

**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
<b>NUMERATOR</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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				
<b>DENOMINATOR</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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
<b>NUMERATOR</b>	<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				
<b>DENOMINATOR</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
All selected surgical patients with a catheter in place postoperatively				

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

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

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy

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**(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 surgery

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"/>
<div style="border: 1px solid black; padding: 5px; width: fit-content;"><p>Patients who were prescribed adjuvant hormonal therapy (GnRH) [gonadotropin-releasing hormone] agonist or antagonist</p></div>				
DENOMINATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<div style="border: 1px solid black; padding: 5px; width: fit-content;"><p>All patients, regardless of age, with a diagnosis of prostate cancer, at high risk of recurrence, receiving external beam radiotherapy to the prostate</p></div>				

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**(\*) 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).

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