AMERICAN SOCIETY OF CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER

May 29, 2024

Submitted via online form at https://p4qm.org/media/2656

Re: 2024 Measure Set Review (MSR) Public Comment

Dear Partnership for Quality Measurement,

I am pleased to submit these comments on behalf of the American Society of Clinical Oncology (ASCO) in response to the May 16, 2024, call for public comments on the 2024 Measure Set Review (MSR) process which considers measures for removal from Centers for Medicare & Medicaid Services (CMS) quality programs.

ASCO represents almost 50,000 global physicians and other health care professionals specializing in cancer treatment, diagnosis, and prevention. ASCO members are dedicated to conducting research that leads to improved patient outcomes and are committed to ensuring that evidence-based practices for the prevention, diagnosis, and treatment of cancer are available to all patients.

We are appealing to the Partnership for Quality Measurement (PQM) to retain the three cancer measures proposed for removal from the various CMS programs.

Measure (00543-01-C-MIPS) *Percentage of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (lower score better)* is proposed for removal from the Merit-based Incentive Payment System (MIPS) for clinician level reporting.

As the steward of this measure, ASCO encourages its retention for clinician level reporting. Evidence supports that a palliative approach often offers the best opportunity to maintain the highest possible quality of life for dying patients. As there are challenges to capturing a palliative care consult from a measure perspective, aggressive treatments at the end of life serve as a proxy. Therefore, the purpose of this measure is to assess rates of undesirable use of chemotherapy at a patient's end of life in conjunction with palliative care to prioritize symptom management, rather than low utility and aggressive treatments among dying cancer patients. These quality actions are linked with the ultimate outcome of improved quality of life, a positive death experience, and a reduction in resource utilization costs. We believe the measure is actionable and impactful and is not duplicative to any other measures in the MIPS program.

Chemotherapy utilization at the end of life is associated with a worse quality of life near death among patients with good baseline performance status,[1] ED visits, cardiopulmonary resuscitation, mechanical ventilation, dying in an ICU,[2] and higher estimated costs of care.[3] By tracking this measure, healthcare providers can evaluate whether aggressive treatment at the end of life is aligned with the goals of palliative care and whether it truly benefits the patient in terms of comfort and symptom management.

This measure can help ensure that patients and their families are making informed decisions about end-of-life care. It highlights the necessity of discussions around the goals of care, prognosis, and the likely benefits and burdens of continuing chemotherapy in the final days of life.

This measure also helps assess adherence to clinical guidelines and best practices. The National Comprehensive Cancer Network (NCCN) states the following in its *Palliative Care* guideline "In general, patients with weeks to days to live (e.g., dying patients) and comfort-oriented goals should discontinue all treatments not directly contributing to patient comfort. Intensive palliative care focusing on symptom management should be provided in addition to preparation for the dying process. Referral for hospice care should be placed, if not already done."[4] By measuring the use of chemotherapy at the end of life, healthcare providers can evaluate and improve their compliance with these guidelines.

Retaining this measure at both the clinician and group levels ensures a comprehensive approach to quality improvement, accountability, and patient-centered care. It enables targeted interventions, supports transparency, facilitates research, and ultimately enhances the quality of end-of-life care provided to patients. It allows for the identification of specific clinicians who may be consistently recommending aggressive chemotherapy near the end of life, facilitating targeted interventions, education, and improvements in practice. Data at the clinician level can be used to provide personalized feedback and professional development opportunities. Clinicians can receive specific guidance on how to better manage end-of-life care and improve their communication with patients and caregivers about prognosis and treatment

[1] Prigerson, H. G., Bao, Y., Shah, M. A., Paulk, M. E., Leblanc, T. W., Schneider, B. J., Garrido, M. M., Reid, M. C., Berlin, D. A., Adelson, K. B., Neugut, A. I., & Maciejewski, P. K.. (2015). Chemotherapy Use, Performance Status, and Quality of Life at the End of Life. *JAMA Oncology*, *1*(6), 778. https://doi.org/10.1001/jamaoncol.2015.2378
[2] Crawford, G. B., Dzierżanowski, T., Hauser, K., Larkin, P., Luque-Blanco, A. I., Murphy, I., Puchalski, C. M., & Ripamonti, C. I.. (2021). Care of the adult cancer patient at the end of life: ESMO Clinical Practice Guidelines. ESMO Open, 6(4), 100225. https://doi.org/10.1016/j.esmoop.2021.100225
[3] Garrido, M. M., Prigerson, H. G., Bao, Y., & Maciejewski, P. K.. (2016). Chemotherapy Use in the Months Before Death and Estimated Costs of Care in the Last Week of Life. *Journal of Pain and Symptom Management*, *51*(5), 875–881.e2. https://doi.org/10.1016/j.jpainsymman.2015.12.323
[4] National Comprehensive Cancer Center (NCCN) Practice Guidelines in Oncology. Palliative Care, V.1.2024. https://www.nccn.org/professionals/physician_gls/pdf/palliative.pdf

options. Individual clinician data contributes to a more granular understanding of where improvements are needed, and this measure helps in recognizing patterns and trends in treatment decisions that might contribute to the overuse of chemotherapy.

We have seen sufficient participation in this measure's reporting to consistently establish benchmarks over the performance years. Additionally, the measure continues to demonstrate meaningful differences in performance and is not topped out. Furthermore, at the request of CMS, this measure has recently been submitted to the 2024 Measures Under Consideration (MUC) List for proposed inclusion in the Inpatient and Outpatient Quality Reporting Programs.

Lastly, the National Comprehensive Cancer Network (NCCN) Quality and Outcomes Committee reviewed 528 existing oncological quality measures and concepts to identify important cancer quality and outcome measures. Measures and concepts were evaluated according to importance, supporting evidence, opportunity for improvement, and ease of measurement; this measure was one of seven cross-cutting measures selected for endorsement as a universally appropriate measure to evaluate quality of oncology care.[5]

Measure OP-35 (00021-02-C-HOQR and 00021-01-C-PCHQR) Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy is proposed for removal from the Hospital Outpatient Quality Reporting (HOQR) Program and the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program.

ASCO encourages PQM to retain this measure in both programs. It is crucial for improving quality of care, enhancing patient safety, optimizing resource utilization, improving patient experience, monitoring clinical outcomes, and fostering continuous improvement. This measure provides valuable insights that can drive better management of chemotherapy side effects, leading to more effective and patient-centered care.

High rates of admissions and ED visits can indicate complications or adverse effects from chemotherapy that might be preventable with improved outpatient care and monitoring. Tracking this measure can prevent future complications by identifying areas where care can be improved. This measure also serves as a proxy for patient safety. Frequent hospital admissions and ED visits may suggest that patients are experiencing significant side effects or complications that could potentially be managed more effectively with timely interventions in the outpatient setting.

[5] D'Amico, T. A., Bandini, L. A. M., Balch, A., Benson, A. B., Edge, S. B., Fitzgerald, C. L., Green, R. J., Koh, W.-J., Kolodziej, M., Kumar, S., Meropol, N. J., Mohler, J. L., Pfister, D., Walters, R. S., & Carlson, R. W.. (2020). Quality Measurement in Cancer Care: A Review and Endorsement of High-Impact Measures and Concepts. *Journal of the National Comprehensive Cancer Network*, *18*(3), 250–259. https://doi.org/10.6004/jnccn.2020.7536

The monitoring of admissions and ED visits can highlight issues in care coordination. Effective coordination between oncologists, primary care providers, and other healthcare professionals can reduce the need for emergency care by ensuring that patient symptoms and complications are managed proactively. Ensuring appropriate follow-up and support for patients undergoing chemotherapy is critical. This measure can indicate whether patients are receiving the necessary support, such as timely follow-up appointments, access to supportive care services, and clear communication about managing side effects at home.

Frequent admissions and ED visits are costly for both healthcare systems and patients. By tracking this measure, healthcare providers can identify opportunities to reduce unnecessary hospitalizations and ED visits, thereby controlling costs and improving the efficiency of care delivery. Understanding patterns of admissions and ED visits helps in optimizing resource allocation. It can guide the development of programs aimed at managing chemotherapy side effects more effectively in the outpatient setting, such as dedicated oncology urgent care clinics, the availability of short-notice or urgent outpatient appointments, or enhanced home care services.

Hospital admissions and ED visits are stressful and disruptive for patients. Reducing the frequency of these events can significantly improve the overall patient experience by minimizing disruptions to their daily lives and reducing the physical and emotional burden associated with hospital visits. Patients receiving chemotherapy often prefer to be treated in outpatient settings where they are more comfortable and less exposed to hospital-related risks such as infections. This measure helps ensure that care is patient-centered and that efforts are made to manage side effects in a way that keeps patients out of the hospital whenever possible.

High rates of admissions and ED visits can indicate suboptimal management of chemotherapy side effects, potentially impacting the overall effectiveness of the cancer treatment. Monitoring this measure helps ensure that patients are able to continue their chemotherapy regimens as planned without unnecessary interruptions due to preventable complications. This measure can help identify trends and patterns that may be linked to specific chemotherapy protocols, patient populations, or comorbidities, allowing for targeted interventions to improve clinical outcomes.

Tracking admissions and ED visits allows for benchmarking against other practices, hospitals, and healthcare systems. This comparative analysis can identify best practices and areas for improvement, fostering a culture of continuous quality improvement. Data from this measure can inform policy decisions and guide the development of guidelines and protocols aimed at

reducing admissions and ED visits. This can lead to systemic changes that enhance the overall quality of cancer care.

Measure (00004-01-C-PCHQR) 30-Day Unplanned Readmissions for Cancer Patients is proposed for removal from the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program.

ASCO encourages PQM to retain this measure. It is critical in maintaining and enhancing the quality of care, reducing costs, and ensuring better patient outcomes. It provides valuable insights into the healthcare system's performance, encourages continuous improvement, and supports the delivery of patient-centered care. Retaining this measure not only helps to identify and address systemic issues but also promotes the well-being of cancer patients during a vulnerable period of their treatment journey.

This measure helps to assess the effectiveness of the initial treatment and discharge planning. High readmission rates may indicate issues with the quality of care, such as inadequate treatment during the initial hospital stay or poor post-discharge follow-up. Tracking unplanned readmissions can identify gaps in patient safety and care coordination. Cancer patients are particularly vulnerable due to the complexity of their treatment regimens, making it crucial to monitor their transitions between different care settings to prevent adverse events.

Unplanned readmissions are often costly for healthcare systems. By identifying and addressing the causes of these readmissions, hospitals can implement strategies to reduce unnecessary readmissions, thus lowering overall healthcare costs. Keeping readmission rates low ensures that hospital resources are used more efficiently, with beds and medical staff being available for new patients rather than those who are readmitted shortly after discharge.

Reducing unplanned readmissions can directly improve patient outcomes. Cancer patients who are readmitted may experience interruptions in their treatment plans, which can negatively affect their prognosis. Frequent unplanned readmissions can be distressing for patients and their families. By minimizing these occurrences, hospitals can enhance the overall patient experience and satisfaction with care.

This measure allows the PPS Exempt Cancer Hospitals to benchmark their performance against their peers. It provides a metric for evaluating and comparing the quality of cancer care provided. Monitoring readmissions promotes accountability among healthcare providers and institutions. It encourages transparency and the continuous improvement of care practices. By focusing on readmissions, hospitals can improve coordination across various healthcare

providers, including primary care, oncology specialists, non-oncology specialists, and home health services, to ensure a seamless continuum of care for cancer patients.

ASCO thanks PQM for the opportunity to provide these comments and we encourage you to not remove these three measures from MIPS, HOQR or PCHQR programs.

Respectfully,

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Director, Performance Measurement

American Society of Clinical Oncology

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