

Michigan cancer programs follow care guidelines for common cancers, study finds

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A majority of Michigan oncology practices participating in a statewide consortium followed treatment guidelines for common cancers, but had gaps in managing symptoms and end-of-life care, according to a new study.

The study comes out of the Michigan Oncology [Quality](#) Consortium, a statewide collaboration designed to collect data from medical oncology practices about how physicians care for [cancer](#) patients. The consortium members looked at whether practices adhere to standard cancer care guidelines when it comes to administering chemotherapy or other treatments, managing symptoms or side effects of treatment and caring for patients at the end of their life.

"Cancer treatments are improving, but not all patients will benefit if care is not uniformly delivered. Understanding whether practices adhere to cancer treatment guidelines is the first step in improving the quality of cancer care," says lead study author Douglas Blayney, M.D., adjunct professor of medicine at the University of Michigan Medical School. Blayney is also the Ann and John Doerr Medical Director of the Stanford University Cancer Institute.

Results of the study appear in the April issue of *Health Affairs*.

The Michigan Oncology Quality Consortium is a collaboration among medical oncology practices, the [American Society of Clinical Oncology](#), the University of Michigan Comprehensive Cancer Center and Blue

Cross Blue Shield of Michigan.

The consortium grew out of a national project, the Quality Oncology Practice Initiative, which facilitates self-assessment, quality measurements and continuous improvement in cancer care to outpatient practices that demonstrate high adherence. The U-M Comprehensive Cancer Center was one of the first practices in Michigan to participate in the initiative under Blayney's direction, and it is one of the first in Southeast Michigan to be QOPI-certified.

To encourage more statewide practices to participate in quality initiatives, Blue Cross Blue Shield of Michigan agreed to provide reimbursement for practices in the consortium to submit data over a five-week period twice a year on the quality measures.

At the first measurement, study authors found that practices adhered to quality care processes more than 90 percent of the time in caring for breast [cancer patients](#), 85 percent of the time with colorectal cancer patients and 71 percent of the time with lung cancer patients. Adherence to guidelines around symptom and side effect management and end-of-life care was lower and did not improve over time. Twenty oncology practices throughout the state participated in this part of the project.

"Merely collecting the data and using it to demonstrate to physicians their adherence, or lack of adherence, to quality processes was not sufficient to measurably improve quality," Blayney says. "Realizing this, we were able to develop more structured and proactive interventions that we hope will lead to improvements."

The study authors determined that data management was inconsistent around one measure and could account for some of the low adherence. The program worked with practices to improve how they document their processes. Based on the initial results, the [consortium](#) recently initiated a

project to improve provision of palliative [care](#) delivery.

More information: "Michigan Oncology Practices Showed Varying Adherence Rates to Practice Guidelines, But Quality Interventions Improved Care", *Health Affairs*, Vol. 31, No. 4, April 2012.

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