

Can We Really Define Quality Cancer Care?

BY MATTHEW FARBER, MA



Discussions on how to define quality cancer care and how best to deliver the highest quality care are quite frequent in the oncology community. Payers, providers, professional organizations, accrediting bodies, etc., all have a stake in ensuring the delivery of quality cancer care. But at the end of the day, what is the definition of quality cancer care?

As an example, consider the cover story of this *Oncology Issues*. The article describes how an ACCC member developed and implemented an oncology rehabilitation program. Now, although rehab programs receive little attention in quality metric discussions, I am certain that many patients would say that these services are an integral part of a quality cancer program.

While I certainly will not try to answer the question of what defines quality cancer care in this column, I do want to explore some of the ways ACCC is contributing to the quality discussion.


Throughout this year, ACCC has explored the issue of quality in cancer care as a part of ACCC President Becky DeKay's theme issue. In June ACCC held its second Institute for the Future of Oncology forum in Chicago. This year's discussion topics focused on organizational leadership and communicating quality. In October, at the National Oncology Conference, ACCC released two white papers developed from the Institute forum discussions: "Oncology Leadership: Looking to the Future in a Shifting Healthcare Environment" and "Communicating Quality in Oncology." Not surprisingly, both papers include discussions on quality care.

The "Oncology Leadership" white paper focuses on characteristics of quality leadership, ways to identify future leaders in a cancer program, and the importance of creating succession plans for the next generation of leaders, while taking into account changes in payment methodology, staffing, and marketplace consolidation. Many argue that a quality cancer program starts at the top with strategic and visionary leadership.

The second white paper looks at how cancer programs communicate that "quality care" is, in fact, being delivered. The paper reflects participants' thoughts on practical ways to identify and define quality cancer

care for the three primary stakeholder groups: patients, payers, and providers. As part of this discussion, participants attempted to answer such questions as: Do cancer programs promote and market CoC accreditation or QOPI certification? Do current quality metrics cover what is essential for comprehensive care for the individual patient?

One key takeaway—the quality message needs to be communicated differently for different audiences. In other words, what is said to patients must be different from what is said to referring physicians and even payers. Bottom line: today's cancer programs must be flexible in their organization and skilled at communicating using both traditional methods (written correspondence, emails, online) and newer technology (the myriad of social media outlets).

As you seek to demonstrate the quality of care your cancer program provides, you may also want to refer back to ACCC's Institute for the Future of Oncology white papers (www.accc-cancer.org/institute). Or, if you are interested in participating in future Institute forums, contact me at mfarber@accc-cancer.org. 

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