QOPI® 2016 QCDR Measures

Core 2 (NQF 386): Staging documented within one month of first office visit

NQS Domain: Effective Clinical Care (Process)

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: QCDR

DESCRIPTION:
Percentage of adult patients with a diagnosis of cancer who have a documented AJCC cancer stage (or documentation that the cancer is metastatic) in the medical record within one month of the first office visit

INSTRUCTIONS:
This measure is to be reported once per reporting period for patients seen during the reporting period.

DENOMINATOR:
Patients 18 years and older on date of diagnosis
AND
Diagnosis date in past 12 months AND 2 clinic visits in past 6 months
AND
ICD Diagnosis code within invasive malignancy range

DENOMINATOR EXCLUSIONS/EXCEPTIONS:
Diagnosis of leukemia, myeloma or MDS
OR
(Numerator NOT met
AND
Most Recent Visit - First Office Visit < 31 days)

NUMERATOR:
Staging documented
AND
Stage documented date within 31 days of first office visit date

RATIONALE:
Cancer stage is a critical component in determining treatment options for patients with cancer. Though critically important, cancer stage is not always documented in the medical record.

Core 4a (NQF 384): Pain intensity quantified by second office visit

NQS Domain: Person and Caregiver-Centered Experience and Outcomes (Process)

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: QCDR

DESCRIPTION:
Percentage of adult patients with a diagnosis of cancer that have pain intensity quantified in the medical record by the second office visit

INSTRUCTIONS:
This measure is to be reported once per reporting period for patients seen during the reporting period.

DENOMINATOR:
Patients 18 years and older on date of diagnosis
AND
Diagnosis date in past 12 months AND 2 clinic visits in past 6 months
AND
ICD Diagnosis code within invasive malignancy range

DENOMINATOR EXCLUSIONS/EXCEPTIONS: None

NUMERATOR:
Pain quantified on office visit 1
OR
Pain quantified on office visit 2

RATIONALE:
Inadequate cancer pain management is widely prevalent, harmful to the patient, and costly. All patients with cancer should be screened during the initial evaluation, at regular intervals, and whenever new therapy is initiated.

National Comprehensive Cancer Center (NCCN) Practice Guidelines in Oncology™. Adult Cancer Pain, V.2.2013 http://www.nccn.org/

National Comprehensive Cancer Center (NCCN) Practice Guidelines in Oncology™. Palliative Care V.2.2012 http://www.nccn.org/

Jacox A, Carr DB, Payne R: New clinical-practice guidelines for the management of pain in patients with cancer. N Engl J Med 330:651-655, 1994
http://www.nejm.org/doi/full/10.1056/NEJM199403033300926

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Core 10: Chemotherapy intent documented before or within two weeks after administration

NQS Domain: Person and Caregiver-Centered Experience and Outcomes (Process)

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: QCDR

DESCRIPTION:
Percentage of adult patients with a diagnosis of cancer that have chemotherapy intent (curative or non-curative) documented before or within two weeks after administration

INSTRUCTIONS:
This measure is to be reported once per reporting period for patients seen during the reporting period.

DENOMINATOR:
Patients 18 years and older on date of diagnosis
AND
Diagnosis date in past 12 months AND 2 clinic visits in past 6 months
AND
ICD Diagnosis code within invasive malignancy range
AND
Chemotherapy administered

DENOMINATOR EXCLUSIONS/EXCEPTIONS: None

NUMERATOR:
Chemotherapy intent documented
AND
Chemotherapy intent documentation date within 60 days prior to chemotherapy initiation or within 14 days after chemotherapy initiation date

RATIONALE:
Documentation of the intent of cancer treatment is required for informed patient decision making and coordination across the care team.
Institute of Medicine. Delivering High-Quality Cancer Care. 2013.
http://www.iom.edu/reports/2013/delivering-high-quality-cancer-care-charting-a-new-course-for-a-system-in-crisis.aspx

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Core 13aa: Performance status documented prior to initiating chemotherapy regimen

NQS Domain: Efficiency and Cost Reduction (Process)

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: QCDR

DESCRIPTION:
Percentage of patients with a diagnosis of cancer that have performance status documented prior to the initiation of chemotherapy

INSTRUCTIONS:
This measure is to be reported once per reporting period for patients seen during the reporting period.

DENOMINATOR:
Patients 18 years and older on date of diagnosis
AND
Diagnosis date in past 12 months AND 2 clinic visits in past 6 months
AND
ICD Diagnosis code within invasive malignancy range
AND
Chemotherapy administered

DENOMINATOR EXCLUSIONS/EXCEPTIONS:
None

NUMERATOR:
Performance status documented
AND
Performance status documented date within 14 days prior to chemotherapy initiation date

RATIONALE:
Patient performance status is required to determine appropriate treatment options for patients, and especially to avoid overuse/misuse of care in patients who are unlikely to benefit.

Lowell E. Schnipper, Thomas J. Smith, Derek Raghavan, Douglas W. Blayney, Patricia A. Ganz, Therese Marie Mulvey and Dana S. Wollins. American Society of Clinical Oncology Identifies Five Key Opportunities to Improve Care and Reduce Costs: The Top Five List for Oncology. JCO May 10, 2012 vol. 30 no. 14 1715-1724 http://jco.ascopubs.org/content/30/14/1715.full?sid=75ea12b4-ce20-4407-aa4c-c5a2adca5af5

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Core 13a1: Chemotherapy administered to patients with metastatic solid tumors and performance status of 3, 4, or undocumented (lower score – better)

NQS Domain: Efficiency and Cost Reduction (Process)

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: QCDR

DESCRIPTION:
Percentage of adult patients with metastatic solid tumors and performance status of 3, 4, or undocumented who receive chemotherapy (lower score – better)

INSTRUCTIONS:
This measure is to be reported once per reporting period for patients seen during the reporting period.

DENOMINATOR:
Patients 18 years and older on date of diagnosis
AND
Diagnosis date in past 12 months AND 2 clinic visits in past 6 months
AND
ICD Diagnosis code within invasive malignancy range for solid tumor
AND
((Intent = NOT documented AND Metastatic/advanced disease) OR intent = non-curative)
AND
Chemotherapy administered

DENOMINATOR EXCLUSIONS/EXCEPTIONS:
Diagnosis of Malignant neoplasm of placenta/trophoblastic neoplasm, testicular carcinoma

NUMERATOR:
Performance status = 3, 4, or undocumented

RATIONALE:
Overtreatment near the end of life is common. Instead of cancer-directed therapy, ASCO recommends that physicians prioritize palliative care and symptom management in advanced solid tumor patients with low performance status.
Lowell E. Schnipper, Thomas J. Smith, Derek Raghavan, Douglas W. Blayney, Patricia A. Ganz, Therese Marie Mulvey and Dana S. Wollins. American Society of Clinical Oncology Identifies Five Key Opportunities to Improve Care and Reduce Costs: The Top Five List for Oncology. JCO May 10, 2012 vol. 30 no. 14 1715-1724 http://jco.ascopubs.org/content/30/14/1715.full?sid=75ea12b4-ce20-4407-aa4c-c5a2adca5af5

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Core 21a (NQF 28): Smoking status/tobacco use documented in past year

NQS Domain: Community/Population Health (Process)

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: QCDR

DESCRIPTION:
Percentage of adult patients with a cancer diagnosis who have smoking status/tobacco use documented in the past year

INSTRUCTIONS:
This measure is to be reported once per reporting period for patients seen during the reporting period.

DENOMINATOR:
Patients 18 years and older on date of diagnosis
AND
Diagnosis date in past 12 months AND 2 clinic visits in past 6 months
AND
ICD Diagnosis code within invasive malignancy range

DENOMINATOR EXCLUSIONS/EXCEPTIONS: None

NUMERATOR:
Smoking status documented on any office visit within 12 months prior to submission date

RATIONALE:
Oncologists should assess for tobacco use and provide cessation counseling. Research has demonstrated the benefits of smoking cessation for patients undergoing cancer treatment, as well as for cancer survivors.

American Academy of Family Physicians (AAFP). Summary of recommendations for clinical preventive services. Leawood (KS): American Academy of Family Physicians (AAFP); 2013 July. http://www.aafp.org/dam/AAFP/documents/patient_care/clinical_recommendations/SummaryCPSRecommendations.pdf

Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf

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Core 25a (NQF 326): Documentation of patient's advance directives by the third office visit

NQS Domain: Person and Caregiver-Centered Experience and Outcomes (Process)

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: QCDR

DESCRIPTION:
Percentage of adult patients with a diagnosis of cancer that have an advance directive documented in the medical record by the third office visit

INSTRUCTIONS:
This measure is to be reported once per reporting period for patients seen during the reporting period.

DENOMINATOR:
Patients 18 years and older on date of diagnosis
AND
Diagnosis date in past 12 months AND 2 clinic visits in past 6 months
AND
ICD Diagnosis code for invasive malignancy

DENOMINATOR EXCLUSIONS/EXCEPTIONS:
Numerator NOT met
AND
Patient has not had 3 visits

NUMERATOR:
Advance directive or discussion documented by third office visit

RATIONALE:
As people age, consideration should be given to their treatment wishes in the event that they lose the ability to manage their care. A large discrepancy exists between the wishes of dying patients and their actual end-of-life care.
Advance directives (AD) are widely recommended as a strategy to improve compliance with patient wishes at the end of life, and thereby ensure appropriate use of health care resources at the end of life. A recent systematic review found only a few studies, all of which were conducted in the United States concerning advanced care planning in palliative care. Although the results were promising, more high-quality studies need to be conducted (Hall, et al., 2011).

Hall S, Kolliakou A, Petkova H, Froggatt K, & Higginson IJ. (2011). Interventions for Improving Palliative Care for Older People Living in Nursing Homes. Cohrane Database of Systematic Reviews.

National Quality Forum. National Voluntary Consensus Standards: Palliative Care and End-of-Life Care - A Consensus Report. 2012.
http://www.qualityforum.org/Publications/2012/04/Palliative_Care_and_End-of-Life_Care—A_Consensus_Report.aspx

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Core 25e: GCSF administered to patients who received chemotherapy for metastatic cancer (Lower score-better)

NQS Domain: Efficiency and Cost Reduction (Process)

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: QCDR

DESCRIPTION:
Percentage of adult patients with metastatic cancer who are administered chemotherapy and who receive a colony stimulating factor (Lower score-better)

INSTRUCTIONS:
This measure is to be reported once per reporting period for patients seen during the reporting period.

DENOMINATOR:
Patients 18 years and older on date of diagnosis
AND
Diagnosis date in past 12 months AND 2 clinic visits in past 6 months
AND
ICD Diagnosis code within invasive malignancy range
AND
[(Metastatic/advanced disease
AND
Chemotherapy administered)
AND/OR
Palliative intent chemotherapy administered]

DENOMINATOR EXCLUSIONS/EXCEPTIONS:
Diagnosis of Malignant neoplasm of placenta/trophoblastic neoplasm, testicular carcinoma, leukemia, Hodgkin and non-Hodgkin lymphoma

NUMERATOR:
GCSF received

RATIONALE:
Despite the widespread use of G-CSFs, their use as primary prophylaxis of febrile neutropenia in the clinical setting varies widely and is inconsistent with guidelines. In the palliative setting, dose escalation has not been demonstrated to improve outcomes or quality of life.

American Society of Clinical Oncology Identifies Five Key Opportunities to Improve Care and Reduce Costs: The Top Five List for Oncology Lowell E. JCO May 10, 2012:1715-1724.
http://jco.ascopubs.org/content/30/14/1715.full?sid=62928c8e-80f4-47cd-9ab8-bd60994d6de7

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Symptom 29a: Antiemetic therapy prescribed for highly emetogenic chemotherapy

NQS Domain: Effective Clinical Care (Process)

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: QCDR

DESCRIPTION:
Percentage of adult patients with a cancer diagnosis who receive highly emetogenic chemotherapy (as specified in the Antiemetics: ASCO Clinical Practice Guidelines Update) and are prescribed palonosetron or a first generation 5-HT3 and dexamethasone and aprepitant/fosaprepitant

INSTRUCTIONS:
This measure is to be reported once per reporting period for patients seen during the reporting period.

DENOMINATOR:
Patients 18 years and older on date of diagnosis AND
Diagnosis date in past 12 months AND 2 clinic visits in past 6 months
AND
ICD Diagnosis code within invasive malignancy range
AND
High emetic risk chemotherapy administered

DENOMINATOR EXCLUSIONS/EXCEPTIONS:
Numerator NOT met AND
(Patient decline OR contraindication or other clinical exclusion)

NUMERATOR:
(Palonosetron or first generation 5-HT3 and prescription date on or before chemotherapy initiation date
AND
Dexamethasone and prescription date on or before chemotherapy initiation date
AND
Aprepitant/fosaprepitant prescription date on or before chemotherapy initiation date)
OR
Patient prescribed or received alternative treatment according to clinical trial protocol

RATIONALE:
Patients who are prescribed a highly emetic risk chemotherapy regimen should also receive recommended antiemetics to control nausea and vomiting. Antiemetic treatment for patients who receive combination chemotherapy should be determined according to the agent with the greatest degree of emetic risk.

Antiemetics: American Society of Clinical Oncology Clinical Practice Guideline Update
JCO Nov 1, 2011:4189-4198 http://jco.ascopubs.org/content/29/31/4189.full?sid=780ad973-7019-417b-8047-8c896c3df0e5

NCCN Clinical Practice Guidelines in Oncology™. AntiemesisV.1.2014 http://www.nccn.org/

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Symptom 29c: Antiemetic therapy prescribed for moderately emetogenic chemotherapy

NQS Domain: Effective Clinical Care (Process)

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: QCDR

DESCRIPTION:
Percentage of adult patients with a cancer diagnosis who receive moderately emetogenic chemotherapy (as specified in the Antiemetics: ASCO Clinical Practice Guidelines Update) and are prescribed palonosetron or a first generation 5-HT3 and dexamethasone

INSTRUCTIONS:
This measure is to be reported once per reporting period for patients seen during the reporting period.

DENOMINATOR:
Patients 18 years and older on date of diagnosis
AND
Diagnosis date in past 12 months AND 2 clinic visits in past 6 months
AND
ICD Diagnosis code within invasive malignancy range
AND
Moderate emetic risk chemotherapy administered

DENOMINATOR EXCLUSIONS/EXCEPTIONS:
Numerator NOT met AND
(Patient decline OR contraindication or other clinical exclusion)

NUMERATOR:
(Palonosetron or first generation 5-HT3 and prescription date on or before chemotherapy initiation date
AND
Dexamethasone and prescription date on or before chemotherapy initiation date)
OR
Patient prescribed or received alternative treatment according to clinical trial protocol

RATIONALE:
Patients who are prescribed a moderate emetic risk chemotherapy regimen should also receive recommended antiemetics to control nausea and vomiting. Antiemetic treatment for patients who receive combination chemotherapy should be determined according to the agent with the greatest degree of emetic risk.
Antiemetics: American Society of Clinical Oncology Clinical Practice Guideline Update
JCO Nov 1, 2011:4189-4198 http://jco.ascopubs.org/content/29/31/4189.full?sid=780ad973-7019-417b-8047-8c896c3df0e5

NCCN Clinical Practice Guidelines in Oncology™. AntiemesisV.1.2014 http://www.nccn.org/

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EOL 36a (NQF 384): Pain intensity quantified on either of the last two visits before death

NQS Domain: Person and Caregiver-Centered Experience and Outcomes (Process)

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: QCDR

DESCRIPTION:
Percentage of adult patients who die as a consequence of their cancer who have their pain intensity quantified on either of the last two visits before death

INSTRUCTIONS:
This measure is to be reported once per reporting period for patients seen during the reporting period.

DENOMINATOR:
Patients 18 years and older on date of diagnosis
AND
Diagnosed with an invasive malignancy
AND
Deceased in 12 month period and at least 2 clinic visits in 9-months preceding death

DENOMINATOR EXCLUSIONS/EXCEPTIONS:
Numerator NOT met
AND
Death not as a consequence of cancer

NUMERATOR:
Pain quantified on most recent office visit before death
OR
Pain quantified on second to most recent office visit before death

RATIONALE:
Inadequate cancer pain management remains a cancer quality issue, especially near the end of life. The NQF report, National Voluntary Consensus Standards, Palliative Care and End of Life Care, promotes measures that can be applied across all settings and specialists, particularly pain assessment.

National Quality Forum. National Voluntary Consensus Standards: Palliative Care and End-of-Life Care - A Consensus Report. 2012.
http://www.qualityforum.org/Publications/2012/04/Palliative_Care_and_End-of-Life_Care—A_Consensus_Report.aspx

National Quality Forum. A National Framework and Preferred Practices for Palliative and Hospice Care Quality. 2006.
http://www.qualityforum.org/Publications/2006/12/A_National_Framework_and_Preferred_Practices_for_Palliative_and_Hospice_Care_Quality.aspx

National Comprehensive Cancer Center (NCCN) Practice Guidelines in Oncology™. Adult Cancer Pain, V.2.2013 http://www.nccn.org/

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National Comprehensive Cancer Center (NCCN) Practice Guidelines in Oncology™. Palliative Care V.2.2012 http://www.nccn.org/

Jacox A, Carr DB, Payne R: New clinical-practice guidelines for the management of pain in patients with cancer. N Engl J Med 330:651-655, 1994
http://www.nejm.org/doi/full/10.1056/NEJM199403033300926

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EOL 44a (NQF 216) Hospice enrollment and enrolled more than 3 days before death

NQS Domain: Person and Caregiver-Centered Experience and Outcomes (Outcome)

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: QCDR

DESCRIPTION:
Percentage of adult patients who die as a consequence of their cancer who are enrolled in hospice for more than 3 days before death

INSTRUCTIONS:
This measure is to be reported once per reporting period for patients seen during the reporting period.

DENOMINATOR:
Patients 18 years and older on date of diagnosis
AND
Diagnosed with an invasive malignancy
AND
Deceased in 12 month period and at least 2 clinic visits in 9-months preceding death

DENOMINATOR EXCLUSIONS/EXCEPTIONS:
Numerator NOT met
AND
Death NOT as a consequence of cancer

NUMERATOR:
Enrolled in hospice
AND
Date of death minus hospice enrollment date is greater than 3 days

Note: date of death undocumented = non-concordant
Date of hospice undocumented = non-concordant

RATIONALE:
Late referral to hospice remains quality issue for patients nearing the end of life, including patients with cancer. The NQF report, National Voluntary Consensus Standards, Palliative Care and End of Life Care promotes measures that assess coordination of care, such as hospice referral. Referral to hospice is associated with less aggressive and less costly care near the end of life, and extended survival for some patients.

National Quality Forum. National Voluntary Consensus Standards: Palliative Care and End-of-Life Care - A Consensus Report. 2012.
http://www.qualityforum.org/Publications/2012/04/Palliative_Care_and_End-of-Life_Care—A_Consensus_Report.aspx

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National Quality Forum. A National Framework and Preferred Practices for Palliative and Hospice Care Quality. 2006.
http://www.qualityforum.org/Publications/2006/12/A_National_Framework_and_Preferred_Practices_for_Palliative_and_Hospice_Care_Quality.aspx

Earle CC, Neville BA, Beth Landrum M, et al. Evaluating claims-based indicators of the intensity of end-of-life cancer care. Int J Qual Health Care. 2005 Jun 28
http://intqhc.oxfordjournals.org/cgi/content/full/17/6/505

Thomas J. Smith, Sarah Temin, Erin R. Alesi, Amy P. Abernethy, Tracy A. Balboni, Ethan M. Basch, Betty R. Ferrell, Matt Loscalzo, Diane E. Meier, Judith A. Paice, Jeffrey M. Peppercorn, Mark Somerfield, Ellen Stovall, and Jamie H. Von Roenn American Society of Clinical Oncology Provisional Clinical Opinion: The Integration of Palliative Care into Standard Oncology Care.
http://www.asco.org/ASCOv2/Practice+%26+Guidelines/Guidelines/Clinical+Practice+Guidelines/American+Society+of+Clinical+Oncology+Provisional+Clinical+Opinion%3A+The+Integration+of+Palliative+Care+into+Standard+Oncology+Care

Dartmouth Institute. Trends in Cancer Care Near the End of Life. September 2013.
http://www.dartmouthatlas.org/downloads/reports/Cancer_brief_090413.pdf

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EOL 47f: Location of death documented (*paired measure)

NQS Domain: Effective Clinical Care (Process)

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: QCDR

DESCRIPTION:
Percentage of adult patients who die as a consequence of their cancer who have location of death documented (*paired measure)

INSTRUCTIONS:
This measure is to be reported once per reporting period for patients seen during the reporting period.

DENOMINATOR INCLUDE CRITERIA:
Patients 18 years and older on date of diagnosis
AND
Diagnosed with an invasive malignancy
AND
Deceased in past 6 months
AND
1 or more office visit within 3 months of date of death

DENOMINATOR EXCLUSIONS/EXCEPTIONS:
Numerator NOT met
AND
(Date of submission within 30 days of date of death
OR
Death NOT as a consequence of cancer)

NUMERATOR:
Location of death documented

RATIONALE:
Location of death is challenging for ambulatory oncology practices to collect and document, but is an important component of assessing the quality of care at the end of life. This measure is paired with the outcome measure, 'Death from cancer in intensive care unit'.

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EOL 47c2: Death from cancer in intensive care unit (*paired measure)

NQS Domain: Person and Caregiver-Centered Experience and Outcomes (Outcome)

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: QCDR

DESCRIPTION:
Percentage of adult patients who die as a consequence of their cancer diagnosis who die in an intensive care unit (*paired measure)

INSTRUCTIONS:
This measure is to be reported once per reporting period for patients seen during the reporting period.

DENOMINATOR:
Patients 18 years and older on date of diagnosis
AND
Diagnosed with an invasive malignancy
AND
Deceased in past 6 months
AND
1 or more office visit within 3 months of date of death

DENOMINATOR EXCLUSIONS/EXCEPTIONS:
Numerator NOT met
AND
(Date of submission within 30 days of date of death
OR
Death NOT as a consequence of cancer)

NUMERATOR:
Location of death = ICU

RATIONALE:
Research has demonstrated that patients with advanced cancer choose less aggressive therapy near the end of life, when they are fully informed partners in decision making. Death in the ICU is costly and generally inconsistent with patient preferences. Appropriate advance care planning and hospice referral can reduce deaths as a consequence of cancer in the ICU.

Dartmouth Institute. Trends in Cancer Care Near the End of Life. September 2013. http://www.dartmouthatlas.org/downloads/reports/Cancer_brief_090413.pdf

Earle, C.C., E.R. Park, B. Lai, J.C. Weeks, J.Z. Ayanian & S. Block. Identifying potential indicators of the quality of end-of-life cancer care from administrative data. Journal of Clinical Oncology 2003; 21: 1133-1138 http://jco.ascopubs.org/content/21/6/1133.full

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Earle, C.C., B.A. Neville, M.B. Landrum, J.Z. Ayanian, S.D. Block and J.C. Weeks. Trends in the aggressiveness of cancer care near the end of life. Journal of Clinical Oncology, 2004; 22(2): 315-321 http://jco.ascopubs.org/content/22/2/315.full

Ho, T.H., L. Barbera, R. Saskin, H. Lu, B.A. Neville & C.C. Earle. Trends in the aggressiveness of end-of-life cancer care in the universal health care system in Ontario, Canada. Journal of Clinical Oncology, 2011; 29(12): 1587-1591 http://www.ncbi.nlm.nih.gov/pubmed/21402603

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EOL 48 (NQF 210): Chemotherapy administered within last 2 weeks of life (Lower score – better)

NQS Domain: Person and Caregiver-Centered Experience and Outcomes (Process)

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: QCDR

DESCRIPTION:
Percentage of adult patients who die as a consequence of their cancer who receive chemotherapy within last 2 weeks of life (Lower score- better)

INSTRUCTIONS:
This measure is to be reported once per reporting period for patients seen during the reporting period.

DENOMINATOR:
Patients 18 years and older on date of diagnosis
AND
Diagnosed with an invasive malignancy
AND
Deceased in 12 month period
AND
At least 2 clinic visits in 9-months preceding death

DENOMINATOR EXCLUSIONS/EXCEPTIONS:
Diagnosis of acute leukemia or myelodysplasia
OR
(Chemotherapy administered in last 2 weeks of life
AND
Death NOT as a consequence of cancer)

NUMERATOR:
Date of death is within 14 days of date of final chemotherapy administration date

RATIONALE:
Research has demonstrated that patients with advanced cancer choose less aggressive therapy near the end of life, when they are fully informed partners in decision making. High utilization and variation in utilization of chemotherapy near the end of life remains a quality issue.

Dartmouth Institute. Trends in Cancer Care Near the End of Life. September 2013. http://www.dartmouthatlas.org/downloads/reports/Cancer_brief_090413.pdf

Earle, C.C., E.R. Park, B. Lai, J.C. Weeks, J.Z. Ayanian & S. Block. Identifying potential indicators of the quality of end-of-life cancer care from administrative data. Journal of Clinical Oncology 2003; 21: 1133-1138 http://jco.ascopubs.org/content/21/6/1133.full

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Earle, C.C., B.A. Neville, M.B. Landrum, J.M. Souza, J.C. Weeks, S.D. Block, E. Grunfeld & J.Z. Ayanian. Evaluating claims-based indicators of the intensity of end-of-life cancer care. International Journal for Quality in Health Care, 2005; 17(6): 505-509 http://www.ncbi.nlm.nih.gov/pubmed/15985505

Earle, C.C., B.A. Neville, M.B. Landrum, J.Z. Ayanian, S.D. Block and J.C. Weeks. Trends in the aggressiveness of cancer care near the end of life. Journal of Clinical Oncology, 2004; 22(2): 315-321 http://jco.ascopubs.org/content/22/2/315.full

Ho, T.H., L. Barbera, R. Saskin, H. Lu, B.A. Neville & C.C. Earle. Trends in the aggressiveness of end-of-life cancer care in the universal health care system in Ontario, Canada. Journal of Clinical Oncology, 2011; 29(12): 1587-1591 http://www.ncbi.nlm.nih.gov/pubmed/21402603

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Breast 53 (NQF 559): Combination chemotherapy received within 4 months of diagnosis by women under 70 with AJCC stage IA (T1c) and IB- III ER/PR negative breast cancer

NQS Domain: Effective Clinical Care (Process)

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: QCDR

DESCRIPTION:
Percentage of adult women under 70 with a diagnosis of AJCC stage IA (T1c) and IB - III ER/PR negative breast cancer, who receive combination chemotherapy within 4 months of diagnosis

INSTRUCTIONS:
This measure is to be reported once per reporting period for patients seen during the reporting period.

DENOMINATOR:
Female patients between 18-69 at diagnosis on date of diagnosis
AND
Diagnosis date in past 12 months AND 2 clinic visits in past 6 months
AND
ICD Diagnosis code for invasive breast cancer
AND
[(AJCC stage at breast cancer diagnosis=IIA - IIIC)
OR
(AJCC stage at breast cancer diagnosis= (IA and T-Stage at breast cancer diagnosis=T1c) or IB)
OR
(T-Stage at breast cancer diagnosis = T1c, T2-T4d and N-Stage at breast cancer diagnosis=N0)
OR
(N-Stage at breast cancer diagnosis= N1-N3c)
OR (T1c and N1mi)]
AND
(ER status = ER negative
AND
PR status = PR negative)

DENOMINATOR EXCLUSIONS/EXCEPTIONS:
Diagnosis of malignant phyllodes
OR
Numerator NOT met
AND
(Data submission date – diagnosis date < 124 days
OR
Date of first visit – diagnosis date > 124 days
OR
Patient decline
OR
Contraindication or other clinical exclusion)

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NUMERATOR:
More than one chemotherapy medication within 124 days of diagnosis
OR
Patient received alternative treatment according to clinical trial protocol

RATIONALE:
Multi-agent chemotherapy improves survival for women under 70 with AJCC stage I (T1c) to III ER/PR negative breast cancer (multiple randomized clinical trials; high level evidence).

NCCN Clinical Practice Guidelines in Oncology™. Breast Cancer, V.3.2013 http://www.nccn.org/

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Breast 54 (NQF 1878): Test for Her2/neu overexpression or gene amplification

NQS Domain: Effective Clinical Care (Process)

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: QCDR

DESCRIPTION:
Percentage of adult women with a diagnosis of breast cancer who receive a test for Her2/neu overexpression or gene amplification

INSTRUCTIONS:
This measure is to be reported once per reporting period for patients seen during the reporting period.

DENOMINATOR:
Female patients 18 years and older on date of diagnosis
AND
Diagnosis date in past 12 months AND 2 clinic visits in past 6 months
AND
ICD Diagnosis code for invasive breast cancer

DENOMINATOR EXCLUSIONS/EXCEPTIONS:
Numerator NOT met
AND
Fewer than 31 days have passed since first office visit

NUMERATOR:
Her2 documented
AND
Her2 documentation date is within 31 days of first office visit date

RATIONALE:
Her2/neu testing is recommended for all newly diagnosed women with breast cancer, to guide appropriate use of trastuzumab.

ASCO/CAP Guideline Recommendations for Immunohistochemical Testing of Estrogen and Progesterone Receptors in Breast Cancer JCO Jun 1, 2010:2784-2795; published online on April 19, 2010; DOI:10.1200/JCO.2009.25.6529.
http://www.asco.org/institute-quality/asco-cap-guideline-recommendations-immunohistochemical-testing-estrogen-and

http://jco.ascopubs.org/content/28/16/2784.full

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Breast 57 (NQF 1858): Trastuzumab received by patients with AJCC stage I (T1c) to III Her2/neu positive breast cancer

NQS Domain: Effective Clinical Care (Process)

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: QCDR

DESCRIPTION:
Percentage of adult women with a diagnosis of AJCC stage I (T1c) to III Her2/neu positive breast cancer who receive trastuzumab

INSTRUCTIONS:
This measure is to be reported once per reporting period for patients seen during the reporting period.

DENOMINATOR:
Female patients 18 years and older on date of diagnosis
AND
Diagnosis date in past 12 months AND 2 clinic visits in past 6 months
AND
ICD Diagnosis code for invasive breast cancer
AND
Her2/neu test with positive result
AND
[(AJCC stage at breast cancer diagnosis =II or III) or
(AJCC stage at breast cancer diagnosis = I (IA or IB) and T-Stage at breast cancer diagnosis =T1c)
OR
(T-Stage at breast cancer diagnosis = T1c, T2-T4d and N-Stage at breast cancer diagnosis =N0)
OR
(N-Stage at breast cancer diagnosis = N1-N3c)
OR (T1c and N1mi)]

DENOMINATOR EXCLUSIONS/EXCEPTIONS:
Numerator NOT met
AND
(Patient preference
OR
Contraindication or other clinical exclusion)

NUMERATOR:
Trastuzumab received
OR
Patient received alternative treatment according to clinical trial protocol

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RATIONALE:

Trastuzumab improves survival for women with a diagnosis of AJCC stage I (T1c) to III Her2/neu positive breast cancer (high level evidence).

ASCO/CAP Guideline Recommendations for Immunohistochemical Testing of Estrogen and Progesterone Receptors in Breast Cancer
JCO Jun 1, 2010:2784-2795; published online on April 19, 2010; DOI:10.1200/JCO.2009.25.6529.
http://www.asco.org/institute-quality/asco-cap-guideline-recommendations-immunohistochemical-testing-estrogen-and

http://jco.ascopubs.org/content/28/16/2784.full

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Breast 59 (NQF 387): Tamoxifen or AI received within 1 year of diagnosis by patients with AJCC stage IA (T1c) and IB - III ER or PR positive breast cancer

NQS Domain: Effective Clinical Care (Process)

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: QCDR

DESCRIPTION:
Percentage of adult women with a diagnosis of AJCC stage IA (T1c) and IB - III ER or PR positive breast cancer who receive tamoxifen or an aromatase inhibitor

INSTRUCTIONS:
This measure is to be reported once per reporting period for patients seen during the reporting period.

DENOMINATOR:
Female patients 18 years and older on date of diagnosis
AND
Diagnosis date in past 12 months AND 2 clinic visits in past 6 months
AND
ICD Diagnosis code for invasive breast cancer
AND
[(AJCC stage at breast cancer diagnosis =II or III) or
(AJCC stage at breast cancer diagnosis = (IA and T-Stage at breast cancer diagnosis =T1c) or IB)
OR
(T-Stage at breast cancer diagnosis = T1c, T2-T4d and N-Stage at breast cancer diagnosis =N0)
OR
(N-Stage at breast cancer diagnosis = N1-N3c)
OR (T1c and N1mi)]
AND
(ER status = ER positive
OR
PR status = PR positive)

DENOMINATOR EXCLUSIONS/EXCEPTIONS:
Numerator NOT met
AND
(Submission date – diagnosis date < 365 days
OR
Date of death– diagnosis date < 365 days
OR
Date of first visit - diagnosis date >365 days
OR
Patient decline
OR
Contraindication or other clinical exclusion)

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NUMERATOR:
(Tamoxifen or AI received
AND
Hormonal therapy start date is within 365 days of diagnosis date)
OR
Patient received alternative treatment according to clinical trial protocol

RATIONALE:
Adjuvant therapy for women with hormone receptor–positive breast cancer should include endocrine therapy (tamoxifen or aromatase inhibitors) to lower the risk of tumor recurrence (high level evidence).

American Society of Clinical Oncology Clinical Practice Guideline: Update on Adjuvant Endocrine Therapy for Women with Hormone Receptor-Positive Breast Cancer. Harold J. Burstein, Ann Alexis Prestrud, Jerry Seidenfeld, Holly Anderson, Thomas A. Buchholz, Nancy E. Davidson, Karen E. Gelmon, Sharon H. Giordano, Clifford A. Hudis, Jennifer Malin, Eleftherios P. Mamounas, Diana Rowden, Alexander J. Solky, MaryFran R. Sowers, Vered Stearns, Eric P. Winer, Mark R. Somerfield, Jennifer J. Griggs.
Published on August 10, 2010 vol. 28 no. 23 3784-3796. http://www.asco.org/institute-quality/asco-clinical-practice-guideline-update-adjuvant-endocrine-therapy-women-hormone
http://jco.ascopubs.org/content/28/23/3784.full

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Colorectal 68 (NQF 385): Adjuvant chemotherapy received within 4 months of diagnosis by patients with AJCC stage III colon cancer

NQS Domain: Effective Clinical Care (Process)

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: QCDR

DESCRIPTION:
Percentage of adult patients under age 80 with a diagnosis of AJCC stage III colon cancer who receive adjuvant chemotherapy within 4 months of diagnosis

INSTRUCTIONS:
This measure is to be reported once per reporting period for patients seen during the reporting period.

DENOMINATOR:
Patients between 18 and 79 years old on date of diagnosis
AND
Diagnosis date in past 12 months AND 2 clinic visits in past 6 months
AND
ICD Diagnosis code for invasive colon cancer
AND
[CRC AJCC = III (A-C) OR (CRC T-stage = T1-T4b AND CRC N-stage =N1- N2b))]

DENOMINATOR EXCLUSIONS/EXCEPTIONS:
Cancer of the appendix
OR
(Numerator NOT met
AND
(Date of submission – Date of diagnosis <124 days
OR
Patient decline
OR
Contraindication or other clinical exclusion)

NUMERATOR:
(Chemotherapy received
AND
Chemotherapy initiation date is within 124 days of date of diagnosis)
OR
Patient received alternative treatment according to clinical trial protocol

RATIONALE:
Chemotherapy improves survival for patients with Stage III colon cancer (multiple randomized clinical trials; high level evidence).

National Comprehensive Cancer Center (NCCN) Practice Guidelines in Oncology™. Colon Cancer, V.3.2014 http://www.nccn.org/

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