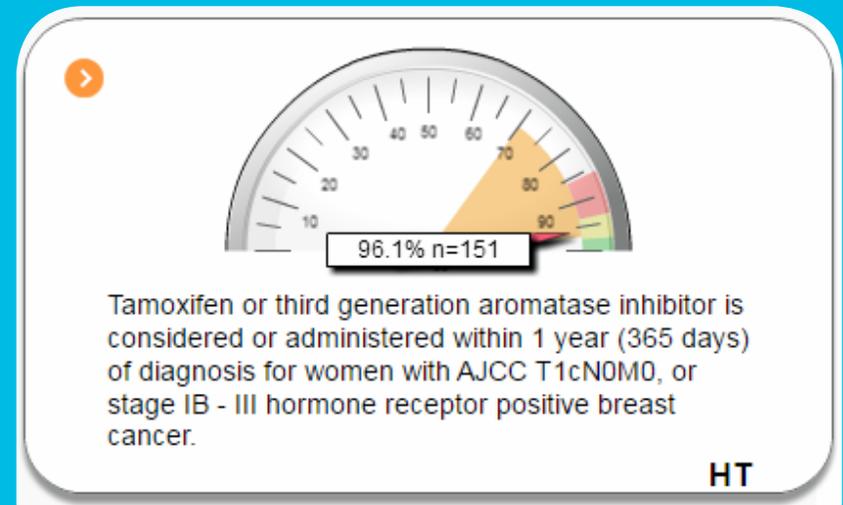


RAPID QUALITY REPORTING SYSTEM (RQRS)

GETTING STARTED

A NEW TOOL FROM
THE NATIONAL CANCER DATA BASE



AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:
Highest Standards, Better Outcomes*

100+years



WHAT IS RQRS?

The objective of the Rapid Quality Reporting System is to promote and facilitate evidence-based cancer care at Commission on Cancer (CoC)-accredited cancer programs. Participation in this program is voluntary. The RQRS serves to assess compliance with four National Quality Forum-endorsed accountability performance measures for breast and colon cancers and one quality improvement measure for colon cancer in real clinical time.

HOW DOES RQRS WORK?

The RQRS is a Web-based data-collection and reporting system. All case information reported to the RQRS is collected by cancer registries at participating programs and entered into their registry database. On a locally determined schedule, but at least quarterly, breast and colorectal cases are extracted from the cancer registry database and transmitted to the National Cancer Data Base (NCDB) using nationally standardized data transmission specifications established by the North American Association of Central Cancer Registries. No additional capital investment is necessary to participate in the RQRS.

HOW ARE THE PERFORMANCE RATES UPDATED?

Reports available through the RQRS are based exclusively on the case records reported from the participating program's cancer registry. Case records in the RQRS can be modified or updated via a resubmission of cases from the local cancer registry. Participating programs are responsible for monitoring and updating case records and may use the Alerts and Case Listing features of the RQRS to manage and facilitate any necessary updates.

WHAT DOES RQRS DO FOR PATIENT CARE?

Cancer programs participating in RQRS receive real clinical time alerts for individual cases in which pending adjuvant treatment has not been reported to the system. These alerts have been developed to provide a warning system for cancer programs to prevent patients from "slipping through the cracks."

BUSINESS CONCERNS

Implementation of the RQRS is consistent with and honors the agreed upon terms outlined in the Business Associate Agreement between CoC-accredited programs and the American College of Surgeons regarding the use of data submitted to the CoC.



Performance Measures

BREAST

- BCS:** Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast-conserving surgery for breast cancer.
- MAC:** Combination chemotherapy is considered or administered within four months (120 days) of diagnosis for women under 70 with AJCC T1cNoMo, or Stage IB–III hormone receptor-negative breast cancer.
- HT:** Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1cNoMo, or Stage IB–III hormone receptor-positive breast cancer.
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COLON

- ACT:** Adjuvant chemotherapy is considered or administered within four months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node-positive) colon cancer.
- 12RLN:** At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.

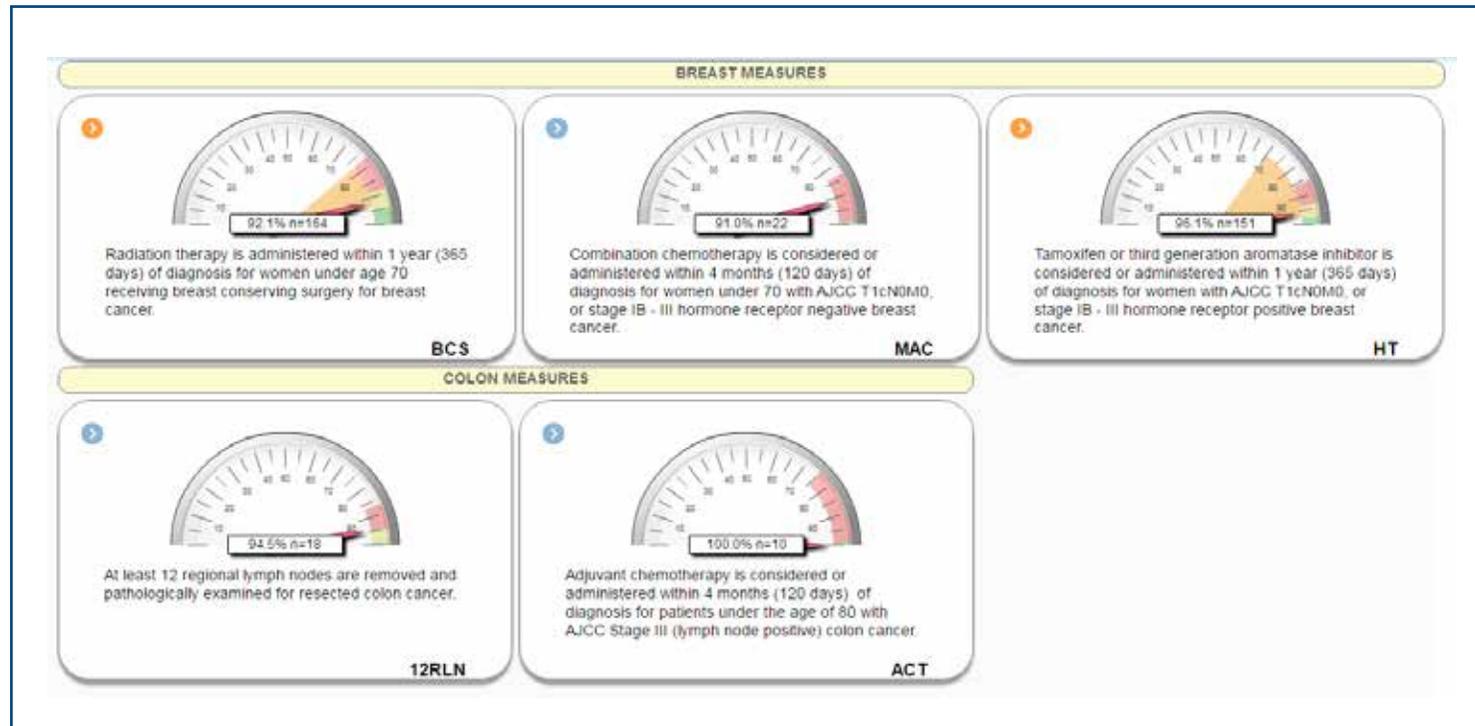
By participating in RQRS, your cancer program can:

- Improve patient care with access to real clinical time performance rates.
- Evaluate historical performance to compare with current practice.
- Use the information in RQRS to develop real clinical time interventions to enhance the quality of care in your cancer program.
- Monitor and prevent patients from experiencing a delay in treatment or catch patients who are at risk of “slipping through the cracks.”
- Compare performance rates in your cancer program with other participating cancer programs.
- Encourage timely and accurate collection of adjuvant treatment information.
- Negotiate favorable reimbursement rates with payors through demonstrating current practices.

RQRS Tools

- **YEAR-TO-DATE PERFORMANCE DASHBOARDS:** The rates shown in these dials reflect the proportion of cases for which adjuvant therapy was expected to have started within the previous 365 days. The rate shown for the removal of 12 regional lymph nodes in the colon cancer measure reflects cases diagnosed within the previous 365 days. The rates are updated daily, based on the most recent data submission.
- **ALERTS LIST:** These color-coded lists highlight patient-specific expected adjuvant therapy. Colors range from white to dark red depending on how many days remain for an eligible case to receive adjuvant therapy in accordance with the performance measure. These lists of individual case profiles may be printed to facilitate follow-up on patient treatment status.
- **CASE LISTS:** Every case reported to RQRS can be reviewed and is classified as concordant, nonconcordant, suspense (pending adjuvant treatment), incomplete, or note applicable for each performance measure by year of diagnosis.
- **MONTHLY ALERTS REPORTS:** On the first Monday of each month, an aggregated report of cases with orange, red, and dark red alerts for each performance measure is e-mailed to key personnel in your cancer program.
- **COMPARISON REPORTS:** Tables and graphs compare annual and quarterly performance rates by state, region, or type of cancer program. Reports may be aggregated or stratified by available demographic and case information.

RQRS Dashboards: Year-to-Date Performance Rates



These dials show the year-to-date performance rates for the performance measures. The rate shown for the removal of 12 regional lymph nodes in the colon cancer measure includes cases diagnosed within the previous 365 days. The remaining four dials represent the proportion of cases for which adjuvant therapy was expected to have started within the previous 365 days. These rates are updated daily, based on the most recent data submissions.

RQRS Alerts

A critical and unique feature of the RQRS is its alert system. Four measures call for either medical or radiation oncology care within a specified number of days following diagnosis. Color-coded alerts are assigned to each case based on the time until expected treatment is due. These colors range from white (recent diagnoses) to dark red (adjuvant treatment past due).

Monthly Alerts Reports are e-mailed to participating programs the first Monday of each month with an aggregate count of orange, red, and dark red alerts for each measure.

ALERTS MAY BE USED TO:

- Identify patients who are expected to receive adjuvant therapy so that intervention can be timely.
- Spot patients who are at risk of “slipping through the cracks.” Particular attention may be paid to ensure these cases receive adjuvant treatment.
- Facilitate review, as alerts can be sorted by accession number or alert color.
- Shared with the cancer care team and physicians and discussed at cancer conferences or in cancer committee meetings.

RQRS Alerts

BREAST CANCER: RECEIPT OF RADIATION FOLLOWING BREAST-CONSERVING SURGERY

Acc#	Seq#	Alert Status	Related Measures	Notes
201000882	00	RT assumed not administered, date started not reported and 104 days beyond 180 days following diagnosis		
201000429	00	Lapsed HT Rx reporting; 45 days beyond 365 days following diagnosis		
201000901	00	Incomplete Rx data; HT expected to be received within 55 days (365 days following diagnosis)		
201000975	00	Incomplete Rx data; HT expected to be received within 41 days (365 days following diagnosis)		
201001022	00	Incomplete Rx data; RT expected to be received within 40 days (365 days following diagnosis)	HT	
201001022	00	Incomplete Rx data; HT expected to be received within 40 days (365 days following diagnosis)	BCS	
201000885	00	Incomplete Rx data; HT expected to be received within 35 days (365 days following diagnosis)		
201000880	00	Incomplete Rx data; HT expected to be received within 28 days (365 days following diagnosis)		
201000548	00	Incomplete Rx data; HT expected to be received within 20 days (365 days following diagnosis)		
201001340	00	Incomplete Rx data; RT expected to be received within 166 days (365 days following diagnosis)	HT	
201001270	00	Incomplete Rx data; RT expected to be received within 165 days (365 days following diagnosis)		
201001305	00	Incomplete Rx data; RT expected to be received within 153 days (365 days following diagnosis)		
201001177	00	Incomplete Rx data; RT expected to be received within 138 days (365 days following diagnosis)		
201001107	00	Incomplete Rx data; HT expected to be received within 133 days (365 days following diagnosis)		
201001169	00	Incomplete Rx data; RT expected to be received within 125 days (365 days following diagnosis)	HT	
201001169	00	Incomplete Rx data; HT expected to be received within 125 days (365 days following diagnosis)	BCS	
201100036	00	Incomplete Rx data; HT expected to be received within 119 days (365 days following diagnosis)	BCS	
201100036	00	Incomplete Rx data; RT expected to be received within 119 days (365 days following diagnosis)	HT	
201001106	00	Incomplete Rx data; HT expected to be received within 117 days (365 days following diagnosis)		

The color-coded circles on the left indicate the urgency of expected treatment for each patient if they are to remain concordant with this performance measure.

RQRS Monthly Alerts Reports

An aggregated list of the number of cases with orange, red, and dark red alerts for each measure will be e-mailed to key members of your cancer program on the first Monday of each month.

Breast	
Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.	
8	Patients were diagnosed over 365 days ago; RQRS has no record of receipt of radiation therapy. According to this measure treatment is now past due.
12	Patients were diagnosed over 275 days ago. To remain concordant with this measure, patients must receive radiation therapy in less than 90 days.
10	Patients were diagnosed over 185 days ago. To remain concordant with this measure, patients must receive radiation therapy in less than 180 days.
Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or Stage II or III hormone receptor positive breast cancer.	
6	Patients were diagnosed over 365 days ago; RQRS has no record of hormone therapy consideration or administration for these patients. According to this measure treatment for these patients is now past due.
24	Patients were diagnosed over 290 days ago. To remain concordant with this measure there are less than 75 days remaining for these patients to consider or be administered hormone therapy.
20	Patients were diagnosed over 215 days ago. To remain concordant with this measure there are less than 150 days remaining for these patients to consider or be administered hormone therapy.

Comparisons

The time trend comparison pictured shows the performance rate by quarter for each of the colon measures for *Cancer Program A* compared with the average for all cancer programs participating in RQRS. Comparisons may be made with all programs, by cancer program characteristics, by location, or by patient demographics.



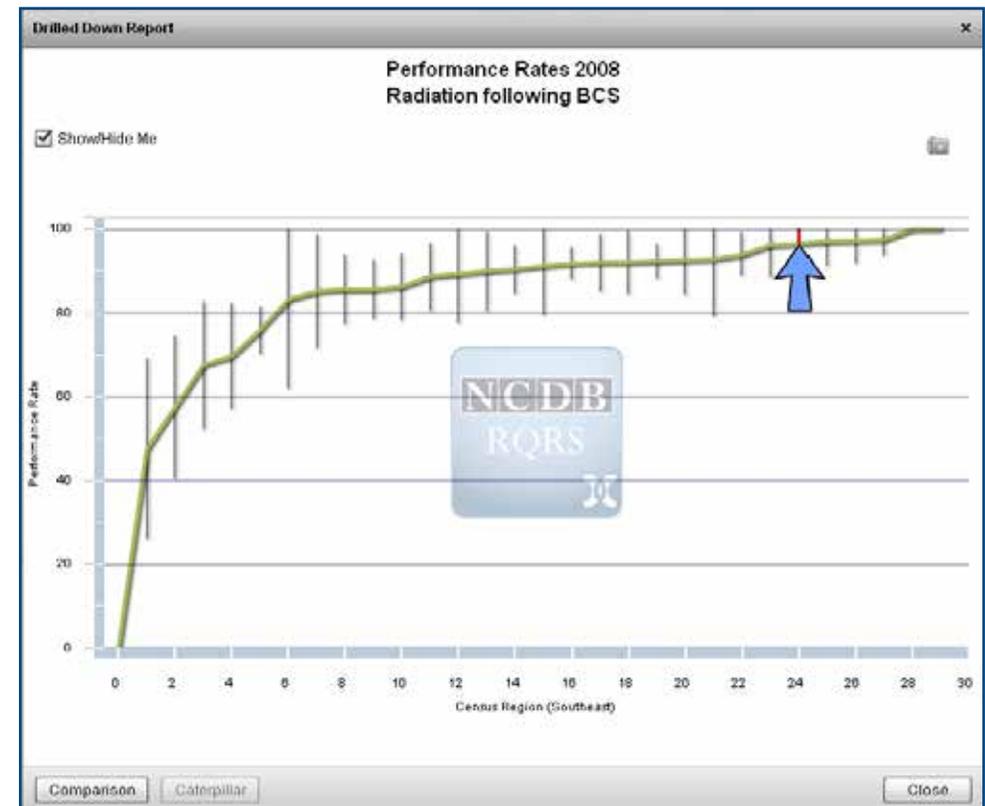
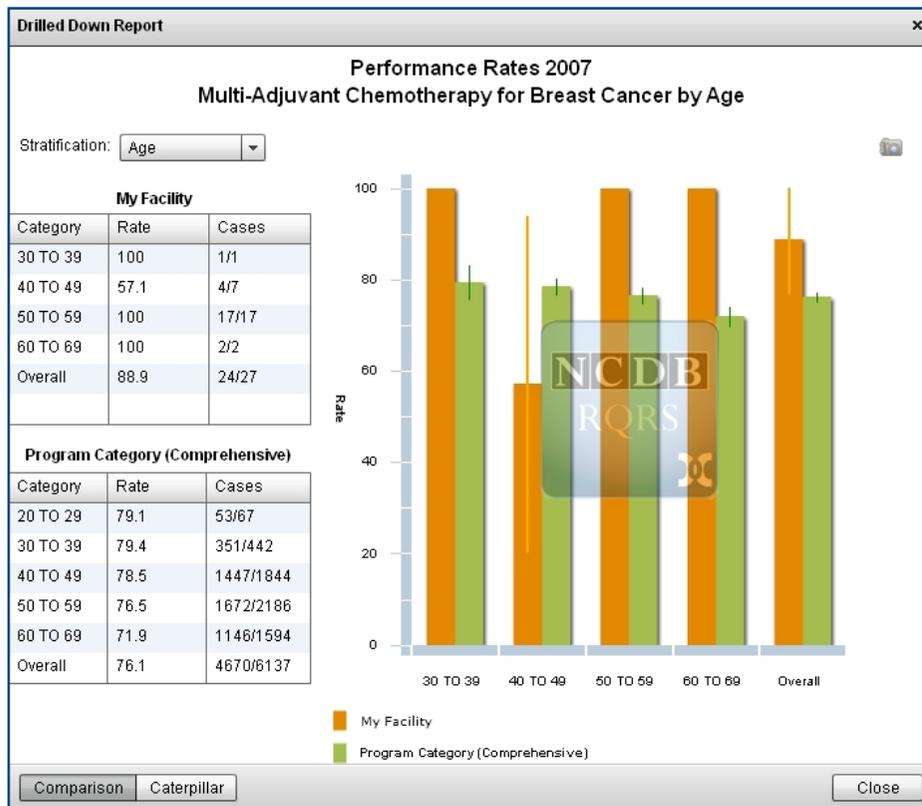
ENSURING ACCURATE PERFORMANCE RATES FOR YOUR CANCER PROGRAM

- In order for comparisons to be reliable, participating RQRS facilities must submit RQRS case information on a regular and timely schedule.
- On a locally determined schedule, cancer registrars should review cases with alerts to determine if new treatment information is available and can be updated in the registry database and re-submitted to RQRS. Submissions are required on a quarterly basis; the CoC recommends monthly data submissions.



Comparisons

Compare your cancer program's performance rates with other RQRS participating cancer programs for the previous quarter or year, or use the data to look at your program's performance over time. Comparisons may be made by hospital type, geographic location, and organizational or business affiliation. Comparison rates are recalibrated every quarter and can be stratified by patient and clinical characteristics.



Who Recommends RQRS to Colleagues at Other Cancer Programs?

Program Registrars	75%
Program Administrators	88%
Cancer Committee Chairs or CoC Liaison Physicians	83%
Overall	80%

Based on survey responses from RQRS beta test participants.

"[RQRS] has become an excellent tool to help us prevent patients from falling through the cracks regarding their treatment."

~ RQRS Beta Test Hospital Registrar

RQRS Requires Active Participation

Feedback from the RQRS participants has shown that RQRS works best in programs with active engagement of all participants within the cancer program. Cancer programs that reported the highest levels of satisfaction with RQRS also noted high levels of physician collaboration and acceptance. The cancer registrars in these programs also reported a positive impact on patient care from their efforts working with RQRS.

By utilizing RQRS, the cancer registry can change from being a passive reporting tool to an active patient alert and compliance resource.

Cancer programs enrolling in the RQRS should expect to support a change in the way the cancer registry operates for breast and colon cancer case abstracting.

"The physicians are interested in looking at the data closer than 2006 or 2007. They were interested when I distributed the information and presented it to the cancer committee. I feel the alert system is a good system if we can find a way to implement it in the hospital setting and have it overseen by physicians."

~ Cancer Registrar



"[My favorite part of RQRS is] seeing our compliance percentages improve and knowing our patients are receiving quality care."

~ Cancer Registrar

"I think [RQRS] is good for the institution. It serves to compare their own practice with the accepted norms and accomplishes it in real time instead of retrospective data. Patients obtain benefits from the real-time correction."

~ Cancer Physician



Operational Considerations

RQRS provides a unique mechanism that cancer programs can use to monitor cancer treatment in real clinical time. Its use may introduce changes in the way the cancer registry functions, and it may require time for registry personnel to develop new working routines in order to optimize the program's experience.

Half of RQRS participating registries stated they spend as much as six hours a week working on RQRS cases, once they have integrated RQRS into their work routine. Adequate staffing and support of the registry is necessary for RQRS participation to work most effectively. This requirement is particularly important during the initial phases of participation. Registries should be encouraged to adopt concurrent abstracting methodologies in order to optimize RQRS participation.

POTENTIAL CHANGES IN REGISTRY OPERATIONS

- Concurrent abstraction may take time to master.
- RQRS cases are followed from diagnosis through the end of treatment, which can be as much as one year after diagnosis.
- Registrars may need to follow up with treating physicians regularly to determine the treatment status of RQRS cases with alerts.
- RQRS case alerts may be reviewed in cancer conferences or at cancer committee meetings.

How Does My Cancer Program Participate in RQRS?

RQRS ELIGIBILITY

Before enrollment a cancer program must:

- Be currently CoC accredited.
- Be sure the Cancer Committee Chair (CCC), Cancer Liaison Physician (CLP), Cancer Program Administrator (CPA), and Hospital Registrar (HR) in your cancer program all have current contact information on file with the CoC and each person has a CoC Datalinks log-in.

*If contact information is out of date, it must be updated in the Manage Contacts portion of CoC Datalinks prior to RQRS enrollment.

Work station capabilities:

All RQRS users' workstations must be equipped with Adobe Flash Player v10.3 and one of the following Internet browser programs:

- Internet Explorer 8 and above
- Google Chrome 13.0 and above
- Mozilla Firefox 3.6 and above
- Safari 5.2

RQRS Enrollment Steps

Participation in RQRS is free and voluntary. Before initiating RQRS enrollment, the CCC, CLP, CPA, and HR should all agree to participate in RQRS. Enrollment by each of these individuals is required for a cancer program to be registered to use RQRS.

Registering for RQRS is easy. Please follow these steps:

1. Any of the following individuals in your cancer program, the CCC, CLP, CPA or HR, may initiate RQRS program registration by logging into CoC Datalinks and clicking on "RQRS."
2. The individual who initiates RQRS registration must review and confirm contact information for the CCC, CLP, CPA, and HR at his or her cancer program.
3. The initiator will proceed with his or her individual enrollment. The remaining required cancer program staff (CCC, CLP, CPA, and/or HR) will receive an e-mail prompting them to complete their individual enrollment for RQRS.
4. Each individual's enrollment should be completed within eight weeks.
 - Individual enrollment by the CCC, CLP, CPA, and HR is required to ensure all members of the cancer program understand the responsibilities and value of RQRS participation. This novel program requires support from the entire cancer program to achieve the greatest possible impact on quality improvement and patient care.
5. Once a cancer program has been notified it is registered for RQRS, it may begin submitting cases to RQRS the following business day.
 - RQRS-eligible breast and colorectal diagnoses must be submitted within three months of registration completion to remain enrolled.
6. All members of the cancer program with CoC Datalinks access will be able to view and use the RQRS.

Detailed instructions can be found at www.facs.org/quality-programs/cancer/ncdb/qualitytools/rqrs.



Software and Data Submission

Cases are transmitted to RQRS via established secure electronic data transmission protocols used by the NCDB since 2001. Transmission files for RQRS must be in the same format as that used for the NCDB annual call for data. Please consult with the technical/customer support representatives of your cancer registry software vendor if you have any questions about preparing transmission files consistent with these requirements.

Case records in the RQRS can be modified or updated via a resubmission of cases from the local cancer registry. On a locally determined schedule, cancer programs submit data from their registry to the RQRS.

RQRS CASE SELECTION

- Only cases diagnosed on **January 1, 2008**, and later can be accepted.
- Primary site of **breast (C50.0–C50.9), colon (C18.0, C18.2–C18.9), rectum (C20.9)**, or any combination thereof. Cases not meeting these site code criteria will not be passed through to the RQRS reporting application.
- Analytic case (class of case 00, 10, 11, 12, 13, 14, 20, 21, 22).
- Do not filter cases for submission to the RQRS using any criteria other than diagnosis date and primary site of disease.

For more specific instructions, view the [RQRS Date Submissions document](#).



RQRS Staff Contact Information

Please send your RQRS questions or comments to NCDB_RQRS@facs.org,
or post your question to the CAnswer Forum.

