



Delivering High-Quality Cancer Care:

Is our cancer care delivery system in crisis?



*Integrated Oncology Consulting Solutions
And Cancer Care Center Planning*

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The Institute of Medicine report concludes that the cancer care delivery system is in crisis due to the growing demand for cancer care, increasing complexity of treatment, a shrinking workforce and rising costs. ⁽¹⁾ Care is not patient-centered and decisions about care are often not based on the latest scientific evidence. Strategies recommended include the following:

1. Engage patients in shared medical decisions
2. Provide adequately staffed, trained and coordinated workforce
3. Provide evidence-based cancer care
4. Provide a learning health care information technology system for cancer care
5. Translate evidence into practice

When we read headlines reporting that “hospital delays killing America’s war veterans” ⁽²⁾, it is impossible not to be alarmed and concerned about the delivery of cancer care. Cancers are complex diseases. It is not just one disease but many diseases. The National Cancer Institute states that there are more than 100 different types of cancer. It is easy to see how any single physician or cancer program may be overwhelmed with the vast and ever-changing complexities of providing high-quality care for their cancer patients. This underscores the need to focus on developing oncology site-specific measurement strategies.

With the tremendous amount of national focus on the delay in care, including cancer care for our Veterans, we realize that there is a significant information gap and concern regarding the length of wait time for screening appointments and subsequent delays in starting cancer treatments when a cancer diagnosis is confirmed. Recent studies report that wait time for cancer treatment is increasing. ⁽³⁾ Cancer programs are responsible for monitoring patient delays in care, determining if additional resources are needed and the strategies to reduce wait time for cancer treatment in their facility.

Another major concern for cancer programs is patient safety. Cancer patients represent a high risk population for harmful adverse events in both inpatient and outpatient settings. Outpatients have the potential for one or more possibly serious drug interactions. These interactions may not be anti-neoplastic agents, but as a result of drugs being administered for non-cancer comorbidities. Many cancer patients have comorbidities and receive care from several doctors stressing the need for proper referral and coordination. One of the positive effects of the multidisciplinary cancer care team working closely with general practitioners, other members of the primary care team and palliative care specialists, is that the care is coordinated. In order to understand the burden of adverse events for cancer patients, it will be necessary to track these patients across the continuum of care.

The American College of Surgeons (ACoS) Commission on Cancer (CoC) establishes cancer program standards and serves as a voluntary accrediting body for cancer programs across the United States. Hospital-based cancer programs must exhibit the following attributes in order to participate in the Commission on Cancer program:

1. A multidisciplinary team approach
2. Access to clinical trials

3. A cancer registry that offers lifelong patient follow-up
4. Ongoing monitoring and improvements in cancer care

There are many benefits of participating in the Commission on Cancer program from an organizational and administrative structure viewpoint. More importantly, though, accredited programs receive a Cancer Program Practice Profile Report to assist in monitoring compliance with quality measures and benchmarks. Recently, the Commission on Cancer established the Rapid Quality Reporting System (RQRS). RQRS provides immediate feedback on quality measure compliance that tracks outcomes in “real time.” RQRS is currently voluntary and available as a benefit of accreditation.

Cancer-specific dashboards, guideline adherence, evidence-based pathways, quality performance measures and monitoring of patient safety issues require integrated information technology systems. Unfortunately, most cancer programs do not have such systems in place. Cancer programs may want to conduct an internal audit of their processes related to multidisciplinary standards and comprehensive cancer care delivery. This will provide an assessment of compliance with the CoC standards for the collection of high-quality, data that measures quality cancer care.

To learn more about the expertise of The Oncology Group and how we can help with the development of dashboards and metrics that will ensure that you are delivering high quality care for your cancer patients, please contact us at 512-583-8815 or by email at info@theoncologygroup.com.

1. Institute of Medicine report, Delivering High Quality Cancer Care: Charting a New Course for System in Crisis, Sept. 10, 2013.
2. www.cnn.com/2013/11/19/health/veterans-dying
3. KY Bilimoria, et al. Wait Time For Cancer Surgery in the U.S. Trends and Predictors of Delay. Annals of Surgery 253 (4), 779-785.