

The Practice of Radiation Oncology 2011

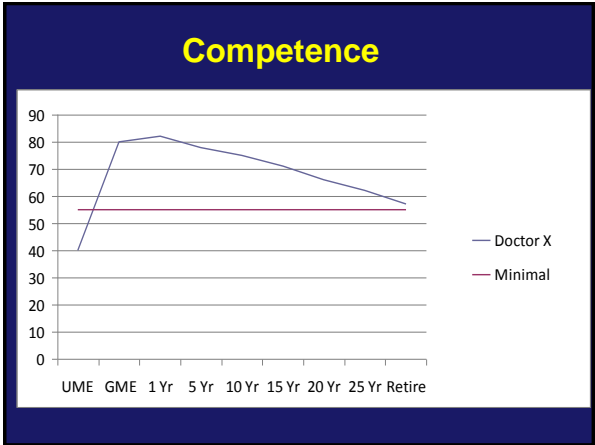
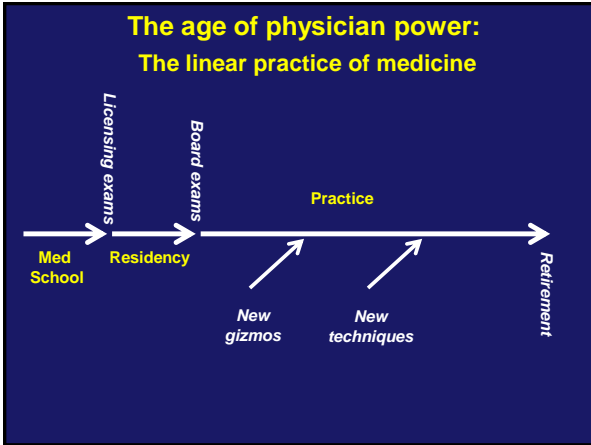
“From digital to clockwork: Integrating all aspects of our specialty”



Michael Steinberg, MD
President Elect, ASTRO

With full credit to Anthony Zeitman, MD

Who first presented this unifying concept at Advocacy Day, 2011



Patient and Payer Power in the 21st Century

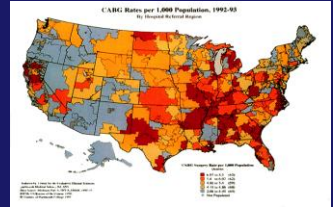
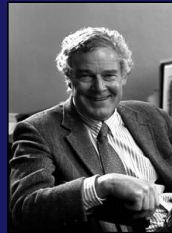
They now want physicians who:

- use treatments that are effective and improve outcomes
- are competent and strive to improve their practice
- Practice safely

And use treatments that costs less money

THEY WANT VALUE !

If doctors use evidence, why the variation in practice ?



The New York Times Revealed Inadequacies in System

Health

Radiation Offers New Cures, and Ways to Do Harm

By HICK THOMPSON
Published January 22, 2010

As Scott Jensen-Pauls lay dying, he clung to this wish: that his final radiation overdose — which left him dead, struggling to see, unable to swallow, burned, with his teeth falling out, with ulcers in his mouth and throat, unassisted, in severe pain and to be studied and talked about publicly so that he be his nightmare.

Smiling due to the fact that he had just been diagnosed with prostate cancer, Jensen-Pauls, 63, was told by his doctor that he had a 50 percent chance of surviving five years. He was told that he had a 50 percent chance of surviving five years.

In Louisiana, Louisiana A. Donaldson received 28 straight overdoses of radiation, each nearly twice the prescribed amount, while undergoing treatment for prostate cancer. He was treated with a machine as new that the hospital made a miscalculation even with training instructors still on site.

In Texas, George Giest saw waves two external bags — one for urine and one for fecal matter — because of a

Health

At V.A. Hospital, a Rogue Cancer Unit

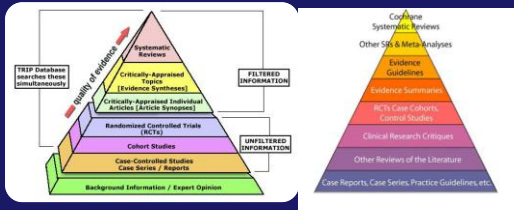
It is a common surgical procedure: positive needs to attack the disease.

Patient and Payer Power

There Are Big Questions About This Change In Expectations For Our Practice:

- what is valid evidence?
- what if the available evidence is mostly so-called low “level” evidence ?
- who determines if physicians are following evidence and improving practice?
- how will these metrics be meaningfully reported?
- how will this information be used?

Levels of Evidence



EBM as a Sole Method to Determine Quality of Care Not to Mention Coverage ! ?

- Payers could use to impede innovation to control spending and protect profits
- Insensitive to real barriers to doing adequate trials to test technology
- When evidence is limited, may still be strong rationale or demand for the technology
- May limit promising, but unproven high value technologies

after Sean Tunis, 2005

Big questions in medicine require RCTs

Questions that evolve slowly and test an unpredictable outcome:

- Curative treatment or active surveillance ?
- Which broad curative treatment ?
- With or without systemic therapy ?

The pyramid changes shape

Alternative to the pyramid of evidence

Prospective observational studies:

- Case-matched analyses
- Contemporaneous cohorts
- Before and after intervention
- All inclusive registries **

So how are we going to provide evidence if RTCs are not the right tool for the job?

Prospectively collected data on diseases, treatments, and outcome.

- Medical societies
- Multi-center collaborations
- PQI (Government)

Harness the power of the EMR



The Northern New England Cardiovascular Disease Study Group

American College of Cardiology

Hospital-based cardiovascular registries:

ACTION Registry-GWTG*
For acute coronary syndrome patients

CARE Registry*
For carotid artery revascularization and endarterectomy procedures

CathPCI Registry*
For diagnostic cardiac catheterizations and percutaneous coronary interventions

ICD Registry*
For implantable cardioverter defibrillators

IMPACT Registry*
For Improving Pediatric and Adult Congenital Treatment

National Radiation Oncology Registry



**Developing a National Radiation Oncology Registry (NROR):
From Acorns to Oaks**

- Data Dictionary Committee
- IT Committee
- Pilot Project

Additional benefits of registries

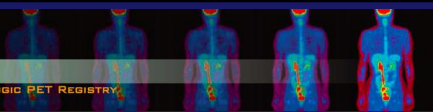
- Generate good practices that will ensure payment
- Document compliance with Guidelines, Best Practices and Safety Standards
- Contribute towards MOC

Additional benefits of registries



- Allow payment in CED arrangements

NOPR NATIONAL ONCOLOGIC PET REGISTRY



Sponsored by **Advisor**

Managed by

Endorsed by

The “lifelong learning” movement: Maintenance of Certification

Cannot be dodged

- Hospital credentialing
- Payment
- Maintenance of licensure
- Participation will soon be public knowledge

**The “lifelong learning” movement:
Maintenance of Certification**

Light emphasis on knowledge

Strong emphasis on:

- Improving practice
- Safe processes
- Participating in registries




ASTRO QA White Papers	<ul style="list-style-type: none"> • Provide an overview of QA issues and makes recommendations that should be addressed within a broad safety program in a radiation oncology practice • Basis for ROPA 	Literature review and consensus
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ACR Appropriateness Criteria	<ul style="list-style-type: none"> • Provides guidance as to whether a treatment is more or less appropriate for a theoretical patient in a particular situation • Basis for ROPA 	Modified Delphi consensus
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ACR/ACR-ASTRO Practice Guidelines & Technical Standards	<ul style="list-style-type: none"> • Basis for ROPA 	ACR Development and Council approval process
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ASTRO Best Practices	<ul style="list-style-type: none"> • Recommendations about "how" to deliver radiation therapy, including the best treatment methods and patient care processes • Basis for measure development for PQRS, MOC, and ROPA • Basis for educational content (webinars, educational sessions) 	RAND appropriateness methodology (systematic literature review and formal consensus process); moving toward compliance with IOM recommendations for "guidelines"

The New "Blue Book"

**"Safety Is No Accident:
A Framework for the Delivery of
Quality Radiation Oncology Care"**

PAAROT Program



- Multiple projects**
- Measuring yourself against your peers**
- Developing national benchmarks**
- Developing quality measures**

ACR/ASTRO Accreditation Partnership



Accreditation is a cooperative effort between the ACR and ASTRO

ACR recommended to Legislators
MANDATORY accreditation of all facilities

ASTRO STRONGLY RECOMMENDED
Accreditation for all facilities

What happens in accreditation review?

- ACR/ASTRO ROPA is 360 degree evaluation of the total practice's quality and safety in the care
- Reviews equipment, personnel, training, credentialing, policies and procedures, treatment delivery and documentation, follow up and CQI processes
- Gathers data on radiation oncology practice patterns of care *

Why is Accreditation Important To You?

- Evidence of achievement in the areas of quality and patient safety.
- Education and learning process for staff.
- Demonstrates commitment to meeting the highest standards in the field of radiation oncology.
- Enhances credibility in the eyes of the public.

Practice Accreditation Also Provides

- Independent and objective survey of processes and outcomes.
- Is Based upon standards and guidelines, consensus statements, literature.
- Comparison with developing database and national benchmarks.
- Provides information about radiation oncology patterns of care.

The Intersection of Accreditation, MOC, Guidelines, Best Practices and Data Collection

ASTRO Collaborations for Quality and High Value Radiation Oncology Care

