

Achieving Cancer Program Accreditation

Georgia Tumor Registrar's Association Annual Meeting

Macon, GA

09/27/2013

Consultant: Leigh Webb, DrPh (c), MPH, CTR



Commission on Cancer Mission Statement

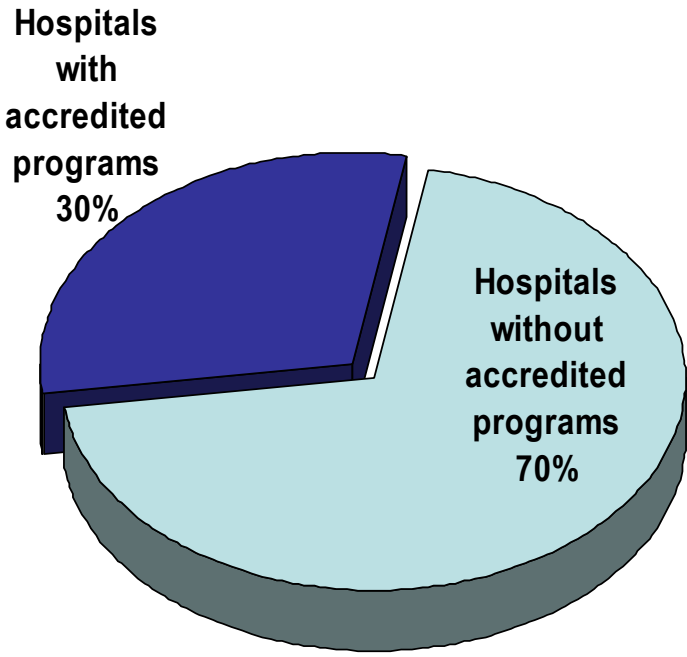


- The Commission on Cancer is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and monitoring of comprehensive quality care.

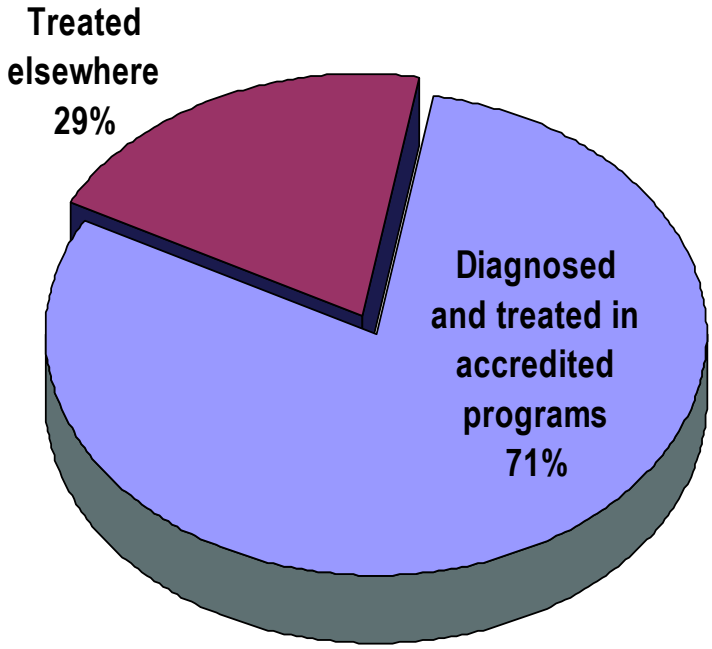
Commission on Cancer Accredited Program Elements

- Cancer Program Leadership
- Clinical Management
- Clinical Research
- Quality Improvement
- Cancer Data Management and Registry Operations
- Professional Education and Staff Support
- Community Outreach

U.S. Hospital Cancer Programs



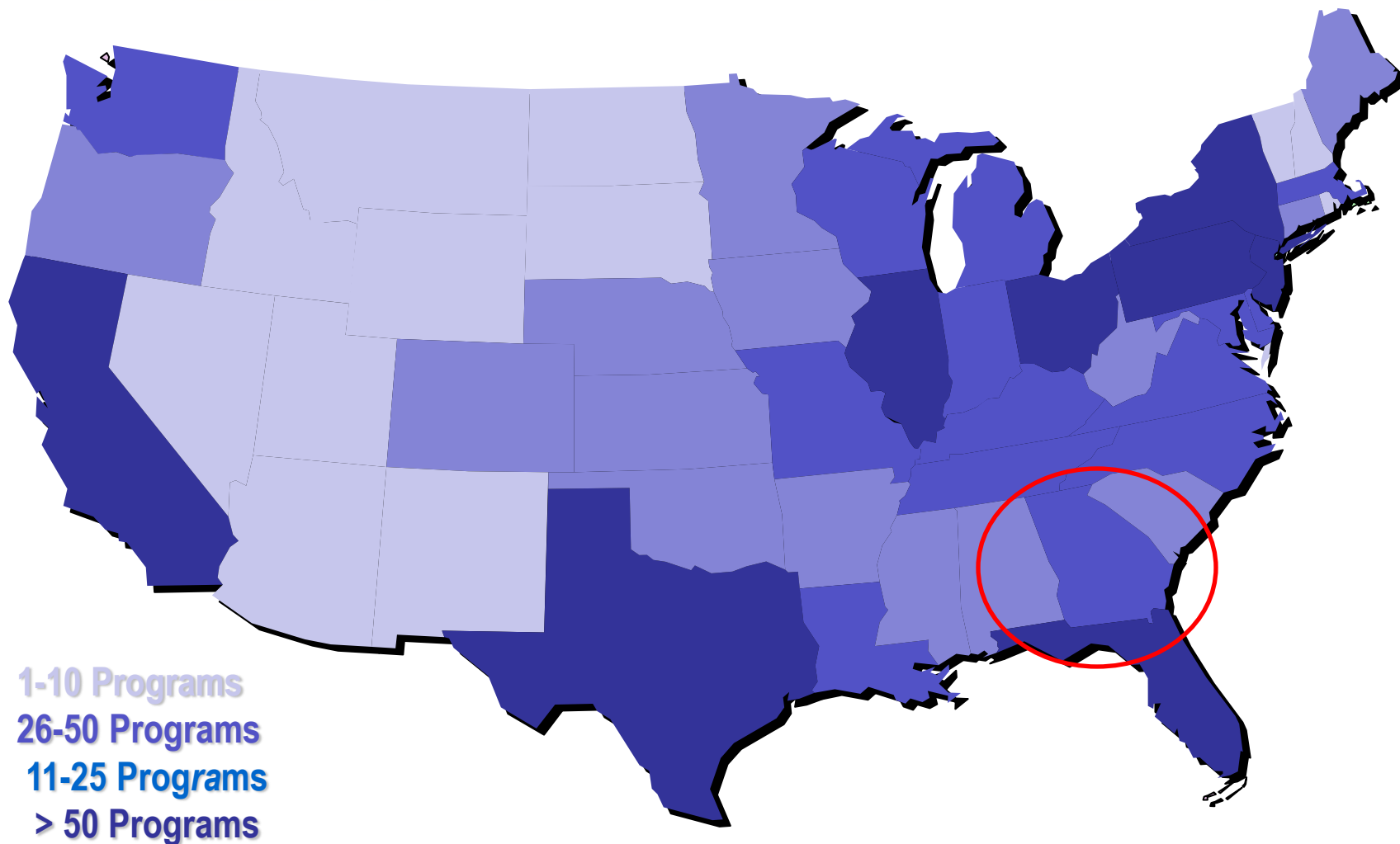
General medical/surgical facilities
Including Puerto Rico=~5000



Estimated new cancer patients in 2011: 1,596,670*

*Cancer Facts and Figures, American Cancer Society

Distribution of CoC Accredited Cancer Programs (1500+)



Understanding the 2012 Standards

Institute of Medicine (IOM) Identified Health Issues

- Outcomes are affected by variations in quality of care
 - Quality of Life
 - Organ Function
 - Cancer recurrence
 - Patient survival



Institute of Medicine (IOM) Identified Health Issues



- Patient-centered care has not been implemented well
 - Health care is complex and fragmented
 - Too much unwanted or unneeded care is provided
 - Patients are excluded from decision making
 - Providers are poorly coordinated

Response from COC

- Patient-focused standards developed
 - Patient navigation
 - Psychosocial distress screening
 - Survivorship care plan
 - Genetic assessment and counseling
 - Palliative care services
 - Increased clinical trial accrual
 - Patient-focused standards developed

Response from CoC

- Address the full continuum of care
- Improve the coordination of care
- Increase participation in care decisions by patients and family members
- Increase patient satisfaction



Standard 1.1

Physician Credentials

- Diagnostic & treatment services are provided by or referred to the leadership and cancer program evaluation and management team physicians who are currently board certified in their general specialty, or are in the process of becoming board certified.

Standard 1.1

Physician Credentials

- March 2013 Revision:
 - This standard only applies to physicians in the following specialties:
 - Diagnostic radiology
 - Pathology
 - Radiation Oncology
 - Medical Oncology
 - General Surgery*

*Surgeons who care for patients that are in the facility's five major sites

Standard 1.1

Physician Credentials

- What if one of our physicians has chosen not to proceed with board certification?
 - 12 cancer-related CME hours must be uploaded into the SAR – 6 hours can be earned through educational activities at your facility
- What if we have a physician that is not yet board certified, but in the process of becoming BC?
 - 12 cancer-related CME hours must be uploaded into the SAR – 6 hours can be earned through educational activities at your facility

Standard 1.2

Cancer Committee Membership

- The membership of the cancer committee is multidisciplinary, representing physicians from the diagnostic & treatment specialties and non-physicians from administration & supportive services.
 - Other required members are listed per your facility category

Standard 1.2

Cancer Committee Membership

– Includes:

- Cancer Conference Coordinator
- Quality Improvement Coordinator
- Cancer Registry Quality Coordinator
- Community Outreach Coordinator
- Clinical Research Representative or Coordinator
- Psychosocial Services Coordinator

Standard 1.3

Cancer Committee Attendance

- Each **REQUIRED** member attends at least 50% of cancer committee meetings during any given year
 - Teleconference attendance is acceptable if that member has access to the agenda and handouts
 - Military Leave or other LOA: if the required member will be absent for greater than 3 months, that member should be replaced

* Commendation: Each required member attends at least 75% of the cancer committee meetings held during any given year

Standard 1.5

Cancer Program Goals

- Each year, the cancer committee establishes, implements, and monitors at least 1 clinical and at least 1 programmatic goals for the endeavors related to cancer care. Each goal is evaluated at least twice annually.

Standard 1.5

Cancer Program Goals

- Goal Setting Tool
 - Specific
 - Measurable
 - Attainable
 - Realistic
 - Timely
- Should not be a re-statement of the CoC standards or closely related
- Should be set early in the year & evaluated at least twice
- If not met, you can carry over to the next year, however new goals for the subsequent year will still need to be set

Standard 1.10

Clinical Education Activity

- The cancer committee offers at least 1 cancer-related education activity, other than cancer conferences, to physicians, nurses, & other allied health professionals. The activity is focused on the use of **AJCC or other appropriate staging in clinical practice**, which include the use of appropriate prognostic indicators and **evidence-based national guidelines in treatment planning**.

Std 2.2

Nursing Care

- Education must focus on administration of cancer treatment
 - Safe
 - Consistent
 - Across of continuum of care
- **ONS resources for education are references**
 - Cancer basics course
 - Chemotherapy and biotherapy course
 - Radiation therapy course
 - Core curriculum for oncology nursing

Std 2.2

Nursing Care



- Commendation awarded for oncology certification
 - Oncology Certified Nurse
 - Advanced Oncology Certified Nurse
 - Certified Pediatric Oncology Nurse
 - Certified Pediatric Hematology Oncology Nurse
 - Advanced Oncology Certified Clinical Nurse Specialist
 - Advanced Oncology Certified Nurse Practitioner
 - Certified Breast Care Nurse

Std 2.2

Nursing Care

- 25% of chemotherapy-trained nurses employed by the facility (full-time, part-time, or PRN) hold a current oncology nursing certification (see CoC Standards manual for list)



Standard 3.1 Patient Navigation Process



- A patient navigation process driven by a community needs assessment is established to address health care disparities and barriers to care for patients. Resources to address identified barriers may be provided either on site or by referral to community-based or national organizations. The navigation process is evaluated, documented, and reported to the cancer committee annually. The patient navigation process is modified or enhanced each year to address additional barriers identified by the community needs assessment.

Standard 3.1 Patient Navigation Process

- Community Needs Assessment
 - Study population to identify barriers or factors that create disparities in healthcare and outcomes
 - Identify gaps in resources and services that are needed
 - Provide a foundation for the development, implementation, and evaluation of the navigation process



Standard 3.1 Patient Navigation Process



- Yearly Evaluation of Needs Assessment
 - Essential component of quality improvement
 - Barriers will change
 - Major barrier may have been resolved causing minor ones becoming more significant
 - New barriers continue to develop

Standard 3.2 Psychosocial Distress Screening

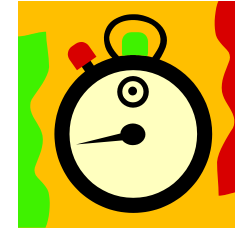
- The cancer committee develops and implements a process to integrate and monitor on-site psychosocial distress screening and referral for the provision of psychosocial care.

Why a Standard on Psychosocial Distress Screening?

- Incorporate psychosocial distress screening into the routine process for cancer care
- Provide a mechanism for referral to services and resources meeting the needs of the patient



Process for Screening



- Time to provide screening
 - Administer a minimum of 1 screening per patient
 - Select the **pivotal** medical visit for screening
 - When is the greatest risk of distress for this patient?
 - Diagnosis
 - Transitions in treatment
 - Transitions off treatment

Distress Screening Tools and Methods



- Tools
 - Use a standardized, valid instrument with established scores of distress
 - Efficient to administer and evaluate
 - Allowed to use more than one based on needs of patient or process
- Method can be self administered or an interview process

Referral Following Distress Screening



- Committee to select the level of distress that must be followed with a prompt referral
- Process to identify the specific need
- Mechanism to establish a process linking a patient with resources and services

*Process must be in place prior to implementing services in order to meet the expected demand

Standard 3.3 Survivorship Care Plan

- The cancer committee develops and implements a process to disseminate a comprehensive care summary and follow-up plan to patients with cancer who are completing cancer treatment. The process is monitored, evaluated, and presented at least annually to the cancer committee and documented in the minutes.

Outcome From A Survivorship Care Plan

- Information needed to transition from active treatment to surveillance and health maintenance
 - Adjusting to effects of therapy
 - Management of co-morbidities
 - Maximize the long term benefit of the treatment plan
- Patient becomes an active member in the management of health and quality of life

Requirements for Process of Plan Development



- Content
 - Summary of diagnostic and treatment received
 - Contact information of health care team
 - Follow up plan that includes evidence-based guidelines
 - Treatment effects
 - Surveillance plan
 - Health maintenance
 - Resources
- Process should be monitored annually and improvements made as appropriate

Resources for Care Plan Development



- Templates available from
 - American Society of Clinical Oncology
 - National Coalition for Cancer Survivorship
 - LIVESTRONG

Standard 4.2

Screening Programs

- Each year, the cancer committee provides at least 1 cancer screening program that is targeted to decreasing the number of patients with late-stage disease. **The screening program is based on community needs** and is consistent with evidence-based national guidelines and evidence-based interventions. **A process is developed to follow up on all positive findings.**

Standard 4.3

Cancer Liaison Physician Responsibilities



- A CLP serves in a leadership role within the cancer program and is responsible for evaluation, interpreting, and reporting the program's performance using the NCDB data. The CLP, or equivalent designee, reports the results of this analysis to the cancer committee at least 4 times per year.

Standard 4.3

Cancer Liaison Physician Responsibilities



- **Primary Responsibilities**
 - Monitor, interpret, & report the program's performance using NCDB data
- **Secondary Responsibilities**
 - Reports on CoC activities, initiatives & priorities to the cancer committee
 - Serves as the liaison with the ACS
 - Present during the CoC survey

Standard 4.4 & 4.5

Accountability & Quality

Improvement Measures

- Std 4.4
 - BCS
 - MAC
 - HT
 - ACT
- Std 4.5
 - 12RLN

Standard 4.4 & 4.5

Accountability & Quality Improvement Measures

Accountability Measures



The provisional rating for the four accountability measures and one quality improvement measure have been posted to the SAR. The provisional ratings are based upon the measure performance rates displayed in the CP3R at the close of business, Friday, November 30, per the August 31, 2012 published Standards 4.4 and 4.5 Implementation plan.

Survey Years	CP ³ R Diagnosis Year	Measure	Expected Performance Rate	Program's Calculated Performance Rate (95% CI)	Provisional Rating
2013, 2014, 2015	2010	HT	90%	95.5 (86.8- 100)	1 11/30/2012
		MAC	90%	100	
		BCS	90%	90.5 (78.0- 100)	
		ACT	90%	66.7 (13.4- 100)	

Even though the program's calculated rate is below the 90% expected performance rate, based on the confidence interval it does meet the standard. Because the upper limit of the 95% confidence interval is above the performance rate, the rate is acceptable for a "1" rating.

Standard 5.2 Abstracting Timeliness



- The abstracting timeliness standard has been retired and will be replaced with an RQRS participation standard. During the 2014 surveys, the surveyors will not be reviewing abstracts to examine abstracting timeliness. CoC-accredited programs are expected to submit complete data on all analytic cases as specified in the NCDB Call for Data.
- 2013 surveys will still be rated base on 2011 abstracts

It's not that bad!



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Questions?