PROCARE
PROJECT ON CANCER OF THE RECTUM

PROCARE **STEERING GROUP**
Wednesday 12 May 2010
Place: RIZIV/INAMI, Tervurenlaan 211, Brussels, 8th floor **room Rubens**
Start 19.00

Minutes of the Steering Group meeting on KCE project GCP 2010-04

Present: Bertrand, Burnon, Claeys, Duinslaeger, Jouret, Mansvelt, Penninckx, Spaas, Van Cutsem, Thijs A, Beirens K (replacing Van Eycken).

Invited ad hoc: Mertens R (director KCE), Vrijens F (statist. coll. KCE)

Apologies: Danse, De Coninck, Demetter, Demey, Haeck, Haustermans, Humblet, Kartheuser, Laurent, Op de beeck, Peeters, Scalliet, Sempoux (abroad), Van de Stadt, Vaneerdeweg, Van Eycken,

1. Welcome

2. PROCARE. Why risk adjusted feedback? (Penninckx)

3. KCE project GCP 2010-04 Quaility insurance of rectal cancer. Phase 3: statistical methods to benchmark on a set of quality indicators (Mertens)

4. Discussion: a long discussion highlightening the achievements and the way of working within Procare took place. Solidarity and trust amongst the partners has been crucial in its success and achievement. It was felt unanimously that the project should continue in this way. Therefore a very open discussion on ways and modalities to proceed with the collaboration Procare/KCE and with the statistical group of Gent took place. There is the willingness to find an agreement on an optimal collaboration between the partners. The Procare steering group felt clearly that an important clinical input of expert-clinicians delegated by the Procare Steering Group into the statistical analysis is necessary and proposed therefore a collaboration of the Steering Group with the statiscical group of Gent. It was felt that the delegates from the Procare Steering Group should be the partner for the clinical input and feedback for the Gent statisticians in order to maintain the spirits of collaboration and trust within Procare.

5. Conclusions and proposal for proceeding the project with the KCE and the UGent statistical group

- PROCARE is a 'première' and unique Belgian multidisciplinary, professional project aiming to improve quality of care in rectal cancer patients and to reduce variation in management. It is based on confidentiality and is educational in nature.
- PROCARE asked and obtained support for risk adjusted analysis for benchmarking and feedback from the KCE. The KCE assigned the project to a research group from UGent.
- The research goals are:

- identification of risk factors to be taken into account to obtain a fair evaluation amongst centres/teams
- can outcome and process indicators within each of the 7 domains be combined? Can a composite score be based on these 7 domains ? Can some indicators (and related data) be omitted ?
- development of a feasible and suitable statistical methodology to asses the quality of risk adjusted performance of centres/teams
- how to present/insert the results of adjusted analysis in the feedback to individual centres/teams ?

The aim of the tool(s) to be developed is not to construct 'league tables' or to 'shame and blame' any specific team/centre. In contrast, the tool(s) should allow identification of opportunities for clinically relevant improvement (per domain and overall) for each team participating in the project. Therefore, not the median overall performance, but the performance of the 'best practices' has to be used as the 'reference' in order to allow more significant improvement of performances.

- Official and structural incorporation of a group of expert-clinicians delegated by the PROCARE Steering Group in the project is essential. This will be discussed at a meeting organised by the KCE with participation of the statistical research group of UGent (Goetghebeur) and a delegation of clinicians of PROCARE.

The number of PROCARE clinicians participating in regular discussion meetings with the UGent research group should be relatively limited for practical reasons. However, all delegated PROCARE clinicians should be able to contribute to the project and have to be informed in due time and at regular intervals by the statistical UGent research group, i.e. when clinical input is required, and when ad results have been obtained and interpreted ad interim.

Also, the PROCARE Steering Group should review, discuss and approve the pre-final results, discussion and conclusions before submission of the report to the KCE. If required, PROCARE will have the right to insert a specific commentary as an integral part of the report to be submitted to the KCE for publication.

- Tasks of the PROCARE expert-clinicians, lead by Demetter as co-ordinator:
  - propose new QCI, as required
  - identify appropriate and non-appropriate confounders per QCI
  - propose QCI combinations (per domain, overall)
  - discuss and propose clinically relevant limits/tresholds for improvement
- PROCARE expert-clinicians to be involved in this KCE-project are:
  - radiology: Danse
  - radiotherapy: Haustermans, Scalliet
  - surgery: Ceelen, Kartheuser, Van de Stadt
  - pathology: Demetter, Jouret-Mourin, Nagy
  - oncology: Laurent, Van Cutsem, Van Den Eynde, Van Laethem
  - BPSA: Molle, Vindevoghel
  - procare coordinator: Penninckx
- PROCARE database representative to be involved in the KCE-project: Van Eycken
- The clinicians should be invited by the KCE and/or the UGent research group at planned meetings.
- **Data of the PROCARE database will be anonymised** (encoded), will not be transferred to the KCE, **and will only be used by the UGent statistical research group within the**

constraints and time limits of this project. This will have to be mentioned in the definitive contract made by the KCE.

Adjourn 21.00