

Improving the Quality of Cancer Care

Identifying Potential SPN Linkages and Applications

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Convergent voices: we can and must do better.....

- A decade of pattern-of-care studies
- NCI's Surveillance Implementation Group (SIG) report (Mar '99)
- The President's Cancer Panel's *Quality of Life/Quality of Care* (Jan '99)
- The IOM's National Cancer Policy Board report, *Ensuring Quality Cancer Care* (Apr '99)

NCI's Response.....

Establish “Improving the Quality of Cancer Care”
as a Challenge area in the 2002, 2003, and
2004 Bypass Budget

(The Nation's Investment in Cancer Research,
<http://plan.cancer.gov>)

Requests (for new dollars to the “base”)
for Fiscal Year 2002: \$21.5 m
for Fiscal Year 2003: \$14.0 m
for Fiscal Year 2004: \$27.0 m

Goal

Improve the quality of cancer care by strengthening the scientific basis for public and private decision making on care delivery, coverage, purchasing, regulation, and standards setting.

QOC Research Objectives

- Develop *core process and outcome (endpoint) measures* for cancer care.
- Strengthen the *methodological and empirical research base* for quality assessment in cancer.
- Incorporate *symptom management and palliative care* into the full spectrum of quality improvement efforts.
- Enhance *QOC research* in the restructured NCI *clinical trials program*.
- Improve *cancer communications*.

***Advancing the State of the Science
.....and Translating Findings into
Practice to Improve Quality***

- Cancer Outcomes Measurement Working Group (COMWG)
- Quality of Cancer Care Committeej (QCCC)
- Cancer Care Quality Measures Project (CanQual)

*Improving our ability to assess the
impact of cancer care....*

Cancer

Outcomes

Measurement

Working

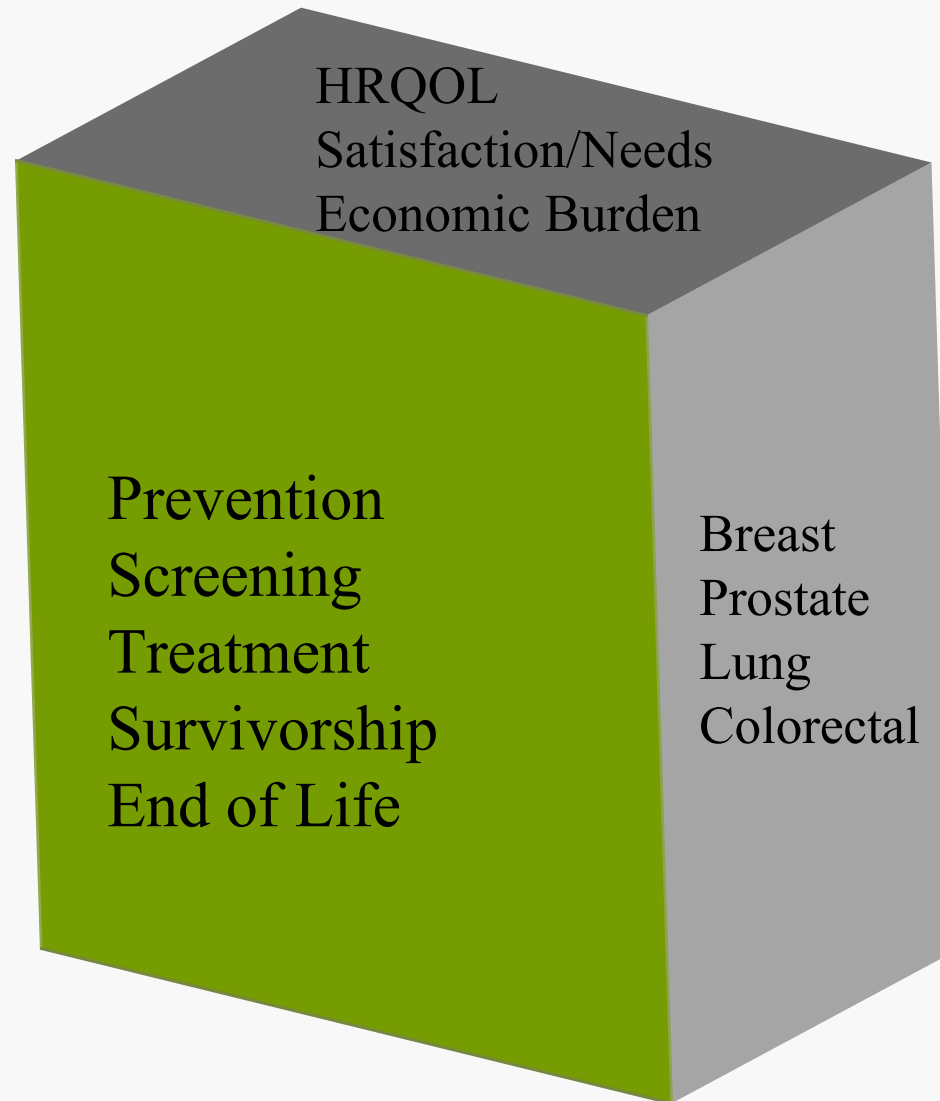
Group

What Is COMWG?

A group of 35 experts drawn from academic, industry, government, and the cancer patient and survivorship communities to evaluate the state of the science in *outcome measurement* and recommend approaches to improve the scientific quality and comparability of measures. COMWG members:

- Review and exchange information
- Respond to specific questions posed by NCI
- Formulate strategies for valid, reliable, sensitive, feasible endpoints
- Findings forthcoming in *Outcomes Assessment in Cancer* (Cambridge University Press, 2004)

COMWG Research Focus



Using Outcomes Data

<i>Audiences</i>	<i>Opportunities</i>	<i>Scientific Aim: To Improve...</i>
<ul style="list-style-type: none">•Patients and Family/Caregivers•Community Health Advisers•Clinicians•Payers•Regulators•Industry•Researchers	<ul style="list-style-type: none">•Enhance understanding of cancer burden and implications of interventions•Facilitate communication•Inform decisions•Improve quality of care	<ul style="list-style-type: none">•Validity•Reliability•Responsiveness•Interpretability•Comparability•Simplicity•Feasibility

To Carry Out NCI's Plan for Research-oriented Applications *and* Applications-oriented Research

Quality of Cancer Care Committee (QCCC):

- Created in 1999 as part of DHHS' Quality Improvement Initiative
- Members include agencies that *deliver, pay for, regulate, or do research on cancer care*: AHRQ, CMS, CDC, NCHS, FDA, HRSA, IHS, as well as VA and DoD. NCI Director's Consumer Liaison Group (DCLG) also there.

QCCC Collaborative Projects

- *Health Resources and Services Administration (HRSA) and Centers for Disease Control and Prevention (CDC)* - improve screening and follow-up care for breast, colorectal, and cervical cancer in primary health care clinics
- *Centers for Medicare and Medicaid Services (CMS)* - improve colorectal cancer screening for the elderly
- *Dept. of Veterans Affairs (VA)* - a Quality Enhancement Research Initiative (QUERI) for colorectal cancer
- *Food and Drug Administration (FDA)* - investigate the role of NCI-generated outcome measures for symptoms and quality of life in evaluating drug efficacy and marketing claims

HRSA-CDC-NCI Collaborative to Improve Screening and Follow-up Care

- Pilot Phase, 6/02 - 5/03: 12 HRSA health centers testing core measures of quality identified via project expert panels, e.g.,
 - % women 42 or older with mammogram in past 2 years, with goal of 70%.
 - % women with documented notification of pap smear results within 30 days of screening, with goal of 95%.
 - % adults with + FOBT who had colonoscopy (or sigmoidoscopy or barium enema) within 8 weeks of + test, with goal of 90%.
- Dissemination Phase, 7/03 - 6/04: Launch project in 25-30 additional HRSA health centers

Public-Private Perspective on the Quality of Cancer Care....

A growing number of research organizations, professional associations, and patient advocacy groups are working actively now to improve the quality of cancer care.

With many voices to be heard, a common purpose to be served, and an exponentially increasing evidence base, the time has come to create an accessible forum for evaluating the scientific evidence on quality cancer care in a way that informs a range of decision makers.

Cancer Care Quality Measures Project (CanQual)

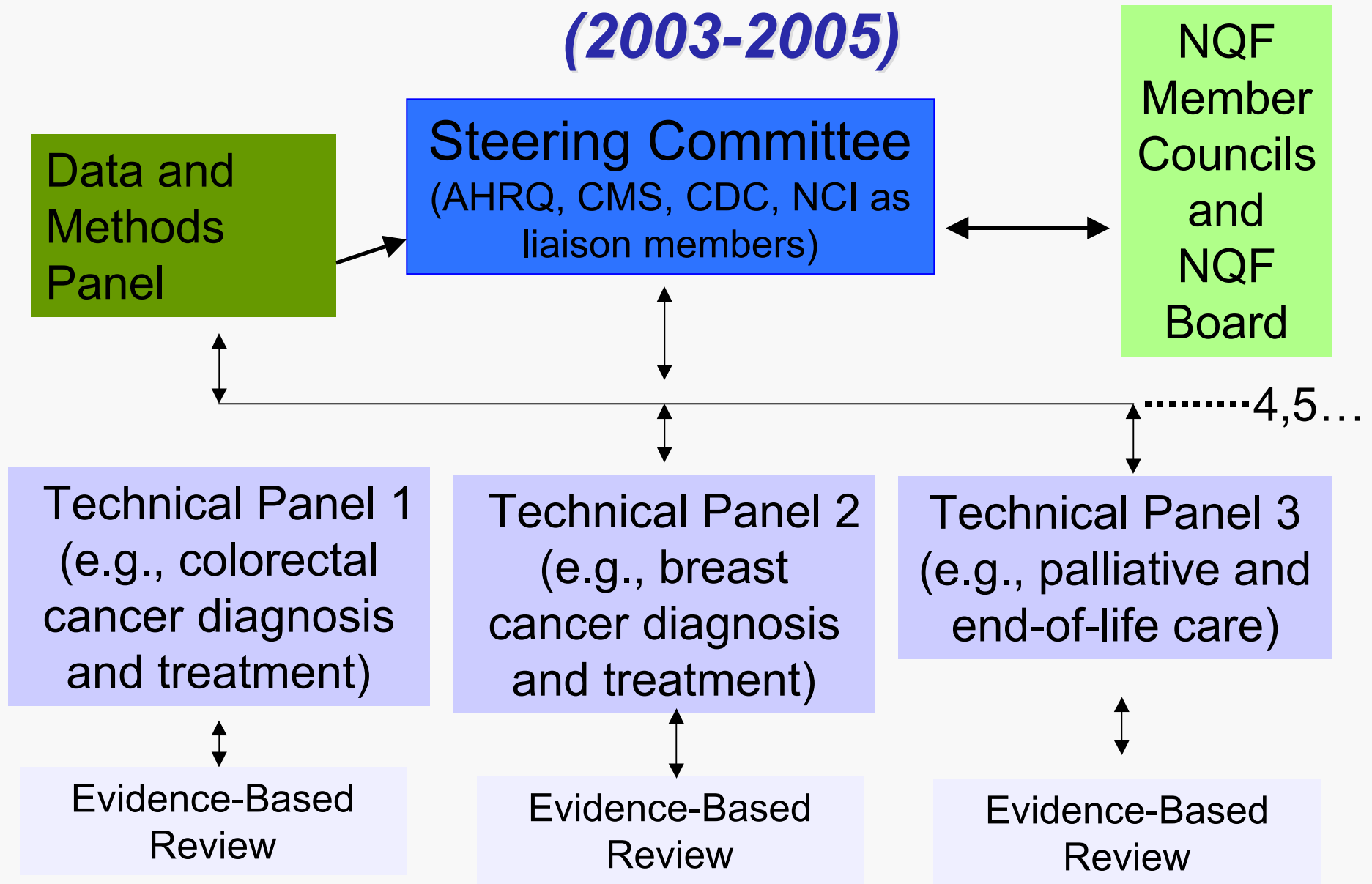
In 2002, NCI spearheaded the creation of a public-private effort:

- Convened by non-profit the National Quality Forum (NQF)
- Charged with identifying a core set of measures for adoption by public- and private-sector organizations for monitoring, public reporting, and improving the quality of cancer care
- Guided by an 18-member Steering Committee with individuals drawn from across the spectrum of organizations concerned about the quality of cancer care and with expertise in quality measurement and improvement: ***ASCO, ACS, ACoS, ACR, ONS, NCCN, NCCS, NCPB, NCI, VA, OPM, CMS, NCQA, JCAHO, Midwest Business Group on Health, and private oncology practice.***

Focus Areas Identified by Steering Committee at Sept 2002 Meeting (completing Phase I)

- Access to care, including cultural competency and clinical trials
- **Breast cancer diagnosis and treatment**
- Communications and coordination of care (including IT uses)
- Prevention/Screening (including quality of screening, risk assessment, and prevention activities under purview of health systems)
- **Colorectal cancer diagnosis and treatment**
- Symptom management across the cancer continuum and end-of-life care
- **Prostate cancer diagnosis and treatment**

CanQual Phase II (2003-2005)



CanQual: Phase III (?)

Pilot test existing (endorsed) measures

- Develop new measures, working with methods experts *and* applied researchers in the field
- Evaluate dissemination and use of measures in clinical practice
- Track improvement in quality of care
- Support new research to expand and enrich the evidence base

***The Opportunity
and
the Commitment***

Potential Areas for Further SPN Work on Quality of Cancer Care

Identifying and overcoming barriers to.....

- *Measuring important patient-reported outcomes (e.g., health-related quality of life) and incorporating into studies and decision making*
- *Delivering evidence-based cancer interventions (e.g., for palliative care) to all populations*
- *Helping patients navigate the health system: getting access to, understanding, acting on the best information available*