Quality Measurement and Pay for Performance

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KEYWORDS

• Quality measure • Pay for performance • Bundled payments • Surgery • Oncology

KEY POINTS

- Current quality measures for surgical oncology focus primarily on process measures (use of adjuvant therapy, pathology reporting) and patient-centered outcomes (health–related quality of life).
- Outcome measures (such as mortality and complication rates) are difficult to measure reliably for uncommon procedures such as pancreatectomy.
- Current pay for performance programs impacting surgical oncology patients focus on preventing postoperative complications, and are not specific to cancer surgery.
- Future pay for performance programs will incentivize high-quality, low-cost cancer care by evaluating process measures, patient-centered measures, and costs of care specific to cancer surgery.

INTRODUCTION

Since the Institute of Medicine recognized the need for quality measurement in cancer care in 1999,[1] hundreds of potential quality measures have been proposed for cancer care. In breast cancer alone, nearly 150 quality measures have been reported in the literature.[2] Patients and families are increasingly aware of these health care quality measures,[3] and public and private payers are beginning to adopt them for pay for performance programs to incentivize quality care.[4]

Recent debate has focused on which quality measures are appropriate for surgical oncology, and how they should be implemented and incentivized. For example, of 55 proposed quality measures for patients with melanoma, fewer than one-half were rated as valid by an expert panel.[5] To better inform surgeons in this constantly shifting landscape, this article reviews quality measurement and pay for performance in

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surgical oncology. The specific purposes of this article are to (1) discuss principles and challenges of quality measurement in surgical oncology, (2) review current quality metrics and programs in surgical oncology, (3) review current pay for performance programs in surgical oncology, and (4) discuss future directions for quality measurement and pay for performance in surgical oncology.

QUALITY MEASUREMENT IN SURGICAL ONCOLOGY

Defining Quality in Surgical Oncology

Defining quality health care is conceptually challenging because it must capture a wide range of attributes and perspectives, including the patient, family, provider, health system, and society.[6] To establish a uniform vision for health care quality, the Institute of Medicine defined high-quality health care as having 6 characteristics: safe, effective, patient-centered, timely, efficient, and equitable.[7] Building on this definition, the National Quality Forum (NQF) established 4 criteria for effective health care quality measures[8]:

- Importance: evidence-based and important to making significant gains in health care quality where there is variation or less than optimal performance.
- Reliability and validity: produces consistent (reliable) and credible (valid) results about the quality of care.
- Feasibility: extent to which a measure requires data that are readily available or could be captured without undue burden.
- Usability and use: extent to which consumers, purchasers, providers, and policymakers can use performance results for accountability and performance improvement.

Types of Quality Measures in Surgical Oncology

Considerable effort has been devoted to developing a wide range of quality measures for surgical oncology. These are summarized in **Table 1**. Many quality measures in surgical oncology follow the Donabedian paradigm of structure, process, and outcomes.[9,10]

- Structure: Structural measures describe the setting or system where care is delivered, and include procedure volume and teaching hospital status.
- Process: Process measures describe the care delivered. For example, receiving adjuvant radiation after breast-conserving surgery or performing a colectomy including at least 12 lymph nodes.
- Outcomes: Outcome measures describe effects of care on the health status of patients and populations. Well-known examples include perioperative mortality, disease-free survival, and complication rates. In oncology, increasing emphasis has also been placed on patient-reported outcomes.[11,12] These measures capture patient symptoms and functional status, such as the EQ-5D index for health-related quality of life.[13]

In addition to these traditional quality measures, there has been increasing focus on the patient experience of care in surgical oncology. For example, the Consumer Assessment of Healthcare Providers and Systems Cancer Care Survey has a specific survey for cancer surgery, and asks patients to evaluate their overall cancer care, communication with their cancer care team, and involvement of family and friends.[14] The patient experience of care is an independent domain of quality health care that does not necessarily correlate with more traditional quality measures such as mortality or postoperative complications. In fact, a previous study of patients undergoing

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