Defining Safety and Quality Across the Cancer Care Continuum

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What quality measures matter most to nurses?

• Patient – centered
• Nurse – sensitive
• Quality vs. payment focused
• Support accreditation
  – e.g. Magnet, Commission on Cancer, etc.
• Specialty vs. cross – cutting
  – e.g. chemotherapy-related vs. falls prevention

Where can I find quality measures?

• National Quality Measures Clearinghouse (NQMC)
• National Committee for Quality Assurance (NCQA)
• National Quality Forum (NQF)
• Health and Human Services Measures Inventory (HHS)
  – Agency for Healthcare Research and Quality (AHRQ)
  – Consumer Assessment of Healthcare Providers and Systems (CAHPS)
• Center for Medicare and Medicaid Services (CMS)
• Specialty Organizations
  – ONS, ASCO, ASH, ASTRO, AUA, ACR, et al.
• And many others...
Examples of Cross-cutting Measures

American Nurses Association National Database of Nursing Quality Indicators (NDNQI)
- Now administered through Press-Ganey
- 2,000 US hospitals and 98% of Magnet facilities participate
- Measurement at the nursing unit level
- National benchmarking

ANCC Magnet Recognition Program
- The Magnet Recognition Program recognizes health care organizations for quality patient care, nursing excellence and innovations in professional nursing practice.
- 2014 updates introducing ambulatory nurse-sensitive measure requirements
- Forces of Magnetism
  - #6 Quality of Care
  - #7 Quality Improvement
| Nursing Skill Mix | Nursing Hours per Patient Day | Assault/Injury Assault Rates | Catheter-Related Urinary Tract Infection Rates | Central Line-Associated Blood Stream Infection Rates | Fall/Injury Fall Rates | Hospital/Unit Acquired Pressure Ulcer Rates | Nurse Turnover Rate | Pain Assessment/Intervention/Reassessment Cycles Completed | Peripheral IV Infiltration Rate | Physical Restraint Prevalence | Ventilator-Related Pneumonia Rates | Falls in Ambulatory Settings | Pressure Ulcer Incidence Rates from Electronic Health Record | Nursing Care Hours in ED, PeriOperative and Perinatal Units | Skill Mix in ED, PeriOperative Units and Perinatal Units | Nursing Care Hours in ED, PeriOperative and Perinatal Units | Hospital Readmission Rates |
|-------------------|-------------------------------|-----------------------------|-----------------------------------------------|-------------------------------------------------|------------------------|----------------------------------------|------------------|------------------------------------------------|-----------------------------|----------------------------------|-------------------------------|-----------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|----------------------------------|
| CMS Physician Quality Reporting System (PQRS) | Encourages eligible professionals (EPs; those paid through Medicare, e.g., MD, APN, PA, et al.) to report quality of care data | In 2015, CMS started applying a negative payment adjustment for those not satisfactorily reporting data in 2013 | Meeting reporting requirements for 2015 will avoid payment reduction in 2017 |
| CMS EHR Incentive Program Meaningful Use 2016 Program Requirements | 1) Protect electronic protected health information (PHI) | 2) Use clinical decision support to improve performance on high-priority health conditions. | 3) Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders | 4) Generate and transmit permissible discharge prescriptions electronically (eRx) | 5) Health Information Exchange - The eligible hospital or CAH who transmits their patient to another setting of care or provider of care should refer their patient to another provider of care provides a summary care record for each transition of care or referral | 6) Use clinically relevant information from CEHRT to identify patient-specific education needs | 7) The eligible hospital, or CAH who receives a patient from another setting of care or provider of care or believes the receiving CAH is relevant performs medication reconciliation | 8) Patient electronic access - Provide patients the ability to view online, download, and transmit their health information within 24 hours of hospital discharge | 9) Public Health Reporting - The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from CEHRT |
CMS Hospital Quality Initiative

30-day risk-standardized mortality measures
- Acute Myocardial Infarction
- Heart Failure
- Pneumonia

30-day risk-standardized readmission measures
- Acute Myocardial Infarction
- Heart Failure
- Pneumonia
- Hip/Knee

AHRQ Patient Safety Indicators (PSIs)
- PSI 04 - Death among surgical inpatients with serious treatable complications
- PSI 90 Composite - Complication/patient safety for selected indicators

Examples of Cancer-related Measures

What kinds of cancer-related measures are available?

- Primary care
  - Cancer screening (e.g. mammography)
  - Prevention (e.g. tobacco cessation, sunscreen)
  - Coordination of care (e.g. long term survivorship)

- Oncology practice-focused
  - Diagnostic (e.g. molecular testing for treatment selection)
  - Treatment (e.g. use of appropriate targeted tx)
What kinds of cancer-related measures are available?

- Avoidance of unnecessary/outdated care
- Care of cancer symptoms
  - Symptom assessment
  - Symptom management
- Patient experience
  - Satisfaction with care
  - Patient-reported outcome measures (PROMs)

Process vs. Outcome

- “Increase the proportion of adults who received an oral and pharyngeal cancer screening from a dentist or dental hygienist in the past year”
  - HHS Agency - Centers for Disease Control and Prevention (CDC)
- “Reduce the overall cancer death rate”
  - HHS Agency - Office of the Assistant Secretary for Health (ASH)

NQMC Measures by Topic

Disease/Condition = Neoplasm

- 219 measures
- Top ten cancer (slightly condensed) measures:
  - Pain intensity quantified
  - Anorexia - Assessment of effectiveness of anorexia stimulants; Life expectancy > 1 month before starting enteral/parenteral nutrition
  - Assessment of underlying causes of delirium
  - Treatment plan for depression; reassessment in 6 weeks
  - Treatment for dyspnea
American College of Surgeons

- Commission on Cancer Program Standards 2016
- Measures
  - Accountability
  - Quality Improvement
  - Surveillance

CoC Measure Type Examples

- Estimated Performance Rate (EPR)
- Accountability
  - (NQF #219) Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. (EPR – 90%)
- QI
  - (NQF #0225) At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. (EPR – 85%)
- Surveillance
  - Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer.

CMS Oncology Care Model

- CMS Innovation Center program to “utilize appropriately aligned financial incentives to improve care coordination, appropriateness of care, and access to care for beneficiaries undergoing chemotherapy.”
- Will include
  - Monthly per-beneficiary-per-month (PBPM) payment
  - Potential performance-based payment
- Selected practices will be notified spring 2016
America’s Health Insurance Plans (AHIP) / CMS Core Measures

- Collaborative effort to increase alignment of measurement across private and public payers
- Seven core measure sets:
  - Accountable Care Organizations (ACOs)/Patient Centered Medical Homes (PCMH)/Primary Care
  - Cardiology
  - Gastroenterology
  - HIV/Hepatitis C
  - Medical Oncology
  - Orthopedics
  - Obstetrics and Gynecology

Future Areas For Medical Oncology Measure Development (AHIP/CMS)

- Pain control
- Functional status or quality of life
- Shared decision-making
- Appropriate use of chemotherapy
- Under or overtreatment
- ER utilization
- Inpatient hospital admission rate
- Reporting of cancer stage
- Disease free survival for X number of years.
- Patient experience / PRO for level of pain experienced by patient
- Cost measures
- Lung Cancer
- Five year cure rate
- Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients
- ASCO / ABIM Choosing Wisely list

Potential Oncology Medical Home Measures

- Ambulatory Sensitive Care
  - How does this apply to cancer care?
- Oncology practice as coordinator of all care during cancer “episode”
- Patient Experience
  - NCQA’s CAHPS PCMH “Distinction”
  - Access, Information, Communication, Coordination of Care, Comprehensiveness, Self-Management Support and Shared Decision Making
ONS Quality Clinical Data Registry

- Based on ONS Foundation-supported Breast Cancer Quality Measures project
- Expanded to include all cancers and added cross-cutting quality measures as part of CMS Quality Clinical Data Registry program
- Alternate method to participate in PQRS reporting via specialty clinical registry

- Assessment for Psychosocial Distress, Fatigue and Sleep Wake Disturbance at each chemotherapy cycle
- Interventions for moderate or greater Psychosocial Distress or Sleep Wake Disturbance
- Exercise recommendation as an intervention for Fatigue
- Assessment for Chemotherapy Induced Nausea and Vomiting
- Education on Neutropenic Precautions
- Post-treatment symptom assessment, interventions, education, goal-setting and attainment, follow-up care
- Fatigue and Psychosocial Distress improvement 1 year post-treatment
- Screening for fall risk
- Pain assessment and follow-up
- Medication reconciliation
ASCO Quality Oncology Practice Initiative (QOPI)

- National, practice-oriented quality reporting program
- Data submission twice a year
- Measure modules
  - Core
  - Symptom
  - End of Life
  - Breast
  - Colorectal
  - NHL
  - NSCLC
  - GYN

Cancer Centers Consortium Nursing Sensitive Indicators (C3NSI)

- Consortium of 19 NCI designated cancer centers
  - Overarching goal: Establish ambulatory, oncology specific, and nurse sensitive indicators
  - Purpose: To establish a national benchmark of incidence for vesicant chemotherapy extravasation
- Vesicant chemotherapy extravasation metric
  - 10 vesicant agents; 14 irritant / irritant with vesicant potential agents
  - Numerator – actual and suspected extravasation events for each agent
  - Denominator – total number of each agent given in infusion clinic
- IRB protocol - Roswell Park Cancer Institute (RPCI) initiated and submitted to IRB of each participating center
- Data collection and submission tool developed by consortium
- Data repository and analysis (RPCI)

American Nurses Association Care Coordination Measures Framework

- First step to identify and quantify aspects of care coordination driven primarily by nurses
- May lead to performance measure development
- Care Coordination Task Force
  - Convened in 2014 with ANA and American Academy of Nursing members
  - Recommend specific and actionable federal policy priorities for nursing care coordination
14 Goals of ANA Care Coordination Framework for Measurement

- Patient/family goals and unmet needs;
- Feedback from all patients and family members/informal caregivers regarding coordination of care;
- Quality of life;
- Disease/injury prevention and health promotion;
- Functional status (e.g., for congestive heart failure patients);
- Communication around medication information;
- Clinical outcomes (e.g., glycated hemoglobin levels for diabetic patients);
- Treatment adherence;
- Service adherence (e.g., remain in contact with services for mentally ill patients);
- 30-day hospital readmissions;
- Disease-specific hospital admissions;
- Preventable emergency department (ED) visits;
- Mortality; and
- Disease-specific mortality.
### SUPPLEMENTARY RESOURCES

American College of Surgeon’s Commission on Cancer CoC Measures for Quality of Cancer Care

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Measure Type</th>
<th>2016 Standard and Expected EPR</th>
<th>Measure Description</th>
<th>Initial CP3R Release</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>BCSRT</td>
<td>A Standard 4.4 90%</td>
<td>(NQF #219) Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.</td>
<td>Fall 2008</td>
</tr>
<tr>
<td></td>
<td>MAC</td>
<td>A Not Applicable</td>
<td>(NQF #0559) Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage IB - III hormone receptor negative breast cancer.</td>
<td>Fall 2008</td>
</tr>
<tr>
<td></td>
<td>HT</td>
<td>A Standard 4.4 90%</td>
<td>(NQF #0220) Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - III hormone receptor positive breast cancer..</td>
<td>Fall 2008</td>
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<tr>
<td></td>
<td>MASTRT</td>
<td>A Standard 4.4 90%</td>
<td>Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes.</td>
<td>Spring 2014</td>
</tr>
<tr>
<td></td>
<td>nBx</td>
<td>QI Standard 4.5 80%</td>
<td>Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer.</td>
<td>Spring 2014</td>
</tr>
<tr>
<td>Colon</td>
<td>BCS</td>
<td>S Not Applicable</td>
<td>Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer.</td>
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<td>Fall 2008</td>
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<tr>
<td>HT</td>
<td>A</td>
<td>Standard 4.4</td>
<td>90%</td>
<td>Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - III hormone receptor positive breast cancer.</td>
<td>Fall 2008</td>
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<td></td>
<td>Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer.</td>
<td>Spring 2014</td>
</tr>
<tr>
<td>Colon</td>
<td>ACT</td>
<td>Not Applicable</td>
<td></td>
<td>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.</td>
<td>Fall 2008</td>
</tr>
<tr>
<td>12RLN</td>
<td>QI</td>
<td>Standard 4.5</td>
<td>85%</td>
<td>At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.</td>
<td>Fall 2008</td>
</tr>
<tr>
<td>Rectum</td>
<td>RECRTCT</td>
<td>Standard 4.5</td>
<td>85%</td>
<td>Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer.</td>
<td>Spring 2015</td>
</tr>
<tr>
<td>Gastric</td>
<td>G15RLN</td>
<td>Standard 4.5</td>
<td>80%</td>
<td>At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer.</td>
<td>Fall 2014</td>
</tr>
<tr>
<td>Non-Small Cell Lung</td>
<td>10RLN</td>
<td>S</td>
<td>Not Applicable</td>
<td>At least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIA, and IIB resected NSCLC</td>
<td>Fall 2014</td>
</tr>
<tr>
<td>Non-Small Cell Lung</td>
<td>LCT</td>
<td>QI</td>
<td>Standard 4.5</td>
<td>Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic, lymph node- positive (pN1) and (pN2) NSCLC.</td>
<td>Fall 2014</td>
</tr>
<tr>
<td>Non-Small Cell Lung</td>
<td>LNoSurg</td>
<td>QI</td>
<td>Standard 4.5</td>
<td>Surgery is not the first course of treatment for cN2, M0 lung cases</td>
<td>Spring 2015</td>
</tr>
<tr>
<td>Cervix</td>
<td>CERRT</td>
<td>S</td>
<td>Not Applicable</td>
<td>Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer</td>
<td>Spring 2015</td>
</tr>
<tr>
<td>Cervix</td>
<td>CBRRT</td>
<td>S</td>
<td>Not Applicable</td>
<td>Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer</td>
<td>Spring 2015</td>
</tr>
<tr>
<td>Procedure</td>
<td>Stage</td>
<td>Applicable</td>
<td>Description</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
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<td>CERCT</td>
<td>S</td>
<td>Not Applicable</td>
<td>Chemotherapy administered to cervical cancer patients who received radiation for stages IB2-IV cancer (Group 1) or with positive pelvic nodes, positive surgical margin, and/or positive parametrium (Group 2)</td>
<td>Fall 2015</td>
<td></td>
</tr>
<tr>
<td>Ovary</td>
<td></td>
<td>Not Applicable</td>
<td>Salpingo-oophorectomy with omentectomy, debulking; cytoreductive surgery, or pelvic exenteration in Stages I-IIIC Ovarian cancer</td>
<td>Fall 2015</td>
<td></td>
</tr>
<tr>
<td>Endometrium</td>
<td></td>
<td>Not Applicable</td>
<td>Chemotherapy and/or radiation administered to patients with Stage IIIC or IV Endometrial cancer</td>
<td>Fall 2015</td>
<td></td>
</tr>
<tr>
<td>ENDCTRT</td>
<td>S</td>
<td>Not Applicable</td>
<td>Endoscopic, laparoscopic, or robotic surgery performed for all Endometrial cancer (excluding sarcoma and lymphoma), for all stages except stage IV</td>
<td>Fall 2015</td>
<td></td>
</tr>
</tbody>
</table>

A - Accountability; QI - Quality Improvement; S- Surveillance

https://www.facs.org/quality-programs/cancer/ncdb/qualitymeasures

ANA Care Coordination Framework

http://www.nursingworld.org/care-coordination

Link to ANA Framework white paper:

Chemotherapy administered to cervical cancer patients who received radiation for stages IB2-IV cancer (Group 1) or with positive pelvic nodes, positive surgical margin, and/or positive parametrium (Group 2).

Salpingo-oophorectomy with omentectomy, debulking; cytoreductive surgery, or pelvic exenteration in Stages I-IIIC Ovarian cancer.

Chemotherapy and/or radiation administered to patients with Stage IIIC or IV Endometrial cancer.

Endoscopic, laparoscopic, or robotic surgery performed for all Endometrial cancer (excluding sarcoma and lymphoma), for all stages except stage IV.

ASCO Quality Oncology Practice Initiative
http://www.instituteforquality.org/qopi-qcp
http://www.instituteforquality.org/qopi/measures

CMS Core Measures / American’s Health Insurance Plans (AHIP)


CMS Hospital Quality Initiative

CMS Meaningful Use

CMS Merit-Based Incentive Payment System (MIPS), Alternative Payment Models (APMs) and Medicare Access & CHIP Reauthorization Act of 2015 (MACRA)

CMS Oncology Care Model
https://innovation.cms.gov/initiatives/oncology-care/

CMS PQRS
NDNQI

http://www.pressganey.com/solutions/clinical-quality/nursing-quality

ONS Quality Clinical Data Registry

https://www.ons.org/practice-resources/qualified-clinical-data-registry

https://www.medconcert.com/content/medconcert/ONSQIR/

Link to measures: http://info.cecity.com/assets/ONSQIR_CECity_2016_QMSpecifications.pdf