Your Clinical Practice Committee

Working Smarter Toward Quality Care

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Come gather 'round people
Wherever you roam
And admit that the waters
Around you have grown
And accept it that soon
You'll be drenched to the bone.
If your time to you
Is worth savin'
Then you better start swimmin'
Or you'll sink like a stone
For the times they are a-changin'.
Bob Dylan

Most of us are familiar with the lyrics penned by Bob Dylan during an era of societal change. Dylan captures the necessity for coping with change in order not to “sink like a stone”—work harder, swim faster. Change is a constant in medicine, and, I dare say, many of us have responded by adding hours to our workday to cope.

To deal with the future in health care, working harder will not prevent us from being overcome; indeed, to survive we will need to define ways to work *smarter*. Smarter clinical practice embraces a collaborative, system approach. Oncologists have long embraced the concept that clinical care requires a team approach. We have developed practice organizations and structures that recognize the specialized contributions of other physicians, nurses, pharmacists, social workers, and administrative support folks. We are engaged in a battle to help keep us financially whole for the contributions that each brings to clinical care. Each contribution brings value to the patient, and expands the efforts and time the oncologist can devote to the care of the patient.

Broadly embracing a mindset of collaborative, system-based medicine will be vital to survival. The quality/patient safety movement is just such an approach. Using literature-based evidence to define measures that can be incorporated broadly in clinical care to improve outcomes is easy to grasp. Reliance on an individual to define and implement these practices will not work. An individual approach simply embraces the working harder/longer tradition of medicine “keep up”. Effective practices will put in place systems and teams to guarantee that evidence based practices are incorporated into the day-to-day work.

Best practices, structured communication and order sets will assist in guiding care, ensuring that key, vetted interventions are not overlooked. Certainly such efforts will rely on technology (such as the elusive EMR featured in this journal), but the key will be development of collaborative attitudes within the practice. Such an attitude shares the burden of quality with everyone that works within the practice. Also, demanded by the system approach are agreed upon measures of effectiveness that can be measured and benchmarked. This allows each practice to know where it stands,

identifying areas that need improvement and change. Such is the language of quality improvement that many of us are familiar with in the institutions in which we work. To work smarter will require we bring this language to our practice.

What does this have to do with ASCO and the Clinical Practice Committee (CPC)?

One charge of ASCO's Clinical Practice Committee is to anticipate change, and to help shape comment and strategies to respond. ASCO has taken the lead in helping define what quality looks like in clinical practice. One of several ongoing efforts is the Quality Oncology Practice Initiative (QOPI) project. This project has allowed oncology practices to benchmark key indicators of quality practice against a growing database from other practices. This gives participating practices a great assessment of where they stand. Members of the CPC are playing key roles in shaping this project.

Quality projects are going to have an effect on reimbursement issues. The Centers for Medicare and Medicaid Services (CMS) is interested in determining ways to pay for quality services in our practice. They wish to find ways to reward practices that adhere to evidence-based treatments and who allow themselves to be measured. This is a desire that we share. Oncologists, through ASCO and the CPC, are advocating for this “future.” ASCO is actively commenting to CMS (and others) to shape what these programs will look like. “Pay for performance” and “data collecting demonstration projects” are manifestations of bringing “quality” to the business side of our practices. This can be a good thing.

All of us understand the necessity to be the shapers of this future. Sometimes good intentions can morph into burdens, obstructing the laudable goals that launched them. I encourage you to keep up with the activities of ASCO and the CPC in this regard. Comments are welcome and easy to provide via e-mail to ASCO (publicpolicy@asco.org) and to your representatives on the CPC (refer to the committee roster at www.asco.org in the About ASCO section).

The *Journal of Oncology Practice* is the culmination of a dream that had its genesis in the Clinical Practice Committee of ASCO. Our hope was to focus the academic acumen and expertise that has made ASCO the premier voice of oncology onto the practice of oncology. This journal is to express the “science of the practice of oncology.” Congratulations to Dr. Doug Blayney and to the ASCO staff for hard work well done. The vision for the *JOP* was shared by many individuals, but I wish to acknowledge the hard work of prior chairs of the CPC: Joe Bailes, Jack Keech, and Dean Gesme. I have seen the effort they put forward and I am quite humbled by it. These gentlemen took an idea and pressed it into the paper you are holding.

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