

# Enhancing Oncology Model Measure Specifications

## EOM-3 Percentage of Patients Who Died From Cancer Receiving Chemotherapy in the Last 14 Days of Life\*

\*Please note that this measure was adapted from an NQF-endorsed measure (NQF 0210) the measure specifications were changed for use in the Enhancing Oncology Model. NQF has not reviewed or approved the revised measure specifications.

**Note:** This specification will be used by CMS for calculation claims-based measures.

### SUMMARY OF CHANGES FROM NQF 0210 SPECIFICATIONS

- For this measure, ‘died from cancer’ is defined as ‘died during the episode.’
- The Description and Denominator have been updated to ‘died during the episode.’

#### Description

Percentage of patients who died during the episode receiving chemotherapy in the last 14 days of life

#### Measure Scoring

Proportion of patients with at least one outcome event during a six-month episode period

#### Measure Type

Process

#### Improvement Notation

Low scores indicate better quality

#### Definitions

An *episode* is a 6-month period of care triggered by the receipt of chemotherapy.

#### Guidance

None

#### Denominator

Patients who died during the episode.

#### Denominator Exclusions

None

#### Numerator

Patients who received chemotherapy in the last 14 days of life

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## Denominator Exceptions

None

## Numerator Exclusions

None

## Stratification

None

## Risk Adjustment

None

## Rationale

Cancer is the second leading cause of death in the United States (1) and 609,360 cancer-related deaths are projected to occur in 2022 (1). Chemotherapy utilization at the end of life is associated with worse quality of life among patients with good baseline performance status (2), increased ED visits, cardiopulmonary resuscitation, mechanical ventilation, dying in an ICU (3), and higher estimated costs of care (4-5). Yet, as described in the following section, overutilization of chemotherapy in the last two weeks of life persists. The 2015 Institute of Medicine report *Dying in America* states that a palliative approach often offers the best chance of maintaining the highest possible quality of life for those living with advanced serious illness (6) and proposes, as a core component to quality end-of-life care, to offer palliative care services and personalize revision of the care plan and access to services based on the changing needs of the patient and family (6). The purpose of this measure is to encourage timely enrollment in palliative care that focuses on symptom management, rather than low utility and aggressive treatments, among dying cancer patients. The ultimate outcome is improved quality of life, positive death experience, and reduction in resource utilization costs.

Lastly, the National Comprehensive Cancer Network (NCCN) Quality and Outcomes Committee recently reviewed 528 existing oncological quality measures and concepts to identify important cancer quality and outcome measures. Measures and concepts were evaluated according to importance, supporting evidence, opportunity for improvement, and ease of measurement; NQF 0210 was one of seven cross-cutting measures selected for endorsement as a universally appropriate measure to evaluate quality of oncology care (7).

## Clinical Recommendation Statements

None

## References

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