



DEVELOPMENT OF PATIENT-CENTERED QUALITY INDICATORS FOR CANCER ASSESSMENT IN KOREA

Sung Ju Lee¹, Sun Hee Lee¹ and Sook Kyoung Jun¹

1. Quality Assessment Division 3, Health Insurance Review & Assessment service (HIRA), Wonju, Republic Of Korea



INTRODUCTION

- The Health Insurance Review and Assessment Service (HIRA) has conducted cancer quality assessments since 2011 for healthcare institutions that care cancer patients with high social interest.
- It has been composed of surgical-oriented evaluation indicators, and most healthcare institutions have reached high scores as a result of the evaluation.
- New quality indicators that meet the needs of individual patients and the disease characteristics needed to be developed to improve the effectiveness of assessment and the quality of healthcare services provided to cancer patients.

AIM

- To improve the quality of cancer patient care by overcoming the limitations of existing cancer assessments and developing patient-centered outcome indicators.
- To reflect the fact that the number of long-term survivors is increasing rapidly after cancer treatment.

METHOD

Review of previous studies

- From January to December 2019, data on health insurance claimed for inpatient and outpatient care was used.
- The quality assessment results of the five major cancers(colorectal cancer, gastric cancer, lung cancer, liver cancer, and breast cancer) were analyzed since 2011, quality indicators and items from abroad were investigated.

Collect opinions through surveys

- Through a survey of patients and care givers, Public opinions were collected, and patients' overall needs for cancer care were identified.

Consultation with professional associations

- Document analysis such as medical guidelines for the plan and consultation with professional associations are conducted.

RESULTS

Surveys result

- It was confirmed that patients and care givers want to know various information about doctors and hospitals visiting after cancer diagnosis. (the doctor's surgical experience and treatment experience / long-term survival rate of the hospital / post-operative complications / hospitalization days / medical expenses)
- Also, It was checked that the diverse compositions of professional medical staff is an important factor that can increase the reliability of cancer treatment.

Review of previous studies and Consultation with professional associations

- Existing indicators were limited to the acute phase and the outcome indicators were very insufficient.
- The patient's treatment stage should be evaluated separately. It is necessary to create indicators for respecting one's intention for terminal cancer patients and to prepare for a dignified death, only hospice-related indicators should be made.
- It is appropriate to develop various common indicators and develop specific indicators for each cancer type to create a structure that evaluates them at the same time.

▼ Newly developed or supplemented quality indicators

Sector	Quality Indicator	Details
Process	Multi-disciplinary care rate for cancer patients	An indicator to find the best treatment for individual characteristics of patients
	Percentage of patients who underwent surgery within 30 days of cancer diagnosis	An index introduced to prevent delay surgery after a cancer diagnosis
	Percentage of severely ill patients among surgical patients	Analyze institutions that treat severely ill patients and reflect them in the assessment results
	Cancer patient education and counseling rate	An indicator to increase the effectiveness of treatment by helping patients and care givers understand the cancer care
Outcomes	Re-hospitalization rate within 30 days of discharge	- Comprehensive indicators related to post-operative complications and improvement of surgical quality.
	Surgical mortality rate(Inpatient or within 90 days after surgery)	- Surgical mortality rate had been used in previous assessments, but it was changed from 30 days after surgery to 90 days after surgery
	Intensive care unit admission rate for pre-death cancer patients	Indicators introduced to improve the quality of life of terminal cancer patients
	Anticancer drug dose rate for pre-death cancer patients	
Process	Hospice consultation rate for cancer patients	

CONCLUSIONS

- The Health Insurance Review and Assessment Service is conducting the quality assessment for the five major, and has developed patient-centered quality indicators and applied them to the assessment since 2022.
- Effective cancer care assessment will be conducted with newly developed quality indicators and results will be provided to meet the needs of the public.

ACKNOWLEDGEMENTS

None

REFERENCES

National Quality Forum, Cancer. National Quality Forum; 2020.

Quality Oncology Practice Initiative. ASCO Practice Central; 2020.

AHRQ Agency for Healthcare Research and Quality. The Agency for Healthcare Research and Quality; 2020.