

SYMPOSIUM ESSENTIALS

The 2016 Gastrointestinal (GI) Cancers Symposium continues to build on the successes of the past decade while improving the standard program format. This year's program is based on the theme: "Insight on Novel Mechanisms and Precision Care."

"The objective of the meeting is to provide an invigorating multidisciplinary perspective from leading international experts in gastrointestinal cancers encompassing screening, diagnosis, and treatment, and promising methodology for all levels of health care providers," said Cathy Eng, MD, FACP, Steering Committee chair.



Dr. Cathy Eng

Electronic Question & Answer (eQ&A)

eQ&A will be available in every General Session. Submit questions online at any point during the session. Questions will be held until the end of the session.

Online Instructions

- Connect to the Internet using the free Symposium Wi-Fi.
- In your web browser, go to pollev.com/gi16. The screen will update automatically when eQ&A is open.
- Type the presenter's name and your question into the dialogue box, and select "Submit Response."

Audience Response System (ARS)

Use ARS technology to weigh in and compare your treatment decisions to those of your colleagues. It's easy to participate online using a smartphone, tablet, or laptop. Connect to ARS at the beginning of ARS-enabled sessions to ensure you join the discussion.

Online Instructions

- Connect to the Internet using the free Symposium Wi-Fi.
- Open a web browser and go to pollev.com/gi16.
- The screen will update automatically when the presenter displays a poll.
- Select your response. ●

ASCO Policy Statement on Genetic, Genomic Testing

ASCO recently issued an updated policy statement on genetic and genomic testing for cancer susceptibility. Published in *Journal of Clinical Oncology*, the statement reviews the ways in which new technologies are transforming the assessment and identification of inherited cancer susceptibility and makes a series of recommendations for the optimal deployment of these technologies in oncology practice. Read the full statement on jco.ascopubs.org. ●

QOPI Participation

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care. In our center, the Mount Sinai Health System, we found that the most frequent areas of deficiency resided in documentation of oral chemotherapy compliance, provision of treatment summaries to patients completing curative-intent chemotherapy, evaluation of emotional distress, and adequate management of fertility issues in patients of child-bearing potential. Identification of areas of deficiency is one of the principal advantages of QOPI participation because it promotes modification of clinical practice to improve the overall quality of care. In our center, this led to the development of new, formal policies to monitor patients receiving oral chemotherapy and the incorporation of a treatment summary template into the electronic health record (EHR). It also resulted in numerous improvements in our electronic note templates

to capture issues related to emotional distress and fertility counseling. Optimizing fertility counseling is still a work in progress as we, along with most practices,⁴ strive to achieve a higher standard.

A GI oncology practice will encounter numerous challenges when embarking on a QOPI participation or certification journey. Policies and procedures for the overall practice must be reviewed, reconciled, and potentially modified to meet QOPI standards, because separate policies for only the GI practice would be cumbersome and confusing to staff. Modifications to the EHR may be required to capture QOPI-specific data elements and will certainly be needed as ASCO moves to an electronic submis-



Quality Cancer Care: Pursuing Excellence

Table 1. Summary of QOPI Attributes for Gastrointestinal Oncology

Modules Relevant to GI Oncology	Pitfalls Identified at Mount Sinai	Challenges for GI Oncology Practices	Overall Benefits
Core	Oral chemotherapy documentation	No disease-specific modules other than CRC	Improved documentation
CRC	Provision of treatment summaries	Reconciliation of policies and procedures within the larger practice	Identification of areas below expectations for high-quality care
Symptom management	Evaluation of emotional distress	eQOPI readiness: modifications to EHR	Modification of clinical practice in areas with identified deficiencies
End-of-life care	Addressing fertility issues adequately	Time commitment for physicians and staff	Facilitation of PQRS reporting

Abbreviations: CRC, colorectal cancer; EHR, electronic health record; GI, gastrointestinal; PQRS, Physician Quality Reporting System; QOPI, Quality Oncology Practice Initiative.

sion platform (i.e., eQOPI). Finally, because chart abstraction requires manual review of either paper or electronic records, QOPI requires a substantial time commitment on the part of physicians, nurses, mid-level providers, and staff.

In my opinion, the benefits of QOPI participation and certification for a GI oncology practice far outweigh the disadvantages. In addition to improving both documentation and the actual quality of care delivered, QOPI has been deemed a standard registry by the Centers for Medicare and Medicaid Services and a Qualified Clinical Data Registry (QCDR) reporting mechanism for 2015. Practices can now fulfill their Physician Quality Reporting System reporting requirements through QOPI for the oncology measures group.⁵ Additionally, ASCO will offer QCDR for a number of

practices through an ongoing eQOPI pilot initiative.

In the future, I hope that ASCO adds either additional disease-specific modules to QOPI or a general GI (non-CRC) cancer module. I also look forward to the expansion of eQOPI and the coordination with various EHR vendors to minimize the need for local EHR modifications that would require additional time and resources. ●



About the Author:

Dr. Holcombe is chief medical officer-cancer for the Mount Sinai Health System and deputy director of the Tisch Cancer Institute. He is on the *Journal of Oncology Practice* editorial board and has been an ASCO member since 2000.

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2. Holcombe RF. Expert editorial, p25C. *ASCO Daily News*. June 1, 2014.
3. ASCO Institute for Quality. Summary of Current QOPI Measures. asco.org/institute-quality/summary-current-qopi-measures. Accessed September 20, 2015.
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ARTICLE HIGHLIGHTS

- The Quality Oncology Practice Initiative (QOPI®) facilitates improved documentation and identification of areas that are below expectations for high-quality care.
- QOPI certification for gastrointestinal (GI) oncology alone can be challenging because there are only four QOPI modules applicable to GI cancers, and all four must be completed with sufficient numbers of patient cases abstracted for each.
- QOPI has been deemed a standard registry by the Centers for Medicare and Medicaid Services and a Qualified Clinical Data Registry reporting mechanism for 2015.

Cancer Care in Turkey

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Joint Session on Multidisciplinary Management of Gastrointestinal Cancers in Istanbul. Most of the session attendees were fellows and early-career faculty in Turkey, and they found it very helpful. My relationships with Drs. Philip and El-Rayes created the potential for future educational and research collaborations between our institutions. I feel that the IDEA program provided me an invaluable opportunity. The long-

lasting relationships I have developed with ASCO and my mentors are a tremendous resource for me and my country. ●

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4. GLOBOCAN 2012: Estimated Cancer Incidence, Mortality, and Prevalence Worldwide in 2012. International Agency for Research on Cancer. globocan.iarc.fr/Pages/fact_sheets_cancer.aspx. Accessed October 1, 2015.
5. Aykan NF, et al. *Turk J Gastroenterol*. 2015;26:145-53.