Michigan Oncology Quality Consortium

Jeffrey Smerage, MD, PhD
Physician Lead

Jane Severson, RN, MHSA
Project Manager
I. MOQC Overview

• MOQC is the BCBSM coordinating center for practices participating in the American Society of Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI)

• Started in Fall 2009 in response to the need for a systematic approach to quality improvement for Michigan QOPI practices

• University of Michigan manages the coordinating center
Participation by State

*Note: Graph only displays 20 states. A total of 46 states were represented. Additional participants include: Alabama, Arizona, Arkansas, Colorado, Delaware, Hawaii, Idaho, Kansas, Louisiana, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, Oklahoma, Oregon, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Vermont, Washington, and West Virginia.*
What is QOPI®?

• A practice-based quality improvement program developed by ASCO that assesses medical oncology care processes
• Evidence-, guideline- and consensus-based
• Measures are continually reviewed and updated by panel of experts - currently over 100 measures
• Practices conduct statistically-valid sampling every 6 months with reports available 1 month later
• Provides benchmarks with peers and national cohort as well as practice trends for self-assessment
Core Measures
- Care Documentation
- Chemo Administration
- Pain Management
- Smoking Cessation
- Psychological Support

Disease – Specific Module
- Breast Cancer
- Colorectal Cancer
- Non-Hodgkin’s Lymphoma
- Non-Small Cell Lung Cancer

Domain – Specific Module
- End of Life Care
- Symptom/Toxicity Management
American Society of Clinical Oncology/Oncology Nursing Society Chemotherapy Administration Safety Standards

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

ABSTRACT

Standardization of care can reduce the risk of errors, increase efficiency, and provide a foundation for best practice. In 2008, the American Society of Clinical Oncology (ASCO) and the Oncology Nursing Society (ONS) began a collaborative process to develop consensus-based standards of safe chemotherapy administration. Three hundred twenty-two 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; and 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 27:5469-5475. © 2009 by American Society of Clinical Oncology
COLLABORATIVE APPROACH
Multiple Mindsets Required for Clinical Change

<table>
<thead>
<tr>
<th>Improvement Leader</th>
<th>Clinical Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus: Change</td>
<td>Focus: Effectiveness</td>
</tr>
<tr>
<td>Processed -focused</td>
<td>Outcome -focused</td>
</tr>
<tr>
<td>Systems – focused-multiple inputs</td>
<td>Individual -focused</td>
</tr>
<tr>
<td>Risk –taking &amp; imagination</td>
<td>Evidence –based practices</td>
</tr>
</tbody>
</table>

Source: adapted from NHS Institute for Innovation & Improvement (2009)
Collaborative Learning Constructs

Improvement by Understanding Your Own Performance

– A management process that fosters evaluation of how you do work today and how it could be done better in the future

Improvement by Learning from Others

– Learning, sharing information and adopting best practices to bring about step changes in performance
Engaging Physicians in Setting Priorities

**Table:**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Aprepitant prescribed with high emetic risk chemotherapy</td>
</tr>
<tr>
<td>B*</td>
<td>Baseline iron stores documented &lt; 90 days prior to admin. of ESAs</td>
</tr>
<tr>
<td>C</td>
<td>Infertility risks discussed prior to chemo with pts of reproductive age.</td>
</tr>
<tr>
<td>D*</td>
<td>Pain intensity quantified either of last 2 visits before death</td>
</tr>
<tr>
<td>E*</td>
<td>Hospice enrollment or palliative care referral</td>
</tr>
<tr>
<td>F</td>
<td>Chemo administered &lt; the last 2 wks of life</td>
</tr>
</tbody>
</table>

- Institute for Healthcare Improvement (IHI) web site, “How to Improve,”
PUTTING IT ALL TOGETHER: PALLIATIVE CARE DEMONSTRATION PROJECT
Palliative Care Demonstration Project Overview

- **Aim:**
  - To improve the effectiveness and timely delivery of palliative care services in Michigan oncology practices
  - To build practice leadership capability in quality improvement and change management
    - Clinical Framework: Integrated Palliative Care
    - QI Model: Institute of Healthcare Improvement/Lean Tools
- **Measure:** Select QOPI palliative care measures
- **Change:** Implement Edmonton Symptom Assessment System
MOQC Palliative Care Demonstration Project Participants

- Marquette
- Cancer and Hematology Centers of West Michigan
- Center for Cancer Care and Blood Disorders
- Sparrow
- University of Michigan
- IHA Hematology Oncology
- Karmanos
- Toledo Clinic Cancer Center
Framework: Integrated Palliative Care

- Disease Modifying Treatments
- Hospice
- Diagnosis
- Treatments to Relieve Suffering/Improve QOL
- 6Mo
- Bereavement
- Death
“Primary” vs “Secondary “ Palliative Care

1. **Primary:** the care by all providers, regardless of specialty support
2. **Secondary:** specialized, team-based support for those with greater needs
3. **Tertiary:** academic teaching/training sites

Von Gunten, *JAMA*, 2002
MOQC Palliative Care Demonstration Project: Expanding Capacity & Capability of Primary Palliative Care
MOQC Learning Collaborative Approach

Pre-Work Phase

LC Topic and Team Selection
- Select Specific Topics
- Prepare Data
- Identify Subject Matter Experts/Faculty
- Determine Participants
- Schedule Learning Session
- Practices Complete Prework
- Baseline Data/Surveys
- Create Change Packet & Training Materials

Learning Sessions/Action Periods

Learning Session #1
- All teams convene with Faculty/Subject Matter Experts
- Primary Focus on the Interventions
- Project Overview
- PDSA
- Exposure to the Metrics

Learning Session #2
- All teams convene with Faculty/Subject Matter Experts
- Primary Focus on Improvement Model
- PDSA
- Metrics
- Shared Learnings

Learning Session #3
- All teams convene with Faculty/Subject Matter Experts
- Primary Focus on the Sharing Best Practices
- Evaluation of process
- Summarize Results
- Plan for Sustainability

Outcome

Spread Best Practices with Network
- Share best practices and learnings with all MOQC participants
- Document learning process
- Document learnings

Action Period Follow Up

All Team/Faculty Conference Calls (1/month)
Consultation/Site Visits
Email

MOQC Coordinating Center: On-going consultation, visits, web resources for training, problem solving, data support with practices
MEASURE OF PERFORMANCE

MOQC Palliative Care Dashboard
MOQC Palliative Care Dashboard

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>CURRENT</th>
<th>trend</th>
<th>GOAL</th>
<th>status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Pain addressed appropriately by 2nd office visit (assessed, quantified and addressed if &gt;4/10) (QOPI #6)</td>
<td>74.0%</td>
<td>↓</td>
<td>85.0%</td>
<td></td>
</tr>
<tr>
<td>2 Constipation assessed at time of opioid prescription or following visit (QOPI #8)</td>
<td>68.3%</td>
<td>↑</td>
<td>85.0%</td>
<td></td>
</tr>
<tr>
<td>3 Patient emotional well-being assessed by the second office visit (QOPI #24)</td>
<td>80.7%</td>
<td>↑</td>
<td>85.0%</td>
<td></td>
</tr>
<tr>
<td>4 Pain addressed appropriately at end of life (assessed, quantified and addressed if &gt;4/10) (QOPI #33)</td>
<td>66.8%</td>
<td>↑</td>
<td>85.0%</td>
<td></td>
</tr>
<tr>
<td>5 Dyspnea addressed appropriately at end of life (assessed and addressed) (QOPI #41)</td>
<td>73.3%</td>
<td>↑</td>
<td>85.0%</td>
<td></td>
</tr>
<tr>
<td>6 Hospice enrollment, palliative care referral, or documented discussion (QOPI #7)</td>
<td>70.3%</td>
<td>↑</td>
<td>85.0%</td>
<td></td>
</tr>
<tr>
<td>7 Lower Score = Better: Chemotherapy administered within the last 2 weeks of life (QOPI #48)</td>
<td>11.8%</td>
<td>↑</td>
<td>15.0%</td>
<td></td>
</tr>
</tbody>
</table>

Graph showing trends from Fall '10 to Spring '12 for various measures.
CHANGE

EDMONTON SYMPTOM ASSESSMENT SYSTEM
<table>
<thead>
<tr>
<th>Edmonton Symptom Assessment System (ESAS-r)</th>
</tr>
</thead>
</table>

Please circle the number that best describes how you feel NOW:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Range</th>
<th>Worst Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Pain</td>
<td>0-10</td>
<td>Pain</td>
</tr>
<tr>
<td>No Tiredness (Tiredness = lack of energy)</td>
<td>0-10</td>
<td>Tiredness</td>
</tr>
<tr>
<td>No Drowsiness (Drowsiness = feeling sleepy)</td>
<td>0-10</td>
<td>Drowsiness</td>
</tr>
<tr>
<td>No Nausea</td>
<td>0-10</td>
<td>Nausea</td>
</tr>
<tr>
<td>No Lack of Appetite</td>
<td>0-10</td>
<td>Lack of Appetite</td>
</tr>
<tr>
<td>No Shortness of Breath</td>
<td>0-10</td>
<td>Shortness of Breath</td>
</tr>
<tr>
<td>No Depression (Depression = feeling sad)</td>
<td>0-10</td>
<td>Depression</td>
</tr>
<tr>
<td>NO Anxiety (Anxiety = feeling nervous)</td>
<td>0-10</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Best Well Being (Well being = how you feel overall)</td>
<td>0-10</td>
<td>Wellbeing</td>
</tr>
<tr>
<td>Constipation</td>
<td>0-10</td>
<td></td>
</tr>
</tbody>
</table>

Patient’s Name ____________________________  Completed by (check one).

Date ____________________________  Time ____________________________  □ Patient

□ Family caregiver

□ Health care professional caregiver

□ Caregiver-assisted
Average ESAS Scores for 8 Demonstration Participants

<table>
<thead>
<tr>
<th>Symptom</th>
<th>&lt;4</th>
<th>4-6</th>
<th>&gt;6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>76%</td>
<td>57%</td>
<td>84%</td>
</tr>
<tr>
<td>Tiredness</td>
<td>13%</td>
<td>25%</td>
<td>10%</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>18%</td>
<td>20%</td>
<td>6%</td>
</tr>
<tr>
<td>Nausea</td>
<td>12%</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>Appetite</td>
<td>7%</td>
<td>16%</td>
<td>7%</td>
</tr>
<tr>
<td>Shortness of Breath</td>
<td>6%</td>
<td>13%</td>
<td>7%</td>
</tr>
<tr>
<td>Depression</td>
<td>7%</td>
<td>13%</td>
<td>8%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>8%</td>
<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td>Well Being</td>
<td>11%</td>
<td>27%</td>
<td>6%</td>
</tr>
<tr>
<td>Constipation</td>
<td>10%</td>
<td>8%</td>
<td>6%</td>
</tr>
</tbody>
</table>

n= 730 ESAS forms / 8 practices
## PERFORMANCE IMPROVEMENT PLAN

### MOQC Palliative Care Dashboard

**Site:** MOQC Overall  
**Report Date:** May 2012

<table>
<thead>
<tr>
<th>Measure</th>
<th>Current</th>
<th>Root Causes</th>
<th>Action Plan</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Pain addressed appropriately by 2nd office visit (assessed, quantified and addressed if &gt;4/10)</td>
<td>77.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Constipation assessed at time of narcotic prescription or following visit</td>
<td>68.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Patient emotional well-being assessed by the second office visit</td>
<td>91.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Pain addressed appropriately at end of life (assessed, quantified and addressed if &gt;4/10)</td>
<td>65.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Dyspnea addressed appropriately at end of life (assessed and addressed)</td>
<td>75.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Hospice enrollment, palliative care referral, or documented discussion</td>
<td>63.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Chemotherapy administered within the last 2 weeks of life (Lower Score - Better)</td>
<td>12.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Check Current Performance  
2. Determine WHY Issue  
3. Establish Improvement Plan
One Practice’s Symptom Analysis: Tiredness

Intervention
Demonstration Preliminary Results: Fall 2011 vs. Spring 2012

**QOPI Pain Addressed: End of Life**

- PC Demo: Fall '11: 70%, Spring '12: 60%
- Other MOQC: Fall '11: 60%, Spring '12: 50%

**QOPI Dyspnea Addressed: End of Life**

- PC Demo: Fall '11: 70%, Spring '12: 70%
- Other MOQC: Fall '11: 60%, Spring '12: 60%
High Performers Achieve More

QOPI Hospice/ Palliative Care Referral

- PC Demo
- Other MOQC

QOPI Chemo in Last 2 Weeks

- PC Demo
- Other MOQC

Lower: Better

Fall '11
Spring '12
MOQC Next Steps:
Sustainability and Spread

• Implementation of ESAS in all interested MOQC practices to begin in August using a similar, yet modified approach over 6 months
• Staff educational forums on symptom assessment and management
• Goals of care planning demonstration project
FUTURE OPPORTUNITIES:
IMPROVING SMOKING PERFORMANCE
N=42 in Fall 2010, n=45 in Spring 2011, n=38 in Fall 2011, n=39 in Spring 2012.

Source: QOPI data.
Smoking Cessation Counseling Rate
Michigan vs. National QOPI Spring 2012

N=32, excludes sites with less than 10 charts submitted.

Source: QOPI Spring 2012 data.
Acknowledgements

• Douglas Blayney, MD
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