

# The Use of a Performance-Based Dashboard to Address Cancer Healthcare Disparities in the NCI Community Cancer Centers Program (NCCCP) Pilot

Donna O'Brien, Maureen Johnson, Mary Fennell, Ken Chu, Deb Hood, and Nora Katurakes

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## Research Objective

Examine the effectiveness of a performance-based dashboard as a management tool for disparities, a cross-cutting initiative, and to improve the performance of community hospitals in providing integrated state-of-the-art cancer care and research to underserved populations.

## Study Design


- Develop an infrastructure and a communication and tracking system to support the integration of the various program components.
- Consider the heterogeneity across pilot sites as they serve different, hard-to-reach subpopulations.
- Implement standardized documentation for cross-site comparisons.
- Develop a dashboard with metrics and key disparities program initiatives for each focus area in order to track progress.

## Principal Findings

- The dashboard, as a management tool, has enabled NCCCP participants at the site level and at NCI to:
- PLAN and manage an initiative to address cancer healthcare disparities.
  - BUILD the skills of the community hospital sites to track efforts to improve their performance in addressing healthcare disparities; and
  - ENHANCE the understanding of NCI in its development of effective metrics to track healthcare disparities efforts in community-based settings.

## Conclusions

- NCCCP Pilot participants have a broader understanding of:
- How to plan and implement a cross-cutting initiative for improving the quality of care and research for populations experiencing healthcare disparities;
  - How to focus these efforts with more complete data collection and metrics; and
  - How best to draw upon the expertise and technical assistance of NCI and the successful healthcare disparities programs of other network members.



## NCCCP DISPARITIES VISION DASHBOARD

The NCI, through public/private partnerships with NCCCP pilot site community hospital-based cancer centers, will expand state-of-the-art cancer care and research to populations experiencing healthcare disparities (those with an excess burden from cancer) across the continuum, from prevention and screening through treatment, follow-up and end of life care.

**Definition of Disparities**

Health Disparities: Different public and private agencies have different definitions of a "health disparity" for their own program-related purposes, however these definitions tend to have several commonalities. In general, health disparities are defined as significant differences between one population and another. The Healthy Health and Health Disparities Research and Education Act of 2005, which authorizes several HRH programs, describes these disparities as differences in "the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates." The Institute of Medicine publication, "Unequal Treatment" highlights disparities related to access and treatment as major factors in defining disparities.

For the NCCCP, we define the populations affected by health disparities to include racial and ethnic minorities, and other underserved populations: residents of rural areas, women, children, the elderly, persons with disabilities, the uninsured, undocumented and those who are socioeconomically disadvantaged.

**NCCCP Disparities Dashboard** Overall Disparities Requirement: All patients screened and diagnosed with cancer by the pilot sites are offered treatment, policies in place with annual confirmation.

Clinical Trials	Biopsies	Information Technology	Quality of Care	Survivorship	Disparities
<ul style="list-style-type: none"> <li>Change in total accrual of all NCI-funded clinical trials</li> <li>Change in number of NCI-funded clinical trials</li> <li>Change in number of NCI-funded clinical trials</li> </ul>	<ul style="list-style-type: none"> <li>Change in total number of biopsies</li> <li>Change in number of biopsies</li> <li>Change in number of biopsies</li> </ul>	<ul style="list-style-type: none"> <li>Change in number of IT projects</li> <li>Change in number of IT projects</li> <li>Change in number of IT projects</li> </ul>	<ul style="list-style-type: none"> <li>Change in number of quality of care projects</li> <li>Change in number of quality of care projects</li> <li>Change in number of quality of care projects</li> </ul>	<ul style="list-style-type: none"> <li>Change in number of survivorship projects</li> <li>Change in number of survivorship projects</li> <li>Change in number of survivorship projects</li> </ul>	<ul style="list-style-type: none"> <li>Change in number of disparities projects</li> <li>Change in number of disparities projects</li> <li>Change in number of disparities projects</li> </ul>

**Disparities Dashboard**

All data tracking is based on federal government Office of Management and Budget (OMB) categories for race and ethnicity. Many hospitals and programs do not track race and ethnicity consistently, with standard categories, or by asking patients.

**Implications for Policy, Delivery or Practice**

- To closely track progress on total and minority accrual, the sites initiated a collaborative project in which they all offer the same 10 clinical trials. An electronic tracking log was created to track accrual and barriers. The learning from this project can be used to make process improvements in accrual efforts for all trials, and more specifically to improve minority accrual.
- This effort identifies specific cultural traditions/requirements related to biopsies - e.g., Native Americans want specimens returned to them if at all possible.
- Working with private practice cancer physicians to accept uninsured patients is a unique feature of the proposed NCCCP medical staff conditions of participation. These "conditions" are locally determined requirements to ensure that those who provide care as cancer center physicians practice in a manner that is consistent with the patient care, quality, research, and community outreach goals of the NCCCP cancer center - including care of the uninsured.
- This voluntary project focuses on the continuum of care for breast cancer from screening through treatment to ensure that the patient receives timely follow-up and care. With race and ethnicity tracking, sites can determine if there are differences in the quality of care and timely follow-up provided to the different subpopulations that are tracked.

## NCI Community Cancer Centers Program Sites



## About the NCCCP Pilot

- A public-private partnership to expand state-of-the-art cancer care and research to more locations across the United States.
- There are 16 community hospital-based cancer centers in 14 states in the pilot.
- 27,000 new cancer cases are served each year (total over all sites).
- Medical care is provided largely through private practice physician arrangements.
- Pilot sites serve different subpopulations that include African American, Hispanic, Asian, and Native American.

## Disparities Cuts across Six Areas of Focus

- Clinical Trials
- Biopsies
- Information Technology
- Quality of Care
- Survivorship and Palliative Care
- Disparities

## Implications for Policy, Delivery or Practice

- Cross-cutting management approaches are needed for addressing areas such as disparities, quality of care, and information technology to advance cancer care and research in community settings where most cancer patients receive their care.
- To develop these cross-cutting approaches, input from a range of NCI technical experts (all areas of focus) and management from the delivery system is needed.
- The dashboard, as a management tool developed through a public-private partnership of the NCI with a network of community-based hospitals, provides an evidence-based approach to facilitate the integration of various program components relevant to improving healthcare and research within a community context.