QOPI® 2018 ROUND 2 CHART ABSTRACTION TIPS

Abstraction Overview

When responding to data elements in the QOPI® system, only include information that is accessible within your practice as part of normal work flow.

- Sources of documented information may include an outpatient paper chart, an outpatient EMR, your institutional EMR (for information such as, smoking status and pain assessments).
- Do not abstract from an EMR or notes with dates **after** 10/31/2018. Abstraction through QOPI® provides a look at care prior to the end of the visit window and during a defined period.
- Please refer to the 'Help Text' adjacent to the data element in the QOPI platform. Position your cursor over the blue *i* icon to view the information.
- Additional information related to abstracting a data element can be found by double-clicking on the blue *i* icon. A separate tab will open and will display the 'Help Text' and 'Additional Notes'

Abstracting in the QOPI® Platform

General Information Section

Chart ID

- Chart ID will be a unique number or identifier generated by the QOPI® system for the patient chart.
- Provider
    - Select a Provider for this chart using the drop-down box. For a Provider to appear in this list, they must be entered in the QOPI® system: Administration tab → Provider → Add New Provider
    - Provider must be entered if a practice wants performance reports by individual providers

Chart Profile

- Enter the ICD-10 CM code found in the medical record and/or billing documents.
    - The ICD code entered will determine which pre-selected modules are applicable to the chart.
    - If the ICD code applies to a disease module that was not selected by the practice, then that chart will be labeled as "Other" and will applicable to the Core and any domain modules selected.
- Primary cancer site - If there are two distinct cancer diagnoses in the past year, the chart does not meet the standard QOPI® sampling criteria.
- Breast Cancer
    - Exclude cases with ductal carcinoma in situ (DCIS) only.
    - Cases with invasive malignancy and DCIS may be included and abstraction should focus on the invasive malignancy only.
        - Charts of male patients with invasive breast cancer may be abstracted for QOPI® but will not apply to the breast cancer module.
- Date of diagnosis refers to the pathology or cytology report; record the date the specimen was collected (not the date of the report). This is the first specimen in which a pathologist confirms cancer in/from the organ of primary diagnosis.

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- If there are multiple specimens, enter the date of the first specimen collected that confirms cancer. In the absence of a specimen date, record any documentation regarding date of initial diagnosis (e.g. a practitioner's notation).

Practice Encounter

- Date of first practitioner office visit (medonc/hemonc) at the practice for the cancer diagnosis must be within the 16-month diagnosis window (**07/01/2017 - 10/31/2018**).
    - The first office visit is ***not*** required to be within the office visit window
    - Do not include visits to a surgeon or radiation oncologist.
- Patients who were diagnosed prior to the 16-month window and are selected for the EOL module may have had their first office visit prior to the 16-month window, as long as they have had two (2) office visits in the nine (9) months preceding death.
- Most recent office visit at the practice is to be abstracted for the visit only during the eight (8) month visit window **05/01/2018 – 12/01/2018**. If the most recent visit occurred *after* **12/01/2018**, then abstract for the next most recent office visit that occurs on or before **12/01/2018**.
    - Include visits to other office sites within the practice only if the practice uses a common medical record and shares management of care for the patient. Do not include visits to a surgeon or radiation oncologist for this element.

Patient Characteristics

- Deceased refers to the status of the patient at the time of abstraction. A death certificate is NOT required for confirmation that patient; information regarding the patient's death may be found via a registry or an obituary.
- Only patients deceased because of cancer or cancer treatment are eligible for the EOL module.

Chart Application

- The modules selected by the practice during registration via the Round Participation form are displayed. Only data elements relative to the selected modules will appear in the QOPI® system.

Measure Details Section

Tumor Staging

- 'Locally advanced' is not sufficient for cancer staging documentation.
- The question 'AJCC Stage IV at Diagnosis or Developed Distant Metastases' is meant to capture Stage IV at diagnosis OR documentation of distant metastases.

Tumor Markers

- Serum Tumor Marker Test ordered by includes the response option: ordered outside the practice.

Surgery

- Abstract documentation for this section as is relative to the initial course of treatment for the colorectal module.
- Data elements related to cytoreduction and VTE prophylaxis will appear only if the GynOnc module is selected.

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- Do not include cyberknife radial surgery for the surgery question. The metrics that include surgical resection are based on routine surgical resection rather than radiation targeted therapy.

Radiation Therapy

- Data elements will appear only if the NSCLC or Colorectal module is selected and 'Reporting practice has/had primary responsibility for the initial course of the patient's medical oncology care.'

Drug Therapy

- NK1 receptor antagonist and Olanzapine open due to platform construction. If emetic risk is not high, respond to these as "Other reason documented"
- Chemotherapy treatment includes all chemotherapy agents, regardless of route of administration, used to treat cancer. Don't abstract for treatment that is solely immunotherapy; QOPI abstraction doesn't include immunotherapy agents.
- Olanzapine is recommended as an adjunct for antiemetic treatment based on the published October 2017 ASCO Guidelines.
- If an item refers to the ***initial*** course of treatment, do not abstract data related to treatment provided for recurrence or disease progression. Refer to first course of treatment to respond.
- Do not include treatment provided for recurrence or disease progression.
- Chemotherapy and Related Items, Initial Course of Treatment: Data elements will appear if the reporting practice has primary responsibility for the initial course of the patient's medical oncology care.
- Types include: targeted agents, alkylating agents, antimetabolites, plant alkaloids and terpenoids, topoisomerase inhibitors, antitumor antibiotics, monoclonal antibodies, and biologics (such as rituximab (Rituxan), trastuzumab (Herceptin), lapatinib (Tykerb), and interferon for treatment of melanoma).
- Hormonal Therapy, Initial Course of Treatment: Questions will appear only if the Breast or Prostate cancer module is selected.
- Hormonal therapies are not included in the definition of chemotherapy, such as tamoxifen, raloxifene (Evista), toremifene (Fareston), exemestane (Aromasin, anastrazole (Arimidex), abiraterone acetate (Zytiga).
- For the purposes of QOPI® abstraction, other hormonal therapies such as goserelin acetate (Zoladex) and fulvestrant (Faslodex) are not included in the list of hormones assessed for the QOPI® measures.
- Biologic Response Modifiers are accepted as a second agent for Multi-Agent Chemotherapy administration; do include trastuzumab, pertuzumab, or bevacizumab.
- A physician is considered to recommend a treatment if the patient received the medication OR if the chart reflects that the physician discussed the medication with the patient as a recommended therapy. In the absence of documentation, respond 'Chemotherapy NOT recommended.'
- Chemotherapy treatment consent is assessed for whether informed consent for chemotherapy is given by the patient prior to administration of chemotherapy drugs.
- The informed consent may be documented in a signed consent form or in a practitioner notation that indicates the patient consented to the treatment. Consent should be documented for all forms of chemotherapy, including oral.

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Chemotherapy Treatment Plans and Summaries

- A complete treatment summary must include:
  - Chemotherapy delivered, including number of cycles administered, duration, and extent of dose reduction
  - Reason treatment was stopped
  - Major toxicities and/or hospitalizations
  - Treatment response, such as complete, partial, no response, progression, not measurable
  - Follow up care and relevant providers.
- The treatment summary may be completed on paper or captured in the practice's EHR.
- If the patient received neoadjuvant and adjuvant chemotherapy, respond about the adjuvant treatment.
- QOPI® assesses for completion of the treatment summary within three (3) months after the end of chemotherapy for patients receiving adjuvant treatment only. The data elements do not open for patients with metastatic disease or those who received non-curative chemotherapy.

Genetic Risk Assessment

- Review chart documentation since the first visit for diagnosis.
- Reason why no Counseling or Referral for Counseling: If the patient received pre-genetic test screening and results did not warrant further genetic counseling or testing, respond 'Pre-screening test negative for genetic testing'.
- Pre-screening tests may be performed on the biopsy specimen, such as MLH-1, MSH2, MSH6, PMS2. MSI panel if NOT used for germline DNA testing.
- Patient Received Counseling or Referral for Counseling for Genetic Testing does not need to have been done by the practice if it was done previously by another provider and there is documentation to indicate as such.

Patient Assessments

- Data elements related to Smoking/Tobacco use do not include the use of e-cigarettes.
- Chewing tobacco is acceptable for abstracting 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.
- Responses for "Performance status" data elements should reference a standard scale used by the practitioner. Correlation of the practitioner's statements or performance status (ambulatory…) may equate to the standard scale. Don't interpret the notes to make them match a standard scale.

Palliative Care Services

- Indicate whether the patient was referred for palliative care services, other than hospice.

Hospice Care

- Questions regarding hospice care will appear only if the patient is deceased because of malignancy and the EOL module was selected.

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Modules

Core

- Chemotherapy intent discussed with patient is based on documentation of a discussion regarding intent by a practitioner in the practice. Only include discussion documented prior to the first administration of chemotherapy for the initial course of treatment.
- Chemotherapy administered during the initial treatment course for Core (NOT Breast OR NSCLC OR GYNONC) applies to treatment underway or complete. Include oral chemotherapy and chemotherapy provided offsite but under the direction of the reporting practice.
- The documented plan for the chemotherapy regimen should include the planned treatment approach for the entire regimen (including oral). Select all elements that were documented in the chart prior to the first administration of the chemotherapy.

Breast

- Chemotherapy administered during initial treatment course: "Administered' applies to treatment underway or complete. Include oral chemotherapy or chemotherapy provided offsite but under the direction of the reporting practice.
- Do not include supportive care therapies (e.g., growth factors, bisphosphonates, nausea medications or fluids if these are not given in association with "chemotherapy").

Colorectal

- Pre-operative radiation may include radiation or radiation ablation therapy as part of initial course of treatment for rectal cancer only.
- Surgery for the primary tumor/cancer does not include surgery for recurrence or disease progression (e.g., liver lesions).
- If both neoadjuvant and adjuvant chemotherapy were recommended, refer to documentation regarding the adjuvant treatment when entering the date of administration.

GynOnc (Ovarian, Fallopian tube, Primary Peritoneal cancer)

- Cytoreduction surgery is required for inclusion in this module. If no surgery occurred, the chart can be included for EOL, Symptom, or Core modules.
- The initial course of treatment may include cytoreduction surgery.
- Intraperitoneal (IP) chemotherapy 'Administered' applies to treatment underway or complete. Respond based on most recent administration if more than occurrence noted. Respond 'Contraindication or other clinical exclusion' if the patient is Stage I, II, or IV.

Non-Hodgkin's Lymphoma

- Questions will appear only if the NHL module is selected and the patient received chemotherapy in or overseen by the reporting practice. Abstraction can be taken from documentation any time since diagnosis.

NSCLC

- For staging of NSCLC, 'limited stage' or 'extensive stage' is sufficient in the absence of more detailed staging information.
- Adjuvant radiation recommended or administered refers to post-operative radiation during the initial course of treatment for NSCLC. Do not include radiation for recurrence or progression.

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- If neoadjuvant and adjuvant chemotherapy were administered, refer to documentation regarding the adjuvant treatment when enter the date of administration.
- If cisplatin-based chemotherapy was not administered due to renal insufficiency or other documented comorbidity or clinical reason for not administering cisplatin-based therapy, respond 'Contraindication or other clinical exclusion'.

Prostate

- The Prostate module includes six test measures and one non-test measure.

SCLC

- Small cell lung cancer module was added in Fall 2017.
- Data elements for this module are related to three SCLC Test measures.

Symptom and Toxicity

- Data elements will only appear if "Yes, patient has received chemotherapy in or overseen by the reporting practice" is selected for "Practice Management of Initial Course of Therapy".
- Moderate or high emetic risk chemotherapy: Indicate whether any moderate or high emetic risk chemotherapy was administered to the patient at any time during his/her therapy. Include drugs administered offsite if the treatment was overseen by the reporting practice.
- Emetic Risk for Chemotherapy Received: 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).

Palliative Care

- These 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.

Care at the End of Life

- Questions will appear only if the Care at the End of Life Module was selected and 'Yes, patient is deceased as a consequence of his/her cancer or cancer treatment' was selected.
- Dyspnea assessed/addressed may be answered with patient assessments such as "patient denies increased respiratory distress" or "respiratory system without findings."
- Hospice enrollment: Respond based on the most recent discussion and/or enrollment date, if multiple. Discussion regarding hospice may be with the patient or designated caregiver.