Quality ID #454: Percentage of Patients who Died from Cancer with More than One Emergency Department Visit in the Last 30 Days of Life (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:

Outcome – High Priority

### **DESCRIPTION:**

Percentage of patients who died from cancer with more than one emergency department visit in the last 30 days of life

#### **INSTRUCTIONS:**

This measure is to be submitted a minimum of once per performance period 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,

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D46.20, D46.21, D46.22, D46.4, D46.9, D46.A, D46.B, D46.C, D46.Z, D47.1, D47.Z2, D47.Z9
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<u>AND</u>

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: G9849

### **NUMERATOR:**

Patients who died from cancer and had more than one emergency department visit in the last 30 days of life

#### 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 had more than one emergency department visit in the last 30 days of life (**G9850**)

<u>OR</u>

Performance Not Met:

Patient had one or less emergency department visits in the last 30 days of life (G9851)

# **RATIONALE:**

Studies suggest that cancer treatments and care continue to be more aggressive than desired for patients at the end of life. Emergency department (ED) visits in the last 30 days of life are one indicator that supportive care may not be provided effectively to these patients (Guadagnolo, 2015). In general, unnecessary ED visits should be avoided for those concerns that can be addressed at the practice or clinic. For example, a study at Memorial Cancer Institute found that 48% of ED visits occurred during office hours in patients with cancer and many were for concerns that did not require the use of ED services (Hunis, 2016). For patients with cancer at the end of life, the use of unnecessary services such as the ED can negatively impact a patient and family's quality of life and satisfaction with end of life care (Barbera, 2010).

Barbera, L., C. Taylor, et al. (2010). "Why do patients with cancer visit the emergency department near the end of life?" CMAJ 182(6): 563-568.

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." <u>Med Care</u> 53(7): 591-598.

Hunis, B., A. J. Alencar, et al. (2016). "Making steps to decrease emergency room visits in patients with cancer: Our experience after participating in the ASCO Quality Training Program." J Clin Oncol 34, 2016 (suppl 7S; abstr 51) Presented at the ASCO Quality Care Symposium, February 26th, 2016, Phoenix, AZ.

### **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.

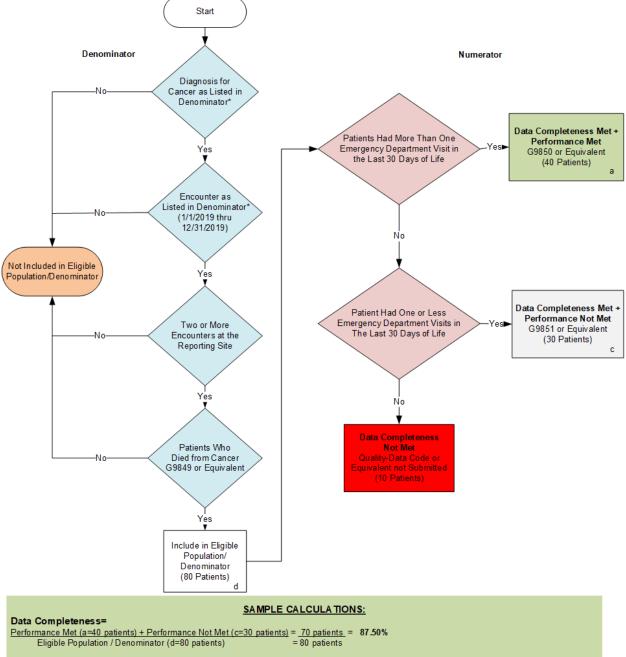
Seven published randomized trials demonstrate the feasibility of providing various components of PC alongside usual oncology care. There is, however, a dearth of data evaluating the integration of modern PC practices into standard oncology care, especially in concert with ongoing antitumor therapy. Overall,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

Citation: 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: <a href="Maintenanger: American Society of Clinical Oncology Website">American Society of Clinical Oncology Website</a>

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# 2019 Clinical Quality Measure Flow for Quality ID #454 NQF #0211: Percentage of Patients Who Died From Cancer With More Than One Emergency Department Visit in The Last 30 Days of Life (lower score – better)



Performance Rate=

Performance Met (a=40 patients) = 40 patients = 57.14%

Data Completeness Numerator (70 patients) = 70 patients

\*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 only cog

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# 2019 Clinical Quality Measure Flow Narrative for Quality ID #454:

# Percentage of Patients Who Died From Cancer With More Than One Emergency Department Visit in The Last 30 Days of Life (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.

- 1. 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 Encounter Performed.
- 3. Check Encounter Performed:
  - a. If Encounter Performed as Listed in the Denominator equals No, do not include in Eligible Population.
     Stop Processing.
  - b. If Encounter Performed 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 Patients Had More Than One Emergency Department Visit in the Last 30 Days of Life:
  - a. If Patients Had More Than One Emergency Department Visit in the Last 30 Days of Life 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 Patients Had More Than One Emergency Department Visit in the Last 30 Days of Life equals No, proceed to check Patient Had One or Less Emergency Department Visit in The Last 30 Days Life.
- 9. Check Patient Had One or Less Emergency Department Visit in The Last 30 Days Life:
  - a. If Patient Had One or Less Emergency Department Visit in The Last 30 Days Life 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 Had One or Less Emergency Department Visit in The Last 30 Days Life 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