Quality Oncology Practice Initiative Registration Surpasses 250 Oncology Practices: Spring 2007 Data Collection Provides Data to Drive Practitioner-Led Improvement

Now in its second year, ASCO's Quality Oncology Practice Initiative (QOPI) has registered more than 250 practices in the practice-based quality improvement program. "Enrolling 250 practices is a true milestone for QOPI," according to Joseph Simone, MD, who developed the concept for QOPI as an ASCO volunteer, and continues to lead the QOPI steering group. "We increasingly find QOPI participants in any gathering of medical oncologists. It's rewarding that oncologists have so enthusiastically embraced self-assessment in a time of competing demands on time and resources. QOPI recognizes that true advances in the quality of care are not possible without physicians owning and leading the process."

One hundred thirty-six practices participated in the spring 2007 QOPI data collection. In an ongoing effort to meet the quality measurement and improvement needs of QOPI's increasingly diverse practice population, a new feature was added to the 2007 data collection process—the ability for participating practices to select from a menu of measure sets and customize their data collection efforts. The QOPI menu of measure sets includes disease-specific modules (breast cancer, colorectal cancer, non-small-cell lung cancer, non-Hodgkin's lymphoma) and modules concentrated on domains of care (symptom/toxicity management, clinical trials accrual, end-of-life care). A core set of measures applicable to most patients eligible for the QOPI sample also is included for every medical record abstracted.

Data to inform quality improvement is the driver for the initiation of QOPI and for continuing participation. With increasing participation, the value of the comparative data offered to QOPI practices has also increased. Sample sizes of 100 or more practices and several thousand medical records

are common for many measures. Also important is the ability of quality measures to show variation among practices and to be amenable to practitioner-initiated change. Figures 1 to 10 demonstrate practice performance variation and improvement

Figure 2. Box plot of explicit statement of staging within 1 month of first office visit, by period.

Figure 3. Pain addressed on first office visit, by practice.

Figure 1. Explicit statement of staging within one month of first office visit, by practice.

Figure 4. Pain addressed on first office visit, by period.

over time for five selected QOPI measures. In total, among the 52 measures included in the spring 2007 data collection, significant variation was seen among practices for 43 measures.

The measures that did not have significant interpractice variation showed universally high concordance; for example, for patients with stage III colon cancer, the QOPI mean for recommending chemotherapy within 4 months of the date of

diagnosis is 97%, with a range of 75% to 100%. (For a full summary of QOPI measures, visit www.asco.org/qopi).

The spring 2007 data collection also included a pilot test of the feasibility and utility of the QOPI program as a quality improvement training tool for oncology fellowship programs. Eight fellowship training programs participated in the pilot, which included a collaborative model for discussion of the specific challenges of implementing QOPI in the fellowship

Figure 5. Signed patient consent for chemotherapy in medical record, by practice.

Figure 6. Box plot of signed patient consent for chemotherapy in medical record, by period.

Figure 7. Aprepitant administered appropriately with highly emetic chemotherapy, by practice.

Figure 8. Box plot of aprepitant administered appropriately with highly emetic chemotherapy, by period.

Figure 9. Pain assessed on last visit before death, by practice.

Figure 10. Box plot of pain assessed on last visit before death, by period.

What Is QOPI?

ASCO's QOPI is an oncologist-led, practice-based improvement program for medical oncology. QOPI includes a customizable menu of quality measures, a specified chart selection strategy, a secure system for data entry, automated data analysis and reporting, and resources for improvement.

Twice yearly, staff at participating practices are invited to conduct a retrospective review of patient charts and submit deidentified data via a secure ASCO Web site. Following every data collection period, the QOPI system generates a report for each practice comparing practice results to the aggregate. Practice-specific data are kept strictly confidential.

The benefits of QOPI participation include:

- Knowledge of practice strengths and weaknesses
- Demonstrable participation in a respected quality improvement program
- Data collected can be used to complete the American Board of Internal Medicine Self-directed Practice Improvement Module and satisfy the practice performance improvement requirement for Maintenance of Certification
- Continuing medical education credits for participation and improvement activities

For more information or to join QOPI, visit www.asco.org/qopi or e-mail: qopi@asco.org.

setting, implementation success stories, and the value of the collected data. The fellowship program pilot group shared their experiences at the 2007 ASCO Annual Meeting Training Program Director breakfast. Participants were overwhelmingly supportive of QOPI and its ability to introduce principles of quality improvement to oncology fellows. To facilitate the participation of fellowship programs moving forward, lessons learned from the pilot will be integrated into fellowship-directed QOPI materials.

Laurie Lyckholm, MD, Associate Professor and Fellowship Program Director at the Virginia Commonwealth University Massey Cancer Center, noted that QOPI participation "has tremendous educational and practical benefits, and most importantly, the potential to improve patient care all around." Nick Farrell, MD, the hematology-oncology fellow at Massey who co-led the QOPI effort at the site, added,

"The process of abstracting the charts highlighted areas where we could improve documentation and consistency. We were engaged in a discussion about quality improvement even before we received the QOPI data."

Among fellowship programs and practices nationwide, an even larger number of oncology practice participation is expected for the fall 2007 QOPI data collection. Feedback from participants is consistently evaluated and will be used to build resources to aid improvement efforts. As it continually evolves, QOPI provides increasing tools to enable oncology providers to assume ownership of quality improvement within their own practices.

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