Quality ID #453 (NQF 0210): Percentage of Patients who Died from Cancer Receiving Systemic Cancer-Directed Therapy in the Last 14 Days of Life (lower score – better)

2023 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
Percentage of patients who died from cancer receiving systemic cancer-directed therapy 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, C16.0, 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, 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, C34.32, C34.34, C34.38, C34.40, C34.82, C34.84, C34.90, C34.91, C34.92, C36.60, C36.61, C36.62, C36.70, C36.71, C36.72, C36.88, C36.89, C36.90, C36.99, C38.00, C38.01, C38.10, C38.11, C38.12, C38.30, C38.31, C38.32, C38.33, C38.34, C38.35, C38.36, C38.37, C38.38, C38.39, C38.40, C38.41, C38.42, C38.43, C38.44, C38.45, C38.46, C38.47, C38.48, C38.49, C38.60, C38.61, C38.62, C38.63, C38.64, C38.65, C38.66, C38.67, C38.68, C38.69, C38.70, C38.71, C38.72, C38.73, C38.74, C38.75, C38.76, C38.77, C38.78, C38.79, C38.80, C38.81, C38.82, C38.83, C38.84, C38.85, C38.86, C38.87, C38.88, C38.89, C38.90, C38.91, C38.92, C38.93, C38.94, C38.95, C38.96, C38.97, C38.98, C38.99, C39.00, C39.01, C39.02, C39.03, C39.04, C39.05, C39.06, C39.07, C39.08, C39.09, C39.10, C39.11, C39.12, C39.13, C39.14, C39.15, C39.16, C39.17, C39.18, C39.19, C39.20, C39.21, C39.22, C39.23, C39.24, C39.25, C39.26, C39.27, C39.28, C39.29, C39.30, C39.31, C39.32, C39.33, C39.34, C39.35, C39.36, C39.37, C39.38, C39.39, C39.40, C39.41, C39.42, C39.43, C39.44, C39.45, C39.46, C39.47, C39.48, C39.49, C39.50, C39.51, C39.52, C39.53, C39.54, C39.55, C39.56, C39.57, C39.58, C39.59, C39.60, C39.61, C39.62, C39.63, C39.64, C39.65, C39.66, C39.67, C39.68, C39.69, C39.70, C39.71, C39.72, C39.73, C39.74, C39.75, C39.76, C39.77, C39.78, C39.79, C39.80, C39.81, C39.82, C39.83, C39.84, C39.85, C39.86, C39.87, C39.88, C39.89, C39.90, C39.91, C39.92, C39.93, C39.94, C39.95, C39.96, C39.97, C39.98, C39.99, C39.99, C44.00, C44.01, C44.02, C44.09, C44.101, C44.1021, C44.1022, C44.1091, C44.1092, C44.11, C44.1121, C44.1122, C44.1191, C44.1192, C44.121, C44.1221, C44.1222, C44.1291, C44.1292, C44.131, C44.1321, C44.1322, C44.1391, C44.1392, C44.141, C44.1421, C44.1422, C44.1491, C44.1492, 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, C44.224, C44.229, C44.291, C44.292, C44.299, C44.300, C44.301, C44.309, C44.310, C44.311, C44.319, C44.320,
AND
At least two patient encounters during the performance period (CPT): 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

WITHOUT
Telehealth Modifier (including but not limited to): GQ, GT, 95, POS 02

AND
Patients who died from cancer: G9846

NUMERATOR:
Patients who received systemic cancer-directed therapy in the last 14 days of life

Definitions:
Systemic Cancer-directed Therapy — includes:
- All traditional cytotoxic chemotherapy (such as alkylating agents, antimetabolites, plant alkaloids and terpenoids, topoisomerase inhibitors, and antitumor antibiotics);
- Immunotherapy;
- Biologics (such as Herceptin, Rituxan); and
- Targeted agents
Do not include supportive care therapies (e.g., growth factors, bisphosphonates, RANK ligand inhibitors, nausea medications or fluids if these are not given in association with “systemic cancer-directed therapy”). Hormonal therapies and steroids are not included in this systemic cancer directed therapy definition.

**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 systemic cancer-directed therapy in the last 14 days of life (G9847)

**OR**

**Performance Not Met:** Patient did not receive systemic cancer-directed therapy 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:**
ASCO updated the 2012 ASCO Provisional Clinical Opinion (PCO) on the integration of palliative care into standard oncology care and transitioned the content into a guideline recommendation.

Patients with advanced cancer, inpatients and outpatients, should receive dedicated palliative care services early in the disease course and concurrent with active treatment. Referring patients to interdisciplinary palliative care teams is optimal, and services may complement existing programs. Providers may refer caregivers of patients with early or advanced cancer to palliative care services.


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2023 Clinical Quality Measure Flow for Quality ID #453 (NQF 0210):
Percentage of Patients who Died from Cancer Receiving Systemic Cancer-Directed Therapy 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.
### SAMPLE CALCULATIONS

**Data Completeness**

\[
\text{Data Completeness} = \frac{\text{Performance Met (a=40 patients) + Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70\text{ patients}}{80\text{ patients}} = 87.50\% 
\]

**Performance Rate**

\[
\text{Performance Rate} = \frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40\text{ patients}}{70\text{ patients}} = 57.14\% 
\]

*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-Periodic

NOTE: Telehealth modifiers include **not limited to**: GQ, GT, 95, POS 02

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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.
2023 Clinical Quality Measure Flow Narrative for Quality ID #453 (NQF 0210):
Percentage of Patients who Died from Cancer Receiving Systemic Cancer-Directed Therapy 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 Diagnosis for cancer as listed in Denominator*:
   a. If Diagnosis for cancer as listed in Denominator* equals No, do not include in Eligible Population/Denominator. Stop processing.
   b. If Diagnosis for cancer as listed in Denominator* equals Yes, proceed to check At least two patient encounters during the performance period as listed in Denominator*.

3. Check At least two patient encounters during the performance period as listed in Denominator*:
   a. If At least two patient encounters during the performance period as listed in Denominator* equals No, do not include in Eligible Population/Denominator. Stop processing.
   b. If At least two patient encounters during the performance period as listed in Denominator* equals Yes, proceed to check Telehealth Modifier.

4. Check Telehealth Modifier:
   a. If Telehealth Modifier equals Yes, do not include in Eligible Population/Denominator. Stop processing.
   b. If Telehealth Modifier equals No, 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/Denominator. Stop processing.
   b. If Patients who died from cancer equals Yes, include in Eligible Population/Denominator.

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 systemic cancer-directed therapy in the last 14 days of life:
   a. If Patient received systemic cancer-directed therapy in the last 14 days of life equals Yes, include in Data Completeness Met and Performance Met**.
      - 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.
   b. If Patient received systemic cancer-directed therapy in the last 14 days of life equals No, proceed to check Patient did not receive systemic cancer-directed therapy in the last 14 days of life.
9. Check Patient did not receive systemic cancer-directed therapy in the last 14 days of life:
   a. If Patient did not receive systemic cancer-directed therapy in the last 14 days of life equals Yes, include in Data Completeness Met and Performance Not Met**.
      • 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.
   b. If Patient did not receive systemic cancer-directed therapy 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.

**Sample Calculations:**

Data Completeness equals Performance Met (a equals 40 patients) plus Performance Not Met (c equals 30 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (70 patients). All equals 40 patients divided by 70 patients. All equals 57.14 percent.

*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-Periodic

NOTE: Telehealth modifiers include but are not limited to: GQ, GT, 95, POS 02

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