

Improving quality through knowledge translation at a national level.

Does it work in Belgium ?

Can it work in the USA ?

Penninckx F* on behalf of PROCARE

*** no affiliation with industry**

P R O C A R E

PROJECT ON CANCER OF THE RECTUM

www.belgiancancerregistry.be



BELGIAN CANCER REGISTRY

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Public Health in Belgium

Authorities

Government-RIZIV set budget

Med-mut consensus

Mutualities (insurer)

equality/solidarity

responsabilisation

Public

Mandatory health insurance

Free choice & access

Guaranteed reimbursement

Physicians

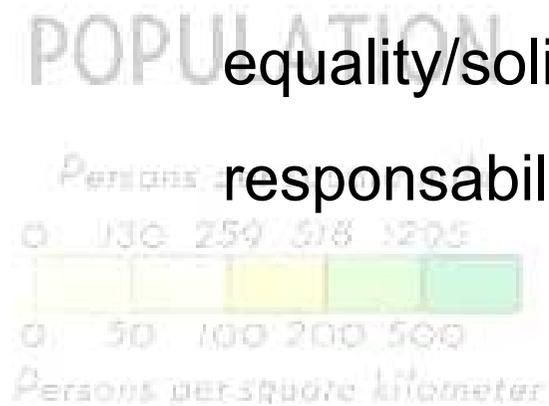
Independent (employee)

High N, low vol., competition

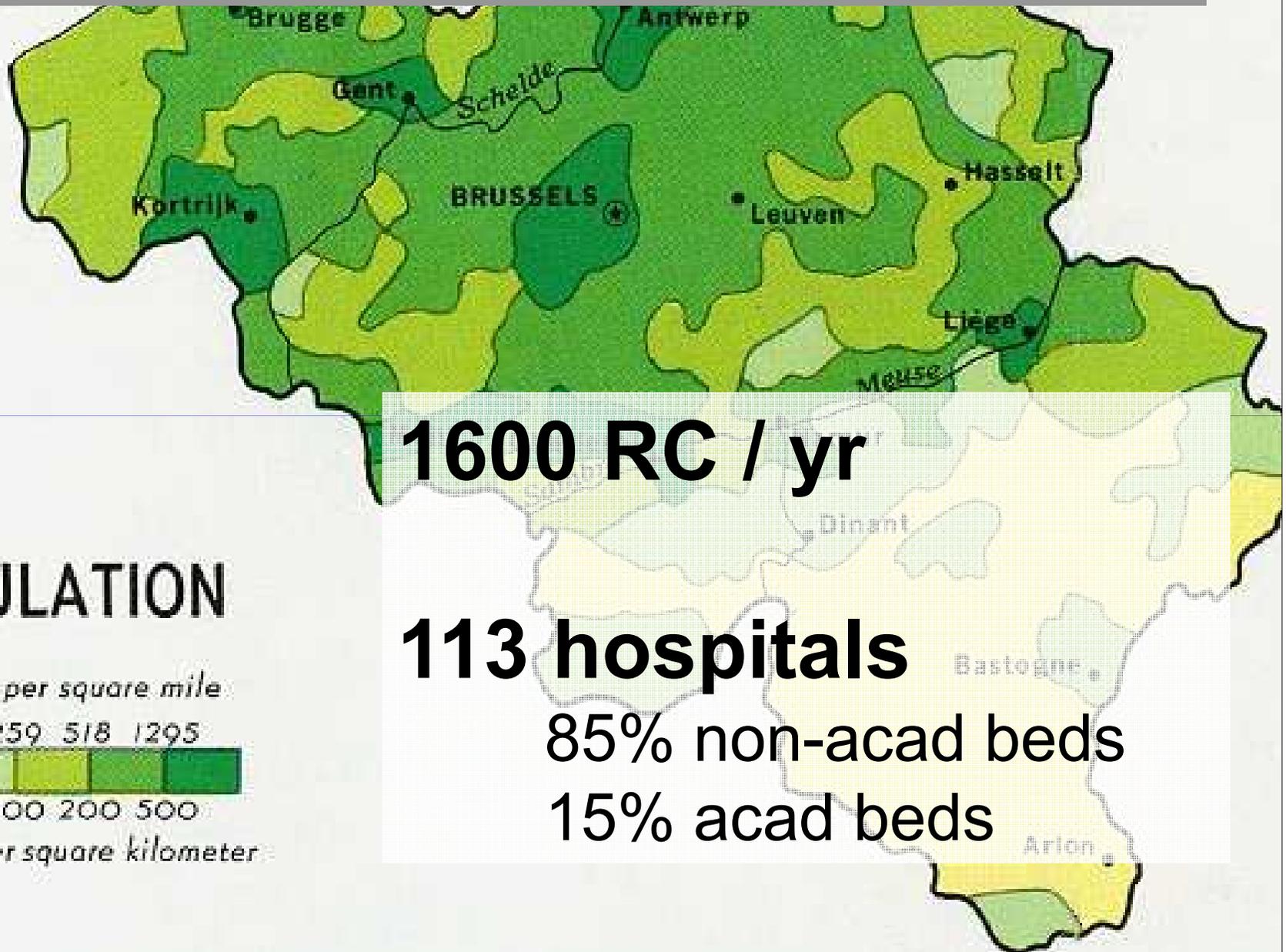
Strong professional lobbying

Co-regulate system (med-mut)

Very limited control



RECTAL CANCER in BELGIUM



POPULATION

Persons per square mile



0 50 100 200 500

Persons per square kilometer

The PROCARE project setup

Surgery

Radiotherapy

Pathology

Oncology

Radiology

Gastroenterology

Endoscopy

Professional Association

Belgian Cancer Registry

17 Dutch/ 13 French

17 acad. / 13 non-acad.

- **All patients, any stage**
- **Multidisciplinary**
- **Profession-driven**
- **Decentralised, National**
- **Voluntary, Anonymous**
- **Educational**
review/training
register/feedback
- **Governmental support**

PROCARE AIMS and METHODS

**improve outcome & reduce variability
for all stages of RC**

- Multidisc. EB Guidelines (2005, 12/2007)
- 40 Multidisc. Quality of Care Indicators (6/2008)
- Multidisc. Quality assurance
 - training (radiology, RT, TME, pathology)
 - central registration of 151 items (1/2006)
 - feedback (8/2008)

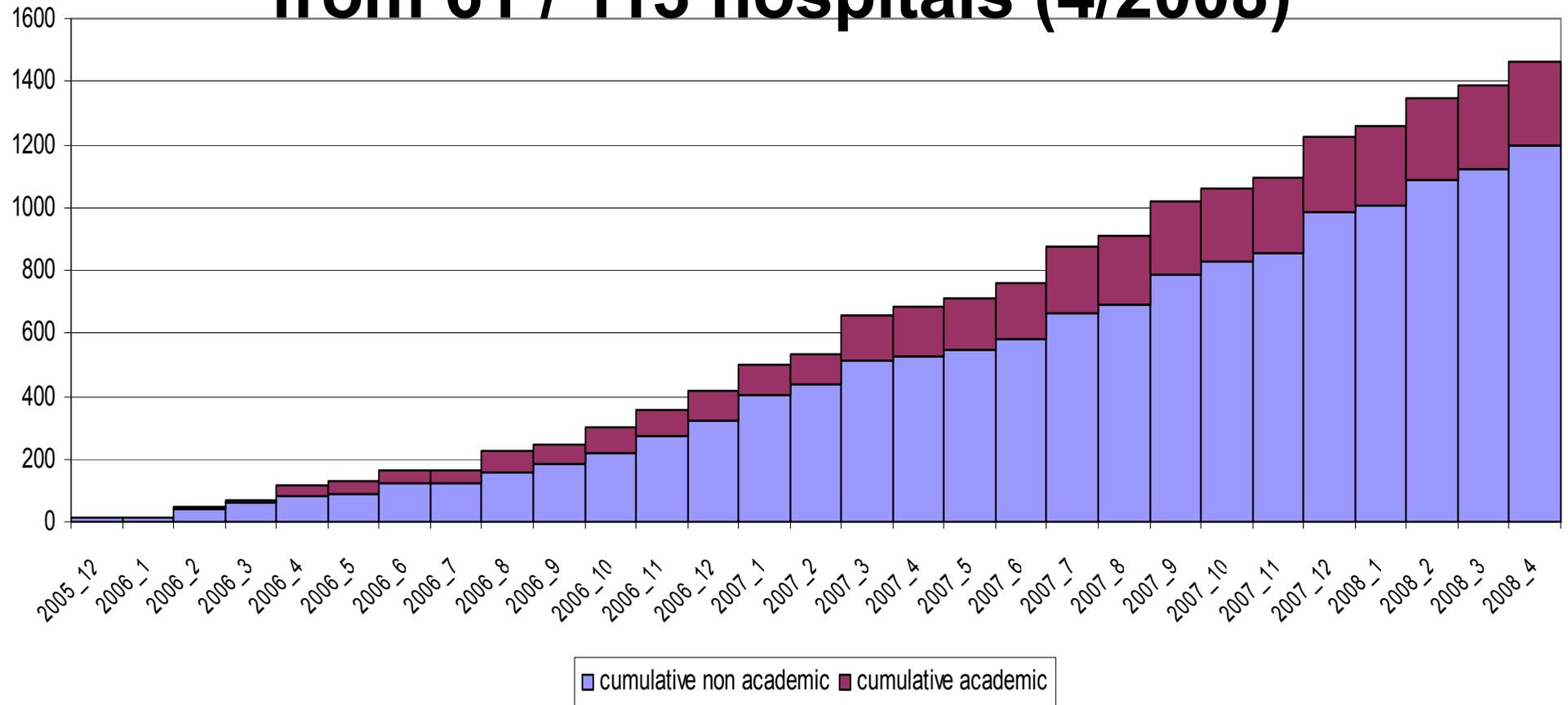
ASSESSABILITY of 40 PROCARE QC INDICATORS in ADMINISTRATIVE DATABASES

		ADMIN
General (level 1)	4	2
Diagnosis and staging	7	2
Neoadjuvant treatment	7	1
Surgery	6	3
Pathology	6	0
Adjuvant treatment	5	0
Follow-up	3	0
Palliative treatment	2	1
	40	9

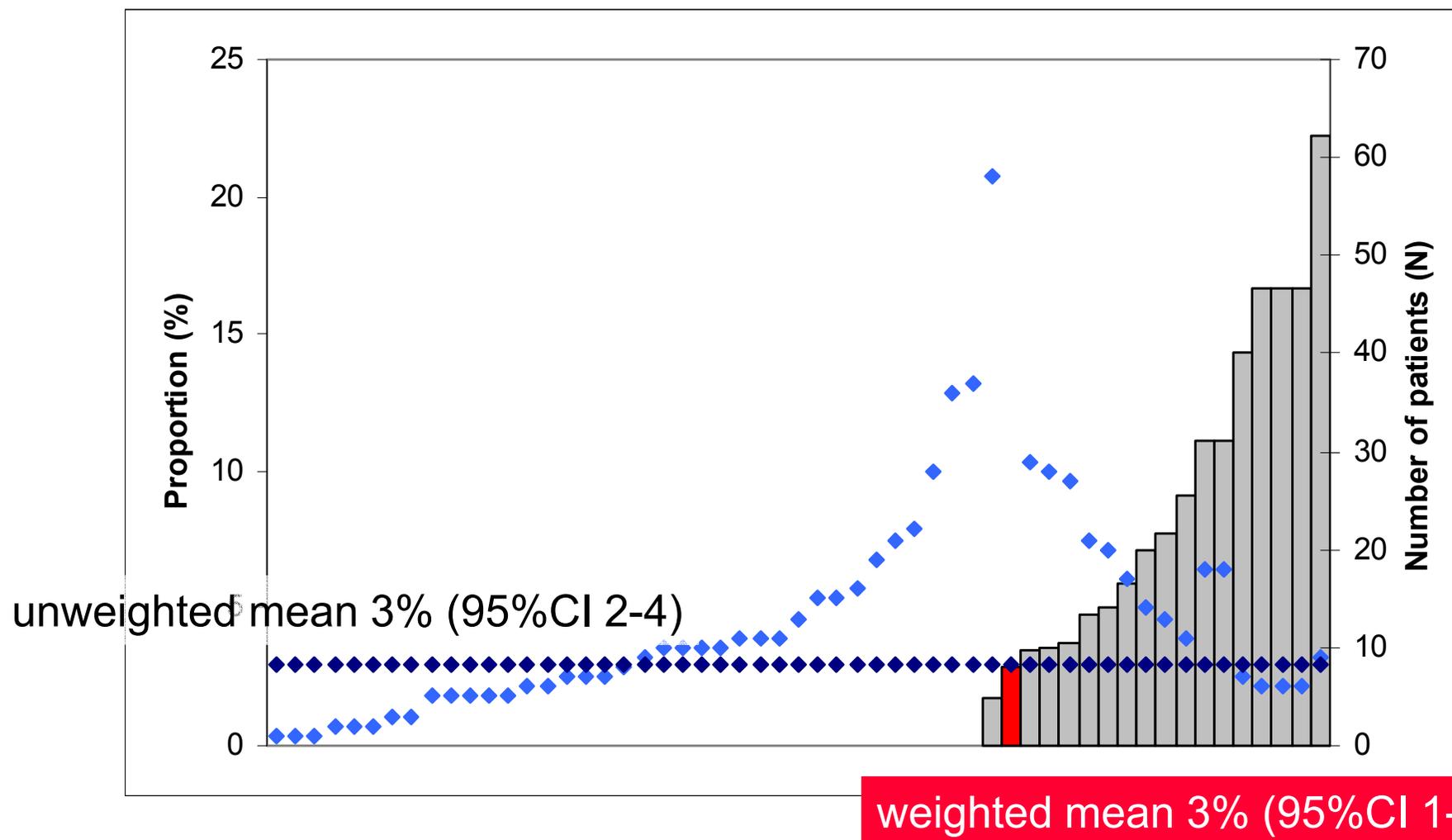
Evolution of voluntary registration since Jan 2006

Cumulative number of patients by academic status surgeon

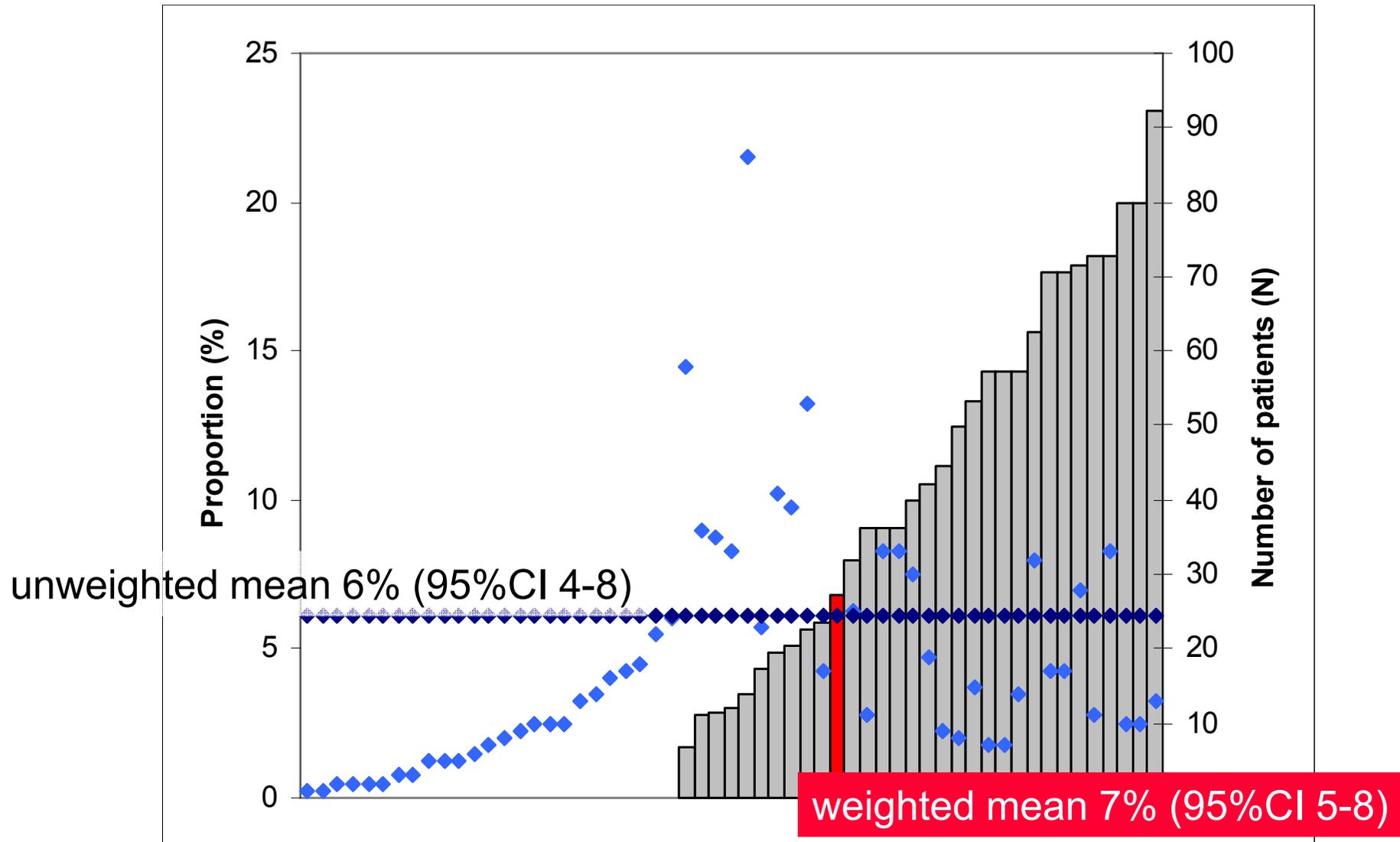
from 61 / 113 hospitals (4/2008)



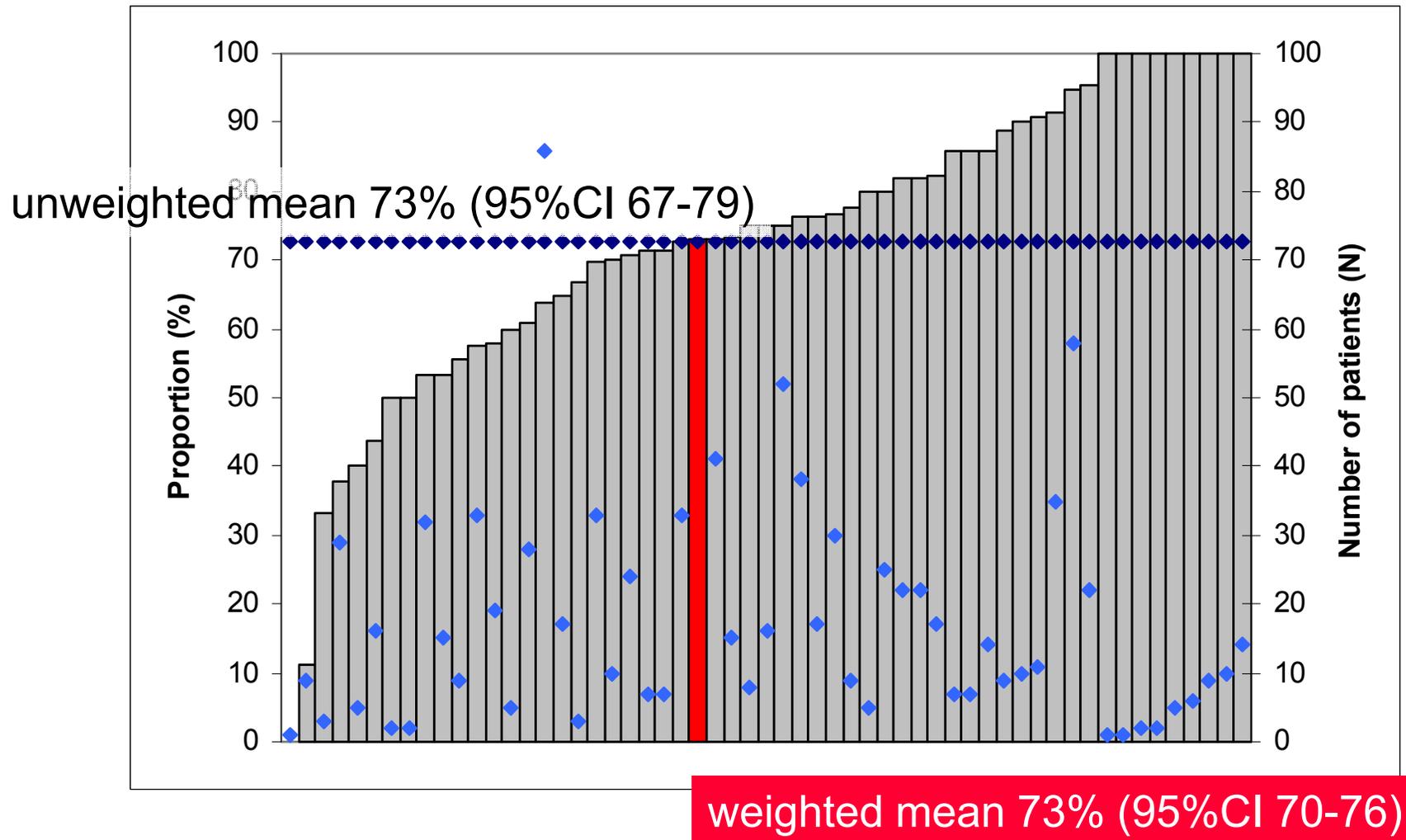
Per-centre-analysis (n = 54) of inpatient or 30-day mortality (pilot PROCARE)



Per-centre-analysis of intra-operative rectal perforation (pilot PROCARE)



Per-centre-analysis of (y)pCRM in mm (pilot PROCARE)



PROCARE

What target(s) ?

the mean (95% CI, 99% CI)

the top 10

preset 'theoretical' targets

Zentralbl Chir 2007; 132: 85-94

PROCARE

a unique project/precedent in Belgium

Motivated **physicians** with fears

Profession driven, all discip.

'Safe' plan

anonymized, voluntary

data in nat. ca. register

credible data (risk adj)

info., educ., review

decentralised

Gov-RIZIV/KCE-Med/Mut

Economic pressure

Quality concern/duty

Increasing monitoring ('QC')

Will to collaborate, support

5 yr project & prospects if ...



Knowledge translation Can it work in the USA ?

Educational knowledge translation

VA + ACS Nat Surg Qual Improv Program



Repressive/restrictive knowledge translation

Pay for performance

Medicare (since 2007) *quid oncology?*

Selective contracting of good 'performers'

Kaiser Permanente



Knowledge translation: the adult NSQIP

- A surg clin nurse reviewer / center for data
- 130 preop., oper. and postop. variables
- A headquarter for analysis
- Semiannual feedback of O/E ratios of M & M

Since its introduction

- 47% reduction in 30 day po mortality
- 42% reduction in 30 day po morbidity

PROBLEMS and SOLUTIONS (1)

Resistance, fear	Multidisc. profession-driven projects Assure confidentiality (anonym.) Education on Q Control / Improvem. Involve team + dir. + manag. Publish partic. teams/hosp.
Burden of registration	DB links + Support (nurse-reviewers)
Acceptability of feedback	Inform team + dir. + manag. <u>High Q data</u> , <u>risk adj.</u> , meth. support
Actions and/or sanctions	
Price	

Actions OR Sanctions ?

No shame, no blame
IF within PRESET limits

Differential financial team rewarding
related to performance (?)

IF OUTSIDE the preset limits ...



Actions to take by/for high outliers

1. REVIEW Q of the site's **DATA**
definitions, collection, risk factors
(potential) problem recognized
2. (external) REVIEW **CASES** in suboptimal QCI
3. REVIEW the site's **PROCESSES** and **STRUCTURES**
4. ADDRESS SPECIFIC **ISSUES**

J Am Coll Surg 2007; 204: 1293-300

In an educational system

- Peer review board(s) + methodological support
- Inform team (all disciplines involved) + Med. Dir. + manag.
- Ask for planned actions and timing
- Check evolution ad interim

PROBLEMS and SOLUTIONS (2)

Resistance	
Burden of registration	
Acceptability of feedback	
(s)A(n)ctions if no improvement	Inform team + dir. + manag. Potential problem acknowledged ? Offer external audit (peers) Advice insurer (general, anonym.)
Price	Improved resource use



Improving quality through knowledge translation

- profession-driven
- national but
- voluntary participation
- multidisciplinary audit
- anonymized central registration (CR)
- decentralized (re)training/review
- feedback with national benchmarking
- ‘governmental’ support

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