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
## Table of Contents

Hospital Emergency Room Chemotherapy Related Visits ................................................................. 3
Hospital Admissions Related To Complications of Chemotherapy ......................................................... 4
Hospital Days ....................................................................................................................................... 5
Advance Care Planning in Stage 4 disease ............................................................................................. 6
Chemotherapy in The Last Two Weeks of Life ....................................................................................... 7
In Hospital Deaths ................................................................................................................................. 8
In ICU Deaths ....................................................................................................................................... 9
Hospice Admission Rate for Patients Dying With a Cancer Diagnosis .................................................. 10
PET Utilization in Breast Cancer Surveillance ....................................................................................... 11
CEA and Breast Cancer .......................................................................................................................... 12
Surveillance GCSF Utilization of GCSF in Metastatic Colon Cancer .................................................... 13
Appropriate Antiemetic Usage ............................................................................................................... 14
Appropriate Trastuzumab Use in Women with HER2/Neu Gene Over Expression ................................. 15
Metastatic Colon Cancer ...................................................................................................................... 16
Appropriate Use of Late Line Chemotherapy in Metastatic Lung Cancer ............................................. 17
Intensity-modulated radiation therapy (IMRT) ......................................................................................... 18
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


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**


**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.

**NOS 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**


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

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
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.

NOS 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 Overexpression

DESCRIPTION

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

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

All women with HER2/nue 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

MEASURE TYPE
Process