 70 patients = 57.14%