Strengthening Your Cancer Program…
Utilizing the Rapid Quality Reporting System to Comply with the New Commendation Standard (5.2)

General Information

Please silence cell phones

Locations
- Restrooms – to the left of the ballroom, or to your right by the elevators
- Lunch – Michigan Ballroom, to your right when you exit

Online presentations
http://test.facs.org/cocworkshop/2014_Agenda.cfm

Agenda

Wednesday, June 18th

RQRS 101: An Introduction to the Rapid Quality Reporting System (RQRS)
- Review the basic information on RQRS
- How to enroll, basic navigation, submission questions

RQRS: Past, Present, and Future
- Erica McNamara, MPH, and Carly Metzger, Technical Education Specialist, ACS NCDB

How to Get Your Cancer Program Ready to Start RQRS
- Diane Skinner, BS, CTR, Gibbs Cancer Center and Research Institute, Spartanburg, SC

RQRS: Getting Started and Maintaining the Momentum
- Mildred Nunez Jones, BA, CTR, Northside Hospital, Atlanta, GA

Patient Quality Improvements – Using the Rapid Quality Reporting System as a Clinical Reminder System
- Karen Coyne, MSc, RN, CTR, Moffitt Cancer Registry, Moffitt Cancer Center, Tampa, FL

A Physician's View of RQRS
- Thomas Swisher, MD, FACS, Hendersonville Surgical Associates, and CoC Surveyor, ACS CoC

Panel Q&A
At first it seems difficult to participate in RQRS but after you develop a routine and establish guidelines for your staff it actually is a wonderful tool.

~ RQRS Beta Test Participant

Learning Objectives

- Describe how to meet the RQRS participation commendation standard from the CoC.
- Understand the value of concurrent abstraction for RQRS
- Determine the best uses of the RQRS case list and comparisons within individual cancer programs.
Why Rapid Quality Reporting?

- When can you have an impact on individual cancer care?
- What data is actionable?
- How long do you want to wait to assess the results of quality improvement activities?

What does RQRS do?

- Allow programs to submit timely cases for assessment to CoC quality measures
- Allows programs to prospectively monitor cases for receipt of adjuvant therapy
- Allow programs to assess current compliance rates and changes in compliance rates over time
You want to participate, now what?

"You have to have cancer committee and cancer program buy-in BEFORE you transition a program (cancer registry) to RQRS. I have seen a couple of programs tell their cancer registries that they are going to do RQRS then give them no support in finding documentation for these adjuvant therapies. That is not what RQRS was built for, it was built as a cancer program tool to help drive quality data in real time. So just make sure those are the kinds of discussions that need to be had with cancer committee and cancer program leadership before they go and adopt RQRS. And that is for all programs, small and large..."
How has RQRS changed?

**Alpha Test**
- **Testing Mechanics**
  - September 2008 – June 2009
  - Ensure that the developed RQRS software manages data and reports information in a manner consistent with the design specifications and can be independently verified by external users of the system

**Beta Test: Testing Utility**
- July 2009 – September 2011
- Understand the acceptability & how RQRS is adopted within multiple cancer programs
- Use feedback to enhance the workability of RQRS for future users

**RQRS Release: Scalability**
- September 2011
- Roll out to all CoC accredited cancer programs.
- Use feedback for future improvements

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Present

- Navigation
- Current Use
- CoC Commendation Standard
- Quality Improvement
Getting the Cancer Program Ready?

- Set the expectations
  - How long will your registry need to get concurrent with their abstracting?
  - How will the cancer program administration help the registry work towards active participation?
  - Work with the registry to set a timeline for expectations of RQRS participation

- Decide when RQRS is right for your institution

- Get the numbers
  - How many breast, colon and rectum cases does your cancer program have?
  - How many are applicable to the current measures?

RQRS Requirements

- All CoC programs must have a Hospital registrar (HR), Cancer Program Administrator (CPA), Cancer Liaison Physician (CLP) and Cancer committee chair (CCC) with CoC Datalinks access.

- The HR, CPA, CCC and CLP in each CoC accredited cancer program wishing to participate in RQRS must each register

- Programs participating in RQRS must update changes in employment status of any individual with access to the CoC Datalinks web portal with the Commission on Cancer

- A participating program must agree to submit new and/or update case records to RQRS at least once every three (3) months

What are the RQRS measures

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Measure Type</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>Accountability</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. (AJCC)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1a, or stage I or II hormone receptor negative breast cancer (NAC).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sensitizing or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1a or Stage I or II hormone receptor positive breast cancer. (HT)</td>
</tr>
<tr>
<td>Colon</td>
<td>Accountability</td>
<td>Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III lymph node positive colorectal cancer (RCT)</td>
</tr>
<tr>
<td></td>
<td>Quality Improvement</td>
<td>At least 12 regional lymph nodes are removed and pathologically examined for rectal colorectal cancer (RCC)</td>
</tr>
<tr>
<td>Rectum</td>
<td>Surveillance</td>
<td>Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 if with clinical or pathologic AJCC T4N0M0 or Stage IIB unresectable surgical margin for rectal cancer</td>
</tr>
</tbody>
</table>
Navigating RQRS
Alerts

Monthly Alert Report

Using the Alerts

1) Open Alert:

2) Open individual case information:

3) Action:

Alert the primary physician regarding upcoming care
Work with Patient navigator to follow-up with patient
Plan to discuss issues in cancer committee:
   Are there factors that may have altered the treatment plan?
   Are there possible demographic factors that may impact on care?
   What hospital or community resources are available?
The start of survivorship plan development

Modifiable pdf can be shared with patient navigators, social workers, nurses or physicians to follow up on patient treatment status.

- Patient information
- Case Identification
- Patient Characteristics
- Tumor Characteristics
- AJCC stage
- Treatment summary
- Notes
RQRS Current Participation

65% of CoC Accredited Cancer Programs Currently Participating

RQRS Survey – Jan 2014
- Survey of RQRS participating site
  - 245 Respondents
  - Focus on cancer registry
  - Enrolled at least 4 months prior to survey
  - Over half of respondents using RQRS for more than 1 year

Demographics of participating sites

Working in RQRS
- Over half of programs spend less than 5 hours working on RQRS each week.
- Over 90% of cancer registries have access to facility EMR.
- Over 70% of programs make at least monthly data submissions.
- Most common change based on changes in staff responsibilities and managing treatment alert notifications.
Nearly 30% of programs report submitting cases within 2 months of diagnosis.
Data Abstraction Best Practices

- Integrate registry with patient navigators to get adjuvant treatment information on your patients.
- Follow-up on red alerts with physicians during cancer committee meetings.
- Make a schedule.
- Make data submissions to RQRS at the same time as state.
- Use the alerts to send out treatment letters.

The Benefit of Concurrent Abstracting

- Prospective monitoring of cases
  - 4 months to receive adjuvant chemotherapy
- Provide cases for discussion in cancer committee meetings
- Faster access to accurate annual and quarterly compliance rates

Chemotherapy Measure Follow-up
Comparisons

Is there an issue?
- Similar trends in other measures?
- Check data completeness

Utilizing the Comparisons

Areas for improvement:
Radiation therapy following BCS

2010 annual rate 80.5%
Current year-to-date performance rate 80.3%
Radiation therapy areas for improvement cont.

- Hospital has lower compliance in patients aged 40-49 & 50-59.
- They are using this to determine reasons these women are not receiving adjuvant radiation therapy.
- Also looking into data completeness.

**Program Category (Complete/Incomplete)**

<table>
<thead>
<tr>
<th>Strata</th>
<th>% Cases</th>
<th>Rate</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 TO 29</td>
<td>15</td>
<td>60.3</td>
<td>68.6-100</td>
</tr>
<tr>
<td>30 TO 39</td>
<td>116</td>
<td>96.1</td>
<td>95.09.2</td>
</tr>
<tr>
<td>40 TO 49</td>
<td>1089</td>
<td>95.9</td>
<td>95.9-99.1</td>
</tr>
<tr>
<td>50 TO 59</td>
<td>1743</td>
<td>98.7</td>
<td>98.3-99.1</td>
</tr>
<tr>
<td>60 TO 69</td>
<td>201</td>
<td>98.9</td>
<td>98.9-99.0</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>4332</td>
<td>96.7</td>
<td>96.9-97.5</td>
</tr>
</tbody>
</table>

Data for 2011

RQRS and The CoC Standards
CoC Commendation Standard 5.2
RQRS Participation

From initial enrollment and throughout the three-year accreditation period, the program participates in RQRS, submits all eligible cases for all valid performance measures, and adheres to RQRS terms and conditions.

<table>
<thead>
<tr>
<th>Survey</th>
<th>RQRS Participation Requirement</th>
</tr>
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<tbody>
<tr>
<td>2014</td>
<td>Enrolled in RQRS &amp; make at least first data submission before the time of survey. Once enrolled adhere to the terms and conditions of RQRS. Report RQRS to the cancer committee semi-annually.</td>
</tr>
<tr>
<td>2015 or 2016</td>
<td>Enrolled in RQRS &amp; make at least first data submission before end of 2014. Once enrolled adhere to the terms and conditions of RQRS. Report RQRS to the cancer committee semi-annually.</td>
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</tbody>
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RQRS Data Submissions

What to include in data submissions
- Primary sites for which there are measures:
  - Breast, Colon, Rectum
- Class of case 00-24
- Cases diagnosed since 1/1/2008 through most recent in registry
  - Minimum cases diagnosed since 1/1/2012 through most recent in registry

Frequency
- Quarterly data submission required
  - Monthly data submissions recommended

Recommendation
Resubmit all current cases with each data submission.

In the words of users....

"Help[ed] to focus staff to work together toward resolution of potential problems — helps to build a sense of ‘team’.

"I [as CLP] wanted to get back the real time data to really be able to direct care rather than simply basing behavior changes on data three years old."

"We have prevented at least 2 patients from slipping through the cracks. The oncology providers now ask for the reports to be given to them monthly so that they can review the yellow and orange alert cases and prevent any red alerts. Our Cancer Committee Chair has also been very complimentary of the comparison reports that I have generated."
Future

Enhancing RQRS

- Add new measures
- Improve platform
- Make RQRS more compatible with network cancer programs

Additional CoC Approved Measures

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis for women with &gt;4 positive regional lymph nodes.</td>
</tr>
<tr>
<td></td>
<td>Image or palpation-guided needle biopsy (core or FNA) to establish diagnosis of breast cancer.</td>
</tr>
<tr>
<td></td>
<td>Breast conservation surgery rate for women with AJCC Clinical Stage 0, I, or II breast cancer.</td>
</tr>
</tbody>
</table>
### Additional CoC Approved Measures

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rectal</td>
<td>Radiation and Chemotherapy administered or considered for AJCC Stage II or III resected rectal cancer patients under 80 years of age.</td>
</tr>
<tr>
<td>Gastric</td>
<td>Neoadjuvant or adjuvant chemotherapy is administered or considered for stage IB-IIIC (M0) gastric cancer for patients over 70 years of age.</td>
</tr>
<tr>
<td></td>
<td>Removal of 15 or more lymph nodes for Gastric Resections – all resected cases except Stage IV. *</td>
</tr>
<tr>
<td>Esophagus</td>
<td>Neo-adjuvant chemotherapy and radiation AND surgery within 120 days of first radiation.</td>
</tr>
<tr>
<td>NSCLC</td>
<td>A total of at least 12 lymph nodes are removed and pathologically examined for resected *</td>
</tr>
<tr>
<td></td>
<td>Systemic chemotherapy is considered or administered within 4 months to day preoperatively or day of surgery to 8 months postoperatively or surgically resected cases with pathologic, lymph node-positive (pN1) and (pN2) NSCLC. *</td>
</tr>
<tr>
<td></td>
<td>Surgery is not the first course of treatment for cN2, M0 cases.</td>
</tr>
<tr>
<td></td>
<td>NSCLC Resection Rate</td>
</tr>
</tbody>
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### Thank you!!

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### Questions?

- NCDB_RGBS@facs.org
- 312-202-5194
- CAnswer Forum