**CAP QCDR Measure**
**Cancer Protocol and Turnaround Time (TAT) - Kidney**

**CMS Measure ID/CMS QCDR ID:** CAP 27  
**Measure Title:** Cancer Protocol and Turnaround Time for Invasive Carcinoma of Renal Tubular Origin

### Measure Specifications

| Measure Description | Percentage of all eligible kidney resections specimens:  
|                     | • Partial Nephrectomy  
|                     | • Total Nephrectomy  
|                     | • Radical Nephrectomy  
|                     | 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  
|                     | **INSTRUCTIONS:** This measure has two performance rates that contribute to the overall performance score:  
|                     | 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.  
|                     | The overall performance score submitted is a weighted average of:  
|                     | (Performance rate 1 x 70%)+(Performance rate 2 x 30%)  

| Denominator Statement | All final pathology reports for eligible kidney resection cases that require the use of a CAP cancer protocol.  
|                       | **CPT®²:** 88307  
|                       | **AND**  
|                       | Any of the ICD10:  
|                       | • C64: malignant neoplasm of kidney, except renal pelvis  
|                       | • C64.1: malignant neoplasm of right kidney, except renal pelvis  
|                       | • C64.2: malignant neoplasm of left kidney, except renal pelvis  
|                       | • C64.9: malignant neoplasm of unspecified kidney, except renal pelvis  

| Denominator Exclusions | 1. Biopsy procedures  
|                       | 2. Wilms tumors  
|                       | 3. Tumors of urothelial origin  
|                       | 4. Lymphoma  
|                       | 5. Sarcoma  

| Denominator Exceptions | 1. Cases requiring intradepartmental or extra-departmental consultation.  

| Numerator Statement | All eligible cases containing all of the required elements found in the current CAP Invasive Carcinoma of Renal Tubular Origin 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:  

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¹ Highlights indicate changes from 2018 reporting to 2019 reporting  
² CPT copyright: 2018 American Medical Association. All rights reserved.
<table>
<thead>
<tr>
<th>Numerator Exclusions</th>
<th>None</th>
</tr>
</thead>
</table>

**Measure Information**

<table>
<thead>
<tr>
<th>NQS Domain</th>
<th>Communication and Care Coordination</th>
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</thead>
</table>

| 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 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).

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).


<table>
<thead>
<tr>
<th>Measure Type</th>
<th>Process</th>
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<tbody>
<tr>
<td>Data Source</td>
<td>Laboratory Information System; CAP cancer protocols; and pathology reports</td>
</tr>
<tr>
<td>Summary of Performance Gap Evidence</td>
<td>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.</td>
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<tr>
<td>Measure Owner</td>
<td>College of American Pathologists</td>
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<tr>
<td>NQF ID</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of Performance Rates</td>
<td>1</td>
</tr>
<tr>
<td>Overall Performance Rate</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Performance Rate</td>
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<tr>
<td>High-priority</td>
<td>Yes</td>
</tr>
<tr>
<td>Improvement Notation</td>
<td>Inverse Measure: No</td>
</tr>
<tr>
<td></td>
<td>Proportional Measure: Yes (Higher score indicates better quality)</td>
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<td></td>
<td>Continuous Variable Measure: No</td>
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<td></td>
<td>Ratio Measure: No</td>
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<td>Risk-adjusted: No</td>
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<tr>
<td>Specialty</td>
<td>Pathology</td>
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</tbody>
</table>
Measure Flow

Performance Rate 1

- CPT code listed in denominator (CPT: 80032/73)
- Yes = 3000
- No
  - not included in eligible population for denominator
  - Procedure not listed in denominator
    - (1/1/2019 - 12/31/2019)
      - Yes = 1000
      - No = 800
      - Eligible population included in the denominator

Pathology report contains all of the required elements found in the current CAP cancer protocol
- Yes = 500
- No = 800
- Performance not met
- Data completeness met

Data completeness = Performance Rate x Performance Rate Mat
   = 800 / 1200 = 66.67%

Eligible Population

Weighted Score: Performance Rate 1 x 70% = (0.67 x 0.70) = 47%
Performance Rate 2

Start

Not included in eligible population for denominator

No

Yes

Performance was listed in denominator (E017: 203205)

No

Yes

Pathology reported TAT ≤ 2 business days

No

Yes

Performance not met; completeness met

Performance not met; completeness not met

Pathology report TAT > 2 business days

KIDNeY procedures, Wilms tumor, tumors of urothelial origin, lymphoma and leukemia

No

Yes

Yes

Specimen requires intra- or inter-departmental consultation

No

Yes

Yes

Specimen required in the Denominator

Weighted Score: Performance Rate 2 x 30% = (0.86 x 0.30) = 26%

Overall Performance Score = (Performance Rate 1 x 70%) + (Performance Rate 2 x 30%)

= 47 + 26 = 73% (Score submitted to CMS)