

Overview of the Georgia Cancer Quality Information Exchange

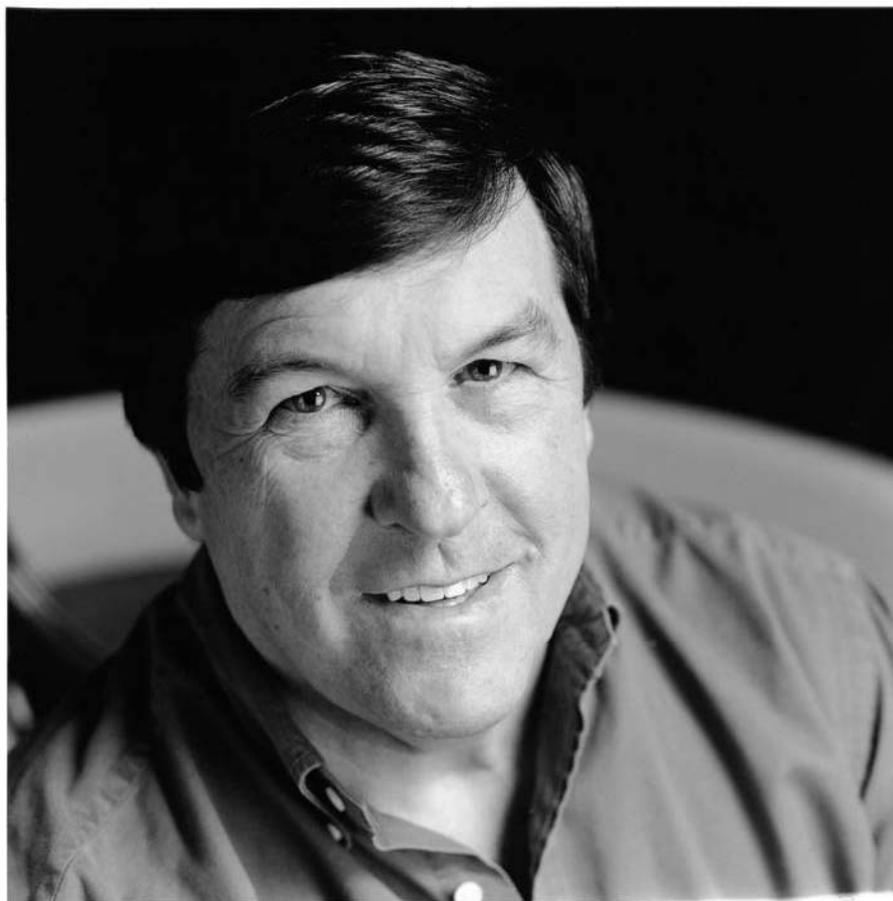
*Department of Community Health
HIT Town Hall Meeting*

November 4, 2010



Hamilton Jordan

1944 – 2008



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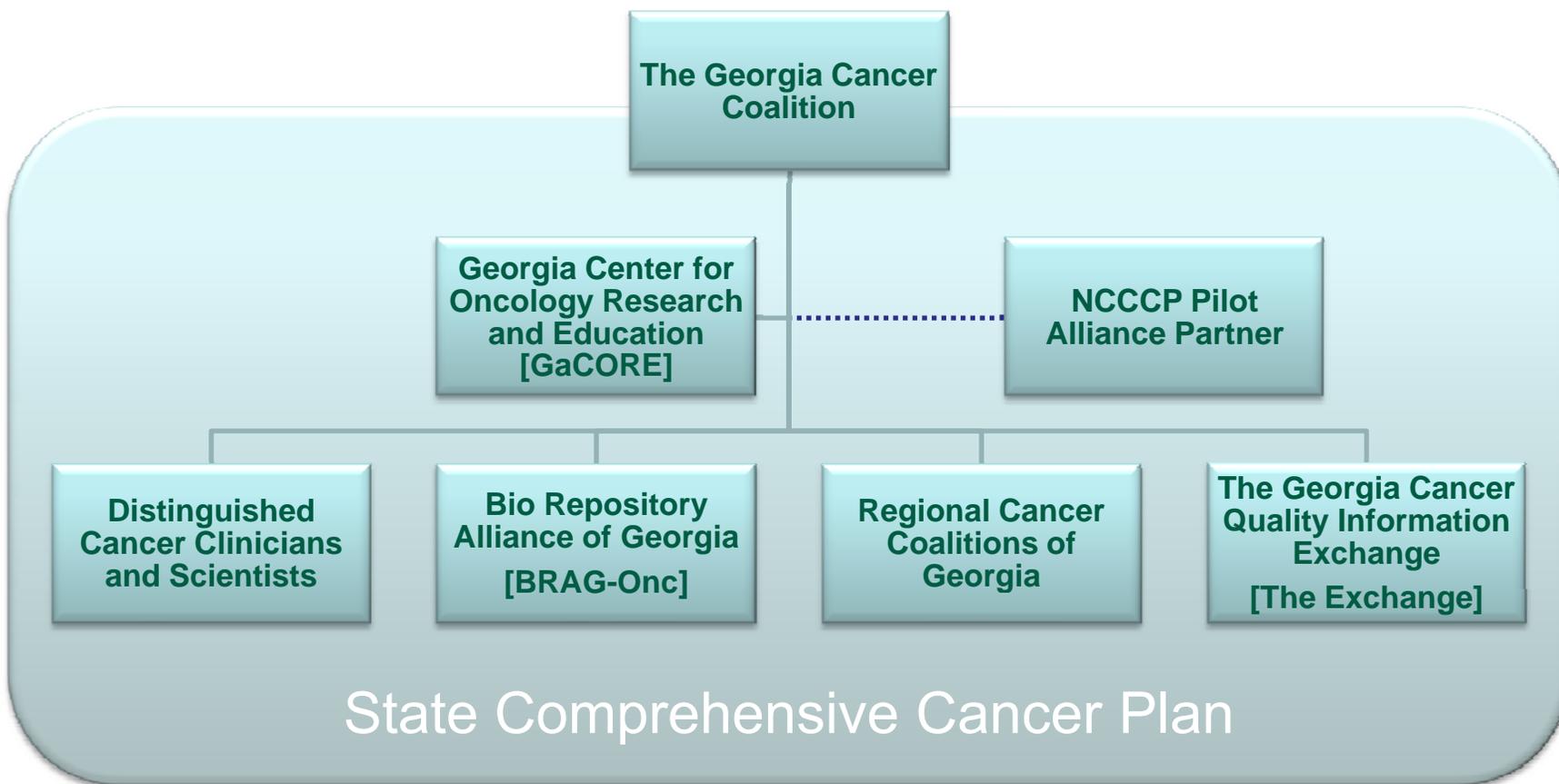
The Georgia Cancer Coalition

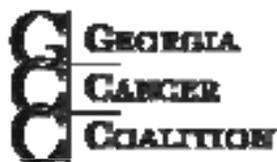
Mission: Reduce the number of cancer-related deaths in Georgia

Goals:

- Prevent cancer and detect existing cancers earlier
- Provide quality care for all Georgians with cancer
- Establish ongoing, collaborative processes for addressing cancer data and metrics issues in Georgia
- Build Georgia's reputation as a destination site for cancer patients, biotechnology, and biomedical companies in the southeastern United States
- Generate a combination of state, federal and private funds to support the fight against cancer

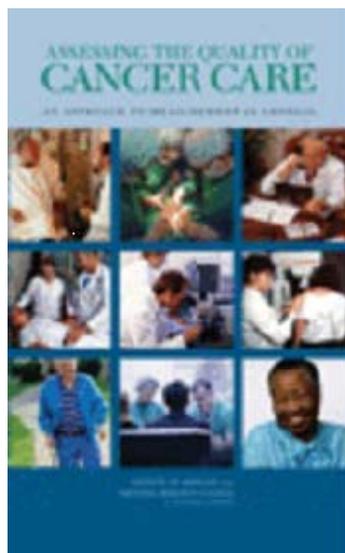
Key Statewide Initiatives





The Institute of Medicine Report

In 2005, the Institute of Medicine released its report *“Assessing the Quality of Cancer Care: An Approach to Measurement in Georgia”*. The report contained 52 quality measures developed by an independent panel of scientific experts for the purposes of:



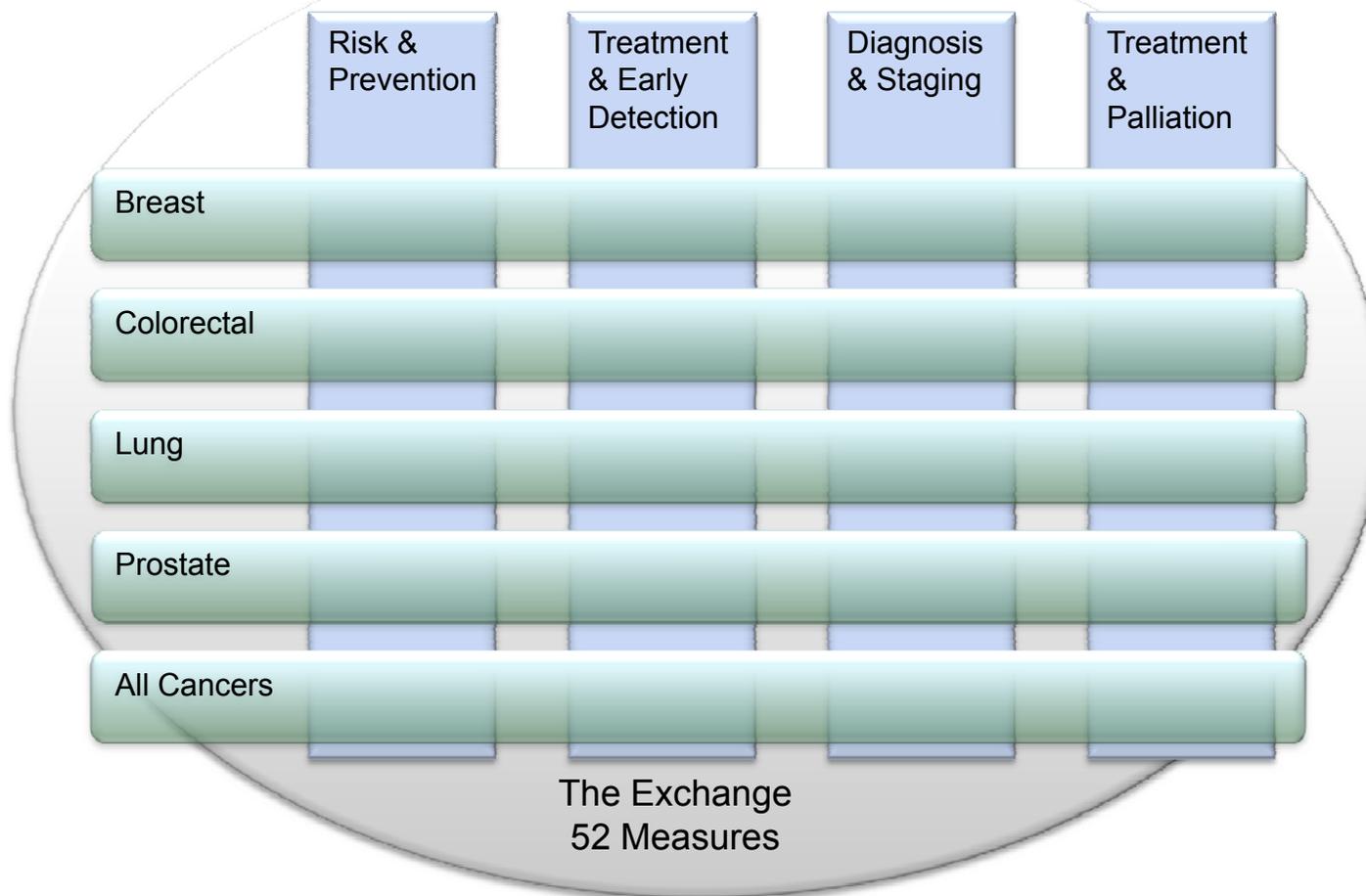
- Gauging Georgia’s progress in improving the quality of cancer care
- Closing the gap between what is known and what is practiced in cancer care
- Identifying benchmarks for achieving the goals of the GCC
- Guiding policy and prioritize public and private investments
- Quantifying economic, geographic, racial and ethnic disparities in cancer care in Georgia

The IOM Report suggested sources of data, but did not reach conclusions as to collection methods or availability of data.

Measuring Progress, Motivating Change

“The Exchange” facilitates the design, access and retrieval of clinical information and public health data for the purposes of measuring the quality of cancer care, enhancing adherence to standards of care, and improving patient-centered care and outcomes through process change

The Exchange Quality Metrics



The Exchange Dashboard – IOM Quality of Care Indicators

Prevention	Screening & Early Detection	Diagnosis and Staging	Treatment	&	Palliation
3-1 Adult Smoking Rate	4-1 Breast Cancer Screening Rate	5-1 Timely Breast Cancer Biopsy	6-1 Participation in Clinical Trials		6-12 Cancer Deaths in Hospice
3-2 Adolescent Smoking Rate	4-2 Colorectal Cancer Screening Rate	5-2 Needle Biopsy for Breast Cancer	6-2 Hormonal Therapy Before Prostate Surgery		6-14 Hospice Length of Stay
3-3 Advice to Quit Smoking	4-3 Early Stage Breast Cancer Diagnosis	5-3 Clean Margins Breast Conserving Surgery	6-3 EBRT Dosing Prostate Cancer		6-15 Breast Cancer Survival Rates
3-4 Pharmacotherapy Offered	4-4 Advanced Stage Breast Cancer Diagnosis	5-4 Hist Assessment Breast Cancer	6-4 Hormonal Therapy/EBRT Prostate Cancer		6-16 Colorectal Cancer Survival Rates
3-5 Adult Obesity Rate	4-5 Advanced Stage Colorectal Cancer Dx	5-5 Hist Assessment Colorectal Cancer	6-5 Radiation Tx Post Breast Conserving Surgery		6-17 Lung Cancer Survival Rates
3-6A Cancer Incidence Count (All Sites)		5-6 Path Compliance for Specimens	6-6 Hormonal Tx for Invasive Breast Cancer		6-18 Prostate Cancer Survival Rates
3-6 All Cancers Incidence Rate		5-7 Pathology Reports for Breast Cancer	6-7 Combination Chemotherapy Breast Cancer		6-19 Breast Cancer Mortality Rate
3-7A Breast Cancer Incidence Count (Females)		5-8 Pathology Reports for Colorectal Cancer	6-8 Chemotherapy Colorectal Cancer		6-20 Colorectal Cancer Mortality Rate
3-7 Breast Cancer Incidence Rate		5-9 Pathology Reports for Lung Cancer	6-9 Mammography After Treatment		6-21 Lung Cancer Mortality Rate
3-8A Colorectal Cancer Incidence Count		5-10 Pathology Reports for Prostate Cancer	6-10 Colonoscopy After Treatment		6-22 Prostate Cancer Mortality Rate
3-8 Colorectal Cancer Incidence Rate		5-11 Breast Cancer Staged Before Treatment	6-11 Cancer Pain Assessment		6-23 All Cancers Mortality Rate
3-9A Lung Cancer Incidence Count		5-12 Colorectal Cancer Staged Before Treatment	6-12 Cancer Patients' Prevalence of Pain		
3-9 Lung Cancer Incidence Rate		5-13 Lung Cancer Staged Before Treatment			
3-10A Prostate Cancer Incidence Count		5-14 Prostate Cancer Staged Before Treatment			
3-10 Prostate Cancer Incidence Rate					

Demonstration Partners

Georgia Cancer
Quality Information Exchange



Nancy N. and J.C.
Lewis Cancer 
& Research Pavilion
at St. Joseph's/Candler

 **PIEDMONT
HOSPITAL**
a CENTURY of BETTER CARE

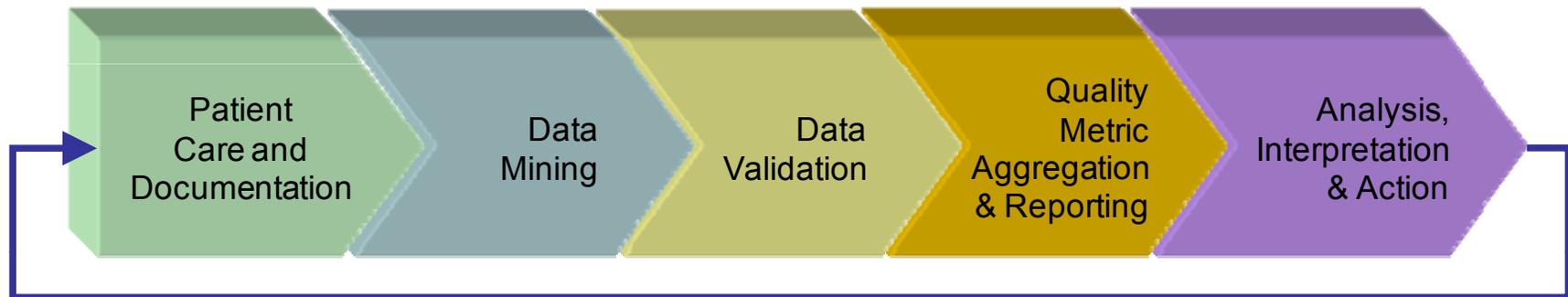
HARBIN
CLINIC 

 **Redmond**
Regional Medical Center
The Center of Attention

 **COLUMBUS
REGIONAL**
John B. Amos Cancer Center

Demonstration Projects - The Process

Georgia Cancer
Quality Information Exchange



Initial Proof of Concept:

- Demonstrated that indicators related to breast and lung cancer can be collected at provider sites

Repeatability:

- Documented initial success stories, process changes, data definitions, collection, mining and reporting strategies in a Toolkit to facilitate replication

The Exchange Dashboard:

- Aggregated data from four provider sites to populate *The Exchange* Dashboard
- Created initial Technology Vision for one community

Results: Improvements in Patient Care

Real Time Cancer Patient Staging

Community tumor board used EMR to stage patients in real time. Improved timeliness of staging for all patients prior to treatment. Ensured patients are on best treatment protocols for specific cancers.

Reduced Time to Biopsy

Reduced time from abnormal mammogram to biopsy from 21+ to less than 7 days

Improved Cancer Patient Pain Management

Physicians assumed their patients' pain was well managed, but trended data reported high levels of pain. Processes were quickly redesigned and trends tracked.

Proven Potential

- Timely dissemination of current scientific/best practice knowledge
- Improved determination of diagnosis
- Prompt optimization of treatment planning
- Education to patients regarding risky behaviors
- Outreach expansion to broad populations including those with disparities
- Communication, interaction and adoption across physician specialties and sites of care
- Reduction of variations, costs and errors through standardization of work flows
- Expansion of accrual to clinical trials
- Acceleration in patient services improvements
- Adoption of best practices locally, regionally and across the state

About Medicity

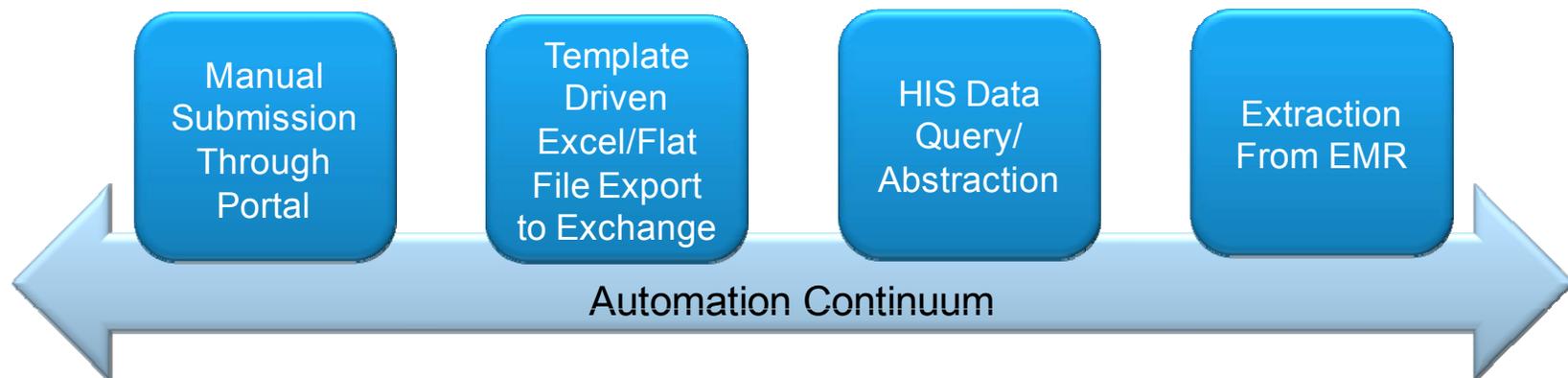
- Physician founded and managed (1998)
- 100% Healthcare Focused
- All employees dedicated to the ongoing development, marketing and support of Medicity's clinical interoperability
 - Owned, integrated clinical interoperability, care collaboration platform
 - COTS software supplier
- 700 Hospitals under 96 unique client contracts across multiple market segments
 - Health Information Exchange
 - Hospitals and Hospital Systems
- Financially Healthy
 - Profitable
 - Majority of company owned by current employees
 - Acquired 2 competitors in the last 3 years
- Relevant Industry Partnerships

Methods of Information Exchange

Georgia Cancer
Quality Information Exchange



- The Exchange is configured to accept information from all Members regardless of their level of automation

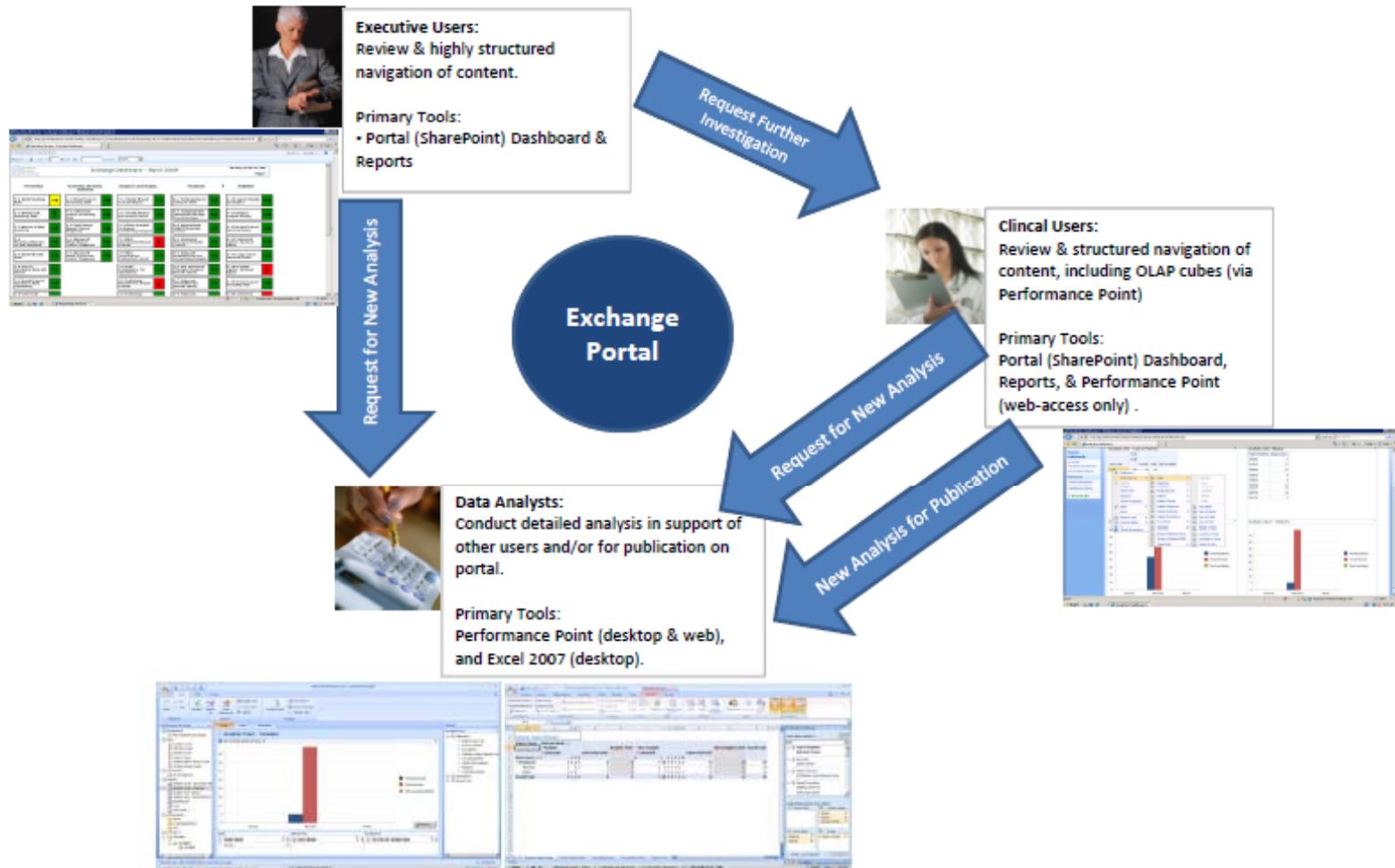


- Where HIS and EMR are used for data submission, the Exchange technology is “vendor agnostic”
- All data submission provides for de-identification and is HIPAA & HITECH compliant
- Members can view their own data and state-wide aggregated data; no Member will be able to see another Member’s information

Information Exchanged

- Patient demographics
- General clinical information: service date & location; diagnosis and procedures codes; discharge date & disposition, etc.
- Specific clinical information: smoking status & intervention(s); height, weight, pain assessment, etc.
- Cancer specific clinical information: tumor site; cancer diagnosis and staging; chemotherapy, radiation therapy and surgical procedures, etc.
- Public health information: cancer incidence, survival and mortality rates.

Reporting Capabilities



The screenshot shows a web browser window displaying the Georgia Cancer Quality Information Exchange website. The browser's address bar shows the URL: <https://www.georgiacancerexchange.org/Home/tabid/38/Default.aspx>. The website header includes the site name and logo. A navigation menu is visible with options: HOME, GCC, and EXCHANGE MEMBERS. A user profile for Phil Lamson is shown with a Logout link. A sidebar menu lists various functions: Data Submission, Reports, User Administration, Dashboards & Reports, and Nexus Manager. The main content area features a section titled "Georgia Cancer Coalition Portal" with a "Mission & Goals" section. The mission statement reads: "The mission of the Georgia Cancer Coalition is to reduce the number of cancer deaths in the state. In so doing, Georgia intends to become a national leader in cancer control by accelerating prevention, early detection, treatment and research." Below this, it states: "All of the Coalition's activities, programs, and budget have been organized around five goals:" followed by a numbered list of five goals. A small image of a test tube is visible on the right side of the page. The footer contains links for "Privacy Statement" and "Terms Of Use", and a copyright notice: "Copyright 2009 - 2010 by The Georgia Cancer Coalition, Powered by Medicity". The Windows taskbar at the bottom shows the Start button, several open applications (Windows Explorer, Microsoft Internet Explorer), and the system clock showing 10:17 AM.

HOME **GCC** EXCHANGE MEMBERS
▼
🔍

You are here: [GCC](#) > [Dashboards & Reports](#) > [Exchange Dashboard](#) Phil Lamson | [Logout](#)

Exchange Dashboard

Report: [Select Report](#)

Benchmark Name: <input type="text" value="Nation"/>	Reporting Period Type: <input type="text" value="By Month"/>	View Report
Reporting Period: <input type="text" value="August 2010"/>	Low Threshold Value: <input type="text" value="5"/>	
High Threshold Value: <input type="text" value="10"/>		

⏪ 1 of 2 ⏩ Page Width Find | Next Select a format Export 📄

Exchange Dashboard - August 2010
Thursday, September 23, 2010

Page: 1

Prevention	Screening & Early Detection	Diagnosis and Staging	Treatment &	Palliation
3-1 Adult Smoking Rate ↓	4-1 Breast Cancer Screening Rate ↑	5-1 Timely Breast Cancer Biopsy →	6-1 Participation in Clinical Trials →	6-13 Cancer Deaths in Hospice →
3-2 Adolescent Smoking Rate ↓	4-2 Colorectal Cancer Screening Rate ↓	5-2 Needle Biopsy for Breast Cancer →	6-2 Hormonal Therapy Before Prostate Surgery →	6-14 Hospice Length of Stay →
3-3 Advice to Quit ↑	4-3 Early Stage →	5-3 Clean Margins →	6-3 EBRT Dosina →	6-15 Breast →

<ps://www.georgiacancerexchange.org/GCC/DashboardsReports/ExchangeDashboard/tabid/161/>
Internet 100%

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Georgia Cancer Quality Information Exchange

HOME GCC EXCHANGE MEMBERS

You are here: GCC > Dashboards & Reports > Exchange Dashboard Phil Lamson | Logout

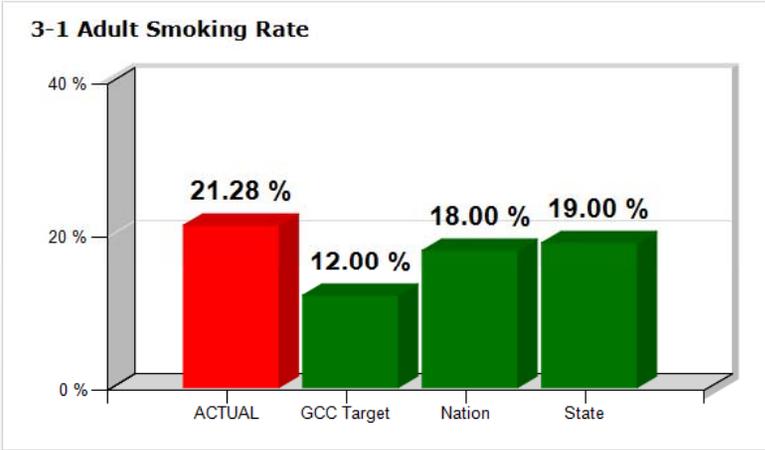
Exchange Dashboard

Report: Exchange Dashboard Select Report

1 of 1 Whole Page Find | Next Select a format Export

Indicator Ratio Comparison - August 2010

3-1 Adult Smoking Rate



Category	Rate (%)
ACTUAL	21.28 %
GCC Target	12.00 %
Nation	18.00 %
State	19.00 %

Done Internet 100%

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Georgia Cancer Quality Information Exchange

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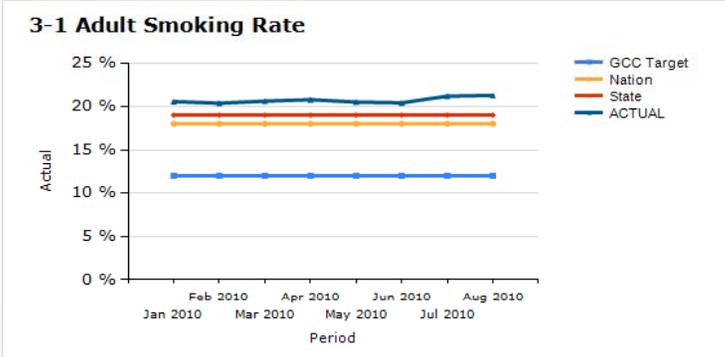
Exchange Dashboard

Report: Exchange Dashboard Select Report

1 of 1 Whole Page Find | Next Select a format Export

Indicator Ratio Trend

3-1 Adult Smoking Rate



Period	Actual	GCC Target	Nation	State
Jan 2010	12.0%	12.0%	18.0%	18.0%
Feb 2010	12.0%	12.0%	18.0%	18.0%
Mar 2010	12.0%	12.0%	18.0%	18.0%
Apr 2010	20.5%	12.0%	18.0%	18.0%
May 2010	20.0%	12.0%	18.0%	18.0%
Jun 2010	20.0%	12.0%	18.0%	18.0%
Jul 2010	21.0%	12.0%	18.0%	18.0%
Aug 2010	21.0%	12.0%	18.0%	18.0%

Home - Microsoft Internet Explorer provided by LeapFrog Services, Inc.

https://www.georgiacancerexchange.org/Home/Tabid/38/Default.aspx

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Georgia Cancer Quality Information Exchange

GEORGIA CANCER COALITION

HOME GCC EXCHANGE MEMBERS

You are **Data Submission Reports** **User Administration** **Dashboards & Reports** **Nexus Manager** Exchange Dashboard Ad Hoc Reports

Phil Lamson | Logout

Georgia Cancer Coalition Portal

Mission & Goals

The mission of the Georgia Cancer Coalition is to reduce the number of cancer deaths in the state. In so doing, Georgia intends to become a national leader in cancer control by accelerating prevention, early detection, treatment and research.

All of the Coalition's activities, programs, and budget have been organized around five goals:

1. Prevent cancer and detect existing cancers earlier
2. Provide quality care for all Georgians with cancer
3. Establish ongoing, collaborative processes for addressing cancer data and metric issues in Georgia
4. Georgia will become a destination site for cancer patients, biotechnology, and biomedical companies in the southeastern United States
5. Generate a combination of state, federal, and private funds to support the fight against cancer

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Ad Hoc Reports

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Georgia Cancer Coalition This List: Reports Library

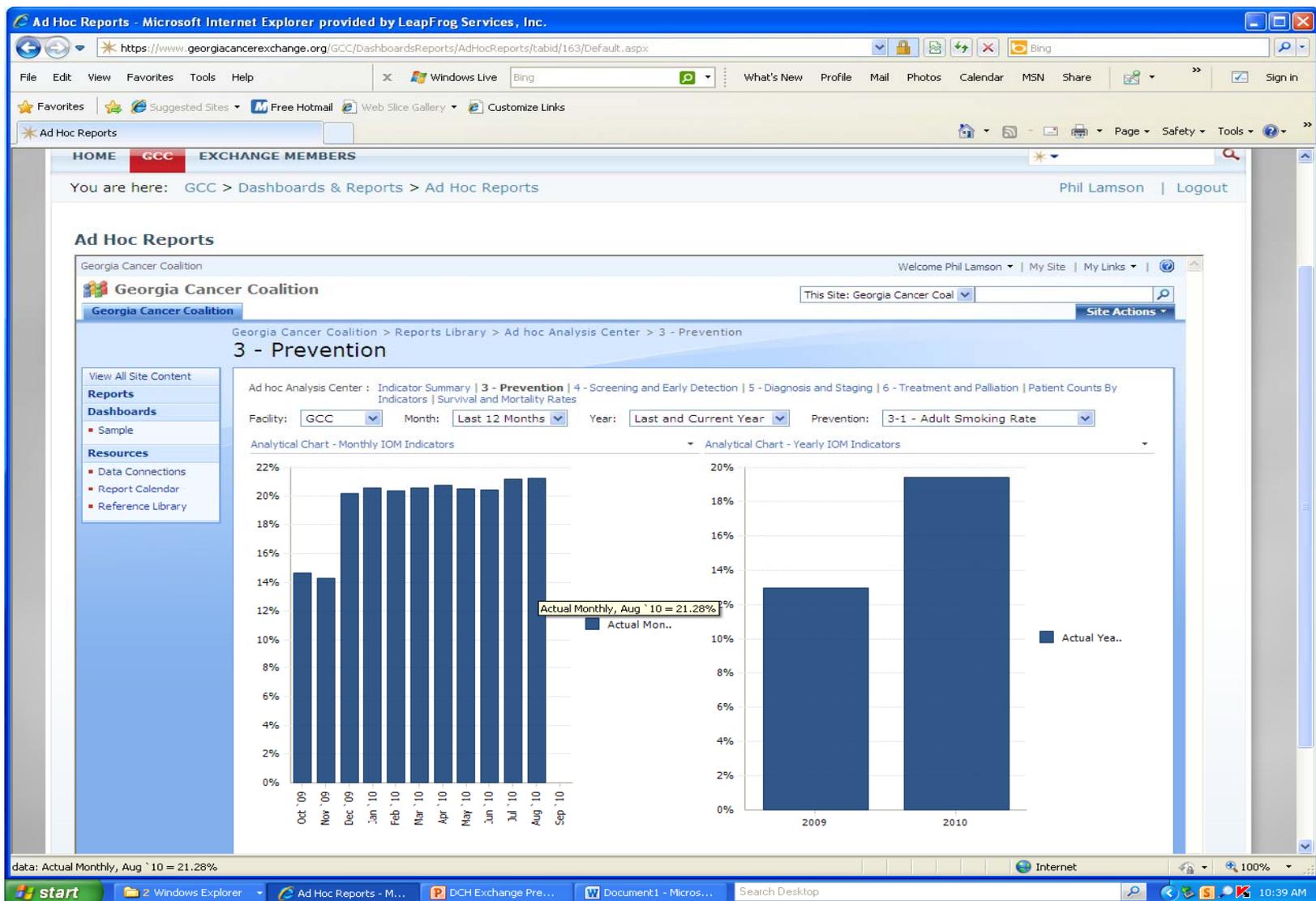
Georgia Cancer Coalition > Reports Library > Ad hoc Analysis Center

Reports Library

A report library provides enhanced support for managing reports and simplifies the creation of dashboard pages which can display Key Performance Indicators and Excel workbooks.

Type	Name	Report Status	Report Category	Report Modified	Owner	History	Report Description
	Indicator Summary			4/19/2010 6:55 PM		View History	
	3 - Prevention			4/19/2010 6:56 PM		View History	
	4 - Screening and Early Detection			4/19/2010 6:56 PM		View History	
	5 - Diagnosis and Staging			4/19/2010 6:56 PM		View History	
	6 - Treatment and Palliation			4/19/2010 6:56 PM		View History	
	Patient Counts By Indicators			4/19/2010 6:56 PM		View History	
	Survival and Mortality Rates			4/19/2010 6:57 PM		View History	

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Ad Hoc Reports - Microsoft Internet Explorer provided by LeapFrog Services, Inc.

https://www.georgiacancerexchange.org/GCC/DashboardsReports/AdHocReports/tabid/163/Default.aspx

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Ad Hoc Reports

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Ad Hoc Reports

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Georgia Cancer Coalition This Site: Georgia Cancer Coal Site Actions

Georgia Cancer Coalition > Reports Library > Ad hoc Analysis Center > 3 - Prevention

3 - Prevention

Ad hoc Analysis Center : Indicator Summary | 3 - Prevention | 4 - Screening and Early Detection | 5 - Diagnosis and Staging | 6 - Treatment and Palliation | Patient Counts By Indicators | Survival and Mortality Rates

Facility: GCC Month: Last 12 Months Year: Last and Current Year Prevention: 3-1 - Adult Smoking Rate

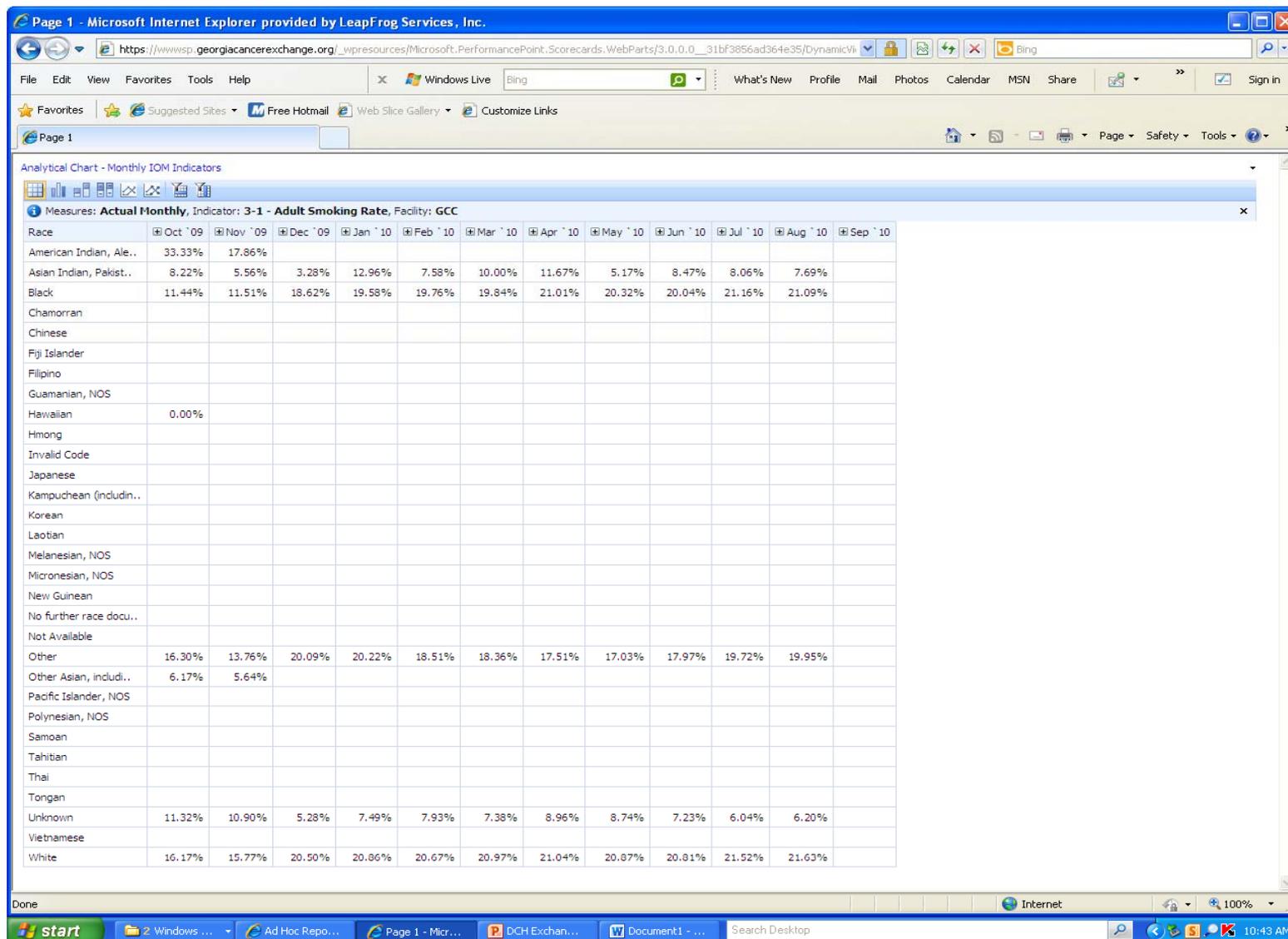
Analytical Chart - Monthly IOM Indicators

Month	Value (%)
Oct '09	~14.5
Nov '09	~14.5
Dec '09	~20.5
Jan '10	~21.0
Feb '10	~20.5
Mar '10	~21.0
Apr '10	~21.5
May '10	~21.0
Jun '10	~21.0
Jul '10	~21.0
Aug '10	21.28
Sep '10	~21.0

Analytical Chart - Yearly IOM Indicators

Year	Value (%)
2009	~13.0
2010	~19.5

data: Actual Monthly, Aug '10 = 21.28%



Exchange Dashboard

Report: [Select Report](#)

Year: [View Report](#)

Page 1 of 1 | Page Width | Find | Next | Select a format | Export

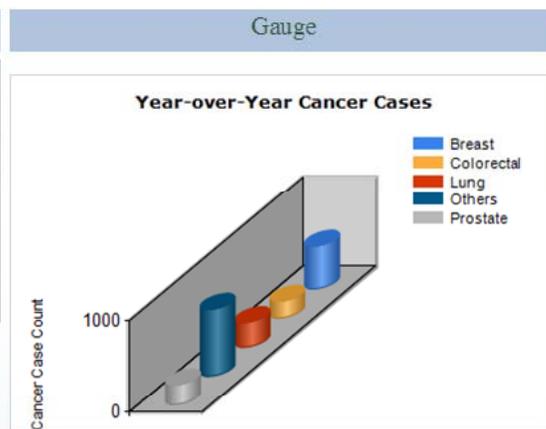


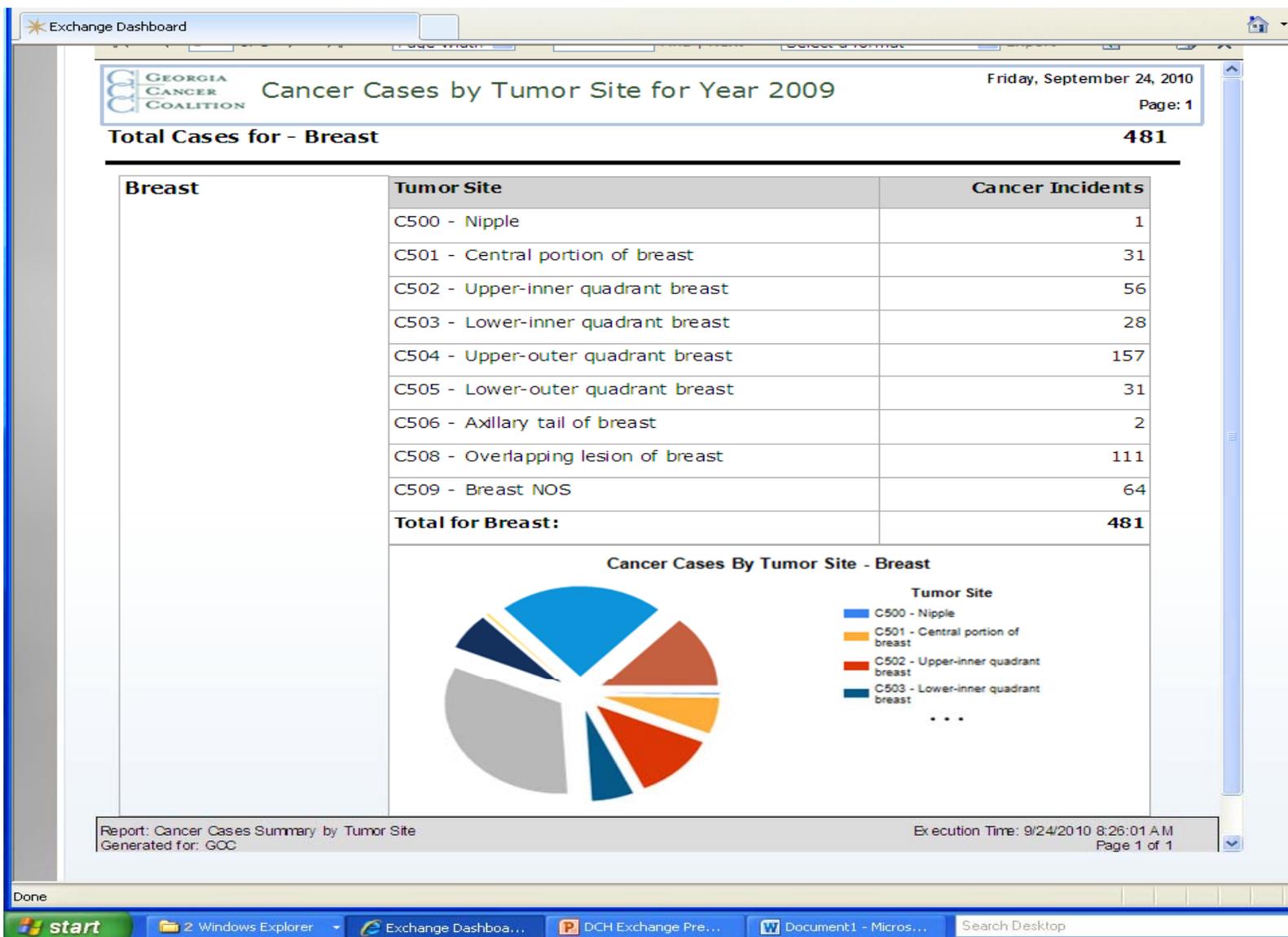
Year-over-Year Cancer Cases

Friday, September 24, 2010

Page: 1

2009	
Tumor Site Group	Cancer Count
Breast	470
Colorectal	184
Lung	270
Others	734
Prostate	223
Grand Total	1881





Exchange Dashboard

Year: 2009 Tumor Site: Colorectal [View Report](#)

Page 1 of 1 Page Width Find | Next Select a format Export

Georgia Cancer Coalition Cancer Cases by Stage of Disease for Year 2009 Friday, September 24, 2010 Page: 1

Tumor Site Group	Stage of Disease	Cancer Cases	% Stage Count
Colorectal	Not applicable	4	2.2
	Not Available	25	13.4
	Stage 0	4	2.2
	Stage I	23	12.4
	Stage IIA	29	15.6
	Stage IIB	5	2.7
	Stage IIIA	2	1.1
	Stage IIIB	19	10.2
	Stage IIIC	14	7.5
	Stage IV	19	10.2
	Unknown	42	22.6
	Group Total		186

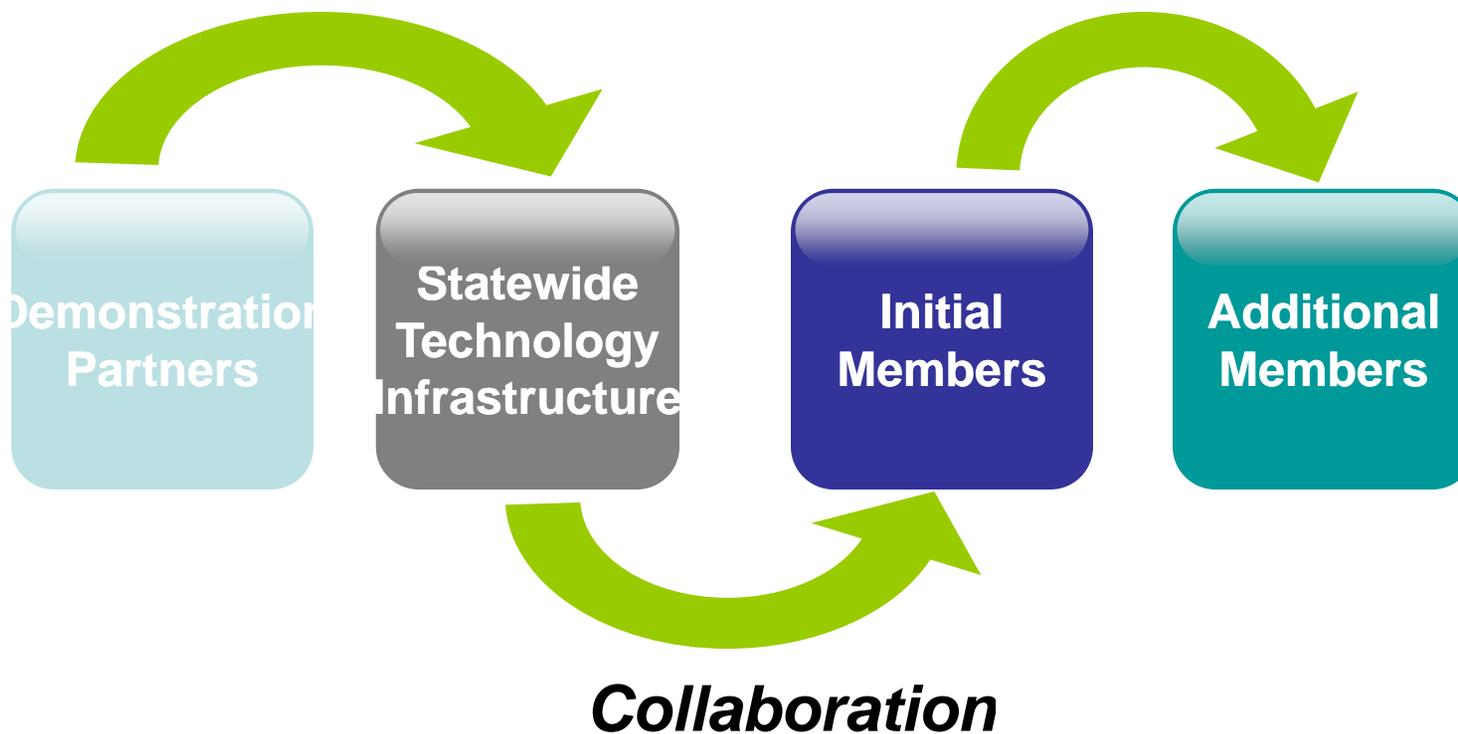
Cancer Cases by Stage of Disease

Report: Cancer Cases Summary by Stage of Disease Execution Time: 9/24/2010 8:29:49 AM
Generated for: GCC Page 1 of 1

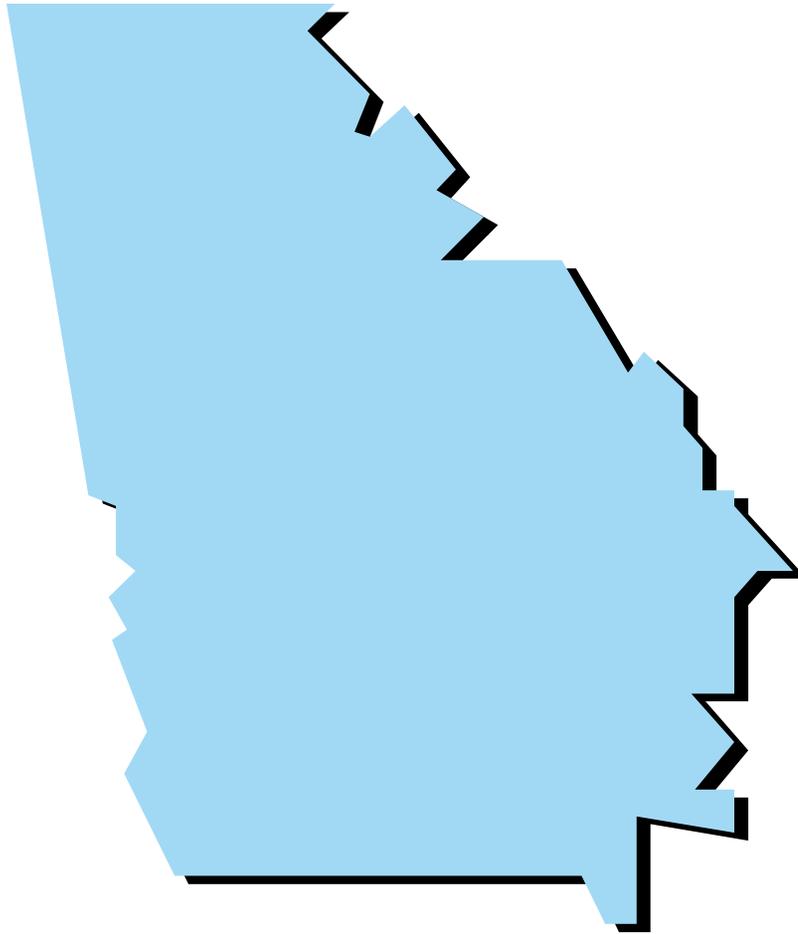
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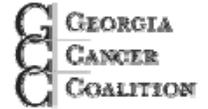
From Initial Concept to Reality



Moving Forward: From Infrastructure Development to Mainstream Rollout.



Georgia Cancer
Quality Information Exchange



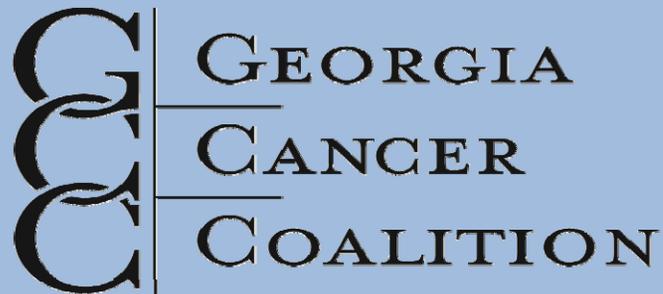
- Collaboration
 - 40 ACoS accredited cancer centers & their associated physician practices and networked hospitals
- Goals
 - 8 sites by mid-year 2011
 - Complete rollout by 2013
- Links to GCC programs
 - Clinical trials network
 - Bio-repository
 - NCCCP
 - Cancer researchers

Challenges

- Deployment
 - Approximately 40 Commission on Cancer accredited programs in state, most with associated private oncology practices
- Sustainability
 - Development costs funded by state
 - State funds no longer available
- Value Proposition
 - Cancer programs have competing priorities and limited funding
 - Value lies in future with minimal short-term ROI
 - P4P incentives currently do not exist
- Implementation
 - Requires time and talent commitments from programs

Opportunities

- Quality of cancer care improvement throughout state will drive:
 - Improved survivorship experiences for patients and care givers
 - Improved palliative care services that can lead to decreases in emergency room visits and inpatient admissions
 - Long term decreases in incidence and mortality rates
- Demonstrated quality has potential to stem outmigration of cancer patients to other states
- Incorporation of The Exchange into the broader statewide HIE effort
 - Provides experience in and reporting of quality elements for meaningful use
 - Acquired technology supports EMPI, RLS, provider portal, virtual community health record and analytics
 - Provides a consistent mechanism for quality reporting for cancer cases



Overview of the Georgia Cancer Quality Information Exchange

*Department of Community Health
HIT Town Hall Meeting*

November 4, 2010