Facilitating quality in oncology

You must be the change you wish to see in the world.
– Mahatma Gandhi

In November 2012, the American Society of Clinical Oncology hosted its first annual Quality Care Symposium in San Diego. The attendants and presenters were like-minded individuals who were focused on systematically evaluating and improving cancer care. Throughout the symposium, Donabedian's structure-process-outcome model was a recurring and unifying framework for evaluating quality metrics.

No one questions the importance of improving the quality of care, but many other questions remain: What is quality care? How will it be measured? Will its measurement be comparable across practices? How can small systems that have figured out good solutions to quality care go about reproducing their models of quality care on a larger scale so that we all may benefit?

COMMUNITY ONCOLOGY this month touches many quality care considerations by telling several success stories. Starting on page 92, we have Dr. Carolyn Hendricks, a private practitioner who has championed ASCO's Quality Oncology Practice Initiative and seen benefits to her practice; Dr. John Sprandio, who with his colleagues in their 9-physician oncology medical home project, has galvanized his group in critically assessing and reporting quality metrics for improved patient outcome; and Dr. Peter Ellis, representing the University of Pittsburgh Medical Center's CancerCenter and its 120 oncologists who have implemented a pathways program with a high degree of compliance. In a separate article on page 96, Dr. Marcus Neubauer and colleagues discuss the use and support of pathways within The US Oncology Network's 1,000-strong physician network.

The premise of pathways improving the quality of cancer care is that often oncology treatment decisions are not evidence based and that improving compliance with evidence-based guidelines (at least most of the time) will improve patient outcome and could even decrease unnecessary spending. This idea of pathways facilitating compliance with evidence-based guidelines and then translating into improved outcomes and potentially reduced unnecessary spending is of course a great idea, but is it as good in practice as the theory suggests?

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Many questions arise about choosing a pathways system and understanding the differences between pathways, how their implementation and work flow can be optimized, and how using them will have an impact on our practices. What level of evidence is used to generate an evidence-based guideline? If a pathway exists, how is compliance facilitated? Does compliance with an evidence-based pathway strategy translate into improved patient outcomes? What impact does this have on cancer costs? In addition, as all of these systems have a similar methodology but different structures of origin and implementation, in what ways are they similar and different? As a practicing oncologist, will there be transparency in regard to process? How will we define a standard we can all agree with? How will this impact the bottom line? Will you be able to use this in your practice at point of service, or will you be getting a notification from a nonphysician 72 hours after making a treatment decision with a patient and have to revisit your strategy and alter the expectations you have set (and failed to meet) with your vulnerable patient? How will this fit into your workflow and allow you to provide good patient care?

These are all questions that the quality innovators featured on these pages are able to shed light on. As we move forward to improve cancer care within our communities, we will need to consider how best we can leverage existing strengths to implement quality initiatives, how we will benchmark our progress, to whom will we report our benchmarks of success, and to what end. It is likely that pathways systems that facilitate evidence-based, high-quality care will be the standard of care in the future, so we need to

consider how we will best travel this course and who our partners will be on that journey.

As community oncologists strive to define and advance quality patient care, we will need to identify partners in that venture. We will need to optimize the leverage we can generate from our technological platforms to help us with implementation, following metrics of interest, and with decision support. We will need to define metrics of interest across systems so that we can compare "apples to apples," in other words, make direct comparisons for effective strategies of patient care in ways that are clinically meaningful. We will need payers to come to the table and incentivize evidence-based, high-quality, patient-centered care and to partner with community oncologists in defining and driving meaningful change.

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