

Regional Quality Discussion Board and Benchmarking of Cancer Care Quality in Baden-Wuerttemberg, Germany

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Introduction

Adopted in April 2013 German Cancer Screening and Registry Law (KFRG) provides Clinical Cancer Registries in order to assure quality of cancer care. In accordance with state cancer registry law (LKrebsRG) the Central Cancer Registry of Baden-Wuerttemberg („Krebsregister BW“; KRBW) is divided in three parts: Trustworthy Agency (“Vertrauensstelle”; VS), Clinical Cancer Registry (“Klinische Landesregisterstelle”; KLR) and Epidemiological Cancer Registry (“Epidemiologisches Krebsregister”; EKR). These three parts are staff, spatial and organizationally separated. Clinical cancer registry started in 2009. Since 2011 all medical doctors in Baden-Wuerttemberg (BW) are obligated to report cancer patients. In the course of KFRG, KLR and VS were named by the ministry for social affairs as the Clinical Cancer Registry (CCR) of BW in February 2014. Consequently the office of quality conferences, QualiKo (“Geschäftsstelle Qualitätskonferenzen”) was established at the KLR on 1st of April 2014. The CCR assigned QualiKo to set up Regional Quality Discussion Boards (RQDB). During the year 2015 the first Regional Quality Discussion Boards were undertaken analyzing the entities colorectal cancer and pancreatic cancer.

Objectives

The aim of the Regional Quality Discussion Board is to optimize cancer care quality in Baden-Wuerttemberg, respecting all in- and outpatient therapeutic units. Currently, completeness and quality of data are the priority in the first Regional Quality Discussion Boards - both regarding quantity of registered patients as well as treatment and course of the disease. Therefore we focus on data quality (Fig. 1 und 2), quality indicators are already demonstrable though (Fig. 3).

Tasks of the first Regional Quality Discussion Boards

During the first Regional Quality Discussion Boards, target agreements were determined individually in each region together with the participants. These agreements will be realized by the medical providers of the region as well as by KLR and QualiKo. Regions with lack of completeness will have to follow up and complete, and regions with lack of data quality have to fulfill the requirements and register all patients with complete staging data and R- classification.

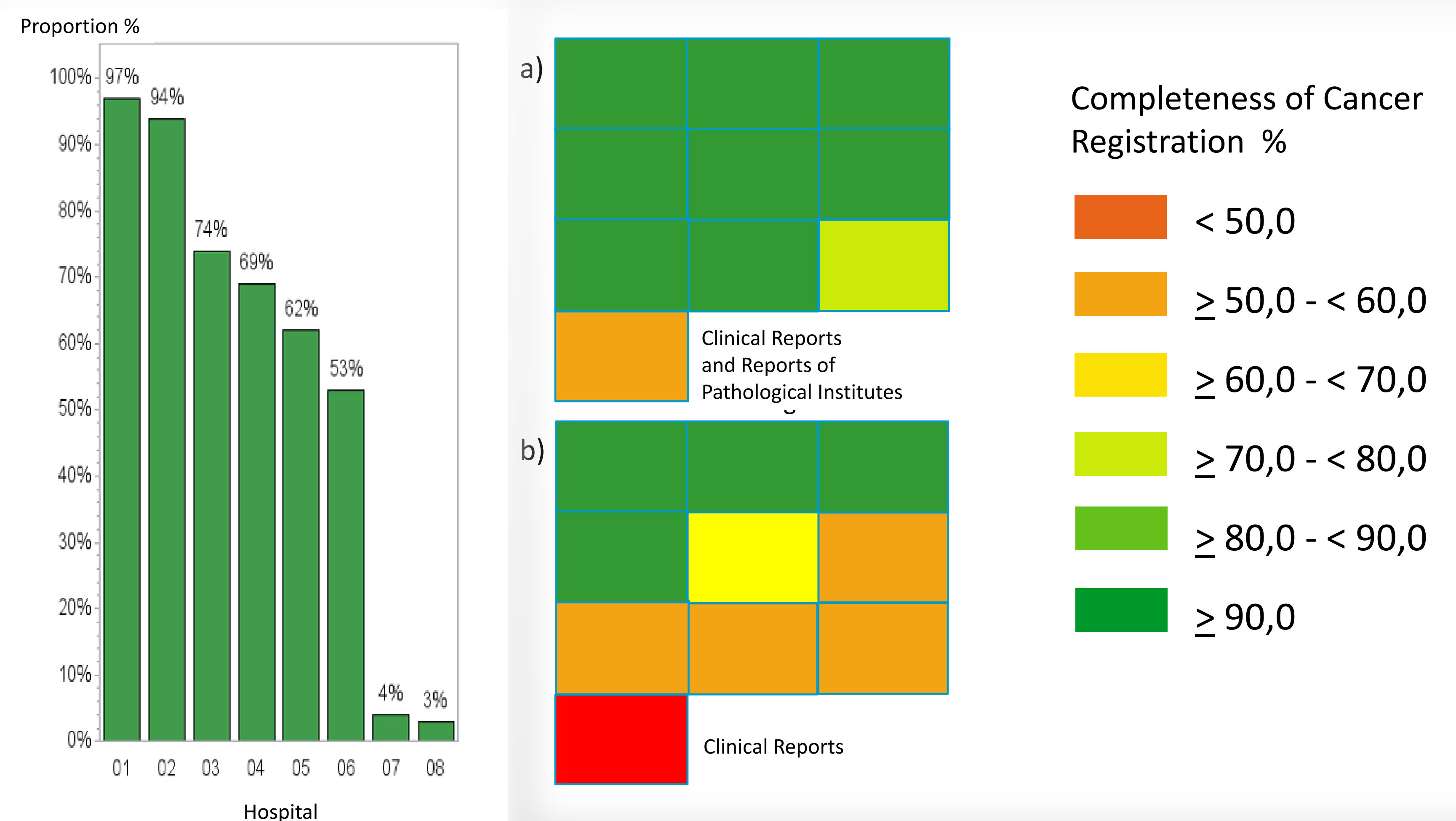


Fig. 1: Percentage of patients (C 18-20, diagnosis in 2011-2013) have been reported with complete TNM Status. Data were provided by institutions in one of the five given regions.

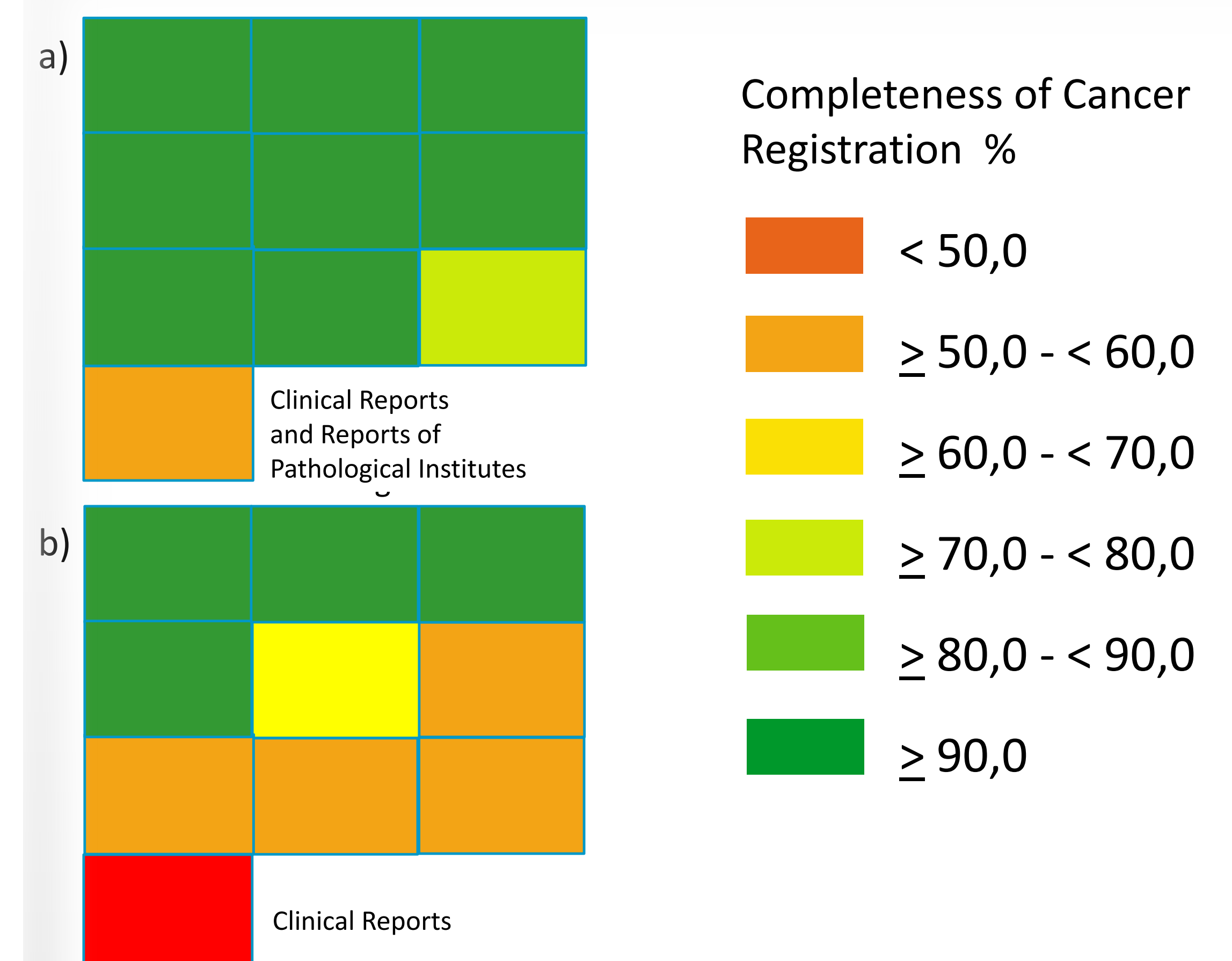


Fig. 2a) and 2b): Completeness of cancer registration in the districts of one of the five given regions, C17- C21, diagnosis in 2013; each rectangle represents one district.

Fig 2a) demonstrates completeness of cancer registry including all reports (clinical and pathological) as an important data basis.

Fig 2b) shows completeness including only clinical report.

Clinical report is absolutely necessary for the analysis of quality of cancer care.

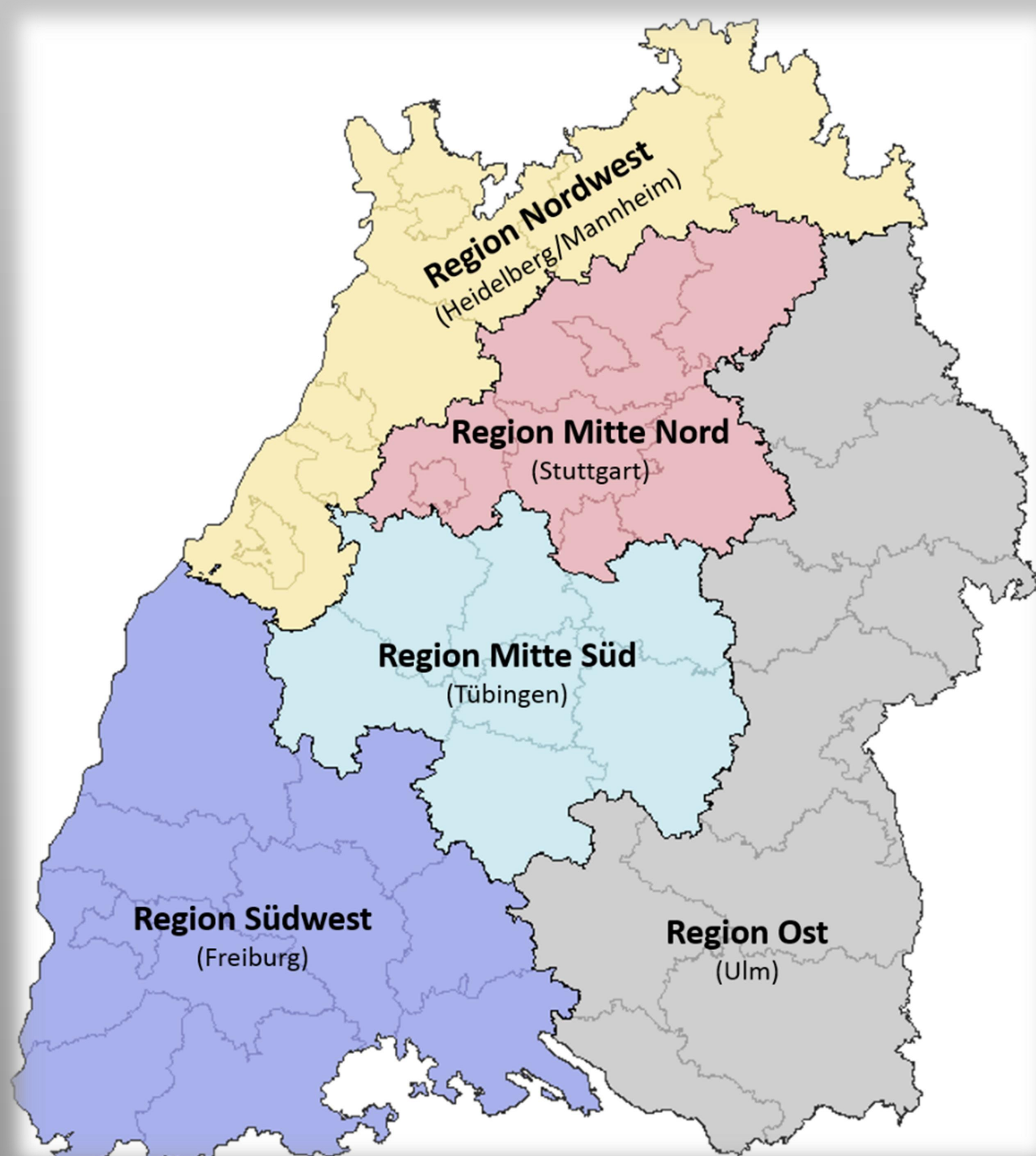


Fig. 4: Allocation of the districts to RQDB in Baden-Wuerttemberg, with approximately two million people per region.

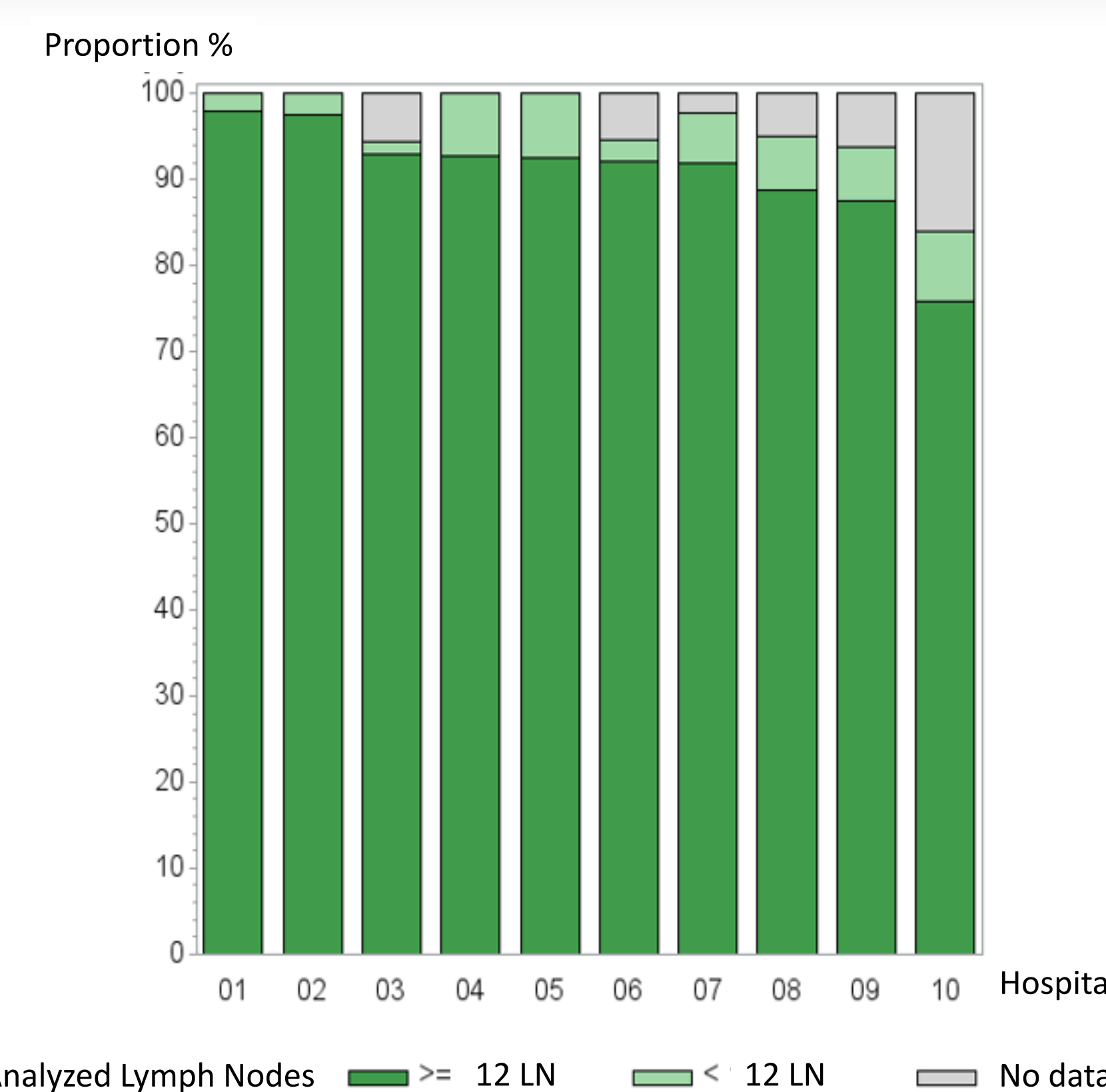


Fig. 3: Proportion of patients (C 18-19, diagnosis in 2011-2013), in which a minimum of at least 12 lymph nodes were examined – as requested by the S3 guidelines (dark-green); Hospitals in one of the five given regions.

Medical participants consider the Regional Quality Discussion Board as rewarding prospective instrument for quality assurance and optimizing quality of supply in cancer care. This is done by cooperative dialogue between the involved physicians.

Results and Conclusions

Benchmarking of quality indicators as an indication of the quality of cancer care is possible using the registered KRBW data. This is both facility based and population based. At the current stage, data completeness is not satisfactory both regarding quantity of registered patients as well as treatment and course of the disease. Therefore efforts to enhance completeness and quality of data are initial priority in the RQDB. In the long term the focus of RQDB will be analyzing and optimizing quality of cancer care.

Discussion of clinical case reports is already possible on the basis of feedback from the KRBW data to the reporting medical provider, for example to discuss the correct indication of neoadjuvant therapy in rectum carcinoma located in middle or lower third of the rectum.