QUALITY IN ONCOLOGY: How and Why Everyone Should Get QOPI Certification

Please stand by. The webinar will begin shortly.
QUALITY IN ONCOLOGY: How and Why Everyone Should Get QOPI Certification

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Disclosures of Potential Conflict of Interests

Employment: Michigan Oncology Quality Consortium (MOQC) is a fully funded quality program by Blue Cross Blue Shield of Michigan (BCBSM)

No other research funding, investments, or conflicts of interest to declare
Agenda

I. Background
II. The Need for Change
III. QOPI® Overview
IV. QOPI Certification Program (QCP™)
V. Leveraging Your Results: The Michigan Experience
I. Background
Michigan Oncology Quality Consortium (MOQC)

- A Collaborative Quality Initiative (CQI), funded by BCBSM and coordinated by the University of Michigan Cancer Center
- Assists Michigan practices in moving the QOPI process to the next level:
  - Provide a learning environment to better understand own performance & others’
  - Identify opportunities for improvement
  - Share best practices
MOQC Specific Aims

Utilize QOPI survey data to:

– Analyze variation between practices
– Identify best practices and opportunities for improvement
– Develop initiatives and interventions that will demonstrate improved clinical quality and outcomes
Michigan Oncology Quality Consortium

- 50 participating practices
- Michigan leads the nation in QOPI participation by state
- 21 practice locations are now QOPI Certified
II. The Need for Change
Charting a New Course

• Provide clinical & cost information to patients
• End of life care consistent with patient values
• Core competencies for the workforce
• Coordinated team based care
III. QOPI® Overview
Quality Oncology Practice Initiative (QOPI®)

• An ASCO program which measures quality by looking at processes of care (vs. outcomes)
• Oncologist derived
• Evidence-, guideline-, and consensus-based
• Clinically relevant, updated every six months by ASCO Quality of Care Committee
Core Measures
- Care Documentation
- Chemo Administration
- Symptom Management
- Smoking Cessation
- Psychological Support
- Oral Oncolytics (test)

Disease-Specific Module
- Breast Cancer
- Colorectal Cancer
- Non-Hodgkin’s Lymphoma
- Non-small cell Lung Cancer
- Ovarian, Fallopian Tube Primary Peritoneal Cancer

Domain-Specific Module
- End of Life Care
- Symptom/Toxicity Management
QOPI® Logistics

• Free to all ASCO members
• Semi annual data collection (Spring/Fall)
• Online training materials, webinars, help desk
• Number of charts determined by clinical FTE (e.g., 48 charts / 1 MD FTE)
• 1-1.5 hours of abstracting time per chart (varies by experience, EHR integration, etc.)
QOPI: Easy Online Data Entry

SECTION 1. General Information

Enter Code: [ ] OK

ICD-9-CM Diagnosis Code

No Value Selected

4-digit or 5-digit ICD-9-CM code for the patient’s most recent or primary diagnosis (principal neoplastic disease code). Do not enter ICD-9 codes related to symptoms or toxicities, ICD-9 codes are only accepted if within the invasive malignancy range provided. More notes...

Prostate Cancer Diagnosis

Date of Diagnosis

Enter MM/DD/YYYY for all dates entered.

Date of documentation of castration resistant prostate cancer

Date of documentation of castration resistant status of prostate cancer or notation that it is NOT known to be castration resistant.
## Reports Available: Tabular & Graphical

<table>
<thead>
<tr>
<th>#</th>
<th>Measure (%)</th>
<th>Compare Group 1</th>
<th></th>
<th></th>
<th>Compare Group 3</th>
<th></th>
<th></th>
<th>Compare Group 4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Num</td>
<td>Denom</td>
<td>Rate</td>
<td>Mean</td>
<td>Min</td>
<td>Max</td>
<td>N Charts</td>
<td>N Sites</td>
</tr>
<tr>
<td>1</td>
<td>Pathology report confirming malignancy</td>
<td>77</td>
<td>81</td>
<td>98.88%</td>
<td>98.29%</td>
<td>96.98%</td>
<td>100.00%</td>
<td>4216</td>
<td>47</td>
</tr>
<tr>
<td>2</td>
<td>Staging documented within one month of first visit</td>
<td>65</td>
<td>80</td>
<td>82.50%</td>
<td>82.14%</td>
<td>77.98%</td>
<td>100.00%</td>
<td>4109</td>
<td>47</td>
</tr>
<tr>
<td>3</td>
<td>Pain assessed by second office visit</td>
<td>78</td>
<td>81</td>
<td>96.33%</td>
<td>96.33%</td>
<td>90.00%</td>
<td>100.00%</td>
<td>4216</td>
<td>47</td>
</tr>
<tr>
<td>4a</td>
<td>Pain intensity quantified by second office visit (includes documentation of VS)</td>
<td>74</td>
<td>78</td>
<td>95.92%</td>
<td>93.27%</td>
<td>90.35%</td>
<td>100.00%</td>
<td>3952</td>
<td>47</td>
</tr>
<tr>
<td>5</td>
<td>Plan of care for moderate/severe pain documented</td>
<td>17</td>
<td>19</td>
<td>94.73%</td>
<td>94.73%</td>
<td>90.00%</td>
<td>100.00%</td>
<td>947</td>
<td>46</td>
</tr>
<tr>
<td>6a</td>
<td>Pain assessed on either of the two most recent office visits</td>
<td>72</td>
<td>73</td>
<td>97.26%</td>
<td>97.26%</td>
<td>90.00%</td>
<td>100.00%</td>
<td>4216</td>
<td>47</td>
</tr>
<tr>
<td>6b</td>
<td>Pain intensity quantified on either of the two most recent office visits</td>
<td>73</td>
<td>78</td>
<td>94.94%</td>
<td>91.43%</td>
<td>88.13%</td>
<td>100.00%</td>
<td>3946</td>
<td>47</td>
</tr>
<tr>
<td>6c</td>
<td>Plan of care for moderate/severe pain documented on either of the two most recent office visits</td>
<td>13</td>
<td>21</td>
<td>62.50%</td>
<td>62.50%</td>
<td>50.00%</td>
<td>100.00%</td>
<td>655</td>
<td>45</td>
</tr>
<tr>
<td>6-d</td>
<td>Pain assessed appropriately on either of the two most recent office visits (defacto measure, 6a, 10, and 11)</td>
<td>72</td>
<td>73</td>
<td>97.26%</td>
<td>97.26%</td>
<td>90.00%</td>
<td>100.00%</td>
<td>4216</td>
<td>47</td>
</tr>
<tr>
<td>6-e</td>
<td>Pain assessed appropriately by second office visit and during most recent office visits (defacto measure, 6 and 11)</td>
<td>55</td>
<td>51</td>
<td>83.93%</td>
<td>74.64%</td>
<td>61.22%</td>
<td>96.33%</td>
<td>4216</td>
<td>47</td>
</tr>
<tr>
<td>7</td>
<td>Effectiveness of nurse assessed on visit following prescription</td>
<td>33</td>
<td>39</td>
<td>89.74%</td>
<td>84.01%</td>
<td>76.13%</td>
<td>100.00%</td>
<td>1088</td>
<td>46</td>
</tr>
<tr>
<td>9</td>
<td>Documentation plan for chemotherapy, including disease, route, and time intervals</td>
<td>28</td>
<td>30</td>
<td>93.33%</td>
<td>87.50%</td>
<td>75.00%</td>
<td>100.00%</td>
<td>1190</td>
<td>45</td>
</tr>
<tr>
<td>10</td>
<td>Chemotherapy intense (p.o. v. palliative) documented</td>
<td>65</td>
<td>80</td>
<td>81.25%</td>
<td>81.25%</td>
<td>80.00%</td>
<td>100.00%</td>
<td>3164</td>
<td>47</td>
</tr>
<tr>
<td>11</td>
<td>Chemotherapy intense discussion with patient documented</td>
<td>51</td>
<td>77</td>
<td>66.67%</td>
<td>66.67%</td>
<td>50.00%</td>
<td>100.00%</td>
<td>3164</td>
<td>47</td>
</tr>
<tr>
<td>13</td>
<td>Number of chemotherapy cycles documented</td>
<td>44</td>
<td>56</td>
<td>78.57%</td>
<td>82.14%</td>
<td>75.00%</td>
<td>100.00%</td>
<td>870</td>
<td>47</td>
</tr>
<tr>
<td>13</td>
<td>Chemotherapy planning completed appropriately (defacto measures, 9, 10, and 11)</td>
<td>31</td>
<td>77</td>
<td>40.54%</td>
<td>70.48%</td>
<td>60.00%</td>
<td>100.00%</td>
<td>3164</td>
<td>47</td>
</tr>
</tbody>
</table>

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QOPI® as a High Value Investment

• Demonstrates adherence to evidence-based guidelines
• Measures enhanced patient – provider communications
• Incorporates “Top 5” list to improve quality and value in cancer care
• First step toward QOPI Certification
IV. QOPI Certification Program (QCP™)
Creating a Culture of Self Examination & Improvement

“Process enables the extraordinary to become routine.”

-- Gary Collins
QOPI Certification Program (QCP™)

• The QOPI® Certification Program (QCP™), an affiliate of the American Society of Clinical Oncology (ASCO), was launched in 2010 to recognize medical hematology/oncology practices that are committed to delivering the highest quality of cancer care.

• QCP recognizes practices who strive for safety and quality as the foundation of Oncology Care

Only quality program in the country that assesses infusion and oral chemotherapy safety
Closing the Quality Gap: Aligning Evidence-Based Guidelines with Standard Work
Geographic Distribution: Map of all Certified Practices

Updated: 3/28/13
QOPI® Certification Process: Overview

Practice participates in a QOPI data abstraction round by:
- Submitting data for 5 modules: breast cancer, colon cancer, NHL, symptom/toxicity management, and care at the end of life
- Achieving minimum score of 75% on 26 measures
- Achieving minimum score of 80% on 6 adjuvant treatment measures

Practice Submits:
- QOPI Certification Application and Payment
- Site Assessment Questionnaire attesting that they comply with 23 of the ASCO/ONS Safe Administration of Chemotherapy Standards
- Submit supportive documentation for selected chemotherapy safety standards
- Documentation for 3 randomly selected medical records.
QOPI Certification Process: Overview

QCP Site Visit Conducted:
- Policy review
- Patient Tracer with observation of medication prep & admin
- Staff Interview and HR record review
- Post survey debrief

Post Survey Action Plan:
- Summary report sent within 1 month
- Required and Recommended changes included
- 1 year from initial enrollment date to file completed plan

Certification Maintained for 3 Years
- Annual Abstraction Requirements
<table>
<thead>
<tr>
<th>QCP™</th>
<th>Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Treatment Planning</td>
</tr>
<tr>
<td></td>
<td>Informed Consent</td>
</tr>
<tr>
<td></td>
<td>Chemotherapy Ordering Process</td>
</tr>
<tr>
<td></td>
<td>Drug Preparation Process</td>
</tr>
<tr>
<td></td>
<td>Chemotherapy Administration Process</td>
</tr>
<tr>
<td></td>
<td>Patient Monitoring and Assessment</td>
</tr>
<tr>
<td></td>
<td>Emergency Preparedness</td>
</tr>
<tr>
<td></td>
<td>Oral Chemotherapy</td>
</tr>
<tr>
<td></td>
<td>Patient Education</td>
</tr>
</tbody>
</table>

**Area of Review**

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## Start Today: Conduct a Gap Analysis

<table>
<thead>
<tr>
<th>ASCO / ONS STANDARD</th>
<th>COMPLIANCE Y/N (Describe Gap if No)</th>
<th>PLAN OF ACTION</th>
<th>LEAD</th>
<th>DATE RESOLVED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staffing-Related Standards</strong></td>
<td>Recommend minimum 10 record audit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. The practice has policies, procedures, and/or guidelines for verification of training and continuing education for clinical staff.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Orders for parenteral and oral chemotherapy are written and signed by licensed independent practitioners who are determined to be qualified by the practice according to the practice’s policies, procedures, and/or guidelines.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Chemotherapy drugs (oral or parenteral) are prepared by a pharmacist, pharmacy technician, or nurse determined to be qualified according to the practice’s policies, procedures, and/or guidelines.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Only qualified physicians, physician assistants, advanced practice nurses, or registered nurses administer chemotherapy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. The practice has a comprehensive educational program for new staff administering chemotherapy, including a competency assessment, or the practice uses an off-site educational program regarding chemotherapy administration that ends in competency assessment. <strong>NOTE:</strong> Chemotherapy administration education must include all routes of administration used in the practice site (e.g., parenteral, oral, intrathecal, intraperitoneal, intravesicular)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. The practice has a standard mechanism for monitoring chemotherapy administration competency at specified intervals. Annual competency reassessment is recommended.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. All clinical staff maintains current certification in basic life support.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
V. Leveraging Your Results: The Michigan Experience
Successful Collaboration with Payer

• BCBSM – large, single state BCBS plan with > 4.3M members (2010)
• In 2005, BCBSM developed its Valued Partnership program: a hospital, physician organization and payer partnership to improve quality of medical care
BCBSM Valued Partnership Program

- Hospital Pay for Performance
- Collaborative Quality Initiatives (2012-12 hospital–based CQI’s)
- Physician Group Incentive Program (34 initiatives – MOQC is ¼ Oncology initiatives)
PGIP Program Overview: (2011)

• Includes 40 POs from across the state
• Represents nearly 1,100 primary care and specialty physicians / 4000 practice units
• PGIP physicians provide care to nearly two million BCBSM members
• All payer approach to practice transformation
PGIP Incentive Program

• The performance payment rewards success in achieving measurable goals as defined in the initiative

• Goals vary by quality initiative
PGIP Incentive Program

• BCBSM pays the physician the approved amount based on established fee schedule.
• Voucher shows an additional PO amount for PGIP incentive pool (The dollars are NOT taken out of the approved amount that is paid to the provider).
• Combined, they add up to the allowable amount
PGIP Incentive Program

• As of July 1, 2013, the amount used to fund the incentive program is 5% of most professional reimbursement.

• Incentive dollars from the PGIP Reward Pool are distributed to the POs twice annually.
Evolution of MOQC Incentives
Estimated BCBSM Support of MOQC Participants

• QOPI Participation (must do EOL & minimum one other module)
  – Estimated on # charts audited/ MD FTE * time / chart
  – Approximately $2,500/ MD FTE

• QOPI Certification
  – 10% Uplift on E&M’s paid on voucher
  – Reimbursed twice/ year; QOPI abstraction required only once
Results: MOQC QOPI Participation

MOQC Practices Entering QOPI Data Over Time

- Number of Practices
- MOQC Practices Entering QOPI Data Over Time

MOQC QOPI Certified Practices Over Time

- Number of Practices
- MOQC QOPI Certified Practices Over Time

BCBSM Uplift

Contact Information:
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Real Results: Improved Quality of Care

Report Date: Spring 2013
MOQC Palliative Care Dashboard

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>QOPI #</th>
<th>CURRENT</th>
<th>trend</th>
<th>GOAL</th>
<th>status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain addressed appropriately by 2nd office visit (assessed, quantified and addressed if &gt;4/10)</td>
<td>6</td>
<td>72%</td>
<td>↑</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>Constipation assessed at time of narcotic prescription or following visit</td>
<td>8</td>
<td>44%</td>
<td>↑</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>Pain addressed appropriately at end of life (assessed, quantified and addressed if &gt;4/10)</td>
<td>36</td>
<td>57%</td>
<td>↑</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>Patient emotional well-being assessed by the second office visit</td>
<td>24</td>
<td>72%</td>
<td>↑</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>Dyspnea addressed appropriately at end of life (assessed and addressed)</td>
<td>41</td>
<td>43%</td>
<td>↑</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>Hospice enrollment, palliative care referral, or documented discussion</td>
<td>47</td>
<td>70%</td>
<td>↓</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>Lower Score = Better: Chemotherapy administered within the last 2 weeks of life</td>
<td>48</td>
<td>2.3%</td>
<td>↓</td>
<td>15%</td>
<td></td>
</tr>
</tbody>
</table>

Current: Most recent time period repeated, may vary by measure.
Trend: Improving, worsening, or no change from previous to most recent time period.
Status: Green: goal met; Yellow: within 25% of goal; Red: >25% from goal
EXCEPT Measure 7: Yellow within 15% of goal; Red: >15% from goal
Sample size may be less than 10 (n<10) in a given time period, which may impact data validity.
Rounding may cause minor inconsistencies in the trend and status data.

Not to be reproduced without the permission of MOQC
Data Source: ASCO, QIOY

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QOPI: What’s In It for Physicians

• Alignment with professional organization's **CURRENT** national standards of care
• Improvements used for ABIM MOC quality module for internists and pediatrics
• Used for annual quality of care incentive payment
• Numerous oncology EHR’s/ modules have QOPI standards hard coded
What’s In It for Hospitals/Practices

• **GOLD STANDARD** for oncology care
• Aligns with many TJC standards but more oncology relevant
• Ability to market your cancer center’s focus on quality & safety
• Demonstrates to payers adherence to national standards of care
Michigan Leaders and Best!!

<table>
<thead>
<tr>
<th>Allegiance Health</th>
<th>Center for Cancer Care &amp; Blood Disorders:</th>
</tr>
</thead>
</table>
| HOA Cancer Center  | • Lansing  
                     | • Owosso                                    |
| IHA Hematology Oncology Consultants | Toledo Clinic Cancer Centers: |
| Northern Michigan Hematology/Oncology | • Main Office  
                                       | • Adrian  
                                       | • Bowling Green  
                                       | • Maumee  
                                       | • Monroe  
                                       | • Oregon                                    |
| Southwest Michigan Oncology Associates | UP Hematology Oncology Associates: |
| Sparrow Regional Cancer Center | • Chippewa  
                                          | • Escanaba  
                                          | • Hancock  
                                          | • Marquette  
                                          | • North Country                            |
| University of Michigan Cancer Center |                                           |
| West Michigan Cancer Center |                                           |
Questions

• Any questions not addressed here may be emailed to solutions@oncologymgmt.com

• OMC Group will compile questions and answers and distribute to webinar registrants
Thank You!

- Sincere thanks to all of you for joining us today. We hope that you will keep OMC Group in mind when consulting needs arise in the future.

- Financial and Market Analyses
- New Center Development
- Hospital/Physician Integration
- Strategic Planning
- Implementation and Interim Leadership
- Performance and Financial Benchmarking
- Operational Assessments
- Revenue Cycle Reviews