CRN Connection

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Gymnast - ranked #1 in the Nation
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The HMO CRN Cancer Research Network

The Cancer Research Network (CRN) is a collaboration of 11 non-profit HMOs committed to the conduct of high-quality, public domain research in cancer control. The CRN is a project of NCI and AHRQ.

News from NCI

Cancer Care Quality Measures Project Launches Phase II

On May 3, a partnership of four federal agencies - including and spearheaded by NCI - completed contract negotiations with the non-profit National Quality Forum (NQF) to establish Phase II of the Cancer Care Quality Measures Project. This is a major public-private effort to identify evidence-based measures of cancer care quality for monitoring and improving care across the cancer continuum. Federal partners joining with NCI to help design and provide financial support for the project are the Agency for Healthcare Research and Quality (AHRQ), the Centers for Medicare and Medicaid Services (CMS), and the Centers for Disease Control and Prevention (CDC).

During Phase I of the project, the project steering committee endorsed seven priority areas for cancer quality measurement: treatment and diagnosis for breast, colorectal, and prostate cancers; prevention and screening; access, including clinical trials and culturally competent care; communication and coordination of care; and symptom management and end-of-life care. The committee, when it reconvenes this summer, will select three priority areas from these seven to be the focus of Phase II.

-Martin Brown, NCI

Ed's Corner of the World

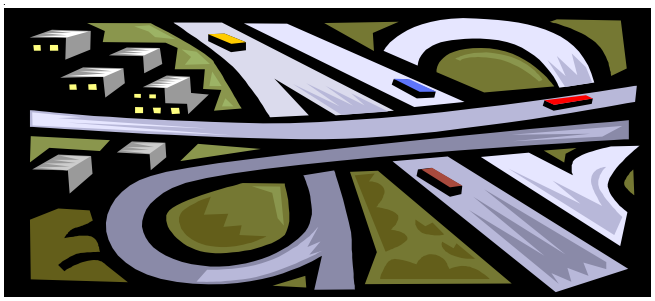
News from the CRN PI

Great to see so many of you in Dearborn at the HMO Research Network Conference. The CRN session at this year's conference highlighted the challenges and benefits of multi-site collaboration. Ann Geiger and Diana Buist anchored a lively panel describing the trade-offs inherent in centralizing (or decentralizing) data collection and aggregation. We have come to the conclusion that control and collaboration are not incompatible. Thanks to all who participated.

The Steering Committee discussed CRN's future. We must increase our publication productivity. The existing 13 manuscripts are terrific contributions, but we will be carefully scrutinized on this measure by reviewers, and more is better. We also need to demonstrate that the CRN is a national cancer resource beyond the research programs of our 11 health systems. However, we need to strike the appropriate balance between meeting the needs of our investigators and health plans, and the desire to broaden the availability of our data resources.

To guide us toward the next renewal, the Steering Committee agreed that a Strategic Planning Subcommittee should be convened to develop a blueprint for action. We'll report on this in greater detail in upcoming issues. As always, we welcome your candid input. Thanks!

Ed



PI's Office Hits the Road - KPH Site Visit

As many of you may remember, during the first four years of the CRN, Ed Wagner and Sarah Greene visited different CRN sites in an effort to learn more about the individual sites. The site visits were originally prompted by qualitative data from the CRN Evaluation which conveyed a desire for greater connectivity between the sites and the PI's office. These in-person meetings have proven to be extremely helpful for better understanding the unique scientific strengths and operational complexities of each site, and have served as one important vehicle to help us navigate the challenges of multisite research.

Sarah Greene, in her relatively new role as Scientific Research Associate, and Chelsea Jenter, the relatively new CRN Project Director, conducted their first site visit together at Kaiser Permanente Hawaii in late March. The site visit included meetings covering everything from SDRC topics to administrative issues. The site visit also afforded the opportunity to meet KPH's newest co-investigator, Melissa Finucane, PhD, whose primary area of research interest is risk assessment and decision making.

One of the highlights was a scientific brainstorming session that KPH organized, with collaborators from Cancer Research Center of Hawaii (Carolyn Gotay PhD, and Loic LeMarchand, MD, PhD) and the University of Hawaii Medical School (Jimmy Thomas Efird, PhD).

Given the amount of CRN business transacted by conference calls, we've found it invaluable to meet with colleagues in person. Seeing the research environment, and simply knowing what our colleagues look like, are two of the many intangibles that contribute to better overall functioning as a Network. The CRN road show has now visited six sites in five states, and will be back on tour again soon. Maybe we should budget for an RV in the next renewal.

-Sarah Greene and Chelsea Jenter, GHC

CRN Connection

The *CRN Connection* is a publication of the CRN developed to inform and occasionally entertain CRN collaborators. It is produced with oversight from the CRN Communications Committee.

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Please send comments or suggestions on this newsletter to Maurleen Davidson, CRN Connection Editor, at davidson.ms@ghc.org. All submissions are welcome!

Project Report:

HIT2

Using Electronic Medical Records to Measure and Improve Adherence to Tobacco Treatment Guidelines in Primary Care

Tobacco-related disease remains the leading cause of death in the United States and a major cause of medical expenditures and productivity losses. Fortunately, there is strong evidence that advice and assistance from primary care physicians can significantly increase cessation rates among patients who smoke. To combat tobacco use, the US Department of Health and Human Services PHS produced an evidence-based clinical-practice guideline, which recommends that clinicians provide smokers with the "5-A's" cessation services. Population-based studies on the implementation of the 5-As guidelines has been hampered by the lack of an efficient and accurate measure of service delivery.

To meet this need, HMOs Investigating Tobacco 2 (HIT2) has developed innovative approach for collecting tobacco treatment data from structured and free text fields from electronic medical records. In the first phase of the study, a team of tobacco cessation experts developed a concept map for defining coding rules consistent with the established national guidelines for tobacco cessation treatment (the 5-A's). These concepts were then used in the development of a natural language coding program called MediClass using examples of medical records from each of the four HIT 2 sites.

While this developmental work was underway, each of the four HIT 2 sites (KP Hawaii, KP Colorado, KP Northwest, and Harvard Pilgrim) had to develop local procedures for extracting

Project Report:

HIT2

(continued)

relevant patient data and putting it into a standardized format for eventual analysis by the MediClass program. This task has proven to be a major challenge, since each health system has idiosyncratic forms of encounter data. For HIT 2, we chose to use a clinical document architecture (CDA) written in HTML format. The HTML format is required by the Java processing design of MediClass. It can also be exported as a WORD document for the team of MediClass evaluators to use for the validity study coding.

To test the validity of the MediClass program, we have trained medical record abstractors at each site in the use of a common coding protocol. To date they have coded 500 primary care encounters and we are currently in the process of comparing their coding to that done by the MediClass program. The results of this test will be used to refine the MediClass program and produce the final version which will be used in the second phase of HIT 2. This second phase of the study will include a clinical trial testing the effect of feedback on the delivery of tobacco cessation services by primary care physicians.

Baseline data collection for the provider feedback study will cover the first six months of 2004 and providers will be randomized in July. We will also be sending questionnaire to patients of study providers. We will use the questionnaire results to gauge the delivery of the 5A's as perceived by the patients and use it to evaluate the effectiveness of our feedback study in changing provider behavior.

-Sabina Smith, KPNW

Project Profile: BOW

Breast Cancer Treatment Effectiveness in Older Women

Collaborating CRN sites include KPSC (Ann Geiger and Shelley Enger), GHC (Diana Buist), Health Partners (FeiFei Wei), HFHS (Marianne Ulcickas Yood), and Fallon (Terry Field, CRN principal investigator). Lovelace Health System (Floyd Frost) from the HMO Research Network is the sixth site. The project is using a historical cohort design to study over 2000 older women for 10 years to answer treatment effective- ness questions among those with early stage disease. To maximize study efficiency, all eligible stage II, minority group, and 80+ year old women are being enrolled; a sampling strategy is being used for Stage I, white, and younger women.

Facts and Features of the BOW Study

- ***PI: Becky Silliman, BUMC***
- ***6 Sites (includes one non-CRN)***
- ***Computerized abstraction uses MS Access-based system***
- ***Evaluating treatment effectiveness among 2000 older women (>65)***

The project uses a Microsoft Access-based data collection system (DCS), pre-loaded with SEER/administrative data when available, for data collection. This system was created by BUMC research staff Soe Soe Thwin and Kerri Clough-Gorr. Special features of the system include range checks for all numeric data fields, extensive logic check for data quality assurance, a check for whether the site-specific sampling quota for stage I, younger, white women has been achieved, and a check for data completeness. The DCS was designed to incorporate real-time data quality checks so that the medical record abstractors are prompted whenever there are illogical data-discrepancies which otherwise would not be caught until after data entry. Because the DCS is laptop-based and mobile, a single person provided on-site training for all sites. The common data collection problems that are usually associated with project start-up were minimized because project resources were "front loaded" early in the data collection planning process. Meticulous attention was paid to achieving consensus on inclusion/exclusion criteria and data elements/coding; the interface between SEER/Tumor Registry sites and those without; procedure manual creation; extensive system pre-testing; and in-depth on site training. Because of these efforts, roll-out of the DCS was smooth. The few problems encountered have been minor and most have been attributable to the user rather than the system. Due to the geographic separation of the project sites, an important challenge is managing these technical issues remotely.

We are using the existing CRN internet technology to transfer data files between the study sites and BUMC securely, eliminating the need for physical transfer of data, thus reducing potential for loss and inefficiency. Data are transferred to BUMC on a monthly basis via the CRN website. As of the end of March, data have been collected on 581 subjects (27% of the total). We have also modified the DCS by creating a "stripped down" version which has automated our quality control strategies. We are assessing intra- and inter-rater reliability electronically and have automated data comparisons and transfer, thereby providing additional project efficiencies.

-Becky Silliman, BU

CRN Highlights from the 10th Annual HMO Research Network Conference

The 10th Annual HMO Research Network Meeting, hosted by Henry Ford Health Systems, was held in Dearborn, MI from May 3 – 5, 2004. CRN members took full advantage of the opportunity to meet in person with their project and committee colleagues while in Dearborn. Sixteen CRN meetings were held over the three days, including 8 project meetings, 7 committee meetings, and one writing group meeting.

The CRN concurrent session, entitled "Five Years of Data Collection and Management on the CRN: are Collaboration and Control Incompatible?" featured results from the PM Outcomes study and the HRT Initiation and Cessation study. Panelists Diana Buist (GHC), Terry Field (Meyers), Ann Geiger (KPSC), Gene Hart (GHC), Rich Platt (HPHC), Marianne UlcickasYood (HFHS), and Ed Wagner (GHC), then deliberated about the various challenges inherent in multi-site data collection and data aggregation, using these two studies as springboards for discussion.

The SDRC Implementation group (investigators and programmers) met to discuss ways to increase both current and future use of the Virtual Data Warehouse (VDW), as use of the VDW could reduce project costs for CRN studies. Gene Hart's article ***(see sidebar)*** describes an example of successfully using this data resource. One idea for increasing VDW use is to develop sample projects that highlight the use of VDW variables. The group also discussed plans for developing additional data structures, such as laboratory data, diagnostic and therapeutic radiology, and others. Input on this topic is welcome, and may be sent to Gene (hart.je@ghc. org).

The CRN Steering Committee also met for an evening meeting on the second day of the conference. The Committee agreed to implement a Strategic Planning Subcommittee (see "Ed's Corner" on Page 1) that will address the multifaceted issues related to successful re-competition of the CRN in 2006-2007. The Strategic Planning Subcommittee will involve a small group of CRN investigators who will develop a strategic plan for the next CRN renewal and beyond, using other CRN resources and committees to assist them as needed. When the Subcommittee's charge, process, and activities are formalized, periodic updates will be provided to all CRN members.

As always, the "face time" with colleagues was extremely worth-while. Henry Ford's team members put on a terrific conference and were very accommodating of the CRN's 16 additional meetings. Next stop for the HMO Network Conference is Santa Fe in April 2005.

Chelsea Jenter, GHC

LOOK FOR HER IN THE 2008 OLYMPICS!

(see picture on Page 1)

Brittany Davidson (14yrs old), daughter of Maurleen Davidson (editor of the CRN Connection) recently won the gold medal at the Regional and gold medal at the National Jr. Olympic Gymnastics Competition in April. She is ranked #1 in the Nation by the United States Association of Gymnastics. Brittany looks forward to competing in an international meet in Puerto Rico in June. Good luck, Brittany!

-Chelsea Jenter, GHC

CRN VDW SUCCESS STORY

The Anti-Estrogen Diffusion Project needed to get some numbers to look at the feasiblility of doing a project describing the changes in prescription of tamoxifen and anastrozole for the treatment of early stage breast cancer. To do this, Roy Pardee at Group Health, wrote a SAS program using the Tumor and RX areas of the CRN VDW. We sent it out to the sites and requested a 1-week turnaround. The outcome surpassed our expectations.

Of 11 HMOs:

- 2 sites were done within a few hours
- 3 more sites done within 4 days
- 1 site completed in 3 weeks
- 1 site did not complete
- 4 sites have no tumor registy and count not perform this task

The turnaround was quite fast and most Site Data Managers reported that the program was quick to run.

We also learned some things. Roy is writing a VDW Users Guide to pass on our learnings and help other projects go more smoothly.

-Gene Hart, GHC

CRN NEWS & MILESTONES

- **Three new grants will be submitted to NCI on June 1:**
  - **Carol Somkin: "Increasing Participation in Cancer Clinical Trials"**
  - **Mark Hornbrook: "Medical Care Burden of Cancer: System and Data Issues"**
  - **Joann Elmore: "Clinical Breast Examination: Improving Accuracy Among Health Plan Enrollees**