PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Support Contractor

PCHQR Program: FY 2021 IPPS/LTCH PPS Final Rule

Presentation Transcript

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Lisa Vinson: Hello, and welcome to today's PPS-Exempt Cancer Hospital Quality Reporting Program Outreach and Education event entitled, Fiscal Year 2021 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System Final Rule. My name is Lisa Vinson, and I will be the moderator for today's event. I serve as the Program Lead for the PCHQR Program within the Inpatient Value, Incentives, and Quality Reporting, or VIQR, Outreach and Education Support Contractor. The materials for today's presentation were developed by our team in conjunction with our CMS Program Lead, Erin Patton, who will be the main speaker for today's presentation. Erin is the PCHQR Program Lead in the Quality Measurement and Value-Based Incentives Group, or QMVIG, within the Center for Clinical Standards and Quality at CMS. As the title indicates, we will be discussing the Fiscal Year 2021 IPPS/LTCH PPS Final Rule. Today's event is specific for participants in the PCHQR Program. Although the final rule contains content that addresses the Inpatient Quality Reporting, or IQR, and Long-Term Care Hospital, or LTCH, Quality Reporting programs, we will only be focusing on the PCHQR Program section. If your facility is participating in the IQR or LTCH programs, please contact your designated Program Lead to find out when there will be a presentation on your section of the fiscal year 2021 final rule. If you have questions during the webinar, you may submit them to the following email address, WebinarQuestions@hsag.com. When sending questions, please use the webinar title in the subject line, *FY 2021 IPPS/LTCH PPS Final Rule*. In the email body, please include your question and, if your question pertains to a specific slide, please include the slide number for us to more efficiently assist you. If you have questions unrelated to the current webinar topic, please use the *QualityNet* Inpatient Questions-and-Answers tool. This tool can be accessed via the *QualityNet* home page under Help. Once you reach the landing page, you can search by topic. If you do not find a similar topic, feel free to use the tool to submit a new question.

Here is the acronyms and abbreviations list. The acronyms and abbreviations you will hear and see today include:

CAUTI, for Catheter-Associated Urinary Tract Infection; CLABSI, for Central Line-Associated Bloodstream Infection; C-Y, for Calendar Year; F-Y, for Fiscal Year; I-P-P-S, for Inpatient Prospective Payment System; L-T-C-H, for Long-Term Care Hospital; and P-P-S, for Prospective Payment System.

The purpose of today's event is to provide an overview of the Fiscal Year 2021 IPPS/LTCH PPS Final Rule with a focus on the impact of the finalized changes on the PCHQR Program.

The two main objectives for today's webinar are for program participants to be able to locate the Fiscal Year 2021 IPPS/LTCH PPS Final Rule and identify the finalized changes impacting participants in the PCHQR Program.

Before Erin begins our discussion of the Fiscal Year 2021 IPPS/LTCH PPS Final Rule, which will be the ninth rule finalized that will impact the PCHQR Program since its formation as a result of the Affordable Care Act, I would like to recap, briefly, the history of the measures that have been added to, and in some cases removed from, the program since its inception. In the first year of the program, the fiscal year 2013 final rule established five quality measures for the program, including the three Cancer-Specific Measures and two healthcare-associated infection, or HAI, measures, CAUTI and CLABSI. The next year, in the fiscal year 2014 final rule, was the addition of another HAI measure, Surgical Site Infections, and the addition of 12 quality measures. These new measures included the five process-oriented Oncology Care Measures, six Surgical Care Improvement Project, or SCIP, measures, and the incorporation of the HCAHPS Survey data.

Fiscal year 2015 saw the addition of one measure, EBRT, or PCH-25, which is the External Beam Radiotherapy for Bone Metastases measure. The fourth rule impacting the Program, fiscal year 2016, saw the addition of two more HAI measures, MRSA and CDI; as well as inclusion of the Healthcare Personnel Influenza Vaccination measure, or HCP. Of note, the fiscal year 2016 Rule removed the six SCIP measures effective October 1, 2016.

In the fiscal year 2017 final rule, a new claims-based measure, Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy, was added, and the diagnosis cohort for NQF #382, Radiation Dose Limits to Normal Tissues, was expanded to include patients with a diagnosis of breast or rectal cancer. In the fiscal year 2018 final rule, the three CST measures were finalized for removal from the program effective for diagnoses occurring in calendar year 2018. Also, four new end-of-life (EOL) measures were added to the program for the fiscal year 2020 program and subsequent years.

The fiscal year 2019 final rule added a new removal factor, known as Factor 8, and four of the five OCMs were finalized for removal from the program, effective for patients treated in calendar year 2019. One new claims-based measure was added, 30-Day Unplanned Readmissions for Cancer Patients, or NQF #3188.

Lastly, in the fiscal year 2020 final rule, a new measure was finalized for inclusion in the PCHQR Program, Surgical Treatment Complications for Localized Prostate Cancer. The EBRT measure was finalized for removal. The HCAHPS Survey was refined by removing the pain management questions. Public display requirements for the claims-based measure, Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy, and four of the six HAI measures, were specified. Also, confidential national reporting for the EOL measures and 30-Day Unplanned Readmissions for Cancer Patients measure was also specified.

The Fiscal Year 2021 IPPS/LTCH PPS Final Rule was published to the *Federal Register* on September 18, 2020. You can access the *Federal Register version* by clicking the hyperlink on this slide. The page numbers for the PCHQR Program section are listed on this slide for your reference. At this time, I would like to turn the presentation over to Erin who will further discuss the finalized changes for the PCHQR Program. Erin?

Erin Patton: Thank you, Lisa. I'm Erin Patton, currently the Program Lead for the PPS-Exempt Cancer Hospital Quality Reporting Program. I'll be speaking today about the finalized changes in the Fiscal Year 2021 IPPS Final Rule.

This slide highlights the sections of the rule and, in particular, Sections 3 and 5 are where we finalized policies that will be discussed in this presentation. Those include the refinements to CAUTI and CLABSI for the program year beginning fiscal year 2023, as well as updates to the public display requirements.

For your review, this slide lists the sections of the rule that remained unchanged in this year's Fiscal Year 2021 IPPS Final Rule.

The next few slides contain the program measures for fiscal year 2023. Please note that we did not make any measure additions or removals in this year's rule. This slide includes the six HAI measures that are currently in the program.

This slide includes the three clinical process, or Oncology Care Measures, as well as the two intermediate clinical outcome measures.

This slide includes the one patient engagement, or experience of care measure, the HCAHPS measure, as well as the three claims-based outcomes measures.

Next, I will discuss the refinement to CAUTI and CLABSI measures that will begin with the fiscal year 2023 program.

CAUTI and CLABSI were adopted in the Fiscal Year 2013 IPPS Final Rule. They were proposed for removal in the Fiscal Year 2019 IPPS Final Rule. However, they were finalized to be retained in the program in the Calendar Year 2019 Outpatient Prospective Payment System and Ambulatory Surgical Center Final Rule. These rules are referenced here for more details.

CDC's NHSN uses the HAI incidence data from a prior time period and a standard population of facilities that report data to NHSN to establish a HAI baseline for CAUTI and CLABSI. The baseline is then used to calculate the standardized infection ratio, the SIR. In 2016, the CDC used 2015 HAI incidence data to update the source of aggregate data and risk-adjustment methodology used to create the HAI baselines.

During the re-baselining effort, the CDC determined that it could generate HAI baselines that produce more accurate SIR calculations by standardizing the new HAI baseline across infection and facility types. The risk-adjustment model created for acute care hospitals includes the 17 cancer hospitals, which are the 11 PCHs, as well as six other hospitals that classify themselves as cancer hospitals but are not PCHs for the purposes of Medicare. CDC updated the acute care risk-adjustment model to stratify the HAI baseline by oncology-specific location types.

The CDC tested the CAUTI and CLABSI measures based on the updated HAI baselines that incorporate the new risk adjustments. Within the acute care hospital risk-adjustment model, the categorization of a patient care location as an oncology unit is a statistically significant predictor of CAUTI and CLABSI incidents. As a result of the new risk adjustment, there will be a more accurate assessment of the incidents of CAUTI and CLABSI within the cancer hospitals.

The Measure Applications Partnership, or the MAP, supported the use of both refined measures in the PCHQR Program. The MAP acknowledged that it is imperative to evaluate CAUTI incidents in all inpatient settings, including cancer hospitals. They also noted that CLABSI is pertinent in the patient safety domain. The MAP suggested that the CDC consider differences in types of cancer and/or differences in types of cancer treatments when assessing the measure performance in the future.

CMS believes it is important to continue to measure CAUTI and CLABSI incidents because of the implications they have in the patient safety domain. Implementation of refined stratified measures will make measures more representative of the quality of care provided by the cancer hospitals. Stratified performance results will more accurately demonstrate the incidence of CAUTI and CLABSI for comparison among PCHs. Implementing the refined versions means that the PCHQR Program would be utilizing the most recently NQF-endorsed version of these measures.

CMS finalized the proposal to refine the CAUTI and CLABSI measures. Commenters were supportive of the refinement to these measures. The updated HAI baselines will incorporate an updated risk adjustment approach developed by the CDC. CMS will report the hospital-level SIRS that are calculated using a risk model that is applied to the individual location. Hospitals will be required to begin data collection for the refined measures beginning in the calendar year 2021. CMS recognizes the potential impact of COVID-19 and will continue to closely monitor this, as well as the reporting capacity of the cancer hospital.

Next, I will discuss the public display requirements that were being finalized in the fiscal year 2021 final rule.

Under the Social Security Act, CMS is required to establish procedures to make data submitted under the PCHQR Program available to the public and allow PCHs to review the data prior to public display. CMS continues to use rulemaking to establish the year the first publicly reported data will be made available and publish the data as soon as feasible during that year. CMS will continue to defer public reporting for CAUTI and CLABSI measures until Fall of 2022. The finalized refined versions of these measures will be publicly reported with the calendar year 2021 data.

This table includes the summary of the finalized public display requirements that have been outlined over the past years, including the update for CAUTI and CLABSI.

CMS finalized the proposal to begin publicly reporting the refined CAUTI and CLABSI measures in Fall of 2022, not the current versions of these measures. Commenters were supportive of publicly reporting the refined versions, and CMS will monitor performance trends prior to publicly reporting this data. Thank you. I will turn it back over to Lisa.

Lisa Vinson: As always, thank you for taking time to view this presentation on the finalized changes for the PCHQR Program. We hope that the information provided was beneficial. Thank you.