

Community Howard Regional Health
Cancer Committee Chair, Dr. Annette Moore - 2017 Annual Public Reporting of Outcomes

Purpose: As part of our Commission on Cancer (CoC) Cancer Program Accreditation we are able to monitor and trend our oncology data and use it to implement improvements and ensure we are providing the best possible care to our patients. For the public reporting of outcomes this year, we have chosen to share with the community our performance on the Quality Improvement and Accountability Measures as required by the CoC. The CoC sets an expected performance rate for the different measures and each program is required to review their performance each year and determine if any action planning or further research is needed. The most recent year of released data we have available for review is 2015.

Summary: In reviewing the current data available, Community Howard has met and/or exceeded the expected performance rates set forth for all CoC-required treatment measures. Details on each treatment measure, their descriptions, the expected performance and our performance percentages are outlined in the tables below. It is important to note that though 100% compliance is notable, it is not expected due to the many varied clinical circumstances surrounding patient care. Different factors including age, comorbidities, patient preference and others are all considered during the treatment planning and decision making process, which in turn can affect the compliance rates that you will see below.

Per the Commission on Cancer standard requirement definition Standard 4.4: The CoC requires accredited cancer programs to treat cancer patients according to nationally accepted quality improvement measures indicated by the CoC quality reporting tool, Cancer Program Practice Profile Reports (CP3R). Accountability measures promote improvements in care delivery and are the highest standard for measurement. These measures demonstrate provider accountability, influence payment for services, and promote transparency. An accountability measure is the standard of care derived from evidence-based data, including multiple randomized control trials.

Standard 4.4 – Accountability Measures			
Primary Site	Measure description	CoC - Expected performance	Community Howard - Actual performance
Breast	BCSRT - Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.	90%	92.3%
	HT - Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - III hormone receptor positive breast cancer.	90%	94.4%
	MASTRT - Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes.	90%	100%

Per the Commission on Cancer standard requirement definition for Standard 4.5: The CoC requires accredited cancer programs to treat cancer patients according to nationally accepted quality improvement measures indicated by the CoC quality reporting tool, Cancer Program Practice Profile Reports (CP3R). The function of a quality improvement measure is to monitor the need for quality improvement or remediation of treatment provided. Evidence from experimental studies, not randomized control trials, supports these measures. Quality improvement measures are intended for internal monitoring of performance within a cancer program.

Standard 4.5 – Quality Improvement Measures			
Primary Site	Measure description	CoC - Expected performance	Community Howard - Actual performance
Breast	nBx - Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer.	80%	100%
Colon	12RLN - At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.	85%	91.7%
Gastric	G15RLN - At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer.	80%	Not applicable - no eligible cases
Lung	LCT - Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is considered for surgically resected cases with pathologic, lymph node-positive (pN1) and (pN2) NSCLC.	85%	100%
	LNoSurg - Surgery is not the first course of treatment for cN2, M0 lung cases.	85%	100%
Rectum	RECRCT - Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is considered; for patients under the age of 80 receiving resection for rectal cancer.	85%	100%

Sources:

- Commission on Cancer’s (CoC) *Cancer Program Standards: Ensuring Patient-Centered Care* (2016 Edition)
- Commission on Cancer's (CoC) and National Cancer Database's (NCDB): Cancer Program Practice Profile Reports (CP3R) (v3)