



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

CHRIS -

ZZZ

BR

MEMORANDUM FOR THE HONORABLE JOHN PODESTA

SUBJECT: Quality of Cancer Care

In response to concerns that changes in the health care delivery system are threatening the quality of care, the President appointed a President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry (the "Quality Commission") in 1997. This Commission developed recommendations for a comprehensive national agenda to improve the quality of health care. These recommendations included the Consumer Bill of Rights and Responsibilities and a Quality Forum that would create a public/private partnership to convene consumers, purchasers, providers and researchers to develop a national strategy for quality measurement and reporting.

The Quality Forum was fostered by a planning group convened by the Vice President in the summer of 1999 and is on track. Simultaneously, the President asked me to establish a Quality Interagency Coordination (QuIC) Task Force to stimulate collaboration and cooperation among Federal agencies involved in health care. In its briefing earlier this week I learned of the substantial progress made by the QuIC's work in identifying opportunities for collaboration and initiating several projects that allow Federal health care programs to work more effectively to improve the Nation's quality of care. I am currently preparing a report to the White House on the progress of the QuIC. Within the Department of Health and Human Services (HHS), I have established the Quality Improvement Initiative (QII) which has established workgroups in six critical areas of quality of care improvement. John Eisenberg, M.D., Director of the Agency for Health Care Policy and Research (AHCPR), has briefed me on the Initiative and I am pleased with its progress.

These initiatives have the broad perspective of the Nation's health clearly in focus. However, the opportunity to demonstrate how Federal agencies and the private sector can work together to improve the quality of care for people with cancer is at hand. Cancer, as you know, is the disease feared most by Americans. Scrutiny of quality of cancer care is justified by the societal burden attributable to cancer, reflected in part by the 1.2 million people newly diagnosed with cancer and the 500,000 people who die from this disease each year. Costs to the country for cancer care are about \$50 billion annually. The constituencies for quality of cancer care include consumers, cancer patients and over 8 million cancer survivors, advocacy organizations, health care providers, third-party payers and the health care system.

In August, the National Cancer Policy Board (NCPB) of the Institute of Medicine (IOM) released a report, *Ensuring Quality of Cancer Care*, that made far-reaching recommendations designed to improve the quality of cancer care in the United States. These are consistent with new National Cancer Institute (NCI) directions in quality of cancer care research and its application. The report is helping to catalyze momentum within the NCI to create a major new research initiative devoted to understanding the quality of cancer care in the U.S., improving cancer outcomes, and improving the quality of cancer care for all Americans.

It is the right time to devote a concerted effort to the quality of cancer care in the context of our general efforts on health care quality through the Quality Forum, QuIC, and QII. There are major gaps in our knowledge about the quality of cancer care. Yet, it is clear that there are serious problems. Research must be improved to better measure and monitor quality of care over time. Innovations in health care delivery systems must be developed to improve the quality of care received. Efforts to ensure quality of care must address issues of unequal access to quality cancer care. Systems for the dissemination of research must be enhanced so that knowledge becomes practice. There is no question: we can and should do better.

The NCI recognizes the challenges posed by concerns about the quality of care and has proposed to make cancer a component of HHS' QII. In a process that will be complementary to the ongoing work of the QII and thus closely linked to the activities of other Federal agencies, research on cancer will be approached with a four point strategy with the following specific objectives.

1. Develop a Core Set of Outcome Measures. For each major cancer site, NCI, in collaboration with the AHCPR, will adopt or develop one or more outcome measures applicable to each stage of the cancer continuum from prevention through end-of-life. We must have such measures to monitor the quality of cancer care.

2. Launch a Coordinated Program of Research to Improve the Methodological and Empirical Base for Quality of Cancer Care Assessment. This research program will evaluate whether observed patterns of care are associated with good outcomes, establish the use of a core set of outcome measures in research and medical care applications, investigate methodologic innovations to improve data collection, and, using the above, promote the development of a national cancer data system to monitor the quality of cancer care. That system will be integrated into a *Report to the Nation on the Quality of Health Care* being developed under the QII with AHCPR's leadership.

3. Assure Continued Improvements in Quality of Cancer Care through a Restructured Clinical Trials System. The NCI's new system will ensure that the best scientific ideas are evaluated in trials, increase the access to trials by patients and physicians, and streamline all aspects of the system to remove barriers to participation.

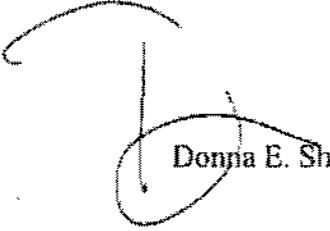
4. Improve the Quality of Cancer Care by Improving the Quality of Communication. The NCI, in collaboration with the AHCPR and QuIC partners, is launching a major new research initiative in cancer communication to make it an integral part of high quality cancer care. This initiative will develop tools and strategies for health professionals, consumers and patients in all segments of society with the goal of helping them use information about the quality of care for informed decision making.

The NCI proposal, however, goes further by recognizing the importance of linking research findings to practice. The recommendations of the NCPB report that address the health care delivery process are more challenging in many ways than the research recommendations and will require close coordination with other Federal agencies and private entities. The collaborative structures developed through the QuIC and QII will facilitate meeting this challenge. *Ensuring Quality Cancer Care* explicitly turns to HHS to take a lead in the application of standards and approaches to quality cancer care through the Medicare program and the policies of the Health Care Financing Administration. It recognizes the unique place that Medicare plays in this Nation's health care system and the unique opportunity to develop and implement measures of quality cancer care through that program.

To make cancer a working model for quality of care, an HHS interagency task force, the Quality of Cancer Care Committee (QCCC), is being created under the auspices of the QII with two components. One will focus on the research issues, and the other will concentrate on the delivery of care, with substantial coordination between them. The QCCC will augment collaborative relationships already established in previous projects and work within the structure of the HHS Quality Improvement Initiative. The goals of the QCCC will be to ensure that the NCI's four point research initiative not only addresses the recommendations of the NCPB report, but that the research activities complement and are coordinated with other Federal quality of care initiatives. Its perspective must keep clearly in view the ultimate application of research results to the delivery of cancer care and the formulation of health care policies. In addition, the QCCC's goals are to establish consistency between scientific evidence and Federal resources spent in the delivery of health care (e.g. Medicare) and to ensure that the best evidence available is used in the delivery of care across the cancer continuum. Through involvement of states, professional organizations and other private sector entities, the QCCC will seek ways to apply the principles and practice of quality of care. Already, the agency collaborations are proving fruitful. As an example, within the next few months, the AHCPR and the NCI will announce a new research

initiative called **Making Quality Count**. It will ask researchers to demonstrate new and effective ways to make quality of care information accessible to patients, consumers, and providers.

The QCCC will be formed and endorsed by me by November of this year. I anticipate that draft work plans will be in place by the end of the year. We expect the QCCC to finish its planning phase by the fall of 2000. It will continue to meet periodically to sustain interagency communications and collaboration, evaluate progress, and formally evaluate accomplishments. Reports will be made to me and the QII, as well as to the National Cancer Policy Board, the President's Cancer Panel, NCI's National Cancer Advisory Board, and the QuIC. The activities of the QCCC, in combination with significant new collaborative research initiatives, will be the most significant effort to date to improve the quality of cancer care in this country.



Donna E. Shalala