**PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program**

**Clinical Process/Oncology Care Measures**

**Paper Submission for FY2020 and Subsequent Years**

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

Q1 Q2 Q3 Q4

NUMERATOR

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 minimum of two tissues

DENOMINATOR

All patients, regardless of age, with a diagnosis of pancreatic, breast, rectal, or lung cancer receiving 3D conformal radiation therapy

**(NQF 0383) Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology**

Q1 Q2 Q3 Q4

NUMERATOR

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

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

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

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

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

DENOMINATOR

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

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

DENOMINATOR

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 this form via email to:** [PCHQualityReporting@hcqis.org](mailto:PCHQualityReporting@hcqis.org)**.**

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

PRA Disclosure Statement  
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1175 and expires XX/XX/XXXX. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*\*\*CMS Disclaimer\*\*\*\*\*Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact James Poyer at (410) 786-2261.