

# The NNECOS Collaborative Improvement Network

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## Northern New England Clinical Oncology Society



## Mission

### Northern New England Clinical Oncology Society or NNECOS

- Mission: “To assure the availability of and access to high quality oncology care in our region”
- Vision: “That all individuals involved in the care of the cancer patient will dedicate themselves to continuously improving the quality of care they deliver”

## CIN History

- Participation in QOPI by NNECOS Practices Historically Low
- Survey of Members to Identify Barriers
  - Lack of resources (time, personnel, money)
- Grant Proposal to State Affiliate Grant Program
  - Experienced practices mentor inexperienced
  - Bench marking against each other to develop best practices

## Funding Sources

- ASCO State Affiliate Grant: \$10,000
- NNECOS Matching Funds \$10,000
- Total \$20,000

## CIN Organization Structure

- 6 Participating Practices
  - Maine 3
  - New Hampshire 2
  - Vermont 1
- Commitment to Spring and Fall 2010 QOPI
  - Core modules
  - Colon cancer
  - End of life
- Meetings Following QOPI to Compare Results
  - Blinded
  - High achievers to share best practices

## Practice Participation Process and Agreements

- Required Informed Consent From Each Practice to Aggregate and Share Data for QI Efforts
- Small Stipend to Each Practice to Help Defray Chart Abstracting Costs

## Meeting Structure

- Face to Face Meeting Following Spring and Fall 2010 QOPI
- Ability to Participate thru Webinar
- Power Point Presentation of Each Measure Comparing Blinded Practices with Ensuing Discussion

## Practice Engagement

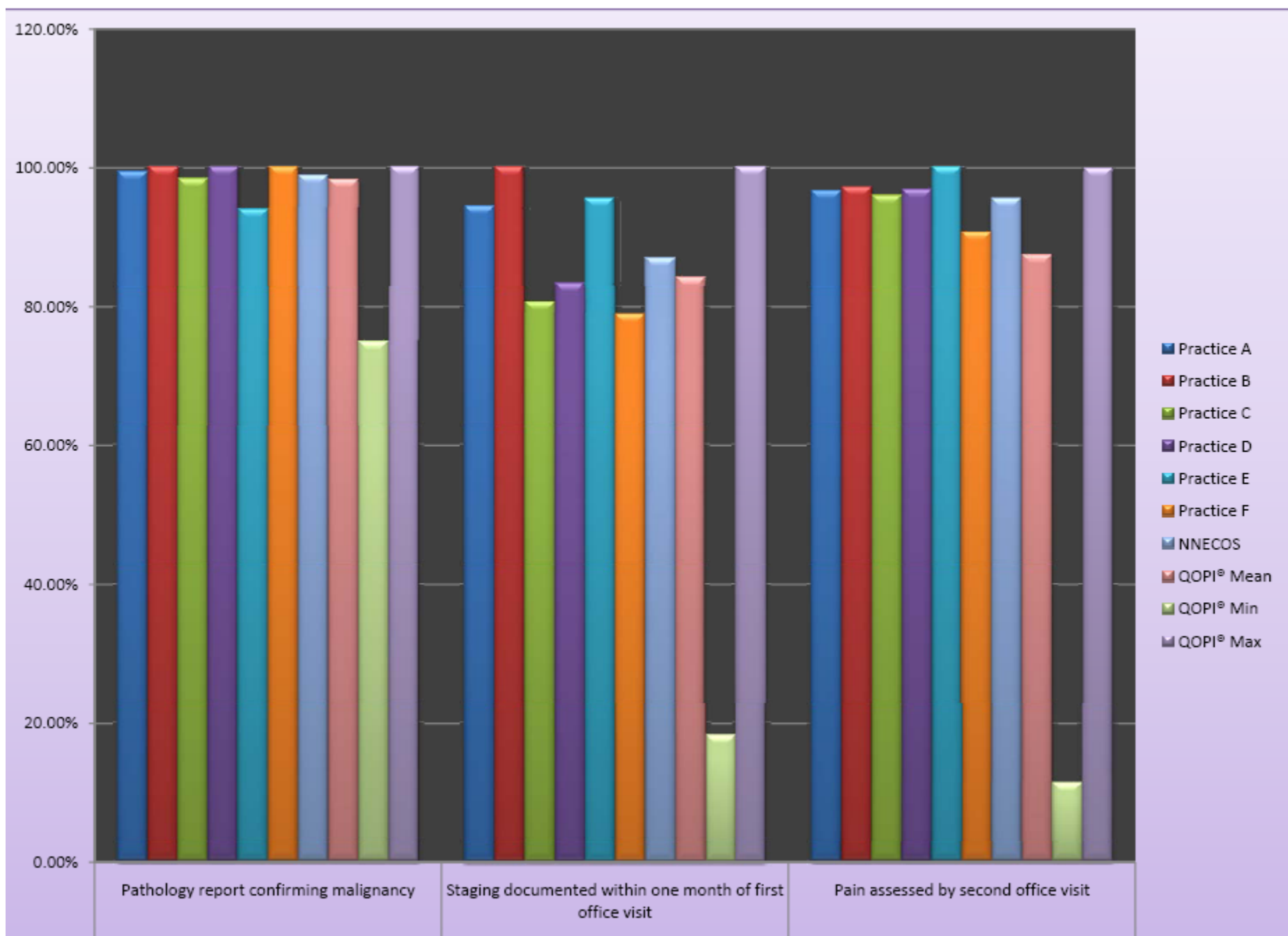
(Feedback mechanism, data sharing within practices, QI training)

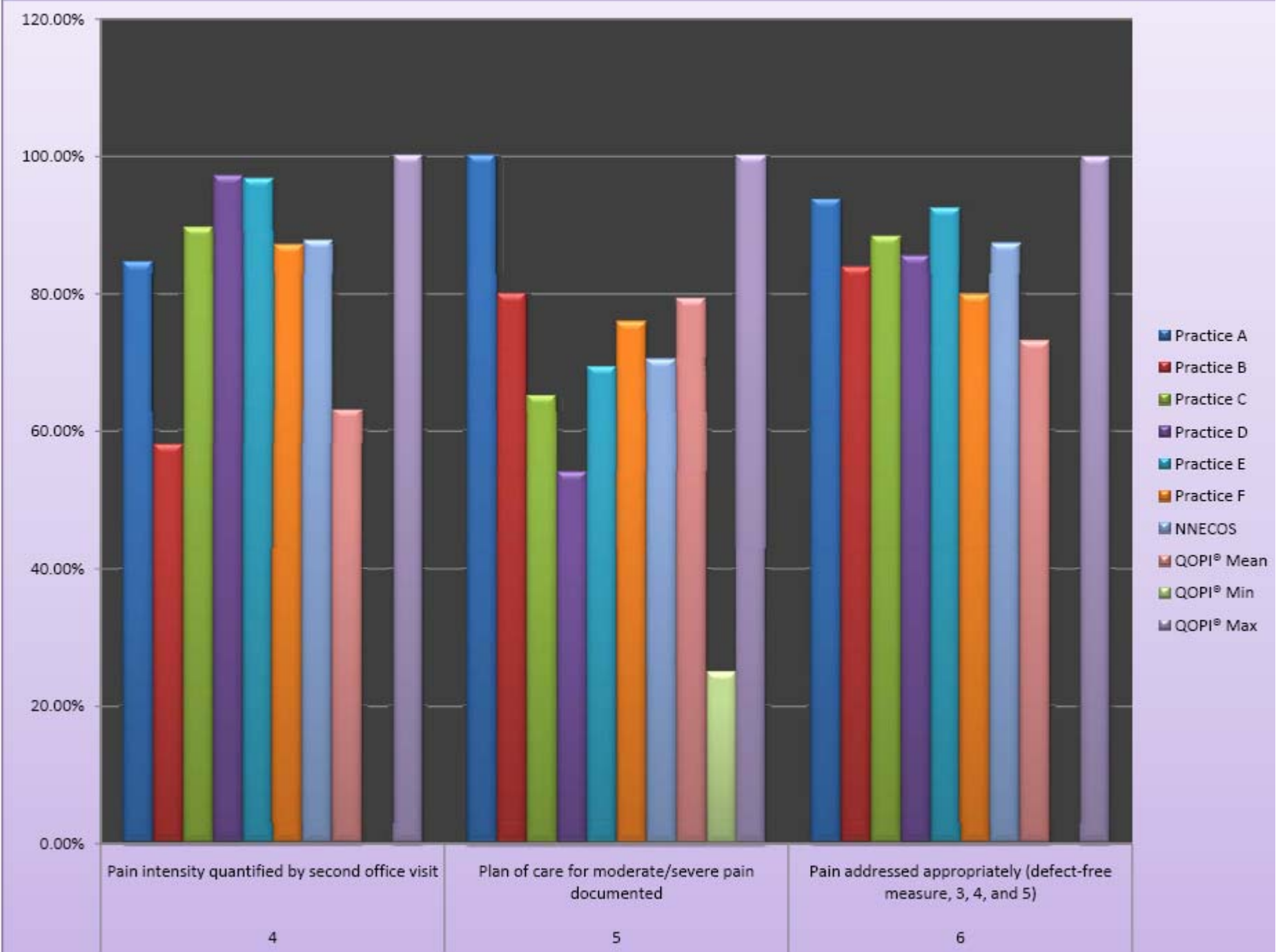
- Rapid Agreement to Unblind Results
- Comparative Graphs of Results Distributed to All Participants on Paper and Electronically
- Bulletin Board to Post/Share QI Tools Developed
- Joint Training Program for Chart Abstractors Developed

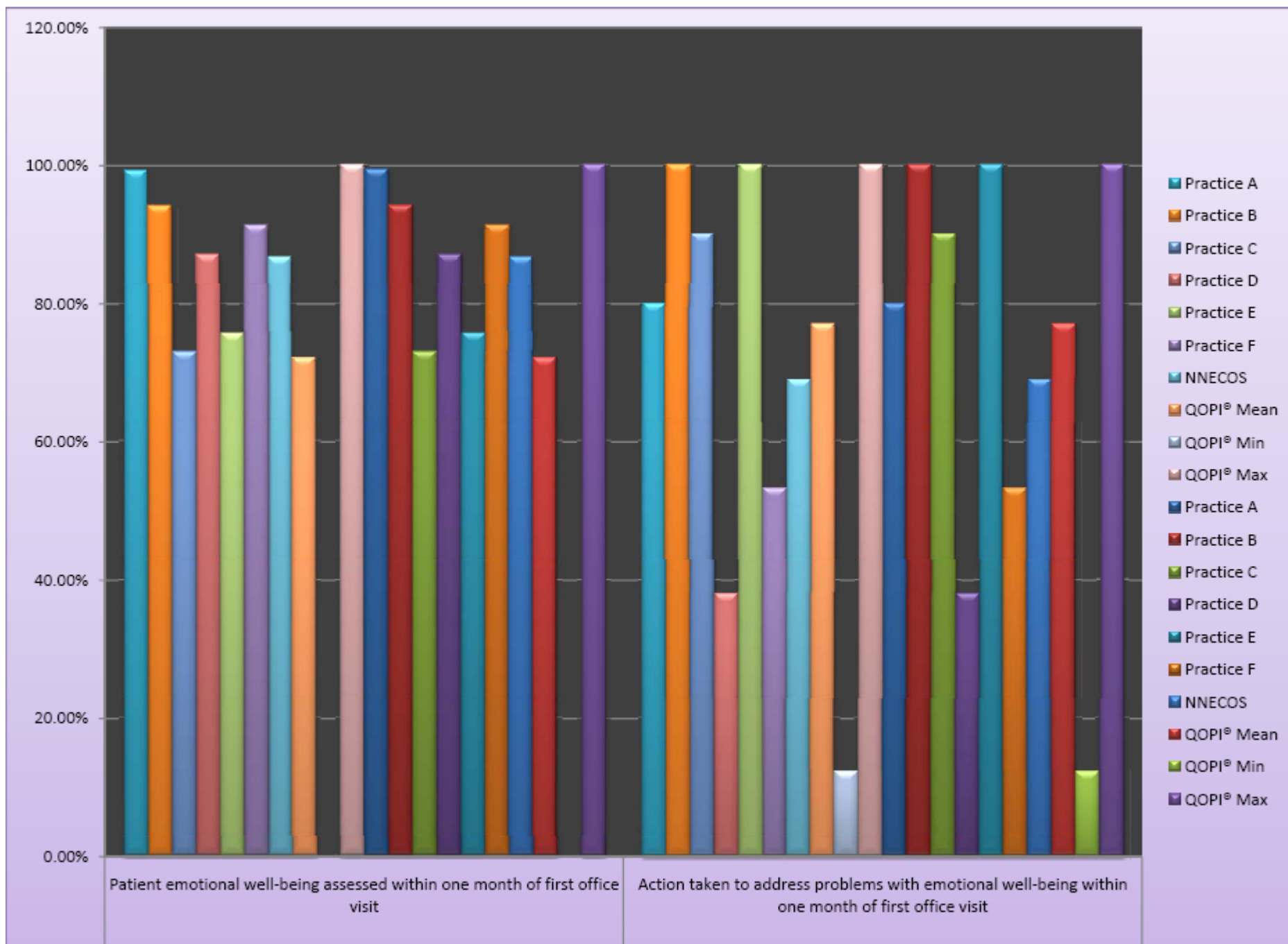


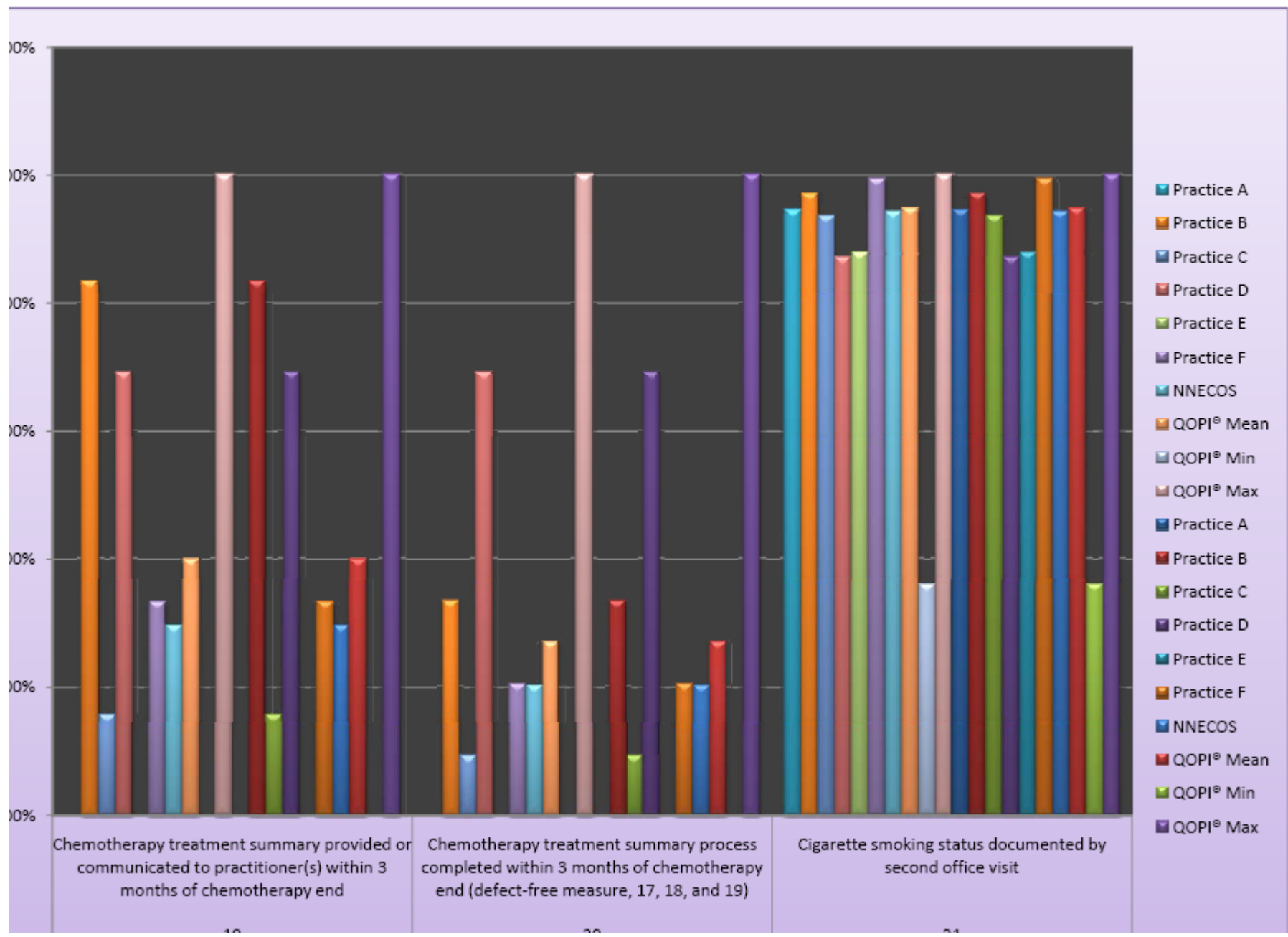
## Use QOPI<sup>®</sup> within the CIN

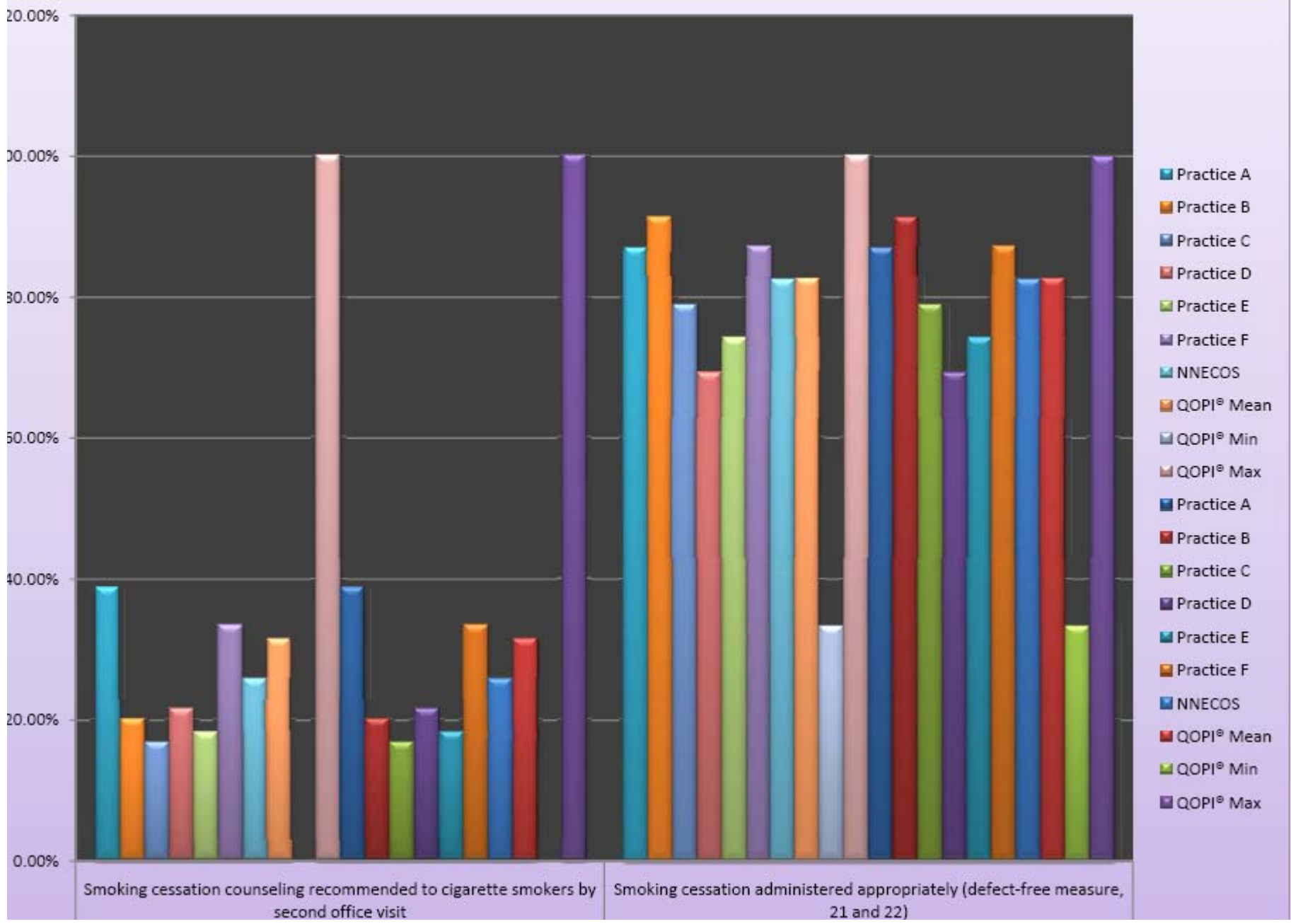
- QOPI as the Measuring Stick
- Source of External Bench Marks











# CIN Initiated Modifications of Care

- Documentation of plan of care for moderately severe pain – nursing to flag moderate/high scores
- Documentation of plan of care to address emotional well being – nursing to flag patients with identified problems
- Implementation of smoking cessation programs
- Documentation of Staging by making a component of treatment plan

# Tools Shared by CIN

- One Page Treatment Summary
- Chemotherapy Consents
- Oral Chemotherapy Procedure
- Chemotherapy “Chair Side Smoking Cessation Program



**MEDICAL ONCOLOGY TREATMENT SUMMARY**

<b>Patient Name:</b>					
<b>Primary Care Provider:</b>					
<b>Surgeon:</b>					
<b>Radiation Oncologist:</b>				<b>Medical Oncologist:</b>	
<b>Diagnosis:</b>		<b>Stage:</b>		<b>Histology/Grade/Markers:</b>	
<b>Chemotherapy Intent:</b>	<i>palliative</i>		<i>curative</i>		<i>adjuvant</i>
<b>Pre-Treatment</b>	<i>Weight</i>		<i>ECOG Performance Status</i>		
<b>Post-Treatment</b>	<i>Weight</i>		<i>ECOG Performance Status</i>		
<b>Chemotherapy Regimen:</b>					
<b>Chemotherapy Drug</b>	<b>Route</b>	<b>Dose mg/m2</b>	<b>Dose reduction</b>		<b># Cycles</b>
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Start Date:</b>					
		<b>Stop Date:</b>		<b>Dosage Delays:</b>	
<b>Major Toxicities:</b>	<input type="checkbox"/> Sepsis	<input type="checkbox"/> Nausea/vomiting requiring hydration	<input type="checkbox"/> Diarrhea requiring hydration	<input type="checkbox"/> Febrile Neutropenia	<input type="checkbox"/> Hospitalization
	<input type="checkbox"/> Other:				
<b>Reason for Stopping:</b>	<i>Completion</i>	<i>Progression</i>	<i>Patient Request</i>	<i>Toxicity</i>	
<b>Response to Treatment:</b>	<i>Complete Remission</i>	<i>Partial Remission</i>	<i>Stable Disease</i>	<i>Adjuvant</i>	
<b>Radiation Therapy:</b>	<i>Planned</i>	<i>Concomitant</i>	<i>Not Planned</i>		
<b>Description:</b>					<b>Date Completed:</b>
<b>Potential Late Effects of Therapy:</b>					
<b>Follow-Up and Survivorship Care:</b>					
<i>Medical Oncology Visits:</i>					
<i>Laboratory Testing:</i>					
<i>Maintenance Medication(s):</i>					
<i>Imaging:</i>					
<b>Call your doctor for these signs and symptoms:</b>					

## INTERVENTIONS PILOTED

- Hardwired Chemotherapy Treatment Summaries
  - Survivorship Clinic run by NP
  - Visit automatically scheduled at the completion of therapy – active intervention required to cancel
- Hardwired Intervention for Emotional Distress
  - Care Manager sees patient
  - Referral options presented

# PRELIMINARY RESULTS

- Six practices (35%) representing all 3 states participating in spring and fall QOPI
- Meetings held following spring and fall QOPI
  - Practices willing to un-blind data
  - Measures targeted for improvement identified
  - Tools shared
  - Bulletin Board developed to post minutes and share tools
  - Need for further education of chart abstractors identified

# PRELIMINARY RESULTS

- Improvement in Problematic Areas
  - Too early to see full impact of process changes
  - Some improvement
    - End of Life Care Seen
    - Plan of Care for Pain
    - Plan of Care for Constipation
    - Hospice/Palliative Care Discussion or Referral

## LEVERAGING TECHNOLOGY

- Bulletin Board
  - Share Tools
  - QOPI Results Posted
  - Meeting Minutes and Power Points
- Webinar to Train Chart Abstractors
  - Held Day 1 of each QOPI Data Collection
  - Mock Patients walked thru the QOPI Portal
- Ability to participate in post-QOPI Meeting by Webinar



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▶ QOPI TEAM FILES

### QOPI Team Files

Dr. Hertler will be conducting another training webinar for any team members interested in participating. It will be held Thursday March 24th at 2:00pm.

- To access the audio portion of the webinar, dial 888-392-4560 and enter the participant code 23641.
- For the web portion, go to [www.telspan.com/express](http://www.telspan.com/express) and enter the Web Reference: 165507.

### QOPI Team Files

- [HAROLD ALFOND MEDICAL ONCOLOGY TREATMENT SUMMARY.doc](#)
- [Harold Alfond Center Assess Form Follow-up.doc](#)
- [NHOH Chemo Consent Form Policy updated 2010.doc](#)
- [NHOH Exam Room Worksheet V2.doc](#)
- [QOPI Spring 2010- Fall 2010 NNECOS Measures Summary Report.xlsx](#)
- [Collaborative Sharing of QOPI Data.ppt](#)
- [vccm consent form.pdf](#)
- [NNECOS QOPI ACTION PLAN June 24.doc](#)

Participate in the new [QOPI Discussion Forum!](#)

## Successes? Failures?

- 7 of 17 Practices (40%) in Tri-State Region Participating in QOPI
- 4 Practices QOPI Certified
- Training Provided to Chart Abstractors
- Collaborative QI Process Developed
- Slight Improvement in Metrics
- NNECOS Established as the Leader in Defining Quality Oncology Care
- The Process Continues After Grant Completion

## Next Steps? QOPI<sup>®</sup> Certification?

- Increase Participation to > 50% of Practices
- Obtain QOPI Certification for Participating Practices
- Present QOPI/QOPI Certification to Health Plans as the “Oncology Quality Standard”
  - ? Financial support of the process
  - ? “Gold Carding” of preauthorization for participating practices



# Next Steps: Process Improvement

- Integrating Palliative Care into Oncology Practices
  - Front and center topic
  - End of Life Measures are ones we can improve on
  - QOPI Care at End of Life Module as measuring stick
  - Improved care at the end of life can lead to
    - Improved value
    - Increased survival (Temmel et al, New England Journal of Medicine 2010,363:733-742)

## CURRENT STATE

- 29% of patients not enrolled in Hospice until last 7 days of life
- 11% of patients receive chemotherapy within the last 14 days of life
- 23% of patients lack all of the following
  - Hospice care
  - Palliative care consultation
  - Documented discussion of end of life issues

# Next Steps: Process Improvement

- Goals
  - Increase percentage of patients referred to Hospice, have palliative care consultation, or have a documented discussion of end of life issues
  - Decrease percentage of people referred to hospice or palliative care during their last week of life
  - Decrease chemotherapy in last 2 weeks of life

# Next Steps: Process Improvement

- Methods/Tools
  - Education of providers/staff with EPEC-O<sup>®</sup>
  - Monthly Palliative Care Conferences
    - Oncologists review list of patients seen over previous month
    - Life expectancy < 12 months reviewed
  - NNECOS Palliative Care Conference
  - “Five Wishes<sup>®</sup>”
  - QOPI<sup>®</sup>

## Evaluation Criteria

- Hospice enrollment within 7 days of death (QOPI<sup>®</sup> measure)
- Chemotherapy administered within the last 2 weeks of life (QOPI<sup>®</sup> measure)
- Hospice enrollment, Palliative Care referral, or documented discussion of end of life issues (combined QOPI<sup>®</sup> measure)
- “Five Wishes<sup>®</sup>” completion (Total number)

# QUESTIONS

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