Quality ID #453 (NQF 0210): Percentage of Patients who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (lower score – better)  
– National Quality Strategy: Effective Clinical Care  
– Meaningful Measure Area: Appropriate Use of Healthcare

2020 COLLECTION TYPE:  
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:  
Process – High Priority

DESCRIPTION:  
Percentage of patients who died from cancer receiving chemotherapy in the last 14 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, C30.3, 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, C43.122, C43.20, C43.21, C43.22, C43.30, C43.31, C43.32, 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, 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,
AND
Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214

AND
Two or more encounters at the reporting site

AND
Patients who died from cancer: G9846

NUMERATOR:
Patients who received chemotherapy in the last 14 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 received chemotherapy in the last 14 days of life (G9847)

OR

Performance Not Met:
Patient did not receive chemotherapy in the last 14 days of life (G9848)
RATIONALE:
The American Society of Clinical Oncology (ASCO) recognizes that a greater focus should be given to patients who receive unnecessary treatment at the end of life. These treatments have not been shown to improve outcomes in patients at the end of life and can negatively impact the patient and caregiver experience. Literature suggests that patients continue to receive chemotherapy treatments at the end of life even when it is recognized as unnecessary.

Additionally, studies have shown resource utilization costs are significantly higher at the end-of-life period. Curtailing unnecessary treatments at the end of life will help drive down end-of-life resource utilization costs.

Thus, with this measure ASCO advocates for early integration of palliative care/hospice services for patients with late stage cancer in order to avoid aggressive measures at the end-of-life. With this measure, ASCO hopes providers can evaluate internal processes and make the necessary changes through quality improvement initiatives to ultimately improve a patient’s death experience as well as improve patient and caregiver/family satisfaction.

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.


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2020 Clinical Quality Measure Flow for Quality ID #453 NQF #0210:
Percentage of Patients who Died from Cancer
Receiving Chemotherapy in the Last 14 Days of Life (lower score – better)

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

Data Completeness:
Performance Met (a=40 patients) - Performance Not Met (a=30 patients) = 70 patients - 87.10%
Eligible Population / Denominator (d=60 patients) = 88 patients

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

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November 2019
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2020 Clinical Quality Measure Flow Narrative for Quality ID #453 NQF #0210:
Percentage of Patients who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life
(lower score – better)

Disclaimer: Refer to the measure specification for specific coding and instruction to submit this measure.

1. Start with Denominator

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

3. Check Encounter Performed:
   a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
   b. If Encounter 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:
   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 80 patients in the Sample Calculation.

7. Start Numerator

8. Check Patient Received Chemotherapy in the Last 14 Days of Life:
   a. If Patient Received Chemotherapy in the Last 14 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 Patient Received Chemotherapy in the Last 14 Days of Life equals No, proceed to check Patients Did Not Receive Chemotherapy in the Last 14 Days of Life.

9. Check Patients Did Not Receive Chemotherapy in the Last 14 Days of Life:
   a. If Patients Did Not Receive Chemotherapy in the Last 14 Days of 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 Patients Did Not Receive Chemotherapy in the Last 14 Days of 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.

<table>
<thead>
<tr>
<th>SAMPLE CALCULATIONS:</th>
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<tbody>
<tr>
<td><strong>Data Completeness</strong>=</td>
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<tr>
<td>[ \frac{\text{Performance Met (e=40 patients)} + \text{Performance Not Met (c=30 patients)}}{\text{Eligible Population/Denominator (d=80 patients)}} ] = 70 patients = 87.50%</td>
</tr>
<tr>
<td><strong>Performance Rate</strong>=</td>
</tr>
<tr>
<td>[ \frac{\text{Performance Met (e=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} ] = 40 patients = 57.14%</td>
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