

Quality of Treatment and Health Disparities

- Relying on benchmarking and/or quality standards such as the National Quality Forum (NQF) provides clear definitions of treatment quality by connecting appropriate treatment to specific breast cancer diagnoses
- In one study, an NQF-driven intervention improved treatment rates in a majority African-American (89%) female sample
 - 75.8% received radiation in 2005-06, compared to 95.8% in 2008
 - 73.7% received chemotherapy in 2005-06, compared to 93.7% in 2008
 - 84.1% received hormonal therapy in 2005-06, compared to 90.0% in 2008
- Improving quality of treatment in underserved populations can be a key way to reduce cancer mortality disparities

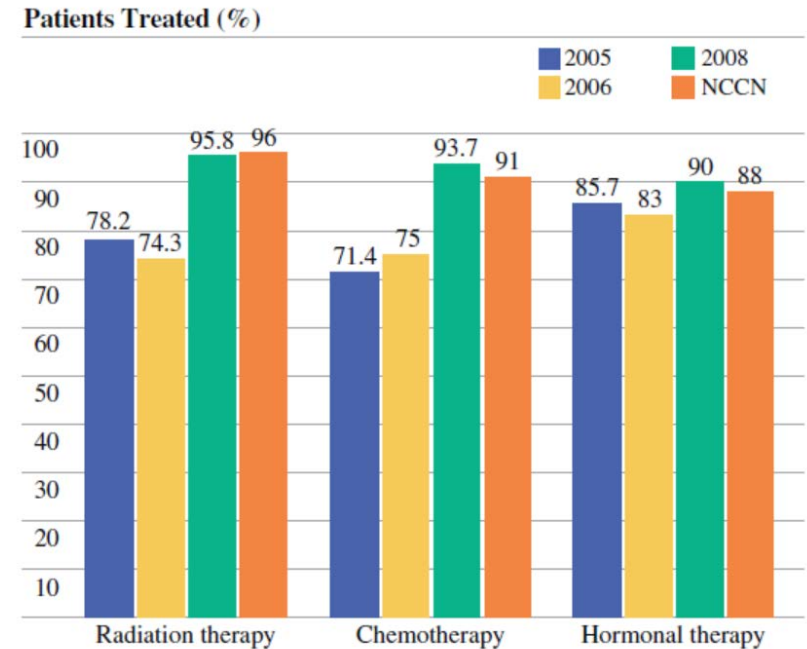


FIG. 1 Compliance with NQF QI indicators compared to select NCCN data

Rizzo M et al. Improving on National Quality Indicators of Breast Cancer Care in a Large Public Hospital as a Means to Decrease Disparities for African American Women. *Ann Surg Oncol* (2011) 18:34–39.

Breast Cancer Statistics: The State of Breast Cancer in South Carolina. South Carolina Cancer Alliance. Summer 2015.

Quality of Treatment: Quality Measures

TABLE 1 Patients receiving radiation therapy per National Quality Factor Quality Indicator

	2005 patients (%)	2006 patients (%)	2008 patients (%)	Total patients (%)
Age 18–69 breast cancer cases stage I (T1cN0), II, III	62	84	67	213
Age 18–69 undergoing BCS	23 (37.1%)	39 (46.4%)	24 (35.8%)	86 (40.3%)
Received radiation therapy	20 (86.9%)	37 (94.8%)	23 (95.8%)	80 (93.0%)
Received radiation therapy within 365 days	18 (78.2%)	29 (74.3%)	23 (95.8%)	70 (81.3%)

BCS = breast conserving surgery

- These data come from a majority African-American sample of breast cancer diagnoses who received treatment at a metropolitan public hospital – thus the authors highlight these findings as an example of an NQF-based intervention that would in effect reduce racial disparities in treatment quality
- Using standard treatment quality measures (e.g., the NQF) is essential to define the scope and timely access of appropriate treatment.

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Quality of Treatment: Treatment Options Eligibility

TABLE 4 Patients receiving adjuvant treatments before (2005–2006) and after implementations (2008)

	2005–2006 patients (%)	2008 patients (%)	Total patients (%)	<i>P</i> value*
Eligible for radiation therapy	62	24	86	
Received radiation therapy	47 (75.8%)	23 (95.8%)	70 (81.3%)	<i>P</i> = .03
Not received radiation therapy	15 (24.2%)	1 (4.2%)	16 (18.7%)	
Eligible for chemotherapy	61	16	77	
Received chemotherapy	45 (73.7%)	15 (93.7%)	60 (77.9%)	<i>P</i> = .08
Not received chemotherapy	16 (26.3%)	1 (6.3%)	17 (22.1%)	
Eligible hormonal therapy	94	50	144	
Received hormonal therapy	79 (84.1%)	45 (90.0%)	124 (86.1%)	<i>P</i> = .32
Not received hormonal therapy	15 (15.9%)	5 (10.0%)	20 (13.9%)	

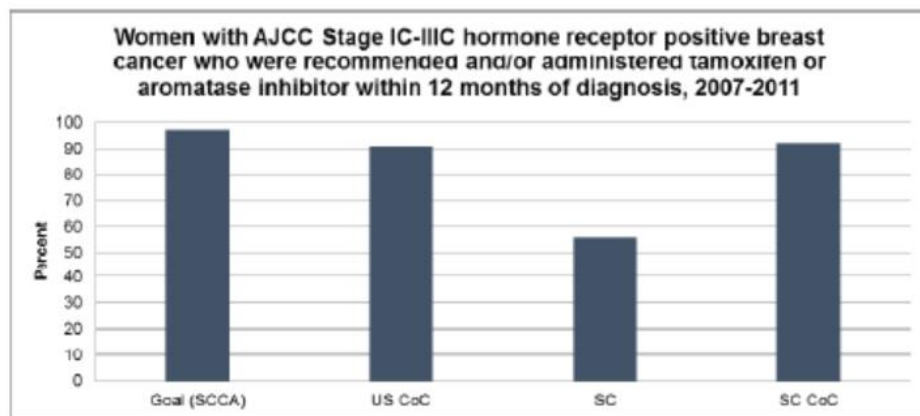
* Two-sided Pearson chi square

- In this same study, NQF quality indicators are instrumental in defining who is and is not eligible for certain treatment options based on specific breast cancer diagnoses of the patient sample

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Quality of Treatment: Treatment Comparison Across Facilities

CoC-accredited hospitals recommend or administer tamoxifen or aromatase inhibitor within 12 months of diagnosis for women with hormone receptor-positive breast cancer about 90% of the time. Across all SC hospitals, the percentage is just over 55%, showing room for improvement.



Abbreviations: SCCA: South Carolina Cancer Alliance; CoC: Commission on Cancer

- In South Carolina, providing appropriate treatment of tamoxifen or aromatase inhibitor within 12 months of diagnosis was used as a benchmark for treatment.
- This graph allows for the comparison of different groups (South Carolina vs. the US and accredited hospitals vs. non-accredited hospitals) to each other.

Breast Cancer Statistics: The State of Breast Cancer in South Carolina. South Carolina Cancer Alliance. Summer 2015.

Questions and Data Considerations

- How does this stakeholder group want to define quality treatment?
 - In what other ways should the data be visualized?
 - Other data sources that should be considered to make a more representative map for your state?
 - Next steps?
- Vital Statistics
 - State cancer registries
 - Medicaid
 - Behavioral Risk Factor Surveillance System (BRFSS)
 - National Cancer Institute (NCI)
 - Insurance providers such as BlueCross BlueShield
 - Susan G. Komen and other non-profit organizations
 - United States Cancer Statistics (USCS)
 - Electronic Health Records (EHRs)
 - Ambulatory Surgical Treatment Centers
 - Hospital discharge data
 - Federally Qualifying Health Centers (FQHCs)
 - Health Information Exchanges (HIEs)
 - FDA data on mammography locations (available with Freedom of Information Act request)
 - Commission on Cancer (CoC)