

2575 Evolutionary Phases in Quality Research in Radiation Oncology over the Last 35 Years

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Purpose/Objective(s): Quality Research in Radiation Oncology (QRRO) has evolved in three overlapping phases over the last 35 years. The purpose of this presentation is to describe the characteristics and evolution of each of these phases.

Materials/Methods: As the Patterns of Care Study (PCS), this unique project received its first 3 year federal funding award in 1974 and has been funded almost continuously as an RO1 or contract since then. As PCS evolved into QRRO, radiation oncology has conducted periodic assessments of practice quality nationally. Keeping pace with overall conceptual and scientific trends in quality research, three phases can be defined.

Results: Based on the structure / process / outcome model, Phase 1 emphasized defining the structural base for radiation oncology practice and describing how processes of care related to this base. Efforts during Phase II sought to link disease specific outcomes to the process of care for several major diseases. In Phase III the focus of evaluation has expanded to explicit evaluation of the quality of the process of care provided in a multimodal context comparing the care actually delivered to evidence based standards and guidelines used as surrogates to define high quality.

Conclusions: Continuous quality research is essential to evaluate the standard of radiation oncology practice being met nationally, to identify deficiencies and to provide benchmark data against which practice improvement can be monitored. In the future, Phase IV will expand strategies to evaluate the appropriate and correct use of emerging technologies by providing electronic real time data collection to allow contemporaneous evaluation of care as it is being delivered. These serious challenges must be met.

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1067 QRRO: Shifting the Focus to Practice Quality Improvement in Radiation Oncology

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Purpose/Objective(s): American College of Radiology, Quality Research in Radiation Oncology (QRRO), formerly Patterns of Care (PCS), aims to provide an evidence base for quality of care in radiation oncology. QRRO investigators and staff have established QRRO within the national quality improvement dynamic. The new National Process Survey being launched is designed so that it can be used by participating facilities and physicians as a Quality Improvement Initiative for accrediting agencies.

Materials/Methods: QRRO has drawn a stratified random sample of radiation oncology facilities in the USA and is inviting those facilities to participate in the Process Survey. Information from a Facilities Survey will be used along with data collected under the Process Survey to calculate national averages and make statistically valid inferences for national process measures. The Specific Aims of the Process Survey include defining a core set of process measures for selected cancers in which radiation therapy plays a major role, based on best available evidence that these measures affect outcomes important to patients and providers and thus measure quality of care. Process of care measures for emerging advanced technologies are included. Measures are based on quality indicator documentation and evidence. QRRO will provide feedback data to participants at both the facility and physician level. Along with this report card, the physician will receive instructions on how to interpret the report card and how to develop a quality improvement initiative. The Instructions for “*Completion of a Quality Improvement Activity (QIA)*” recommend at least three measurements. The baseline measurement will be completed by QRRO. The 2nd and 3rd measurements are to be completed by the physician. The instructions will assist the physician to perform root cause analyses, to determine performance goals to show initial improvement and to develop plans for sustaining the gain.

Results: The American Board of Radiology (ABR) has notified QRRO that the Process Survey is “fully qualified” as a Practice Quality Improvement (PQI) project under its Maintenance of Certification (MOC) requirements for radiation oncology.

Conclusions: QRRO’s survey data will provide national benchmark data for numerous quality indicators, including those that would not be backed by data from clinical trials. The QRRO Process Survey ABR qualification will strongly incentivize facility participation and will lay the groundwork for a future expanded QRRO project with even broader facility participation.

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