

Centers of Excellence: What Should They Be?

Recently, I have participated in conversations and worked on projects that revealed widely divergent views of what constitutes a Center of Excellence (COE) for cancer. The practical importance of appropriately defining the critical attributes of a COE was brought home to me through the efforts of several national payers to develop “Center of Excellence Products” for their subscribers.

Let me begin by attempting to outline what payers seem to be looking for in these products. Many national payers are now using NCCN resources to inform their decisions regarding medical policy and reimbursement coverage. In my opinion, the guideline efforts of the NCCN represent the most significant example in medical practice of physicians working together to define the standards of care and, hopefully, to rationalize the reimbursement system.

The NCCN Clinical Practice Guidelines in Oncology and the NCCN Drugs and Biologics Compendium have garnered unparalleled credibility in the payer community, reinforced by NCCN’s Oncology Case Management Program, a day-long symposium for insurance company medical directors and case managers. Based on these efforts and buttressed by their internal data and observations, clearer perceptions of what defines a COE are emerging. As a result, some payers are developing programs to encourage patient referral to such centers, particularly for treatment of complex and rare cancers.

Criteria for consideration as a COE for cancer differ among payers. One payer organization is focused on complex surgical procedures, with criteria that include treatment volume for certain complex cancers, having an appropriate mix of board certified specialists, and the presence of a tumor board.

Another organization bases its qualification criteria on overall cancer center characteristics, including multidisciplinary approach to care, depth and breadth of patient care teams, subspecialty expertise, patient-focused programs and services, and participation in high-quality clinical trials.

My vision of a COE for cancer patients would build on and augment these criteria by requiring multidisciplinary practitioners to be highly subspecialized (working with no more than 2 disease sites) and to see their patients in a multidisciplinary clinical environment (breast center, colorectal center, etc.). Similarly, pathologists and imaging specialists would have high levels of subspecialization and expertise, and all slides and radiographs would be reviewed to verify accuracy of diagnosis and stage.

All cases except the most routine would receive planning conference review before treatment, and all eligible patients would be offered the option of a clinical trial. Comprehensive patient education and support services would be provided. Perhaps most importantly, there would be a high level of collaboration and communication between and among members of the patient care team, and sufficient time would be available to ensure that patients and families understand the relevant care guidelines and their particular care plans.

Finally, concordance with care guidelines would be tracked, a full range of quality indicators would be monitored, and comprehensive longitudinal databases would be used for comparative measurement of treatment outcomes. In my career, I have visited (and worked in) NCCN member institutions that approach this ideal. With the availability of the NCCN Oncology Outcomes Database, the necessary data infrastructure is becoming available in NCCN centers.

Returning to the conversations I mentioned earlier, I recently met with several outstanding cancer specialists from prestigious academic medical centers where faculty members work in relative isolation and compete for patients (rather than work as a team), and where the cancer care environment is far from the ideal described. I can say with confidence that those who pay us will not continue to be satisfied with undocumented claims that our centers are excellent. They will require evidence that is credible, objective, and compelling.



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