QUALITY ASSESSMENT TOOL FOR OVARIAN CANCER CARE DELIVERY

Quality Self-Assessment Tool for Ovarian Cancer Care Delivery

Inspired by the manuscript published by Temkin et al (**https://pubmed.ncbi.nlm.nih.gov/34787913/**) that outlines the 7 elements of a high-quality ovarian cancer care program[1], ACCC created the Quality Self-Assessment Tool for Ovarian Cancer Care Delivery. Inside, you will find a framework designed for cancer centers that wish to perform a baseline needs assessment and identify evidence-based key recommendations for the 7 domains of ovarian cancer care delivery.

Table of Contents

Definitions

Domain: An area identified as an indicator of a high-quality cancer care program, if scored highly.

The 7 key domains are:

1. Care coordination and patient education

2. Prevention and screening

3. Diagnosis and initial management

4. Treatment planning

5. Disease surveillance

6. Equity in care

7. Quality of life

Implementation Barrier: A common obstacle (specific to ovarian cancer care) identified by a working group of cancer care professionals. Each barrier has been identified as an impediment to high-level performance within a respective domain.

Key Recommendation: Actions or recommendations that can help to overcome an implementation barrier. The scoring indicates how well a cancer center adheres to each key recommendation.

Instructions

Step 1: Identify Assessment Champion and Team

Who is the assessment champion and what is their role?
The assessment champion can be any ovarian cancer team member who can lead and guide the self-assessment exercise. This can be done in a multidisciplinary joint meeting (or via disseminating assessment sheets for individual evaluation by team members). The champion will then collect and calculate the scores, as described in detail below.

Who is on the assessment team?
Include any staff member of the multidisciplinary cancer care team that contributes to the patient care experience. This may include (but is not limited to): physicians, advanced practice professionals (APPs), nursing staff, patient navigators, financial navigators, case management, social work, pharmacy staff, clinical research staff, and administrators.

Step 2: Completing the Self-Assessment Tool

Individual Evaluations
The Self-Assessment Form may be used by individual team members. Once all individual forms are collected, the mean score will be calculated for each key recommendation by the assessment champion.

Joint Discussion
The self-assessment may alternatively be performed as a joint discussion in a facilitated multidisciplinary team meeting using the key recommendations in the Self-Assessment Form to guide the discussion. The group will discuss and agree upon a score for each key recommendation.

Step 3: Calculating Scores

Grading-Scale
A 4-point scale (1 = unsatisfactory, 2 = needs improvement, 3 = acceptable, 4 = good) facilitates site self-evaluation of key recommendations for each domain. Sites are asked to rate their institution's level of adherence to each corresponding key recommendation.

For each domain, the average of all Key Recommendation Scores becomes the "Domain Score" for each of the 7 domains. At the end of the assessment, the sum of the domain scores becomes the "Total Score" for the self-assessment. The tool includes a macro-enabled spreadsheet that makes necessary calculations and provides the 7 domain scores, total score, and a list of key recommendations that received low ratings.

How are the domain scores calculated?
For each of the 7 domains, take the mean of the key recommendation scores within that domain and then calculate the average to arrive at the domain score. For example, in Table 1, the domain score would be (3+2+3) / 3 = 2.7.

TABLE 1. How to Calculate the Key Recommendation and Domain Scores from Separate Individual Evaluations

Compare domain scores to the rubric:
- 1 = unsatisfactory
- 2 = needs improvement
- 3 = acceptable
- 4 = good.

Sites are encouraged to discuss the lowest-scoring domains as a group to identify which key recommendations should be selected as targets for quality improvement initiatives.

Domain 1: Care coordination and patient education	
Implementation Barrier: *Limited physician time to address nonmedical needs of patients with ovarian cancer*	
Key Recommendations	Score
a. Identifying and uniformly advising patients and caregivers of available local, regional, and/or online resources	Value: 3
b. Ensuring all cancer center resources are equally available to all patients with cancer, including those diagnosed with gynecologic cancer	Value: 2
c. Incorporating dedicated patient navigation (clinical or lay) services that are specific to caring for this population and that promote patient participation in shared decision-making	Value: 3
	Domain Score: 2.7

Note: A calculation will be performed for each of the 7 domains. For domains 3 and 4 (which contain subdomains), calculate the average of each subdomain, then calculate the average for the domain using the calculated subdomain scores.

FIGURE 1. The 7 Domains of Quality Ovarian Cancer Care

1 Care coordination and patient education
2 Prevention and screening
3 Diagnosis and initial management
4 Treatment planning
5 Disease surveillance
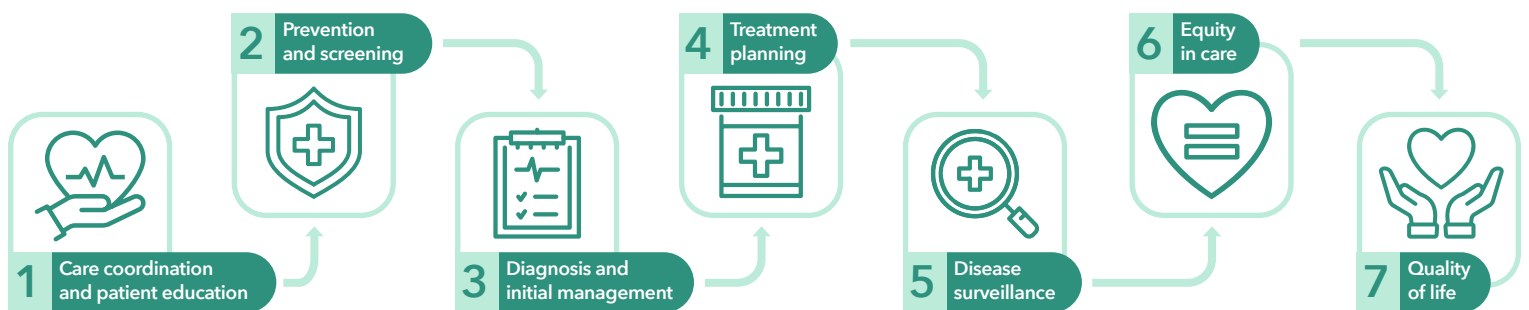6 Equity in care
7 Quality of life

TABLE 2. How to Calculate Key Recommendation Score and Domain Score from Separate Individual Evaluations

Note for Champion: If more than one team member is ranking each of the key recommendations, sites should first calculate the average of all individual scores for each key recommendation. This average will become the "Key Recommendation Score" for that key recommendation. Please see the example in Table 2.

Domain 1: Care coordination and patient education

Implementation Barrier:
Limited physician time to address nonmedical needs of patients with ovarian cancer

Key Recommendations	Score from Team Member 1	Score from Team Member 2	Score from Team Member 3	Key Recommendation Score
a. Identifying and uniformly advising patients and caregivers of available local, regional, and/or online resources	2	4	3	(2+4+3)/3=3
b. Ensuring all cancer center resources are equally available to all patients with cancer, including those diagnosed with gynecologic cancer	2	3	N/A	(2+3)/2=2.5
c. Incorporating dedicated patient navigation (clinical or lay) services that are specific to caring for this population and that promote patient participation in shared decision-making	3	1	2	(3+1+2)/3=2
				Domain Score: (3+2.5+2)/3=2.5

Step 4: After the Assessment

After the self-assessment, sites are encouraged to work as a team to develop QI initiatives to address the gaps identified. For the domain(s) with the lowest score(s), identify 4 key recommendations within those domains to use as targets for QI initiatives. For each key recommendation, identify the following:

- **Proposed Solution:** What action will your institution take to adhere more closely to the key recommendation?

- **Timeline:** Specify a deadline for the completed proposed solution (eg, "end of this year").

- **Measure:** What metric will your team use to quantify success?

- **Point Person:** Who will be responsible for following through with the proposed solution?

▷▷▷ Plan-Do-Study-Act

A suggested format and structure for this quality improvement process is available on ACCC's Oncology Practice Transformation and Integration Center (OPTIC) webpage at accc-cancer.org/OPTIC or by QR code.

📢 Tell ACCC About Your Quality Improvement Plan

As you are working through your quality improvement process, submit actions or ideas that your team is pursuing for a chance to participate in an ACCC expert-led QI intervention. You can submit them by sending an email to **resources@accc-cancer.org**.

References

1. Temkin SM, Smeltzer MP, Dawkins MD, et al. Improving the quality of care for patients with advanced epithelial ovarian cancer: Program components, implementation barriers, and recommendations. *Cancer*. 2022;128(4):654-664. doi:10.1002/cncr.34023.

Ovarian Cancer Quality Care Self-Assessment Form

Review the domains listed below. For each domain, there are 1 or more barriers that can impact the delivery of care within that domain. Evaluate each barrier based on the corresponding key recommendations listed and assign a value from 1 to 4 (1=unsatisfactory, 2 = needs improvement, 3 = acceptable, 4=good). The assessment champion will then total the domain scores and calculate the total score using the Quality Assessment Tool Calculation Sheet below:

Domain 1: Care coordination and patient education

Implementation Barrier: *Limited physician time to address nonmedical needs of patients with ovarian cancer*

Key Recommendations	Score
a. Identifies and uniformly advises patients and caregivers of available local, regional, and/or online resources	Value:
b. Ensures all cancer center resources are equally available to all patients with cancer, including those diagnosed with gynecologic cancer	Value:
c. Incorporates dedicated patient navigation (clinical or lay) services that are specific to caring for this population and that promote patient participation in shared decision-making	Value:
	Domain Score:

Domain 2: Prevention and screening

Implementation Barrier: *Low rate of prophylactic and risk-reducing surgery*

Key Recommendations	Score
a. Identifies local champions within health systems for ovarian cancer risk reduction	Value:
b. Continuing education of gynecologists, surgeons, pathologists, and oncologists on the role of risk-reducing surgery	Value:
c. Thorough pathologic evaluation (SEE-FIM) of specimens after risk-reducing surgery to detect occult tubal carcinomas and precursor lesions	Value:
	Domain Score:

Domain 3.1: Diagnosis and initial management

Implementation Barrier: *Lack of access to specialists accompanied by fragmented and siloed care across hospital departments*

Key Recommendations	Score
a. Identifies a local/regional gynecologic oncologist, where necessary, for referrals	Value:
b. Identifies ways to overcome patient–level barriers (eg, gas cards and bus vouchers to alleviate inequities)	Value:
c. Ensures complete pathologic evaluation before treatment initiation, including accurate diagnosis and harvest of sufficient tumor tissue for potential molecular testing	Value:
d. Engages patient navigators to ensure timely referrals and assistance with overcoming barriers to care	Value:
e. Bridges cancer center support to ensure resources are equally available to all patients with cancer	Value:
f. Engages a gynecologic cancer patient advocate within the health system to liaise with the cancer center and ensure that services are available for patients with gynecologic cancer	Value:

Subdomain 3.2: Evaluation

Implementation Barriers:
- *Limited number of gynecologic oncologists with expertise to adequately evaluate and manage newly diagnosed ovarian cancers*
- *Limited access to gynecologic oncologists because of transportation barriers*
- *Limited access to genetic counseling and oncofertility services*

Key Recommendations	Score
a. Centralizes surgical expertise within health systems and regions and considers a new ovarian cancer diagnosis as an urgent new diagnosis with flexibility within the system to add on surgery and chemotherapy and with formal processes for urgent referrals, telemedicine options for gynecologic oncology consultations, and provider education	Value:
b. Standardizes gynecologic oncology referrals by medical or surgical oncologists before treatment initiation	Value:
c. Engages and uses patient navigators to ensure referrals to gynecologic oncologists	Value:
d. Centralizes genetic counseling services within health systems and regions to ensure access for patients with newly diagnosed ovarian cancer	Value:
e. Provides alternate care delivery, including telemedicine and group genetic counseling	Value:
f. Employs checklists or other reminder systems to ensure all patients are referred to and receive genetic testing and/or counseling	Value:
	Domain Score:

Domain 4.1: Treatment planning

Implementation Barriers:

- *Limited availability of clinical trials for patients with ovarian cancer*
- *Inadequate enrollment of elderly patients and those from historically underrepresented racial and ethnic groups*
- *Cancer center support for clinical trials that may not cross departments and extend to gynecology*
- *Patient reluctance to participate in clinical trials*

Key Recommendations	Score
a. Identifies local champions to introduce and accrue patients to clinical trials	Value:
b. Ensures all physicians and team members are aware of clinical trial availability	Value:
c. Engages research staff in clinical discussions (such as tumor boards) to encourage dialogue between clinical and research staff to optimize the identification of eligible patients	Value:
d. Ensures organizational support for all cancer clinical trials regardless of cancer type	Value:

Subdomain 4.2: Standard therapy (frontline adjuvant or primary systemic chemotherapy, other targeted therapy) and maintenance therapy

Implementation Barriers:

- *Low rate of poly (ADP-ribose) polymerase (PARP) inhibitor prescription*
- *Financial toxicity associated with oral chemotherapy*

Key Recommendations	Score
a. Educates patients and physicians on the benefits of targeted agents and PARP inhibitors, with or without bevacizumab, and their appropriate place in therapy	Value:
b. Engages financial navigators during diagnosis to assist with prior authorizations, copays, and other out–of–pocket costs associated with oral anticancer agents	Value:

Domain Score:

Domain 5: Disease surveillance

Implementation Barrier: *Historical overuse of imaging for posttreatment cancer surveillance*

Key Recommendations	Score
a. Educates physicians, team members, and patients on the risks of false–positive imaging	Value:
b. Uses quality metrics for physicians that involve evidence–based surveillance	Value:
	Domain Score:

Domain 6: Equity in care

Implementation Barrier: *Limited access to health insurance and care for non-majority racial and ethnic groups and implicit bias among health care providers*

Key Recommendations	Score
a. Ensures peer or nursing navigation for all patients with ovarian cancer	Value:
b. Establishes institutional policies to reduce implicit bias	Value:
c. Measures quality metrics by self–described race with the goal of reducing racial health inequities	Value:
	Domain Score:

Domain 7: Quality of life

Implementation Barrier: *Patient reluctance to discuss these issues with their clinician or other members of the health care team and a limited comfort level with these topics and/or lack of available resources from physicians and other team members*

Key Recommendations	Score
a. Identifies and uniformly advises cancer care team members and patients of available local, regional, and/or online resources	Value:
b. Partners with patient advocacy partners to create and curate patient and provider resources (also identified in the Survivorship Care Plan)	Value:
c. Identifies specific timepoints during a patient's care to discuss advance directives and goals of care	Value:
	Domain Score:

Quality Self-Assessment Tool Calculation Sheet

This section is for the assessment champion to complete.

The "Domain Score" below is the average of the Key Recommendation Scores within each domain above.

The "Total Score" at the bottom is the sum of all Domain Scores.

For each Domain Score, sites can compare their score to the rubric: 1 = unsatisfactory, 2 = needs improvement, 3 = acceptable, 4 = good. Domains with the lowest scores are recommended for QI intervention targets, with an emphasis on the respective key recommendations that scored the lowest.

Domain	Domain Scores
1. Care coordination and patient education	Value:
2. Prevention and screening	Value:
3. Diagnosis and initial management	Value:
4. Treatment planning	Value:
5. Disease surveillance	Value:
6. Equity in care	Value:
7. Quality of life	Value:
	Total Score:

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Additional information about this initiative is available at **accc-cancer.org/ovarian-quality-care**.

The **Association of Cancer Care Centers** (ACCC) provides education and advocacy for the cancer care community. For more information, visit **accc-cancer.org**.

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National Society of **Genetic Counselors**

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