

Problems with Medicare's Chemotherapy Quality Measure for Avoidable Hospital Visits

1 Background

- Medicare tracks potentially avoidable hospital visits for chemotherapy patients under the Hospital Outpatient Quality Reporting program.
- Measure includes ED visits and admissions for ~250 diagnoses across 10 avoidable conditions (e.g., vomiting, pain) within 30 days of chemotherapy.
- Literature often applies truncated definitions (e.g., applying list of diagnoses only, without indexing hospital visits to a chemotherapy infusion).

2 Objective

To examine how different applications of Medicare's outpatient chemotherapy quality measure, particularly truncated definitions commonly used in research affect the identification of potentially avoidable hospital visits. We aimed to determine (1) the extent to which these variations capture different subsets of hospital visits and (2) whether hospital visits classified as "avoidable" differ in timing and referral patterns from non-avoidable visits

3 Methodology

Data Sources

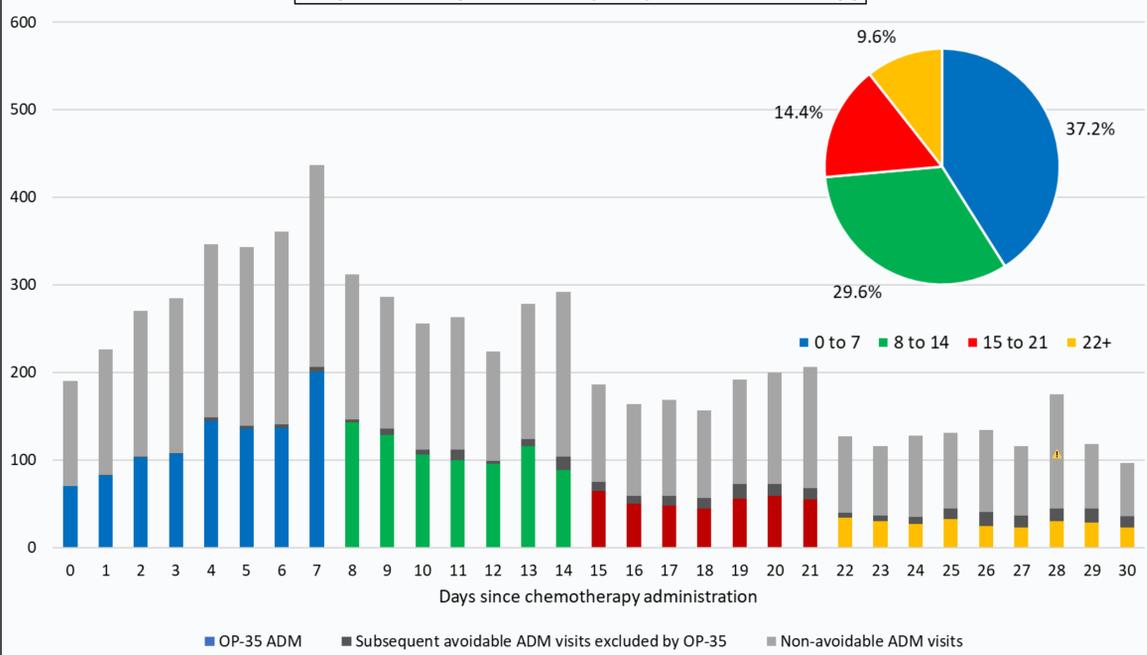
- Incident cancer diagnoses, 2016–2023, from two tumor registries (UTSW and Parkland).
- Linked to regional health information exchange-
Dallas Fort Worth Hospital Council Foundation Data for hospital visits

Analysis

- Sequentially applied truncated versions of the Medicare measure.
- Classified hospital visits as clinician-referred vs. self-referred (via EHR review of phone, virtual, clinic encounters).
- Used mixed-effects multivariate modeling to estimate odds of clinician referral for avoidable vs. non-avoidable visits

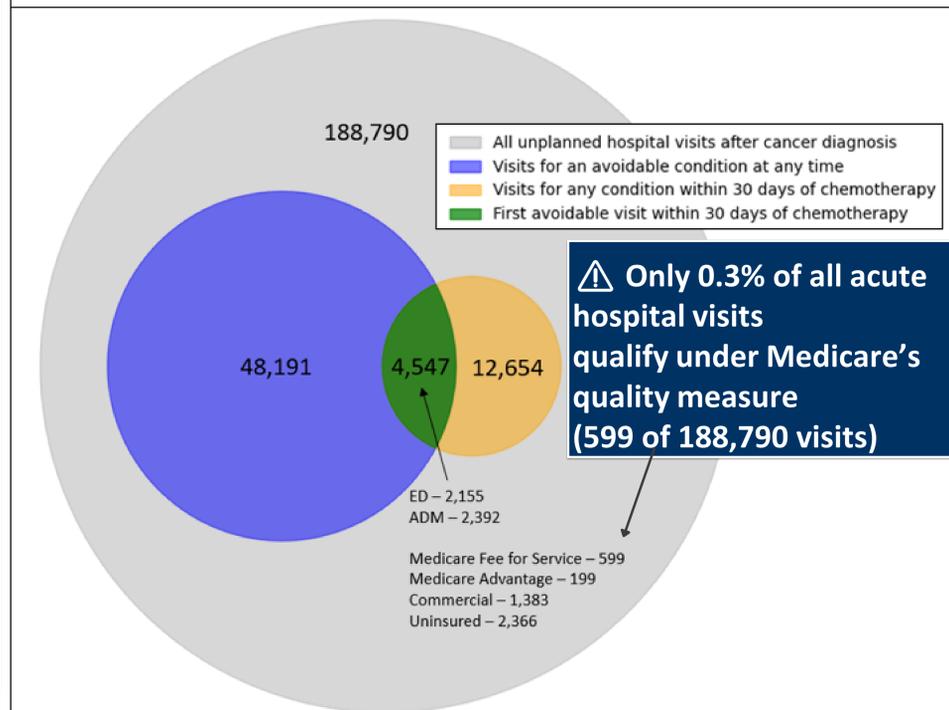
4 Results

Daily Trend of Inpatient Visits (ADM), After Chemotherapy



⚠️ Oncology urgent care Visits preceded by urgent care on same day had higher odds of being avoidable (OR 1.75; 95% CI: 1.23–2.47).

Breakdown of 188,790 Hospital Visits after Cancer Diagnosis (DFW Hospital Council Foundation)



ED, Emergency Department, including observation stays; ADM, inpatient visits, including those that began with ED arrival.
OP-35: Only the first (ED or ADM) acute hospital visit for an avoidable condition (e.g., nausea, pain), occurring within 30 days after a chemotherapy administration, applied to Medicare fee-for-service claims only.

5 Conclusion

- Medicare's quality measure definition is very complicated
- Applying only pieces of it will mark very different sets of hospital visits as Potentially Avoidable
- It is unclear what exactly about these visits makes them potentially avoidable

References

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- Navari RM, Ruddy KJ, LeBlanc TW, et al. Avoidable Acute Care Use Associated with Nausea and Vomiting Among Patients Receiving Highly Emetogenic Chemotherapy or Oxaliplatin. *Oncologist* 2021;26(4):325-331. DOI: 10.1002/onco.13620.
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