# Florida Initiative for Quality Cancer Care: Improvements on Colorectal Cancer Quality of Care Indicators during a 3-Year Interval

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**BACKGROUND:** The quality of cancer care has become a national priority; however, there are few ongoing efforts to assist medical oncology practices in identifying areas for improvement. The Florida Initiative for Quality Cancer Care is a consortium of 11 medical oncology practices that evaluates the quality of cancer care across Florida. Within this practice-based system of self-assessment, we determined adherence to colorectal cancer quality of care indicators (QCIs) in 2006, disseminated results to each practice and reassessed adherence in 2009. The current report focuses on evaluating the direction and magnitude of change in adherence to QCIs for colorectal cancer patients between the 2 assessments.

**STUDY DESIGN:** Medical records were reviewed for all colorectal cancer patients seen by a medical oncologist in 2006 (n = 489) and 2009 (n = 511) at 10 participating practices. Thirty-five indicators were evaluated individually and changes in QCI adherence over time and by site were examined.

**RESULTS:** Significant improvements were noted from 2006 to 2009, with large gains in surgical/pathological QCIs (eg, documenting rectal radial margin status, lymphovascular invasion, and the review of $\geq$12 lymph nodes) and medical oncology QCIs (documenting planned treatment regimen and providing recommended neoadjuvant regimens). Documentation of perineural invasion and radial margins significantly improved; however, adherence remained low (47% and 71%, respectively). There was significant variability in adherence for some QCIs across institutions at follow-up.

**CONCLUSIONS:** The Florida Initiative for Quality Cancer Care practices conducted self-directed quality-improvement efforts during a 3-year interval and overall adherence to QCIs improved. However, adherence remained low for several indicators, suggesting that organized improvement efforts might be needed for QCIs that remained consistently low over time. Findings demonstrate how efforts such as the Florida Initiative for Quality Cancer Care are useful for evaluating and improving the quality of cancer care at a regional level. (J Am Coll Surg 2014;218:16–25. © 2014 by the American College of Surgeons)

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**Abbreviations and Acronyms**

CRC = colorectal cancer
FIQCC = Florida Initiative for Quality Cancer Care
LN = lymph node
LVI = lymphovascular invasion
NICCQ = National Initiative for Cancer Care Quality
PNI = perineural invasion
QCI = quality of care indicator
QOPI = Quality Oncology Practice Initiative

The importance of quality of care for cancer patients was highlighted by the Institute of Medicine report recommending that cancer care quality be monitored using a core set of quality of care indicators (QCI).[1] The QCIs can encompass structural, process, and outcomes measures[1]; however, process QCIs have several advantages, such as being closely related to outcomes, easily modifiable, and providing clear guidance for quality-improvement efforts.[2] The American Society for Clinical Oncology established the National Initiative for Cancer Care Quality (NICCQ) to develop and test a validated set of core process QCIs[3,4] and the Quality Oncology Practice Initiative (QOPI) to conduct ongoing assessments of these QCIs within individual practices.[5-9] Since 2006, QOPI has been an opportunity for oncology practices to participate in practice-based quality of care self-assessments that have identified areas in need of improvement.[9,10] Although QOPI has been successful at improving performance within QOPI sites,[8,10] improvement of cancer care outside of QOPI might require local or regional efforts that are physician or practice driven.[1]

The Florida Initiative for Quality Cancer Care (FIQCC) consortium was established in 2004 with the overall goal of evaluating and improving the quality of cancer care at the regional level in Florida.[11-15] Based on a collaborative approach, all FIQCC sites participated in identifying quality measures for breast, colorectal, and non−small cell lung cancer consistent with evidence-, consensus-, and safety-based guidelines that could be abstracted from medical records.[4,9,16-21] Using standardized methods, medical records of breast, colorectal, and non−small cell lung cancer patients first seen by a medical oncologist at 11 participating practices in 2006 were abstracted to measure adherence to QCIs.[13,22,23] All results were then shared and individual practices were charged with implementing site-specific quality-improvement efforts in areas where performance lagged. Using identical procedures to select cases across the 3 cancer types and measure quality, 10 of the 11 founding practices conducted a second round of medical record abstractions for patients first seen by a medical oncologist in 2009. The current report focuses on 35 QCIs for colorectal cancer (CRC). The objectives were to examine the overall difference in adherence between the 2 assessments, to determine if the change over time was independent of other factors (such as payor mix), and to determine if there was variability in change across practice sites.

## METHODS

### Study sites

The FIQCC was founded with 11 medical oncology practices in Florida at or affiliated with Space Coast Medical Associates (Titusville), North Broward Medical Center (Pompano Beach), Center for Cancer Care and Research (Lakeland), Florida Cancer Specialists (Sarasota), Ocala Oncology Center (Ocala), Robert & Carol Weissman Cancer Center (Stuart), Cancer Centers of Florida (Orlando), Tallahassee Memorial Cancer Center (Tallahassee), University of Florida Shands Cancer Center (Gainesville), Mayo Clinic Cancer Center (Jacksonville), and Moffitt Cancer Center (Tampa) (Appendix Figure 1, online only).[15,24] Each practice met the following criteria for initial participation in the initiative: medical oncology services provided by more than one oncologist; availability of a medical record abstractor; and estimate of $\geq$40 cases each of colorectal, breast, and non−small cell lung cancer for calendar year 2006. Ten of these practices still met eligibility criteria and were willing to participate in the 2009 abstraction of cases. The project received approval from Institutional Review Boards at each institution. Based on exempt status, informed consent from patients was not required to access medical records. To maintain patient privacy, records were coded with a unique project identifier before transmission to the central data-management site.

### Quality of care indicators

Representatives from the 11 oncology sites participating in FIQCC identified quality measures consistent with evidence-, consensus-, and safety-based guidelines that could be abstracted from medical records of breast, colorectal, and non−small cell lung cancer patients. As part of this process, oncology experts from Moffitt Cancer Center and collaborating sites met monthly for 4 months to formulate or select indicators based on group input as well as American Society of Clinical Oncology guidelines,[16] National Comprehensive Cancer Network guidelines,[17-19] National Quality Forum,[20] American College of Surgeons,[21] American Society of Clinical Oncology QOPI,[9] and NICCQ indicators.[4] Consensus from the principal investigator and co-investigators at Moffitt