

GEORGIA CANCER QUALITY INFORMATION EXCHANGE

Measuring Progress; Motivating Change.

THE VISION

The Georgia Cancer Quality Information Exchange may be the nation's first statewide, evidence-based cancer quality measurement program. Its aim is to improve outcomes, patient-centered care and adherence to standards. Cancer is a significant, growing and costly disease. Are efforts to curb it making an impact? An innovative program linking quality measurements, information technology and research, The Exchange will produce a methodology for compiling and disseminating results. The Georgia Cancer Coalition is bringing together multiple stakeholders – physicians and hospitals, payors, patients, survivors, employers, public health leaders and state government – to plan the retrieval and reporting of clinical information and public health data and make The Exchange a real-time reality.

BACKGROUND: THE STUDY

In 1999, leaders in Georgia's government, medical community and citizenry began considering the best way to invest Georgia's tobacco industry settlement dollars to benefit residents. Unlike many other states, Georgia decided to use a portion of its funds to counter the disease most closely linked with tobacco use: cancer. The Georgia Cancer Coalition was created in 2001 with the objective of making Georgia a national leader in cancer prevention, treatment and research. Among the Coalition's goals are preventing cancer and detecting existing cancer earlier, improving access to quality cancer care, and saving more lives. To achieve these goals, the Coalition began to plan and implement a comprehensive, statewide program.

At the outset, it was clear that an objective way to measure progress – a set of key, cancer-specific quality indicators – was needed. Finding no such resource, the Coalition engaged the help of the Institute of Medicine (IOM), a division of the National Academy of Sciences. With funding from the Robert W. Woodruff Foundation, the IOM convened an 11-member committee of cancer experts, experienced clinicians, epidemiologists and public health professionals to conduct a year-long study. They submitted their report, *Assessing the Quality of Cancer Care: An Approach to Measurement in Georgia*, to the Georgia Cancer Coalition in early 2005. Building on the IOM's experience in quality-of-care measurement, the study developed 52 measures focusing on adult breast, colorectal, lung and prostate cancers, which together comprise more than half of all cancer cases and deaths in Georgia.

This “dashboard” of metrics includes

- 10 related to cancer prevention;
- 5 related to early detection;
- 14 related to diagnosis; and
- 23 related to treatment and palliative care.

Measures selected had to have a direct relationship to Georgia Cancer Coalition goals, a clear and compelling rationale, scientific acceptability and the feasibility of being assessed. The IOM report also recommended that any monitoring system be transparent and public, and that it yield insights into racial, ethnic and socioeconomic disparities in cancer care.

THE FIRST DEMONSTRATION PROJECT

With a dashboard of indicators in hand and a long-term vision and strategy for implementation, the Coalition sought first to validate the use of the metrics in a clinical setting. At the same time, St. Joseph's/Candler (SJ/C) in Savannah was launching its new Nancy N. and J.C. Lewis Cancer & Research Pavilion, and searching for metrics to monitor their own progress. With a strong commitment to technology, including electronic medical records, an automated cancer registry, and a progressive decision support system, SJ/C was laying the foundation for the data collection systems needed for quality measurement.

SJ/C became The Exchange's first Demonstration Project Partner. They started by building the case for change among their staff, highlighting the benefits of implementation. The next step was to develop a retrospective baseline for select IOM metrics so that SJ/C could measure progress and identify areas needing improvement. A cross-functional working team was established with members from information technology, oncology, health information management, tumor registry, breast center, research, quality assurance and physician offices.

The team compiled a standardized framework or "toolkit" for providers covering data definitions, sources, collection methods, and a process for analysis and reporting. With its breast cancer focus, the SJ/C Demonstration Project dealt with 21 of the 52 indicators developed by the IOM. The quality indicators reveal trends in cancer prevention, early detection, diagnosis and treatment.

This premier demonstration project validated the use of the metrics in a clinical care delivery setting. It established the foundation for long-term measurement, collaboration and reporting toward improving cancer care and outcomes.

IMMEDIATE GOALS

A second demonstration project is under way with three collaborating partners in Rome, Georgia—the Harbin Clinic, Floyd Medical Center and Redmond Regional Health System. The Rome project focuses on lung cancer and offers a unique experience in community-wide implementation.

Assessments are in progress with candidate demonstration partners in other parts of the state. The Exchange Demonstration Phase will involve at least eight projects: two for each of the four disease sites. This will enable aggregated data to be represented on the dashboard for all 52 IOM metrics. Technology planning is beginning as well, so that the infrastructure needed to operationalize the prototype dashboard will be ready to implement in 2008. Future steps include developing a plan for financial sustainability and organizing the statewide implementation of Exchange.

While there is much work to be done, the progress already made is very encouraging, as are the opportunities for future success. The Georgia Cancer Quality Information Exchange has the potential not only of measuring cancer trends in Georgia, but of serving as a model for use by other states and for adaptation to other diseases.