

2015 Cancer Program Practice Profile Reports (CP³R)

The Web-based Cancer Program Practice Profile Reports (CP³R) offer local providers comparative information to assess adherence to and consideration of standard of care therapies for major cancers. This reporting tool provides a platform from which to promote continuous practice improvement to improve quality of patient care at the local level and also permits hospitals to compare their care for these patients relative to that of other providers. The aim is to empower clinicians, administrators, and other staff to work cooperatively and collaboratively to identify problems in practice and delivery and to implement best practices that will diminish disparities in care across Commission on Cancer (CoC)-accredited cancer programs.

The CP³R provides feedback to Commission on Cancer (CoC) accredited cancer programs to:

- Improve the quality of data across several disease sites
- Foster preemptive awareness of the importance of charting and coding accuracy
- Improve clinical management and coordination of patient care in the multidisciplinary setting

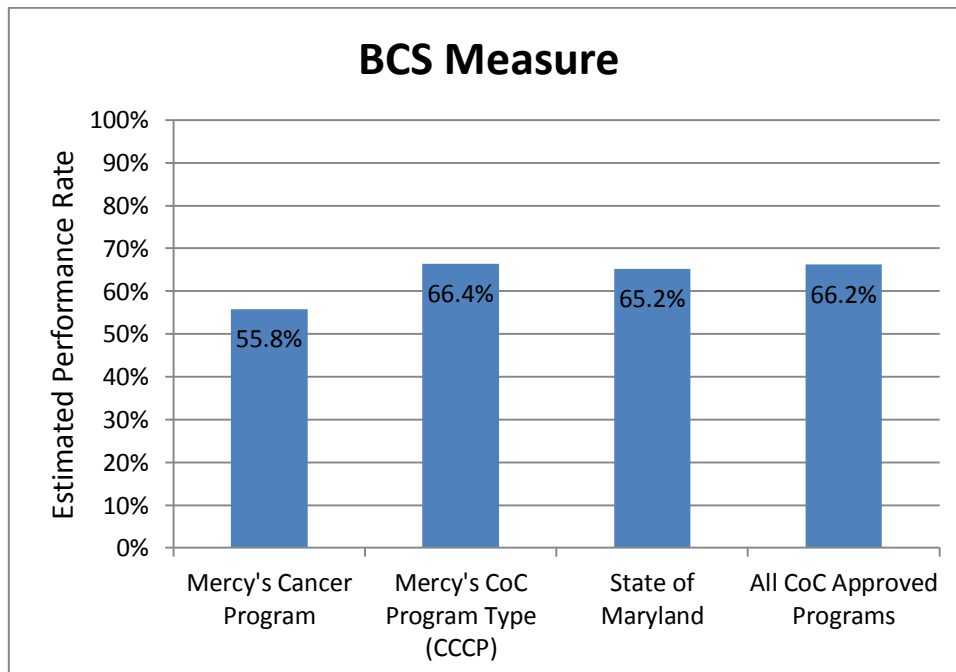
In addition, the CP³R has been specifically incorporated into the CoC Cancer Program Standards: Ensuring Patient-Centered Care, 2016 Edition Standards 4.4 and 4.5 where each year Cancer Committees are required to review the quality of patient care using the CP³R to evaluate care within and across disciplines, to discuss successful processes, and to evaluate how processes can be improved to promote evidenced-based practice. The Cancer Committee is expected to address performance rates that fall below specific thresholds established by the CoC. Evidence of this monitoring activity must be documented in the Cancer Committee minutes.

There are three types of CP³R measures; accountability, quality improvement, and surveillance.

- **Accountability:** High level of evidence supports the measure, including multiple randomized control trials. These measures can be used for such purposes as public reporting, payment incentive program, and the selection of providers by consumers, health plans, or purchasers.
- **Quality Improvement:** Evidence from experimental studies, not randomized control trials supports the measure. These are intended for internal monitoring of performance within an organization.
- **Surveillance:** Limited evidence exist that supports the measure or the measure is used for informative purposes to accredited programs. These measures can be used to identify the status quo as well as monitor patterns and trends of care in order to guide decision-making and resource allocation.

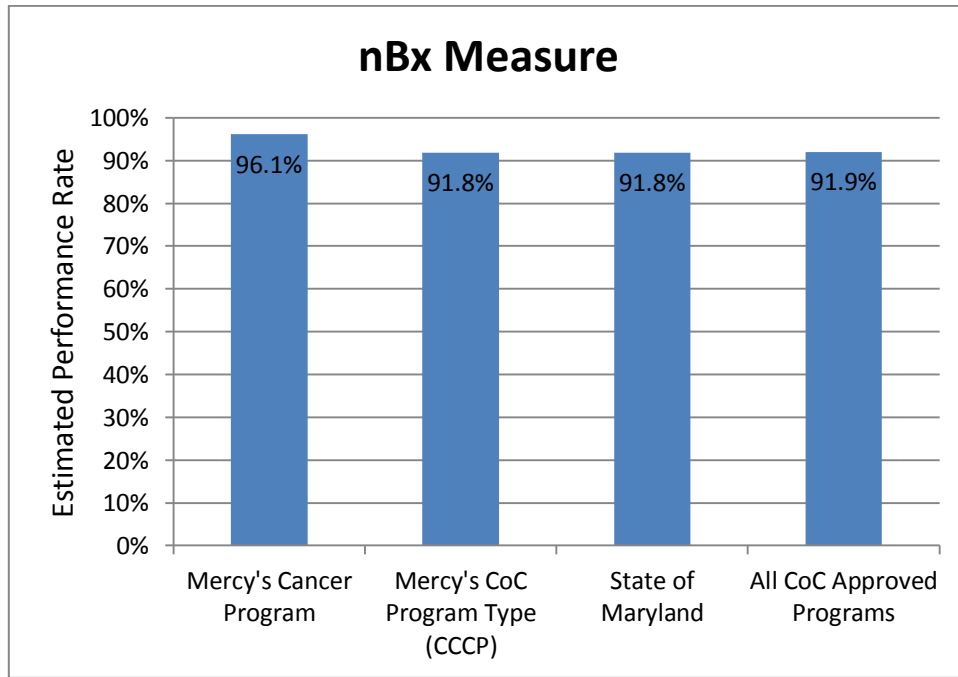
Please find below the results of the 2015 CP³R measures along with a definition and type of each measure:

BCS – Breast conservation surgery rate for women with AJCC Clinical Stage 0, I, or II breast cancer (Surveillance)



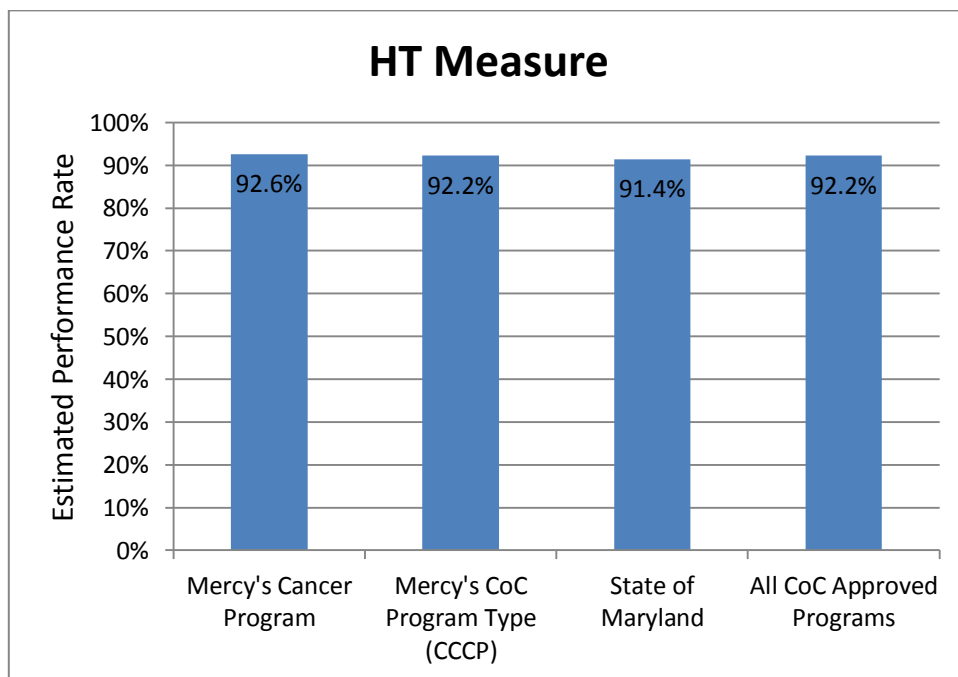
There is no specific performance rate that must be met to comply with the CoC requirement for this measure. As you can see from the graph above, Mercy's breast conservation rate is lower than the other groups; however, many times women choose to have a mastectomy with reconstruction rather than breast conservation, as we have highly skilled physicians in the Plastics and Reconstructive Surgery.

nBx – Image or palpation-guided needle biopsy (core or FNA) of the primary site is performed to establish diagnosis of breast cancer (Quality Improvement)



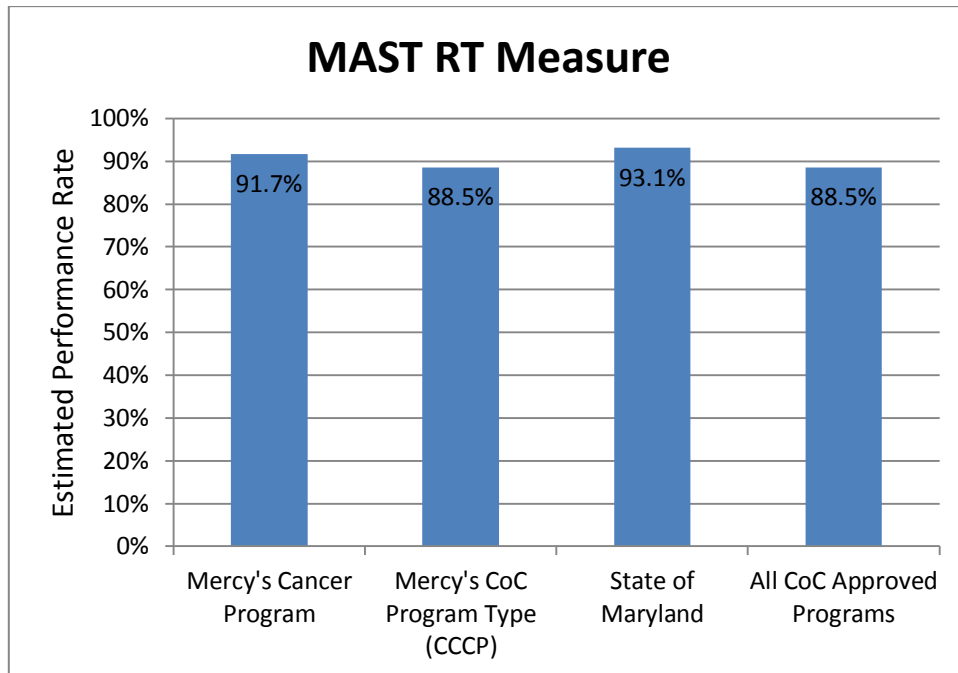
The CoC requires an 80% performance rate, which Mercy far exceeds, as shown in the graph above.

HT – Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or Stage IB-III hormone receptor positive breast cancer (Accountability)



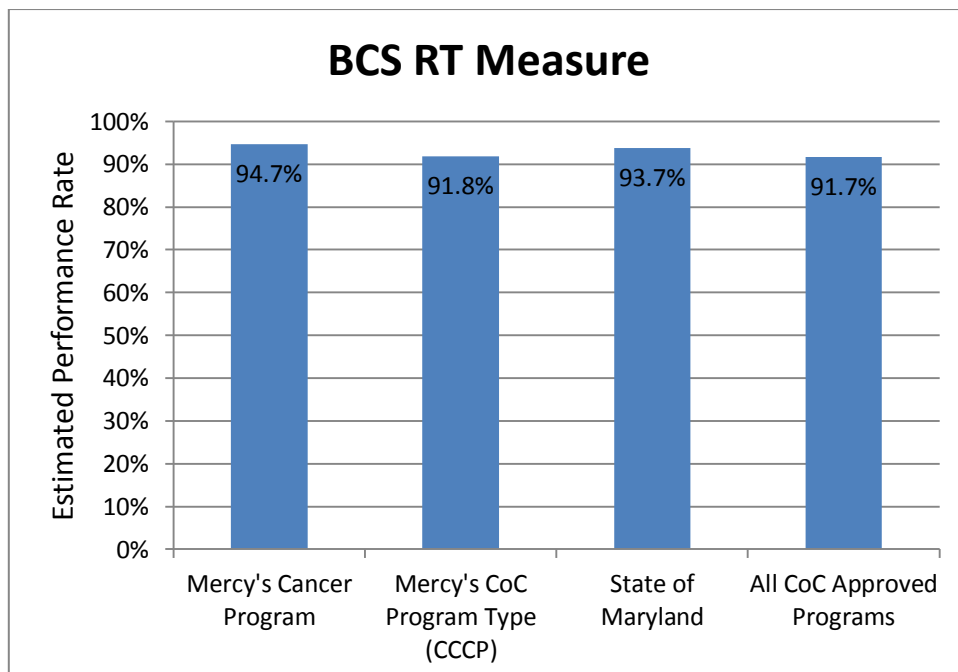
The CoC requires a 90% performance rate to comply with this measure. As you can see from the graph above, Mercy has a 92.6% performance rate, which exceeds all the other groups displayed.

MASTRT – Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes (Accountability)



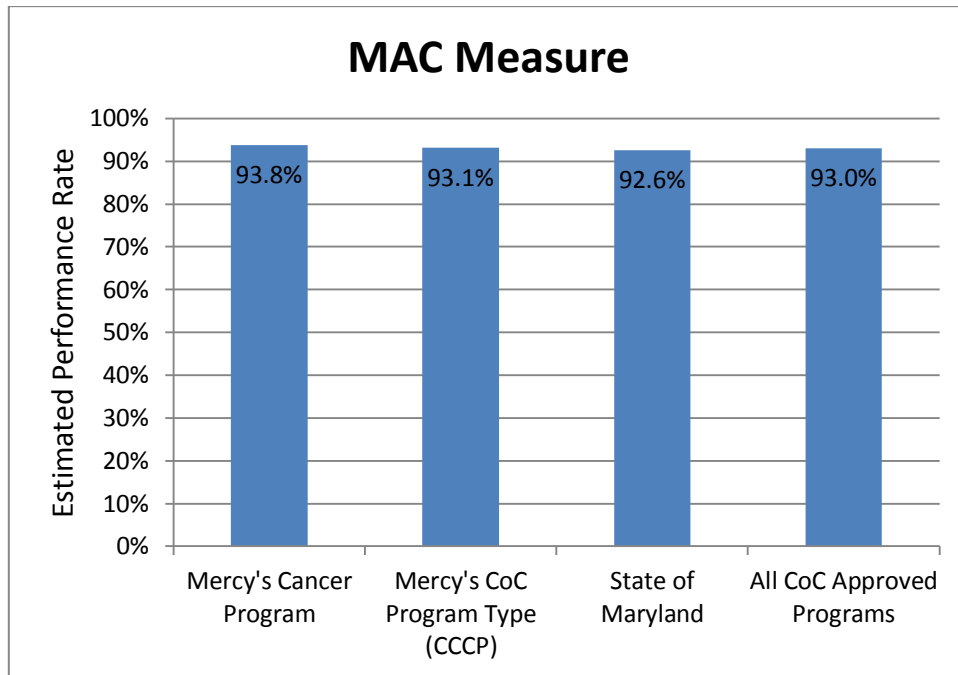
Mercy has a performance rate of 91.7% for this measure, which exceeds the requirement of 90% by the CoC and exceeds Mercy's CoC Program Type as well as all CoC Approved Programs while the State of Maryland has a slightly higher performance rate.

BCSRT – Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer (Accountability)



The CoC requires a performance rate of 90% for this measure and as you can see from the graph above, Mercy exceeds this requirement as well as all comparative groups.

MAC – Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0, or Stage IB-III hormone receptor negative breast cancer (Accountability)



There is no longer a CoC Standard percentage assigned to this measure; however, Mercy's performance rate far exceeds the other comparative groups.