Summary

External Evaluation of Cancer Care Organization and Delivery

Review of Experiences Relevant to the Cancer Team Evaluation and Designation Process in Québec

Challenge of implementing the PQLC across Québec

For the past ten years, cancer has been the leading cause of death in Québec. To effectively meet the many needs of people with cancer, health professionals are guided by the "Programme québécois de lutte contre le cancer" (PQLC) adopted in 1998. The PQLC recommends a comprehensive approach to cancer patient management, an integrated and hierarchical care and service network based on interdisciplinary teams, pivot nurses to coordinate services, an evidence-based practice closely tied to clinical research, and involvement of patients and their families. Implementing this type of program across the province nonetheless remains a major challenge.

External peer review and ministry designation as implementation levers

To facilitate the establishment of the integrated cancer service network, the PQLC proposed ministry designation of interdisciplinary cancer teams at the local, regional and supraregional levels. In 2004, the Deschênes report reasserted the need to undertake such designation and recommended implementing a recognition mechanism based on explicit quality standards. In November 2004, the Ministère de la Santé et des Services sociaux (MSSS) mandated the Groupe conseil de lutte contre le cancer (GCLC) to conduct an external peer review process for the purposes of ministry designation. This process was to apply to interdisciplinary cancer teams and their host hospitals.

Mobilizing process to be pursued and optimized

The evaluation and designation process for interdisciplinary cancer teams and their host hospitals took place from April 2005 to November 2009. A first status report showed that the evaluation and designation process led to the implementation of several structural and operational elements related to the organization and delivery of services advocated in the PQLC. It was concluded that the cyclical renewal of this process would allow the MSSS to pursue implementing the PQLC's directions. Ensuring the sustainability of this process is in fact one of the strategic measures from the PQLC's 2007–2012 priority directions.

In May 2008, the MSSS, through the Direction de la lutte contre le cancer (DLCC), mandated the Agence d'évaluation des technologies et des modes d'intervention en santé (AETMIS) to identify the conditions for ensuring the sustainability of this procedure. Three questions guided this mandate: (1) How to ensure the sustainability of the evaluation and designation process in the field of cancer? (2) What objectives should be set for the next evaluation cycle? and (3) How to align the evaluation process with Québec's recognized cancer accreditation programs?

Review of similar experiences here and elsewhere

The process of answering the mandate questions began with a descriptive review of the main external evaluation mechanisms applicable to the organization and delivery of cancer services in effect in different countries (United States,

England, Australia, France, Canada) and Canadian provinces (British Columbia, Ontario and Québec). The experience acquired in Québec as part of the evaluation and designation process in traumatology was also examined to identify its management and implementation challenges. However, the present review did not cover assessment of health professional qualifications, healthcare facilities' internal quality assurance activities or external evaluation of screening programs. The characteristics and implementation approaches of external evaluation mechanisms in the field of cancer were then compared in order to (1) relate them to the cancer team evaluation and designation process in Québec; (2) determine best practices for optimizing that process; and (3) identify the conditions required to ensure its sustainability.

Main initiatives reviewed

United States

The main external evaluation mechanisms in the field of cancer consist of accreditation programs managed by consortiums of professional associations, institutions and/or national organizations. The most long-standing is the Commission on Cancer Accreditation Program (CoCAP), a voluntary accreditation program managed by the American College of Surgeons' Commission on Cancer (CoC). Established in the 1930s, the CoCAP is intended for clinics, hospitals and networks offering cancer programs.

To obtain CoC accreditation, the cancer program of the surveyed organization must comply with all the CoCAP standards, including the offer of a continuum of services, ranging from prevention to palliative and end-of-life care. Moreover, the healthcare facility housing the cancer program must have obtained prior accreditation from a recognized organization. Accreditation from the CoC is offered for 12 categories of cancer programs defined by type of organization or institution, by the basket of services offered (on site or through patient referral) and by caseload. CoC-accredited facilities account for about one third of hospitals in the United States, which provide care for 80% of new cancer cases.

England

There are two major external evaluation initiatives for cancer services in the *National Health Service (*NHS): (1) National Cancer Peer Review Programme (NCPRP); and (2) National Clinical Audit and Patient Outcomes Programme, which includes national clinical practice audits per cancer site. Established in 2001, the NCPRP supports the implementation and organization of cancer networks and the operation of multidisciplinary teams providing care and services to patients with cancer. The NCPRP also works to promote compliance with the standards established by the National Institute for Health and Clinical Excellence (NICE) and the priorities set by the Department of Health in the cancer sector. The NCPRP is not compulsory, but all NHS organizations that are part of cancer networks are supposed to take part in it. Evaluation does not serve for accreditation, but outcomes are made public and unsatisfactory performance may lead to undesirable consequences for service providers. The NCPRP underwent an independent assessment after each of its two implementation cycles. The assessment conducted after the second cycle (2004–2007) reasserted the importance of the program's basic principles (external peer review visits, stakeholder involvement, etc.) and identified certain gaps. In 2008, the NCPRP modified its review process to lighten the burden on the surveyed organizations.

Australia

External evaluation of care and service quality is a major component of the national cancer program and of the strategies adopted by some Australian states, including Victoria and New South Wales. Nationally, multidisciplinary teams for five cancer sites were audited to establish a baseline portrait of the composition and operation of these teams and to determine needs. Two external clinical practice audits are under way (for colorectal cancer and breast cancer), each managed by a consortium of different medical associations.

In the state of New South Wales, the evaluation of a cancer services pilot accreditation program showed the importance of developing specific standards for each level of services and to ensure a uniform interpretation of standards; to avoid duplication

with other evaluation systems and lighten the burden for surveyed organizations; and to improve the perception of the program's usefulness by identifying gaps and opportunities for service improvements.

Rather than rely on accreditation, the state of Victoria is implementing a clinical excellence in cancer care model that brings together cancer networks, clinicians, service users and the government. The model is chiefly characterized by performance indicator development, clinical audit, institutional self-assessment and network peer review.

France

In France, cancer service quality is managed collaboratively by the Institut national du cancer (INCa) and the Haute Autorité de santé (HAS). The latter agency's responsibilities include compulsory facility accreditation and professional practice evaluation. Furthermore, the Ministry of Health introduced two initiatives for implementing the measures in the 2003–2007 cancer plan concerning care reorganization and quality enhancement. The first is an authorization mechanism for cancer treatment facilities, which is managed by the Direction générale de l'offre de soins. This authorization mechanism aims to guide available cancer treatments through specific quality criteria with which health facilities must comply. The mechanism provides for a gradual compliance period until 2011 to enable facilities to fully meet all the criteria, after which compliance visits will be conducted for the purpose of attributing a renewable, five-year authorization. The second initiative, introduced in 2010 and managed by the INCa and regional health agencies, is a procedure for recognizing that regional cancer networks are in compliance with the network missions defined by the Ministry of Health.

Canada

Safe care delivery and quality health service management fall under provincial jurisdiction. However, the federal government may advance some initiatives with the consent of the provinces and territories. Pan-Canadian initiatives in external evaluation of cancer services are nevertheless led by organizations independent from the government. These include the Accreditation Canada Qmentum program and certain activities led by the Canadian Partnership Against Cancer. The Accreditation Canada program comprises general standards for quality management and safe care delivery, together with specific standards for each sector of activity, including standards for the cancer control sector for the past fifteen or so years. Accreditation of Canadian healthcare facilities is generally voluntary, except in Québec where it has been compulsory since 2005. The Canadian Partnership Against Cancer, in which Québec is involved as an observer, is dedicated to coordinating cancer control initiatives across Canada. Its health service evaluation activities include developing standards and performance indicators and measuring provincial and territorial cancer control system performance, detailed in a first report published in 2009.

In **British Columbia**, the British Columbia Cancer Agency (BCCA) is responsible for coordinating the province's cancer control initiatives and for managing and delivering a significant share of the care and services offered. The BCCA has created many mechanisms and structures for managing care and service safety and quality in its centres, and for monitoring and measuring outcomes. The BCCA influences the quality of the services offered outside its centres through the quality requirements it disseminates and through communities of practice. The BCCA is also subject to compulsory accreditation by Accreditation Canada in accordance with the cancer standards it has set.

In **Ontario**, the responsibility for the quality of cancer services is ensured by Cancer Care Ontario (CCO), a provincial agency in charge of planning and coordinating all cancer services and improving their quality. Initiatives introduced for that purpose include (1) performance measurement for the provincial cancer system based on the Cancer System Quality Index developed by the Cancer Quality Council of Ontario; and (2) a quarterly review of hospitals and regional cancer programs.

Situation in Québec

The Act Respecting Health Services and Social Services governs healthcare service quality and safety. One of its provisions obliges all public and

private facilities to apply for accreditation, every three years, for their services from recognized accrediting bodies, either Accreditation Canada or the Conseil québécois d'agrément. All health institutions offering cancer services, whether seeking accreditation through the joint program run by the Conseil québécois d'agrément and Accreditation Canada or only from Accreditation Canada, must be evaluated against applicable standards, including the "Cancer Care and Oncology Services" standard in Accreditation Canada's Qmentum program.

All biomedical laboratories are obliged to meet specific MSSS requirements, which are included as compliance elements for purposes of compulsory institutional accreditation. Freestanding medical imaging laboratories are governed by a law that obliges them to seek accreditation for the services they offer from an organization recognized by the MSSS. Furthermore, anatomical pathology laboratories fall under a new program, the "Programme d'assurance qualité en anatomopathologie."

The health network's annual reporting process to the MSSS includes a few indicators and ministry targets linked to the continuum of cancer care services. The MSSS website also publishes wait times for several specialized medical services, including radiation oncology services. Initiatives are currently under way to document clinical outcomes, one being to convert the "Fichier des tumeurs" (tumour record) into a full-fledged cancer registry. Another initiative is a survey of patients' experience regarding the quality of the services they received, released in a report in 2010.

The objective of the **evaluation and designation process for interdisciplinary cancer teams and their host hospitals** is to support the implementation of the PQLC across Québec. The first evaluation cycle was dedicated to recognizing interdisciplinary teams in relation to three different mandates (local, regional and supraregional) and to strengthening institutional cancer programs.

The criteria in the evaluation matrix were formulated on the basis of core directions in the PQLC defining the objectives to be achieved in creating an operational cancer program. The criteria associated with the basic mandate allowed the following dimensions to be documented: (1) institutional commitment, services offered through the cancer program, and program management structure; (2) dedicated human resources; (3) functioning of the interdisciplinary team, and communication and referral mechanisms with other care providers; (4) internal quality management initiatives; (5) dedicated structures, including information resources; and (6) quality management initiatives in the screening and referral centres participating in the Québec breast cancer screening program. The supraregional mandate was subject to additional criteria.

The final status report on this first evaluation cycle showed that survey visits were conducted at 70 of the 89 facilities offering cancer care and control services, including 155 cancer teams. Following their evaluation, 52 facilities were designated with a local mandate. In total, there are 52 designated local teams, 6 designated regional teams and 67 designated supraregional teams per cancer site or complex issue. More than 2400 health professionals were surveyed and over 150 acted as peer surveyors.

Major findings from the comparative analysis

Types of external evaluation mechanisms in the field of cancer

External evaluation initiatives for cancer care organization and delivery in the jurisdictions reviewed here are classified into four types: (1) accreditation programs applicable to cancer services; (2) national audit programs per cancer site; (3) cancer performance measurement systems; and (4) other government evaluation programs in the cancer sector. The last category combines initiatives specially developed by central administrations to oversee the application of the organizational architecture promoted in their cancer control strategies and action plans. Québec's evaluation and designation process in the field of cancer belongs to the fourth category, together with England's NCPRP and France's two initiatives (facility authorization mechanism and network recognition procedure). Québec currently has neither a clinical audit program pertaining specifically to cancer services nor a provincial initiative for cancer system performance

measurement. However, healthcare institution accreditation, which used to be voluntary, has been compulsory since 2005 and includes standards applicable to the cancer service sector.

Best practices for teams, networks and clinical governance

The external evaluation initiatives for cancer care organization and delivery that have objectives and evaluation targets similar to those of Québec's evaluation and designation process for cancer teams and their host hospitals are interesting examples for optimizing Québec's process.

With respect to **the framework for interdisciplinary teams**, Québec has developed specific requirements on the composition and functions of these teams based on local, regional and supraregional mandates. However, only the supraregional mandate requires compliance with predefined criteria as an essential designation requirement. In France, the facility authorization mechanism and the network recognition procedure make it obligatory to implement a procedure for disclosing the diagnosis and for providing support, to conduct multidisciplinary case conferences and to produce personalized service plans. In Ontario, standards for multidisciplinary case conferences and a performance target have been set by the CCO, and funds have been earmarked for achieving that target. In Australia, the Department of Health offers payment to physicians who take part in these case conferences. In Canada, the Royal College of Physicians and Surgeons of Canada offers continuing education credits to physicians who participate in them.

With respect to **implementing cancer programs and regional networks**, Québec's networks are more or less developed depending on the region, and finalizing this process is part of the PQLC's 2007–2012 priority directions. Certain elements of network operational structure and process were among the criteria in the matrix used for the evaluation and designation of cancer teams and their host hospitals, including the presence of pivot nurses in oncology, and communication and patient referral mechanisms. In most of the jurisdictions reviewed here (except for the United States), regional cancer programs and networks were set up as part of system-wide organizational reforms. For some of them (England, France, Ontario), the central administrations' external evaluation mechanisms were designed to strengthen these networks. The network recognition procedure in France requires submitting a file that includes proof of having established the agreements required to create and operate the networks. England's NCPRP includes several measures relative to network organization and management in order to establish a uniform approach to structuring them. To ensure that care providers participate in Ontario's regional programs and networks, the CCO offers incentives that come with accountability obligations, however, such as compulsory participation in quarterly reviews and in annual performance measurement through the Cancer System Quality Index.

Promoting clinical governance[1] remains an important but underutilized objective in the evaluation and designation process of cancer teams and their host hospitals. A considerable number of criteria in the matrix help to document the existence of procedures for managing quality, for measuring outcomes and for evaluating both health professionals and client satisfaction. However, it is not clear whether these aspects were considered necessary for designation at the local and regional levels. Some of these criteria were nevertheless identified as essential for the supraregional mandate.

Most of the jurisdictions reviewed here drive clinical governance by promoting strong and sustainable clinician involvement to ensure service quality. Such involvement is ensured, for example, through the creation of expert groups per cancer site charged with developing clinical practice and organizational guidelines. Moreover, the missions of regional cancer networks in France basically fall under clinical governance: dissemination of best practice guidance documents, observation and evaluation of practices, assistance for continuing professional education, and health professional communication and information sharing. In the United States, the CoCAP is linked to two other programs: the Cancer Liaison Program and the Quality Integration Program. These three

1. Clinical governance is a system through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish [DoH, 1998].

programs contribute to standardizing organizational and clinical practices and integrating quality improvement activities through continuous service quality assessment. This close linkage between continuous assessment, clinician involvement and integrated quality improvement activities lies at the core of the governance model that the CCO has implemented for managing Ontario's cancer system.

Best practices relative to external evaluation mechanism components

The review of the different initiatives in terms of the components common to all external mechanisms for evaluating the quality of healthcare services revealed some practices or attributes that could contribute to optimizing Québec's evaluation and designation process in the field of cancer. In terms of the **development of standards**, criteria or indicators on effective clinical and organizational practices, best practices are characterized by a structured procedure generally involving a literature review, consideration of their application context, validation by experts and practitioners, and a periodic update. Standards must be based on evidence as much as possible or, failing that, on expert consensus. If required by the aim, they may also be based on the cancer strategy and/or action plan of the jurisdiction. Principles have also been formulated by official organizations to ensure that a rigorous process is followed in developing the standards.

The **evaluation process**, which lies at the core of initiatives similar to Québec's evaluation and designation process (the CoCAP in the United States, the NCPRP in England and the Accreditation Canada program), takes place on a cyclical basis (every three to five years), is based on self-assessment and includes peer review visits. The means used to ensure that it is objective and consistent reflect a desire for transparency and equity with respect to the organizations surveyed. These means include (1) a clear definition of each standard, a guidance document and a question-and-answer system for surveyed organizations to foster a uniform interpretation of the standards; (2) a scoring system for the general ranking of surveyed organizations according to their compliance with each standard; and (3) audit and appeal procedures. Moreover, several of the jurisdictions reviewed here have developed a computerized infrastructure that makes it easy to collect, process, analyze and store the evaluation data. This tool streamlines the process for both the survey organizations and the organizations and professionals surveyed.

The **monitoring of quality improvement measures** is based on evaluation reports, improvement plans and follow-up tools such as annual dashboards. Monitoring maintains momentum between the evaluation cycles and fosters quality improvement because it helps to (1) translate the evaluation recommendations into concrete actions; (2) document the progress achieved by the organizations surveyed; and (3) implement accountability. Some of the jurisdictions reviewed, especially England, the United States, Ontario and Québec (in traumatology) have introduced the necessary means to measure the impacts of their evaluation mechanism on clinical outcomes. To do so, they require that clinical data be collected and that the organizations surveyed participate in clinical audits, and they have set up the necessary databases.

Governance and management are under the purview of various decision-making bodies, including the following groups: (1) professional associations; (2) central administrations; (3) government-mandated organizations; and (4) not-for-profit organizations that could qualify as third parties. The governance models identified vary in complexity. The most simple arrangements are found within accreditation programs and are based on a customer service relationship. At the other extreme is England's NCPRP with a governance model based on public accountability and representativeness of all the stakeholders in the care and service system.

Essential elements for optimizing and ensuring the sustainability of the process

In light of the examination of the external evaluation mechanisms of the jurisdictions reviewed, there is no doubt that Québec's evaluation and designation process in the field of cancer must be sustained. This process has proven to be an effective lever for promoting

organizational change and for reinforcing the implementation of the PQLC. Given the extent of the changes that remain to be implemented and the lack of other mechanisms dedicated to establishing networks across the province, it would be wise to maintain this process, while making some improvements for the next cycles. The analysis performed for this report makes it possible to draw lessons and to formulate proposals regarding the three questions asked: sustainability, objectives for the next cycle, and alignment with the accreditation activities in effect in Québec. For the purpose of optimizing the process and ensuring its sustainability, the following eight essential elements were identified:

1) Continue pursuing a rigorous process for developing standards and criteria.
   - Continue to develop standards and criteria according to strategic needs and based as fully as possible on available evidence, on expert consensus and on other jurisdictions' relevant experiences;
   - Involve stakeholders in the development of standards and criteria, especially surveyed organizations, professionals (clinicians and administrators) and users;
   - Ensure that the standards and criteria are validated and piloted;
   - Ensure that the requirement level is appropriate but high enough to encourage adherence and promote improvement; and
   - Ensure that the content of the standards and criteria remains relevant in light of evolving aims and knowledge about organizational best practices.
2) Maintain peer review and reinforce its objectivity.
   - Maintain external evaluation based on peer surveyor teams with content experts;
   - Maintain the separation between the bodies responsible for evaluation and designation;
   - Reinforce the consistency of the evaluation by predefining essential criteria and desirable criteria;
   - Support surveyors' professional judgment by specifying expected outcomes regarding compliance with criteria; and
   - Facilitate a uniform interpretation of standards by providing a guidance document to the organizations surveyed.
3) Streamline the process without undermining its rigour.
   - Focus on self-assessment, external desktop audits and targeted survey visits;
   - Alternate between light cycles (external audits to consolidate achievements) and heavy cycles that include survey visits to introduce new requirements; and
   - Develop an online form to collect, analyze and store information produced throughout the process.
4) Report the information collected and pursue outcome measurement.
   - Continue to produce status reports after each evaluation cycle to document the progress achieved by the organizations surveyed;
   - Make full use of the data collected during the surveys, especially by acting upon identified gaps and disseminating best practices; and
   - Adopt all the necessary means to measure the impacts of the evaluation and designation process on the quality of service delivery in terms of access, continuity, effectiveness and the experience of people affected by cancer.
5) Ensure health professionals' ongoing involvement.
   - Reinforce the commitment of health professionals (clinicians and administrators) at all levels of the process: in the governance of the mechanism, in the development, validation and review of standards and criteria, and in the evaluation process.
6) Reinforce public accountability for the process.
   - Consider making it compulsory or quasi-voluntary (with repercussions) for the constituents of regional networks to participate in the process;
   - Evaluate the relevance of publishing the results;

- Consider involving stakeholders in governance, including user representatives; and
- Consider conducting an independent assessment of the evaluation and designation process.

7) Improve communication of the objectives and benefits of the evaluation and designation process.
   - Make it clear that the current objective is to enable the system-wide implementation of the organizational vision advocated in the PQLC; and
   - Make it clear that this process complements existing quality management mechanisms.
8) Obtain sustainable financing for this process and plan appropriate incentives, while pursuing efforts to document its usefulness and to ensure its good management.

Objectives proposed for the next cycle

The next evaluation cycle faces two challenges: (1) strengthening the changes achieved; and (2) pursuing the reform process by ensuring that the level of new requirements is appropriate but high enough to promote improvement.

Given the record of accomplishments, the need to streamline the process and the lessons learned from the similar experiences reviewed here, it seems warranted to adopt a gradual approach to implementing the organizational vision and to proceed, as was done in traumatology, by successive stages. For the next cycle, we therefore propose that the implementation of the PQLC should be strengthened by supporting the measures provided for such purpose in the 2007–2012 priority directions and by laying the foundations for regional cancer networks across the province, by pursuing the following three objectives:

1) Lead the greatest possible number of local and regional teams to meet recognized expectations.
2) Reinforce facilities' clinical governance in the field of cancer.
3) Launch the creation of regional cancer consortiums, which will make care and service providers jointly and severally responsible for care and service pathways per cancer site.

Longer-term objectives for organizational reform are to (1) finalize the implementation of regional cancer networks across the province; and (2) establish evidence-based continuums of care and services. These networks will therefore fulfill recognized structural, operational and governance parameters and will be capable of offering optimal regional pathways for people with cancer and for those with suspected cancer.

Alignment of the evaluation and designation process with recognized accreditation programs

To enable alignment of the evaluation and designation process with the recognized accreditation programs in Québec, it would seem necessary to reduce to a minimum duplicated quality requirements and to lighten the "evaluation burden" for the surveyed organizations, for example, by ensuring that the evaluation processes do not take place too close in time. Furthermore, it would be desirable for the DLCC to engage in a dialogue with the Conseil québécois d'agrément and Accreditation Canada on how to capitalize on their accreditation programs. It could consider healthcare facility accreditation on the basis of Accreditation Canada's cancer standards as an essential condition for institutional designation as part of the evaluation and designation process in the field of cancer.

Development of the evaluation and designation process in the field of cancer

In addition to major organizational reforms, it will always be necessary to evaluate the quality of care and service delivery. In that regard, it is worth noting that the sustainability of the evaluation and designation process is ultimately linked to its relevance in a context likely to change. This process must continue to respond to the need for organizational change, but it must be able to move toward integrating practice evaluation in order to fully contribute to improving the quality of the services provided to people affected by cancer.