ASCO's Role in Facilitating the Adoption of Electronic Records in Oncology

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ASCO is committed to helping oncologists stay current about information-related issues that had not, in earlier times, represented a large proportion of their responsibility. American oncologists need to stay well informed about public policy recommendations on the adoption of information technologies and on the legislative and regulatory issues involved. Furthermore,

oncologists need to acquire and efficiently incorporate a variety of new technology products into their practices.

ASCO holds a unique position with regard to its ability to represent practicing oncologists in these national initiatives centering on health care information technology. It does so by virtue of its role as the leading organization for all cancer specialties and as the premier resource for oncology education. ASCO itself possesses and employs state-of-the-art information technology capabilities and expertise. The society also has the potential to coordinate these efforts for oncology medical practices through its state and regional affiliates program.

Most importantly, ASCO has already demonstrated considerable political prowess in Washington. The organization has taken a leading role defending the ability of the oncology community to ensure high quality and broad accessibility to cancer care. Many of ASCO's congressional supporters also support the full use of information technology in health care. In addition to Congress, the other key players in these national initiatives include the National Cancer Institute (NCI), the Department of Health and Human Services (DHHS), the Centers for Medicare & Medicaid Services (CMS), the Food and Drug Administration (FDA), the National Library of Medicine (NLM), the Institute of Medicine (IOM), the Surveillance, Epidemiology, and End Results (SEER) Program and the National Cancer Data Base (NCDB).

In the ASCO Strategic Plan for 2004-2007, two goals directly address issues regarding electronic management of medical data. They are Goal 1, "Cancer Care and Clinical Practice Management," and Goal 8, "Governance and Operations."

Goal 1 states that ASCO needs to become involved in clinical practice management for a variety of reasons:

- to ensure accessible, high-quality care;
- to work closely with government agencies;
- to ensure that evidence-based cancer care becomes the norm;
- to develop and disseminate practice management tools and materials in order to enhance the delivery of cost-effective, high-quality cancer care; and
- to increase collaboration with regional or state oncology societies to improve cancer care and practice management in the community.

Goal 8 focuses upon ASCO's need to diversify and expand its revenue stream in the following ways:

- expanding the Society's role in offering technology-based products and services;
- increasing its electronic and digital communication capacity;
- providing information and tools to members that can help them to effectively use information technology (including the Internet); and
- using Internet technology and applications to customize content so that it is most suitable to the needs of individual practitioners.

A number of high-level panels have criticized both oncologists and other medical professionals for their failure to consistently deliver state-of-the-art care. These reports, from the Institute of Medicine (among others), have criticized health care professionals and institutions for two major failings: (1) not using information technology effectively, and (2) not instituting monitoring systems that can provide reports on the quality of patient care. On the heels of these reports and with the goal of improving the efficiency of health care systems, both the federal government and private payers are examining treatment patterns as well as various ways to define and measure the quality of health care outcomes.

To answer those who criticize the oncology community, ASCO has established its own National Initiative on Cancer Care Quality (NICCCQ). NICCCQ is developing a prototype for a national monitoring system to assess the quality of cancer care. As part of this mission, the NICCCQ has defined a dataset for several common cancers that could function as oncology components of a patient's electronic health record (EHR). NICCCQ has also created an abstraction tool customized to work with oncology records. This promises to simplify data collection efforts in our offices.

Furthermore, to help oncologists begin to measure the quality of the care delivered in their offices, ASCO set up the Quality Oncology Practice Initiative (QOPI). QOPI

initially comprised 15 practices and 376 physicians. The initiative assessed several types of quality measures. These measures included items derived from clinical guidelines and items describing doctor-patient interactions, among others. QOPI is developing a tool that oncology offices can use to compare themselves to national benchmarks for quality cancer care. Offices that qualify will be able to obtain some type of certification.

At a presentation about QOPI at ASCO's 2004 Annual Meeting, Dr. Joseph Simone asked audience members questions about their own current and planned efforts to measure the quality of care delivered in their offices by using computerized tools. The attendees were able to answer his questions immediately through the use of keypads. Fifty percent of the attendees said that their offices already had such a quality improvement effort in place; 13% reported the use of EHRs; 38% used simple computer programs to gather patient data; 42% used seven or more standing orders for administering chemotherapy (with 56% using guidelines in their standing order); 76% said that they would participate in future QOPI initiatives; 84% said that they wanted help in collecting aggregate practice data and physician-specific data; and 88% had Internet access.

Recently, ASCO's Board of Directors also agreed to consider a role for the Society in health care informatics (another term for information science) as it relates to oncology practice and research. As part of its new Technology Strategic Plan, ASCO will increase its technical advocacy and presence in the national health informatics arena. It will explore the possibility of hiring a full-time employee to work within its Information Technology Department. That individual will coordinate, oversee and monitor activities related to health

informatics in medical oncology. He or she will also help plan a summit on the subject of oncology information technology. The summit's goal will be to foster discussion of the role of the oncology community in today's national effort to maximize the use of digital information in health care. ASCO's Information Technology Committee will work with other ASCO committees to monitor these efforts, help define oncology datasets and EHR functions, evaluate software for the management of oncology EHR data and keep members current on advances in the field.

The ultimate goal of integrating these technologies into our daily practice and research activities is to have all of our medical information, practice management and patient education needs in oncology accessible on our computer desktops. It will reduce unnecessary paperwork, and permit us to be reimbursed fairly for our work as documentation becomes automated and it becomes easier to measure quality. This will contribute to the development of a more efficient health care system that is responsive to the needs of all constituents. We must be able to incorporate patient-specific decision support and physician reminders into our point-of-care patient activities. Electronic links across care settings will not only facilitate collaborative and coordinated approaches among care givers but will also permit the real-time tracking and monitoring of the quality of our cancer care activities. Accrual for clinical trials should increase, as data management tools become part of the EHR. Oncologists must begin to prepare themselves for the new Information Age.

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