Quality of Treatment and Health Disparities

- Relying on benchmarking and/or quality standards such as the National Quality Forum (NQF) provides clear definitions of treatment quality by connecting appropriate treatment to specific breast cancer diagnoses.

- In one study, an NQF-driven intervention improved treatment rates in a majority African-American (89%) female sample:
  - 75.8% received radiation in 2005-06, compared to 95.8% in 2008
  - 73.7% received chemotherapy in 2005-06, compared to 93.7% in 2008
  - 84.1% received hormonal therapy in 2005-06, compared to 90.0% in 2008

- Improving quality of treatment in underserved populations can be a key way to reduce cancer mortality disparities.


Quality of Treatment: Quality Measures

These data come from a majority African-American sample of breast cancer diagnoses who received treatment at a metropolitan public hospital – thus the authors highlight these findings as an example of an NQF-based intervention that would in effect reduce racial disparities in treatment quality.

Using standard treatment quality measures (e.g., the NQF) is essential to define the scope and timely access of appropriate treatment.

Quality of Treatment: Treatment Options Eligibility

In this same study, NQF quality indicators are instrumental in defining who is and is not eligible for certain treatment options based on specific breast cancer diagnoses of the patient sample.


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<table>
<thead>
<tr>
<th>Treatment</th>
<th>2005–2006 patients (%)</th>
<th>2008 patients (%)</th>
<th>Total patients (%)</th>
<th>$P$ value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible for radiation therapy</td>
<td>62</td>
<td>24</td>
<td>86</td>
<td></td>
</tr>
<tr>
<td>Received radiation therapy</td>
<td>47 (75.8%)</td>
<td>23 (95.8%)</td>
<td>70 (81.3%)</td>
<td>$P = .03$</td>
</tr>
<tr>
<td>Not received radiation therapy</td>
<td>15 (24.2%)</td>
<td>1 (4.2%)</td>
<td>16 (18.7%)</td>
<td></td>
</tr>
<tr>
<td>Eligible for chemotherapy</td>
<td>61</td>
<td>16</td>
<td>77</td>
<td></td>
</tr>
<tr>
<td>Received chemotherapy</td>
<td>45 (73.7%)</td>
<td>15 (93.7%)</td>
<td>60 (77.9%)</td>
<td>$P = .08$</td>
</tr>
<tr>
<td>Not received chemotherapy</td>
<td>16 (26.3%)</td>
<td>1 (6.3%)</td>
<td>17 (22.1%)</td>
<td></td>
</tr>
<tr>
<td>Eligible hormonal therapy</td>
<td>94</td>
<td>50</td>
<td>144</td>
<td></td>
</tr>
<tr>
<td>Received hormonal therapy</td>
<td>79 (84.1%)</td>
<td>45 (90.0%)</td>
<td>124 (86.1%)</td>
<td>$P = .32$</td>
</tr>
<tr>
<td>Not received hormonal therapy</td>
<td>15 (15.9%)</td>
<td>5 (10.0%)</td>
<td>20 (13.9%)</td>
<td></td>
</tr>
</tbody>
</table>

* Two-sided Pearson chi square
In South Carolina, providing appropriate treatment of tamoxifen or aromatase inhibitor within 12 months of diagnosis was used as a benchmark for treatment.

This graph allows for the comparison of different groups (South Carolina vs. the US and accredited hospitals vs. non-accredited hospitals) to each other.

Questions and Data Considerations

- How does this stakeholder group want to define quality treatment?
- In what other ways should the data be visualized?
- Other data sources that should be considered to make a more representative map for your state?
- Next steps?

- Vital Statistics
- State cancer registries
- Medicaid
- Behavioral Risk Factor Surveillance System (BRFSS)
- National Cancer Institute (NCI)
- Insurance providers such as BlueCross BlueShield
- Susan G. Komen and other non-profit organizations
- United States Cancer Statistics (USCS)
- Electronic Health Records (EHRs)
- Ambulatory Surgical Treatment Centers
- Hospital discharge data
- Federally Qualifying Health Centers (FQHCs)
- Health Information Exchanges (HIEs)
- FDA data on mammography locations (available with Freedom of Information Act request)
- Commission on Cancer (CoC)