
From the 1st Annual Community Oncology Conference

Payers look to guidelines to gauge performance

Clinical guidelines are supposed to change the way physicians practice medicine, but can the practice of medicine change the way guidelines are written?

The concept behind clinical guidelines is a simple one: "Systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances," according to the Institute of Medicine. "But we know that it is not being done," said

Rodger J. Winn, MD, director of the National Quality Forum's Cancer Quality of Care Measures Project.

For those trying to understand why guidelines are not more readily adopted into practice, two main and opposite forces have emerged. The adoption of guidelines has been slowed in part by clinical inertia, a common resistance to change in medical practices. "You know it is right, but you don't do it anyway," said Dr. Winn.

On the other hand, the adoption of guidelines has also been difficult be-

cause of the rapidity, especially within oncology, with which standards of care change, he said at the inaugural Community Oncology Conference.

Dr. Winn and other experts speaking at the February meeting in Washington, DC, described their efforts to find better ways to bring guidelines into the real world of clinical practice.

Paying for performance

One way is to improve the communication between those who develop practice guidelines and those who use them, said William T. McGivney, PhD, chief executive officer of the National Comprehensive Cancer Network (NCCN). Covering 97% of all cancer patients, NCCN guidelines are widely recognized and applied as the standard in clinical policy in both community and academic practice settings. The NCCN guideline recommendations on drugs and biologics are also transposed into a compendium format, which is mandated for coverage decisions made by Medicare and in approximately 39 states that require private payers to use them. Physicians and others downloaded more than 300,000 copies of NCCN guidelines in 2002. Last year, more than 5.5 million copies were down-

loaded.

“The key to the NCCN guidelines success has been to follow four basic principles,” said Dr. McGivney. Clinical guidelines need to be published fast. They need to be fairly specific to ensure usability. They must have some built-in flexibility that allows for meeting the needs of individual patients and their clinical characteristics. And, of course, they need to be up-to-date.

This doesn't happen in a vacuum. While trying to achieve these goals, NCCN is also working with its 19 cancer center members across the country, which provide expert input into the guidelines. The NCCN gets continual feedback from the centers to continue improving the documents and make them more useful for physicians and patients, said Dr. McGivney.

Participating centers get the added benefit of a report card, which allows physicians to compare their performance against that of their colleagues and against a national standard, said Christopher E. Desch, MD, national medical director for NCCN. The report card offers a basis for implementing changes to the way physicians practice. By showing where they

stand out from the crowd, it can help them determine where they are falling short of standards of care. “From 30,000 feet, repeated measures are the foundation of improvement,” he said.

Complying with guidelines

The need for change also raises new questions about who is responsible—the physician, hospital, or health plan—for ensuring that care is provided in a way that complies with clinical guidelines, said the Quality Forum's Dr. Winn. Health plans are also increasingly looking to guidelines as a measure of quality and value. Rather than coming up with their own measures, insurers (including Medicare) use compliance with guidelines as an important watermark for pay-for-performance programs. “Accountability is where the action is,” said Dr. Winn.

And, as patients are asked to bear an increasing share of the cost of health care, they may also look to guidelines to help assess the quality of care they receive.

NCCN is continuing its work with the American Cancer Society to translate existing physician guidelines into patient-friendly brochures, said Dr. McGivney.