

# Clinical Outcomes and Quality Improvement: Oncology Dashboard Drivers

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## ●●● Q&A

- Please submit all questions concerning webinar content through the Q&A panel.
- Reminder:
  - If you have participants watching this webinar at your site, please collect their names and emails.
  - We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.



## ●●● Fabulous Prizes



ICE CREAM, SHAKES & POPSICLES  
**SIZZLING BBQ**  
 FUN IN THE SUN  
**poolside**  
 DAD, DADDY, DADA  
**SUMMER**  
**FLIP FLOPS**  
 Sunglasses



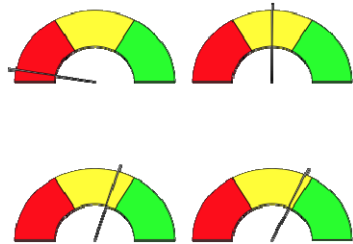
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## ●●● Speakers

- Lisa D. Landvogt, BA, CTR
  - Cancer Program Data Manager for Henry Ford Health System in Michigan
- Jocelyn Hoopes, MLIS, CTR, TTS
  - Chair of the NCRA Informatics Committee
  - Consultant, 360 Registry Services, LLC

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# Clinical Outcomes and Quality Improvement: Oncology Dashboard Drivers



Lisa D. Landvagt, BA, CTR  
Cancer Data Manager  
Henry Ford Health System

## CE Disclosure

- ▶ Lisa Landvagt has no relevant financial or non-financial relationship to disclose
- ▶ Jocelyn Hoopes has not relevant financial or non-financial relationship to disclose



## What We Will Cover Today

- ▶ Identify the value and importance of integral data use in measuring quality outcomes in oncology
- ▶ Identify current methods of dashboard drivers for quality measures
- ▶ Define Patient Reported Outcome Measures (PROMs) as a QA/QI Tool through exploring their definition, history and current context
- ▶ Recite methods to capture, quantify and evaluate the use of PROMs in a Cancer Program Setting (with or without accreditation)
- ▶ Identify a model for use of registry integration and registry resources
- ▶ Identify how PROMs relate to Clinical Standards in use in 2017 (CoC, QOPI etc.)



## Let's Get Started - Quality Outcomes

- Identify the rationale behind the data reporting
- Identify quality measures and process for compliance with Standard 4.4 and Standard 4.5
- Identify study options for Standard 4.6 and Standard 4.7
- Identify examples of study documentation and methodologies
- Identify ways to use the analysis process to create quality improvements Standard 4.8
- Identify ways to appropriately interpret all specific requirements for these three standards



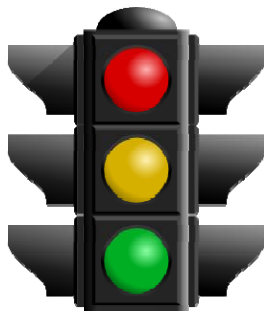
## Officials and Pit Crew

- ▶ The United States Government
- ▶ Department of Health and Human Services (HHS)
- ▶ National Cancer Institute (NCI)
- ▶ National Comprehensive Cancer Network (NCCN)
- ▶ American Society of Clinical Oncology (ASCO)
- ▶ Commission on Cancer (CoC) and National Cancer Database (NCDB)
- ▶ Hospitals and Cancer Centers
- ▶ Physicians
- ▶ Administrators
- ▶ Data Managers



## Emergence of Cancer Quality

- ▶ Problems with public reporting of cancer quality outcomes data
- ▶ Payment/reimbursement
- ▶ Validate data
- ▶ Enforcement
- ▶ Implementation
- ▶ The Future



## Timeline

- ▶ Diagnostic Related Groups (DRG's) and Prospective Payment System (PPS) 1982
- ▶ Centers for Medicare and Medicaid System (CMS) development of flat rate pay system - efficiency is rewarded for incentive to become more efficient
- ▶ NCI programs are EXEMPT from PPS
- ▶ Patient Protection and Affordable Care Act (ACA) - 2010
- ▶ Taxpayer Relief Act - 2012
- ▶ Secretary of Health and Human Services is required to report "the quality measures of process, structure, outcome, patient's perspective on care, efficiencies and cost of care"
- ▶ Quality Reporting PCHQR Program - 2014 final rule for in-patient payment - requires these facilities to report 14 measures starting in 2015

## Timeline - continued

- ▶ Taxpayer Relief Act - 2012
- ▶ Secretary of Health and Human Services is required to report "the quality measures of process, structure, outcome, patient's perspective on care, efficiencies and cost of care"
- ▶ Quality Reporting PCHQR Program - 2014 final rule for in-patient payment - requires these facilities to report 14 measures starting in 2015
- ▶ Tax Payer Relief Act requires ALL participants in out-patient setting to report quality measures under Physician Quality Reporting System (PQRS) for at least 50% of patients in 2014 - more than 100 quality measures and six areas of focus
- ▶ Penalty for failure to report is 1.5 to 2% reimbursement - \$15 to \$20 difference on each \$1000 in cancer care billed
- ▶ Expect that eventually measures will be rolled out at all cancer centers and tied directly to payment using PPS methodology

## Accessing CoC Datalinks



**AMERICAN COLLEGE OF SURGEONS**  
Inspiring Quality: Highest Standards, Better Outcomes



### Log On

CoC Datalinks is a password-protected resource area for CoC-accredited Cancer Programs.  
Please enter your username and password.

User name

Password

[Forgot Username or Password](#)  
[New FIN Request](#)

[About CoC Datalinks](#)

Unauthorized use of this System is forbidden and full legal action can be taken against unauthorized users.

## CoC - Standard 4.4 Accountability Measures

- ▶ Each calendar year the Estimated Performance Rate (EPR) is met for each accountability measure as defined by the Commission on Cancer (CoC)
- ▶ The Cancer Committee monitors the program's EPR for all accountability measures prescribed
- ▶ The monitoring activity is **DOCUMENTED** in the Cancer Committee minutes
  - ▶ Platform to allow evaluation of care within and across disciplines
  - ▶ Ability to discuss processes that work and evaluate how processes can be improved to promote evidence-based practice
  - ▶ Promotes improvement in care delivery
  - ▶ Demonstrates provider accountability
  - ▶ Influences payment for services
  - ▶ Promotes transparency

## Commission on Cancer Quality Measures

- ▶ **Accountability 4.4**
  - ▶ High level of evidence supports the measure, including multiple randomized control trials. These measures can be used for public reporting, payment incentive programs, and the selection of providers by consumers, health plans, or purchasers
- ▶ **Quality Improvement 4.5**
  - ▶ Evidence from experimental studies, not randomized clinical trials support the measure. Intended for internal monitoring of performance within an organization
- ▶ **Surveillance**
  - ▶ Limited evidence exist that supports the measure or the measure is used for informative purposes to accredited programs. These measures can be used to identify the status quo as well as monitor patterns and trends of care in order to guide decision-making and resource allocation

## S4.4 Example

- ▶ **Accountability Cancer Site and minimum Estimated Performance Rate as of June 2017**
  - ▶ **Breast**
    - ▶ BCSRT - radiation therapy administered within 1 year (365 days) in women under the age of 70 receiving Breast Conservation Surgery (BCS) for breast cancer (90%)
    - ▶ HT - Tamoxifen or 3<sup>rd</sup> generation aromatase inhibitor recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0 or stage IB-III hormone receptor positive breast cancer (90%)
    - ▶ MASTRT - radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis with breast cancer for women with equal to or more than 4 positive regional lymph nodes (90%)



## CoC - Standard 4.5 Quality Improvement Measures

- ▶ Each calendar year the Estimated Performance Rate (EPR) is met for each accountability measure as defined by the Commission on Cancer (CoC)
- ▶ The Cancer Committee monitors the program's EPR for all accountability measures prescribed
- ▶ The monitoring activity is **DOCUMENTED** in the Cancer Committee minutes
  - ▶ Platform to allow evaluation of care within and across disciplines
  - ▶ Ability to discuss processes that work and evaluate how processes can be improved
  - ▶ Promotes improvement in care delivery
  - ▶ Promotes transparency

## S4.5 Quality Improvement Measures

- ▶ The function of the quality improvement measure is to monitor the need for quality improvement or remediation of treatment provided
- ▶ Quality improvement measures are intended for internal monitoring of performance within a cancer program



## Benefits of S4.4 and 4.5

- ▶ Monitors quality of care for patients
- ▶ Communication and relationship development with physician practices
- ▶ Concurrent abstraction
- ▶ Rapid Quality Reporting System (RQRS)
- ▶ Continued expansion from NCDB



## CoC Standard 4.6 - Monitoring Compliance with Evidenced-Based Guidelines

- ▶ Each calendar year, the cancer committee designates a physician member to complete an in-depth analysis to assess and verify that cancer program patients are evaluated and treated according to evidence-based national treatment guidelines. Results are presented to the cancer committee and documented in cancer committee minutes.



## The Road to Victory Lane!

- Review the intent of the standard
- Select Cancer site, year(s) and stage selection
- Physician volunteer
- Determine which national guideline to utilize
- CTR performs data request and compiles data
- Physician led in-depth review
- Cancer Committee presentation
- Minute documentation



## Moving Violations



- **Guilty on All Counts**
  - Cannot use Quality Oncology Practice Initiative (QOPI) results as a study for this standard
  - Cannot use quality measures that are included for Standards 4.5 and 4.5
  - Cannot be used to fulfill the requirements for Standard 4.7

## Driver's Seat



- **Certified Tumor Registrar (CTR)**
  - Software request using appropriate parameters for case selection and subsequent analysis
  - **Perform quality control on selected cases**
- **Physician led in-depth review**
  - Provide physician with selected cases and review form for interpretation and outcome analysis on guideline compliance

## Check Engine Light



- **Cancer committee presentation**
  - Physician who led the review presents the **entire study** (concept and results) to the cancer committee within the **same year** the study was performed
- **Minute documentation**
  - The minutes must reflect **all** the components of the study outline (concept and results) presented to the cancer committee along with a **copy of the presentation** to upload to the Program Activity Record (PAR)

## Fueling Up

- The CTR and the physician perform the initial tabulation results for all eligible cases in an excel file or table graph
- The physician reviews each abstract and any supporting documentation to verify workup and treatment results in comparison with the national guideline recommendations
- Track results and determine findings of compliance with national guideline
- Create a power point presentation to present the study, concept, tools and outcome results to present to the cancer committee and document in the minutes and include in the Program Activity Record (PAR)



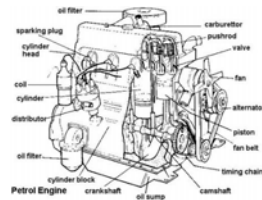
## CoC Standard 4.7: Time for a Tune-Up - Studies of Quality

- ▶ Each calendar year, the cancer committee, under the guidance of the Quality Improvement Coordinator, develops, analyzes, and documents the required number of studies (based on the program category) that measure the quality of care and outcomes for cancer patients.



## The Schematics

- ▶ Study methodology
- ▶ What type of data needed to effectively evaluate the topic
- ▶ What type of data needed to answer the question, “why is this happening?”
- ▶ Specify the population to analysis
- ▶ Define the type of data to obtain that will help understand the cause of the problem
- ▶ Identify who will conduct the study and compile the results
- ▶ Determine whether your study design is suitable for the question that needs to be answered



## Diagnostic Assessment

- Problematic quality-related issue specific to the cancer program
- Studies is conducted to understand why a problem is occurring - the root case, what causes the problem (not if an issue is a problem)
- Study topic cannot be written from the perspective of a quality improvement
- “What is the problem....?”
- “Why is “X” happening?”



## Don't Get a Flat

- 4.7 studies are **NOT** audits to ensure compliance or to determine if a problem occurs
- Examples of common problems
  - Gaps in resources or care
  - Gaps in healthcare technology
  - Issues with patient satisfaction survey results
  - Safety and cleanliness problems?
  - Educational gaps and needs for staff or patients
  - Delays in appointments, treatment, test



## Check List

- Annual evaluation of care of patients with cancer provides a baseline to measure quality
- Offers an opportunity to correct or enhance care and quality outcomes
- Multidisciplinary effort, must include support and representation from all clinical, administrative and patient perspectives
- The QI coordinator, under the direction of the cancer committee focuses on evaluating areas of cancer care
- Study topics are selected by the cancer committee and the QI coordinator
- The study focuses on areas with problematic quality-related issues relevant to the program and local cancer patient population

## Logging the Mileage

- Enter the date the study was reported to the cancer committee
- Enter the name of the physician member from the cancer committee selected to complete the study
- Briefly describe the analysis
- Upload in-depth analysis documentation including methodology, summaries, analysis, recommendations and follow-up
- Cancer committee minutes documenting the analysis reported will also be uploaded to the SAR/PAR



## 4.7 Bumper to Bumper

- ▶ **Study topics must be designed to evaluate the entire spectrum of cancer care including:**
  - Diagnosis, treatment, psychosocial care of patients, supportive care of patients
- ▶ **The spectrum of cancer includes issues related to the following:**
  - Structure
  - Process
  - Outcomes





## 4.7 Drive Shaft and Power Train

- Indicate the study topic that identifies a problematic quality-related issue with the cancer program
- Define the study methodology and criteria for evaluation, including data needed to evaluate the study topic or answer the quality-related question
- Conduct the study according to the identified measures and methodology
- Prepare a summary of findings
- Compare data results with national benchmarks or guidelines
- Design a corrective action plan based on evaluation of the data
- Establish follow-up steps to monitor the actions implemented



## 4.7 Required Tools

- ▶ Select best tools to use to display the results in an organized and readable manner
  - ▶ Checklist
  - ▶ Fishbone diagram
  - ▶ Flowchart
  - ▶ Pareto Chart
  - ▶ Run Chart



## 4.7 Test Drive

- ▶ Follow the determined methodology and measures and organize the data collection
- ▶ Data collection method are diverse
- ▶ Observe, administer test of skill, administer personality and attitude inventories, interviews, content-analyze transcripts, review documentation



## Compare Models

- ▶ Comparing through healthcare organizations, professional associations, national quality projects allows a facility to evaluate their performance
- ▶ Benchmark, performance rate, or guideline needed to determine if meeting expectations and if an improvement is warranted
- ▶ Benchmark, performance rate, or guideline needed to determine how much of an improvement is needed



## Warranty Your Work

- ▶ If study data results identify a quality improvement is needed, develop a plan for implementation
- ▶ Include multidisciplinary cancer committee methods in review
- ▶ Document study results and subsequent improvement in the cancer committee minutes



## Submit Your Questions Now...or



Send Email: Lisa Landvogt at [LLandvo1@hfhs.org](mailto:LLandvo1@hfhs.org)

### ●●● Coming Up....

- 8/3/13 Collecting Cancer Data: Central Nervous System
- 9/7/13 Coding Pitfalls
  - Special Guest: Steve Peace



### ●●● And Our Fabulous Prizes Go To...



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 SIZZLING BBQ  
 FUN IN THE SUN  
 poolside  
 DAD, DADDY, DADA  
 SUMMER  
 FLIP FLOPS  
 Sunglasses



## ●●● CE Certificate Quiz Survey

- Phrase

- Link

<http://www.surveygizmo.com/s3/3697207/Clinical-Outcomes-and-Quality-Improvement>



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