

ACS Commission on Cancer National Pilot Study for ProvenCare Lung Cancer

Douglas E Wood, Professor and Chief, Division of Cardiothoracic Surgery, Vice-Chair, Department of Surgery, Endowed Chair in Lung Cancer Research, University of Washington, Seattle, USA

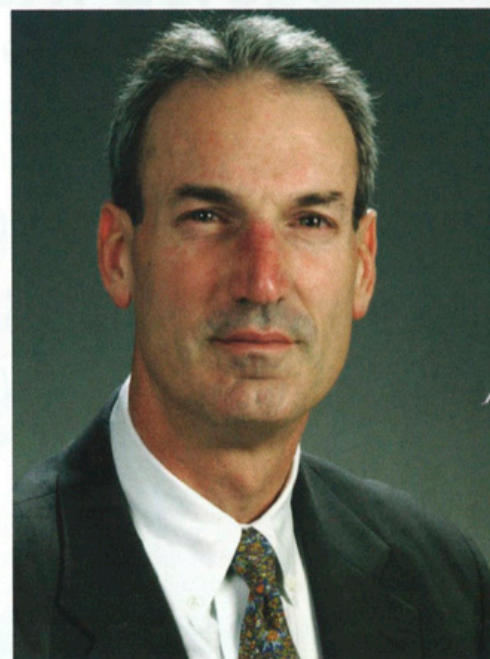
In 2006 Geisinger Health System developed the ProvenCare™ model to improve the reliable delivery of high quality care. The focus of the model is on high reliability and sustainable processes with a strict reliance on evidence-based care. When initiated for coronary artery bypass surgery, the ProvenCare™ model showed improvements in surgical complications, hospital length of stay, readmission rates, and hospital margin, and was expanded to bariatric, cataract, and hip replacement surgery, and subsequently to diabetes and adult preventive care. Geisinger has partnered with the American College of Surgeons Commission on Cancer (ACS CoC) and the Society of Thoracic Surgeons to develop the first multi-institutional ProvenCare project focused on lung cancer surgery. The ACS CoC sponsored ProvenCare™ initiative is focused on the surgical lung cancer patient from preadmission, through admission and surgery, and to outpatient clinic followup. Lung cancer is the most common cause of cancer death in the U.S. for both men and women, with higher mortality than breast, colon, and prostate cancer combined. Surgery provides the predominant opportunity for cure, yet there remain large variations in care across the United States that undermine quality and outcomes for lung cancer patients. The Lung Cancer ProvenCare™ Collaborative has identified 38 evidence and consensus-based process measures to improve the reliable delivery of high quality lung cancer surgery.

Several diverse institutions were invited to join a national collaborative engaged in reliably delivering

the highest quality care and significantly improving patient outcomes, organizational efficiency and reducing costs for the surgical lung cancer patient. Six medical centers participated in Phase I of the Collaborative which was initiated in July 2010. (see map)

In Phase II, 6 additional hospitals have joined the Collaborative in August 2012.

Two categories of outcomes will be studied:
 1 compliance with the elements of care, and
 2 clinical outcomes. All-or-none compliance will be the chief metric. The secondary outcome will be whether the ProvenCare process result in decreased morbidity and mortality in patients undergoing resection for lung cancer. The STS General Thoracic Surgery Database will serve as the control cohort. ProvenCare™ principles focusing on systems approaches and hardwiring reliability into evidenced-based practice has been effective in improving outcomes and decreasing cost within the Geisinger Health System. The ACS CoC Collaborative is a test of whether these principals can extend to cancer care, and can be more broadly generalized in a multi-institutional setting. If successful, the ProvenCare™



Douglas Wood

model may be appropriate to extend to more medical centers, as well as to a wider spectrum of care.

ProvenCare® Elective Pulmonary Resection: Process Flow with Examples of Best Practices

