



Ensuring Quality Cancer Care



National Cancer Policy Board



National Cancer Policy Board

- Established in March 1997, funded through 2005
- Housed at the Institute of Medicine and National Research Council
- 21 members: consumers, providers, researchers

Purpose of Board

Broad mandate to identify and address policy issues in:

- basic and applied research
- prevention, control, diagnosis, treatment, and palliation of cancer

Sponsorship

Public

- National Cancer Institute
- Centers for Disease Control and Prevention

Private

- American Cancer Society
- American Society of Clinical Oncology
- Amgen, Inc.
- Abbott Laboratories
- Hoechst Marion Roussel, Inc.

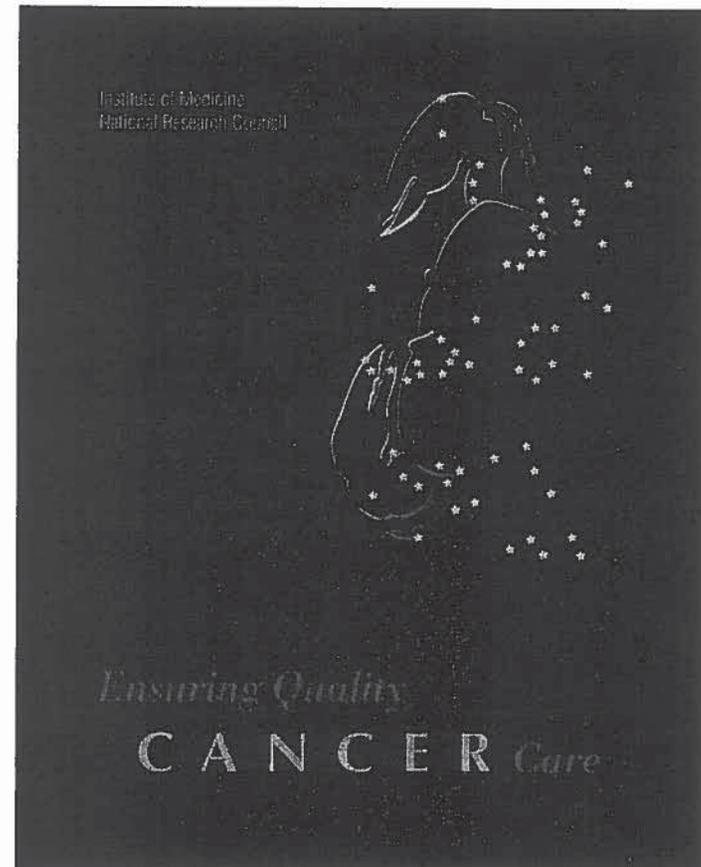
Board Actions to Date

- Quality of Cancer Care
 - Ensuring Quality Cancer Care (1999)
 - Enhancing Data Systems to Improve the Quality of Cancer Care (2000)
 - Interpreting the Volume-Outcome Relationship in the Context of Health Care Quality (2000)
- Smoking Policy
 - Taking Action to Reduce Tobacco Use (1998)
 - State Programs Can Reduce Tobacco Use (2000)

Ensuring Quality Cancer Care

State of Cancer Care

“For many Americans with cancer, there is a wide gulf between what could be construed as the ideal and the reality of their experience with cancer care.”



Evidence of Problems

- Under use of cancer screening to detect cancer early
- Lack of adherence to standards for diagnosis
- Inadequate patient counseling regarding treatment options
- Under use of radiation therapy and adjuvant chemotherapy after surgery
- Inadequate pain management

Barriers to Quality Cancer Care

- No national 'system' of care
- Fragmentation of services
- Lack of coordination
- Limited access to care
- Inefficient use of resources
- Poor accountability

Recommendations

- Patients undergoing certain high-risk procedures should be cared for in high-volume settings
- Use evidence-based guidelines
- Measure and monitor care using a core set of quality measures

Recommendations (cont.)

Ensure basic elements of care:

- initial management plans made by experienced professionals
- care plan outlining goals of care
- access to needed resources
- access to high quality clinical trials
- full disclosure of information about options
- coordinated services
- psychosocial support and compassionate care

Recommendations (cont.)

- Ensure quality of care at the end of life
- Clinical trials on cancer care management
- Training and health services research on quality of care, access to care
- Data systems to provide quality benchmarks

Enhancing Data Systems to Improve the Quality of
Cancer Care



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Applying Data to Improve Quality

- Performance data for healthcare systems
 - used internally for QI or by healthcare purchasers
- National/regional monitoring
 - helps gauge status of cancer care (e.g., benchmarks)
 - public accountability
- Health services research
 - identify determinants of quality care

Data Needs

- Recently diagnosed patients
- Care settings representative of contemporary practice
- Good national/regional representation
- Sufficient detail on processes of care known to be linked to favorable outcomes



What is Needed

- Comprehensive and coordinated national data systems
 - Leadership within the cancer care community
 - Cooperation among groups providing cancer data
 - Integration with ongoing national efforts
 - Application of new information technologies
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Unique Opportunities to Monitor Cancer Care

Cancer data systems:

- CDC's National Program of Cancer Registries (NPCR)
- NCI's Surveillance Epidemiology and End Results Program (SEER)
- American College of Surgeons' and the American Cancer Society's National Cancer Data Base (NCDB)

Using Existing Data to Answer Quality of Care Questions

Strategies

- Linkage of cancer registry data to administrative data (e.g., Medicare-SEER linkage)
- Special studies of cases sampled from registries

Policy Board Recommendations

- Enhance key elements of the data system infrastructure
- Expand support for analyses of care using existing data systems
- Monitor the effectiveness of data systems to promote quality improvement within health systems

Enhance Data System Infrastructure

Recommendations

DHHS appointed committee should develop a single core set of cancer care quality measures that:

- span the full spectrum of an individual's care
- are based on the best available evidence

Examples of Quality Measures

- Documentation of staging information
- Presentation of treatment alternatives to patients
- Appropriate treatment
 - high rates of breast conserving surgery for local disease, appropriate use of adjuvant therapy
 - low rates of surgical treatment for prostate cancer among men aged 70 and older
 - compliance with guidelines for pain management
- Patient satisfaction

Enhance Data System Infrastructure

Recommendations

- Increase federal support to the CDC for the National Program of Cancer Registries (NPCR) to improve the capacity of states to achieve complete coverage and timely reporting of incident cancer cases.
- Increase technical assistance to states for quality studies
- Increase private support for the National Cancer Data Base

Expand Research and Training

Recommendations

- Federal research on new mechanisms to organize and finance the collection of data for cancer care quality studies.
- Public-private partnerships to develop technologies to improve quality and timeliness of clinical data
- Expanded support for training and health services research (e.g., models for linkage studies)

Next Steps

- Monitor implementation of recommendations
- New initiatives:
 - Interpreting the Volume-Outcome Relationship in the Context of Cancer Care
 - Fulfilling the Promise of Cancer Prevention and Early Detection
 - Ensuring Excellent Palliative Care
 - Cancer Survivorship
 - Policy Issues in Basic Research

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