

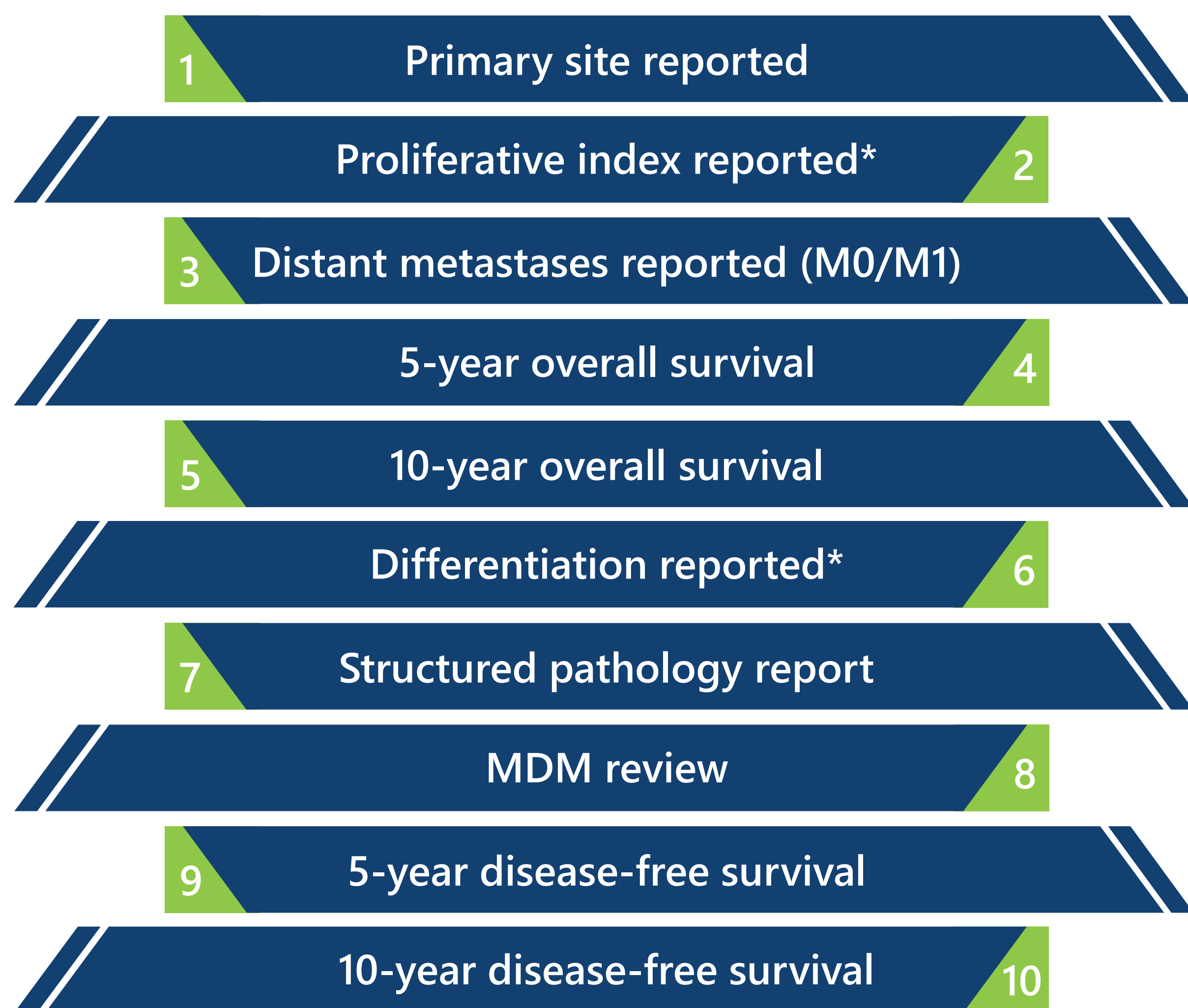
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Background and Objective

- Good cancer care is multidisciplinary, sub-specialized, and highly coordinated. There are hundreds of healthcare moments that impact outcome for each individual patient. Measuring every moment is impractical, but the patient journey can be distilled down to a small number of key measurable points, called quality performance indicators (QPIs).
- It is accepted that measurement of QPIs improves quality of care directly by identifying high and under-performing providers in a health system, and indirectly by providing targets that the system can aspire too.
- No QPIs are available for neuroendocrine tumours (NETs), and NET rarity and heterogeneity makes QPI development difficult.
- CommNETs is a collaboration between NET clinical researchers in Canada, Australia and New Zealand (NZ); members include clinicians, nurses, pharmacists, scientists and patient advocates.
- The aim of this study was to develop a set of QPIs specific to NETs that can be used to improve patient care in NZ, Canada and Australia.

Final consensus-derived NET QPIs¹



* this does not currently apply to pheochromocytoma, paraganglioma and medullary thyroid carcinoma

Outcomes and Future Work

- Ten QPIs were selected using a consensus threshold of 80%, as utilised in a previous CommNETs Delphi process.
- These correspond to NET-specific factors such as proliferative index and differentiation; and generic cancer QPIs such as MDM review, staging, and survival.
- This project was supported by the NZ Ministry of Health. Future work will involve working with the Ministry's Cancer Services to seek wider sector review, followed by national implementation.
- We propose that these QPIs are used to monitor and improve care for people with NETs in NZ, and to facilitate international comparison.

1. Woodhouse et al. (2019) PMID 31547431

Methods and Results

Nominal Group
Technique

Round 0

133 candidate
statements



15

23

8

A literature search for NET-specific QPIs returned no relevant results, so the method was adjusted to include an initial structured brainstorming session using Nominal Group Technique (NGT).

Candidate QPIs were then curated and organized into appropriateness statements (62 appropriateness statements and 44 sub-statements)



Curation

3 statements applicable to every indicator (site, stage, grade)
38 stand-alone appropriateness statements
14 parent appropriateness statements > 30 sub-statements
7 de novo parent appropriateness statements > 14 sub-statements

RAND/UCLA
Appropriateness
Method

Round 1

106 statements
rated online

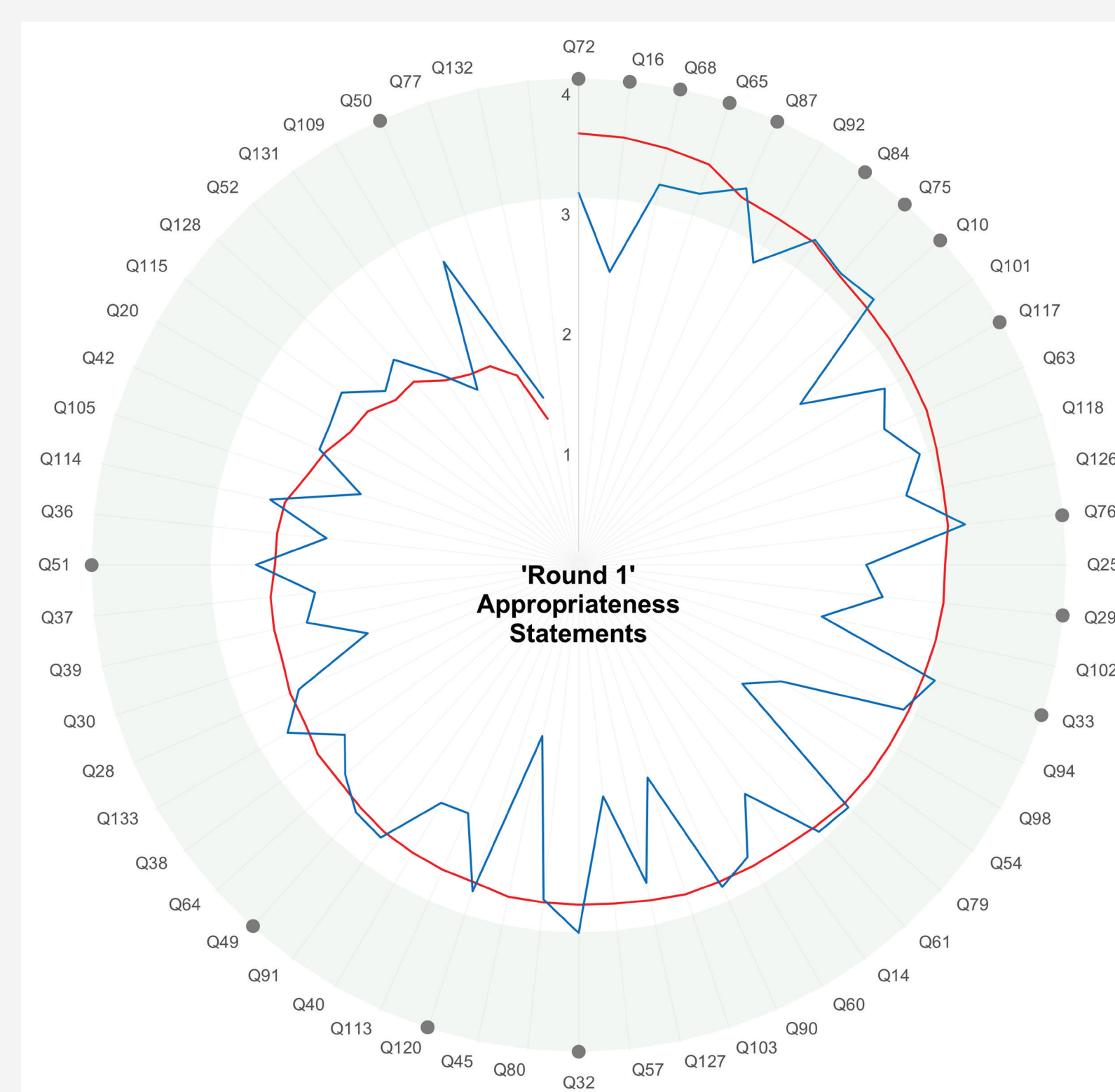


43

22

44

Round 1 ranking of appropriateness statements, ordered by importance. Each radial spoke represents a Round 1 appropriateness statement. Weighted averages for ratings of "Importance" (red line) and "Measurability" (blue line) are presented. Many statements rated as important were not measurable, and a few measurable indicators were not rated as important. Statements taken forward to Round 2 are shown by grey dots, and tended to be both important and measurable (>3 shaded in green).



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RAND/UCLA
Appropriateness
Method

Round 2

20 discussed
16 rated online
10 chosen by
consensus



8

3

6

The expert group rated the final Round 2 indicators as appropriate (green), uncertain (orange) or inappropriate (red). The light green shaded area highlights those indicators rated appropriate by more than 80% of the group, thus achieving consensus based on our definition.

