

LEITLINIENPROGRAMM ONKOLOGIE



Quality Management in Oncology

Building up a network between the German Guideline Program in Oncology,
Cancer Registries, and Certified Cancer Centers

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BACKGROUND: GERMAN NATIONAL CANCER PLAN

PARTICULAR OBJECTIVES

- #5 Certification and quality management of oncological health care institutions
- #6 evidence based guidelines in oncology
- #8 meaningful reporting of quality by cancer registries
(joint working group 'documentation')

Nationaler Krebsplan
Aktueller Stand und Perspektiven



Bundesministerium
für Gesundheit

www.bmg.bund.de

GERMAN GUIDELINE PROGRAM IN ONCOLOGY (GGPO)

BACKGROUND AND RATIONALE

- need for quality improvement in cancer care
- need for better knowledge transfer
- need for a common basis to improve networking of quality initiatives
- German National Cancer Plan

GGPO was launched 2008, setting the goal to develop and implement high quality clinical practice guidelines (CPGs) in oncology by:



GERMAN GUIDELINE PROGRAM IN ONCOLOGY (GGPO)

OBJECTIVES

- to support CPG development by scientific medical societies
- to harmonize formats, procedures, and methodology of oncological CPGs
- to provide independent funding for CPG development
- to improve methodological quality of CPGs
- to improve implementation and evaluation by
 - patient guidelines
 - short / long / pocket versions of CPGs
 - performance measures / quality indicators
- to consolidate the network of quality initiatives

GERMAN GUIDELINE PROGRAM IN ONCOLOGY (GGPO)

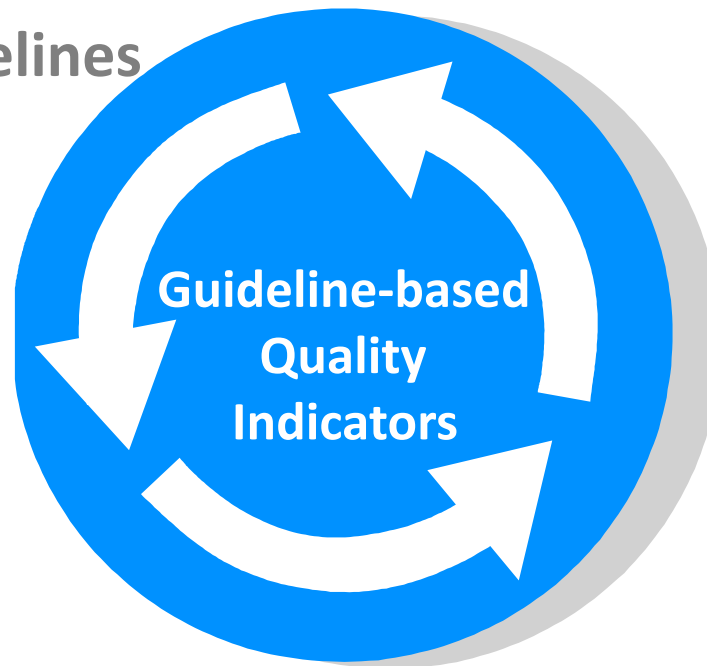
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GGPO CONTEXT: QUALITY IMPROVEMENT IN ONCOLOGY

Clinical Practice Guidelines (CPG)

provide evidence- and
consensus-based
recommendations



Cancer Registries

assess and report
processes and outcomes

are linked with

Quality Assurance

within the framework of the
German Social Code Book
(§137a SGB V)


Certified Cancer Centers

support implementation –
transfer of guidelines into practice

GGPO CONTEXT: QUALITY IMPROVEMENT IN ONCOLOGY

CPG
recommendations

QI development
following a
standardized
methodology



DEVELOPMENT OF QUALITY INDICATORS: STEPS

„Translation“ of strong guideline recommendations (recommendations grade A) or guideline outcome objectives into potential QI (numerator/denominator) by a methodologist

Compilation of a preliminary list of QI taking potential measurability into account (2 methodologists)

Written assessment according to further specific criteria by GGPO author (Required: > 75% acceptance for each criteria)

Final selection and integration into the GGPO after review of expert panel and after discussion and formal consensus process with GGPO authors (Required: QI >75% acceptance)

QI

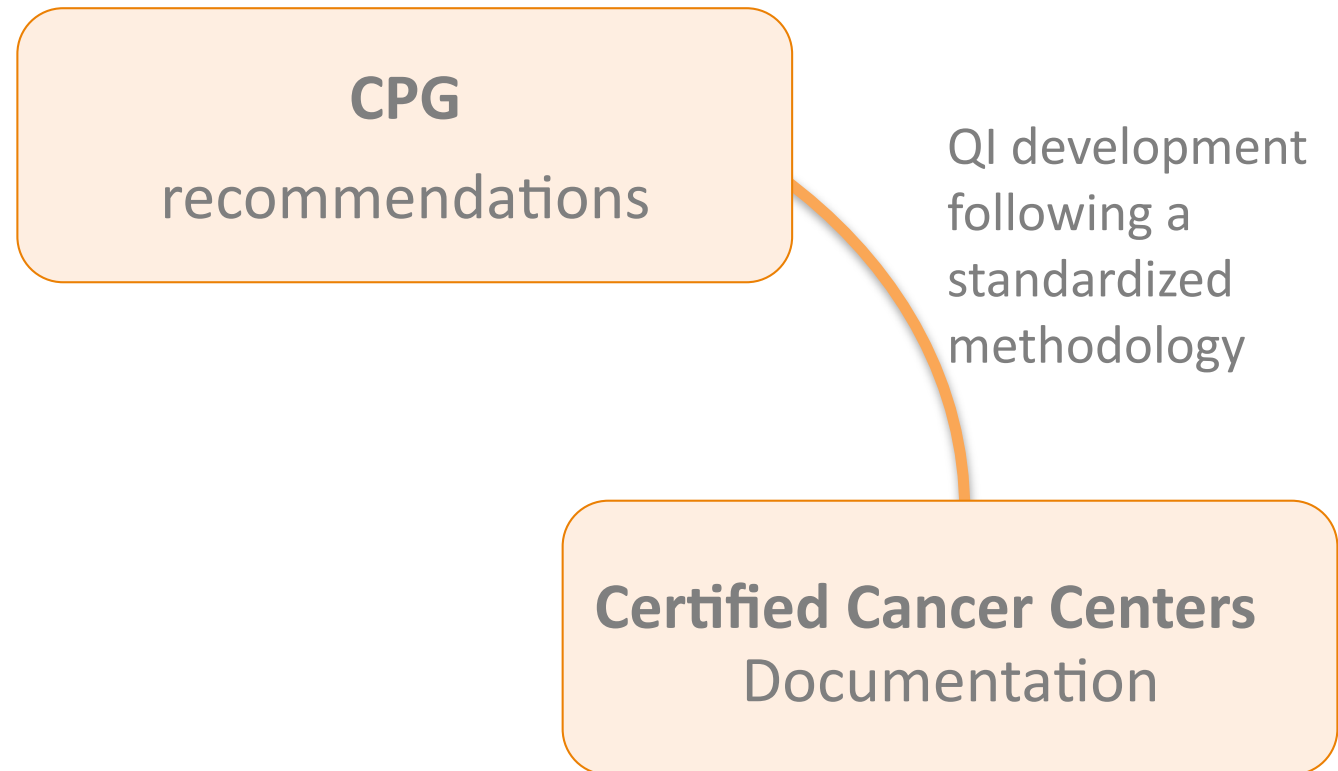
DEVELOPMENT OF QUALITY INDICATORS: THE QUALIFY INSTRUMENT

*

	1 Does not apply	2 Rather does not apply	3 Rather does apply	4 Applies
1.Importance of the quality characteristic captured with the quality indicator for patients and the health care system				
2.Clarity of the definitions (of the indicator and its application)				
3.Indicator expression can be influenced by providers				
4. Evidence and Consensus Basis of the Indicator* <i>*criteria modified for GGPO process: added: consensus basis</i>	only strong recommendations – not re-assessed			
5. Consideration of potential risks / side effects of the indicator: Are there risks for inappropriate care which cannot be compensated for?	yes		no	

* <http://www.bqs-qualify.com/anw>

GGPO CONTEXT: QUALITY IMPROVEMENT IN ONCOLOGY

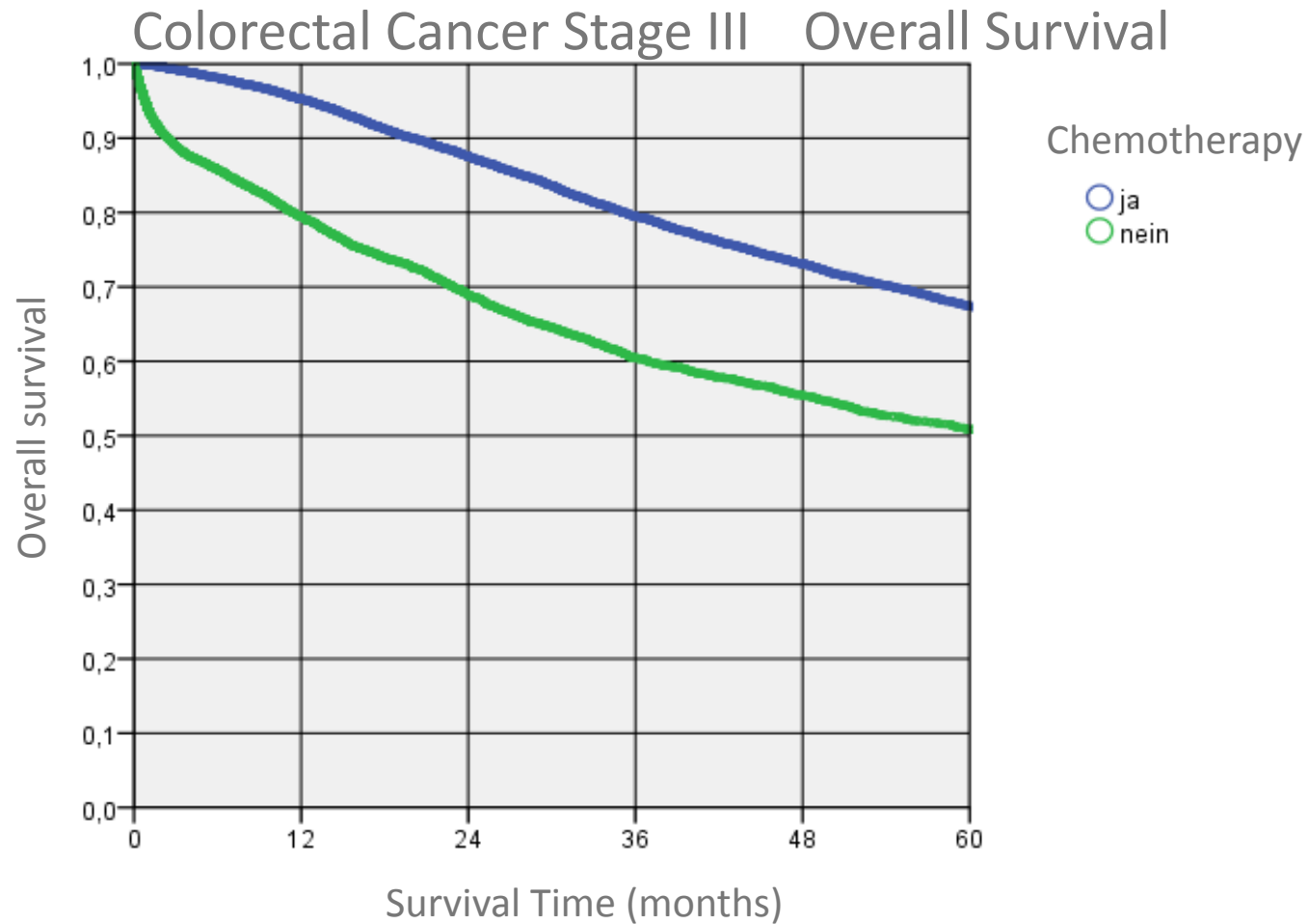


GUIDELINE BASED QI: EXAMPLE I

COLORECTAL CANCER

Guideline Recommendation	Goal	Quality Indicator (Reference Range)
<p>Adjuvant Chemotherapy is indicated in pts with colon carcinoma UICC Stage III who underwent R0 resection.</p> <p>LoE 1a, GoR A</p>	<p>High rate of adjuvant chemotherapies in pts UICC stage III</p>	<p><i>Numerator:</i> Pts with colon carcinoma UICC III and R0-resection having received chemotherapy</p> <p><i>Denominator:</i> All pts with Colon carcinoma UICC III and R0-resection</p> <p>(>80%)</p>

COLORECTAL CANCER



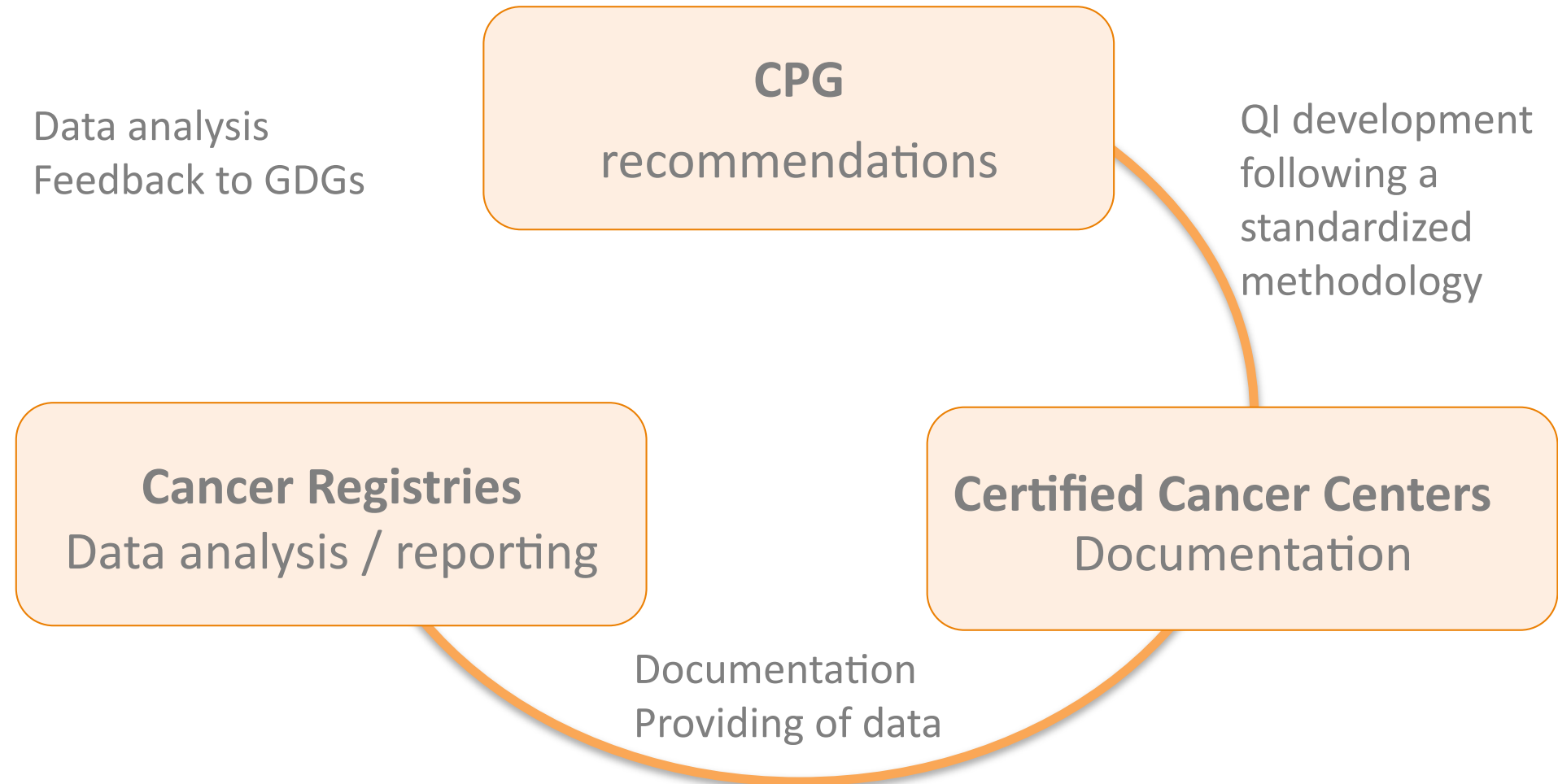
GUIDELINE BASED QI: EXAMPLE II

BREAST CANCER

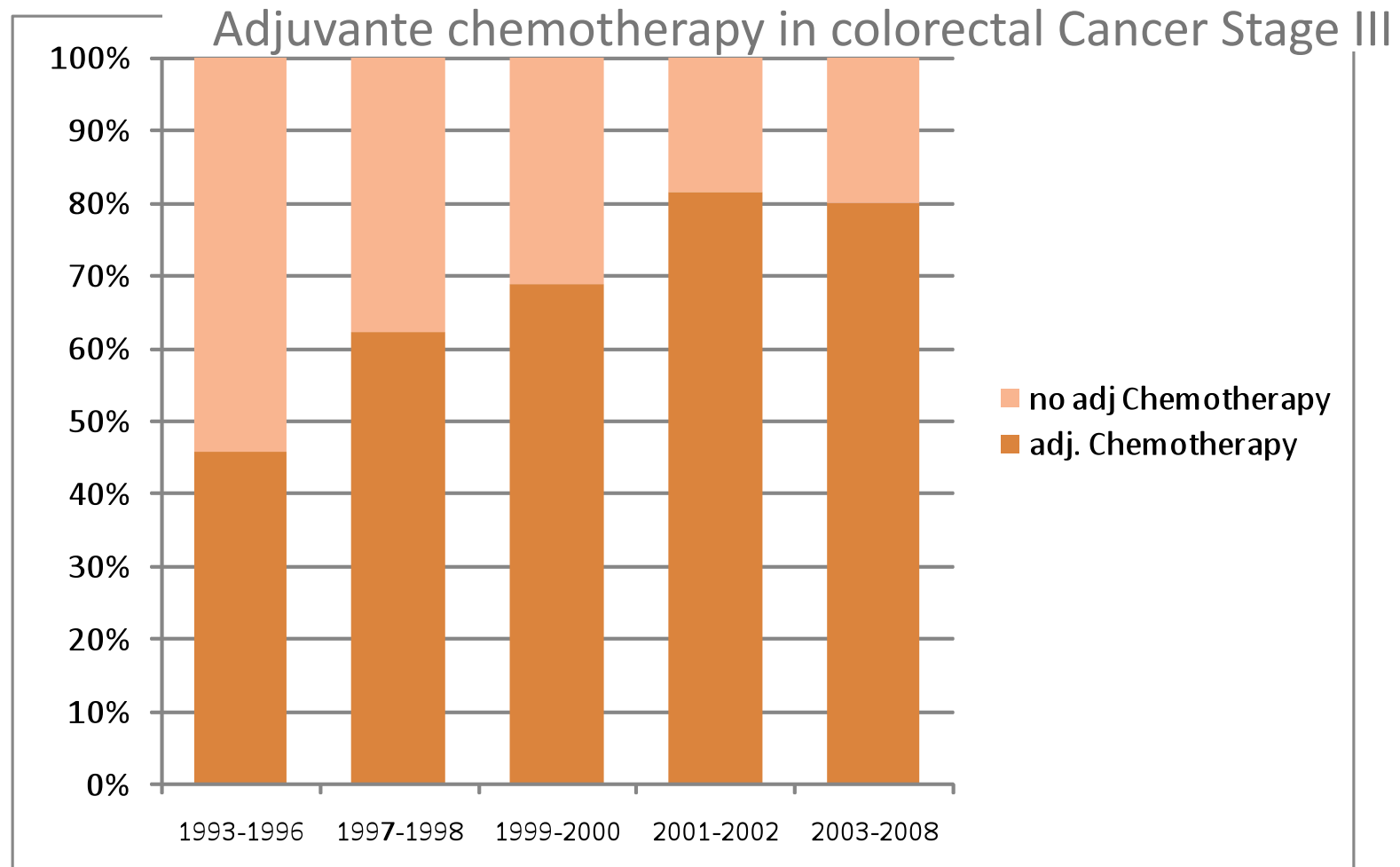
Guideline Recommendation	Goal	Quality Indicator (Reference Range)
<p>Investigation of nodal status should be performed by SNLE. GoR A</p> <p>Morbidity after SNLE is reduced in comparison to axillar dissection. LoE 1</p>	<p>High number of excl. SLNE for assessing nodal status in pts with invasive breast cancer pT1 pN0</p>	<p>Numerator: number of exclusive SNLE in invasive breast cancer pT1 pN0</p> <p>Denominator: number of all primary surgery of invasive breast cancer pT1 pN0</p> <p>(>75%)</p>

* Kreienberg et al: S3-Guideline on Breastcancer, 2008 (Update)

GGPO CONTEXT: QUALITY IMPROVEMENT IN ONCOLOGY



DATA REPORTING / ANALYSIS (RESULTS OF QI FROM CANCER REGISTRIES)

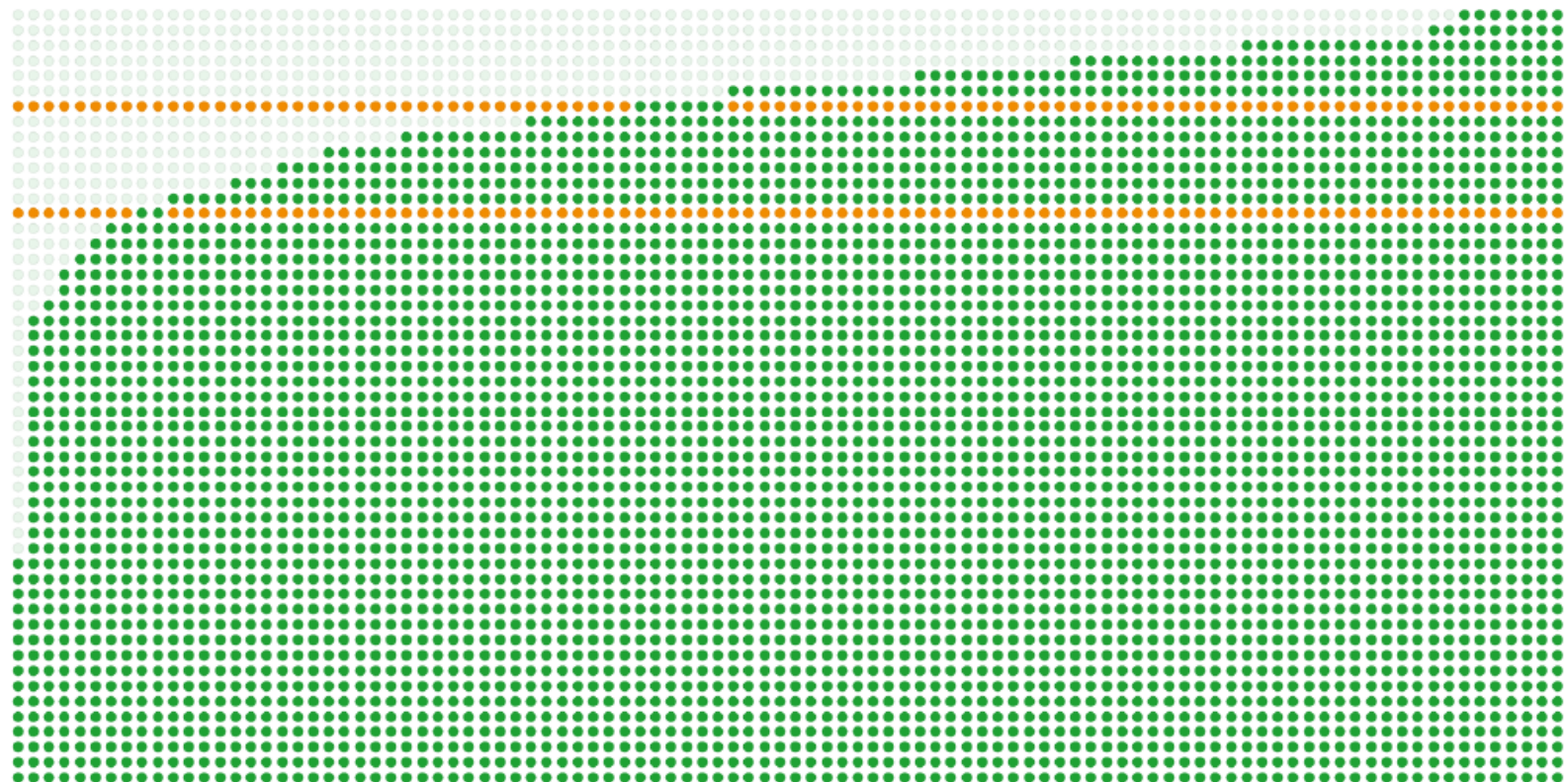


DATA REPORTING / ANALYSIS (DATA OF CERTIFIED CENTERS)

Exclusive SNLE in patients with stage pT1 pN0

Mean: 88,2 %

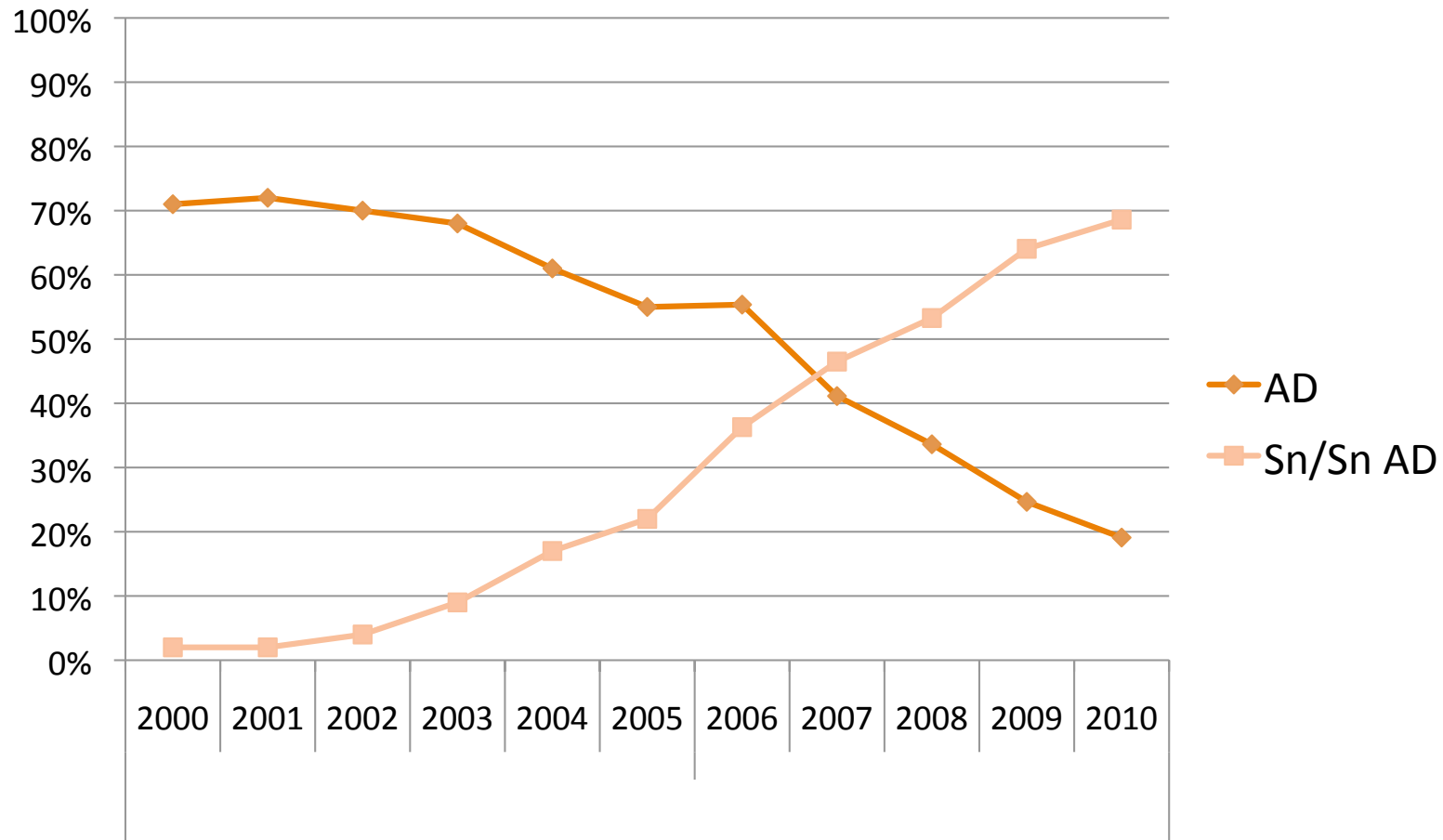
Goal: > 75 %



* German Cancer Society: Benchmarking 2011 Annual report of the certified breast cancer centers

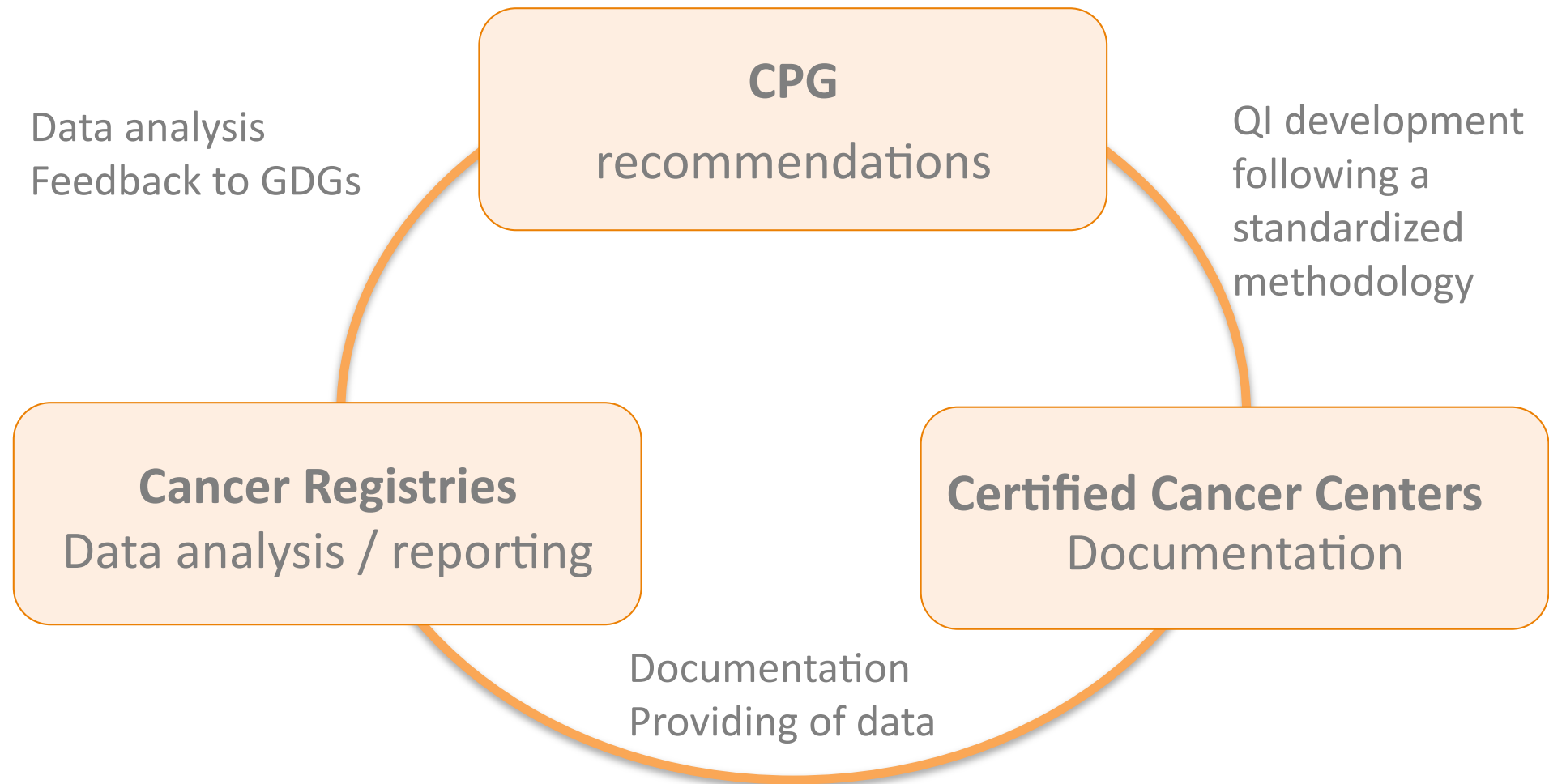
DATA REPORTING / ANALYSIS (CANCER REGISTRIES)

Axillary dissection (AD) vs. Sentinel- lymph node biopsy with/without AD

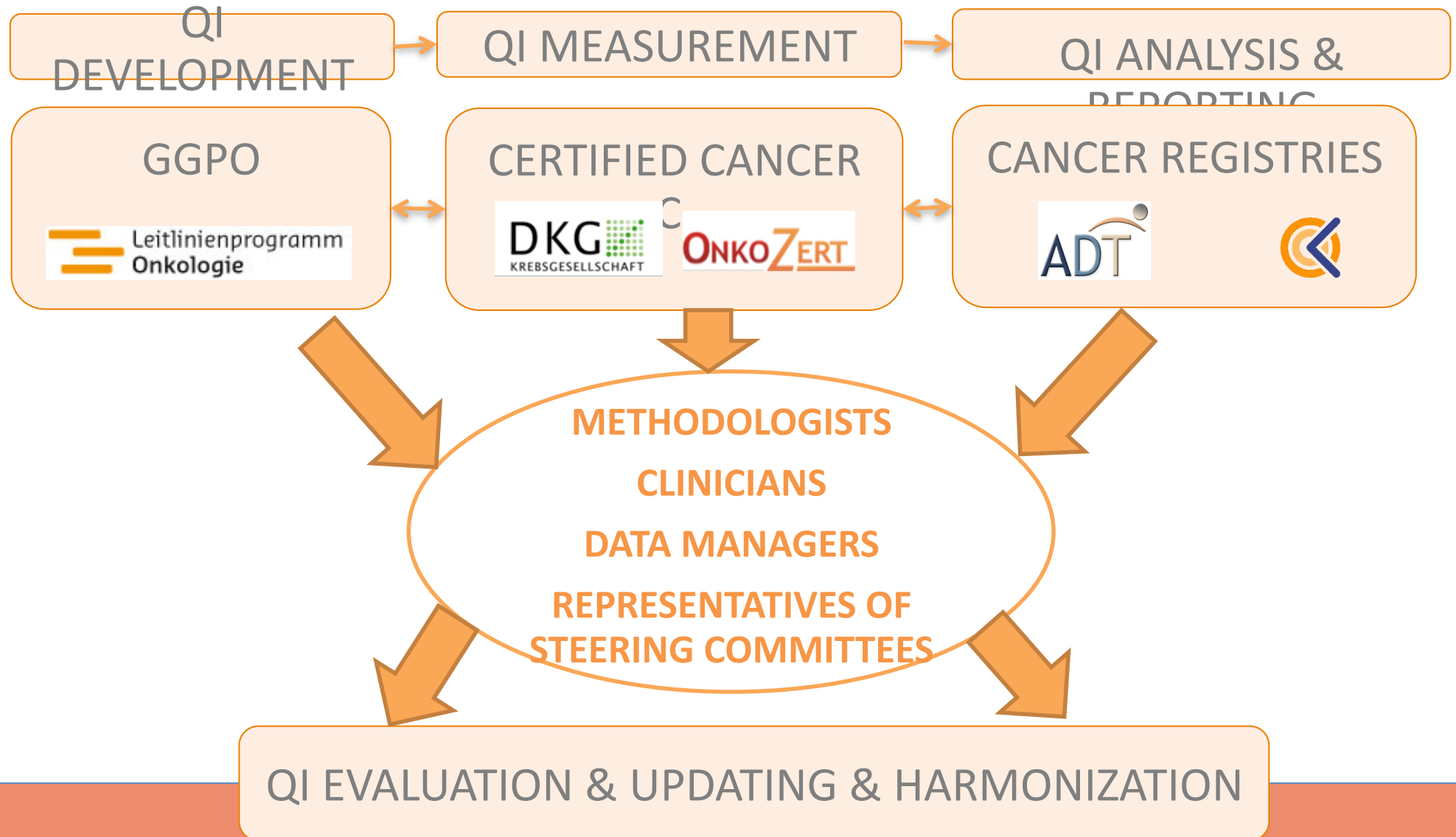


* German Cancer Registries 2010

GGPO CONTEXT: QUALITY IMPROVEMENT IN ONCOLOGY



QUALITY MANAGEMENT IN ONCOLOGY: THE NETWORK



CONCLUSION: QUALITY MANAGEMENT IN ONCOLOGY

POINTS TO CONSIDER

- QI are crucial tools for implementation and evaluation of CPG's
- QI development from CPGs should be established according to a standardized methodology
- These QI should be fitted into existing QM structures and duplication of documentation should be avoided
- A network between GDGs and institutions responsible for measuring and analyzing QM data is essential in order to update and review QI

Thank you!



... view from the GGPO Office

Berlin, Germany