

## 2025 Quality ID PIMSH1: Oncology: Advance Care Planning in Metastatic Cancer Patients

--High Priority Type: Patient Experience

--Measure Type: Patient Engagement/Experience

### **2025 COLLECTION TYPE:**

QCDR-- Practice Insights by McKesson in Collaboration with The US Oncology Network

### **DATA SOURCE USED FOR THE MEASURE:**

Practice Insights by McKesson - QCDR - EHR: Medical record, including problem list and advance care plan documentation

### **DESCRIPTION:**

Percentage of patients with metastatic (stage 4) cancer who have a documented Advance Care Planning discussion in the first 6 months after metastatic diagnosis to inform treatment decisions and end-of-life care.

### **DENOMINATOR:**

All patients with stage 4 cancer diagnosed between July 1st of the previous performance period through June 30th of the current performance period and had an E/M visit within the measurement period.

### **DENOMINATOR EXCLUSION:**

Hospice services received by the patient at anytime during the measurement period.

### **DENOMINATOR EXCEPTIONS:**

None

### **NUMERATOR:**

Patients who have had an advance care plan discussion with an advance care plan or surrogate decision maker documented in the medical record or documentation that an advance care plan was discussed but patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan within the first 6 months after their metastatic diagnosis.

### **Numerator Note:**

If an existing Advance Care Plan exists, this must be reviewed with the patient during the 6-months proceeding a metastatic cancer diagnosis.

Services typically provided under CPT codes 99497 and 99498 satisfy the requirement of Advance Care Planning; however, utilizing these billing codes are not required for the purpose of this measure.

### **NUMERATOR EXCLUSIONS:**

None

**TELEHEALTH:**

Included

**REPORTING OPTIONS:**

Traditional MIPS

**CLINICAL RECOMMENDATION STATEMENT:**

This measure is endorsed by the US Oncology Network Steering Committee. Advance care planning are included in the Institute of Medicine - 1 of 13 care plan components. Patients engaged in meaningful discussions about their values and goals for care are better enabled to participate in shared decision-making events, especially when values include personal preferences for care at the end of life.

**QCDR MEASURE RATIONALE:**

The American Cancer Society estimates that more than 600,000 Americans will die of cancer in 2019. (American Cancer Society: Cancer Facts and Figures 2019. Atlanta, Ga: American Cancer Society, 2019) Of these deaths, most are due to metastatic or recurrent disease. Most metastatic or recurrent cancers are not curable and treatment is administered with the goal of controlling the growth of the cancer and relieving symptoms. Therefore, patients facing a diagnosis of advanced cancer need to have an honest understanding of their medical plan of care and require support and encouragement in discussing and documenting their own treatment preferences. These aspects of care are key components of advance care planning (ACP) for patients with metastatic disease.

Anticipating the end of life and making health care decisions about appropriate or preferred treatment or care near the end of life is intellectually challenging and emotionally distressing for patients with advanced cancer, their families and friends, oncology clinicians, and other professional caregivers. However, the adverse consequences of failing to plan for the transition to end of life care include the following:

- Increased psychological distress
- Medical treatments inconsistent with personal preferences
- Utilization of burdensome and expensive health care resources of little therapeutic benefit
- A more difficult bereavement

(Source: [www.cancer.gov](http://www.cancer.gov))

The preferences of patients with advanced cancer should, in large part, determine the care they receive. However, the evidence suggests that patients lack sufficient opportunity to develop informed preferences and, as a consequence, may seek care that is potentially inconsistent with their personal values and goals. (Quill TE, Holloway RG: Evidence, preferences, recommendations--finding the right balance in patient care. N Engl J Med 366 (18): 1653-5, 2012.) In addition to this, due to the high cost of cancer care and inevitable costs associated with end of life care, it is critical to prioritize advance care planning for all cancer patients, and in particular, those with metastatic disease.

*These performance measures are not clinical guidelines and do not establish a standard of medical care and have not been tested for all potential applications.*

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