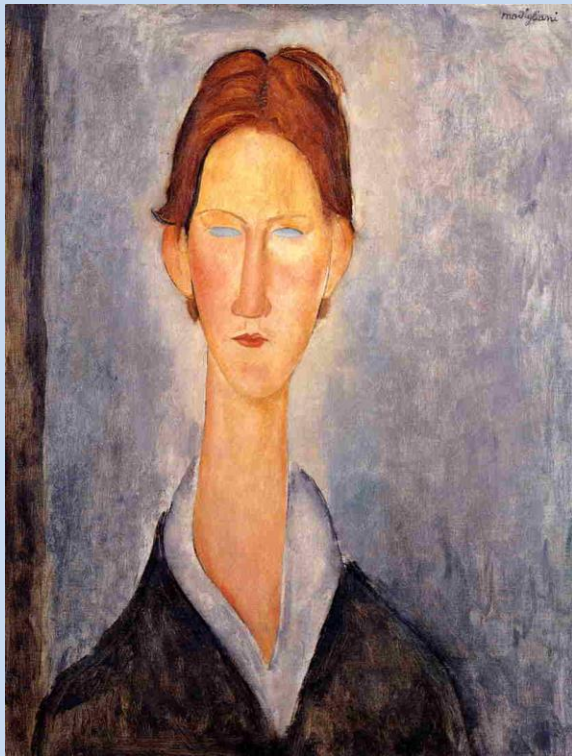


JOINT HSR/SR PROJECTS: THE CANCER CARE TOOLKIT EXAMPLE

Steven M. Asch

Thanks to: Joya Golden, Dede Ordin, Mary Sherill, Gail Edwards for slide help

**Imagine a professor that told you
the grading criteria, but didn't give
you the reading list...**



*Without the proper tools,
performance improvement
standards pose unnecessarily
difficult challenges.*

“The Student” by Modigliani

OUR MOTIVATION:

Why Assemble Toolkits?

- **OQP measures performance on a wide range of indicators**
- **Each facility must formulate quality improvement (QI) plans to address sub-optimal measures**
 - Not all VA facilities have an equally robust quality QI infrastructure
 - Facilities may not know about useful QI practices developed elsewhere

OUR MOTIVATION: (Continued)

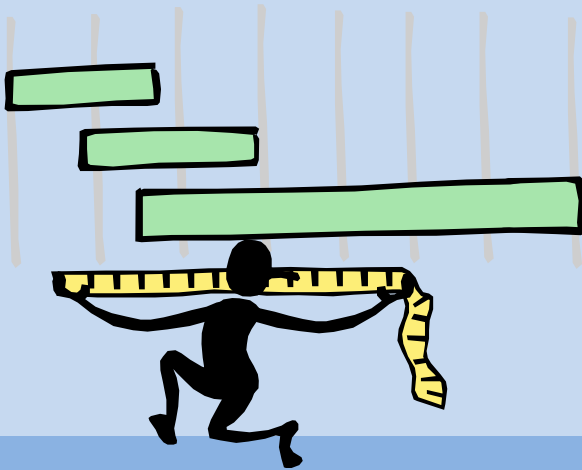
- **We are an integrated system**
 - **Allows sharing without fear of competition**
 - **Similar though not identical implementation challenges**
 - **Economies of scale in evaluation**

TOOLKITS CROSS PARALLEL CIRCUITS

- **OQP performance measurement system**
 - Ongoing indicators and measures
 - Special studies
- **VA Systems Redesign initiative**
 - Lean tools and processes
 - VERCS to provide technical support
 - QI collaboratives
- **Disease-specific QI methods development**
 - HSR/QUERIs/IR



QI CHALLENGES DIFFER BY CONDITION



	Lung Cancer	Colorectal Cancer
Effective screening method available?	No	Yes
Proportion diagnosed at early stage	Low	High
Curable at early stage?	Yes	Yes
Workup and treatment pathways	Diverse	Relatively standardized
OQP measurement	Special study	Ongoing
Previous VA QI work	Limited	Extensive

TOOLKIT PROJECT OBJECTIVES

- 1) OQP and QUERI/CIPRS jointly funded a 2-year pilot demonstration project to:**
- 2) Develop standardized methods for creating/identifying and assembling improvement resource packages (“toolkits”)**
- 3) Create prototypical toolkits for 2 conditions:**
 - Lung cancer**
 - Colorectal cancer**
- 4) Develop a plan for ongoing production, dissemination, and updating of future toolkits**

THE LUNG CANCER TOOLKIT



LUNG CANCER CARE



DRAFT FOR REVIEW

April 23, 2010



VA Center for Applied Systems Engineering ♦ VA Office of Quality and Performance
VA Greater Los Angeles Healthcare System

OQP Special Study of Lung CA

- Purpose: guide quality improvement
- Measures of quality and timeliness of care
 - Facility, VISN, and national-level analyses
- Data collection and analysis
 - EPRP abstraction, with medical center review like abstraction of other OQP quality indicators
- Not performance measures

Lung Cancer Measures

- Staging
 - Stage recorded prior to treatment for NSCLC
 - Pathologic staging of the mediastinum in Stage I, II, III NSCLC
 - Lymph node sampling during mediastinoscopy for NSCLC
 - Lymph node sampling at the time of surgical resection for NSCLC
- Treatment
 - Resection for Stages I and II NSCLC
 - No adjuvant chemotherapy for Stage IA NSCLC
 - No radiation therapy for resected stage I or II NSCLC
 - Adjuvant chemotherapy for resected stage II-III A NSCLC
 - Combined chemotherapy-radiation therapy for stage III NSCLC
 - Platinum-based doublet chemotherapy for stage IV NSCLC
 - Platinum-based doublet chemotherapy for SCLC
 - Duration of platinum-based doublet chemotherapy for SCLC
- Timeliness
 - Time from suspicion to diagnosis
 - Time from diagnosis to treatment

Lung Cancer Measures

- ▣ Supportive care
 - Radiation therapy for brain metastases
 - Steroids for suspected spinal cord compression
 - Spine MRI or myelography for suspected spinal cord compression
 - Treatment for confirmed spinal cord compression
 - Prevention of chemotherapy-related nausea/vomiting

During 2 months after initiating treatment (or diagnosis if no treatment)

- Outpatient screening for pain for patients with advanced cancer
- Re-assessment after change in opioid treatment
- Short-acting opioids for breakthrough pain

▣ End of life care

- No administration of chemotherapy in 2 weeks prior to death
- Referral for palliative care or hospice

During 1 month prior to death or hospice enrollment

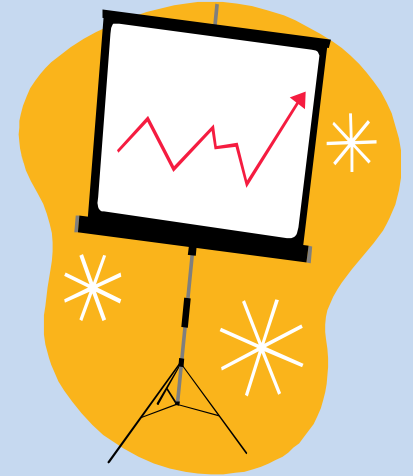
- Outpatient screening for pain for patients with advanced cancer
- Re-assessment after change in opioid treatment
- Short-acting opioids for breakthrough pain

QI LUNG CANCER TOOLKIT TO THE RESCUE!

- **Results will be disseminated in Summer 2010.**
- **Lung Cancer Toolkit disseminated simultaneously**
- **Toolkit has been designed to help create a feasible QI plan by recommending specific tools as linked to specific indicators.**

TOOLKIT DEVELOPMENT PROCESS

- **Inventory and collect potential tools**
 - Literature, Websites
 - Expert opinion
 - CCC: Teams, faculty, VERCs
 - Other integrated systems
- **Draft toolkit**
- **Obtain feedback, esp. from CCC participants**
- **Refine toolkit**
- **Disseminate to facilities**
- **Develop ongoing “home” and process for updating; translate hardcopy to web version**



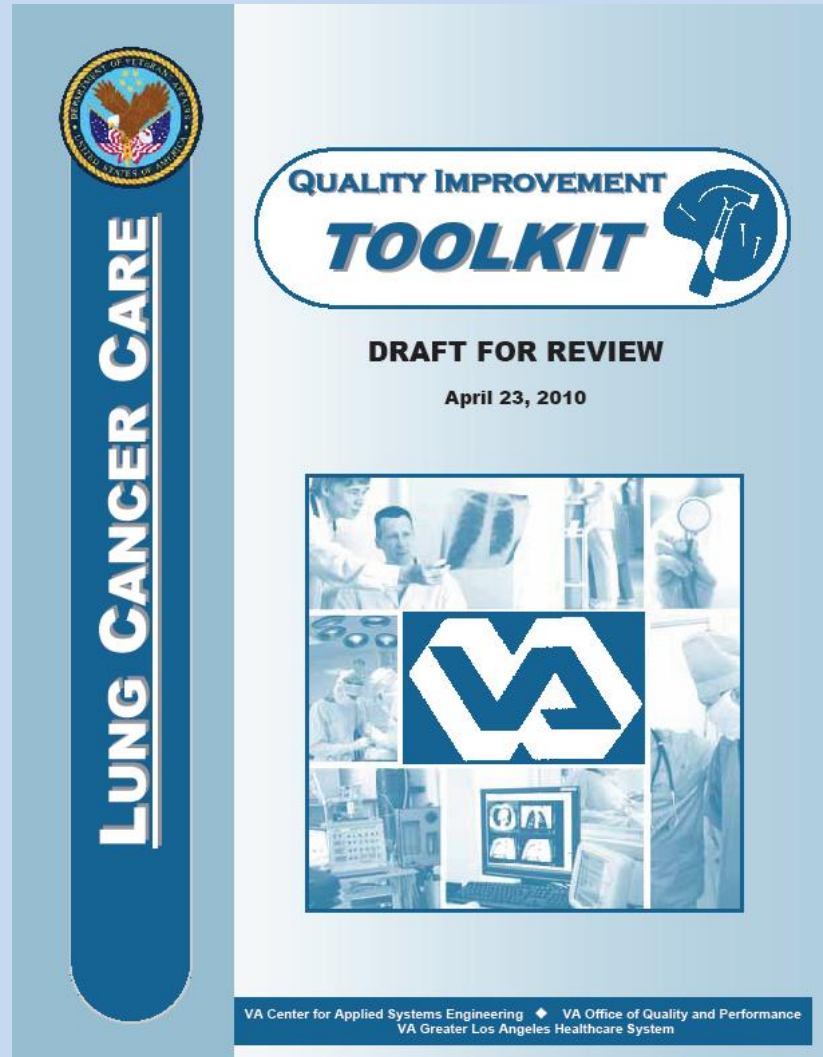
FEEDBACK AND EVALUATION

- **Assess usability and completeness**
 - 51 participants drawn primarily from VA CCC
 - VA QI and SR staff at facilities that will receive the toolkit
 - Other VA QI and SR experts, eg, CCC faculty or VERC leaders
- **Assess effectiveness**
 - Correlate tool use with performance

TOOLKIT OUTLINE: WEB VERSION

Part I: The Toolkit User's Guide to QI: How to develop, conduct, and evaluate your QI project using VA TAMMCS principles

Part II: Patient Care Tools, with forthcoming wiki capabilities and discussion forum

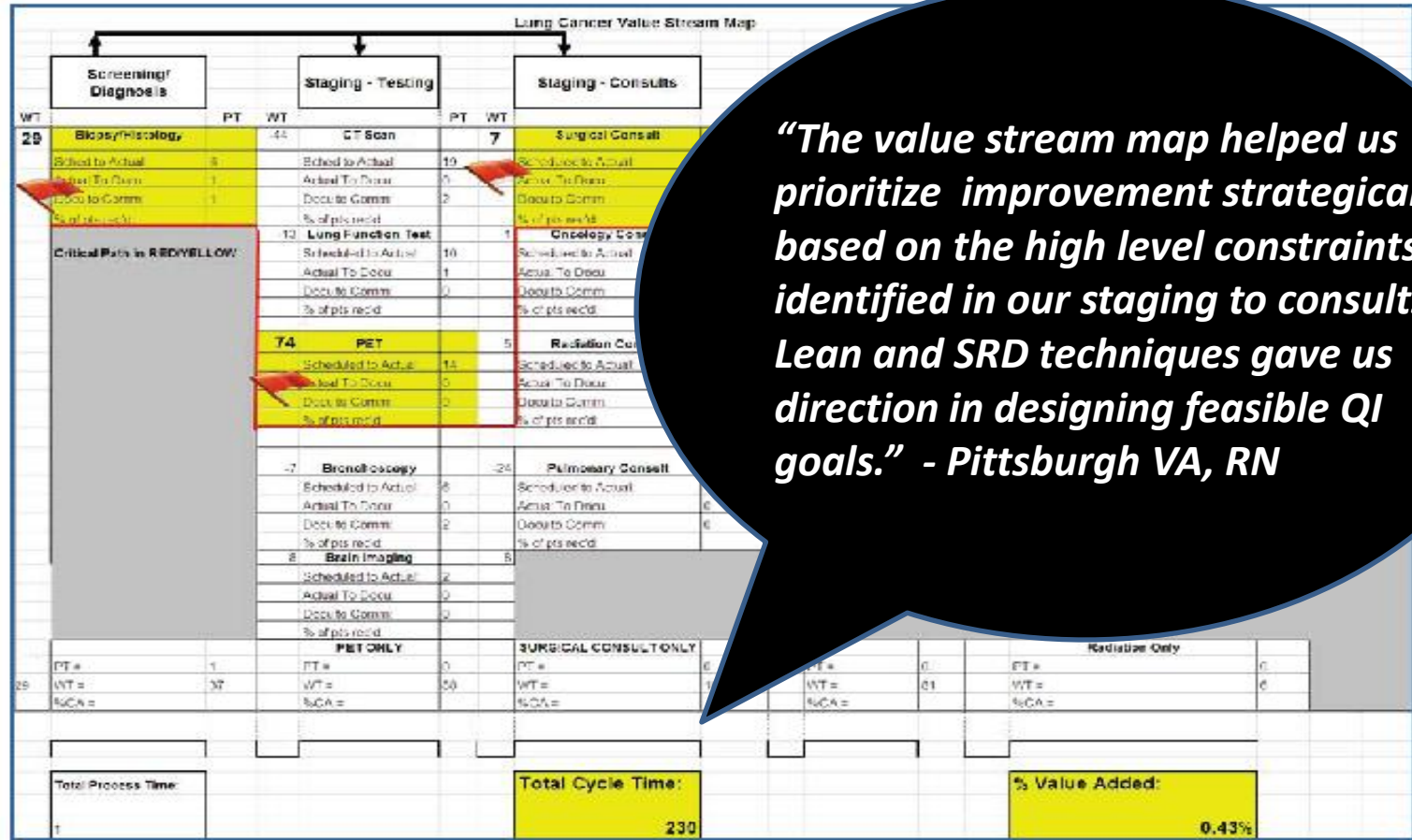


Part 1: The Toolkit User's Guide to QI

- **Understanding OQP Data**
- **The Lean Framework**
- **VA TAMMCS**
- **Value Stream Mapping**
- **Team Formation**
- **Sustainability**
- **Linking to SR resources**

OQP Lung Cancer Quality Indicator	Recommended Tool(s) to Improve Performance
Diagnosis, Treatment, and Management Indicators	
DTM 1 Staging documented	Tools 1, 2, 3, 5, 6
DTM 2 Mediastinum staging	Tools 1, 2, 3, 5, 6
DTM 3 Mediastinal lymph nodes sampling	Tools 1, 2, 3, 5, 6
DTM 4 Surgical lymph node sampling	Tools 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15
DTM 5 Resection for Stages I & II	Tools 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15
DTM 6 No chemo for Stage 1A	Tools 2, 5, 16, 18, 19, 20
DTM 7 No radiation for resected Stage I or II	Tools 2, 5, 23
DTM 8 Chemo for resected Stages II-IIIa	Tools 2, 5, 16, 18, 19, 20
DTM 9 Chemo & radiation for Stage III	Tools 2, 5, 16, 18, 19, 20, 23
DTM 10 Doublet chemo for Stage IV	Tools 2, 5, 16, 18, 19, 20
DTM 11 Doublet chemo for SCLC	Tools 2, 5, 16, 18, 19, 20
DTM 12 Duration of doublet chemo for SCLC	Tools 2, 5
DTM 13 Prevention of nausea	Tools 2, 5, 17, 21, 22
DTM 14 Outpatient pain screening	Tools 2, 24, 25, 26, 27, 28
DTM 15 Re-assessment pain screening	Tools 2, 24, 25, 26, 27, 28
DTM 16 Short-acting opioids for pain	Tools 2, 24, 25, 26, 27, 28
DTM 17 Radiation for brain mets	Tools 2, 24, 25, 26, 27, 28
DTM 18 Steroids for spinal cord compression	Tools 2, 24, 25, 26, 27, 28
DTM 19 Imaging for spinal cord compression	Tools 2, 24, 25, 26, 27, 28
DTM 20 Treatment for spinal cord compression	Tools 2, 24, 25, 26, 27, 28
End-of-Life Care Indicators	
EoL 1 Outpatient pain screening (EoL care)	Tools 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34
EoL 2 Re-assessment pain screening (EoL care)	Tools 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34
EoL 3 Short-acting opioids for pain (EoL care)	Tools 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34
EoL 4 No chemo 2 weeks prior to death (EoL care)	Tools 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34
EoL 5 Refer to palliative care (EoL care)	Tools 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34
Timeliness Indicators	
T 1 Time from suspicion to diagnosis	Tools 4, 5, 7, 8, 10, 13, 15, 35
T 2 Time from diagnosis to treatment	Tools 4, 5, 7, 8, 10, 13, 15, 35

Sample TAMMCS Processes Value Stream Map



“The value stream map helped us prioritize improvement strategically based on the high level constraints identified in our staging to consults. Lean and SRD techniques gave us direction in designing feasible QI goals.” - Pittsburgh VA, RN

SAMPLE TOOLS

ENHANCED PATIENT REGISTRY (MS Excel spreadsheet)

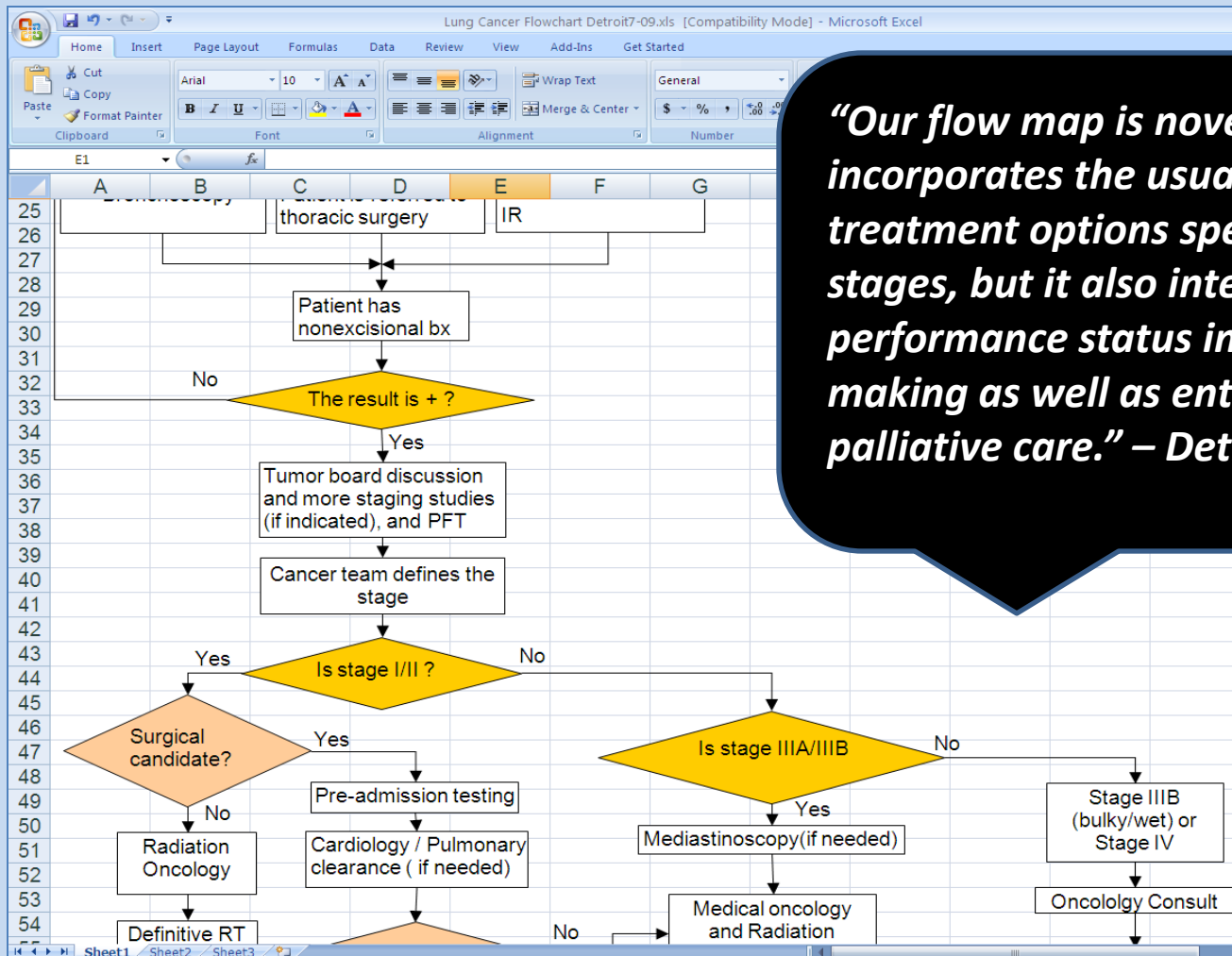
“This particular tool will allow us to intervene with high-risk patients before they develop clinically evident lung cancer... Simple tools can have significant implications in our veterans’ continuum of care!” - Oklahoma VA, RN

	A	B	C	D	E	F	G	H	I	J	K
	FULL SSN	LAST NAME	Date of Abnormal CT Scan	Date of consult to evaluate abnormal CT Scan	Nodule Size	VA Site entering consult to evaluate abnormal CT Scan	Consult to evaluate Abnormal CT Scan	Date of Visit to evaluate Abnormal CT Scan	Date of Initial Biopsy	Biopsy Method	Date of Diagnosis Biopsy
1											
2	1234567890	EXAMPLE	10/07/08	10/09/08	> or = 2.5 cm	Altoona	Lung Nodule	10/15/08	10/15/2008	Bronchoscopy	
3											
4											
5											
6											
7											
8											
9											
10											
11											

Page 1

SAMPLE TOOLS

TREATMENT DECISION FLOWCHART (MS Excel)



“Our flow map is novel in that it incorporates the usual diagnostic and treatment options specific to different stages, but it also integrates performance status into decision-making as well as entry points for palliative care.” – Detroit VA, MD

SAMPLE TOOLS

TRACKING DATABASE

(MS Access database)



Sample Lung Nodule Tracking Database

- Enter new patient for tracking
- Enter tracking status data
- Review patients with unresolved chest CT
- Review patients needing letters
- Find patients being tracked who do not

Module: Tracking Status

Lung Nodule Tracking Status Form

SSN: 000-00-0000 Last Name: Johnson First Name: Sanford DOB: 1/1/1951 LastContact: 11/20/2008

Track Status

Date of Entry into Database	Reason for Entry into Database	Tracking Completed?	Date Completed	Nodule under
6/6/2008	Nodule	<input checked="" type="checkbox"/>	12/24/2008	Nodule under

Next CT

Next CT	Needs Contact Letter	Needs New Nodule Letter
9/21/2008	<input type="checkbox"/>	<input type="checkbox"/>

Filter the field: SSN for the value: 0000

Record: 14 of 1 (Filtered)

Close Form

“Lung nodules that do not meet criteria for biopsy require close follow-up. These patients often ‘fall through the cracks’ leading to a delay in the diagnosis of lung cancer and potentially a lost opportunity for curative treatment. Reports can automatically be generated to alert clinical staff - This is one of the most exciting tools we’re using in lung cancer care today.” – Minneapolis VA, MD



OPTIMIZING CANCER CARE COMMUNITY OF PRACTICE

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Cancer Care Collaborative | VA-CASE | Members ▾ | Networking ▾

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Toolkit Series
Homepage



The VISN 11 VA-CASE partner with the National VHA Optimizing Cancer Care (OCC) and National Systems Redesign Committees in application of OSE and SRD methods to support and enhance work done by the current collaborative, provide capacity and capability for diffusion and implementation of collaborative strong practices related to the development and implementation of systematic processes for cancer care.

Additionally, the VISN 11 VERC would partner with the National SRD and OCC committees in the design, testing and implementation of next generation transformation of cancer care delivery processes in support of the transition to the Universal Health Services Plan for VHA healthcare delivery.

Head & Neck



Head & Neck
Head & Neck

Prostate Cancer



Prostate Cancer
Prostate Cancer

Hepatocellular (HCC)



Hepatocellular (HCC)
Hepatocellular (HCC)

Lung Cancer



Lung Cancer
Lung Cancer

Breast Cancer



Breast Cancer
Breast Cancer

Colon Cancer



Colon Cancer
Colon Cancer



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Head & Neck

Prostate Cancer



Head & Neck
Head & Neck



Prostate Cancer
Prostate Cancer

Hepatocellular (HCC)

Lung Cancer



Hepatocellular (HCC)
Hepatocellular (HCC)



Lung Cancer
Lung Cancer

Breast Cancer

Colon Cancer



Breast Cancer
Breast Cancer



Colon Cancer
Colon Cancer





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Lung Cancer

Why a “Lung Cancer Care Quality Improvement Toolkit”?

Raising the quality of VA health care challenges every VA employee. The VA is justifiably proud of the progress it has made in quality of care in the last decade, and tracking performance has been at the heart of that improvement. Several studies have documented increasing rates of performance on system-wide quality indicators, and this performance paces and even exceeds the private sector. *Quality Improvement Toolkit—Lung Cancer Care* aims to take that process one step further, by matching quality improvement and

It is the hope of the authors that readers will view this document as a call to enhance or form quality improvement teams and to reach out to others across the VA system with the same goals. The toolkit in and of itself can only form the basis of those efforts. For that reason OQP and the Office of Systems Redesign have partnered to help link teams across the VA and exchange information about how to use the tools. We expect this website to grow and change with that input.



[Overview of Lung Cancer Tools Featured](#)

[Understanding your OQP Lung Cancer Data](#)

Understanding the LC Continuum of Care

Lung Cancer Care Tools

[Quality Indicators and Matched Tools](#)

FUTURE DIRECTIONS

- **Dissemination and creation of community of practice**
- **New toolkits:**
 - **In process: Colorectal cancer**
 - **OQP effort: Prostate cancer**
 - **New indicators**
 - **Diabetes**
 - **Supportive cancer care**

SUMMARY

- Toolkit fills need for linked performance measures and QI strategies
- Merges QI, SR, and HSR paradigms
- Future is bright



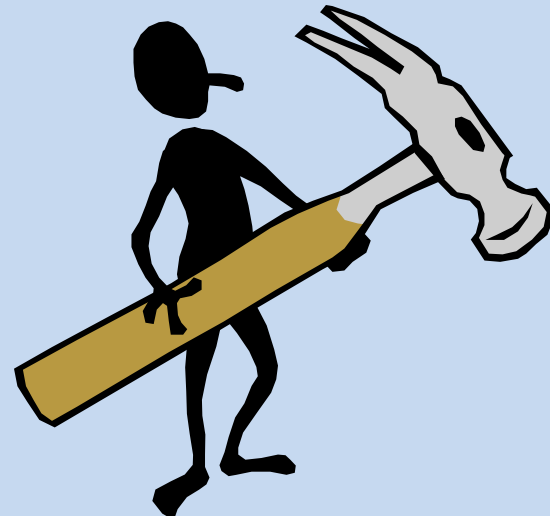
Blind Orion searching for the rising sun -Poussin

THE TOOLKIT “VILLAGE”

- HSRD/QUERI/CIPRS collaborators
 - Steven Asch
 - Jennifer Malin
 - Jeff Luck
 - Laura York
 - Candice Bowman
 - Joya Golden
 - Ann Zisser
 - Brian Mittman
- VERC collaborators:
 - Heather Woodward-Hagg
 - Gail Edwards
 - Tonya Reznor
 - Deborah Griffith
 - Mary Sherrill
 - Ed Miech



THE LUNG CANCER TOOLKIT NEEDS YOU!



THANK YOU!

<https://vaww.visn11.portal.va.gov/sites/Indianapolis/verc/occ/default.aspx>

VA COLORECTAL CANCER QUALITY INDICATORS

Diagnosis & Workup

- Appropriate CRC screening received by patients 50-75 years old
- Diagnostic colonoscopy performed <30 (optional)/ <60/<90 days after positive FOBT
- Preoperative CEA determined for patients undergoing curative-intent surgical resection

Treatment

- Clear margins documented following surgery
- Adjuvant 5-FU or capecitabine implemented following curative-intent resection of stage III

Surveillance

- Surveillance colonoscopy <12 and <15 months after curative-intent resection for stage I, II and III patients with no obstructing lesion documented

Timeliness

- Time from diagnosis to initiation of treatment for stage I, II and III patients who had curative-intent surgery, chemo, and/or radiation therapy
- Time from curative-intent surgical resection to start of post-operative adjuvant chemo for stage I, II and III
- Time from curative-intent surgical resection to surveillance colonoscopy for stage II and III patients *with no* obstructing lesion
- Time from curative-intent surgical resection to surveillance colonoscopy for stage I, II and III patients *with complete* obstructing lesion

PROJECT TASKS

- Collect current QI practices (“tools”) from sources inside and outside VA
- Match tools to OQP performance indicators
- Compile tools into a “living document” – development of interactive toolkit site
- Disseminate toolkits
- Gather feedback on the usefulness of the toolkits
- Plan for sustainability and future toolkits