

ASCP MACRA Grant - Public Comment - Measures 6 & 7

Public Comment Survey Questions

The Centers for Medicare & Medicaid Services (CMS) has provided funding to the American Society for Clinical Pathology (ASCP) to develop pathology-focused electronic clinical quality measures (eCQMs) that incentivize value-based care both within laboratory medicine and among allied medical specialties.

We are seeking public comments on the following two measures:

Measure 6 – Rate of Notification to the Responsible Provider of a New Diagnosis of Malignancy within 5 Days of Pathology Report

- **Initial population:** Number of pathology reports for patients with a new diagnosis of malignancy (other than squamous or basal cell carcinoma of the skin) during the measurement year.
- **Denominator:** Number of pathology reports for patients with a new diagnosis of malignancy (other than squamous or basal cell carcinoma of the skin) during the measurement year.
- **Denominator exclusions:** None.
- **Numerator:** Number of pathology reports for patients with a new diagnosis of malignancy (other than squamous or basal cell carcinoma of the skin), and communication of the diagnosis from the pathologist to the responsible provider was made within 5 days of finalization of the report.
- **Numerator exclusions:** None.
- **Denominator exceptions:** None.

Measure 7 - Rate of Communicating Results of an Amended Report with a Major Discrepancy to the Responsible Provider

- **Initial population:** Number of amended reports that had major diagnostic discrepancies during the measurement year.
- **Denominator:** Number of amended reports that had major diagnostic discrepancies during the measurement year.
- **Denominator exclusions:** None.
- **Numerator:** Number of amended reports with major diagnostic discrepancies where communication of the discrepancy from the pathologist to the responsible provider was made within 3 days from when the amended report's diagnostic results were documented.
- **Numerator exclusions:** None.
- **Denominator exceptions:** None.

Please answer the following questions to the best of your ability and knowledge.

We appreciate your feedback and suggestions!

1. What is your name (optional)?

First Name

Last Name

*2. Are you commenting as an individual or organization?

Individual

Organization (please provide your organization name)

*3. What is your role? (select one that is most appropriate)

Laboratory professional

Pathologist

Hospital professional (e.g., Risk Management, Quality Improvement, Chief Information Officer, etc.)

Clinician (e.g., ordering physician, nurse, etc.)

Patient

Caregiver

Purchaser

Payer

Other (please describe)

Measure 6 – Rate of Notification to the Responsible Provider of a New Diagnosis of Malignancy within 5 Days of Pathology Report

Denominator: *Number of pathology reports for patients with a new diagnosis of malignancy (other than squamous or basal cell carcinoma of the skin) during the measurement year.*

Numerator: *Number of pathology reports for patients with a new diagnosis of malignancy (other than squamous or basal cell carcinoma of the skin), and communication of the diagnosis from the pathologist to the responsible provider was made within 5 days of finalization of the report.*

4. Do you think Measure 6's denominator and numerator are clearly defined and clinically meaningful?

Yes

No (please provide your suggestions)

Measure 7 - Rate of Communicating Results of an Amended Report with a Major Discrepancy to the Responsible Provider

Denominator: *Number of amended reports that had major diagnostic discrepancies during the measurement year.*

Numerator: *Number of amended reports with major diagnostic discrepancies where communication of the discrepancy from the pathologist to the responsible provider was made within 3 days from when the amended report's diagnostic results were documented.*

*5. Do you think Measure 7's denominator and numerator are clearly defined and clinically meaningful?

Yes

No (please provide your suggestions)

*6. In your practice, is it a standard that results of any amended reports due to a major discrepancy will be communicated to the clinical care team?

No

Yes (what do you think is the ideal turnaround time?)

*7. How useful is **Measure 6** in assessing pathologist performance and improving quality of care for patients?

Very useful

Somewhat useful

Neutral

Slightly useful

Not useful

*8. How useful is **Measure 7** in assessing pathologist performance and improving quality of care for patients?

Very useful

Somewhat useful

Neutral

Slightly useful

Not useful

Accurate measurement relies on the ability to identify clinical concepts, such as services (e.g., laboratory tests), diagnoses (e.g., malignancies) and other processes (e.g., communication of test results to the responsible provider) from data sources such as electronic health records (EHRs) or laboratory information systems (LISs).

*9. For **Measure 6**

Are these clinical concepts routinely documented in the normal course of clinical and laboratory workflows in your organization or in your experience?

Yes

No (please describe which concepts are not routinely documented in the workflows)

*10. For **Measure 7**

Are these clinical concepts routinely documented in the normal course of clinical and laboratory workflows in your organization or in your experience?

Yes

No (please describe which concepts are not routinely documented in the workflows)

EHRs have standard, structured fields and functionality that store and report healthcare data and concepts. This allows for access to and analysis of such data.

*11. For **Measure 6**

Are all clinical concepts readily available in structured, extractable fields in your organization's EHR system?

Yes

I don't know

No (please tell us which concepts are not available in your organization's EHR system)

*12. For **Measure 7**

Are all clinical concepts readily available in structured, extractable fields in your organization's EHR system?

Yes

I don't know

No (please tell us which concepts are not available in your organization's EHR system)

LISs have standard, structured fields and functionality that store and report healthcare data and concepts. This allows for access to and analysis of such data.

*13. For **Measure 6**

Are all clinical concepts available in structured, extractable fields in your organization's LIS?

Yes

I don't know

No (please tell us which concepts are not available in your organization's LIS)

*14. For **Measure 7**

Are all clinical concepts available in structured, extractable fields in your organization's LIS?

Yes

I don't know

No (please tell us which concepts are not available in your organization's LIS)

Measures 6 & 7 have a common intent: to capture the communication between pathologist(s) and the patient's responsible provider to inform either the discovery of a new diagnosis of malignancy or a diagnostic discrepancy in the patient's pathology report.

***15. For Measure 6**

How is this type of communication performed in your organization? Select all that apply:

Notes in the EHR/LIS

Automatic notification/alert system

Email

Fax

Telephone conversation or voice mail message

Text (e.g., call-back notes)

I don't know

Other mechanisms (please describe)

***16. For Measure 7**

How is this type of communication performed in your organization? Select all that apply:

Notes in the EHR/LIS

Automatic notification/alert system

Email

Fax



Telephone conversation or voice mail message

Text (e.g., call-back notes)

I don't know

Other mechanisms (please describe)

17. Please share with us how this type of communication is documented in the overall workflow in your organization.

18. Is there anything else you'd like to share with us about the measures? (e.g., denominator or numerator exclusions needed, unintended consequences, etc)