



CMS Measure ID/CMS QCDR ID: CAP 24

Measure Title: Cancer Protocol and Turnaround Time for Intrahepatic Bile Ducts

Measure Specifications

<p>Measure Description</p>	<p>Percentage of all eligible carcinoma of the intrahepatic bile ducts specimens:</p> <ul style="list-style-type: none"> • Hepatic resection • Partial hepatic resection • Total hepatic resection <p>for which all required data elements of the Cancer Protocol are included AND meet the maximum 4 business day turnaround time (TAT) requirement (Report Date – Accession Date ≤ 4 business days).¹</p> <p>INSTRUCTIONS: This measure has two performance rates that contribute to the overall performance score:</p> <ol style="list-style-type: none"> 1. Percent of cases for which all required data elements of the cancer protocol are included. 2. Percent of cases that meet the maximum 4 business day turnaround time. <p>The overall performance score submitted is a weighted average of: (Performance rate 1 x 70%)+(Performance rate 2 x 30%)</p>
<p>Denominator Statement</p>	<p>All final pathology reports for eligible hepatic resection cases that require the use of a CAP cancer protocol. CPT®²: 88307 or 88309 AND Any of the ICD 10 codes:</p> <ol style="list-style-type: none"> 1. C22.1: intrahepatic bile duct carcinoma 2. C22.0: liver cell carcinoma 3. C22.7: other specific carcinoma of liver 4. C22.8: malignant neoplasm of liver, primary, unspecified as to type 5. C22.9: malignant neoplasm of liver, not specified as primary or secondary
<p>Denominator Exclusions</p>	<ol style="list-style-type: none"> 1. Biopsy procedures 2. Hepatocellular carcinoma 3. Hepatoblastoma 4. Carcinomas of the perihilar bile ducts
<p>Denominator Exceptions</p>	<ol style="list-style-type: none"> 1. Cases requiring intradepartmental or extra-departmental consultation.
<p>Numerator Statement</p>	<p>All eligible cases containing all of the required elements found in the current CAP Intrahepatic Bile Ducts protocol. Optional data (marked with a “+” in the CAP cancer protocol) is not required but may be present. The current protocol, the required elements include:</p> <ul style="list-style-type: none"> • Procedure

¹ Highlights indicate changes from 2018 reporting to 2019 reporting

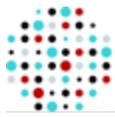
² CPT copyright: 2018 American Medical Association. All rights reserved.

Last Update: 1/21/2019

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	<ul style="list-style-type: none"> • Tumor Size • Tumor Focality • Histologic Type • Histologic Grade • Tumor Extension • Margins <ul style="list-style-type: none"> ○ Hepatic Parenchymal Margin ○ Bile Duct Margin* ○ Other Margin* • Lymphovascular Invasion • Regional Lymph Nodes <ul style="list-style-type: none"> ○ Number of Lymph Nodes Involved* ○ Number of Lymph Nodes Examined* • Pathologic Stage Classification (pTNM, AJCC 8th Edition) <ul style="list-style-type: none"> ○ TNM Descriptors* ○ Primary Tumor (pT) ○ Regional Lymph Nodes (pN) ○ Distant Metastasis (pM)* <p>* If an item is not applicable, an “N/A” listing is required.</p> <p>AND Final pathology report in the laboratory/hospital information system with result verified and reported by the laboratory, available to the requesting physician(s) within 4 business days.</p> <p>Numerator definitions:</p> <ol style="list-style-type: none"> 1. Turnaround Time (TAT): The day the specimen is accessioned in the lab to the day the final report is signed out. Business days counted only. 2. Accession Date: The date recorded in the laboratory/hospital information system that documents when a specimen was received by the laboratory. 3. Report Date: The date recorded in the laboratory/hospital information system that documents when a result is verified and reported by the laboratory and is available to the requesting physician(s) (signed out) 4. Signed Out: The pathology report with a final diagnosis is released.
Numerator Exclusions	None
Measure Information	
NQS Domain	Communication and Care Coordination
Meaningful Measures Area(s)	Transfer of Health Information and Interoperability
Meaningful Measure Rationale	The CAP cancer protocols have been thoroughly researched and have been determined to contain all the elements that a clinician would need to appropriately treat a patient with a malignant disease. Therefore, utilizing all



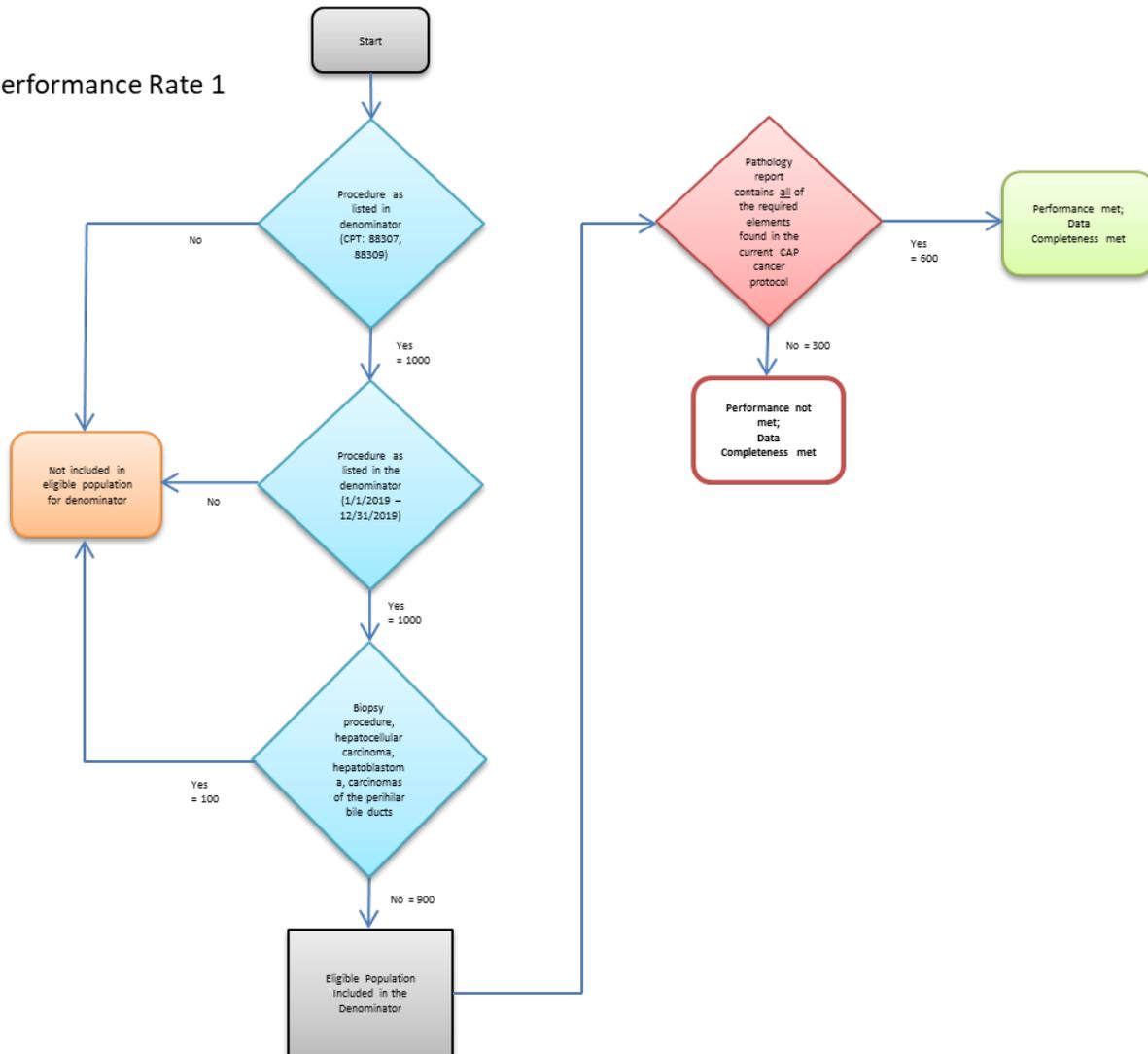
	<p>the required elements found in a CAP protocol for malignant cases should be the very definition of a high-quality report and serve as a measure of pathologist performance. An accurate and complete diagnosis as would be found in a high-quality pathology report with the CAP cancer template is crucial to successful patient treatment and outcomes. The cancer protocols standardize the collection and reporting of all cancer patient data, facilitates communication between pathologists, clinicians and cancer registrars, and improves and supports information exchange and data interoperability (1).</p> <p>Turnaround time (TAT) is an indicator of efficiency in anatomic pathology and may affect coordination of patient care. Timely pathology reports are one of the most important tools physicians use to adequately manage the quality and safety of patient care. The implication of surgical pathology report delay, as shown in research evidence, is that prolonged turnaround time plays a major role in disease complications, including raising morbidity and mortality rates. Therefore, verifying pathology reports in an appropriate timeframe helps healthcare practitioners with timely diagnosis and more effective treatment planning (2-4).</p> <ol style="list-style-type: none"> 1. Kakar. S., et. Al. CAP cancer protocols and pathology reports. Intrahepatic Bile Duct 4.0.0.0 (June 2017) https://documents.cap.org/protocols/cp-intrahepatic-bileducts-17protocol-4000.pdf. 2. Alshieban S. and Al-Surimi K. Reducing turnaround time of surgical pathology reports in pathology and laboratory medicine departments. BMJ Qual Improv Rep. 2015 Nov 24;4(1). pii: u209223.w3773. doi: 10.1136/bmjquality.u209223.w3773. eCollection 2015. 3. Volmar, KE et al. Turnaround Time for Large or Complex Specimens in Surgical Pathology: A College of American Pathologists Q-Probes Study of 56 Institutions. Archives of pathology & laboratory medicine. 139. 171-7. 10.5858/arpa.2013-0671-CP. 2015. 4. Patel, S. et al. Factors that impact turnaround time of surgical pathology specimens in an academic institution. Hum Pathol. 2012 Sep;43(9):1501-5. doi: 10.1016/j.humpath.2011.11.010. Epub 2012 Mar 8.
Measure Type	Process
Data Source	Laboratory Information System; CAP cancer protocols; and pathology reports
Summary of Performance Gap Evidence	<p>A CAP Q-Probes study demonstrated that about 30% of cancer reports do not have all the scientifically validated elements required by the ACS CoC. The CAP cancer protocols have been thoroughly researched and have been determined to contain all the elements that a clinician would need to appropriately treat a patient with a malignant disease. Therefore, utilizing all the required elements found in a CAP protocol for malignant cases should be the very definition of a high-quality report and serve as a measure of pathologist performance.</p> <ol style="list-style-type: none"> 1. Michael O. Idowu, MD; Leonas G. Bekeris, MD; Stephen Raab, MD; Stephen G. Ruby, MD, MBA; Raouf E. Nakhleh, MD. Adequacy of



	Surgical Pathology Reporting of Cancer A College of American Pathologists Q-Probes Study of 86 Institutions Arch Pathol Lab Med. 2010;134:969–974.
Measure Owner	College of American Pathologists
NQF ID	N/A
Number of Performance Rates	1
Overall Performance Rate	1 st Performance Rate
High-priority	Yes
Improvement Notation	Inverse Measure: No Proportional Measure: Yes (Higher score indicates better quality) Continuous Variable Measure: No Ratio Measure: No Risk-adjusted: No
Specialty	Pathology
Current Clinical Guideline the Measure is Derived From	Guideline: None. Cancer Protocol: Kakar. S., et. Al. CAP cancer protocols and pathology reports. Intrahepatic Bile Duct 4.0.0.0 (June 2017) https://documents.cap.org/protocols/cp-intrahepatic-bileducts-17protocol-4000.pdf .

Measure Flow

Performance Rate 1

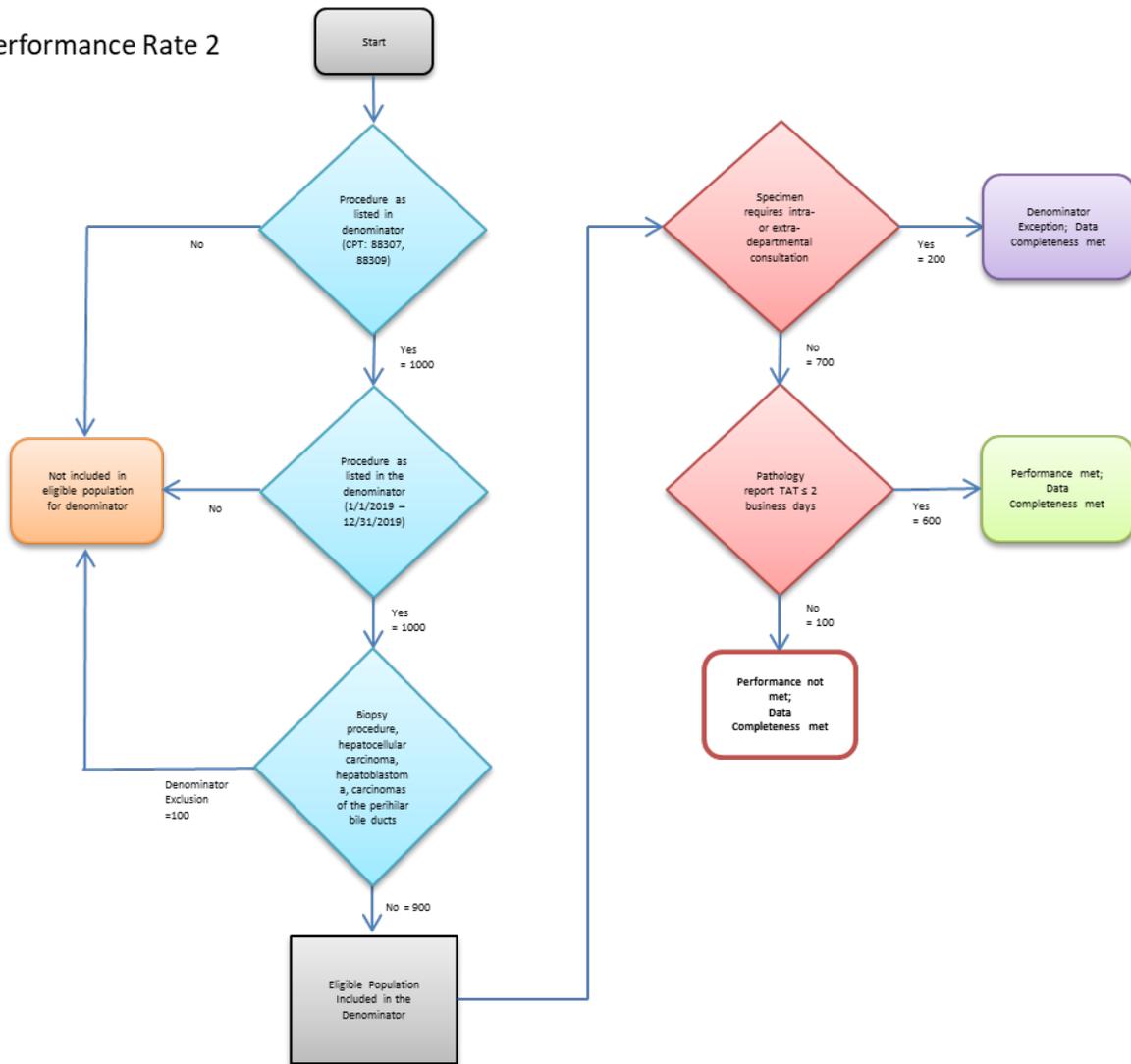


Data Completeness =	
Performance Met + Performance Not Met	$\frac{600 + 300}{900} = 100\%$
Eligible Population	
Performance Rate =	
Performance Met	$\frac{600}{900} = 67\%$
Eligible Population	

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Weighted Score: Performance Rate 1 x 70% = (0.67 x 0.70) = 47%

Performance Rate 2



Data Completeness =	Performance Met + Denominator Exceptions + Performance Not Met	$\frac{200 + 600 + 100}{900} = 100\%$
Eligible Population		900
Performance Rate =	Performance Met	$\frac{600}{800} = 75\%$
Data Completeness Numerator + Denominator Exceptions		800

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Weighted Score: Performance Rate 2 x 30% = (0.75 x 0.30) = 23%

**Overall Performance Score = (Performance Rate 1 x 70%) + (Performance Rate 2 x 30%)
= 47 + 26 = 73% (Score submitted to CMS)**