

Oncology Care Model Measure Specifications

OCM-3: Proportion of patients that died who were admitted to hospice for 3 days or more

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

Description

Proportion of episodes ending in death in which the beneficiary was enrolled in hospice for at least 3 days immediately before death.

Measure Scoring

Proportion

Measure Type

Outcome

Improvement Notation

Higher scores indicate better quality.

Definitions

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

Episodes ending in death are those in which the beneficiary died during the 6-month episode, inclusive of the episode end date.

Guidance

N/A

Denominator

All patients who had an episode ending in the performance period who died during the episode.

Date of Death \leq Episode Ending Date

Denominator Exclusions

None

Denominator Exceptions

None

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Numerator

All patients who were enrolled in hospice for at least 3 days immediately before death, for beneficiaries in the denominator population for this measure.

Hospice stays are identified in the Medicare Enrollment Data Base (EDB) by:

1. Beneficiary has at least one Hospice record in the Medicare EDB AND
2. Most recent Hospice End Date is blank OR most recent Hospice End Date \geq Date of Death AND
3. Date of Death minus Most Recent Hospice Beginning Date ≥ 3 .

If two periods of hospice enrollment are consecutive (i.e. if the End Date for one period of enrollment coincides with, or immediately precedes, the Beginning Date of another period of hospice enrollment), then treat the two enrollment periods as a single enrollment period. Similarly, if two periods of hospice enrollment overlap, treat them as a single period of enrollment starting with the earlier Beginning Date and ending with the later Ending Date.

Note some of the 3-day periods before death could have preceded the episode beginning date if the beneficiary died 1 or 2 days into the episode.

Numerator Exclusions

None

Stratification

None

Risk Adjustment

None

Rationale

Cancer care is complicated, expensive, and often fragmented, leading to suboptimal outcomes and high costs. The Oncology Care Model is designed to improve the coordination and appropriateness of care. Oncology Care Model participating practices may achieve the goal of improved care at a lower cost by improving care coordination, effectively educating patients and their caregivers about the importance of managing their chronic conditions and how to do so, arranging for timely and appropriate care and follow-up of patients after they are discharged or during treatment, transmitting key information about the patient to receiving providers, and when applicable, educating patients or their caregivers about options for end-of-life care.

Although the use of hospice and other palliative care services at the end of life has increased, many patients are enrolled in hospice for fewer than 3 days before their death, which limits the benefit they may gain from these services. One recent retrospective study of more than 64,000 patients with cancer who were admitted to hospice found that over 16% of those patients were only enrolled in the last three days of life or less (O'Connor et al., 2015). The rate of patients

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who do not have a hospice referral prior to death continues to be higher than desired with one study reporting that more than 30% of patients were not referred and of those patients, only 7% had a documented discussion on the option of palliative care (O'Connor et al., 2015). Patients enrolled in hospice experience increased survival times along with a reduction in resource use, such as less aggressive end of life care and fewer hospital admissions; these favorable outcomes increased the longer patients were enrolled in hospice (Lee, 2015; Langton, 2014).

Clinical Recommendation Statements

N/A

References

Langton, J. M., B. Blanch, et al. (2014). "Retrospective studies of end-of-life resource utilization and costs in cancer care using health administrative data: a systematic review." *Palliat Med* 28(10): 1167-1196.

Lee, Y. J., J. H. Yang, et al. (2015). "Association between the duration of palliative care service and survival in terminal cancer patients." *Support Care Cancer* 23(4): 1057-1062.

O'Connor, T. L., N. Ngamphaiboon, et al. (2015). "Hospice utilization and end-of-life care in metastatic breast cancer patients at a comprehensive cancer center." *J Palliat Med* 18(1): 50-55.