QOPI® Reporting Registry
Qualified Clinical Data Registry (QCDR)
Brought to you by ASCO and ASTRO

QOPI® REPORTING REGISTRY 2019

QCDR MEASURE SPECIFICATIONS

Measure ID	Measure Title	Measure Description	Denominator Exceptions	Denominator Exclusion	Denominator	Numerator	NQF ID	NQS Domain	High Priority or Outcome	High Priority Type	Measure Type	Meaningful Measure Area	Inverse Measure	Proportional, Continuous variable, or Ratio measure	Number of Performance Rates to be submitted	Risk-adjusted
QOPI5	Chemotherapy administered to patients with metastatic solid tumor with performance status of 3, 4, or undocumented (**Lower Score - Better)**	Percentage of adult patients with metastatic solid tumors and performance status of 3, 4, or undocumented who receive chemotherapy **(Lower score - Better)**	None	Diagnosis of Malignant neoplasm of placenta/trophoblastic neoplasm, testicular carcinoma Diagnosis codes (181.x (C58), 186.x (C62.9))	All patients, regardless of age, with a diagnosis of a solid tumor cancer **AND** either chemotherapy intent is not documented and Stage IV at initial diagnosis **OR** development of distant metastases occurred during measurement period, **OR** chemotherapy intent is non-curative, and patient received chemotherapy for stage IV or distant metastatic disease	Performance status documented within 2 weeks of most recent chemotherapy administration for distant metastatic disease = 3 or 4 or is not documented, **AND** Patient did not receive chemotherapy for metastatic disease as part of IRB approved protocol, **OR** Patient received chemotherapy for metastatic disease as part of IRB approved protocol is unknown	N/A	Efficiency and Cost Reduction	High Priority	Appropriate use	Process	Appropriate use of Healthcare	Yes	Proportional	1	No
QOPI11	Combination chemotherapy received within 4 months of diagnosis by women under 70 with AJCC stage IA (T1c) to III ER/PR negative breast cancer	Percentage of adult women under 70 with a diagnosis of AJCC stage IA (T1c) to III ER/PR negative breast cancer, who receive combination chemotherapy within 4 months of diagnosis	None	Reporting practice has/had primary responsibility for the initial course of the patient's medical oncology care, or M-Stage at breast cancer diagnosis = M1, **OR** Diagnosis of malignant phyllodes, cystosarcoma phyllodes, tubular carcinoma, mucinous carcinoma, **OR** Multi-agent chemotherapy NOT administered and reporting date – diagnosis date < 124 days, or deceased date – diagnosis date < 124 days, **OR** date of first visit to reporting practice – diagnosis date > 124 days) **OR** Patient declined, or Patient died or transferred, or Contraindication, or other	All patients aged 18-69 at time of breast cancer diagnosis **AND** AJCC stage at breast cancer diagnosis is IIA -IIIC, **OR** IA and T1c, or IB, or T1c, T2-T4d and N0, or N1-N3c, **OR** T1c and N1mi, and ER negative and PR negative	Multi-agent chemotherapy administered during initial treatment course for breast cancer **AND** the date the multi-agent chemotherapy was initiated is less than or equal to 124 days from date of diagnosis, **OR** alternative treatment was administered according to clinical trial protocol	N/A	Communication and Care Coordination	High Priority	Communication and Care Coordination	Process	Appropriate use of Healthcare	No	Yes	1	No

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QOPI15	GCSF administered to patients who received chemotherapy for metastatic cancer **(Lower Score - Better)**	Percentage of adult patients with metastatic cancer who are administered chemotherapy and who received a colony stimulating factor **(Lower score - Better)**	None	Diagnosis of malignant neoplasm of placenta/trophoblastic neoplasm, testicular carcinoma, leukemia, Hodgkin and non-Hodgkin's lymphoma	Patients aged 18 or older at cancer diagnosis **AND** received chemotherapy for metastatic/advanced disease, **AND/OR** received chemotherapy for palliative intent	Patient received GCSF	N/A	Efficiency and Cost Reduction	High Priority	Appropriate use	Process	Appropriate use of Healthcare	Yes	Proportional	1	No
QOPI21	Oncology: Treatment Summary Communication – Radiation Oncology	Percentage of patients, regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy who have a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment	None	Documentation of a patient reason(s) for not communicating the treatment summary report to the physician(s) providing continuing care (e.g., patient requests that report not be sent) and to the patient within two weeks of completing treatment Documentation of a system reason(s) for not communicating the treatment summary report to the physician(s) providing continuing care (e.g., patient does not have any physician responsible for providing continuing care) and to the patient within two weeks of completing treatment	All patients, regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy	Patients who have a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within two weeks of completing treatment	N/A	Communication and Care Coordination	High Priority	Communication and Care Coordination	Process	Appropriate use of Healthcare	No	Proportional	1	No

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QOPI22	External Beam Radiotherapy for Bone Metastases	Percentage of patients, regardless of age, with a diagnosis of painful bone metastases and no history of previous radiation who receive external beam radiation therapy (EBRT) with an acceptable fractionation scheme as defined by the guideline	None	The medical reasons for denominator exclusions are: 1) Previous radiation treatment to the same anatomic site; 2) Patients with femoral axis cortical involvement greater than 3 cm in length; 3) Patients who have undergone a surgical stabilization procedure; and 4) Patients with spinal cord compression, cauda equina compression or radicular pain	All patients with painful bone metastases and no previous radiation to the same anatomic site who receive EBRT	All patients, regardless of age, with painful bone metastases, and no previous radiation to the same anatomic site who receive EBRT with any of the following recommended fractionation schemes: 30Gy/10fxns, 24Gy/6fxns, 20Gy/5fxns, 8Gy/1fxn.	N/A	Communication and Care Coordination	High Priority	Communication and Care Coordination	Process	Appropriate use of Healthcare	No	Proportional	1	No
QOPI23	Concurrent Chemoradiation for Patients with a Diagnosis of Stage IIIB NSCLC	Percentage of patients, regardless of age, with a diagnosis of Stage IIIB NSCLC receiving concurrent chemoradiation	None	Patients who received first line platinum-based chemotherapy and radiation on a clinical trial, **OR** patient performance status is 3 / 40-50% / Bed time, >50%, OR patient performance status is 4 / 10-30% / Unable to get out of bed, **OR** a medical contraindication exists **OR** patient has superior sulcus cancers	All patients, regardless of age, with a diagnosis of AJCC stage at NSCLC diagnosis is IIIB	Patients who received first-line platinum-based chemotherapy and radiation	N/A	Effective Clinical Care	N/A	N/A	Process	Patient-Focused Episode of Care	No	Proportional	1	No

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AQUA29	Prostate Cancer: Patient Report of Urinary function after treatment	Percentage of patients who had a reported urinary function score at 12 months after treatment that is within 80% of the reported urinary function score at baseline (before treatment)	None	None	All newly diagnosed prostate cancer patients	Men completing EPIC-26 urinary function domain who had a reported urinary function score within 80% of the reported urinary function score at baseline (before treatment)	N/A	Person and Caregiver Centered Experience and Outcomes	High Priority	Outcome	Patient Reported Outcome (PRO)	Patient Reported Functional Outcomes	No	Proportional	1	Yes
AQUA30	Prostate Cancer: Patient Report of Sexual function after treatment	Percentage of patients who had a reported sexual function score at 24 months after treatment that is within 60% of the reported sexual function score at baseline (before treatment)	None	None	All newly diagnosed prostate cancer patients	Men completing EPIC-26 sexual function domain who had a reported sexual function score within 60% of the reported sexual function score at baseline (before treatment)	N/A	Person and Caregiver Centered Experience and Outcomes	High Priority	Outcome	Patient Reported Outcome (PRO)	Patient Reported Functional Outcomes	No	Proportional	1	Yes

AQUA = American Urological Association Quality (AQUA) Registry