

Quality measures for oncology coalescing

In 1999, the Institute of Medicine (IOM) announced what many oncologists knew already: the quality of cancer care fluctuated wildly across zip codes, races, economic groups, and care settings. For the 1.3 million US residents diagnosed with cancer each year, the report stated that “there is a wide gulf between...the ideal and the reality of cancer care.” The problem does not stem from a lack of standards or guidelines. If anything, oncologists are overwhelmed by them. Instead, the IOM reported that a tangled web of factors is in play: insurance and reimbursement issues, community standards and local trends, training and experience of caregivers. Above them all hovered an unwieldy umbrella labeled “quality.”

Rodger Winn, MD, is wrestling

with that umbrella as director of a project to develop quality standards for cancer care. Sponsored by the National Quality Forum (NQF), a public-private partnership that coalesced in 1999 out of the growing alarm over quality gaps in healthcare, the Quality of Cancer Care Measures project follows similar projects in diabetes, hospital care, and cardiac care.

“The goal is to create a culture of quality through an open process,” said Dr. Winn. Patients, care providers, and payers can all benefit from the accountability and tangible quality improvement the standards foster.

The NQF acts as a clearinghouse rather than an originator of quality standards, Dr. Winn explained. The organization relies on researchers to propose evidence-based measures. To be included, a measure has to meet

four criteria: importance (what is the burden of disease?), scientific soundness (is it grounded in data?), usability (does it make sense?), and feasibility (can data be collected without “chasing medical records all over the globe”?). One measure of quality care for breast cancer, for instance, could be the rate at which target patients receive appropriate adjuvant chemotherapy and radiation therapy.

The process is open to input from all of NQF’s 200 members, which include consumer, provider, and healthcare industry organizations. Dr. Winn expects the full cancer care measures to be ready in 2006.

To start the process, he is canvassing candidate quality measures for breast cancer diagnoses and treatment (responses due December 10). Shortly thereafter, he will solicit quality-of-care measures for colon cancer diagnosis and treatment and end-of-life care.

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