

Evaluation of oncological care in CCCNs through tumour-specific quality indicators derived with the iET-QI



TYPE
STATUS

Recommendations an evaluation program (iPAAC WP10)

LAST
UPDATE

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EU COUNTRIES • NATIONAL
Comprehensive Cancer Care Networks • Quality of Cancer Care

PROBLEM & OBJECTIVE

PROBLEM It is important for Comprehensive Cancer Care Networks (CCCNs) and Member States (MS) to determine, compare and, if necessary, improve the quality of tumour-specific care within the CCCN settings.

OBJECTIVE The iET-QI (iPAAC Evaluation Tool for QIs) tool allows the compilation of tumour-specific quality indicator sets that can be applied in CCCNs in different MS to evaluate the quality of oncological care.

CONTACT

German Cancer Society
Kuno-Fischer-Strasse 8
14057 Berlin, Germany
zertifizierung@krebsgesellschaft.de

KEY COMPONENTS / STEPS

- The iET-QI tool for compiling tumour-specific QI sets was developed by WP 10 of the JA iPAAC.
- QI sets for colorectal and pancreatic cancer were created using the iET tool.
- These were implemented and piloted in two CCCNs in two Member States (Lower Silesian Oncology Centre, Wrocław, Poland and Comprehensive Cancer Centre Charité, Berlin, Germany).
- The process was evaluated externally and confirmed the applicability of the iET-QI tool and the two QI-sets in different MS.

KEY CONTEXTUAL FACTORS

- iET-QI instrument and the corresponding QI-sets for colorectal and pancreatic cancer can be used at national, regional and CCCN level.
- The iET-QI tool provides the flexibility to create tumour-specific QI sets that are applicable in the respective health system.
- The establishment of a national standard for tumour-specific QI sets is recommended because it enables a nationwide comparison of outcome quality. However, a sole application by a CCCN should also be supported so that the treatment quality of the network partners can be evaluated and monitored.

MAIN IMPACTS / ADDED VALUE

- The iET-QI tool offers for the first time the possibility to create QI sets with the help of a defined methodology that has been agreed upon within the framework of a European Joint Action.
- The derived QI sets have clear numerator and denominator definitions and thus allow a comparison of the quality provided.
- They can be adapted to the characteristics of specific health care systems and can thus be used for national governance of oncology care.
- At the regional and local level, the QIs are suitable for evaluating and, if necessary, improving the cooperation between the partners in the CCCNs as well as to monitor the adherence to the medical guidelines.
- From the patient's point of view, the use of the QI leads to an improvement of care, as the QI sets address areas for which there is potential for improvement from a scientific point of view. Oncological treatment is thus standardised and allows all patients to receive the same, quality-assured oncological care.

LESSONS LEARNED

- QI-sets should be integrated into a comprehensive quality assurance system (LINK to OP).
- When developing/using the QI-sets, the structures for data collection at national, regional and local level must be considered from the very beginning.
- The results of the QI sets must be evaluated in a defined process and used to define concrete measures.
- If further QI-sets are to be developed (in addition to the European QI-sets for colorectal and pancreatic cancer), attention should be given ensuring that:
 - Tumour-specific QI sets are developed.
 - The panel for the assessment of potential QIs consists of medical experts, patient representatives, cancer registry experts and evidence-based medicine methodologists.

REFERENCES & DOCUMENTATION

- Systematic review of the Quality Indicators (QIs) to evaluate the CCCN approach in the management of oncologic patients
- Methodology for defining quality indicators (QI) in order to monitor and improve oncological care within a Comprehensive Cancer Care Network (CCCN) – the iPAAC Evaluation Tool for QIs in oncology
- Quality Indicators for Colorectal and Pancreatic Cancer to monitor and improve oncological care within Comprehensive Cancer Care Networks (CCCN)
- Providing guideline-based oncological care in CCCNs through implementation of tumour-specific patient pathways using the iPa2-Guide
- Implementing patient-reported outcome measures in cancer care
- Standards for the Implementation of Comprehensive Cancer Care Networks (CCCNs)
- Framework for the certification and designation of Comprehensive Cancer Care Networks (CCCN)
- Country experience: Implementation of the iPAAC pilot CCCN in Poland (Lower Silesian Oncology Centre) and in Germany (Charité)
- Recommendations for the update of NCCP's for the governance of integrated cancer care