

Annex F: Quality Indicators Checklist for the Z Benefits for Colorectal Cancer

Revised as of December 2022



Republic of the Philippines **PHILIPPINE HEALTH INSURANCE CORPORATION**

Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center: (02) 8441-7442 | Trunkline: (02) 8441-7444
www.philhealth.gov.ph



Quality Indicators Checklist for the Z Benefits for Colorectal Cancer

A. Structure

Tertiary government or private hospital with the following minimum requirements:

Infrastructure:

- a. major operating room
- b. surgery ward
- c. facilities for in and out-patient chemotherapy infusion
- d. pharmacy
- e. pathology laboratory with CEA and histopathology
- f. Cobalt or linear accelerator facilities
- g. conference room for multidisciplinary meeting
- h. multidisciplinary out-patient clinics
- i. endoscopy facilities (with at least 1 colonoscope, rigid proctoscope and endorectal ultrasound)
- j. radiology facilities, (with at least x-ray and CT scan, preferably with MRI)

Manpower

1. Medical Oncology
 - a. Training program in Medical Oncology accredited by the Philippine Society of Medical Oncology or the Philippine Society of Oncologists
OR
 - b. With at least 1 Medical Oncology consultant who is a Fellow of the Philippine Society of Medical Oncology or the Philippine Society of Oncologists
2. Radiation Oncology
 - a. Training program in Radiation Oncology accredited by the Philippine Radiation Oncology Society OR with at least 1 Radiation Oncology consultant who is a Fellow of the Philippine Radiation Oncology Society
AND
 - b. Cobalt or linear accelerator facilities; OR with a formal referral process to a nearby radiation oncology facility
3. Surgery
 - a. Colon Cancer
 - i. Training program in General Surgery accredited by the Philippine Society of General Surgery
OR

- ii. With at least 3 General Surgeon consultants who are Fellows of the Philippine Society of General Surgeons
 - b. Rectal Cancer
 - i. Training program in Colorectal Surgery accredited by the Philippine Society of Colorectal Surgeons;
 - OR
 - ii. With at least 1 Colorectal Surgeon consultant who is a Fellow of the Philippine Society of Colorectal Surgeons;
 - OR
 - iii. With at least 1 General Surgeon consultant who is BOTH a Fellow of the Philippine Society of General Surgeons AND certified to have officially completed the didactics and hands-on course on Total Mesorectal Excision Course given by the Philippine Society of Colorectal Surgery
 - 4. Radiology consultants
 - 5. Pathology consultants
 - 6. Oncology nurse who is a certified member of the Philippine Oncology Nurses Association
 - 7. Stoma nurse who is a certified member of the Enterostomal Nursing Association of the Philippines
- B. Process
- 1. A regular multidisciplinary meeting must be held no fewer than twice a month, to be attended by consultants from surgery, medical oncology and radiation oncology.
 - 2. All patients enrolled into the PhilHealth Z-benefit package must be duly endorsed and signed by all the designated consultants from surgery, medical oncology and radiation oncology.
 - 3. All patients enrolled into the PhilHealth Z-benefit package must have a multidisciplinary meeting where treatments plans are discussed and decided upon by the multidisciplinary team, before any treatment is started. This meeting, as well as the treatment plans must be duly documented, noted and signed by all the designated consultants from surgery, medical oncology and radiation oncology.
 - 4. 95% of Stage II and III Rectal Cancer patients enrolled in the Z-package must have pre-operative neoadjuvant radiotherapy (with or without chemotherapy), as duly decided upon in the multidisciplinary meeting.
 - 5. The hospital must monitor and report patient compliance with all aspects of the multidisciplinary treatment, noting reasons for non-compliance. Programs to improve compliance (e.g. patient navigation systems) must be developed, implemented, and documented.
- C. Outcomes to be reported
- 1. At least 90% compliance with treatment plans
 - 2. At least 95% pre-op radiotherapy for Stage II and III rectal cancer
 - 3. At least 75% of colon cancers must have pre-treatment multidisciplinary meeting
 - 4. At least 90% of rectal cancers must have pre-treatment multidisciplinary meeting
 - 5. 2, 3 and 5 year survival rates (hopefully aim for at least 60% cure rates)
 - 6. Recurrence rates
 - 7. Mortality and morbidity rates from treatment
 - 8. Quality of life measures

9. At least 95% follow up rate
10. 100% documentation of multidisciplinary meeting, treatment plans, compliance, treatment and follow up
11. Quality of TME for rectal cancer (> 60% with complete or partially complete circumferential resection margins on pathology reports)
12. Quality of pathology reports (at least 12 nodes and status of circumferential resection margins reported).