

Registration and Participation Guide

QOPI® is an oncologist led initiative designed to promote self-assessment and review of quality of care provided to patients within clinical settings. Most oncology practices view participation as a quality improvement activity that does not involve human subject research, as defined in HIPAA and the Common Rule. You should consult your practice's own legal counsel or IRB staff to determine legal and institutional requirements for participation.

LEVELS OF PARTICIPATION

Any outpatient medical oncology or hematology-oncology group that shares a common medical record may register and participate in QOPI®. Registered sites may include:

- A private oncology practice (including solo practitioners), with one or multiple operating sites
- A clinic in an academic medical center (general hematology-oncology or disease-specific clinics)
- Veterans Health Administration Center
- The outpatient oncology department of a community hospital
- The oncology provider group of a multispecialty practice or network

SITE AFFILIATION

- **Private with academic affiliation.** The majority of the practice's income is derived from patient care. Oncologists have responsibilities in teaching, research or administration that take more than 10% of their time and/or results in significant compensation.
- **Employee.** The practice is owned by a hospital, insurance company or similar organization. Practicing physicians are not the majority shareholder owners of the practice.
- **Private independent.** Though oncologists in the practice may be involved in teaching or research, these activities take less than 10% of the oncologists' time, and no significant compensation is derived from academic endeavors.
- **Fellowship program.** Fellows are participating as a group in connection with a fellowship program.

Office/Site

The office or site is the primary level for data collection in QOPI®. Distinct operating sites within a practice may or may not have a separate address and taxpayer identifications from one another. Login and passwords are assigned to users at each office site for that site. If a practice has multiple participating office/sites, then each office/site should be registered in QOPI® under one practice designation and additional logins and passwords will be assigned to users who require access to reports and data at all office sites. For practices with only one office/site, "office" will only be the only level of reporting. The Help Desk can add offices to existing practice accounts.

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Practice

Practice designations within the QOPI® system are created by linking appropriate offices/sites to a "Practice". The Help Desk can create logins and passwords for designated users that allow review of practice-level aggregate data, along with individual participating office/site data.

Group

"Group" is a designation within the QOPI® system that allows multiple offices across different practices to be combined as a group for comparison of data within the reports. Groups are identified by linking appropriate registered office/sites to a specified Group. Group designations are created through requests to the Help Desk.

INITIAL REGISTRATION FOR A NEW PRACTICE

*This section provides the questions you will be prompted to answer in the QOPI® web-based registration form. The form is available at the "Register" link on the QOPI® website at qopi.asco.org. Please do **not** fax or email the form to ASCO. The registration process will be completed by the QOPI® help desk and your site will be contacted to confirm registration, provide login information, and coordinate the addition of registered users for your site for personnel who will need access to the system.*

Registration is open to **new** practices throughout the year, but new practices should register at least one month prior to the collection round to receive important round materials for the upcoming round.

To register your practice to participate in QOPI®, click the "Register New Practice" button on the right. QOPI® is an ASCO member benefit. To participate in the program, at least one member of the participating site must be an ASCO member to register.

The screenshot shows the ASCO Quality Programs website. At the top, it says "ASCO QUALITY PROGRAMS" and "QOPI® THE QUALITY ONCOLOGY PRACTICE INITIATIVE". On the left, there is a button labeled "REGISTER new QOPI Practice". In the center, there is a "REGISTERED PARTICIPANT LOGIN" section with fields for "username:" and "password:", followed by an "ENTER" button. Below the login section, there are links: "CONTACT the QOPI help desk Help logging in" and "CONTACT QOPI Certification Staff GO TO asco.org". At the bottom, there is a copyright notice: "© 2015 Outcome Sciences, Inc. All Rights Reserved. Privacy | Terms and Conditions" and a logo for "POWERED BY OUTCOME ME®".

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PREQUALIFICATION QUESTIONS



THE QUALITY ONCOLOGY PRACTICE INITIATIVE



Prequalification

Submit the requested information to register for the Quality Oncology Practice Initiative (QOPI®). This registration form is for practices new to QOPI. **If your practice or a site within your practice has registered for QOPI in the past, you should not submit this form to re-register for the program, register for a data collection round, nor apply for the QOPI Certification Program.** Please contact the QOPI Help Desk if you are unsure if your site or practice has registered in the past or have questions. (qopi@asco.org or (571) 483-1660). Once this registration form is submitted, you will receive an email from the QOPI Help Desk with account information and instructions for accessing the QOPI web-based application.

Below are basic requirements for QOPI participation. Please indicate your willingness to each of the following (each must be checked before you may submit your registration). Please contact the QOPI Help Desk with any questions.

- I will obtain appropriate permission before reviewing any charts.
- I have internet access and will respond to emails in a timely manner.
- I will promote participation in the practice over two rounds in adherence to the QOPI instructions.
- I will follow the QOPI methodology in selecting and abstracting charts.
- I understand that the staff time and expense of completing these surveys will not be reimbursed and must be borne by our practice.
- I will share QOPI results with clinicians and other appropriate personnel in my practice.
- I will not share aggregate QOPI data outside of my practice without permission from ASCO.
- I will allow random, independent audits of a limited number of abstracted charts.

[Continue](#)

- You must agree to all of the prequalification questions in order to participate in QOPI®.
- Question 1 – I will obtain appropriate permission before reviewing any charts – refers to practice specific requirements for chart review. For example, abstractors may need permission within the practice before reviewing physician’s charts.
- Question 7 – I will not share aggregate QOPI® data outside of my practice without permission by ASCO – the reports that are provided to practices that show their own scores on the various measures belongs to the practice; however, the aggregate QOPI® data belongs to ASCO. The aggregate data may only be used internally within the practice for quality improvement purposes and not released outside of the practice.
- Question 8 – I will allow random independent audits of a limited number of abstracted charts – refers to the potential that a practice may be randomly selected for an audit of charts to validate QOPI® sampling and question methodology to improve the data collection within QOPI®.
- Answer all prequalification questions and click “continue” to proceed to practice specific information.

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CORRESPONDING PHYSICIAN- VALID ASCO MEMBER



Verification

All questions that have an asterisk (*) are required

Corresponding Physician

Each practice must designate one corresponding physician to participate in QOPI®. The corresponding physician will be responsible for overseeing QOPI participation and sharing QOPI data reports in his/her practice. The Corresponding Physician must have a valid ASCO Member ID in order to participate in QOPI.

Salutation	<input type="text"/>
*First Name	<input type="text"/>
Middle Name	<input type="text"/>
*Last Name	<input type="text"/>
Suffix	<input type="text"/>
*Phone Number	<input type="text"/>
Phone Ext	<input type="text"/>
Fax Number	<input type="text"/>
*Address	<input type="text"/>
More Address	<input type="text"/>
*City	<input type="text"/>
*State	<input type="text" value="▼"/>
Province	<input type="text"/>
*Zip/Postal Code	<input type="text"/>
*Country	<input type="text" value="▼"/>
*Time Zone	<input type="text" value="▼"/>
*Email Address	<input type="text"/>
Email Address 2	<input type="text"/>
Check here to opt-out of email correspondence.	<input type="checkbox"/>
Select which types of emails you would like to receive from ASCO on QOPI news and announcements.	<input type="checkbox"/> QOPI General Information <input type="checkbox"/> Collection Round Materials and Updates <input type="checkbox"/> Reports <input type="checkbox"/> Health Plan Program
*User Designation	<input type="checkbox"/> Physician <input type="checkbox"/> Corresponding Physician <input type="checkbox"/> Reporting Physician <input type="checkbox"/> Fellow Physician <input type="checkbox"/> Administrator <input type="checkbox"/> Abstractor
ABIMID	<input type="text"/>
*ASCO Member ID	<input type="text"/>
Physician UPIN	<input type="text"/>
Physician NPI	<input type="text"/>
A challenge question is a question which may be asked of you by the Help Desk in order to verify your identity, such as "What is your mother's maiden name?" or "What is your pet's name?" Please choose a question and response that are easy for you to remember but are unlikely to be guessed by another user.	
*Challenge Question	<input type="text"/>
*Correct Response	<input type="text"/>

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- Enter Practice information. Please enter the Practice Name that you would like used for QOPI® reports and public listings of participation.
- Select the country and state where your practice is located.
- Please use sentence capitalization rules for all entries (Capitalize first letter). Please do **not** use all caps or all lower case for practice name or user names.
- * indicates required information.
- Please provide the total number of offices/sites within your practice that offer outpatient hematology-oncology services. We ask this question to assess the adoption of QOPI® within the oncology community.
- Enter the address, phone, and FAX number of the main office/site that is considered the “Practice” as for the Practice information. If there are multiple offices/sites within the practice, you will have the opportunity to register/enter office-specific information.
- Provide the Practice taxpayer ID and/or NPI. These fields are used for practice identification verification, should the practice participate in the QOPI® Health Plan Program

USER ROLES

As part of the registration process, practices must provide names, email addresses, and roles for all individuals who need to access the QOPI® system (e.g., for data entry, to view reports). The application recognizes three different user types:

1. **Physician:** There are three designations for registered physician users -
 - **Corresponding:** The corresponding physician will be responsible for overseeing QOPI® participation and sharing QOPI® data reports in his/her practice. S/he will receive all administrative and informational emails regarding QOPI®. **For registration, the corresponding physician must have active member status with ASCO, as QOPI® is an ASCO member benefit.** The practice may designate a different physician to serve as the corresponding physician after registration and this physician does not need to be an ASCO member. Changes may be made through the QOPI® Help Desk.
 - **Reporting:** Role which indicates physician data will be included in physician-level reports. This level of reporting is not required to participate in QOPI® and if a site chooses to report data by physician for a site there are sample size implications as 24 charts per physician per module selected will be required. The site does not need to register physicians for their name to be included in physician-level reports. Sites will create a physician list within the QOPI® system to include physician names for reporting purposes and select the treating physician for each chart entered.
 - **Fellow:** Registrants who participate in QOPI® in conjunction with a fellowship program or are participating with a practice as a fellow.
2. **Administrator:** The QOPI® Administrator is a primary contact for QOPI® participation and will receive all administrative and informational emails about QOPI®. The Administrator is responsible for adding and maintaining the practice's information, including the list of

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QOPI® users and their login information. The administrator may also be a physician user or a data abstractor. At least one Administrator is required per practice. An Administrator may be designated for each office Location.

QOPI Administrator

The QOPI Administrator is the primary point of contact for QOPI participation

Check here if the Corresponding Physician is also the QOPI Administrator.

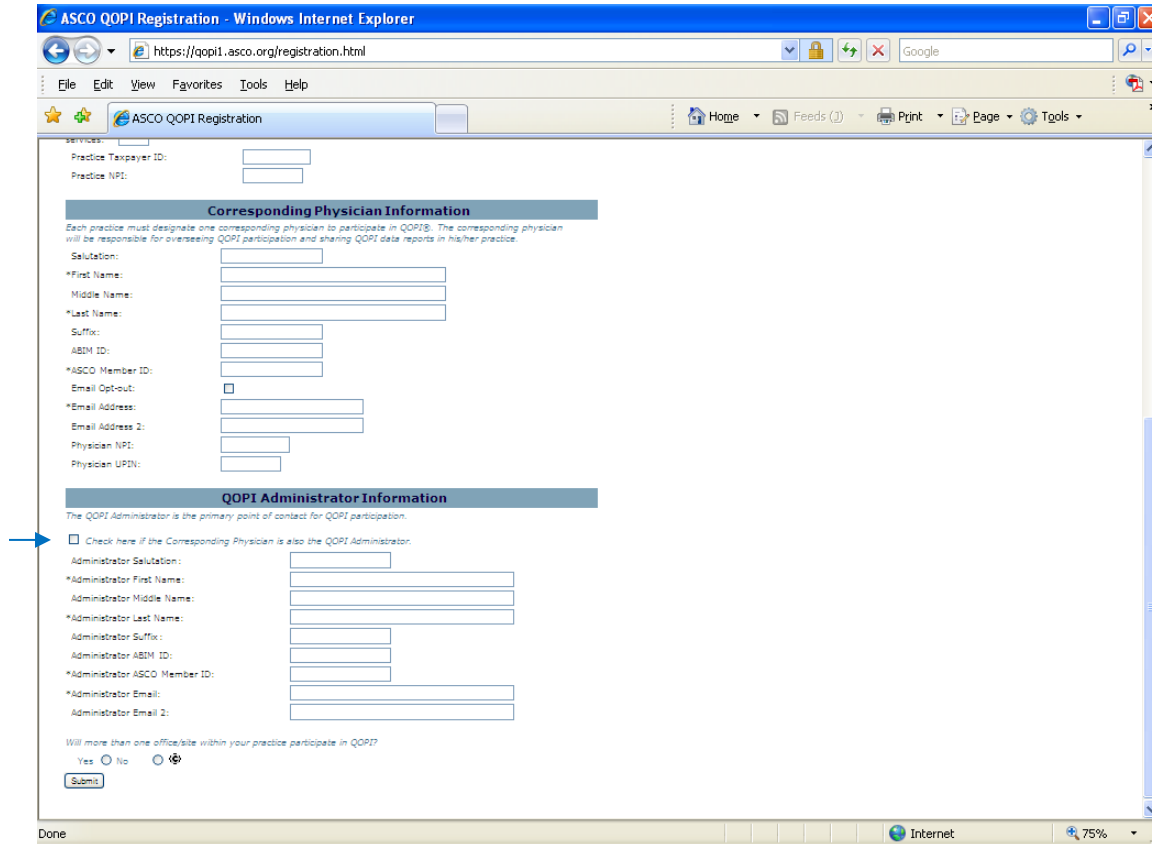
Salutation	<input type="text"/>
*First Name	<input type="text"/>
Middle Name	<input type="text"/>
*Last Name	<input type="text"/>
Suffix	<input type="text"/>
*Phone Number	<input type="text"/>
Phone Ext	<input type="text"/>
Fax Number	<input type="text"/>
*Address	<input type="text"/>
More Address	<input type="text"/>
*City	<input type="text"/>
*State	<input type="text"/>
Province	<input type="text"/>
*Zip/Postal Code	<input type="text"/>
*Country	<input type="text"/>
*Time Zone	<input type="text"/>
*Email Address	<input type="text"/>
Email Address 2	<input type="text"/>
Check here to opt-out of email correspondence. <input type="checkbox"/>	
Select which types of emails you would like to receive from ASCO on QOPI news and announcements.	<input type="checkbox"/> QOPI General Information <input type="checkbox"/> Collection Round Materials and Updates <input type="checkbox"/> Reports <input type="checkbox"/> Health Plan Program
*User Designation	<input type="checkbox"/> Physician <input type="checkbox"/> Corresponding Physician <input type="checkbox"/> Reporting Physician <input type="checkbox"/> Fellow Physician <input type="checkbox"/> Administrator <input type="checkbox"/> Abstractor
ABIMID	<input type="text"/>
ASCO Member ID	<input type="text"/>
Physician UPIN	<input type="text"/>
Physician NPI	<input type="text"/>
A challenge question is a question which may be asked of you by the Help Desk in order to verify your identity, such as "What is your mother's maiden name?" or "What is your pet's name?" Please choose a question and response that are easy for you to remember but are unlikely to be guessed by another user.	
*Challenge Question	<input type="text"/>
*Correct Response	<input type="text"/>

[Click to Continue](#)

- 3. Abstractor:** QOPI® Abstractors are responsible for abstracting and entering data. Abstractors may be a physician, the QOPI® administrator, or an individual serving solely as abstractor. Although physicians may be data abstractors, they should not abstract their own charts. **All users who will add or modify chart data must be designated as an abstractor in the system.**

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One Corresponding Physician and one Administrator must be assigned for each practice (although these may be the same individual). These individuals will be the main contacts for QOPI® communications.



ASCO QOPI Registration - Windows Internet Explorer

https://qopi1.asco.org/registration.html

ASCO QOPI Registration

Practice Taxpayer ID:

Practice NPI:

Corresponding Physician Information

Each practice must designate one corresponding physician to participate in QOPI®. The corresponding physician will be responsible for overseeing QOPI participation and sharing QOPI data reports in his/her practice.

Salutation:

*First Name:

Middle Name:

*Last Name:

Suffix:

ABIM ID:

*ASCO Member ID:

Email Opt-out:

*Email Address:

Email Address 2:

Physician NPI:

Physician UPIN:

QOPI Administrator Information

The QOPI Administrator is the primary point of contact for QOPI participation.

Check here if the Corresponding Physician is also the QOPI Administrator.

Administrator Salutation:

*Administrator First Name:

Administrator Middle Name:

*Administrator Last Name:

Administrator Suffix:

Administrator ABIM ID:

*Administrator ASCO Member ID:

*Administrator Email:

Administrator Email 2:

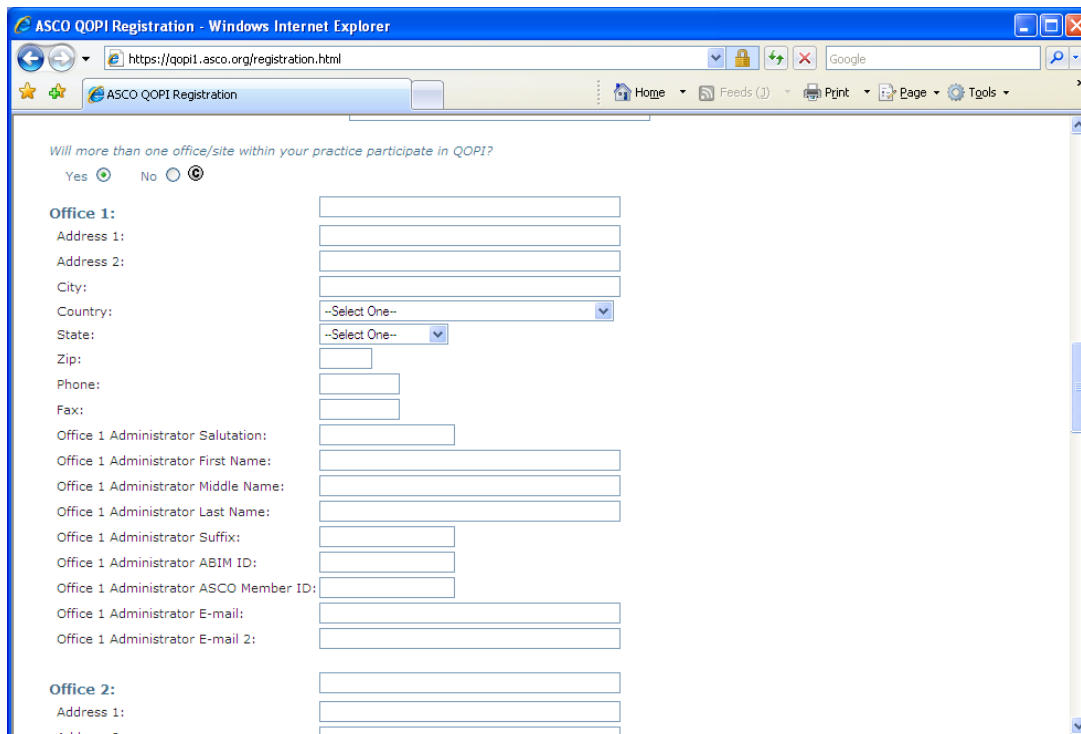
Will more than one office/site within your practice participate in QOPI?

Yes No Other

- Provide information requested for the Corresponding Physician and QOPI® Administrator.
- Be sure to include an ASCO member ID and ABIM ID (if applicable).
- Please provide a valid email address as pertinent QOPI® materials and notifications are sent to email addresses provided in the registration and maintained in the system under My Account. Ensure your mail server will allow email from qopi@asco.org and does not filter email from this account as SPAM.
- Enter information for QOPI® administrator. If the corresponding physician will also be the administrator please check the appropriate box. () ←
- Indicate whether more than one office will participate in QOPI®.
- Click “submit” at the bottom of the page to proceed to the next screen.

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PRACTICE INFORMATION – ADDITIONAL OFFICES



Will more than one office/site within your practice participate in QOPI?
 Yes No

Office 1:
 Address 1:
 Address 2:
 City:
 Country: --Select One--
 State: --Select One--
 Zip:
 Phone:
 Fax:
 Office 1 Administrator Salutation:
 Office 1 Administrator First Name:
 Office 1 Administrator Middle Name:
 Office 1 Administrator Last Name:
 Office 1 Administrator Suffix:
 Office 1 Administrator ABIM ID:
 Office 1 Administrator ASCO Member ID:
 Office 1 Administrator E-mail:
 Office 1 Administrator E-mail 2:
Office 2:
 Address 1:

- Enter Office/Site information for each office within your practice.
- Enter information for a QOPI® Administrator for each office site. This administrator may be the same individual as designated for the Practice-level QOPI® Administrator.
- Submit information by clicking the submit button.
- You will see confirmation of your registration once the submit button is pressed and the QOPI® Help Desk will contact you with login information.
- You can send an email to the QOPI® Help Desk (qopi@asco.org) to request additional users be added to Office/Site and/or the Practice-level account. The following information should be provided
 - The specific office (s) to which the user should be added and whether or not the user should have access to the “practice-level” information.
 - First and last name
 - Phone number and email address
 - Role – physician, administrator, abstractor
 - Whether or not the user should receive email from QOPI®
 - Preferred username if any

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TECHNICAL MANUAL EXCERPTS

The following information is available in the QOPI® Technical Manual that can be accessed after logging into the system. It is located on the Home page – under Documentation for Current Round.

Logging in for the First Time

First, open a web browser and type qopi.asco.org into the “Address” bar. Navigate to the hyperlink on the page that allows you to login to the QOPI® System. Clicking on this link will direct you to the QOPI® Login Page. Alternatively, you may type qopi1.asco.org to directly access the login page.

Be sure to enter it in the “Address” bar and not a “Search” bar.

The login page is where you can enter your username and password (see image below).

If you are logging in for the first time, you are probably using a temporary password.

Enter the temporary password that you have been given. As soon as you log in, the system will recognize that you have a temporary password, and you will be prompted to enter a permanent password.

If you do not have a password or cannot login then please contact the QOPI® Help Desk by email at qopi@asco.org.¹

For additional information regarding user accounts, please see Appendix A.

Choosing Your Permanent Password

- First, type your temporary password next to “Enter current password.” (This is the same password you typed to log in).
- Next, type a new password of your choosing.²
- Type your new password again in the “Please confirm” box.

Clicking the Submit button will create your new password. When you log in the next time, be sure to enter the new password you have selected.

¹ You may also click on the “help logging in” link on the Login Page for additional information and troubleshooting if you cannot login.

² Requirements for your permanent password: Your password must be at least 4 characters long

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End User License Agreement

Next, you'll be taken to the End User License Agreement (EULA). This agreement must be agreed to by every user to gain access to the QOPI[®] system. Review the agreement and print out a copy for your records. Once done reviewing the agreement, scroll down to the bottom of the page and click "I Accept." The EULA will only appear the first time each user logs into to the system.

Initial Account Set-up: My Account Tab

When you log in to the system, you will automatically be taken to the Portal Page. The Portal Page will be further discussed later in this manual. After your site's initial login, however, there are some parameters that need to be set before you can make full use of the online system. Click on the "My Account" tab in the upper right hand corner of the screen. This will allow you to complete the steps necessary to begin your chart abstraction form entry.³ If you are part of a multi-office practice, please refer to Appendix A for additional information.



The "My Account" tab features include:

- Agreeing to the Business Associates Agreement.
- Selecting your Modules.⁴
- Maintaining your user information.
- Maintaining your organization's information.
- Managing your Treating Physicians List.
- Changing your password.
- Request to submit QOPI[®] participation to participating health plans.

NOTE: Before you can submit data, your practice needs to update this information in the "my account" then click on organizational information (administrator or corresponding physician only). Before you can select modules/submit data, you will need to confirm that the information is complete and accurate (see below)

I confirm that the information above is complete and accurate for the current data abstraction round

Yes

³ If you attempt to enter a chart into the system before accepting the Business Associate Agreement and selecting your Modules, you will receive an error notifying you that this is NOT allowed

⁴ All sections of the "My Account" tab listed in bold should be completed during the initial Account Set-up and before data entry begins and can only be done when the round opens

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Business Associate Agreement

It is a standard HIPAA complaint agreement between ASCO, Outcome (now Quintiles) and each participating practice. The BAA tells you how ASCO and Outcome (now Quintiles) will safeguard your data, including the rights of access amendment, accounting, and audit. One member of your practice must agree to the BAA using the site login for each account that will be used to enter chart data. The BAA was written for broad application to all participating practices, so customizations cannot be accommodated.

This agreement can be accessed by clicking on the “Business Associate Agreement” (BAA) link. The agreement should be read in its entirety.

At the bottom of the screen, there will be a checkbox with the text “I am authorized to consent to the terms of this Business Associate Agreement on behalf of my site.” Please check this box only if you have authority to review legal documents at your site or you have been granted authority by the appropriate person to agree to the online BAA. If you do not, please contact the staff member(s) at your site who are authorized to sign legal documents and have them review its terms. The authorization checkbox will activate the “I Agree” button. When this button is clicked, the system will submit your BAA. You must agree to the terms of the BAA in order to begin data entry.

In the future, when the BAA link is clicked (via the My Account tab), the name, date, and time that the agreement was submitted will display as a record that your site has agreed to its terms. This agreement needs to be signed by only one member per site.

Veteran’s Affairs Centers

The Veteran’s Health Administration (VHA) has entered into a National BAA with ASCO which will govern the data submitted by your practice. VA centers will be asked to confirm their status as a VA center and will bypass the standard QOPI® BAA.

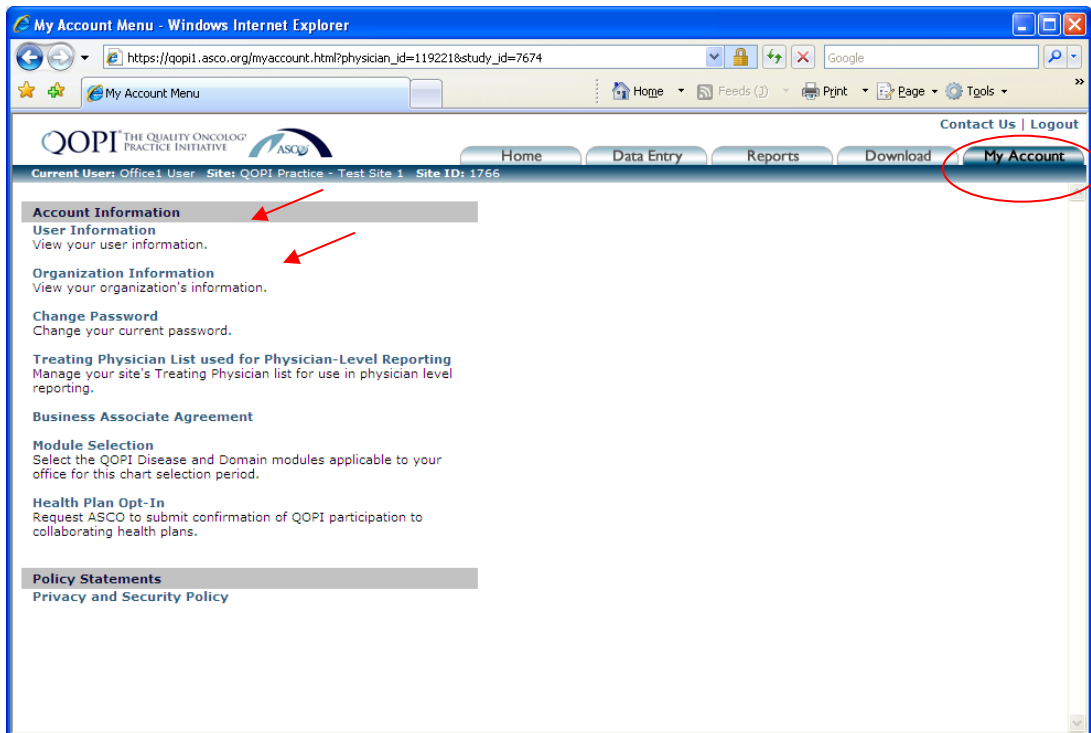
The system will display the following information for sites that self-identify as a VA center.

The Veteran’s Health Administration (VHA) has entered into a National BAA with ASCO’s Institute for Quality which would govern the data sent by your practice. Please confirm that your practice is a VHA site. Contact qopi@asco.org with questions.

1. I confirm, I do not confirm
2. If **I do not confirm** is selected, pop-up notice: Please confirm the correct site affiliation was selected under My Account, Organization Information. In order to participate, US non-VHA sites must agree to standard BAA and US VHA sites must confirm VHA site status.

UPDATE USER AND ORGANIZATION INFORMATION

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- Log in and go to My Account then User Information
 - Verify your account information in this section. Respond to questions with missing information.
 - Check the appropriate email categories, for which you would like to receive QOPI[®]-related email. Alternatively, you may choose to opt out of receiving any email regarding QOPI[®].
 - Save changes
- Proceed to Organization Information
 - Verify the site information in this section. Answer the questions based on the login you are using to access the system (Practice vs. specific office/site).
 - Answer questions based on sites or clinics participating. For example, for fellowship programs, only describe the characteristics of the fellowship program, not the entire practice or institution. For large practices with several sites participating, answer questions based on the participating sites.
 - Questions in this section are used to categorize and describe QOPI[®] participating sites.

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PARTICIPATING IN DATA COLLECTION ROUNDS

- QOPI® data collections occur during an eight week open collection period in Spring and Fall of each year. Reports that provide practice and office comparisons to QOPI® Aggregate scores for each quality measure are available within a month of the close of data collection.
- ASCO provides round-specific documentation and offers training sessions prior to each collection round.
- All registered users will receive notification regarding upcoming collection rounds via email – if the user has selected to receive email regarding QOPI®.
- Registered users can access the system at any time using his/her secure QOPI® login. Documentation and training aids are posted in the home page and may be helpful to new participants even though they may be round specific.

KEY DOCUMENTATION FOR PARTICIPATION

QOPI® User Manual: Information regarding the QOPI® methodology and sample selection for participation with printer friendly tip sheets.

QOPI® Technical User Manual: Information regarding navigation of the QOPI® system.

Chart Abstraction Form: Questions used to collect data along with data definitions and abstraction notes.

Chart Abstraction Tracking Form: Templates that practices can use to record QOPI® Chart ID numbers and patient identifying information, such as the medical chart number. The tracking form, or similar document, should be kept on file for one year, to address questions that may arise regarding data submitted for charts.

Measure Specifications: Numerators and denominators used to calculate the quality measures based on the data collected, along with sources/references for the measures.

End User License Agreement (EULA): Standard legal agreement regarding use of the software used to support the program. All users that participate in the program must agree on-line to a standard EULA before he/she can use the QOPI® system.

Business Associate Agreement (BAA): Standard HIPAA compliant agreement between ASCO, Outcome (now Quintiles) - (third party vendor that provides the QOPI® system) and each practice that lays out safeguards and rights of access, amendment, accounting, and audit that ASCO and Outcome will provide to your practice for participation in QOPI®. The standard agreement cannot be customized for individual practices. One registered user from each

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practice must agree on-line to the standard BAA for each participating office/site. The practice should determine the appropriate user to agree to the BAA for each site.

THE FOLLOWING INFORMATION MUST BE COMPLETED TO BEFORE DATA CAN BE SUBMITTED INTO THE QOPI® SYSTEM

QOPI® collects the following information to describe QOPI® participants. Some of the information is used to inform report categories and to drive certain system functionality. The information is collected at both the practice and office location levels. Please be sure to provide accurate information based on the account accessed.

What is your site's affiliation?

Academic full time. The practice is associated with an academic institution and physicians are integrally involved in the institution's teaching and clinical care process at a level similar to full time academic professors.

Private with academic affiliation. The majority of the practice's income is derived from patient care. Oncologists have responsibilities in teaching, research or administration that take more than 10% of their time and/or results in significant compensation.

Employee. The practice is owned by a hospital, insurance company or similar organization. Practicing physicians are not the majority shareholder owners of the practice.

Private independent. Though oncologists in the practice may be involved in teaching or research, these activities take less than 10% of the oncologists' time, and no significant compensation is derived from academic endeavors.

Fellowship program. Fellows are participating as a group in connection with a fellowship program.

If Employee:

- Hospital Owned
- Large physician group (e.g. USON)
- Large insurance/HMO group
- Veterans Health Administration Center
- Other Government Institution
- Other

If Private independent:

Physician group (externally-managed). Practice is privately owned but affiliated with a larger network of oncology providers, such as US Oncology.

Physician group (self-managed). Practice is owned by an independent practitioner or group of physicians or business partners.

Other

Is your site oncology/hematology only or multi-specialty (radiation, hematology, surgery)?

- Oncology only
- Multi-specialty

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How many cancer centers (academic medical center, community hospital, other medical center) does your practice have a contractual agreement with? (List the centers)?

Number of new patients with cancer-related diagnosis seen each year?

Approximately what percent of patients are covered by Private insurance (e.g., Aetna, BlueCross, Kaiser)?

Approximately what percent of patients are covered by Medicare?

Approximately what percent of patients are covered by Medicaid?

Approximately what percent of patients is Uninsured?

Approximately how many patients does your site enroll in clinical trials each year?

What types of trials are offered to patients (choose all that apply)?

- NCI sponsored
- Pharma sponsored
- Investigator initiated
- Other

How many site locations do you have that administer chemotherapy and are open 3 or more days per week?

How many hematologists do you have at your site? Total Number:

How many hematologists do you have at your site? FTE:

How many medical oncologists do you have in your site? Total Number:

How many medical oncologists do you have in your site? FTE:

How many radiation oncologists do you have in your site? Total Number:

How many radiation oncologists do you have in your site? FTE:

How many total physicians do you have in your site (including non-oncology providers for multi-specialty site)? Total Number:

How many total physicians do you have in your site (including non-oncology providers for multi-specialty site)? FTE:

How many nurse practitioners and/or physician assistants do you have at your site? Total Number:

How many nurse practitioners and/or physician assistants do you have at your site? FTE:

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Does your site use an electronic medical record (EMR)?

AllScripts
Aria (Varian)
Beacon (Epic)
Centricity
Cerner
EpicCare EMR (Epic)
Intellidose (Intrinsiq)
Mosaiq (Elekta)
NextGen
OncoEMR (Altos Solutions)
Rabbit Healthcare Systems
iKnowMed
Home-grown/proprietary system
Other
No EMR

The site allows name to be used in QOPI® participation lists (e.g. website, brochures, etc.)

Yes No

Does your site employ a social worker?

Yes
No
UNK

If social worker employed: Full time Shared

Does your site employ a dietician or certified nutritionist?

Yes
No
UNK

If dietician or certified nutritionist employed: Full time Shared

Does your site employ a genetic counselor?

Yes
No
UNK

If genetic counselor employed: Full time Shared

Is your site staff trained specifically in quality improvement or does your site use QI consultants? Yes No

Registration and Participation Guide

If QI training: Full time Shared

If QI training, Check all that apply:

Trained staff

Consultants

Other

If Other, please explain:

Does your site use a multidisciplinary team approach to plan patient treatment (e.g. tumor board, multidisciplinary model)? Yes No

First Registration Date (MM/DD/YYYY)

Audit Data Yes No

Number of offices/sites in the practice that offer outpatient hematology-oncology or medical oncology services

Number of offices/sites in the practice that offer outpatient hematology-oncology or medical oncology services.

***Chemotherapy Infusion Center(s) Check all that apply.**

A facility which is owned, staffed, and operated by my practice (site) (which is not owned by a hospital or other third party)

An outpatient facility that is owned, operated, and staffed by hospital or third party staff where my practice (site) staff see patients

An outpatient facility that is staffed by hospital or third party staff where my practice (site) staff does not see patients

An outpatient facility where the Practice (site) staff act as consultants to a third party owned (not hospital owned) chemotherapy infusion center

A hospital owned outpatient chemotherapy infusion center where the Practice (site) staff (including the physicians and mid-levels are employed by the hospital.

Other

Describe the type of chemotherapy infusion center available to the practice's patients.

Registration and Participation Guide

***Does your site treat patients with cancer/hematologic malignancies who are under the age of 18?**

- Yes, pediatric oncology only
- Yes, pediatric and adult oncology
- No, adult only

***Does your site treat patients with gynecologic invasive malignancies?**

- Yes, gyn oncology only
- Yes, gyn oncology and other invasive malignancies
- No, other invasive malignancies only

***Approximately what proportion of patients served by your practice are non-English speaking?**

- Less than 10%
- 10-30%
- Greater than 30%

***Are interpretation services available for your non-English speaking patients? (Check all that apply)**

- Yes (in person)
- Yes (via telephone interpretation service)
- No