

QOPI® ROUND 2

ABTRACTOR TRAINING

JULY 13, 2018

Please note: Lines will be muted upon entry and this webinar is being recorded.
We will start promptly at the scheduled time. Thank you.

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OBJECTIVE

Provide relevant information to facilitate chart abstraction for
QOPI® 2018 ROUND 2 participants

AGENDA

- What's New for Round 2 2018
- Chart Selection Criteria
- Measure Changes
- Chart Forms
- QOPI® Platform
- QOPI® and HIPAA Compliance
- Q & A



What's New for Round 2 2018

- Length of time to abstract has been extended from 13 to 21 weeks
 - Abstraction ends December 4, 2018
- Diagnosis Window has been extended from 1 year to 16 months
 - 07/01/2017 - 10/31/2018
- Office visit window is 8 months; one month longer than Round 1
 - Two (2) office visits (practitioner) 05/01/2018 - 12/01/2018
- The First Office Visit doesn't need to be between the office visit window
 - It can occur anytime within the diagnosis window
- Treatments can be abstracted to the office visit window end date

What's Still New for Round 2 2018

- Pathways have been renamed “Tracks”
 - QOPI Certification (QCP™) Track
 - Patient-Centered Track (formerly PCOP)
 - New to QOPI = Core + Symptom Toxicity modules (no test measures)
 - Fellowship = Core + Symptom Toxicity modules (no test measures)

Chart Selection Criteria

- Prostate Module
 - Diagnosed 7/1/2017 - 10/31/2018
 - OR
 - Diagnosed prior to 7/1/2017
 - AND
 - Castration Resistant Prostate Cancer (CRPC) developed 7/1/2017 - 10/31/2018
- Two (2) office visits (practitioner) 5/1/2018 - 12/1/2018



Chart Selection Criteria

- Care at End of Life (EOL) Module
 - Diagnosed with invasive malignancy on/prior to 10/31/2018
 - Two office visits (practitioner) in the nine (9) months preceding death with date of death on or before 12/1/2018
 - Patient must have died 07/01/2017 - 10/31/2018
 - Death related to cancer or cancer-related treatment
 - Patients must have a known date of death



Chart Selection Criteria

- Palliative Care Module
 - Must be diagnosed with stage IV colorectal, lung, or pancreatic cancer or developed distant metastases during the diagnosis window
 - Diagnosed with Stage IV cancer: 7/1/2017 - 10/31/2018
OR
Diagnosed on/prior to 7/1/2017
AND
Diagnosed with distant metastases: 7/1/2017 - 10/31/2018
 - Three office visits (practitioner) 5/1/2018 - 10/31/2018 (*6-month window*)

QOPI® Round 2 Measure Changes

- New Measures = 0
- Revised Measures = 3
- Retired Measures = 2

QOPI® Round 2 Measure Changes

Module	Measure	Measure Description	Description of change
CORE	25a	Documentation of patient's advance directives by the third office visit	Added Patient Reason (Declined) in the numerator as performance met
CORE	25b	Height, weight, and BSA documented prior to chemotherapy*	<p>Removed “curative” for measure to count toward all chemotherapy intent</p> <p>Add exclusion for patients receiving topical and intravesical chemotherapy</p>
CRC	71	Adjuvant chemotherapy recommended within 9 months of diagnosis for patients with AJCC Stage II or III rectal cancer	Current evidence does not support this measure

QOPI® Round 2 Measure Changes

Module	Measure	Measure Description	Description of change	Comments
NHL	80n	Percentage of patients with PET or PET-CT ordered by practice between 3 and 12 months after completion of treatment with curative intent for diffuse large B cell lymphoma (Lower Score – Better) (Top 5 Measure)	Added Treatment Type to Denominator Changed days to months in denominator	Timeframe did not change
NSCLC	85	Platinum doublet first-line chemotherapy or EGFR-TKI or other targeted therapy with documented DNA mutation received by patients with initial AJCC stage IV or distant metastatic NSCLC with performance status of 0-1 without prior history of chemotherapy	Removed from QOPI	To be re-written based on updated clinical practice

Abtractor Resources

- QOPI® 2018 Round 2 Documents
 - Measure Changes
 - Measures and Reporting Tracks (filterable)
 - Chart Abstraction Tracking Form
 - Measure Specifications
 - Measure Summary
 - Abstraction Tips
 - User Manual
 - Chart Selection Criteria
 - Chart Abstraction Forms

Round Materials

2018 Chart Selection & Abstraction Documents

Round 2 Chart Selection Criteria (updated 7/3/18)

This document provides an easy to read table of chart selection criteria by module including diagnosis and visit date windows. Please note the Chart Selection Criteria and Chart Selection Criteria Quick Guide have been combined into one document for 2018.

[VIEW CHART SELECTION CRITERIA](#)

Measures Specifications (updated 6/18/18)

This document provides details on the complete list of measure specifications including numerator, denominator, denominator exceptions, and reference materials.

Note: QOPI® Measure Specifications are copyrighted and confidential and no part of this document may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without written permission by ASCO.

[VIEW MEASURES SPECIFICATIONS](#)

Data Dictionary and Chart Abstraction Excel Spreadsheet (posted 6/18/18)

This Excel spreadsheet provides a filterable view of QOPI Measures, Reporting Pathways and Chart Abstraction information as well as definitions for all data elements.

[VIEW FULL DATA DICTIONARY/CHART ABSTRACTION FORM EXCEL SPREADSHEET \(SORTABLE\)](#)

QOPI Chart ID Tracking Form Excel Spreadsheet

Excel Spreadsheet for tracking chart IDs your practice has abstracted during the round.

Round Trainings

2018 Round Registration Tutorial

This video tutorial provides a step-by-step guide to registering for the 2018 rounds (posted 8/21/17)

[VIEW ROUND REGISTRATION TUTORIAL](#)

QOPI® Participant Training Webinar

This webinar recording provides an overview of the QOPI program, how to access the QOPI dashboard and how to register for the Fall 2017 Round.

[Participant Training Webinar Recording](#)

[Participant Training Slides](#)

QOPI® Abstractor Training Webinar - 7/13/18 at 12:00 PM Eastern

This webinar provides an overview of the QOPI Round 1 changes that impact chart abstraction, chart selection criteria, and a review of the data dictionary and chart forms.

[Click here](#) to join the webinar video

Meeting number 737 335 492

Meeting password: asco

To join the audio, call: 1-877-668-4493 (call-in toll-free number for US/Canada) and enter the meeting number above.

Webinar Recording - will be posted on 7/16

Webinar Slides - will be posted on 7/16

QOPI® 2018 Complete Reports Guide

Download this guide to help you navigate the reports available in the QOPI system.

Chart Forms

- Chart Abstraction Forms (PDF format)
 - Data elements for Core module
 - Data elements for Core and Breast modules
 - Data elements for Core and Colorectal modules
 - Data elements for Core and NSCLC modules
 - Data elements for Core and NHL modules
 - Data elements for Core and GynOnc modules
 - Data elements for Core and SCLC modules
 - Data elements for Core and Prostate modules



Chart Forms

- Chart Abstraction Forms (PDF format)
 - Data elements for Core and Symptom Toxicity Management modules
 - Data elements for Core and EOL modules
 - Data elements for Core and Palliative Care modules
 - Data elements for QCP Track
 - Data elements for New to QOPI Track
 - Data elements for Fellowship Track
 - Data elements for Patient-Centered (PCT) Track
- Not all “Display” elements on the form will appear in the system; it is dependent on chart data meeting the measures within the module

Data Dictionary/Chart Abstraction - Excel format

QOPI® 2018 ROUND 2 CHART FORM								
Section	Display	Help Text	Additional Note	Specific Measure	Module	Reporting Track	Value for Chart Level	Response Options
	Confirm Breast Cancer Cell Type	If ICD 9 code 174x or ICD 10 code C50x. Indicate pathologic		53	BR	QCP	6	Breast Cancer - Mucinous Carcinoma
	Confirm Breast Cancer Cell Type	If ICD 9 code 174x or ICD 10 code C50x. Indicate pathologic		53	BR	QCP	9	Not documented/Unknown
	Confirm Colon/Rectum Location	If ICD-9 code 154.0 or ICD-10 code C19. Indicate whether the treating	ICD-9 code 154.0 /ICD-	67, 70, 75b, 78	CRC CRC Test		1	Colon
	Confirm Colon/Rectum Location	If ICD-9 code 154.0 or ICD-10 code C19. Indicate whether the treating	ICD-9 code 154.0 /ICD-	67, 70, 75b, 78	CRC CRC Test		2	Rectum
	Confirm Lung Cancer Cell Type	If ICD-10 code C34: Indicate whether the cell type is non-small		79, 80, 81, 82, 83, 84, 86a, 88,	NSCLC, SCLC	QCP	1	Lung cancer - non-small cell
	Confirm Lung Cancer Cell Type	If ICD-10 code C34: Indicate whether the cell type is non-small		79, 80, 81, 82, 83, 84, 86a, 88,	NSCLC, SCLC	QCP		Confirm Lung Cancer Cell Type
	Confirm Lung Cancer Cell Type	If ICD-10 code C34: Indicate whether the cell type is non-small		79, 80, 81, 82, 83, 84, 86a, 88,	NSCLC, SCLC	QCP	2	Lung cancer - other
	Date of Castration Resistant Prostate Cancer	Record the date on which the patient's prostate cancer was		Not directly used in a	Prostate	All		Date
	Reason No Date for Castration Resistant Prostate Cancer			Not directly used in a	Prostate	All	9	Unknown
	Reason No Date for Castration Resistant Prostate Cancer			Not directly used in a	Prostate	All	0	NOT Castration Resistant
Practice Encounter	All	All	All	All	All	All		All
	Practice Management of Initial Course of Therapy	Select 'Reporting practice has/had primary responsibility ...' if:	Select 'Patient	9, 10, 11, 12, 13, 13aa, 13oc4,	ALL	ALL	1	Reporting practice has/had primary responsibility for the initial course of
	Practice Management of Initial Course of Therapy	Select 'Reporting practice has/had primary responsibility ...' if:	Select 'Patient	9, 10, 11, 12, 13, 13aa, 13oc4,	ALL	ALL	2	Patient transferred to reporting practice during the initial course of medical
	Practice Management of Initial Course of Therapy	Select 'Reporting practice has/had primary responsibility ...' if:	Select 'Patient	9, 10, 11, 12, 13, 13aa, 13oc4,	ALL	ALL	3	Patient transferred to reporting practice following completion of initial course of
	Chemotherapy Ever Received	Indicate whether this patient ever received chemotherapy.	Include all forms of	9, 10, 11, 12, 13, 13aa,	ALL	ALL	1	Yes, patient has received chemotherapy in or overseen by the reporting practice
	Chemotherapy Ever Received	Indicate whether this patient ever received chemotherapy.	Include all forms of	9, 10, 11, 12, 13, 13aa,	ALL	ALL	2	Yes, patient has received chemotherapy prior to or outside of the care of the
	Chemotherapy Ever Received	Indicate whether this patient ever received chemotherapy.	Include all forms of	9, 10, 11, 12, 13, 13aa,	ALL	ALL	0	No, patient has never received chemotherapy for this diagnosis
	Route of Chemotherapy <i>Check all that apply</i>	Route of all chemotherapy received in or overseen by practice during	Common oral	13oc4, 13oc4a, 13oc4b, 13oc4c,	ALL	ALL	1	IV
	Route of Chemotherapy <i>Check all that apply</i>	Route of all chemotherapy received in or overseen by practice during	Common oral	13oc4, 13oc4a, 13oc4b, 13oc4c,	ALL	ALL	1	Oral
	Route of Chemotherapy <i>Check all that apply</i>	Route of all chemotherapy received in or overseen by practice during	Common oral	13oc4, 13oc4a, 13oc4b, 13oc4c,	ALL	ALL	1	Intrathecal
	Route of Chemotherapy <i>Check all that apply</i>	Route of all chemotherapy received in or overseen by practice during	Common oral	13oc4, 13oc4a, 13oc4b, 13oc4c,	ALL	ALL	1	Intraperitoneal
	Route of Chemotherapy	Route of all chemotherapy received in or overseen by practice during	Common oral	13oc4, 13oc4a, 13oc4b, 13oc4c,	ALL	ALL	1	Other

QOPI® Platform: Help Text and Additional Notes

- Mouse over the blue icon to bring up Help Text

- Double click on blue icon to bring up Additional Notes


Registry Dashboard

Chart - BRT11800251

General Information

When responding to QOPI questions, only include information that is accessible within your clinic as part of normal work flow. Sources of documented information may include an outpatient paper chart, an outpatient EHR, your institutional EHR (for information such as, smoking status, pain assessments, family history, hospice/palliative care discussion/referral, etc.)

Chart ID: [Field]

Date of Diagnosis  *

MM/DD/YYYY


Female

MM/DD/YYYY

Measure Details


Date of Birth Unknown *

Age at Diagnosis *

First Office Visit to this Practice  *


MM/DD/YYYY

First Office Visit to this Practice Unknown *


Most Recent Office Visit to this Practice  *

MM/DD/YYYY

Most Recent Office Visit to this Practice Unknown *

Report Confirming Invasive Malignancy  *

--Select--

Confirm Breast Cancer Cell Type  *

--Select--

Back To Chart ID

Save And Proceed To Practice Encounter

Save and Close Save Submit Cancel

No Errors/Warnings

Registry Dashboard

Untitled

about:blank

Apps A Cat Clinic ACCC AJCC Julius West MS Alfresco » Login Survivorship Care E

Question :
Date of Diagnosis *

Help Text :
Date of collection of first specimen in which a pathologist confirms invasive cancer.
• To be included in QOPI, the date of diagnosis must occur within the 16 month (01/01/2017 – 04/30/2018), except for EOL, prostate cancer, and cases that qualify for the palliative care module.

Additional Note :
Refer to the pathology or cytology report and record the date the specimen was collected (not the date of diagnosis).
- In the absence of a specimen date, record any documentation regarding date of initial diagnosis (e.g., pathology report).
• To be included in QOPI, the date of diagnosis must occur within the 16 month (01/01/2017 - 04/30/2018).
- Exceptions:
o EOL: For deceased patients, if Care at End of Life (EOL) module is selected, the diagnosis date may be entered up to 12 months prior to the date of death.
o Prostate Cancer (C61): patient can be diagnosed before 01/01/2017 if castration resistant prostate cancer status is documented.
• If the patient has had a recurrence, enter the date of the initial cancer diagnosis.
• For prostate cancer, diagnosis date or documentation of castration resistant prostate cancer status must be documented.
• Patients included with a diagnosis date more than 1 year ago will only be included in the EOL module if the disease isn't current.
• Charts applicable for modules will be required even if target sample size has already been met for a measure.
• For measure calculations, the earlier of either the cytology specimen date (cytology report) or tissue specimen date (pathology report) will be used.



QOPI® Platform

- General Information Section
 - Chart ID: Once entered, can't be removed or changed
 - Managing/Treating Physician (optional)
 - Chart Profile
 - Chart Application: denotes Modules or Reporting Tracks attributed to that chart



QOPI® Platform: Measure Details Section

- Drug Therapy
 - Chemotherapy includes all antineoplastic agents, regardless of route of administration, used to treat cancer.
 - Does not include immunotherapy agents.
 - If more than one emetic risk chemotherapy drugs administered, respond based on the highest emetic risk agent administered. E.g. high and moderate emetic risk.
 - Antiemetic elements may open even if they aren't warranted; 'NK1 Receptor Antagonist Prescribed'

QOPI® Platform: Measure Details Section

- Chemotherapy Treatment Plans and Summaries
 - The chemotherapy treatment summary should be prepared at the completion of a course of treatment.
 - QOPI® gives a practice credit if the Treatment Summary is completed before chemotherapy ends, which is why the question will open up even though the response 'Chemotherapy is ongoing' was selected.

QOPI® Platform: Measure Details Section

- Patient Assessments
 - Data elements related to Smoking/Tobacco use do not include the use of e-cigarettes
 - Chewing tobacco can be abstracted for 'Smoking/Tobacco Status'
 - Cessation assistance can come from outside the practice but QOPI® is assessing if the practitioner in the medical oncology practice advised the patient to cease use.

QOPI® Platform: Measure Details Section

- Patient Assessments
 - Nausea and Vomiting Assessed, Every Clinic Visit with practitioner in 'Past Three Months': A standard assessment scale includes one that measures the degree of nausea and vomiting such as, 0-10 numerical rating scale, a categorical scale (none, mild, moderate, severe), a visual analog scale (a line with no nausea/vomiting and worst nausea/vomiting on opposite ends), or other pictorial scale indicate the highest level of nausea and vomiting



QOPI® Platform: Measure Details Section

■ Palliative Care Services

- Palliative Care services are not the same as Hospice Care, even though the questions fall into the End of Life module
- Palliative care services include care to address physical, psychological, spiritual, and practical burdens of illness.
- • Palliative care services may be provided by an interdisciplinary team of experts, including palliative care doctors, nurses and social workers with special expertise in the area of pain and symptom management for patients with incurable diseases.
- • Palliative care specialists may be associated with hospice programs, but do not have to be associated with them.



QOPI® Platform: Measure Details Section

- Hospice Care
 - Questions regarding hospice care will appear only if the patient is deceased because of malignancy and the EOL module was selected.
 - Hospice Enrollment:
 - Documentation that a provider (by the practice or outside of the practice) discussed hospice care referral with the patient and whether the patient enrolled
 - The date the patient is accepted by hospice services is considered the 'enrollment date'.
 - Select documented reason NOT enrolled
 - International practices should select: Services NOT available

QOPI® and HIPAA Compliance

- QOPI® collects a limited dataset that includes PHI (dates of services including DOB)
- The data are protected and secured in compliance with HIPAA requirements
- Do not send emails to the QOPI Help Desk that contain PHI.
- Use terms such as “X months ago, X weeks ago....
- Emails with PHI will be deleted and QOPI® will notify you by separate email.





QOPI® ROUND 2 ABTRACTOR TRAINING

THANK YOU!

Please contact the [QOPI® Help Desk](#) with additional questions