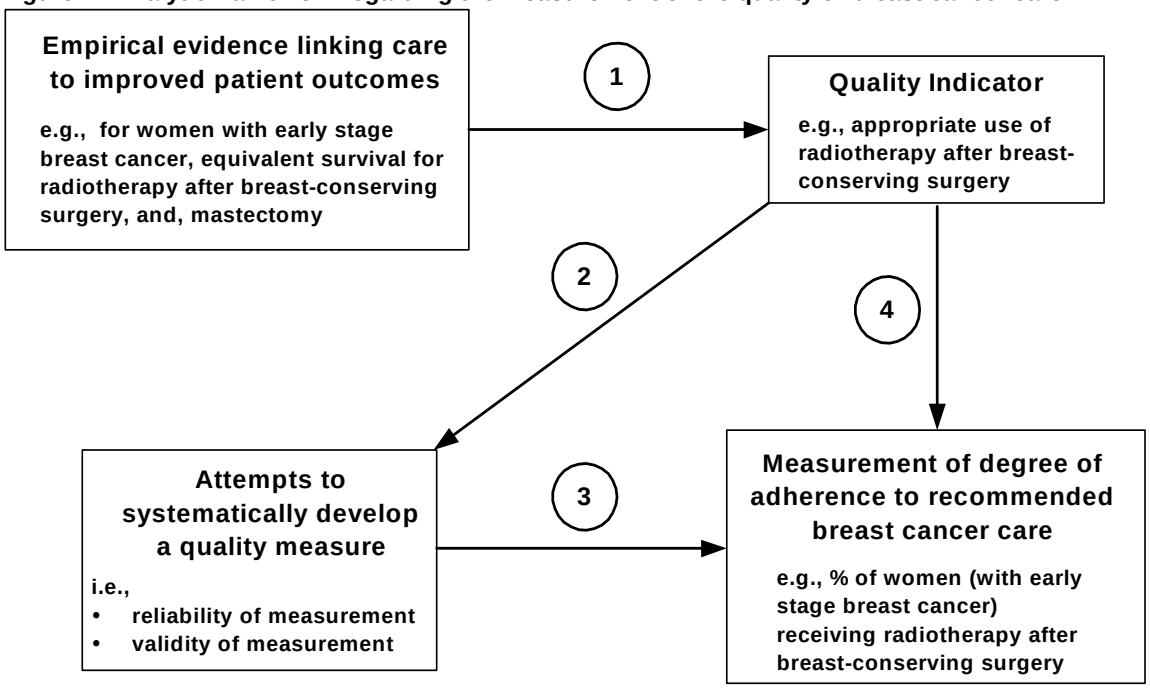
population of interest, that is, female adults diagnosed with, or in treatment for, any histological type of adenocarcinoma of the breast, including both in situ and invasive cancer.

An evidence-based quality indicator, such as a recommendation in a clinical practice guideline or systematic review, requires clearly referenced, empirical evidence demonstrating its links to improved patient outcomes, and, irrespective of whether a peer consensus assessment of its appropriateness has been conducted (linkage 1).[17] This approach is consistent with the view that any national quality measurement and reporting system should be evidence-based,[90] and with the goal of the above-noted public-private initiative (i.e., AHRQ-CQuIPS, NCI, CDC, CMS, NQF) to identify and promote evidence-based quality measures of cancer care.

One path (via linkages 2 and 3) culminates in the quantification of the degree of adherence to quality indicators that have been formally developed to some extent as quality measures. This is the ideal approach to quality measurement given the sound psychometric foundation of the quality measures, established through pilot-testing with relevant cases obtained from specific data sources (e.g., cancer registries; medical records).

Figure 1. Analytic framework regarding the measurement of the quality of breast cancer care



A second path (linkage 4) also entails quantifying the degree of adherence to a quality indicator, yet where the performance standard has not yet received formal scientific attention to develop it as a measure. Nevertheless, when applied to appropriate data sources, even this path can yield psychometric data (e.g., inter-abstractor reliability). Either path can provide additional evidence, via studies evaluating adherence to standard care, confirming linkages of this care to improved patient outcomes.