ASCO Quality Oncology Practice Initiative (QOPI): Implications For A Rapid Learning System For Cancer

Joseph Jacobson, MD
Chair, QOPI Steering Committee
Salem MA
October 6, 2009
Physician Specialty Societies And The Development Of Physician Performance Measures

We may be seeing a shift in the medical profession’s historical reluctance to engage in overt self-regulation.

by Timothy G. Ferris, Christine Vogeli, Jessica Marder, Cary S. Sennett, and Eric G. Campbell

ABSTRACT: Efforts to increase accountability in the delivery of care include attempts to measure performance of individual doctors. Although physician specialty societies may be best positioned to define best practices, they have not yet played a major role in the development of measures. We examined specialty society involvement in measure development through interviews and review of Web sites. We found that a minority (35 percent) of societies were engaged in developing performance measures. Key barriers included member reluctance, lack of resources for development, and problems with data collection; facilitators included strong leadership and the perception of increasing pressure for accountability. [Health Affairs 26, no. 6 (2007): 1712–1719; 10.1377/hlthaff.26.6.1712]
American Society of Clinical Oncology (ASCO)

- Non-profit subspecialty society established in 1964
- Membership 25,000; 25% international membership representing 100 countries
- Goals:
  - **Quality**: Improving cancer care and prevention
  - **Education**: Advancing the education of physicians and other professionals in the care of patients with cancer and supporting research and the development of clinical cancer researchers;
  - **Communication**: Fostering communication among cancer-related medical subspecialties and the exchange of a wide range of ideas related to cancer, including its biology, prevention, diagnosis, staging, treatment, and psychosocial impact;
  - **Advocacy**: Advocating public policy that ensures patient access to high-quality cancer care and that supports increased clinical cancer research; and
  - **Support**: Assisting oncologists in addressing the challenges of the modern-day practice of oncology.
ASCO: Quality Programs

• Clinical Practice Guidelines
  – Includes Provisional Clinical Opinions
• Cancer Prevention
• Access to Cancer Care
• Health Disparities
• Quality Measurement and Improvement
  – Chemotherapy Treatment Plans and Summary Forms
  – Oncology Electronic Health Records
  – QOPI
Quality Oncology Practice Initiative (QOPI)

• Conceived by Dr. Joe Simone, former IOM National Cancer Policy Board Co-Chair
• Oncologist-led, practice-based voluntary quality improvement initiative
• Goal: to promote excellence in cancer care by helping oncology practices create a culture of self-examination and improvement
QOPI: Mission

• Develop a process to promote excellence in cancer care that...
  – Is designed and run by oncology practitioners
  – Is relevant and valuable to all practices
  – Is transparent
  – Can be delivered anywhere
  – Measures progress and allows comparison with peers
  – Is simple and inexpensive to implement
  – Is dynamic. Able to add, modify or eliminate measures between data collection rounds
  – Is not a research project
QOPI History

• Pilot program 2002-2005
  – 23 practices in pilot
  – Methodology and small initial measure set developed
  – Pilot data presented at scientific meetings and published

• Opened to ASCO membership in Jan 2006
Current QOPI Methodology

- Data collected by practice staff 2x/year via retrospective chart review and data abstraction
  - Limited to patients with invasive cancer
- ASCO provides a manual and training to guide case selection and chart abstraction
- Practice staff enter a limited data set via a secure Web-based application
- At the close of data collection, practice reports are generated that compare practice-specific results to aggregate data
QOPI Measures

• Focus on processes of care
• Evidence-based and consensus
  – Sources: ASCO guidelines, other guidelines (NCCN), published studies, expert consensus
• Reassessed every 6 months
  – Review includes submitted data for those measures, Help Desk tracking, and new guidelines and published data
• 81 measures
QOPI Process Measures

- Core measures
  - Documentation of care
  - Chemotherapy planning and administration
  - Pain assessment and control
- Disease-specific modules
  - Breast cancer management
  - Colorectal cancer management
  - Non-Hodgkin’s lymphoma management
  - Non-small cell lung cancer management
- Domain-specific modules
  - Care at end of life
  - Symptom/toxicity management
## QOPI: Growth

<table>
<thead>
<tr>
<th>Data Collection Round</th>
<th>Participants (Practices)</th>
<th>Charts Abstracted</th>
<th>Measures Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-2005 (Pilot Phase)</td>
<td>23</td>
<td>6,000</td>
<td>37</td>
</tr>
<tr>
<td>2006</td>
<td>Spring 87</td>
<td>9,357</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td>Fall 113</td>
<td>14,292</td>
<td>52</td>
</tr>
<tr>
<td>2007</td>
<td>Spring 142</td>
<td>13,450</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>Fall 150</td>
<td>13,387</td>
<td>57</td>
</tr>
<tr>
<td>2008</td>
<td>Spring 188</td>
<td>17,364</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Fall 193</td>
<td>18,384</td>
<td>81</td>
</tr>
<tr>
<td>2009</td>
<td>Spring 247</td>
<td>18,100</td>
<td>81</td>
</tr>
</tbody>
</table>
QOPI Growth

>660 individual reporting sites are registered in >510 practices
QOPI® Fall 2008 Participation

Number of Practices
- 1-5
- 6-9
- 10-29
- >30

Map showing participation levels across the United States.
QOPI Spring 09/Fall 08: Breast Cancer

Circled measures: lower is better
QOPI Spring 09/Fall 08: Colon/Rectal Cancer

Circled measures: lower is better
QOPI Spring 09/Fall 08: Care at End of Life

Circled measures: lower is better
Pathology Report Present in Record

MEASURE: Core 1

Std. Dev = 5.06
Mean = 96.9
N = 248.00
Cancer Staging Completed

MEASURE: Core 2

Std. Dev = 10.54
Mean = 82.4
N = 248.00
Chemotherapy Plan Described

**MEASURE: Core 9**

- **Rate**
  - Std. Dev = 32.74
  - Mean = 69.9
  - N = 248.00
Current Benefits of Participation

• Quality improvement
  – Practice-specific and comparative data
  – Evidence that concordance with measures improves, especially among the poorest performers

• ABIM maintenance of certification practice performance requirements

• CME credit

• Fellowship program QI experience

• QOPI Health Plan Program
  – Confirming participation (no performance data)
Reasons for doing QOPI

• Internal QI 95%
• ABIM MOC 17%
• Fellowship QI 18%
• CME 11%
• Payer initiative 22%

(n=64)
BCBSM Payer Initiative

Michigan Practice Participation

Fall 2007 | Spring 2008
Next Steps

- Prospective data collection
- EHR data transmission
- QOPI collaborative networks
- QOPI Certification Program
Prospective Data Collection: The ASCO Breast Cancer Registry Pilot Program

• Grant from the Susan G. Komen for the Cure Foundation to create a prospective breast cancer treatment registry. 20 sites have been selected
• Utilizes a web-enabled application based on the ASCO Breast Cancer Treatment Plan and Summary template
  – Provided to patients and other caregivers
  – De-identified data will populate a prospective registry in real-time
• Feasibility of direct transfer of data from EHR’s will be tested
Collaborative Improvement Networks

“Information is not enough to induce improvement. Although accurate and reliable performance information is necessary for clinical improvement, alone, it is not sufficient. In addition to information, multidisciplinary teams of health professionals require knowledge, skills, and tools specific to quality improvement in their clinical field and a forum for collaboration.” J. Horbar, April 2003

Networks using QOPI data for quality improvement:

- NCI Community Cancer Centers Program (NCCCP)*
- Michigan Oncology Quality Consortium*

(*Journal of Oncology Practice November 2009, in press)

ASCO QOPI Network site currently in development
QOPI Certification: Available in 2010

Certification requirements:
1. Minimum score on 28 performance measures
2. Site assessment for safety standards
American Society of Clinical Oncology/Oncology Nursing Society Chemotherapy Administration Safety Standards

Joseph O. Jacobson, Martha Polovich, Kristen K. McNiff, Kristine B. LeFebvre, Charmaine Cummings, Michele Galioto, Katherine R. Bonelli, and Michele R. McCorkle

Abstract

Standardization of care can reduce the risk of errors, increase efficiency, and provide a framework for best practice. In 2008, the American Society of Clinical Oncology (ASCO) and the Oncology Nursing Society (ONS) invited a broad range of stakeholders to create a set of standards for the administration of chemotherapy to adult patients in the outpatient setting. At the close of a full-day structured workshop, 64 draft standards were proposed. After a formal process of electronic voting and conference calls, 29 draft standards were eliminated, resulting in a final list of 35 draft measures. The proposed set of standards was posted for 6 weeks of open public comment. Three hundred-twenty comments were reviewed by the Steering Group and used as the basis for final editing to a final set of standards. The final list includes 31 standards encompassing seven domains, which include the following: review of clinical information and selection of a treatment regimen; treatment planning and informed consent; ordering of treatment; drug preparation; assessment of treatment compliance; administration and monitoring; assessment of response and toxicity monitoring. Adherence to ASCO and ONS standards for safe chemotherapy administration should be a goal of all providers of adult cancer care.

J Clin Oncol 99. © 2009 by American Society of Clinical Oncology
ASCO QOPI Experience

• Physician specialty societies can play an important role in creating and sustaining a rapid learning system for cancer
• Medical oncologists will voluntarily measure practice performance and share results
• QOPI is prepared to move from measurement to improvement and to leverage the rapid growth of electronic health records