

**ONCOLOGY QUALITY IMPROVEMENT  
COLLABORATIVE**

**MCKESSON SPECIALTY HEALTH**

**THE US ONCOLOGY NETWORK**

**QUALITY IN HEALTH CARE ADVISORY GROUP, LLC  
(QHC ADVISORY GROUP)**

**CECITY**

**Non-PQRS Narrative Measure Specifications**

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## **Hospital Emergency Room Chemotherapy Related Visits**

### **DESCRIPTION**

Hospital emergency room chemotherapy related visits.

### **NQS DOMAIN**

Person and Caregiver-Centered Experience and Outcomes

### **DENOMINATOR**

All patients with breast, colon, lung and pancreas cancer receiving chemotherapy.

Units are patient visits per patient on chemo per year

Denominator Exceptions/Exclusions: Non-chemotherapy related visits.

### **NUMERATOR**

Patients with breast, colon, lung and pancreas cancer receiving chemotherapy who have chemotherapy related ER visits.

### **RATIONALE**

Kolodziej et al Benchmarks for Value in Cancer Care Journal of Oncology Practice 2011;7:301-305.  
Hoverman et al; Opening the Black Box Journal of Oncology Practice 2014; 10:64-67. Both articles discuss the costs of hospitalization in routine cancer care and opportunities for improvement.

### **MEASURE TYPE**

Outcome

## **Hospital Admissions Related To Complications of Chemotherapy**

### **DESCRIPTION**

Hospital admissions related to complications of chemotherapy.

### **NQS DOMAIN**

Person and Caregiver-Centered Experience and Outcomes

### **DENOMINATOR**

All patients with breast, colon, lung and pancreas cancer receiving chemotherapy.

Units are patient visits per patient on chemo per year

Denominator Exceptions/Exclusions: Non-chemotherapy associated hospital admits.

### **NUMERATOR**

Patients with breast, colon, lung and pancreas cancer receiving chemotherapy who have chemotherapy related hospital admits.

### **RATIONALE**

Kolodziej et al Benchmarks for Value in Cancer Care Journal of Oncology Practice 2011;7:301-305.  
Hoverman et al; Opening the Black Box Journal of Oncology Practice 2014; 10:64-67. Both articles discuss the costs of hospitalization in routine cancer care and opportunities for improvement.

### **MEASURE TYPE**

Outcome

## **Hospital Days**

### **DESCRIPTION**

Average chemotherapy related complications hospital days.

### **NQS DOMAIN**

Efficiency and Cost Reduction

### **DENOMINATOR**

All patients with breast, colon, lung and pancreas cancer receiving chemotherapy.

Denominator Exceptions/Exclusions: Non-chemotherapy associated hospital days.

### **NUMERATOR**

Total in-patient days for patients with breast, colon, lung and pancreas cancer receiving chemotherapy who have chemotherapy related hospital admits.

### **RATIONALE**

Kolodziej et al Benchmarks for Value in Cancer Care Journal of Oncology Practice 2011;7:301-305.  
Hoverman et al; Opening the Black Box Journal of Oncology Practice 2014; 10:64-67. Both articles discuss the costs of hospitalization in routine cancer care and opportunities for improvement.

### **MEASURE TYPE**

Process

## **Advance Care Planning in Stage 4 disease**

### **DESCRIPTION**

Percentage of patients with metastatic (Stage 4) lung, colon, breast, pancreas or ovarian cancer who have a documented ACP discussion in the first 6 months after diagnosis.

### **NQS DOMAIN**

Person and Caregiver-Centered Experience and Outcomes

### **DENOMINATOR**

All patients with Stage 4 colon, lung, breast, colon or ovarian cancer.

### **NUMERATOR**

Patients who have Stage 4 colon, lung, breast, colon or ovarian cancer who have a documented Advanced Care Plan discussion in the 6 months following diagnosis.

### **RATIONALE**

Wright, A et al. Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment. JAMA 2008;300:1665-1673. In this study communication about dying led to better outcomes for patients in terms of dying in place and hospice use and families in terms of depression and satisfaction with care.

### **MEASURE TYPE**

Outcome

## **Chemotherapy in The Last Two Weeks of Life**

### **DESCRIPTION**

Percentage of deceased patients who received any chemotherapy in the 6 months prior to death who received chemotherapy within two weeks before death.

### **NQS DOMAIN**

Person and Caregiver-Centered Experience and Outcomes

### **DENOMINATOR**

All deceased patients with a Stage 4 colon, lung, breast, colon or ovarian cancer diagnosis who received any chemotherapy anytime in the 6 months prior to death.

Denominator Exceptions/Exclusions: Patients with no chemotherapy in the six months prior to death.

### **NUMERATOR**

Deceased patients with a Stage 4 colon, lung, breast, colon or ovarian cancer diagnosis AND who had received any chemotherapy in the 6 months prior to death who received chemotherapy in last 2 weeks of life.

### **RATIONALE**

Earle, C. et al Aggressiveness of Cancer Care near the end-of-life: Is it a Quality of Care Issue? J of Clinical Oncology 2008;26:3860-3866. This is one of a series of articles tracking these metrics. Combined with studies such as that by Jennifer Temel (Temel et al Early Palliative Care for patients with Metastatic non-small-cell lung cancer. New England Journal of Medicine 2010; 363: 733-42), the suggestion is that aggressive care at the end of life may be harmful to patients and should be avoided in many cases.

### **MEASURE TYPE**

Outcome

## **In Hospital Deaths**

### **DESCRIPTION**

Percentage of deceased patients with stage 4 cancer dying in the hospital.

### **NQS DOMAIN**

Person and Caregiver-Centered Experience and Outcomes

### **DENOMINATOR**

All deceased patients who died with a Stage 4 colon, lung, breast, colon or ovarian cancer diagnosis.

### **NUMERATOR**

Deceased patients with a Stage 4 colon, lung, breast, colon or ovarian cancer diagnosis who died in hospital.

### **RATIONALE**

Dartmouth Atlas [www.Dartmouthatlas.org/downloads/reports/Cancer\\_brief\\_090413.pdf](http://www.Dartmouthatlas.org/downloads/reports/Cancer_brief_090413.pdf)  
These reports continue to show wide variability in hospitalizations, ICU use and aggressive care at the end of life. As yet, there is no association of any benefit with aggressive care and a significant proportion of cost is associated with this aggressive care.

### **MEASURE TYPE**

Outcome

## **In ICU Deaths**

### **DESCRIPTION**

Percentage of deceased patients with stage 4 cancer dying in an ICU.

### **NQS DOMAIN**

Person and Caregiver-Centered Experience and Outcomes

### **DENOMINATOR**

All deceased patients who died with a Stage 4 colon, lung, breast, colon or ovarian cancer diagnosis.

### **NUMERATOR**

Deceased patients with a Stage 4 colon, lung, breast, colon or ovarian cancer diagnosis who died in ICU.

### **RATIONALE**

Dartmouth Atlas [www.Dartmouthatlas.org/downloads/reports/Cancer\\_brief\\_090413.pdf](http://www.Dartmouthatlas.org/downloads/reports/Cancer_brief_090413.pdf)  
These reports continue to show wide variability in hospitalizations, ICU use and aggressive care at the end of life. As yet, there is no association of any benefit with aggressive care and a significant proportion of cost is associated with this aggressive care.

### **MEASURE TYPE**

Outcome

## **Hospice Admission Rate for Patients Dying With a Cancer Diagnosis**

### **DESCRIPTION**

Percentage of patients admitted to hospice prior to death.

### **NQS DOMAIN**

Person and Caregiver-Centered Experience and Outcomes

### **DENOMINATOR**

All patients who died with a cancer diagnosis.

### **NUMERATOR**

Patients with cancer diagnosis admitted to hospice before death.

### **RATIONALE**

Dartmouth Atlas [www.Dartmouthatlas.org/downloads/reports/Cancer\\_brief\\_090413.pdf](http://www.Dartmouthatlas.org/downloads/reports/Cancer_brief_090413.pdf)  
These reports continue to show wide variability in hospitalizations, ICU use and aggressive care at the end of life. As yet, there is no association of any benefit with aggressive care and a significant proportion of cost is associated with this aggressive care.

### **MEASURE TYPE**

Process

## **PET Utilization in Breast Cancer Surveillance**

### **DESCRIPTION**

Percentage of patients receiving adjuvant chemotherapy for breast cancer getting a PET scan in the first year following the last chemotherapy treatment.

### **NQS DOMAIN**

Effective Clinical Care

### **DENOMINATOR**

Total numbers of patients with one year follow up after adjuvant chemotherapy.

### **NUMERATOR**

Number of PET scans done in patients in the first year following adjuvant chemotherapy for breast cancer.

### **RATIONALE**

Schnipper LE et al American Society of Clinical Oncology 2013 Top Five List in Oncology. J of Clinical Oncology 2013;31:4362-4370. This is the second 5 of 10 Choosing Wisely recommendations from ASCO. This was also covered in the first 5 (Schnipper et al J Clin Onc 2012;30:1715-1724. Number 4 of the first 5 and Number 3 in the second 5 both address the recommendation against routine imaging in surveillance of asymptomatic patients who have completed primary chemotherapy.

### **MEASURE TYPE**

Process

## **CEA and Breast Cancer**

### **DESCRIPTION**

Percentage of patients with breast cancer with a CEA ordered.

### **NQS DOMAIN**

Effective Clinical Care

### **DENOMINATOR**

All patients with breast cancer.

### **NUMERATOR**

Any CEA in a 12 month period for all patients with breast cancer.

### **RATIONALE**

Choosing Wisely ASCO First Top 5 Number 4.

### **MEASURE TYPE**

Process

## Surveillance GCSF Utilization of GCSF in Metastatic Colon Cancer

### **DESCRIPTION**

Percentage of Stage 4 colon cancer patients receiving any white cell growth factors with chemotherapy.

### **NQS DOMAIN**

Effective Clinical Care

### **DENOMINATOR**

Total number of patients with metastatic colon cancer receiving chemotherapy.

### **NUMERATOR**

Patients with any GCSF use in the 12 months following initiation of chemotherapy for metastatic colon cancer.

### **RATIONALE**

Choosing Wisely ASCO First Top 5 Number 5

### **MEASURE TYPE**

Process

## Appropriate Antiemetic Usage

### **DESCRIPTION**

Corticosteroids and serotonin antagonist prescribed with moderate/high emetic risk chemotherapy.

### **NQS DOMAIN**

Effective Clinical Care

### **DENOMINATOR**

All patients receiving any regimen containing either cisplatin or doxorubicin or epirubicin.

### **NUMERATOR**

All patients receiving any regimen containing either cisplatin or doxorubicin or epirubicin.

### **RATIONALE**

Choosing Wisely ASCO Second 5 Number 1

### **MEASURE TYPE**

Process

## **Appropriate Trastuzumab Use in Women with HER2/Neu Gene Over Expression**

### **DESCRIPTION**

Corticosteroids and serotonin antagonist prescribed with moderate/high emetic risk chemotherapy.

### **NQS DOMAIN**

Effective Clinical Care

### **DENOMINATOR**

All women with HER2/neu overexpression.

### **NUMERATOR**

Women with positive HER2/Neu overexpression who received trastuzumab.

### **RATIONALE**

Choosing Wisely ASCO Second Top 5, Number 5

### **MEASURE TYPE**

Process

## Metastatic Colon Cancer

### **DESCRIPTION**

All patients with colon cancer who receive either cetuximab or panitumumab have KRAS wild type.

### **NQS DOMAIN**

Effective Clinical Care

### **DENOMINATOR**

All patients with colon cancer who receive either cetuximab or panitumumab who have KRAS wild type genotype.

### **NUMERATOR**

Number of patients who receive either cetuximab or panitumumab who have KRAS wild type genotype.

### **RATIONALE**

Choosing Wisely ASCO Second Top 5, Number 5.

### **MEASURE TYPE**

Process

## **Appropriate Use of Late Line Chemotherapy in Metastatic Lung Cancer**

### **DESCRIPTION**

Percent of all patients with metastatic lung cancer who receive cytotoxic chemotherapy who go on to receive a third line.

### **NQS DOMAIN**

Effective Clinical Care

### **DENOMINATOR**

All patients with metastatic lung cancer who receive cytotoxic chemotherapy.

### **NUMERATOR**

Patients with metastatic lung cancer (either non-small cell or small cell) who receive cytotoxic chemotherapy who receive a third line.

### **RATIONALE**

Choosing Wisely ASCO First Top 5, Number 1. There is no evidence that late line chemotherapy (third line cytotoxic and beyond) prolongs survival yet is costly and toxic.

### **MEASURE TYPE**

Process

## **Intensity-modulated radiation therapy (IMRT)**

### **DESCRIPTION**

Percent of breast cancer patients receiving IMRT for adjuvant radiation treatment.

### **NQS DOMAIN**

Effective Clinical Care

### **DENOMINATOR**

All breast cancer patients who receive adjuvant radiation of any kind.

### **NUMERATOR**

Patients who receive IMRT for adjuvant radiation treatment for breast cancer.

### **RATIONALE**

Choosing Wisely ASTRO Top 5, number 5. [www.choosingwisely.org/doctor-patient-lists/american-society-for-radiation-oncology](http://www.choosingwisely.org/doctor-patient-lists/american-society-for-radiation-oncology).

### **MEASURE TYPE**

Process