Measure #456 (NQF 0215): Proportion Not Admitted To Hospice – National Quality Strategy Domain: Effective Clinical Care

2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:
Proportion of patients who died from cancer not admitted to hospice

INSTRUCTIONS:
This measure is to be reported a minimum of once per performance period for patients who died of cancer during the measurement year. It is anticipated that eligible clinicians who provide services for patients with the diagnosis of cancer will submit this measure.

Measure Reporting:
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

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, 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, C24.2, 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, C43.11, C43.12, 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, C44.102, C44.109, C44.111, C44.112, C44.119, C44.121, C44.122, C44.129, C44.191, C44.192, C44.199, C44.201, C44.202, C44.209, C44.211, C44.212, C44.219, C44.221, C44.222, C44.229, C44.291, C44.292, C44.299, C44.300, C44.301, C44.309, C44.310, C44.311, C44.319, C44.320, C44.321, C44.329, C44.390, C44.391, C44.399, C44.40, C44.41, C44.42, C44.49, C44.500, C44.501, C44.509, C44.510, C44.511, C44.519, C44.520, C44.521, C44.529, C44.590, C44.591, C44.599, C44.601, C44.602, C44.609, C44.611, C44.612, C44.619, C44.621, C44.622, C44.629, C44.691, C44.692, C44.699, C44.701, C44.702, C44.709, C44.711, C44.712, C44.719, C44.721, C44.722, C44.729, C44.791, C44.792, C44.799, C44.80, C44.81, C44.82, C44.89, C44.90, C44.91, C44.92, C44.99, C45.0, C45.1, C45.2, C45.7, C45.9, C46.0, C46.1, C46.2, C46.3, C46.4, C46.50, C46.51, C46.52, C46.7, C46.9, C47.0, C47.10, C47.11, C47.12, C47.20,
AND
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: G9855

NUMERATOR:
Patients not admitted to hospice

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. Reporting 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 was not admitted to hospice (G9856)
OR
Performance Not Met: Patient admitted to hospice (G9857)

RATIONALE:
Although the use of hospice and other palliative care services at the end of life has increased, many patients are enrolled in hospice less than 3 weeks before their death, which limits the benefit they may gain from these services. By potentially improving quality of life (QOL), cost of care, and even survival in patients with metastatic cancer, palliative care has increasing relevance for the care of patients with cancer (Smith, 2012). The rate of patients who do not have a hospice referral prior to death continues to be higher than desired with one study reporting that more than 30% of patients were not referred and of those patients, only 7% had a documented discussion on the option of palliative care (O’Connor, 2015). Patients who were enrolled in hospice experienced increased survival times along with a reduction in resource use such as aggressive end of life care and hospital admissions; benefits that increased the longer patients were enrollment in hospice (Lee, 2015; Langton, 2014). In addition, Medicare patients were less...
likely to enroll in hospice in the last 30 days of life than Medicare patients with only 51% of Medicaid patients enrolled versus 64% of Medicare patients (Guadagnolo, 2015).

Citations


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.

A 2013 Cochrane Review, ‘Effectiveness and cost-effectiveness of home palliative care services for adults with advanced illness and their caregivers’, evaluated the impact of home palliative care services on outcomes for adults with advanced illness or their family caregivers, or both. The aim of the review was to quantify the effect of home palliative care services on a patients’ odds of dying at home, examine the clinical effectiveness of home palliative care services on other outcomes such as symptom control, quality of life, caregiver distress and satisfaction with care, and comparing resource use and costs associated with these services.

Pooled data from seven studies (five RCTs, three of high quality, and two CCTs with 1222 participants) showed that those receiving home palliative care had statistically significantly higher odds of dying at home than those receiving usual care (95% CI 1.31 to 3.71; P value = 0.003).

Citations


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2017 Registry Individual Measure Flow
#456 NQF #0215: Proportion Not Admitted To Hospice

**SAMPLE CALCULATIONS:**

**Data Completeness**
\[
\text{Performance Met (and patients) + Performance Not Met (c=3 patients) = 7 patients, } \frac{7}{8} = 87.56\%
\]
Eligible Population / Denominator (d=8 patients)
\[
= 8 \text{ patients}
\]

**Performance Rate**
\[
\text{Performance Met (and patients) } \frac{d}{d} = \frac{4}{4} = 100\%
\]
Data Completeness Numerator (7 patients) = 7 patients
\[
\]

*See the posted Measure Specification for specific coding and instructions to report this measure.

A lower calculated performance rate for this measure indicates better clinical control and care.

NOTE: Reporting Frequency: Patient-process

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.
Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator

2. Check Diagnosis:
   a. If Diagnosis for Cancer as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Diagnosis for Cancer as Listed in the Denominator equals Yes, proceed to Encounter

3. Check Encounter Performed:
   a. If Encounter Performed as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Encounter Performed as Listed in the Denominator equals Yes, proceed to 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 Patient Population. Stop Processing.
   b. If Two or More Encounters at the Reporting Site equals Yes, proceed to Patients that Died from Cancer.

5. Check Patients that Died from Cancer:
   a. If Patients that Died from Cancer equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Patients that Died from Cancer equals Yes, include in Eligible population.

6. Denominator Population:
   a. 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 8 patients in the sample calculation.

7. Start Numerator

8. Check Patient Was Not Admitted to Hospice:
   a. If Patient Was Not Admitted to Hospice 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 4 patients in Sample Calculation.
   c. If Patient Was Not Admitted to Hospice equals No, proceed to Patient Admitted to Hospice.
9. Check Patient Admitted to Hospice:
   a. If Patient Admitted to Hospice 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 3 patients in the Sample Calculation.
   c. If Patient Admitted to Hospice equals No, proceed to Data Completeness Not Met.

10. Check Data Completeness Not Met:
   a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the Data Completeness numerator in the sample calculation.

   **SAMPLE CALCULATIONS:**
   
   Data Completeness:
   \[
   \frac{\text{Performance Met (a=4 patients)} + \text{Performance Not Met (c=3 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7\text{ patients}}{8\text{ patients}} = 87.50\%
   \]

   Performance Rate:
   \[
   \frac{\text{Performance Met (a=4 patients)}}{\text{Data Completeness Numerator (7 patients)}} = \frac{4\text{ patients}}{7\text{ patients}} = 57.14\%
   \]