

Assessment of “Best Practice” Treatment Patterns for a “Radiation Oncology Community Outreach Group” Engaged in Cancer Disparities Outcomes

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Objective: Minority patients with cancer have higher recurrence rates than the general population and are more likely to be treated at community centers where the standard of care has been reported to be inferior to that at academic centers. These issues are being explored by Radiation Oncology Community Outreach Group (ROCOG), a consortium of 5 Community Radiation Oncology centers participating in a National Cancer Institute-funded Disparities Grant. As a quality assurance/quality improvement initiative, this study was undertaken to ensure that treatment was at a “best practice” level.

Methods: With the use of the American College of Radiology (ACR) accreditation criteria, an initial self-evaluation was done on 10 randomly selected cases at each of 5 radiation oncology clinics for patients treated between July 2002 and December 2003. The results were analyzed and presented to the centers with recommendations for improvements in April 2004. As part of an application to the ACR for accreditation, a second self-evaluation was performed on randomly selected cases treated between July and December 2004. ACR surveyors conducted the last randomly selected case evaluation.

Results: All centers had acceptable standards at baseline. The ROCOG average compliance rate at first evaluation was 88% vs 92% for ACR-accredited facilities. At reevaluation, the ROCOG average compliance rate was 95% vs 92% (ACR-accredited facilities). At the final evaluation, the ROCOG average compliance rate was 92% vs 90% (ACR-accredited facilities). All 5 sites received ACR accreditation.

Conclusion: Despite a small sample, patients served by these institutions, regardless of minority status, received radiation oncology care at or above the accepted standards. A quality assessment/quality improvement initiative using ACR accreditation to ensure that “best practice” levels led to improved standards. Accreditation is one method that could be used to support a “pay-for-performance” program.

Key Words: Accreditation, American College of Radiology, minority cancer care, quality assurance, quality improvement, quality care, radiation therapy

J Am Coll Radiol 2008;5:571-578. Copyright © 2008 American College of Radiology

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Funded in part by University of Pittsburgh Medical Center McKeesport/Radiation Oncology Community Outreach Group Radiation Oncology Minorities Outreach Program National Cancer Institute (5 U56 CA105486). Presented at the Annual Meeting of American Society of Radiology and Oncology in Denver, Colorado, October 16-20, 2005.

INTRODUCTION

Every year more than one million Americans are diagnosed with cancer, and approximately half of them will die from it [1]. On the other hand, significant improvements in treatment and survival have been made during the last decade and have caused a steady decline in cancer death rates [2,3]. Nevertheless, racial and ethnic minorities have benefited significantly less than others from these advances. Racial disparities in cancer screening and treatment, often because of reduced access to medical care, have led to diagnosis at a more advanced stage of disease and a resulting higher recurrence rate for ethnic or economically deprived subpopulations compared with the general population [4-7].

The report produced by the Institute of Medicine in 2002 [8] indicated that minorities were less likely than whites to receive needed services, including clinical services that were equally effective for all racial and ethnic groups. Despite the abundant evidence for documented health disparities in racial and ethnic groups, there is little evidence describing successful interventions that address health disparities [8-10].

In January 2000, the National Institutes of Health instituted a plan to eliminate persistent health disparities through research training, medical research, and dissemination of medical information. Although academic health centers have played a major role in this effort, the standard of care at community centers that also treat a considerable number of racial/ethnic minority and economically disadvantaged subpopulations has been reported to be inferior to that at multicenter academic institutions [11-13].

The National Cancer Institute's (NCI's) Cooperative Planning Grant for the Cancer Disparities Research Partnership program, issued by the Radiation Research Program, supports the planning, development, and conduct of radiation oncology clinical trials in Community Cancer Centers, which care for a disproportionate number of medically underserved populations and have not been traditionally involved in NCI-sponsored research. These centers, with the help of mentoring institutions, are expected to develop an infrastructure during the funding period that will allow continuation of these efforts once the funding period has been completed [14].

A consortium of 5 Community Radiation Oncology Centers participates in the Radiation Oncology Community Outreach Group (ROCOG), an NCI-funded Disparities Grant program, in western Pennsylvania. The consortium includes the grant recipient University of Pittsburgh Medical Center (UPMC) McKeesport Hospital (McKeesport) and the Murtha Pavilion Cancer Center (Johnstown), both with their radiation oncology departments managed by UPMC; Somerset Oncology Center (Somerset), a West Penn Allegheny Health Sys-

tem-directed community oncology center; Jameson Memorial Hospital (New Castle); and Mercy Hospital (Pittsburgh metro); the latter two are both independent hospitals with the radiation oncology departments staffed by UPMC physicians.

On the basis of information from the federal census, the 2 towns (New Castle and Johnstown) and surrounding rural areas (Lawrence, Cambria, Somerset, and Indiana) served by Jameson, Somerset, and Murtha are populated mostly by poor rural residents (often elderly) with a higher percentage of socioeconomically deprived subpopulations (11.9%-17.3%) compared with the state average (11%). The other 2 facilities, McKeesport and Mercy, serve areas with a significant minority subpopulation of urban African Americans in Allegheny County (12.4%), which is also higher than the state average of 10% [15].

The purpose of this grant program was to build infrastructure for clinical research at these 5 community centers, which serve a considerable number of the population with disparity in western Pennsylvania.

Within their principles, ROCOG intended to integrate the centers into radiation oncology clinical research, to increase radiation oncology services for underserved minorities and low-income individuals, and to promote the quality of radiation oncology service at the participant facilities.

One of the quality assurance/quality improvement (QA/QI) initiatives outlined in the grant was designed to ensure that a "best level" of radiation practice existed for all the centers. By using American College of Radiology (ACR) accreditation evaluation criteria, we reviewed the 5 centers as a baseline and progress after interventions. We report the process of this initiative and its outcome.

MATERIALS AND METHODS

This project was approved as a QI study by the "QI Review committee of the Quality Patient Care Committee of the UPMC" for 2 of the grant participants, whereas the 3 other sites that did not belong to UPMC had their separate approval as a QA initiative from their respective committees.

A single radiation oncologist, trained at Jameson by an experienced surveyor for the ACR accreditation program at Jameson, performed all site self-evaluation surveys for this study. This reviewer was affiliated with the grant, but not with any of the surveyed facilities. The self-evaluation consisted of completing a standard set of questions on each of 2 randomly selected disease sites (head and neck, breast, prostate, lung, and generic). These cases covered patterns of practice, approaches to management, delivery of radiation treatments, and involvement of physicists in treatment and QA activities (case metrics).

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