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Delivering high-quality cancer care: The critical role of quality measurement



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ABSTRACT

In 1999, the Institute of Medicine (IOM) published *Ensuring Quality Cancer Care*, an influential report that described an ideal cancer care system and issued ten recommendations to address pervasive gaps in the understanding and delivery of quality cancer care. Despite generating much fervor, the report's recommendations—including two recommendations related to quality measurement—remain largely unfulfilled.

Amidst continuing concerns regarding increasing costs and questionable quality of care, the IOM charged a new committee with revisiting the 1999 report and with reassessing national cancer care, with a focus on the aging US population. The committee identified high-quality patient–clinician relationships and interactions as central drivers of quality and attributed existing quality gaps, in part, to the nation's inability to measure and improve cancer care delivery in a systematic way. In 2013, the committee published its findings in *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis*, which included two recommendations that emphasize coordinated, patient-centered quality measurement and information technology enhancements:

- Develop a national quality reporting program for cancer care as part of a learning health care system; and
- Develop an ethically sound learning health care information technology system for cancer that enables real-time analysis of data from cancer patients in a variety of care settings.

These recommendations underscore the need for independent national oversight, public–private collaboration, and substantial funding to create robust, patient-centered quality measurement and learning enterprises to improve the quality, accessibility, and affordability of cancer care in America.

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1. Background of the report

Cancer patients deserve the best care possible, yet many obstacles render timely, efficient, safe, and affordable cancer care an elusive goal, even in the 21st century. Since the 1990s, the Institute of Medicine (IOM) has directed attention to these quality issues. Most recently, the IOM assembled the *Committee on Improving the Quality of Cancer Care: Addressing the Challenges of an Aging Population* (Committee) in 2012 to revisit prior analyses and recommendations for the nation's cancer care delivery system, examining what had changed, what challenges remained, whether new problems had arisen, and how health care reform might affect quality of care—with a specific focus on the aging

US population. Examining the current delivery system from the six IOM aims for improvement (safety, timeliness, efficiency, effectiveness, patient-centeredness and equity),² the Committee identified many quality gaps and published its findings in *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis*.¹ This report takes a fresh look at today's obstacles to high-quality cancer care and recommends solutions for major stakeholders. Patient–clinician relationships and interactions—universal elements of the health care system—are a central focus of its recommendations and conceptual framework, since high-quality interactions are critical to delivering high-quality cancer care.

This report builds upon a 1999 IOM report, *Ensuring Quality Cancer Care*, which outlined ten recommendations to improve the quality of cancer care, including two recommendations to develop, collect, and disseminate a core set of cancer quality measures.³

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Unfortunately, many objectives outlined in *Ensuring Quality Cancer Care* remain unfulfilled, and the status of quality measures and data systems remains remarkably unchanged. Then, and now, the IOM associated many quality gaps with an inability to measure performance and improve it in a systematic fashion. Thus, *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis* highlights the key role that quality measurement plays in improving the quality of cancer care. This review describes deficiencies in the nation's quality measurement system and a path forward to improve the quality of cancer care in America.

1.1. The conceptual framework

The report outlines six components of a high-quality cancer care delivery system: (1) engaged patients; (2) an adequately-staffed, trained, and coordinated workforce; (3) evidence-based cancer care; (4) a learning health care information technology (IT) system; (5) translation of evidence into clinical practice, quality measurement, and performance improvement; and, (6) accessible, affordable cancer care.¹

Quality measures are integral to this conceptual framework, providing an objective means for patients and their families to identify high-quality cancer care, for providers to standardize care practices, and for payers to incentivize higher quality care through alternative reimbursement mechanisms. Additionally, quality measures allow providers and payers to determine whether performance improvement initiatives and new payment models improve the quality, accessibility, and affordability of cancer care. The act of measuring performance can motivate clinicians to improve care delivery, either out of the desire for self-improvement or to provide comparable or better care than their colleagues.⁴ Thus, to build and sustain a high-quality cancer care delivery system, its members must be able to measure and assess progress in improving cancer care delivery, to report that information publicly, and to develop innovative strategies for further performance improvement. In the Committee's conceptual framework for this system (Fig. 1), quality measurement is part of a cyclical process. The system measures the outcomes of patient–clinician interactions (including health care outcomes and costs), which inform development of performance improvement initiatives and implementation of new payment

models. These, in turn, lead to improvements in the quality, accessibility, and affordability of cancer care.

2. Quality measurement challenges

The Committee's conceptual framework provides a solid basis to improve the quality of cancer care. Foundational measures evaluate the quality of care across the treatment cycle—prevention and early detection; diagnosis and treatment; and, survivorship or end of life—and along important dimensions of care, including access to care and quality of life.^{5,6} Disease-specific measures assess adherence to screening and treatment guidelines and complement broader, cross-cutting cancer measures. Several specialty-focused quality measurement registries facilitate standardized reporting of these types of measures, as summarized in Table 1. Despite these efforts, continued deficiencies in cancer-focused quality measures, including measurement gaps and overlapping, duplicative, or competing measures, undermine efforts to measure and improve performance systematically. Fig. 2 summarizes key measurement gaps, and factors contributing to these deficiencies are described below.

2.1. Inadequate consideration of patient perspectives

Historically, public reporting has focused on clinical quality measures from institutional administrative data (e.g., readmissions), which lack meaning for patients and are misinterpreted frequently,⁷ contributing to erroneous conclusions about health care quality. Patients use these data minimally when choosing providers,^{8–10} despite their strong interest in health care quality information.¹¹ This non-consumer-oriented approach ignores patient information needs and preferences, despite well-intentioned efforts to increase transparency in health care.

Additionally, most cancer quality measures evaluate provider adherence to evidence-based guidelines, giving minimal consideration to patient preferences regarding care, and, in particular, to the patient-reported outcomes associated with particular treatment plans. Clinical and psychosocial factors influence patient

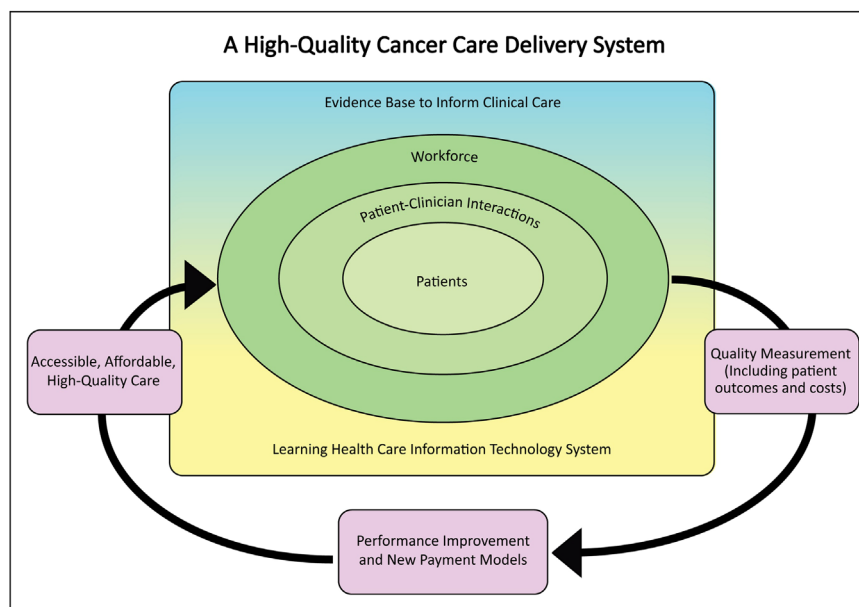


Fig. 1. A high-quality cancer care delivery system. This figure represents the Committee's conceptual framework for improving the quality of cancer care. Quality is achieved through the cyclical process of measurement, improvement, and integration into the system. The system should be accessible and affordable to all patients with a cancer diagnosis. Reprinted with permission from *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis*, 2013 by the National Academy of Sciences, Courtesy of the National Academies Press, Washington, DC.

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