

Using Quality Measures to Improve

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Thoracic Surgeon



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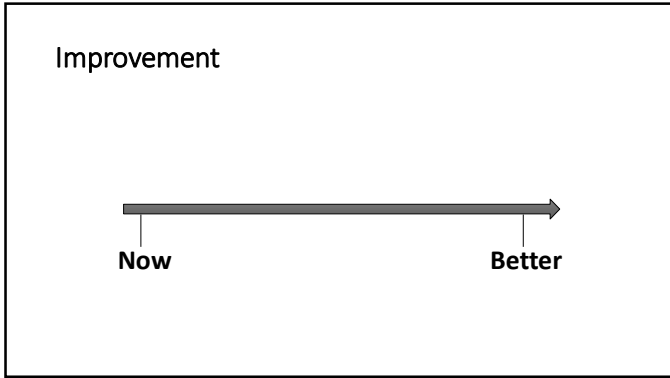
Disclosures

- Epic Sciences - ran experiments for free
- lovance - attended advisory meeting

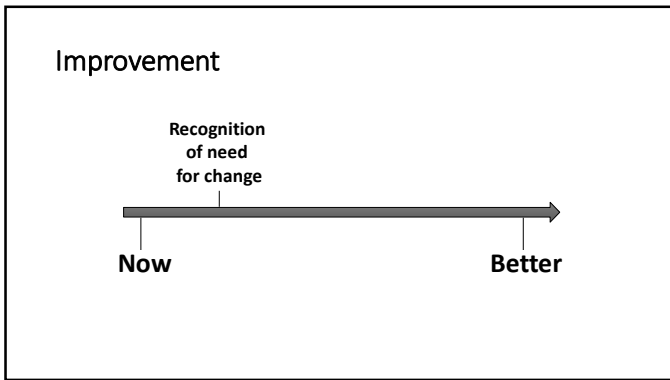
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Objective of Quality Efforts

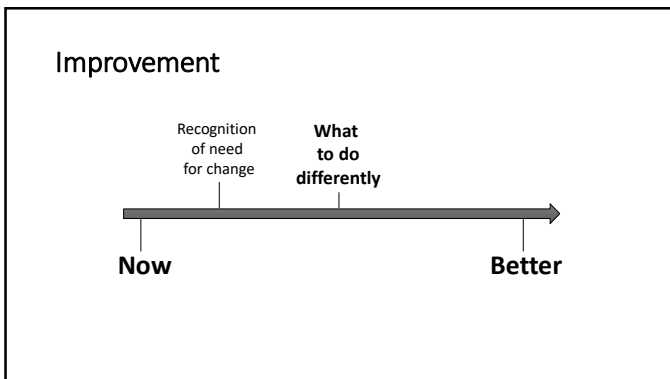
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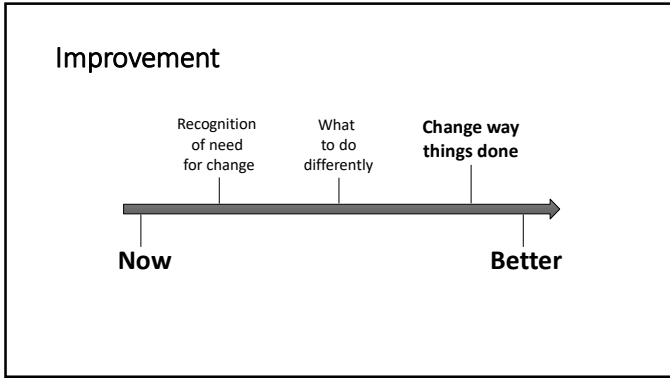
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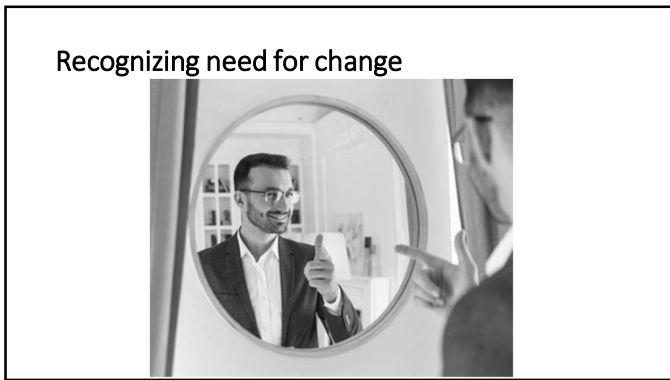
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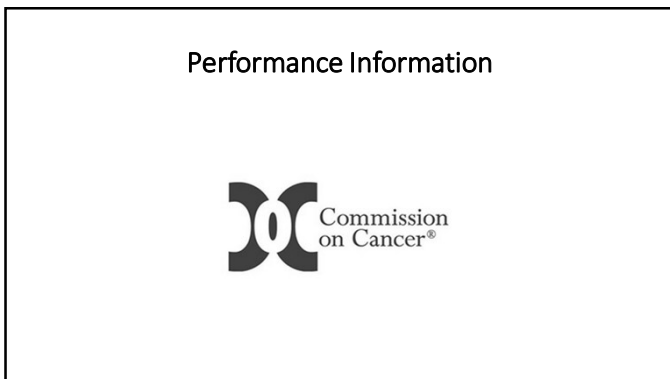
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Best practice ≡ Care → best outcomes

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Horizontal lines for notes

Breast	For patients undergoing breast-conserving surgery without adjuvant chemo or immunotherapy for clinical stage I-III breast cancer, radiation therapy, when administered, is initiated < 60 days of definitive surgery.
Breast	For patients <75 years old with HER2+ or triple negative breast cancer with any clinical N > 0 or clinical T > 1, neoadjuvant chemotherapy and/or immunotherapy is initiated within 60 days of diagnosis, or recommended.
Colon	For patients undergoing a colon resection for colon cancer, at least 12 regional lymph nodes are removed and pathologically examined at time of resection.
Colon	For patients under the age of 80 with surgically managed pathologic stage III colon cancer (N=0), who were not treated prior to surgery, adjuvant chemotherapy is initiated within 4 months (120 days) of diagnosis, or recommended.
Rectal	For patients undergoing surgical resection for rectal cancer, the Circumferential Margin is greater than 1 mm from the tumor to the inked, non-serosalized resection margin.
Rectal	For patients with surgically treated clinical T4NanyM0 or TanyN2M0 rectal cancer, neoadjuvant radiation therapy is given within 9 months prior to resection or recommended.
Gastric and esophageal	For surgically managed patients age 18-79 with gastroesophageal junction or esophageal cancer cT2 with poor differentiation, or cT>3, or N>1, or gastric cancer cT>2 or N>0, neoadjuvant chemotherapy and/or chemo-radiation is initiated within 120 days preoperatively, or recommended.
Gastric	For surgically managed gastric adenocarcinoma cancer patients, at least 16 regional lymph nodes are removed and pathologically examined during resection for curative intent therapy.
Head and Neck	For patients with surgically managed head and neck squamous cell cancer who received adjuvant radiation treatment, the radiation is initiated within 6 weeks of surgery.
Lung	For patients with surgically managed NSCLC, pathologically staged T2 and >4cm, or T>3, or N=0, systemic therapy (chemotherapy, immunotherapy or targeted therapy) was initiated within the 3 months prior to surgery or after surgery, or was recommended.
Melanoma	For surgically managed pathologic stage IIIb-D melanoma patients, adjuvant systemic therapy was initiated within 6 months of surgery or recommended.
Prostate	For patients with low-risk prostate cancer (Gleason <= 6 and PSA < 10 and <= cT2), active surveillance is performed.
Kidney	For patients with surgically managed, cT1a kidney tumors, partial nephrectomy is performed.

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Horizontal lines for notes



12

Horizontal lines for notes



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Breast	For patients undergoing breast-conserving surgery without adjuvant chemo or immunotherapy for clinical stage I-III breast cancer, radiation therapy, when administered, is initiated < 60 days of definitive surgery
Breast	For patients < 20 years old with HER2+ or triple-negative breast cancer with any clinical N+ D or clinical T > 1, neoadjuvant chemotherapy and/or immunotherapy is initiated within 60 days of diagnosis, or recommended
Colon	For patients undergoing a colon resection for colon cancer, at least 12 regional lymph nodes are removed and pathologically examined at time of resection.
Colon	For patients with surgically managed head and neck squamous cell cancer who received adjuvant radiation treatment, the radiation is initiated within 6 weeks of surgery.
Rectal	For patients undergoing surgical resection for rectal cancer, the Circumferential Margin is greater than 1 mm from the tumor to the resection.
Rectal	
Gastri. and esophageal	For surgically managed patients age < 65 with the histological type of cancer
Gastri.	For surgically managed gastric adenocarcinoma cancer patients, at least 12 regional lymph nodes are removed and pathologically examined at time of resection.
Head and Neck	For patients with head and neck squamous cell carcinoma, radiation therapy (chemotherapy, immunotherapy) is recommended
Lung	For patients with surgically managed pathologic stage IIIA or IIIA1 patients, regional systemic therapy was initiated within 90 days of surgery or recommended
Melanoma	For patients with low-risk prostate cancer (Gleason <= 6 and PSA < 10 and <= cT2), active surveillance is performed.
Prostate	
Kidney	For patients with surgically managed, cT1a kidney tumors, partial nephrectomy is performed.

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Who is involved in Quality?

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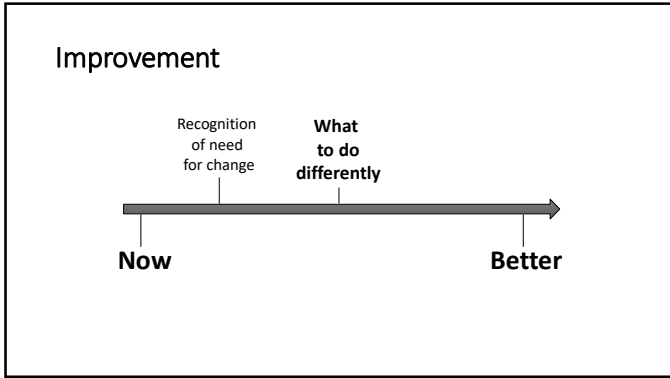
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Change Team

- How many people?

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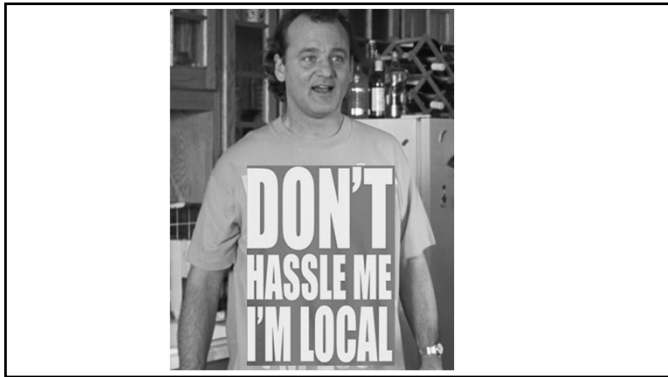
Change Team

- 4-6 people

- **Who should be included**

- Know the process
- Have *some* authority (floor manager, not vice president)
- Credibility

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The Reaction
How team reacts to performance data

25

Definition
Abstract
Map
New Way

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Definition

How measure was defined

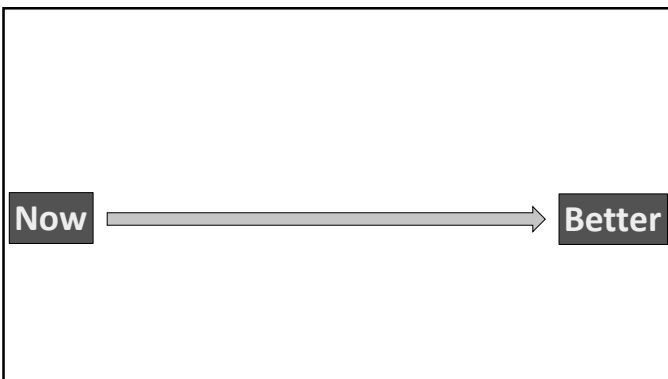
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For patients with **surgically managed head and neck squamous cell cancer** who received **adjuvant radiation treatment**, the radiation is **initiated within 6 weeks of surgery.**

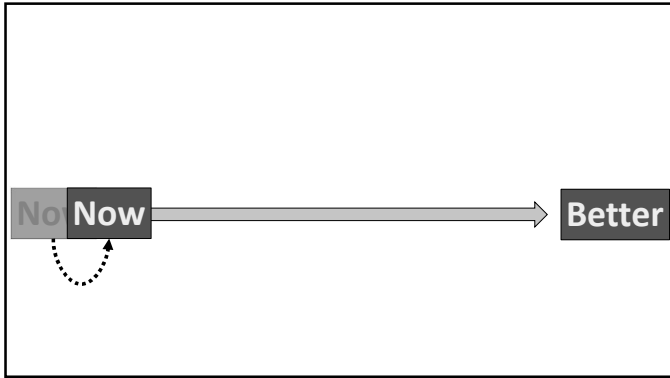
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Diagnostic procedure accidentally counted as "surgery" date

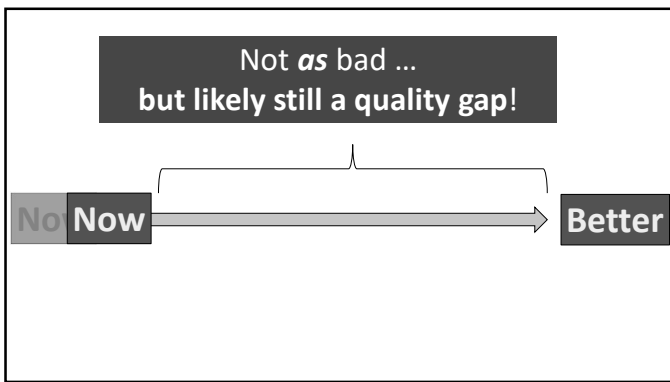
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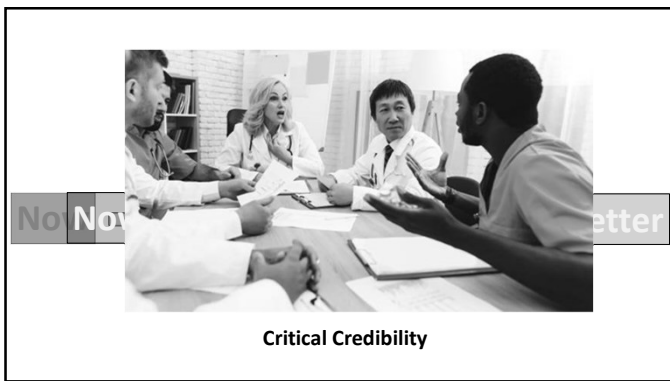
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Critical Credibility

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Definition
Abstract

Pull information from medical records

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Chart Review

- Compliant
- Non-compliant

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Chart Review

- Compliant
- Non-compliant



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Attribute	Compliant	Non-Compliant	
Surgeon A	10%	5%	
Surgeon B	10%	20%	
Rad onc AA	12%	5%	
Rad onc BB	12%	19%	
Private insurance	10%	1%	
No insurance	5%	15%	

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Attribute	Compliant	Non-Compliant	
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Private insurance	10%	1%	
No insurance	5%	15%	

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Surgeon B is the problem	Compliant	Non-Compliant	
	10%	5%	
	10%	20%	
	12%	5%	
	12%	19%	
	10%	1%	
	5%	15%	

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~~Surgeon B
is the
problem~~

	Compliant	Non-Compliant	
	10%	5%	
	10%	20%	
	12%	5%	
	12%	19%	
	10%	1%	
	5%	15%	

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Getting Better...
Should Not Make People
Feel Bad

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~~Surgeon B is the problem~~

cc

Surgeon B may:

- Operate on larger tumors, (longer recovery)
- Have less clinic help
- Also cover VA = fewer clinics

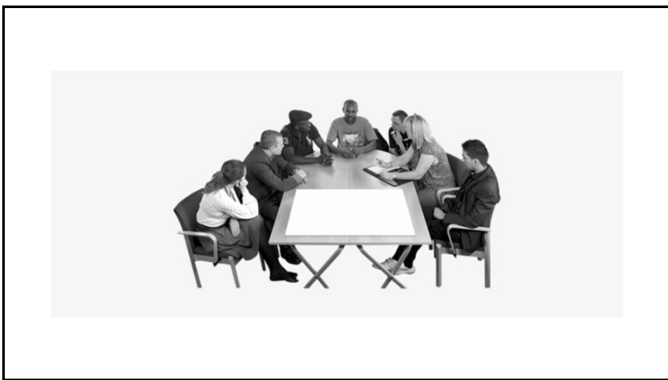
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Optimization must account for variability from surgeon to surgeon

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Definition
Abstract
Map
Draw the patient flow during process of care

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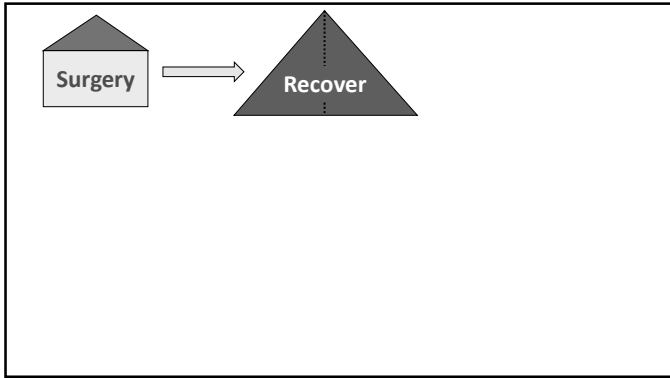


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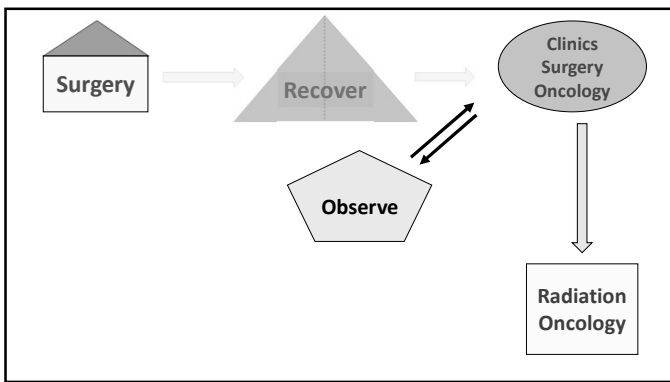
Mapping out a process

- Change team
- Start with physical locations patients visit on pathway
- Leave space! (Common to add)

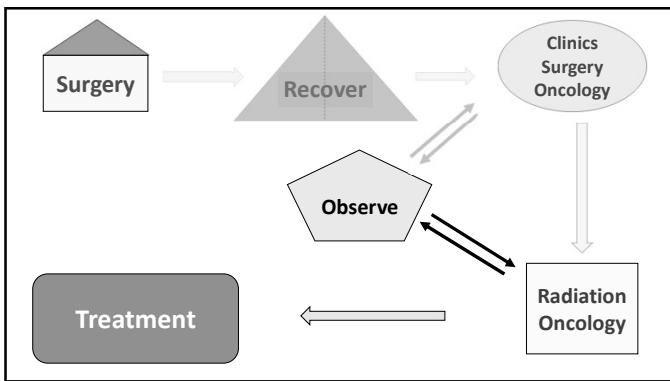
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Form a Hypothesis for Cause(s)

- List the facts that would support the hypothesis
- See if those facts are supported

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Hypothesis

Hospital
Radiation
Oncologists
Too busy

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Hypothesis

Hospital
Radiation
Oncologists
Too busy

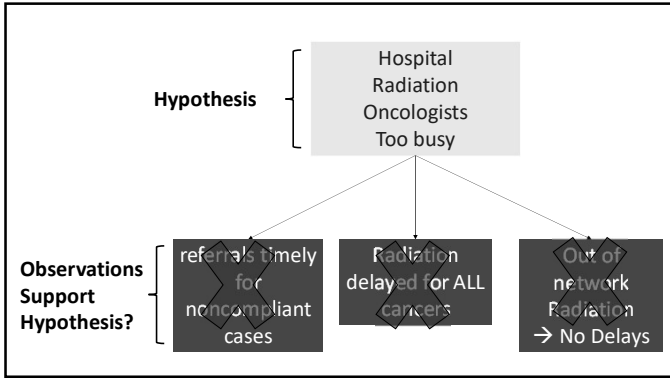
Observations
Support
Hypothesis?

referrals timely
for
noncompliant
cases

Radiation
delayed for ALL
cancers

Out of
network
Radiation
→ No Delays

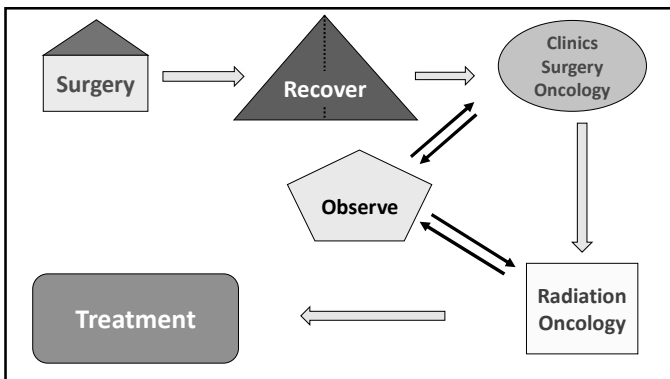
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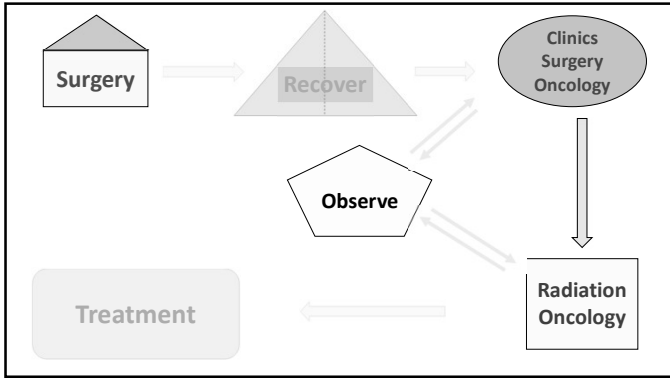
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Deviations
Point where success and failure diverge on pathway

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(+) Deviations
Should have failed...
but succeeded

62

(+) Deviations
Should have failed...
but succeeded

Rescue

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D*efinition*
A*bstract*
M*ap*
N*ew Way*

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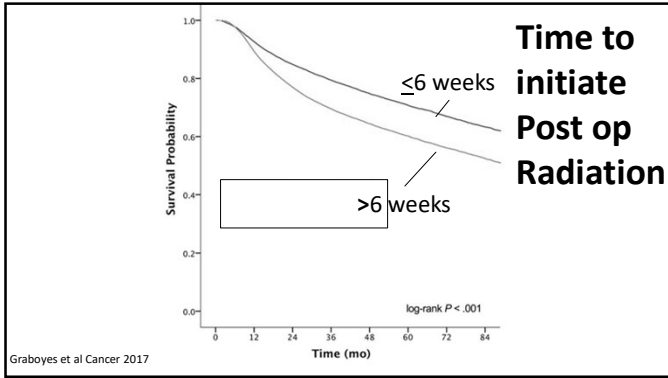
Awareness

- **Best practice in place**
 - Why it is important

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For patients with surgically managed head and neck squamous cell cancer who received adjuvant radiation treatment, the radiation is initiated within 6 weeks of surgery.

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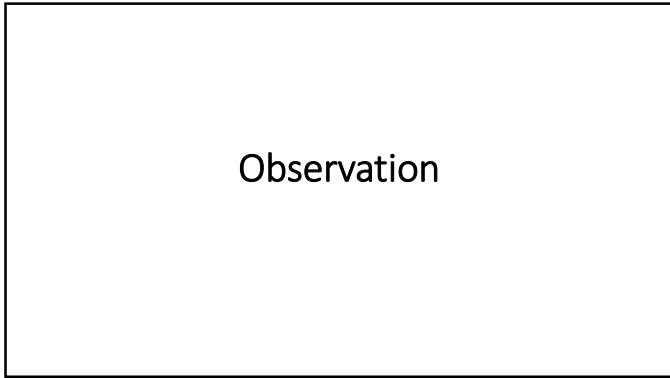
Awareness

- Best practice in place
 - Why it is important
- Issue is with compliance
- Simply letting people know about performance...can change behavior

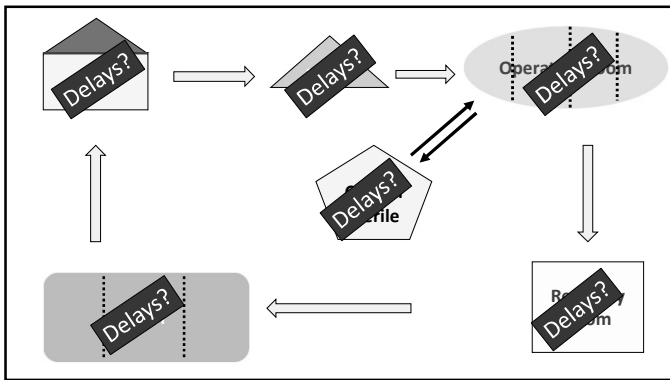
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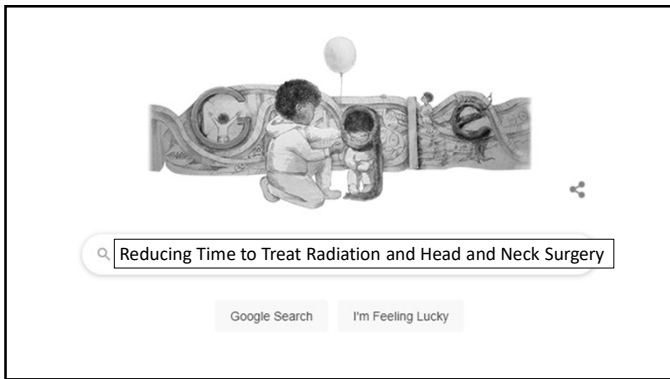
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MBSAQIP



Cancer
PROGRAMS



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PROGRAMS



Children's Surgery
Verification



ACS
NSQIP



Geriatric
Surgery Verification



SSA
SURGERY-SPECIFIC
ASSESSMENT



The ACS
Quality Verification
Program


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Community Notifications

Community notification will be delivered to your primary address:
ganest.boffa@yale.edu

To receive specific community notifications at an address other than your primary address, please contact your administrator.

Discussion Email: You have no override email addresses for discussion emails. [add override](#)



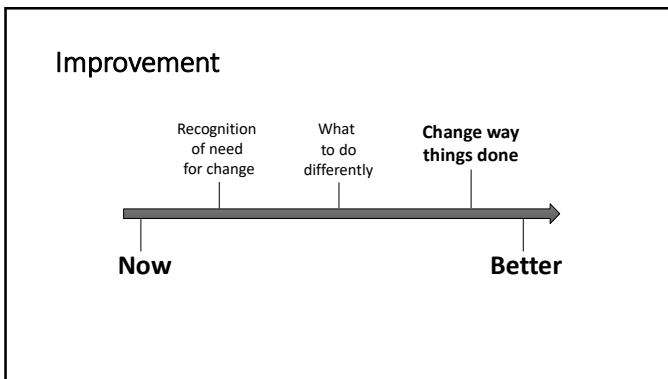
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Notification Settings

6 Communities Community Name A-Z ▾

Community	Discussion Email
Association of VA Surgeons	Daily Digest ▾
Cardiothoracic Surgery	Daily Digest ▾
Cardiothoracic Oncology	Daily Digest ▾
Geriatric Surgical Society	Daily Digest ▾
Minimally Invasive Surgery	Daily Digest ▾

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Interventions to Change a process

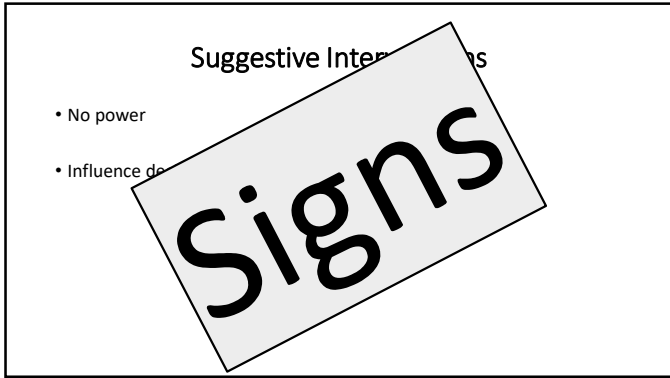
- Suggestive
- Restrictive
- Prohibitive
- Facilitating

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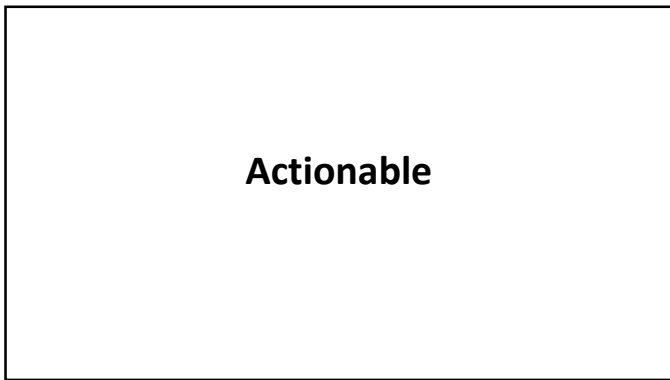
Suggestive Interventions

- No power
- Influence decision making

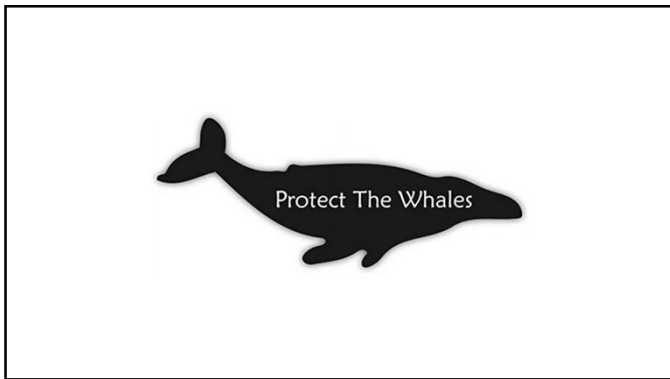
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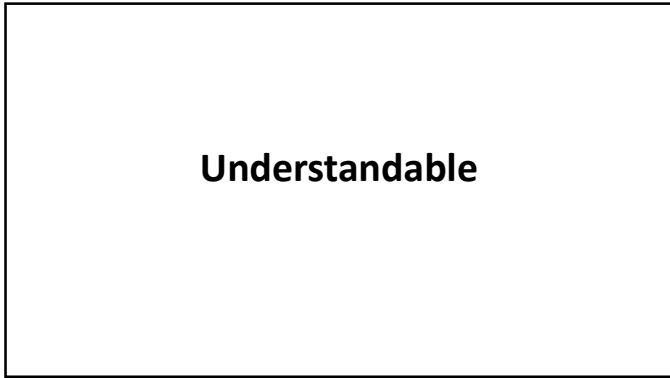
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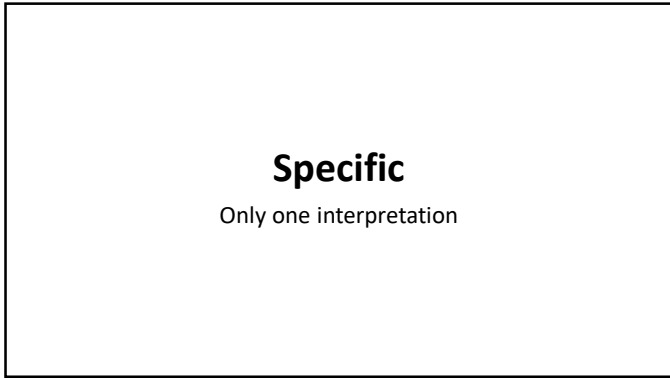
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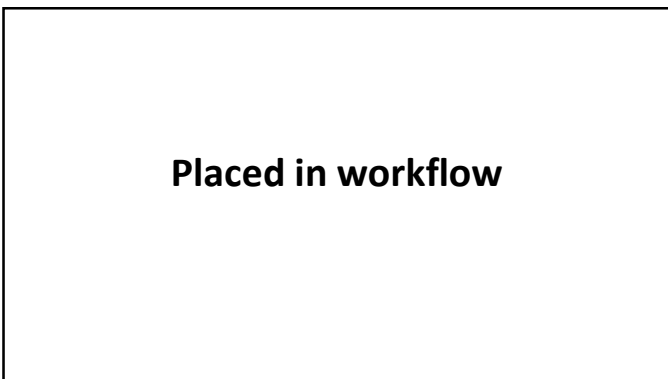
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Placed in workflow
Visible *at time you need to make a key decision*

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Restrictive Interventions

- Make it harder to do the wrong thing

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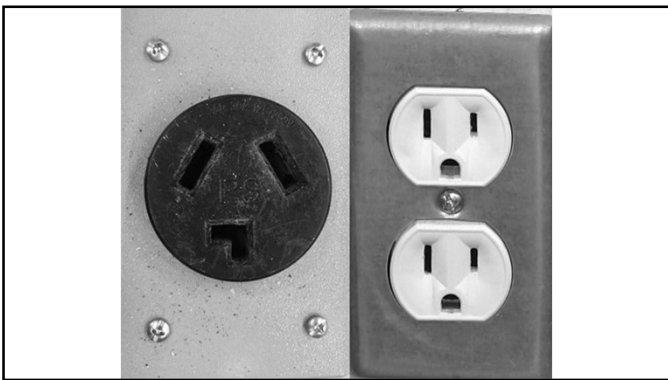
Prohibitive Interventions

- Virtually impossible to progress in the wrong way

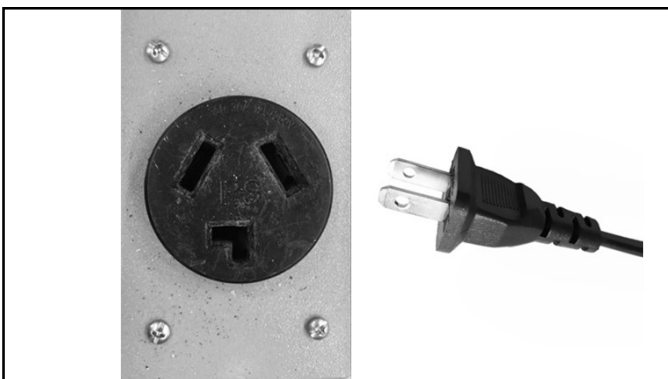
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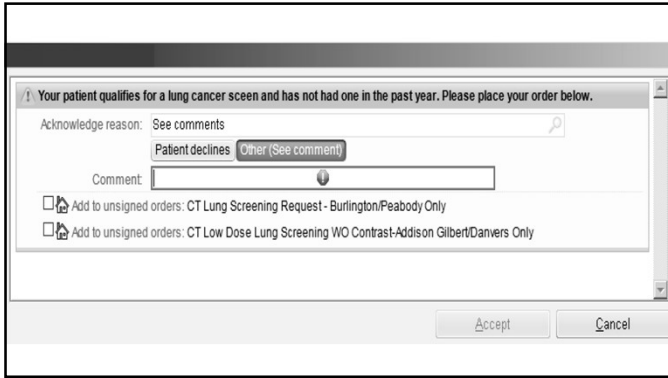


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Facilitating Interventions

- Make the correct way easier

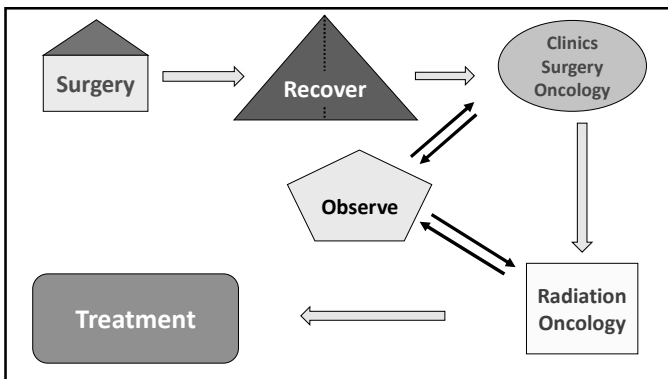
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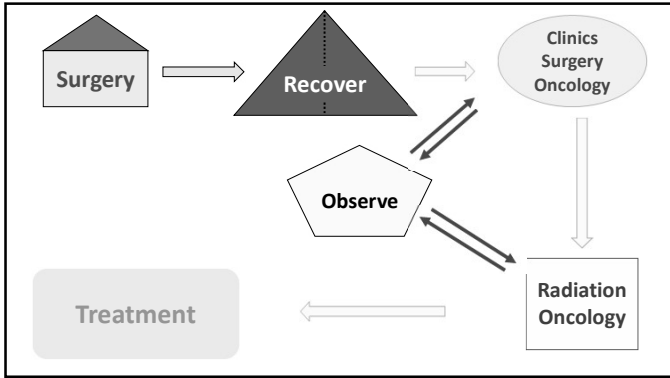
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For patients with **surgically managed head and neck squamous cell cancer** who received **adjuvant radiation treatment**, the radiation is **initiated within 6 weeks of surgery.**

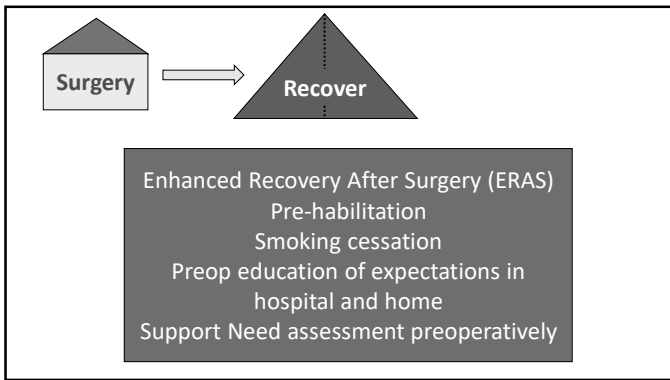
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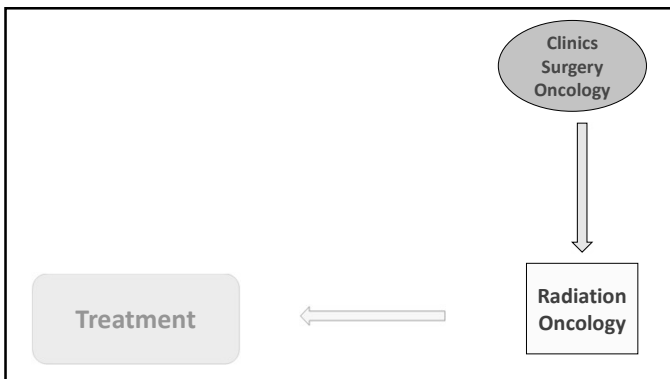
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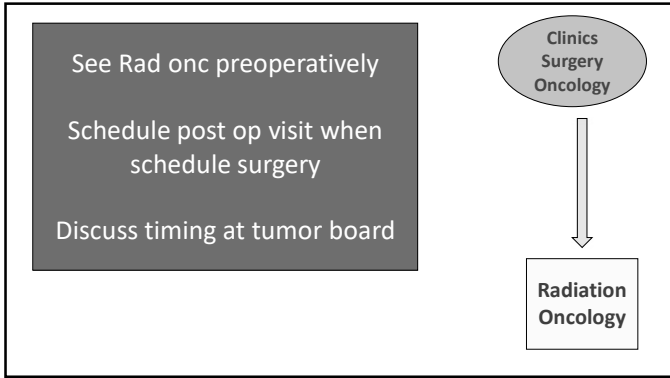
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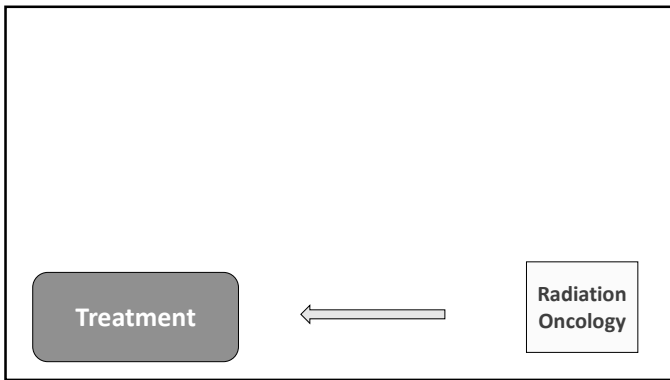
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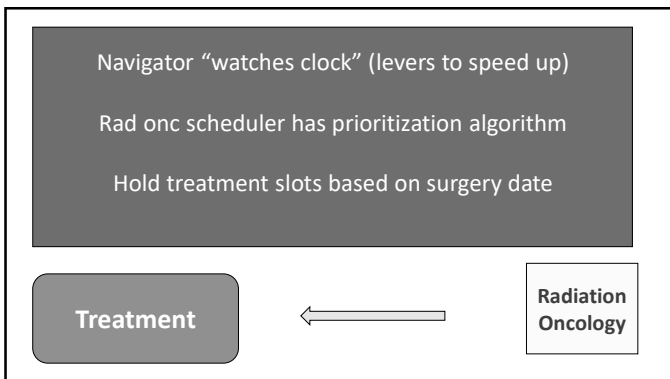
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Different teams - Different areas of map

Include out of Network



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Best way of doing things

Should be the path of

***Least* resistance**

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Thank you

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