

## 2007 QRRO Clinical Performance Measures (CPM)

### Radiation Oncology – All Disease Sites

**Measure #A\_CM1:** Initial radiation oncology consultation present in the radiation oncology patient medical record.

**Type of Measure:** The measure is appropriately used as a documentation quality measure.

<b>Clinical Performance Measure</b>
<b>Quantifiable Measure:</b> Percentage of patients receiving radiation therapy that have a written initial radiation oncology consultation present in their radiation oncology medical record.
<b>Numerator:</b> Patients receiving radiation therapy that have a written initial radiation oncology consultation present in their radiation oncology medical record.
<b>Denominator:</b> All patients receiving radiation therapy.
<b>Denominator exclusions:</b> None
<b>Rationale for the measure:</b> “Timely, accurate and effective communications are critical to quality and value in contemporary medical practices. As both a consultant oncologist and the provider of radiation oncology services, the radiation oncologist has a dual role. Radiation therapy incorporates the science of complex, integrated treatment delivery and the art of individual cancer management. Through written focused reports and direct communications, the contribution of radiation oncologists concerning patient care, responsible utilization and quality are provided, especially to primary care physicians, other oncologists and specialists and allied healthcare providers (nurses, tumor registrars, quality assurance personnel, third party reviewers, etc.)” <sup>1</sup>
<b>The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:</b> “Radiation oncology activities must be clearly and simply articulated for communications objectives to be met. While not all the technical aspects of treatment have to be included, several basic functions must be included in the correspondence: an evaluation and assessment of the patient’s clinical problem’s from the radiation oncologist’s perspective; the participation in multidisciplinary cancer care; as required, the plan and delivery of radiation treatments; and the monitoring of response, side effects, outcome, and any subsequent care. These should be communicated by at least an initial consultation, treatment (completion) summary and follow-up evaluation.....As local norms prevail, radiation oncologists may prefer to send a letter to the referring physician noting only the pertinent aspects of history, physical examination, clinical assessment, and treatment plan. An internal detailed report should be generated, which remains in the patient’s radiation therapy permanent record to fulfill documentation requirements.” <sup>1</sup>
<b>QRRO Survey Form Questions: A5 - 20</b>

References

1. American College of Radiology (ACR). Practice Guidelines and Technical Standards: ACR Practice Guideline for Communication. Revised 2004 (Resolution 17A). Available at: [American College of Radiology \(ACR\) Web site](http://www.americancollegeofradiology.org).
2. Agency for Healthcare Research & Quality (AHRQ), National Guidelines Clearinghouse. ACR practice guideline for radiation oncology. Available at: [www.guideline.gov/summary/summary.aspx?ss=15&doc\\_id=9422](http://www.guideline.gov/summary/summary.aspx?ss=15&doc_id=9422)

## 2007 QRRO Clinical Performance Measures (CPM)

### Radiation Oncology – All Disease Sites

**Measure #A\_CM1A:** Evidence in the radiation oncology patient medical record that the initial consultation was sent to the referring physician.

**Type of Measure:** The measure is appropriately used as a communication coordination of care quality measure.

<b>Clinical Performance Measure</b>
<b>Quantifiable Measure:</b> Percentage of patients receiving radiation therapy with evidence in their radiation oncology medical record that the initial written radiation oncology consultation was sent to the referring physician.
<b>Numerator:</b> Patients receiving radiation therapy that have a written initial radiation oncology consultation present in their radiation oncology medical record with evidence that it was sent to the referring physician.
<b>Denominator:</b> All patients receiving radiation therapy.
<b>Denominator exclusions:</b> None
<b>Rationale for the measure:</b> “Timely, accurate and effective communications are critical to quality and value in contemporary medical practices. As both a consultant oncologist and the provider of radiation oncology services, the radiation oncologist has a dual role. Radiation therapy incorporates the science of complex, integrated treatment delivery and the art of individual cancer management. Through written focused reports and direct communications, the contribution of radiation oncologists concerning patient care, responsible utilization and quality are provided, especially to primary care physicians, other oncologists and specialists and allied healthcare providers (nurses, tumor registrars, quality assurance personnel, third party reviewers, etc.)” <sup>1</sup>
<b>The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:</b> “Radiation oncology activities must be clearly and simply articulated for communications objectives to be met. While not all the technical aspects of treatment have to be included, several basic functions must be included in the correspondence: an evaluation and assessment of the patient’s clinical problem’s from the radiation oncologist’s perspective; the participation in multidisciplinary cancer care; as required, the plan and delivery of radiation treatments; and the monitoring of response, side effects, outcome, and any subsequent care. These should be communicated by at least an initial consultation, treatment (completion) summary and follow-up evaluation.....As local norms prevail, radiation oncologists may prefer to send a letter to the referring physician noting only the pertinent aspects of history, physical examination, clinical assessment, and treatment plan. An internal detailed report should be generated, which remains in the patient’s radiation therapy permanent record to fulfill documentation requirements.” <sup>1</sup>
<b>QRRO Survey Form Questions: A5 – 20</b>

**References**

1. American College of Radiology (ACR). Practice Guidelines and Technical Standards: ACR Practice Guideline for Communication. Revised 2004 (Resolution 17A). Available at: [American College of Radiology \(ACR\) Web site](http://www.acr.org/PracticeGuidelines/Communication).
2. Agency for Healthcare Research & Quality (AHRQ), National Guidelines Clearinghouse. ACR practice guideline for radiation oncology. Available at: [www.guideline.gov/summary/summary.aspx?ss=15&doc\\_id=9422](http://www.guideline.gov/summary/summary.aspx?ss=15&doc_id=9422)

## 2007 QRRO Clinical Performance Measures (CPM)

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### Radiation Oncology – All Disease Sites

**Measure #A\_CM2:** Treatment (Completion) summary present in the radiation oncology patient medical record.

**Type of Measure:** The measure is appropriately used as a documentation quality measure.

<b>Clinical Performance Measure</b>
<b>Quantifiable Measure:</b> Percentage of patients that received radiation therapy that have a written treatment (completion) summary present in their radiation oncology medical record.
<b>Numerator:</b> Patients that received radiation therapy that have a written treatment (completion) summary present in their radiation oncology medical record.
<b>Denominator:</b> All patients that received radiation therapy.
<b>Denominator exclusions:</b> None
<b>Rationale for the measure:</b> “Timely, accurate and effective communications are critical to quality and value in contemporary medical practices. As both a consultant oncologist and the provider of radiation oncology services, the radiation oncologist has a dual role. Radiation therapy incorporates the science of complex, integrated treatment delivery and the art of individual cancer management. Through written focused reports and direct communications, the contribution of radiation oncologists concerning patient care, responsible utilization and quality are provided, especially to primary care physicians, other oncologists and specialists and allied healthcare providers (nurses, tumor registrars, quality assurance personnel, third party reviewers, etc.)” <sup>1</sup>
<b>The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:</b> “The technical details of actual clinical management and radiation therapy delivery must be in the radiation oncology permanent record. A summary should be generated that accurately describes the treatment process, the doses delivered to the target/tumor volume and other key organs, relevant assessment of tolerance to and progress towards the treatment goals, and subsequent care plans.” <sup>1</sup>
<b>QRRO Survey Form Questions: A5 - 21</b>

**References**

1. American College of Radiology (ACR). Practice Guidelines and Technical Standards: ACR Practice Guideline for Communication. Revised 2004 (Resolution 17A). Available at: [American College of Radiology \(ACR\) Web site](http://www.acr.org).
2. Agency for Healthcare Research & Quality (AHRQ), National Guidelines Clearinghouse. ACR practice guideline for radiation oncology. Available at: [www.guideline.gov/summary/summary.aspx?ss=15&doc\\_id=9422](http://www.guideline.gov/summary/summary.aspx?ss=15&doc_id=9422)

## 2007 QRRO Clinical Performance Measures (CPM)

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### Radiation Oncology – All Disease Sites

**Measure #A\_CM2A:** Evidence in the radiation oncology patient medical record that the treatment (Completion) summary was sent to the referring physician.

**Type of Measure:** The measure is appropriately used as a communication coordination of care quality measure.

<b>Clinical Performance Measure</b>
<b>Quantifiable Measure:</b> Percentage of patients that received radiation therapy with evidence in their radiation oncology medical record that the written treatment (completion) summary was sent to the referring physician.
<b>Numerator:</b> Patients that received radiation therapy that have evidence in their radiation oncology medical record that a written treatment (completion) summary was sent to the referring physician.
<b>Denominator:</b> All patients receiving radiation therapy.
<b>Denominator exclusions:</b> None
<p><b>Rationale for the measure:</b>            “Timely, accurate and effective communications are critical to quality and value in contemporary medical practices. As both a consultant oncologist and the provider of radiation oncology services, the radiation oncologist has a dual role. Radiation therapy incorporates the science of complex, integrated treatment delivery and the art of individual cancer management. Through written focused reports and direct communications, the contribution of radiation oncologists concerning patient care, responsible utilization and quality are provided, especially to primary care physicians, other oncologists and specialists and allied healthcare providers (nurses, tumor registrars, quality assurance personnel, third party reviewers, etc.)”<sup>1</sup></p>
<p><b>The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:</b>            “The technical details of actual clinical management and radiation therapy delivery must be in the radiation oncology permanent record. A summary should be generated that accurately describes the treatment process, the doses delivered to the target/tumor volume and other key organs, relevant assessment of tolerance to and progress towards the treatment goals, and subsequent care plans.”<sup>1</sup></p>
<b>QRRO Survey Form Questions: A5 - 21</b>

References

1. American College of Radiology (ACR). Practice Guidelines and Technical Standards: ACR Practice Guideline for Communication. Revised 2004 (Resolution 17A). Available at: [American College of Radiology \(ACR\) Web site](http://www.acr.org).
2. Agency for Healthcare Research & Quality (AHRQ), National Guidelines Clearinghouse. ACR practice guideline for radiation oncology. Available at: [www.guideline.gov/summary/summary.aspx?ss=15&doc\\_id=9422](http://www.guideline.gov/summary/summary.aspx?ss=15&doc_id=9422)

## 2007 QRRO Clinical Performance Measures (CPM)

### Radiation Oncology – All Disease Sites

**Measure #A\_CM3:** Evidence of documentation of informed consent prior to simulation and treatment.

**Type of Measure:** The measure is appropriately used as a patient safety measure.

<b>Clinical Performance Measure</b>
<b>Quantifiable Measure:</b> Percentage of patients receiving radiation therapy that have a written signed and witnessed consent document in the radiation oncology patient medical record.
<b>Numerator:</b> Patients receiving radiation therapy that have a written signed and witnessed consent document present in their radiation oncology medical record.
<b>Denominator:</b> All patients receiving radiation therapy.
<b>Denominator exclusions:</b> None
<b>Rationale for the measure:</b> “Patients have a right to self determination and to consent to any medical treatment before it is given. Prudent and ethical medical practice requires close communication between the patient and the physician. Physicians have a legal and ethical duty to obtain informed consent from the patient. The patient and, when appropriate, the family must have every opportunity to understand any treatment or procedure the patient is to receive, to have all questions answered, and fully consent to treatments and procedures....Informed consent shall be obtained and should appropriately documented prior to the initiation of any complex medical treatment including, but not limited to, the following procedures: 1. External beam irradiation....2. Brachytherapy. 3. Administration of conscious sedations. 4. Any experimental therapy (this also requires Institutional Review Board approval).” <sup>1</sup>
<b>The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:</b> “A copy of all pertinent consent documentation should be kept in the patient’s medical record.” <sup>1</sup>
<b>QRRO Survey Form Questions: A5 - 22</b>

References

1. American College of Radiology (ACR). Practice Guidelines and Technical Standards: ACR Practice Guideline for Communication. Revised 2007 (Resolution 41). Available at: [American College of Radiology \(ACR\) Web site](http://www.acr.org).
2. Agency for Healthcare Research & Quality (AHRQ), National Guidelines Clearinghouse. ACR practice guideline for radiation oncology. Available at: [www.guideline.gov/summary/summary.aspx?ss=15&doc\\_id=9422](http://www.guideline.gov/summary/summary.aspx?ss=15&doc_id=9422)