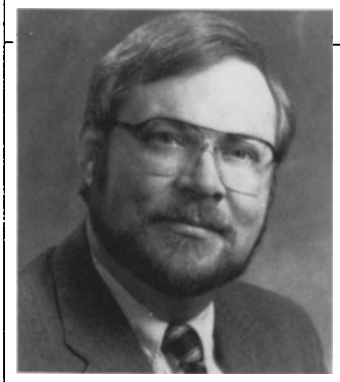
FROM THE EDITOR...

Quality Fights Back



In this issue of **The Journal of Cancer Program Management**, three articles examine hospital quality of care issues. "Quality" is clearly re-emerging as a major national health care issue. It *is* going to be evaluated....and, though it is going to be tough to make appropriate comparisons, comparisons are going to be made! As you read through these articles, you will no doubt say something like, "Wait! Wait! We can't do this!" Yet, think about how many times you and I have said "Cost containment. Yep. That's all they care about. Two (three, four) tiers of care are emerging and unless something changes, things will get a lot worse for patients, providers, facilities, and everybody."

Well, guess what? They care. The Catch-22 is "they" (the Feds, the third parties, the payors, the accreditors) want cost containment *and* quality! Not only that, but they also admit that it will cost a bundle to monitor and evaluate quality, and they anticipate that hospitals will foot the tab.

This is the equivalent of saying "Hey, Detroit. First you've got to cut all of your prices to be competitive with the Japanese imports, and...oh by the way, we want you to cut your emissions so we can save the environment." The parallel is apt. It is hard to say that you don't want to be price competitive...and harder to say that you are against good health and quality care. And, so the health care industry faces the same dilemmas posed to other U.S. industries over the past several decades: Slash your margins to compete; prepare for increased levels of competition in price and promotion; provide a better quality product; and pay for the quality control monitoring system.

No doubt there will be adversity, but there also will be opportunity and improvement. Unlike a lot of other medical specialties, oncology has much of the groundwork laid for standards. We've been weaned on protocols and brought up on patient management guidelines. We have the systems, and we have trained personnel for data collection...from tumor registries to cooperative groups. We have the scientific basis to make some judgments on the key decision points for many disease sites. We have done much homework on the structures of quality programs, and, without a doubt, we have several kinds of "outcome" markers that are pretty hard to miss. Our experience with this complexity gives us an enormous head start on developing meaningful evaluations and avoiding the trivial or statistically unreliable. We know what is collectible, we have a good idea of what the important decision-making variables are, and we know where the two converge and diverge.

What are the risks? Well, it is possible that some hospitals could be stopped from providing cancer care...although given the pervasive nature of cancer, this seems unlikely. What seems more likely is that some hospitals will be approved (or reimbursed) for some kinds of cancer care.

What are the costs? In our case, with well-trained tumor registrars, the costs are likely to be quite modest for JCAH-style data collection. Nonetheless, if institutions are held accountable for the outcomes of patients that they only manage part of the time, there are likely to be a number of other costs we have yet to perceive.

What will it do for patients? Probably three different answers are appropriate here: Good, nothing, and harm. The key question is how much of each. Standards of care can improve care. They can slow (or speed) innovation. Evaluations can divert resources.

Given ACCC's longstanding commitment to quality programs and quality patient care, and given the vast experience of a large portion of the membership with programs like the COP and CHOP, it will be important for the Association to lead the way, maximizing the benefits of these new initiatives for our hospitals, our patients, and our cancer programs.

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