The Oncology Nursing Society is the steward of seven patient-centered, symptom-focused custom quality measures that have been codified into electronic format to facilitate extraction of data from the electronic health record. Because quality measurement is the cornerstone of the Quality Payment Program for providers in the pay-for-value framework, oncology nurses must be engaged in the quality measurement and improvement activities within their practice sites.

AT A GLANCE

- Use of patient-level electronic health record data has been mandated as a means of demonstrating the quality and value of care delivered to patients.
- Quality measures data can be used to examine care processes and outcomes.
- The Oncology Nursing Society’s Oncology Qualified Clinical Data Registry provides real-time quality data to cancer centers and providers to guide performance improvement activities.

Oncology Qualified Clinical Data Registry

A patient-centered, symptom-focused framework to guide quality improvement

Deborah Struth, MSN, RN

Nurses engage patients and families throughout the cancer treatment journey, and nursing interventions contribute positively to care outcomes. These positive contributions of nurses and other members of the cancer care team can become the focus of quality measurement (Naylor, 2007).

Clinically meaningful quality measures have been identified as a catalyst for healthcare improvement and better patient outcomes (National Quality Forum, n.d.). Quality measurement is now the basis for payment for providers meeting criteria for inclusion in the Quality Payment Program (QPP), legislated within the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The Oncology Nursing Society’s Oncology Qualified Clinical Data Registry (QCDR) has been approved as a platform for use in the Merit-Based Incentives Program System (MIPS), outlined as part of this legislation. MACRA is an effort to further the transition from a fee-for-service to a pay-for-value (quality and cost) system in which the providers with the highest quality processes and outcomes are awarded payment bonuses financed by penalties assessed to the providers of the lowest levels of quality reported to Medicare. Advanced practice nurses (APNs) are also subject to reporting quality when meeting care thresholds outlined for the QPP and have been eligible to voluntarily report quality data. Data compiled by the American Nurses Association from 2009–2013 revealed that 147,759 eligible APNs received a total of $26,269,994 in awards for reporting to the Centers for Medicare and Medicaid Services (CMS) (Summers, 2016). Using the CMS-approved QCDR measures developed by the Oncology Nursing Society and built into the Oncology QCDR platform provides MIPS-eligible APNs and other providers with a patient-centered option for reporting quality data in this program.

The Oncology Qualified Clinical Data Registry System

The challenge to healthcare systems, physician practices, and APNs, as eligible clinicians under the QPP, lies in finding valid and reliable measures of value for their services (Cassel & Kronick, 2015). In this rapidly changing quality reporting and reimbursement landscape, healthcare professionals must not lose sight of the potential benefits of this mandated quality measurement—a steady flow of practice data to inform performance improvement activities. The Oncology Nursing Society’s Oncology QCDR platform contains seven patient-centered, symptom-focused, custom quality measures and six CMS measures for the provider to select for reporting purposes. The QCDR platform can also

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be used for internal quality improvement activities by cancer programs, infusion centers, or oncology practices.

Unfortunately, significant gaps exist in the healthcare system’s ability to measure clinically important concepts of care, such as the meaningful involvement of patients and families in decision making and care coordination (Cassel & Kronick, 2015). The National Quality Forum (n.d.) also identified gaps in providers’ ability to measure symptom management for advanced illness. These quality measurement issues are not just important to oncology nurses, they also are critically important to patients and their families. Despite providers’ passion to provide excellent oncology care, the evidence suggests care may not measure up in these areas.

In the report Access to Care in Cancer 2016: Barriers and Challenges, the Cancer Support Community (2016) surveyed their membership regarding access to cancer care. Respondents (N = 1,046) were adult survivors living in the United States with a diagnosis of cancer. The sample identified themselves as predominately White (87%), female (79%), and college educated (64%). The feedback provided by these cancer survivors indicates much opportunity for improvement in the delivery of supportive care. When respondents were asked if they were able to get the care they needed, 25% said that they did not feel confident that they received the care they needed. These respondents indicated that they were not sure whether they received the care they needed and reported that they did not receive general supportive services (45%), treatment for side effects (39%), eating and nutrition counseling (39%), financial counseling (29%), and mental health counseling (26%) (Cancer Support Community, 2016). Of note, 53% of respondents reported not receiving social or emotional support and 38% reported wanting more involvement in care and treatment decisions (Cancer Support Community, 2016). Without adequate screening and assessment, providers would have difficulty identifying patient needs, recommending interventions, or mobilizing access to support services. The evidence suggests that involving patients in their care by asking about their symptoms and concerns increases patient and family confidence and satisfaction with the services provided and the outcomes of treatment (Cancer Support Community, 2016).

Use in Clinical Practice

How does your practice site measure up? Are you aware of the quality measures currently in use to measure the contributions of your care to patient outcomes? In an Oncology Nursing Society–facilitated quality improvement study at one community cancer center, healthcare providers applied two of the Oncology QCDR platform performance measures. Nurses at the cancer center decided to examine the degree to which an individualized recommendation for exercise was provided to patients receiving chemotherapy. The measures selected for this improvement activity were assessment for fatigue and individualized recommendation for physical activity. Using the Oncology QCDR for internal performance improvement, the cancer center obtained baseline performance data for this measure by abstracting data from 30 patient records from the measurement period and uploading the data to the registry. They found that 87% of the patients in the sample had a documented assessment for fatigue, but only one patient in the sample received the evidence-based intervention, which was a recommendation for exercise individualized based on the patient’s current status and plan of care.

A number of questions emerge based on the data that further drive the improvement effort. For example, are the data accurate—that only 4% are concordant with this quality standard (clinical data quality issues)—or is this a quality problem (lack of standardized documentation in the electronic health record to capture the work reflected in the standard)? During a focused discussion regarding the data with nursing staff, the oncology nurses at the cancer center agreed that the recommendation for exercise was not a part of their workflow but also identified that, even if it were the standard of practice, no standardized means were in place to document that this intervention had taken place during a clinic visit. Using quality data from the registry to inform a quality improvement study, the oncology nurses created a team charter with the aim of incorporating a recommendation for exercise into every patient’s plan of care unless exercise is contraindicated based on the patient’s physical condition or provider assessment. The first test of change devised by this improvement team involved mapping out a workflow and testing a structured approach to documentation for this intervention in the electronic health record. They could continue to monitor their concordance to this quality measure, including intervening with patients who should have received an exercise recommendation but did not. This center continues to monitor the quality of their data and concordance to the quality measures using the Oncology QCDR platform for internal quality improvement.

Data-Driven Improvement

The technological platform of the Oncology QCDR platform contains resources to help develop quality improvement projects and
suggestions on how to improve performance specific to the measure topic. Most importantly, the measures have been re-specified from paper measures requiring manual chart review and data abstraction into electronic clinical quality measures, or eMeasures formatted in the HL7-compliant Clinical Quality Language. Although measure data can still be entered into the registry manually, if desired, this respecification of the measures to eMeasures means that, regardless of electronic health record vendor, performance data is pulled based on common coding language such as LOINC, SNOMED-CT, and RxNORM.

Once the interface to the Oncology QCDR platform is established, patient-level symptom assessment, intervention, patient education, and symptom improvement data can be reliably extracted electronically. The practice leadership or healthcare provider has access to up-to-date data trends, outlier reports by patient and measure, and performance improvement resources. A performance dashboard, configured by the provider or manager in the registry, provides constant data. This permits real-time opportunity to correct missed care and long-term trend monitoring to guide performance improvement activities.

**Conclusion**
The Oncology QCDR platform permits rapid, data-driven quality improvement. Using a framework for improvement, the platform allows for the setting of targets for improvement, development of actionable improvement plans, and the ability to trend data over time electronically. The Oncology QCDR will provide an event marker on trendlines, indicating when a performance improvement activity was started to permit visualization of the impact of the activity. Comparator data are also available for benchmarking purposes—matching similar care settings and other demographics. The Oncology QCDR is designed to help foster a learning environment within a practice center in which data-driven quality improvement becomes a continuous work behavior rather than stand-alone activity.

The oncology nurse’s engagement in quality has never been more important. Quality improvement in health care is a team endeavor (Hayes, Batalden, & Goldmann, 2015). If you are interested in more information about the Oncology Nursing Society’s Oncology QCDR or would like a demonstration of the system, please email research@ons.org.

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The author takes full responsibility for this content.

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