in surgical pathology reports. In addition, the CMS provides incentives to improve compliance in breast and colon cancer reports through its Physician Quality Reporting Initiative, and other types of cancer likely will follow.

Use of the Q-Monitor will also demonstrate quality performance to patients, hospitals, and the insurance companies that foot a good part of the bill, Dr. Nakhleh says. “It makes good sense from a patient’s perspective, from an institutional perspective, and very likely from the payer’s perspective,” he says. “You have to demonstrate that you are completing your reports as you’re supposed to. Down the road, and I’m not predicting this, but I don’t think it would be too far-fetched to say some payers will want top quality in everything, and this might be one condition. They may not want to pay unless you demonstrate you’re doing everything according to standards.”

Dr. Nakhleh doesn’t expect the new monitor to change significantly what labs are already doing. “It’s going to facilitate the way you document this,” he says. “It says, yes, you’re in compliance, or no, you’re not in compliance. We’re not implementing any new methodologies... It’s an ongoing check to make sure you keep up with things and do what you’re supposed to do.”

Institutions and pathology departments that participate in this Q-Monitor will receive quarterly feedback about cancer reporting on a group basis, based on at least a 10 percent random sampling of reports eligible for CAP protocols, and they will have the option to benchmark the cancer reporting performance of individual pathologists.

“Performance is primarily assessed at the group level. Assessment of individual pathologists is entirely optional,” Dr. Valenstein says. “If a group hasn’t adopted checklists or worksheets or a computer result entry tool that ensures reports are complete, there’s not much point in monitoring individual pathologists; the problem is at the group level. But if the practice has put the right tools in place and isn’t performing where it needs to be, it may make sense to look at individual pathologists. Someone may not be using the tools or may be using an old version of a checklist or may be struggling in some other way.”

The Commission on Cancer’s standards apply to the institution—not the individual. “It is up to the practice,” Dr. Valenstein says, “to decide whether it makes sense to track the performance of individual practitioners.”

Ed Finkel is a writer in Evanston, Ill.