

**PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program
Clinical Process/Oncology Care Measures
Paper Submission for FY2016 and Subsequent Years**

(NQF 00380) Multiple Myeloma- Treatment with Bisphosphonates

	Q1	Q2	Q3	Q4
NUMERATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<p>Patient who were prescribed or received intravenous biphosphonates within the 12 month reporting period</p>
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DENOMINATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<p>All patients aged 180 years and older with a diagnosis of multiple myeloma, not in remission</p>

(NQF 0382) Oncology: Radiation Dose Limits to Normal Tissues

	Q1	Q2	Q3	Q4
NUMERATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<p>Patients who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a</p>

DENOMINATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<p>All patients, regardless of age, with a diagnosis of pancreatic or lung cancer who receive 3D conformal radiation therapy</p>
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(NQF 0383) Oncology: Plan of Care for Pain- Medical Oncology and Radiation Oncology

	Q1	Q2	Q3	Q4
NUMERATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Patient visits that included a documented plan of care to address pain.
Documented plan of care may include: use of opioids, nonopioids analgesics, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain at an appropriate time interval

DENOMINATOR

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All selected surgical patients with a catheter in place postoperatively

(NQF 0384) Oncology: Pain Intensity Quantified- Medical Oncology and Radiation Oncology

Q1 Q2 Q3 Q4

NUMERATOR

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Patient visits in which pain intensity is quantified.

Pain intensity should be quantified using a standard instrument, such as a 0-10 numerical rating scale, a categorical scale, or the pictorial scale

DENOMINATOR

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All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy

(NQF 0389) Prostate Cancer: Avoidance of Overuse Measure- Bone Scan for Staging Low-Risk Patients

	Q1	Q2	Q3	Q4
NUMERATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Patients who did not have a bone scan performed any time since diagnosis of prostate

DENOMINATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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All patients, regardless of age, with a diagnosis of prostate cancer, at low risk of recurrence, receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy

(NQF 0390) Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Patients

	Q1	Q2	Q3	Q4
NUMERATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Patients who were prescribed adjuvant hormonal therapy (GnRH) [gonadotropin-releasing hormone] agonist or antagonist)

DENOMINATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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All patients, regardless of age, with a diagnosis of prostate cancer, at high risk of recurrence, receiving external beam radiotherapy to the prostate

(*) indicates required for providers participating in the PPS-Exempt Cancer Hospital Quality Reporting Program

*Facility Name: _____

*CEO Signature: _____ *Date: _____

*CEO Email Address: _____

Complete and submit the Notice of Participation Agreement form using one of the following options:

- via *My QualityNet* to the Global Exchange Group “PPS Exempt Cancer Hosp. QR Support”.
- via secure FAX to Program Manager Telligen PCHQR Support (515)-558-5073, or
- via mail to:
Telligen PCHQR Support
1776 West Lakes Parkway,
West Des Moines, IA 50266
Attn. Program Manager

DO NOT SEND THE COMPLETED FORM VIA E-MAIL.

Following receipt of the request form, an e-mail acknowledgement will be sent confirming the form has been received.

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