
2018 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:
Proportion 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 eligible clinicians who provide services for patients with the diagnosis of cancer will submit this measure.

Measure Submission:
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 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, C24.8, 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, C34.0, 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, C37.0, 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,
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: 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.

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: [American Society of Clinical Oncology Website](http://www.asco.org)

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2018 Registry Flow for Quality ID #453 NQF #0210: Proportion Receiving Chemotherapy in the Last 14 Days of Life

Start

Denominator

Diagnosis of Cancer as Listed in Denominator*

Encounter as Listed in Denominator (3/1/2016 thru 12/31/2018)

Not included in Eligible Population/Denominator

Two or More Encounters at the Reporting Site

Patients Who Died from Cancer G9946 or Equivalent

Include in Eligible Population/Denominator (80 patients)

Numerator

Patient Received Chemotherapy in the Last 14 Days of Life

Patients Did Not Receive Chemotherapy in the Last 14 Days of Life

Data Completeness Met + Performance Met G9947 or Equivalent (49 Patients)

Data Completeness Met + Performance Not Met G9948 or Equivalent (33 Patients)

Data Completeness Not Met Quality Data Code or Equivalent not Submitted (16 Patients)

SAMPLE CALCULATIONS:

Data Completeness -
Performance Met (n=40 patients) = Performance Not Met (n=39 patients) = 70 patients = 87.90%
Eligible Population / Denominator (n=80 patients) = 50 patients

Performance Rate -
Performance Met (n=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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The measure diagrams were developed by QIC as a supplementary resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.
2018 Registry Flow for Quality ID
#453 NQF #0210: Proportion Receiving Chemotherapy In The Last 14 Days of Life

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

1. Start with Denominator

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

3. Check Encounter as Listed in Denominator:
   a. If Encounter as Listed in Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Encounter as Listed in 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 Encounter as Listed in Denominator equals Yes, proceed to 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 Patient 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 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 Data Completeness Not Met.

10. Check Data Completeness Not Met:

a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

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**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

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