# Q&A

Clinical Outcomes and Quality Improvement: Oncology Dashboard Drivers

July 13, 2017

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Q: ­In a non-COC facility with virtually no QI program an no real functioning Cancer Committee, how/where might you suggest carefully going about starting some sort of effective Cancer QI program? ­

A: ­If your program has a clinical manager start there. A navigator is also has eyes on the program. Don't forget your nurses. They can all give you ideas to move forward with a physician who is interested. ­‑

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Q: ­I thought we were supposed to use root cause analysis for Standard 4.7­

A: Generally speaking, root cause analysis is the example for identifying the problematic area in you r program

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Q: ­If study problem is lack of communication between the radiology department and the navigators - how do we find a benchmark to make the study applicable to standard 4.7­

A: It is recommended to use GOOGLE and other search engines for this information including research reports that cite other sources also see next question.

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Q: ­You mentioned for Standard 4.6 that any physician can do the review but in the standards manual it states a physician member of the cancer committee performs the review. Can you clarify? ­

A: ­The navigators I believe belong to an association if you google cancer patient navigation or navigators. They may have guidelines or recommendations for when they get involved, you can also google to see if any research has been completed on topic­. ­Yes, I meant as a helper for example the partner of a physician, perhaps he or she can work under a cancer committee physicians name or associate as a contributor­‑

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Q: ­You presentation was "spot" on however it is a presentation in the "perfect" data setting. You have to have the top down buy-in so my question is "how" can you cultivate the attitude that you presenting if your environment "won't" listen? ­

A: ­Changing culture is not easy. I think you just need to keep drilling it home and have some confidence and positivity in the data with the "can do" attitude. Find a physician who is impressed by data­‑

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Q: ­How does/ any component of Kaplan Meir estimator data crosswalk to this new patient expectation PROM­

A:

It is correct that one way to assess PROMs is in comparison to existing data end points. Using known survival curves with their benchmarks, and comparing to newly created Kaplan Meir curves using PROM data is one method. Note: Currently, researchers are working with statistical methods to capture the longitudinal data that is possible to collect from PROMs, data that is not traditionally associated with survival curves. This new statistically significant and clinically actionable data can be mined and is one more reason that PROMs are receiving the attention that they deserve in the clinical setting. Whereas before the Tx model only analyzed and considered the survival data, it is evolving to be multi-dimensional by including include QoL data as well.

Q: How is NCDB data used by the government and insurance companies to drive reimbursement? n

A: NCDB data is part of the data reported to state and SEER registries, also included in NCDB for accredited programs with share data with appropriate users. NCDB also allows Participant Users (PUF) for continued research