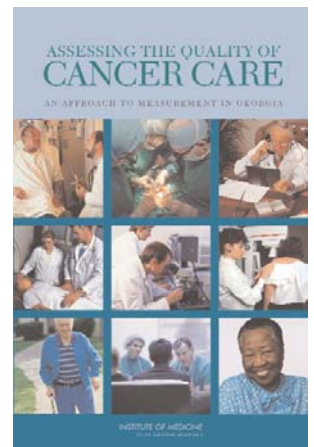


ASSESSING THE QUALITY OF CANCER CARE: AN APPROACH TO MEASUREMENT IN GEORGIA

Shortly after 1998, leading members of Georgia's government, medical community, and public-spirited citizenry began considering ways in which some of Georgia's almost \$5 billion, 25-year settlement from the tobacco industry's Master Settlement Agreement with the 50 states could be used to benefit Georgia residents. Few states have devoted substantial portions of this settlement to public health, cancer-related purposes, but Georgia made the exceptional decision to create the Georgia Cancer Coalition with the objective of making Georgia a national leader in cancer prevention, treatment, and research. Preventing cancer and detecting existing cancer earlier, improving access to quality cancer care, and saving more lives from cancer were among the major goals of the Coalition. To achieve these goals, the Coalition began to plan and implement a comprehensive, statewide program. At the outset, the Coalition realized the need to provide reliable, complete, and timely data on residents with cancer and to design a program of specific measures that could monitor the state's progress in improving cancer care. To ensure the availability of data, the Coalition began to improve the cancer registries in Georgia, and to monitor progress of its program to improve cancer care, the Coalition sought the advice of the Institute of Medicine (IOM). The IOM's response was the study, *Assessing the Quality of Cancer Care: An Approach to Measurement in Georgia*.

The one-year study was carried out by an eleven-member committee of cancer experts, experienced clinicians, epidemiologists, and public health professionals, and the report was submitted to Georgia's governor and the Georgia Cancer Coalition in early 2005. The committee built on the IOM's preceding efforts in quality of care, specifically considering basic definitions and concepts including what constituted good quality health care, how to define quality measures, and the principles and criteria to be used in selecting quality measures for cancer care. The committee was guided by the selection criteria of the National Quality Forum's Strategic Framework Board. These criteria were reflected in an iterative scoring evaluation, which was applied to measures that were available in the literature and for which there was good quality reported evidence.

In all, 52 measures were selected, focusing on adult breast, colorectal, lung, and prostate cancers since these comprise the majority of cancer cases. There were ten measures in the domain of preventing cancer; five in early detection of cancer; fourteen in diagnosing cancer; and twenty three in treating cancer, including follow-up and



Each measure selected related to Coalition goals of either preventing cancer and detecting existing cancers earlier or improving access to quality cancer care for all Georgians.



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palliation. Each measure selected related to Coalition goals of either preventing cancer and detecting existing cancers earlier or improving access to quality cancer care for all Georgians. Measures were also selected to have clear and compelling rationales, to be actionable, and to help lead the improvement of cancer care in Georgia. In addition, measures' importance, scientific acceptability, and feasibility/utility were assessed and the strength of the supporting evidence was carefully weighed.

For each measure, the source, the consensus on its relevance to care and other background information, relevant Georgia statistics, and the approach to calculating the measure, such as the numerator and denominator, potential data sources for the measure, its limitations and potential benchmark sources were reported. Although the Coalition advised the IOM that measures should be selected without regard to current data resources, the committee attempted to focus on measures that did not require new systems or heavy resource use. Most measures could be collected from good registry data or other existing systems, but the committee also felt that occasional recourse to medical charts or more difficult sources might provide priority information.

Cancer care will not improve significantly in Georgia until disparities are addressed. To this end, the committee recommended that Georgia expand its information systems to include a survey program to collect data pertaining to patients' experiences and a system to collect and analyze data that yield insights on addressing racial, ethnic and socioeconomic disparities in cancer care. Finally, the committee urged the Coalition to remember that the purpose of monitoring quality of care is not only to evaluate progress but to motivate change. The monitoring system should be transparent and public.

Georgia has indicated that it intends to proceed expeditiously with the program of the Georgia Cancer Coalition and to implement the recommendations of the IOM report. The Georgia system would be the first of its kind and could provide a model for other states to address the quality of cancer care in a comprehensive statewide program.

COMMITTEE ON ASSESSING IMPROVEMENTS IN CANCER CARE IN GEORGIA

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Assessing the Quality of Cancer Care: An Approach to Measurement in Georgia is available for sale from the National Academies Press, 500 Fifth St. NW, Washington, DC 20001; call (800) 624-6242 or (202) 334-3313 (in the Washington metropolitan area), or visit the NAP's on-line bookstore at www.nap.edu. For more information about the Institute of Medicine, visit the IOM home page at www.iom.edu.

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