QOPI® ROUND 2 ABSTRACTOR 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.

Patti Larkin, RN MSN – QOPI® Clinical Data Manager





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





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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 10/31/2018OR
 - 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*	Removed "curative" for measure to count toward all chemotherapy intent Add exclusion for patients receiving topical and intravesical chemotherapy
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

Abstractor 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





OOPI > Welcome

QOPI QOPI **QOPI Round** Reports Web Tool 🔳 QOPI Certification 🛛 🛨

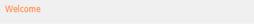
Administration Tools











ROUND MATERIALS & TRAININGS

KEY DATES & ANNOUNCEMENTS

GETTING STARTED & FAQ

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 retrival system, without writtern 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





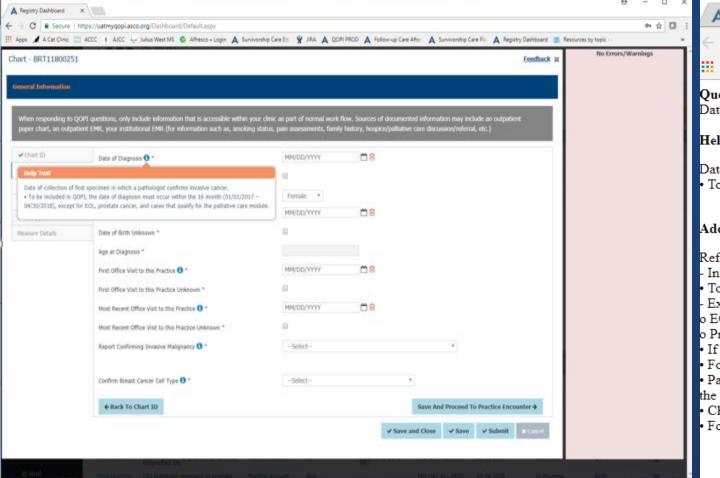
Data Dictionary/Chart Abstraction - Excel format

QOPI® 2018 ROUND 2 CHART FORM										
Section	Display	Help Text	Addition al Note -	Specific Measure 🕶	Module -	Reporting Track 🕶	Value for Chart	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	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	AII	AII	AII	AII	AII	AII		AII		
	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 'Patient	9, 10, 11, 12, 13, 13aa, 13oc4,	ALL	ALL	2	Patient transferred to reporting practice during the initial course of medical		
			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	Route of all chemotherapy received		13oc4, 13oc4a,	ALL	ALL	1	IV		
	Check all that apply	in or overseen by practice during	oral	13oc4b, 13oc4c,						
	Route of Chemotherapy	Route of all chemotherapy received	Common	13oc4, 13oc4a,	ALL	ALL	1	Oral		
	Check all that apply	in or overseen by practice during	oral	13oc4b, 13oc4c,						
	Route of Chemotherapy	Route of all chemotherapy received	l I	13oc4, 13oc4a,	ALL	ALL	1	Intrathecal		
	Check all that apply	in or overseen by practice during	oral	13oc4b, 13oc4c,	411	A11				
	Route of Chemotherapy Check all that apply	Route of all chemotherapy received	Common	13oc4, 13oc4a, 13oc4b, 13oc4c,	ALL	ALL	1	Intraperitoneal		
	Cneck all that apply	in or overseen by practice during			ALL	ALL	1	Other		

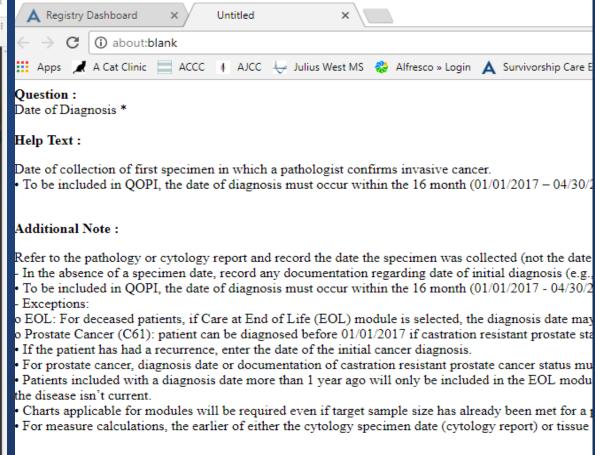


QOPI® Platform: Help Text and Additional Notes

Mouse over the blue icon to bring up Help Text



 Double click on blue icon to bring up Additional Notes





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 Trackss attributed to that chart







- 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'





- 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.





- Patient Assessments
 - Data elements related to Smoking/Tobacco use do not include the use of ecigarettes
 - 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.





- 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







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.





- 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 ABSTRACTOR TRAINING

THANK YOU!

Please contact the **QOPI®** Help Desk with additional questions



