

Real-World Approaches to Quality Improvement in Oncology

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Oncologists face increasing complexity in the delivery of high-quality cancer care. Challenges arise from the simultaneous rapid expansion of the armamentarium of anticancer treatments with substantive changes in payment delivery that emphasize value. We increasingly appreciate the role of the oncologist to improve care across the cancer continuum, from prevention through survivorship and end-of-life care. Also, with a focus on patient centeredness, shared decision making, and quality of life, we appreciate the role of the oncologist as broader than selection and delivery of treatment. Such pressures require oncologists to remain continuously apprised of best practices and evidence, to regularly engage with data to identify care gaps that do not align with recommendations, and then to adeptly apply quality improvement skills to evolve processes and drive behavior change. As we recognize that possibilities and standards in cancer care are quickly evolving, we appreciate that high-quality care is not a destination but an iterative journey.

Conversely, the broad shifts in care themselves challenge oncologists to be practical in affecting change. Doing more with less is the frequent *modus operandi*, and time is consistently the most valuable commodity. For example, one study of Canadian oncologists¹ in *Journal of Oncology Practice* found that, although the vast majority of oncologists (97%) believe quality improvement is important, less than half (49%) participated in a quality improvement project in the past 5 years. Time constraints were frequently cited as

barriers to involvement and publication of efforts. Yet, the entire field gains tremendously when oncology clinicians and teams attempt improvement efforts and publish lessons learned from work in usual environments, far from the carefully controlled settings within prospective research.

Real-world quality improvement represents efforts to drive evolution and improvements in care using data and skills inherent to usual oncology practice. With increasing pressures from many angles, there remains an imperative to exhibit the practicality of methods as much as to demonstrate an improvement in outcomes. Achievement of real-world quality improvement requires that definitions of usual data and skills must evolve, just as the practice of oncology care is evolving. Groundbreaking efforts to measure quality through cancer registries, and to incorporate near real-time reports on performance, have transformed our concept of usual data. In addition, quality training programs to familiarize professionals with the science of quality improvement have similarly raised the bar on usual skills. We proposed this Series in *JOP* so that authors could share examples of practical approaches to quality measurement and improvement in which pragmatism, methodologic robustness, and impactful outcomes harmoniously exist.

This Series complements other methods of sharing and dissemination of quality improvement, including the Quality in Action Series in *JOP* and the ASCO Quality Care Symposium. We

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selected manuscripts that particularly demonstrate evolution along the data pyramid—those that focus more on knowledge and wisdom gained from data rather than on the raw facts alone. This signals our field's transition from a focus on measurement for the sake of description toward energizing data to produce comparisons, highlight differences, and relate adherence to quality measures with important outcomes.

This Series will include articles related to the practice of quality in oncology across the entire spectrum of quality, from measurement through the creation of a context or infrastructure that supports quality improvement efforts in real-world environments. This issue of *JOP* includes several articles submitted for the Special Series as well as work presented at the 2018 ASCO Quality Care Symposium. It is clearly visible from these manuscripts that our field has evolved along the continuum from measurement to improvement. Several of the articles report evaluation of new models of care and provide some of the earliest information on the value of new models for early integration of palliative care,² creation of care networks,³ and the oncology care model.⁴ Others provide us with new approaches to quality measurement,⁵ tools to assess barriers to quality improvement,⁶ and pragmatic approaches to educate frontline providers on how to do quality improvement.⁷

A number of the articles in this issue illustrate the impact that the Quality Oncology Practice Initiative (QOPI) has had on quality in oncology. QOPI is a grass-roots initiative that was created to address the need to have a robust and practical approach to measurement of quality of care in oncology practices.⁸ Since its inception, QOPI has shaped both the thematic content of quality work in oncology and the process by which it is undertaken while it continually drives improvement. It has become the go-to source for measuring quality improvement projects and for other evaluations, as exemplified by the work of Chiang et al³ and Rosenblum et al² in this issue.

Although much progress has been made on our oncology quality journey, additional work remains. Retrospective study designs are still the most common approach to evaluate the impact of interventions or new models of care. We need to consider evaluation from the get-go and prospectively measure impact. Prospective evaluation does not need to be onerous but rather ensures that a study evaluates what matters, not merely what is available, and that it minimizes bias. Furthermore, we need to move beyond process measures

when we evaluate interventions and look more at downstream outcome effects, both on our patients and on our systems.

Last, along with the work of improvement, we need to advance the science of quality. We have seen a substantial evolution in how clinical trials have been conducted during the past few decades. We have gone from simple designs that focus on single diseases to more complex, adaptive trials that assess multiple cancer types and agents within the same trial.⁹ Although we do not yet have the same level of experience with the science of quality improvement and implementation as we do with clinical trials in oncology, our expertise is building. With experience comes the realization of lack of evidence and limitations of methodology and, eventually, innovation. As the oncology quality community grows in size and expertise, it is well poised to advance methods while it advances the practice of quality.

So, where do we go from here? We believe that our oncology quality community has matured enough to raise the bar on the work we undertake and publish. At *JOP*, we will continue to support dissemination of high-quality studies undertaken in real-world environments through the existing Quality in Action short reports as well as through Real-World Quality full-length articles, which are meant to provide a more high-level and in-depth perspective on quality improvement practice and science. **JOP**

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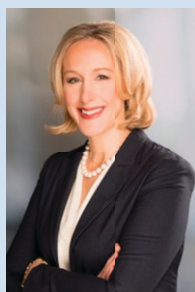
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