



Updating Guideline based Quality Indicators

The Methodology of the German Breast Cancer Guideline Development Group

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Disclosure of Interests (last 3 years)

Markus Follmann

I certify that, to the best of my knowledge, no aspect of my current personal or professional situation might reasonably be expected to affect significantly my views on the subject on which I am presenting.

Background:



Rationale

- need for quality improvement in cancer care
 - need for better knowledge transfer
 - need for a common basis to improve networking of quality initiatives
 - German National Cancer Plan
- GGPO was launched 2008, setting the goal to develop and implement clinical practice guidelines (CPGs) in oncology by:

Nationaler Krebsplan

Aktueller Stand und Perspektiven

www.bmg.bund.de

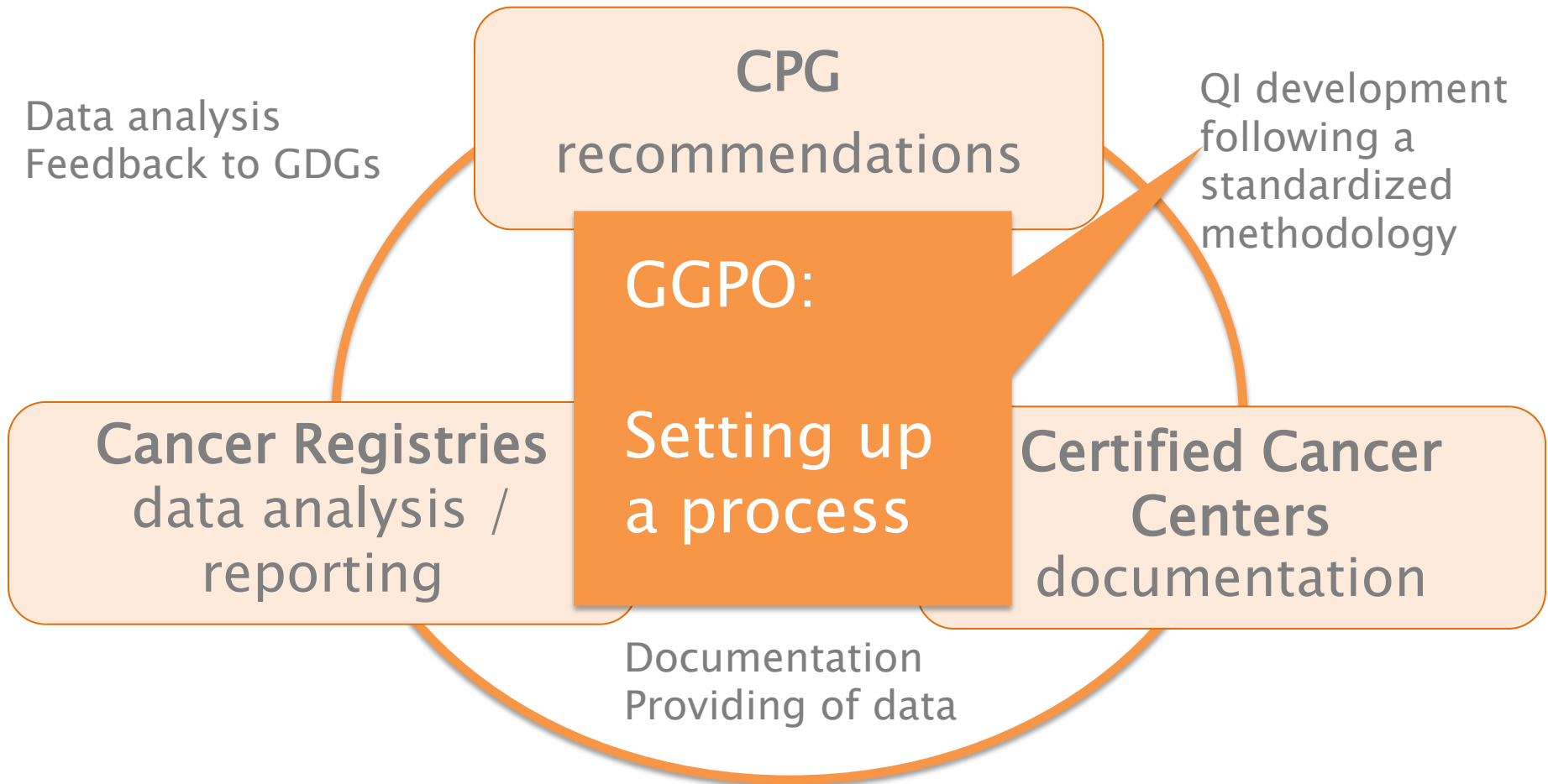
Background:



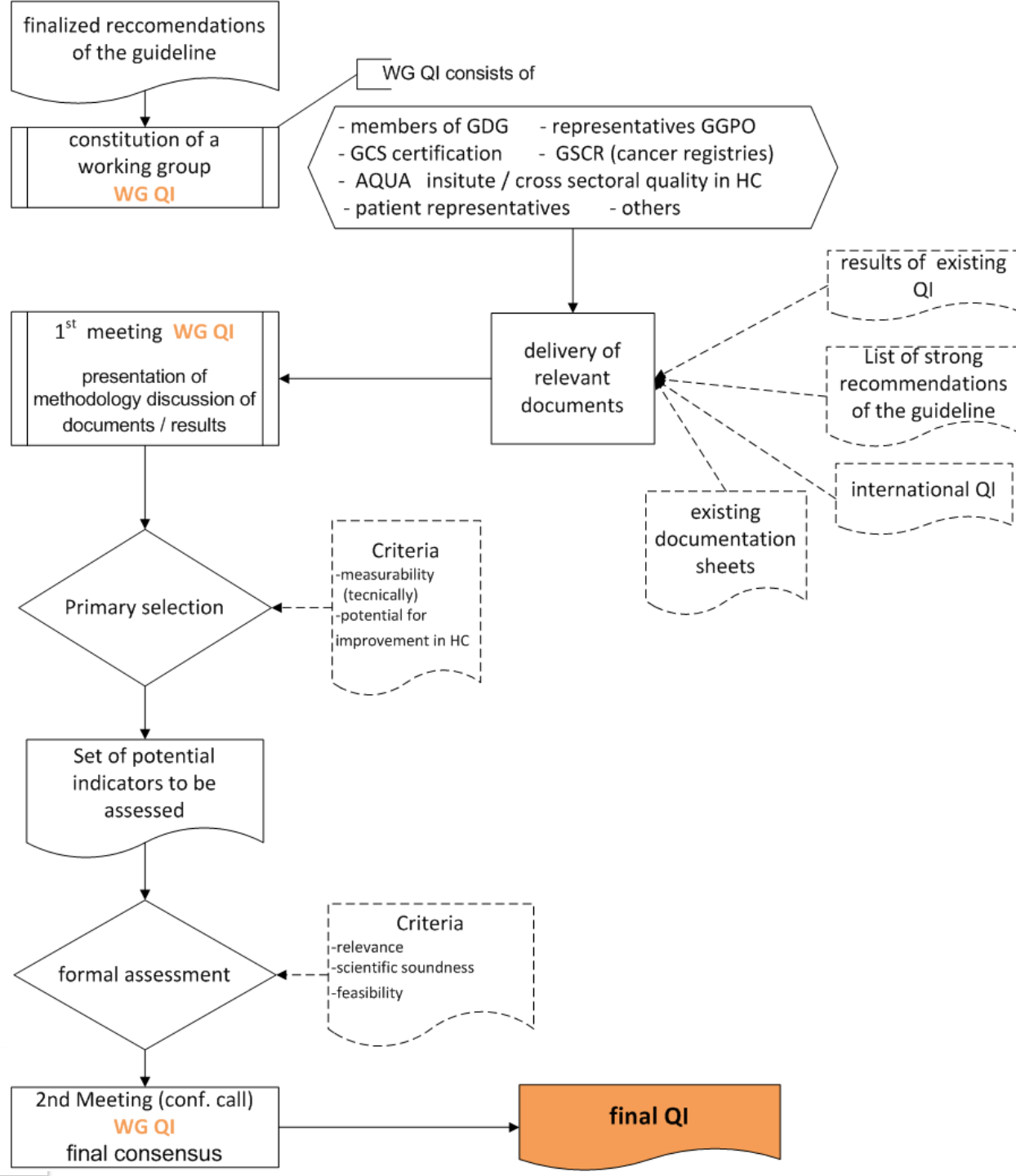
GGPO OBJECTIVES

- supporting CPG development by scientific medical societies
 - providing independent funding for CPG development
 - improving methodological quality of CPGs
 - **improving implementation and evaluation by**
 - patient guidelines
 - short / long / pocket versions of CPGs
 - **performance measures / quality indicators**
 - **consolidating the network of quality initiatives**
-

GGPO Context: Quality Improvement in Oncology



From guideline to QI: The GGPO Process



GGPO Context: Quality Improvement in Oncology

General points to consider

- Composition of the QI working group
 - Selection and ‘translation’ of CPG recommendations
 - Systematic search, identification of existing QI
 - Formal assessment (QUALIFY, RAND, AIRE...)
 - Consensus finding process
 - Feedback to the GDG
-

Updating guideline based QI in breast cancer

Particular challenges

Who is currently measuring what?

Who should be involved in the QI updating process?

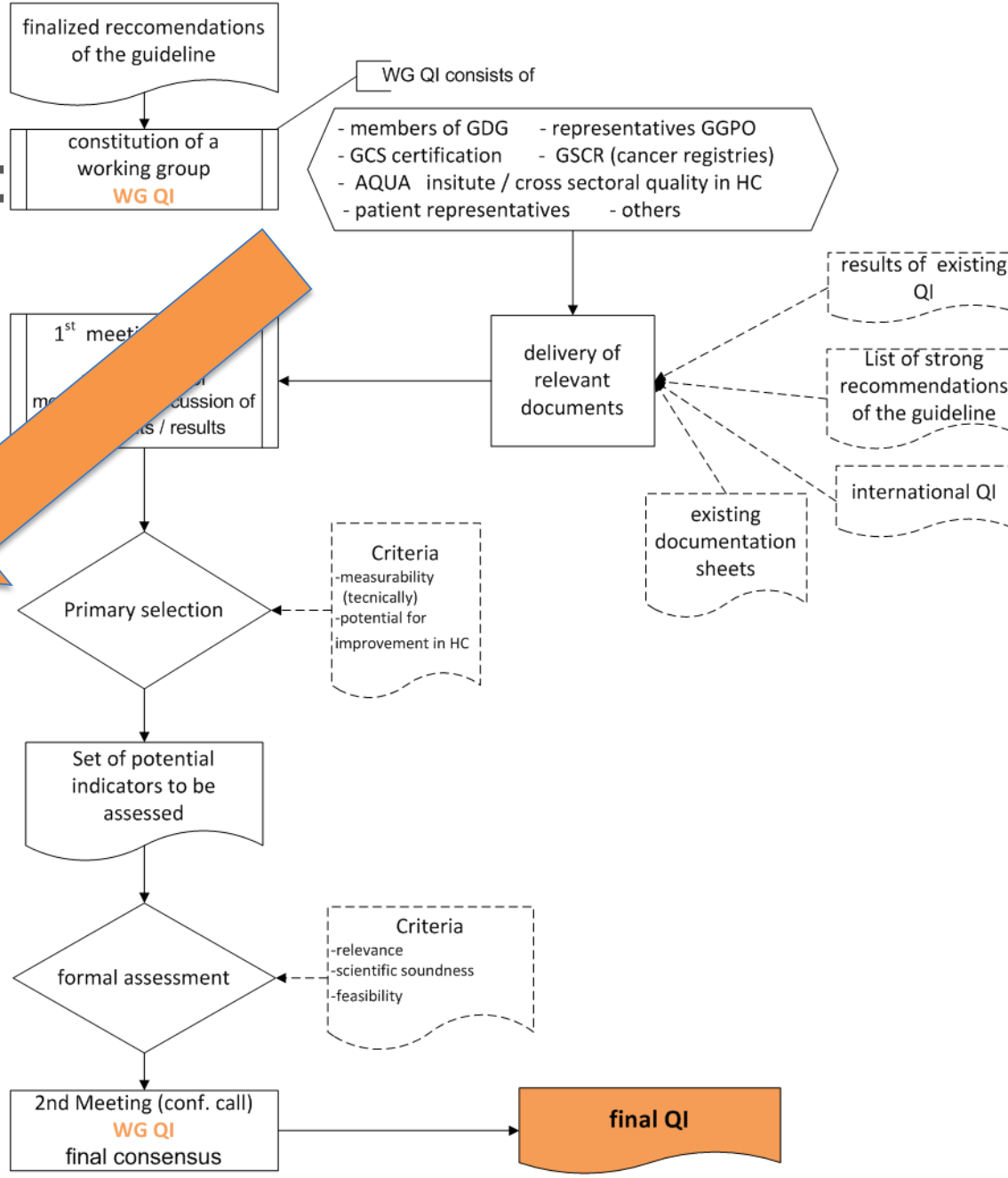
How to deal with the results of measured QI?

How to consider changes in evidence based recommendations?

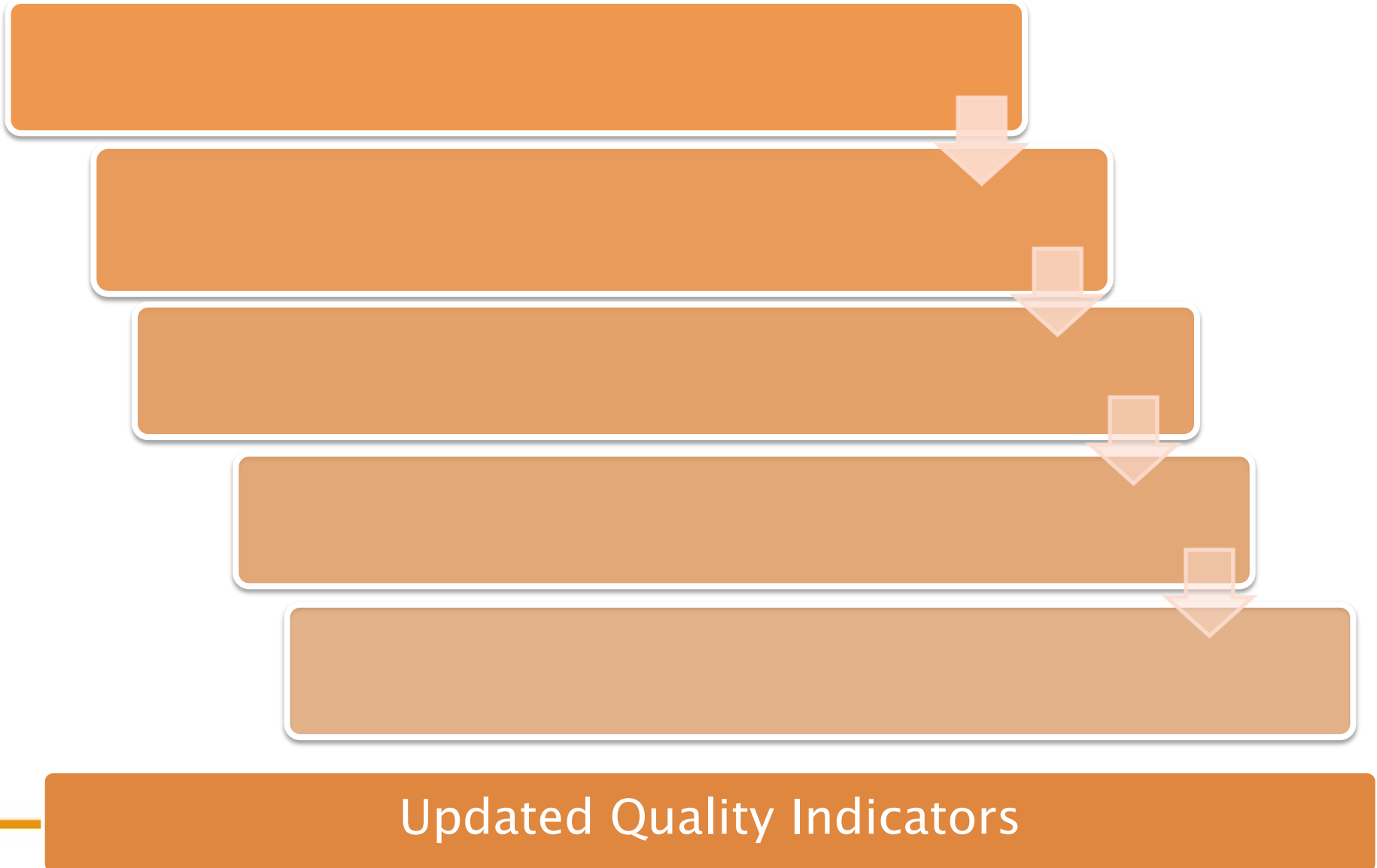
From guideline to QI:

The German Breast Cancer GDG

- members of GDG
- representatives GGPO
- GCS certification
- GSCR (cancer registries)
- SQG cross sectoral quality in HC

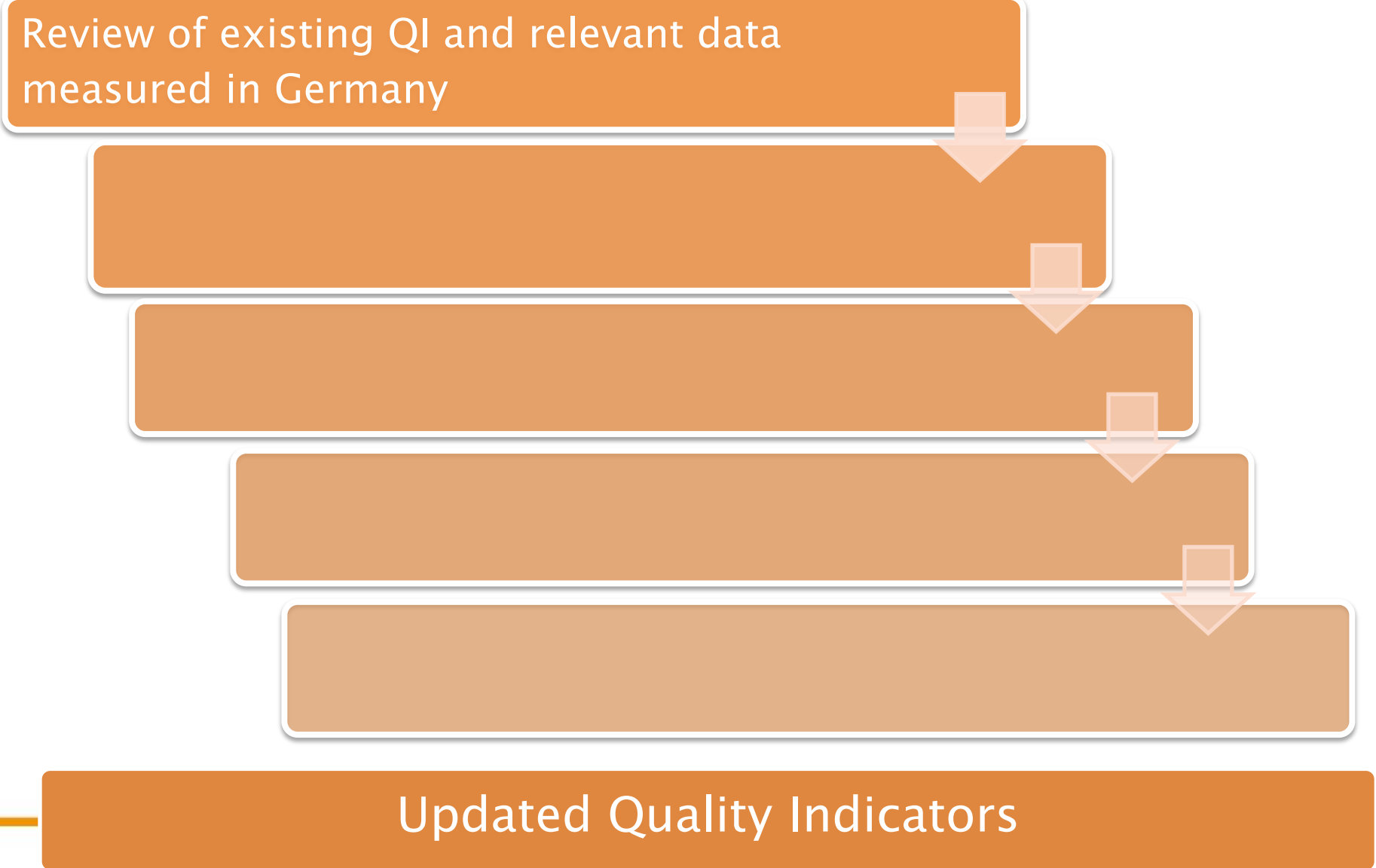


Updating QI: The German Breast Cancer Guideline Development Group



Updating QI: The German Breast Cancer Guideline Development Group

Review of existing QI and relevant data
measured in Germany



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graph TD; A[Review of existing QI and relevant data measured in Germany] --> B[ ]; B --> C[ ]; C --> D[ ]; D --> E[Updated Quality Indicators];
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Updated Quality Indicators

Updating QI: The German Breast Cancer Guideline Development Group

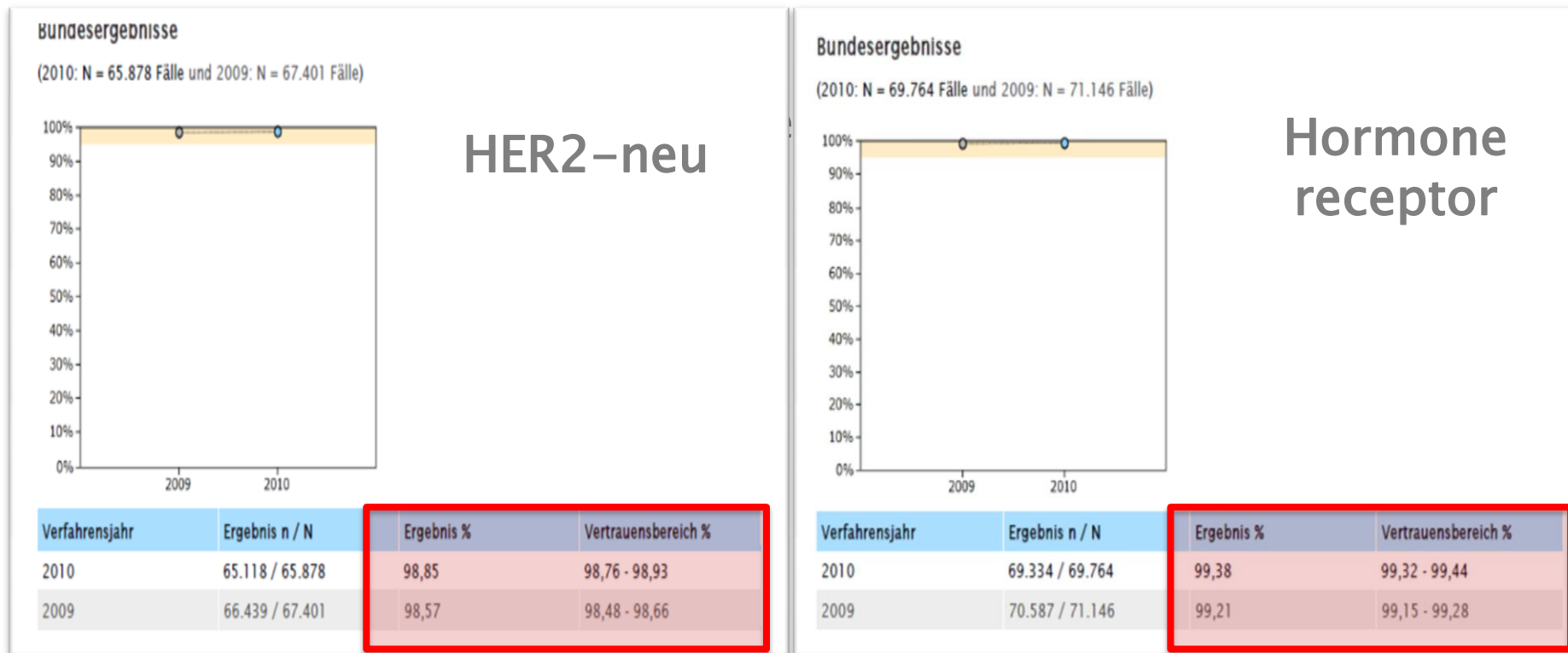


The image shows a stack of four documents. The top document is the 'Leitlinienprogramm Onkologie' logo. The second document is the 'DKG Kennzahlenauswertung 2012' report. The third document is a form with the ADT logo and 'Zukunft durch Qualität' text. The bottom document is the 'Mammachirurgie Qualitätsindikatoren 2011' report, which includes the title, subtitle 'Beschreibung der Qualitätsindikatoren für das Erfassungsjahr 2011', and the date 'Stand: 20. 4. 2012'. The ADT logo and 'Zukunft durch Qualität' text are also visible on the third document.

Updating guideline based QI in breast cancer

Example 1:

Eliminating an existing QI due to current results



Updating guideline based QI in breast cancer

Example 1:

Eliminating an existing QI due to current results

QI # 19 (2012):

N: Number of carcinomas with determination of hormone receptor status and HER2 status

D: All invasive carcinomas

Updating guideline based QI in breast cancer

Example 2:

Confirming the potential for quality improvement of an existing QI by measured data

QI #9 (2012):

N: Number of pts. with chemotherapy

D: All pts. with steroid receptor neg. tumors and histologically confirmed invasive carcinoma

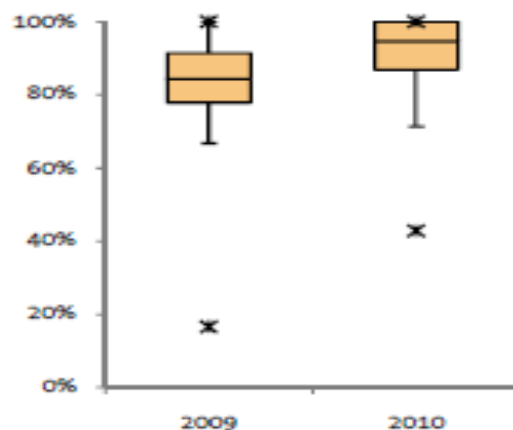
Adj-9	Adjuvante Chemotherapie bei rezeptornegativen Tumoren
Empfehlungsgrad A	a. Alle Patientinnen mit rezeptornegativen Tumoren (pN0 und pN+) sollen eine adjuvante Chemotherapie erhalten.
Level of Evidence 1a	(EBCTCG 2011; NICE 2009; NZGG 2009)

Updating guideline based QI in breast cancer



241 Standorte

Kohorten-
entwicklung



	2009	2010
Standorte	246	241
Sollvorgabe > 95%	-----	49,9%
x		
Max	100%	100%
95. Perzentil	100%	100%
75. Perzentil	91,3%	100%
Median	84,2%	94,7%
25. Perzentil	77,9%	86,9%
5. Perzentil	66,7%	71,5%
Min	16,7%	42,9%
x		

Updating guideline based QI in breast cancer

Example 2:

Confirming the potential for quality improvement of an existing QI by measured data

QI #9 (2012):



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Updating QI: The German Breast Cancer Guideline Development Group

Review of existing QI and relevant data
measured in Germany

Review of evidence based changes in
recommendations and check for implications
for guideline aligned QI

Updated Quality Indicators

Updating guideline based QI in breast cancer

Example 3:

Creating a new QI due to a new recommendation based on current evidence

QI # 11(2012):

N: Number of patients with metastatic disease having received endocrine therapy as first line therapy

D: Number of patients with steroid receptor positive breast cancer an first diagnosis of metastatic disease

Updating guideline based QI in breast cancer

Example 3:

Creating a new QI due to a new recommendation based on current evidence

QI # 11(2012):



N: Number of patients with metastatic disease having received endocrine therapy as first line therapy

D: Number of patients with steroid receptor positive breast cancer at first diagnosis of metastatic disease

Met-4	Systemische endokrine Therapie
Empfehlungsgrad A	Die endokrine Therapie ist die Therapie der Wahl bei positivem Hormonrezeptorstatus.
Level of Evidence 1b	(Fossati, R et al. 1998; NICE 2009; Stockler M et al. 1997; Stockler, M et al. 2000)

Updating QI: The German Breast Cancer Guideline Development Group

Review of existing QI and relevant data measured in Germany

Review of evidence based changes in recommendations and check for implications for guideline aligned QI

Developing a set of potential QI to be assessed

Updated Quality Indicators

Updating QI: The German Breast Cancer Guideline Development Group

Review of existing QI and relevant data measured in Germany

Review of evidence based changes in recommendations and check for implications for guideline aligned QI

Developing a set of potential QI to be assessed

Formal assessment of pot. QI for relevance, feasibility and scientific soundness

Updated Quality Indicators

Updating guideline based QI in breast cancer

Using a standardized tool for assessment: QUALIFY

Table 1: QUALIFY: Criteria and Categories

Category	Criterion
Relevance	Importance of the quality characteristic captured with the quality indicator for patients and the health care system
	Benefit
	Consideration of potential risks / side effects
Scientific soundness	Indicator evidence
	Clarity of the definitions (of the indicator and its application)
	Reliability
	Ability of statistical differentiation
	Risk adjustment
	Sensitivity
	Specificity
Feasibility	Validity
	Understandability and interpretability for patients and the interested public
	Understandability for physicians and nurses
	Indicator expression can be influenced by providers
	Data availability
	Data collection effort
	Barriers for implementation considered
	Correctness of data can be verified
	Completeness of data can be verified
	Complete count of data sets can be verified

Updating QI: The German Breast Cancer Guideline Development Group

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Developing a set of potential QI to be assessed

Formal assessment of pot. QI for relevance, feasibility and scientific soundness

Analysis of assessment & final consensus, allocation of QI

Updated Quality Indicators

Updating guideline based QI in breast cancer

Final set of 12 QI

Allocating the final QI

QI Nr. 1 - Prätherapeutische histologische Sicherung		
Qualitätsindikator	Inhalt der Empfehlung (Wortlaut, LOE, EG), Qualitätsziel	Angaben der Leitlinie Mammakarzinom im Hinblick auf: a. Bedeutung für das Gesundheitssystem b. Quelle zugrunde liegendes Statement aus der Leitlinie 2012 c. Evidenzgrundlage
<p>♂: Patientinnen mit prätherapeutischer histologischer Diagnose- Sicherung durch Stanz- oder Vakuumbiopsie</p> <p>♀: Patientinnen mit Ersteingriff und Histologie „invasives Mammakarzinom (Primärtumor) oder DCIS“ als Primärerkrankung</p>	<p>LOE 3a, Empfehlungsgrad A</p> <p><i>Qualitätsziel:</i> Möglichst viele Patientinnen mit der Erstdiagnose invasives Mammakarzinom und/oder DCIS mit prätherapeutischer histologischer Sicherung durch Stanz- oder Vakuumbiopsie</p> <p>Sollvorgabe: > 90 %</p>	<p>a. <i>Bedeutung für das Gesundheitssystem</i> Die histologische Diagnostik abklärungsbedürftiger Befunde soll durch Stanzbiopsie, Vakuumbiopsie oder in Ausnahmen durch offene Exzisionsbiopsie erfolgen. Alle Interventionen sollen unter Berücksichtigung aktueller Qualitätsempfehlungen durchgeführt werden.</p> <p>b. <i>Quelle zugrunde liegendes Statement aus der Leitlinie 2012</i> Statement Stag-5a-f</p> <p>c. <i>Evidenzgrundlage</i> Albert, US et al. 2008; NICE 2009</p>



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Quality Management in Oncology: the Network

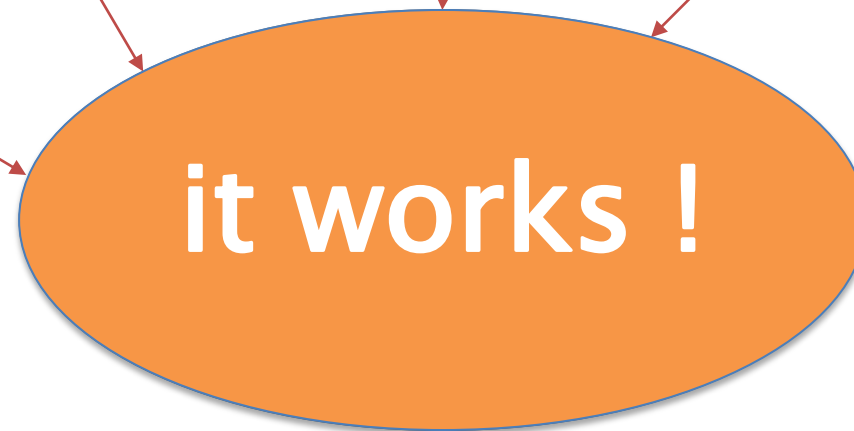
German Guideline Programm
in Oncology (GGPO)

DKG
KREBSGESELLSCHAFT

ADT



SQG
Cross-sectoral quality
in health care



evaluating & updating & harmonizing QI

Thank you!



