CALIFORNIA HEALTHCARE FOUNDATION

A Clinician's Perspective on Measuring and Improving Cancer Care Quality

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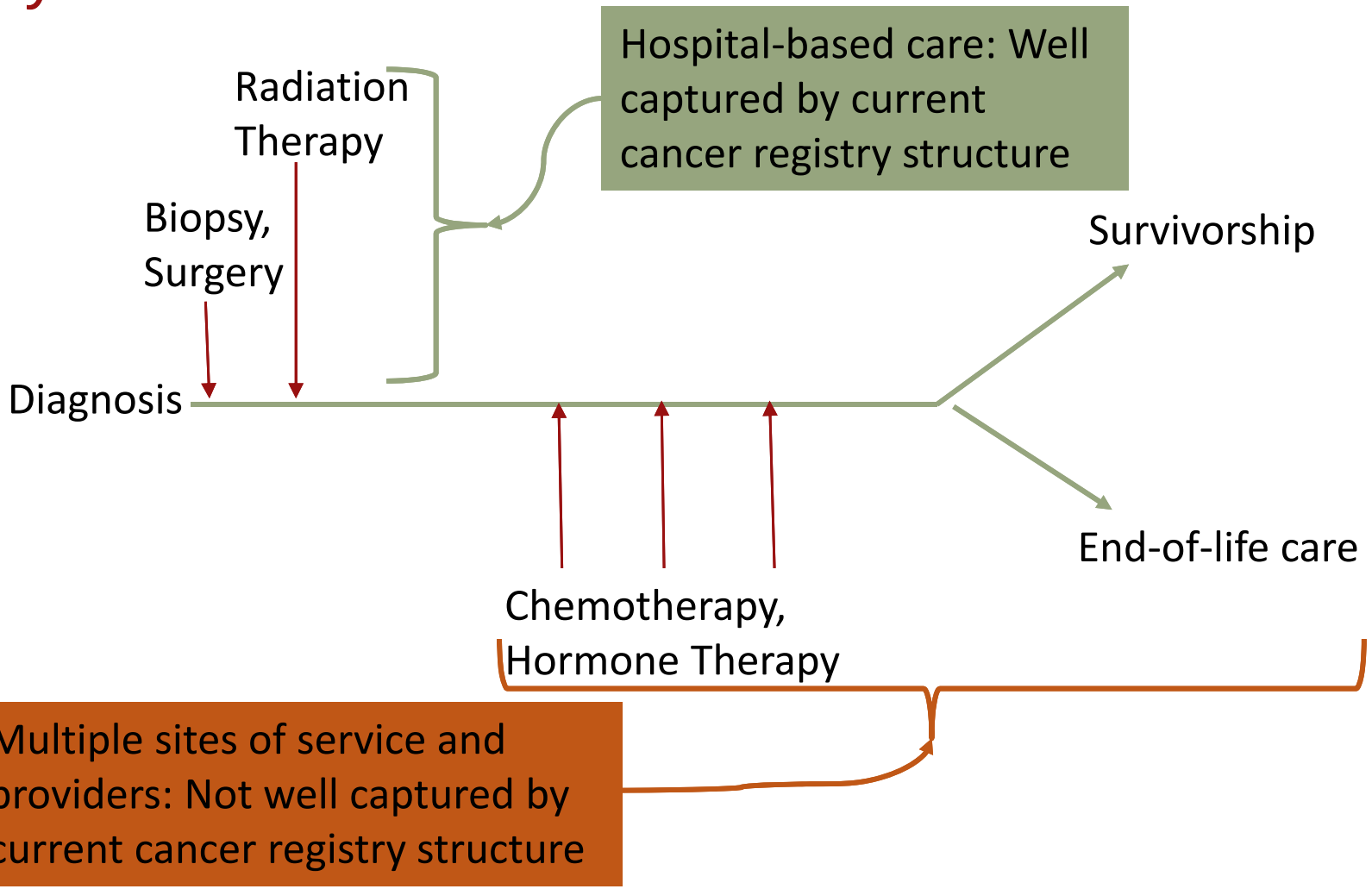
Overview

- The cancer care continuum
- What we have developed to measure quality
- Problems with the current system
- Measuring quality: What's in it for me?
- Reporting my quality: Challenges and responses
- Potential for improving use of the existing California Cancer Registry

The Cancer Care Continuum

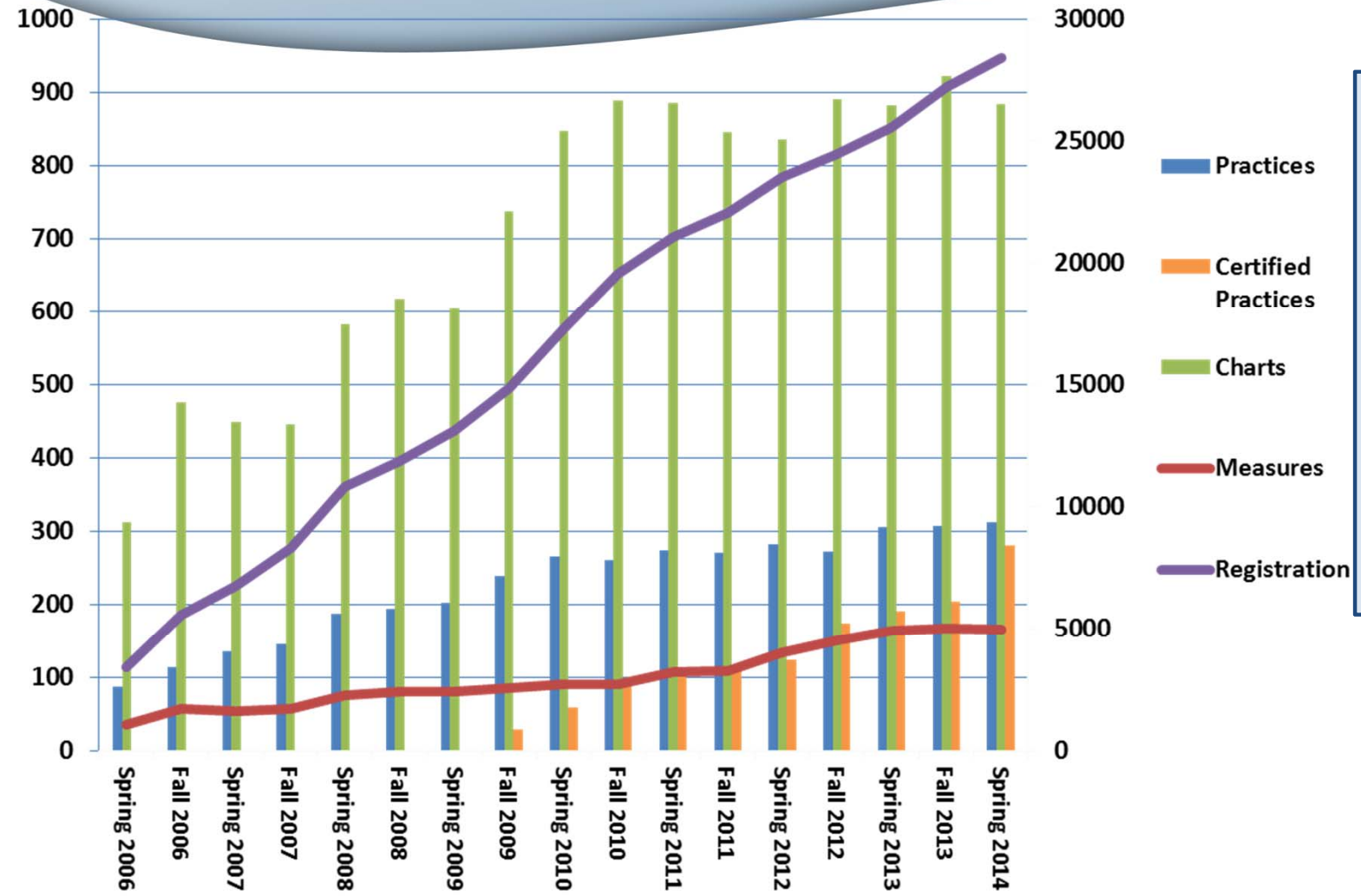
Multiple clinicians are involved, often over years of treatment



QOPI® The Quality Oncology Practice Initiative

Quality Cancer Care: Pursuing Excellence

Program Growth



1145 MDS

6803 MDS

ASCO's QOPI

More than 25,000 patient charts entered every six months

~15% of practicing US oncologists voluntarily participate

QCP QOPI Certification Program

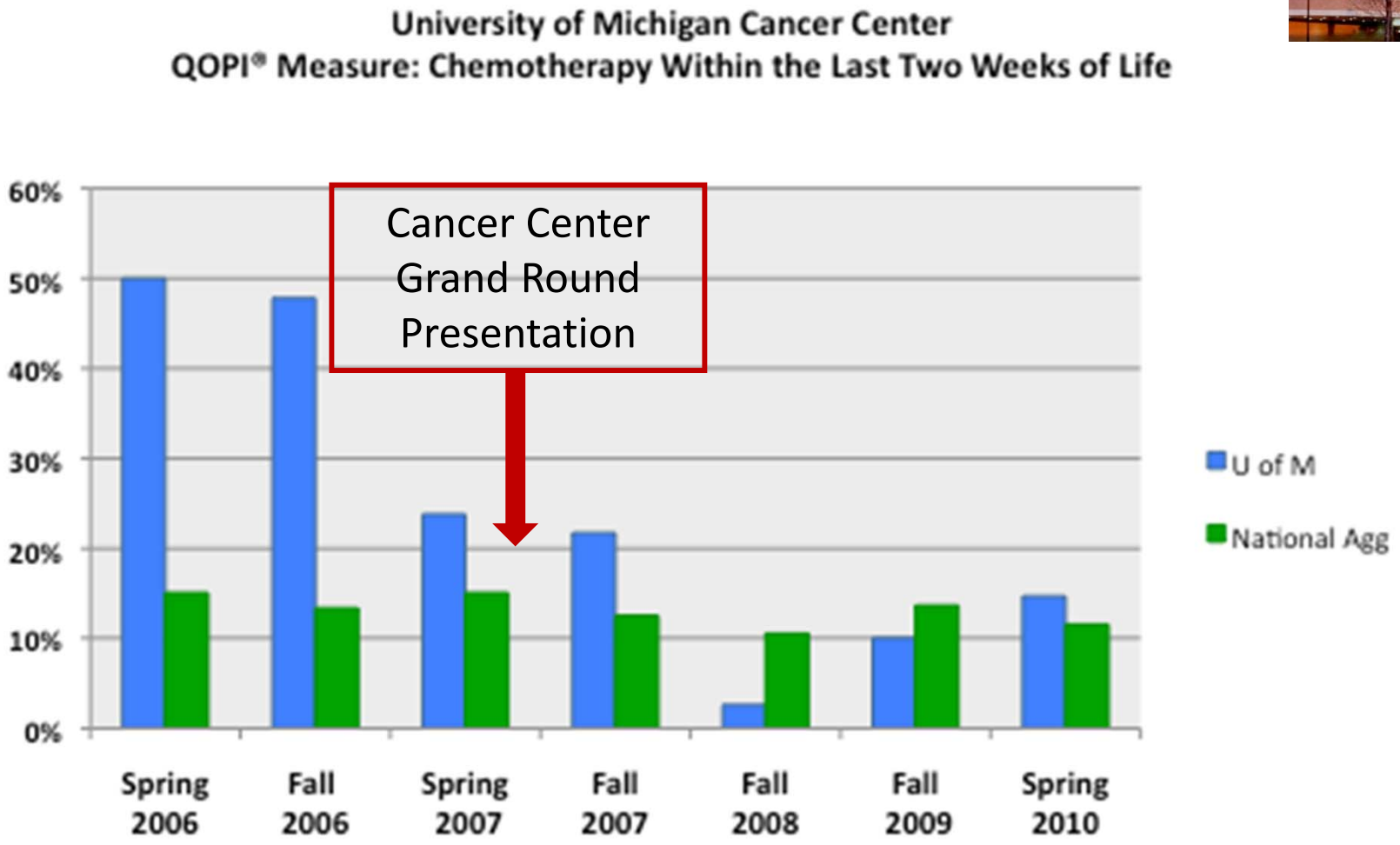
Quality Cancer Care: Recognizing Excellence

ASCO American Society of Clinical Oncology

Examples of QOPI Measures

Disease	Measure Definition
Breast Cancer	Trastuzumab (Herceptin®) received by patients with AJCC stage I (T1c) to III Her-2/neu positive breast cancer
End of Life	Of patients who died, percent who received chemotherapy in the last two weeks of life

Reduction of Overuse at a Large Academic Medical Center Using QOPI



Blayney, et al, JCO 27:3802, 2009.

Problems with the Current System

- Participation in cancer quality improvement systems (including QOPI) is
  - Voluntary
  - Not compensated or rewarded
- "Good" performers may volunteer to participate
- Attribution of care and decisionmaking to one provider is difficult
- No public reporting

Measuring Quality: What's in It for Me?

- I want to do better, but often don't have the time, resources, or knowledge to improve
- I want to understand what others are doing, and how I can be better
- I don't want multiple systems with differing requirements, forms, and data definitions
- I want one, uniform system to head off demands from multiple third parties (payers, accrediting agencies, etc.), with standards that are fair, up-to-date, and relevant

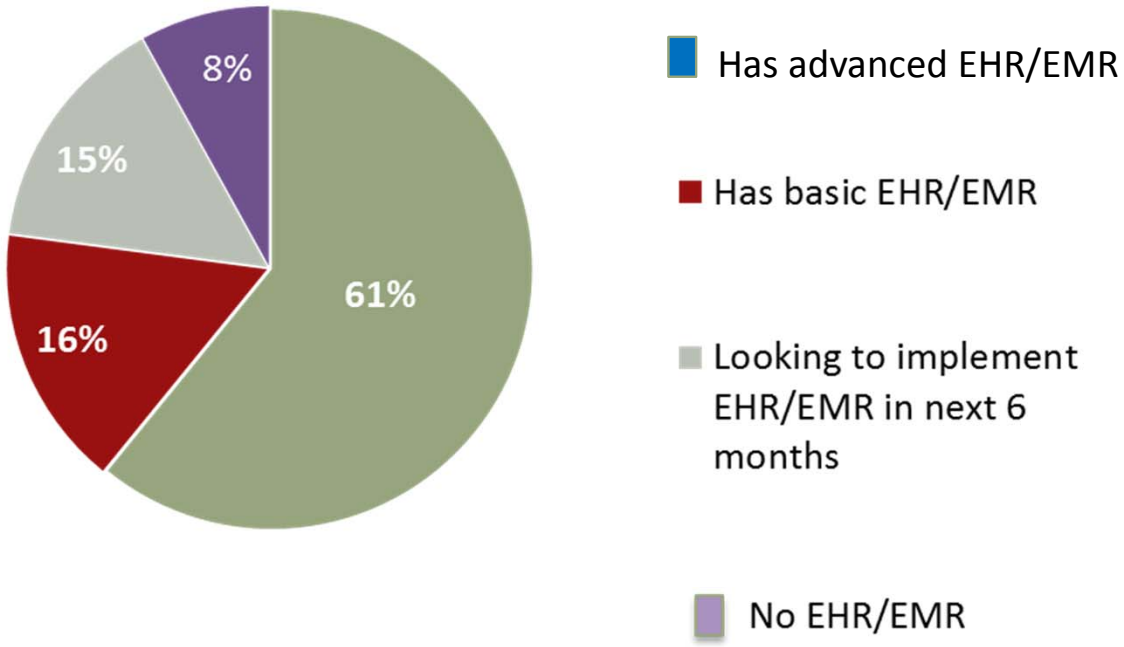
Reporting Quality

Challenges	Responses
Uncompensated staff time and effort	Registry harmonization and EHR extraction can reduce time and effort
Multiple measures, opaque sources	Oncologist-derived measures (e.g. QOPI)
Multiple payers asking for my data	Registry harmonization can drive standard responses
Public reporting	We need to get in front of this movement

Electronic Health Records (EHRs)

2012: EHR/EMR Use in US Oncology Practices

~92% physicians and hospitals have an EHR



Potential for Improving Use of the Existing California Cancer Registry

Help me as a provider get better

- Identify cancer cases for quality measurement
- Link the registry data to existing EHRs
- Share and publically report “best practices” among oncology providers – help me to improve