Scoping the International Benchmarking Project for Cancer Care

NCIN Conference

25 June 2009

Objective for the International Cancer Benchmarking Project

The objective of the English Department of Health led International Cancer Benchmarking Project is to help identify real actions to improve cancer survival rates among participants through high quality comparison of services and outcomes

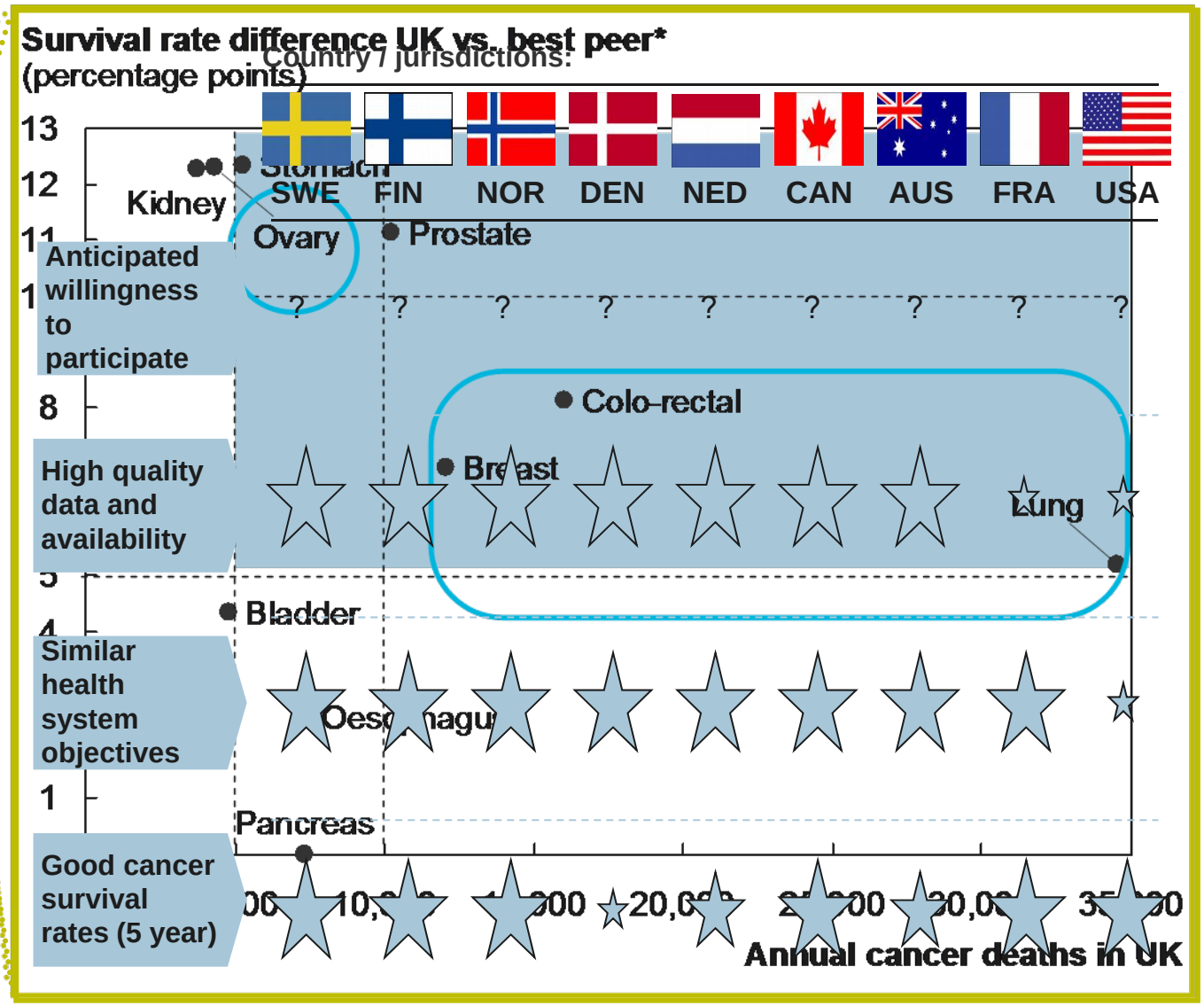
The International benchmarking will seek to answer key questions about how outcomes can be improved among the participating countries

- Can more lives be saved from working preventatively to **reduce incidence vs. improving survival rates** to the best performance levels internationally?
- Can survival rates be improved to a greater extent by reaching international best performance for **stage of diagnosis or quality of treatment**?
- What are the biggest reasons for differences in **stage of diagnosis**?
  - Differences in **screening** policy and uptake?
  - Differences in **patients awareness**/ability to identify symptoms and seek care?
  - Differences in **GP/PCP skills and mindsets** leading to late diagnosis after patient has presented?
  - Differences in **access to diagnostic tests** in primary care?
- Which country/region uses **evidence based treatment guidelines** to the greatest extent and what would be the impact among peers if they achieved the same level?
- **Within each country/jurisdiction** how do survival rates and underlying drivers vary – e.g. among regions, among men and women and among people of different socioeconomic status?
- What would it take to **reach the best country/jurisdiction's performance** in terms of policy changes, improvement initiatives, and resource investment?

Developing a pragmatic scope for this effort will require a set of scoping parameters with clear criteria for evaluation

Key scoping parameters

1. Which cancers?
2. Which country/ jurisdictions?
3. Which care pathway steps?
4. What aspects of performance?
5. Which types of metrics?



There are likely to be several modules that each reviews specific aspects of performance

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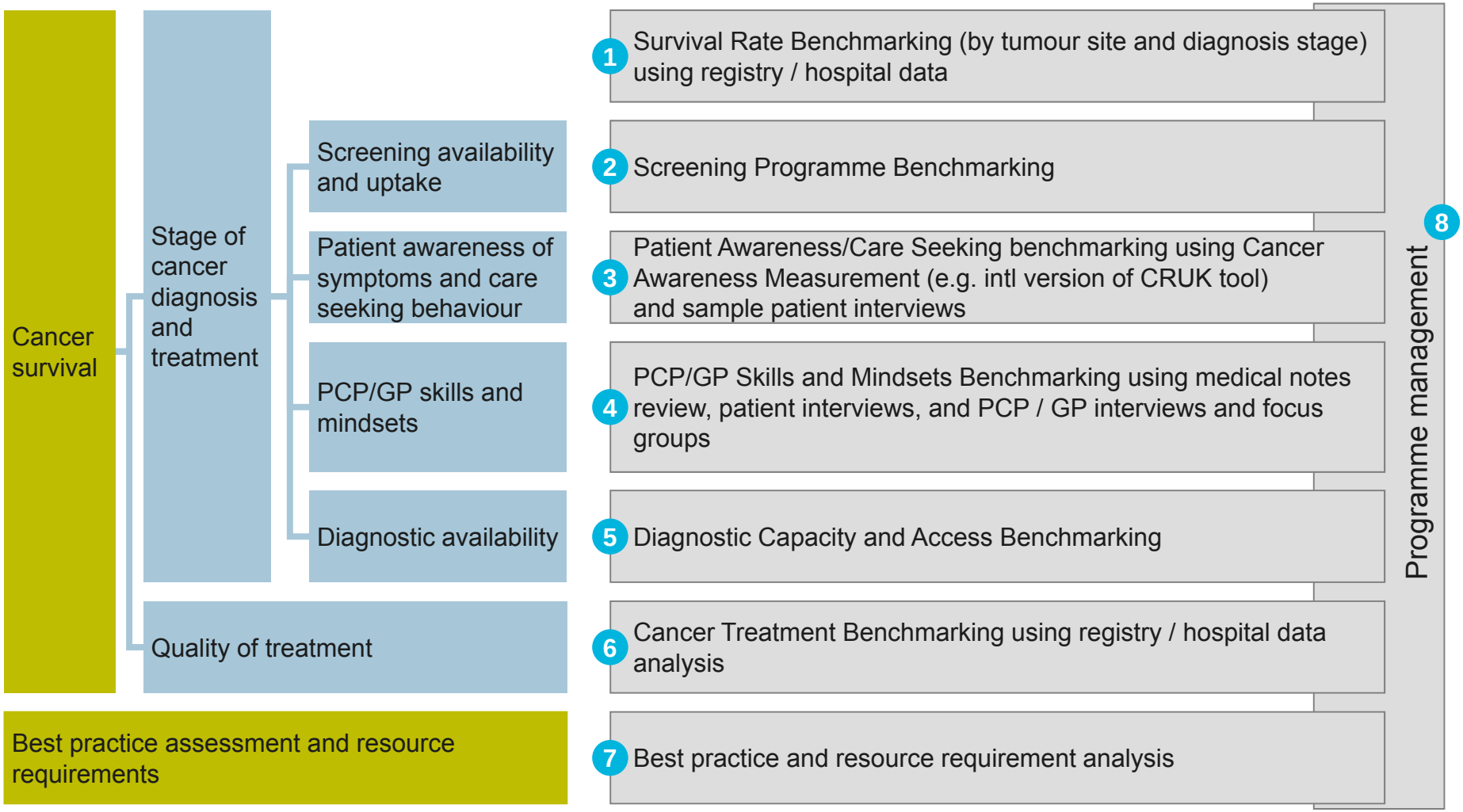
Root causes of cancer survival differences, best practices, and resource requirements…

… and benchmarking will be explored through a set of modules



SOURCE: Project team discussions

Further discussion

- To fully define the scope and data requirements for the International Cancer Benchmarking Project, we plan to develop for each tumour type
  - A set of relevant and attainable metrics along the care pathway, including input, process and output metrics
  - A framework for linking these metrics to actionable interventions to improve cancer outcomes
- The first versions, based on interviews with cancer experts and the project team, are set up around the room today for your review
- We would appreciate your general guidance, and in particular your views towards
  - Metrics that should be added, refined, or prioritised/de-prioritised
  - How metrics may be best obtained in England
  - How metrics may be best obtained and compared internationally

Display materials

Key metrics along breast cancer care pathway

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	Awareness/care seeking behaviour	Symptomatic presentation / Screening	Diagnosis (clinic)	Treatments	Overall
Outcome	▪ Proportion of population aware of symptoms ▪ Proportion of population aware of screening availability ▪ Mean / median days from patient awareness of symptoms to presentation at PCP/ hospital	▪ Symptomatic – Mean / median days from patient presentation to referral to diagnostic – Mean / median days from referral to diagnostic ▪ Screening – Screening uptake – Mean / median days from screening to diagnostic	▪ Mean / median days from diagnostic to start of treatment	▪ Stage and age adjusted 3 month, 1 year and 5 year survival rates ▪ 3 year and 5 year survival rates conditional on survival to 1 year ▪ 30 day mortality rate ▪ Local relapse rate (same site) ▪ Systemic relapse rate	▪ 5 year survival rate ▪ 3 year ▪ 1 year
Process/ interven-tion	▪ N/a	▪ Proportion of PCPs complying with guidelines	▪ Proportion of patients diagnosed in rapid access clinics ▪ Proportion of patients discussed at an MDT meeting	▪ Surgery rate, by stage (particularly those >70) compared to EBM* ▪ Axillary lymph node surgery rate compared to EBM ▪ Radiotherapy rate for post-conservative surgery patients compared to EBM ▪ Radiotherapy rate for post mastec-tomy patients with cancer spread to breast bone compared to EBM ▪ Chemotherapy rate for patients with cancer spread to lymph nodes (N_1) compared to EBM ▪ Hormonal treatment rate for ER Positive patients ▪ Prescription of Herceptin rate for patients HER 2 Positive compared to EBM	
Input	▪ Spend on breast cancer awareness campaigns per 100 thousand population ▪ Spend on breast screening programme per 100 thousand population ▪ Proportion of patients not aware of breast cancer symptoms and not seeking care	▪ Spend on breast cancer screening ▪ Breast cancer screening policy (years between screening) ▪ PCPs per 100 thousand population ▪ Proportion of PCPs in “gate-keeper” mindset per 100 thousand population ▪ PCP referral guidelines ▪ Screening mammograms per 100 thousand population	▪ Ultrasounds per 100 thousand population ▪ Biopsy tests per 100 thousand population ▪ Symptomatic mammograms per 100 thousand population	▪ Number of breast cancer specialist surgeons and oncologists per 100 thousand population ▪ Spend on hormone therapy per 100 thousand population ▪ Linear accelerator capacity for breast cancer per 100 thousand population ▪ Spend on chemotherapy for breast cancer per 100 thousand population ▪ Chemotherapy chairs per 100 thousand population	

* Evidence Based Medicine as synthesised into guidelines

SOURCE: Project team discussions, expert interviews

Breast cancer outcomes can be linked to actionable interventions

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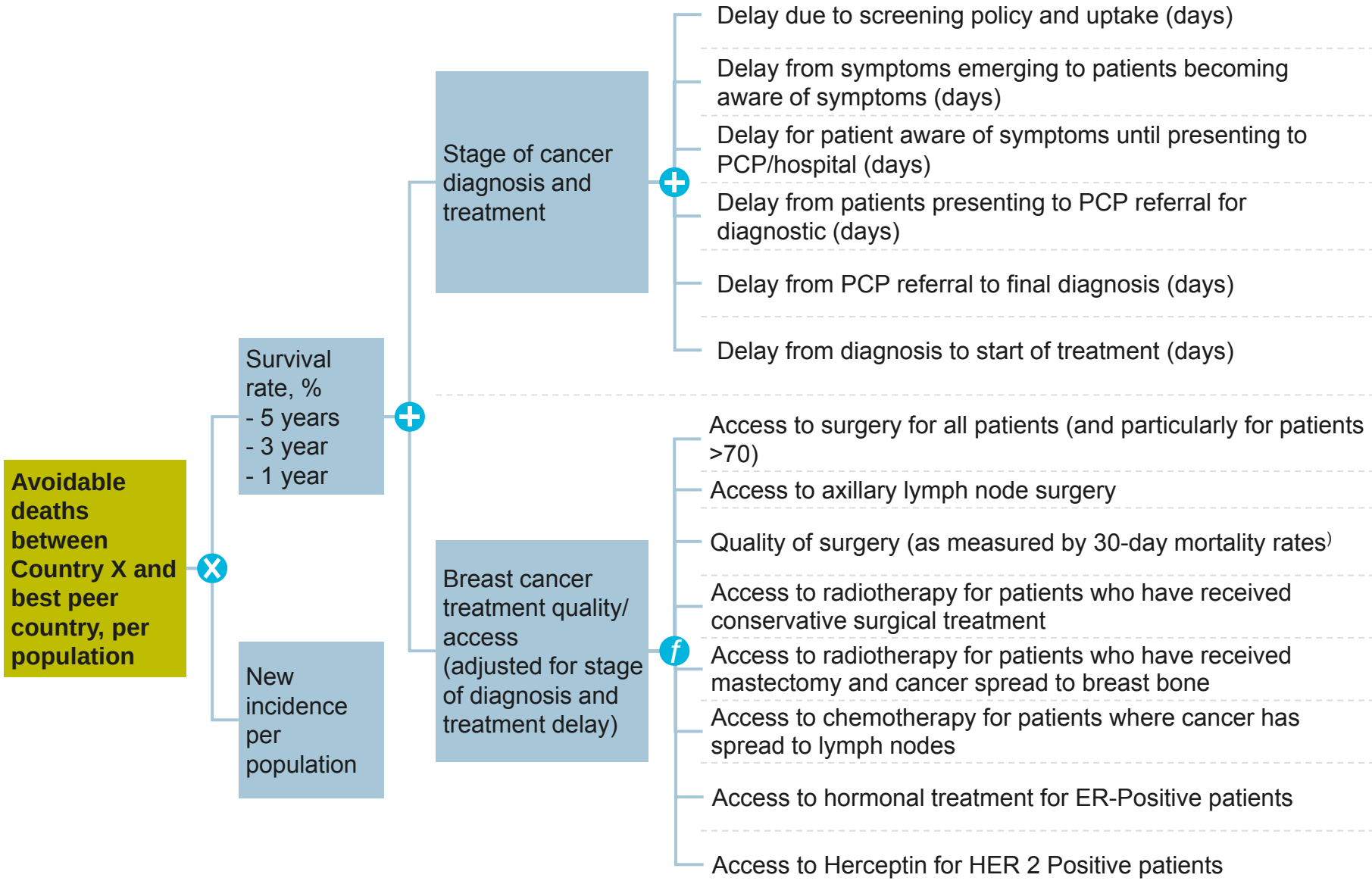

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