

Name: \_\_\_\_\_ ABPN ID #: \_\_\_\_\_

Email address: \_\_\_\_\_

### 1. Clinical Module Review Form

Category (check one):

- Diagnosis Neuro-oncology (brain, leptomeninges, skull base, spinal cord neoplasms), paraneoplastic
- Treatment setting cancer center
- Type of treatment chemotherapy, biologic therapy
- Other (describe) surveillance

Published best practice or practice guideline to be used: \_\_\_\_\_

NCCN quality indicator guidelines for other cancers; CMS directive to emphasize end of life issues

Quality measures to be reviewed (minimum of 4):

- |   |   |
|---|---|
| 1. <u>All neuro-oncology patients to have multidisciplinary n</u> | 5. <u>End of life issues including access to informat</u> |
| 2. <u>Neuro-oncology patients with malignant neoplasms w</u>      | 6. _____  |
| 3. <u>Neuro-oncology patients to have access to clinical res</u>  | 7. _____  |
| 4. <u>Neuro-oncology treatment plans will be based on NCC</u>     | 8. _____  |

Description of procedure to be followed: \_\_\_\_\_

1. Perform electronic chart review (our system involves Epic) of a minimum of ten patients to quantitate the responses to these quality indicators
2. Review data with multidisciplinary tumor board; oncology nurse clinicians; research nurse clinicians; oncology social worker; oncology care coordinators; Epic oncology support staff
3. Develop strategies to improve patient care performance; improve Epic capabilities to coordinate with quality indicators; revise and expand existing quality indicators
4. Develop standardized approach to repeat electronic chart analysis based on revised quality indicators with goals to interface with the quality indicators of the oncology nurse clinicians, the infusion nurse clinicians, neurosurgery and radiation oncology. Repeat steps 2,3 & 4.

Any other information you wish to provide that would be helpful in reviewing your request:

Exchanges with Ms. Amanda Bishop prompted discussion with Dr. Tracy Batchelor and participation in a phone conference with the AAN Section of Neuro-oncology. There is enthusiasm within the AAN Section of Neuro-oncology to work with representative neuro-oncologists to develop a PIP Clinical Module for Neuro-oncology for regular use with the ABPN MOC. These five quality indicators are the initial steps towards such a consensus PIP Clinical Module for Neuro-oncology submitted by the AAN Section of Neuro-oncology. A key goal is to have core neuro-oncology quality indicators and allow for standardized statistical performance on a national level. In the short term, for my immediate needs, I outlined the following basic quality indicators below. The initial four are analogous to NCCN quality indicators with other oncology populations. The last End of Life quality indicator is based on recent CMS directives.

**Diagnosis:**

Neuro-oncology (brain, leptomeninges, skull base, spinal cord neoplasms), paraneoplasia, metastatic disease involving nervous system

**Quality Measures:**

1. All neuro-oncology patients to have multidisciplinary neuro-oncology tumor board review at time of diagnosis and subsequent times where salvage treatment options are being considered;
2. Neuro-oncology patients with malignant neoplasms will have ongoing SWS involvement from time of diagnosis. Neuro-oncology patients with non-malignant neoplasms will have introductory SWS involvement at time of diagnosis and then subsequent SWS need based on clinical issues or NCCN guidelines version 1.2013 distress management (score 4 or higher);
3. Neuro-oncology patients to have access to clinical research protocols;
4. Neuro-oncology treatment plans will be based on NCCN guidelines;
5. End of life issues including access to information regarding advance directives, durable power of attorney, DNR will be introduced with the initial consultation or as early as possible following the diagnosis of a malignant neuro-oncology neoplasm.