Effective Medical Directors Improve Performance

THROUGH DATA COLLECTION
Session # 39
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Monday, March 17, 2014
NO FINANCIAL DISCLOSURES
Chair, NQMBC Committee
NAPBC Standards & Accreditation Committee

Outline for this Presentation

- Data collection & analysis drives quality
- The reimbursement – data connection
- Attributes of good quality measures
- Where to find them
- Identification of data team members
- Creating a quality management plan
- Integrating quality management into your breast program

Breast Program Quality Management

- Historical perspective…
  - Formally report to cancer committee, medical staff, management
  - Demonstrate value of interdisciplinary model
  - Compete for limited resources within organization
- New Era…
  - Compliance and accreditation
  - Support / lead organization’s transition to ACO
  - Demonstrate value (quality/cost) for reimbursement
**Selection of Metrics – traditional**

- Respond to organization’s needs
  - Finance
  - Marketing
  - Senior management
  - Middle management
  - Medical staff - Oncology / Cancer committee
  - Compliance & accreditation – MQSA, CoC, JCAHO
- Educate / Inform of program’s performance
  - Volume indicators
  - Outcomes measures
- Each data request nuanced
  … depending on who’s asking

**Selection of Metrics – current status**

- Internal organization, plus
- External
  - Accreditation / Professional
    - NQF, NCCN, CoC/ACS-NCDB, NAPBC, ACR-BICOE, NQMBC, ASCO-QOPI, ASBS, TOPS
  - Medicare/CMS, payors, payors, payors

**Selection of Metrics – current status**

- A lack of consensus & standardization of definitions is the norm
- 2007 : NQF, CoC, ASCO and NCCN began to synchronize measures
- 2013-2014: NQMBC began harmonization process
Wallwiener, M et al.  
*Arch Gynecol Obstet* 2012 June 285(6): 1671-1683

- 2003 - 2010 Update on nationwide (Germany) implementation of breast center certification
- As of Dec 2010, 258 certified sites
- 2x year data audit
- 52,345 new breast cancer diagnoses
- 90.3% of all breast cancer diagnoses in Germany

Wallwiener, M et al.  
*Arch Gynecol Obstet* 2012 June 285(6): 1671-1683

**From 2003 to 2010**
- 9 measures, performance increased in all
- Complete staging data: 89% to 100%
- Reported surgical margin width: 91% to 98%
- Specimen radiography: 87% to 99%
- Patients in clinical trials: 40% to 55%
- RT after BCS: 20% to 92%
- RT after Mastectomy: 8% to 93%

**Selection of Metrics**

Breast care delivery metrics must be...

- Clearly defined
- Readily retrieved
- Relevant
- Actionable

*How will your program influence survival?*
Accountable Care Organizations

The Three-Part Aim

- Improve the care experience for individuals
- Improve health of the population
- Lower per-capita costs

Diverse Care Delivery Landscape

ACOs can be formed around...
- Multispecialty medical groups
- Physician-hospital organizations (PHO)
- Organized/integrated delivery systems already functioning as ACOs
- Independent Practice Associations (IPA) with adequate time & infrastructure development
  > Your program may exist within one of these
  > Your data management plan must be flexible to adapt & support movement to ACO

Affordable Care Act

- Medicare may reward health care organizations with a share of savings
  - Resulting from improving quality
  - Reducing costs for care delivered to a defined patient population
- Government’s focus is on Medicare
  - Applicable to all patients, all insurers
- Physicians/providers can interact with public/private payors using
  - Consistent incentives
  - Established performance criteria
**Medicare / PQRS & VBM**

**Physician Quality Reporting System - PQRS**
- 2007 to 2014: 318 quality measures across healthcare
- Individuals and groups 2-99 members
- Group practices of 100 or more

**Value-Based Payment Modifier – VBM**
- Group practices of 100 or more
  - System of Bonuses and Penalties

<table>
<thead>
<tr>
<th>2014 PQRS</th>
<th>(reporting period 1/1/2014 - 12/31/2014)</th>
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<tr>
<td>2014 Bonus 0.5%</td>
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<td>2015 PQRS Penalty 1.5% for non-participation in 2014 PQRS</td>
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<td>2017 VBM Penalty TBD ALL PHYSICIANS, non-participation 2015</td>
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**Selection of Metrics – two traditional options**
- Identify metrics from nationally-recognized data repositories
  - MQSA/Breast Cancer Surveillance Consortium (BCSC)
  - National Cancer Data Base (NCDB)
  - National Quality Forum NOF
  - National Accreditation Program for Breast Centers (NAPBC)
  - National Quality Measures for Breast Centers (NQMBC and NQMBC-Surgeon)
- Create unique measures to address a specific concern
Selection of Metrics – third option

2014 CMS PQRS measures

Measure #
71: Breast Cancer: Hormonal Therapy for Stage 1C-3C Estrogen/Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
99: Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade
112: Preventive Care and Screening: Breast Cancer Screening
146: Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening
194: Oncology: Cancer Stage Documented
225: Radiology: Reminder System for Mammograms
251: Immunohistochemical Evaluation of Her2 neu
262: Image Confirmation of Successful Excision of Image-Localized Breast Lesion
263: Preoperative Diagnosis of Breast Cancer
264: Sentinel Lymph Node Biopsy for Invasive Breast Cancer

Selection of Metrics – third option

2014 CMS PQRS measures

www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html

Selection of Measures

basic quality management questions

- Care timely & compassionate?
- Is care efficient?
- Is the population’s breast health improved?
- Are patients satisfied?
  - Is service objectively optimized?
  - Is resource utilization optimal?
- Clinical outcomes
  - Mortality -
    - measure survival
    - surrogate measures

How will your program influence survival?
Program Leadership

What role does program leadership have in...
- Patient’s experience / service attributes
- Per-capita cost / resource utilization
- Community breast health
  - Morbidity
  - Mortality

Selection of Metrics – NAPBC

Standard 6.1 Quality and Outcomes

- Each year the breast program leadership conducts or participates in two or more studies that measure quality and/or outcomes and the findings are communicated and discussed with the breast center staff, participants of the interdisciplinary conference, or the cancer committee, where applicable.

Selection of Metrics – NAPBC

Standard 6.2 Quality Improvement

Annual performance levels are reported for each of the measures identified by the NAPBC, and performance is evaluated annually by the BPL.

<table>
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<tr>
<th>Measure</th>
<th>Requirement</th>
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<td>1.</td>
<td>Breast conservation surgery rate for women with AJCC Stage 0, I or II breast cancer.</td>
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<tr>
<td>2.</td>
<td>Mammogram within 6 months of breast cancer diagnosis for women undergoing mastectomy for breast cancer with four or more positive lymph nodes.</td>
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<tr>
<td>3.</td>
<td>Needle/core biopsy is performed prior to surgical treatment of breast cancer.</td>
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<td>4.</td>
<td>Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. (NQF)</td>
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<td>5.</td>
<td>Radiation therapy is considered or administered within 1 year (365 days) of diagnosis for women undergoing mastectomy for breast cancer with four or more positive lymph nodes.</td>
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<tr>
<td>6.</td>
<td>Combination chemotherapy is considered or administered within 2 years (730 days) of diagnosis for women with AJCC T1c, Stage II or III hormone receptor negative breast cancer (NQF).</td>
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Selection of Metrics – NQMBC

37 measures

- Timeliness of care – 7
- Pathology report completeness – 7
- Patient satisfaction – 5
- Breast Conservation Surgery (BCS) – 3
- Chemotherapy – 3
- Radiation Rx – 3
- Surgery – 3
- Imaging – 3
- Adjuvant endocrine Rx – 2
- Survival rate – 1

Selection of Metrics – ASBS

American Society of Breast Surgeons  Mastery of Breast Surgery

Measure # 262: Image confirmation of successful excision of image-localized breast lesion
Measure # 263: Preoperative diagnosis of breast cancer
Measure # 264: Sentinel lymph node biopsy for invasive breast cancer

- Each measure is approved under 2014 PQRS program

Selection of Metrics – QOPI

The Quality of Oncology Practice Initiative
www.qopi.asco.org

#49-62 Breast
3- Breast genetics (test measures)
3- Tamoxifen / Aromatase Inhibitor Rx
3- Trastuzumab Rx
2- Chemotherapy Rx
2- Bisphosphonate Rx
1- Her 2/neu testing
Selection of Metrics – **MQSA audit**

- Recall rate
- Screen cancer detection rate n/1000
- False negative exams
- True positive exams
- False positive exams
- Positive predictive values
- Stage at diagnosis
- % of cancers <10mm or DCIS
- % of cancers node negative

Selection of Metrics – **BCSC**

The Breast Cancer Surveillance Consortium

http://breastscreening.cancer.gov/

- National Cancer Institute–funded research initiative
- 7 population-based research sites
- Statistical Coordinating Center
  - collects and analyzes mammographic and pathologic data in defined populations

Selection of Metrics – **MQSA / BCSC**

Performance Benchmarks for Screening Mammography
Selection of Metrics – MQSA / BCSC

Performance Benchmarks for Screening Mammography

ACS – Commission on Cancer

- National Cancer Data Base [www.facs.org/cancer/ncdb]
  - Facility Oncology Registry Data Standards (FORDS): Revised for 2013
  - Hospital Comparison Benchmark Reports (HCBR)
  - NCDB Survival Reports
  - Cancer Program Practice Profile Reports (CP3R)
    - Rapid Quality Reporting System (RQRS)

Cancer Program Practice Profile Reports (CP3R)

- Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.
- Combination chemotherapy is considered or administered within four months (120 days) of diagnosis for women under age 70 with AJCC T1cN0M0 or Stage II or III hormone receptor negative breast cancer.
- Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1cN0M0 or Stage II or III hormone receptor positive breast cancer.
Selection of Metrics - *operationalize*

Delegate to a subgroup of your leadership team

- "Quality / Data subcommittee"
- Inclusive membership model:
  - Chair (specialty unimportant)
  - Medical director
  - Tumor registrar
  - IT support staff - dedicated
  - Clinicians - core specialties
  - Management
  - ACO / PQRS staff member

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**Quality Subcommittee**

Program Development

Quality/Data

Education

Marketing

Screening mammography

Philanthropy

Accreditation

Breast Program Leadership

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Selection of Metrics - *operationalize*

Endorse a written work plan for the subcommittee

- Job description for chair
- Meeting frequency
- Reporting schedule to program leadership
- Create draft data-set for compliance & accreditation activities
- Create draft data-set for program performance metrics
- Remember your organization’s ACO initiatives
Quality / Data Subcommittee

- Identifies external data sets for data submission / benchmarking
- Verifies definitions of each metric: numerator/denominator
- Creates precise definitions for internal metrics
- Identifies internal data repositories,
  - electronic or manual format
- Data retrieval / audit / preliminary analysis
- Report to program leadership committee
- Coordinates data-sharing reports with other sites in system

Support and Rehabilitation Services

- Develop performance measures collaboratively -
  - with each service
  - invite periodically to a meeting of BPL for performance review and program update
  - influence outcomes through measured performance
  - build support for your program
    - ...and the support service
  - convert a “referred” service to a “provided” service

Data Management Plan

Identify Management and Clinical Performance Metrics across care delivery spectrum:
- Screening
- Diagnostic Imaging
- Biopsy interpretation – pathology
- Surgery
- Reconstructive surgery
- Medical & Radiation Oncology
- Support and Rehabilitation
Data Management Plan

- 3-Dimensions at each care delivery point:
  - Service attributes
  - Professional performance
  - Clinical outcomes

Data Acquisition  Practical Strategies

Ease of retrieval
1. Look first for data already collected for other purposes
   - Accreditation - NQMBC, NAPBC, CoC, JCAHO
   - Compliance - MQSA
   - Reimbursement - PQRS, misc payors
2. Cancer registry
   - Registrar participation on Quality Subcommittee
3. Data - mining the EHR
   - Adopt an IT professional, membership on Quality Subcommittee
4. Data - mining billing and claims records
   - Facilitated by interdisciplinary model
5. Manual data extraction

Communication of outcomes

- Internal
  - Management
  - Medical staff, oncology committee
  - Employees
- External
  - Annual reports for professionals / community
  - Strategic development & marketing
  - Compliance & accreditation
  - Payors
- Breast program leadership:
  - “scorecard” strategic planning
Summary

- Outcomes reporting has new relevance in era of accountable care
- Breast program metrics lack standardized definitions but harmonization is coming
- Program leadership must develop a quality management plan
  - performance improvement
  - reimbursement
- Create a dedicated team
  - begin with the low-hanging fruit