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Cancer Program Standards 2012: Focusing on Patient-Centered Care and Quality

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Change

"There is nothing more difficult to carry out, nor more doubtful of success, nor more dangerous to manage, than to initiate a new order of things."

—Machiavelli

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Presentation Objectives

- Overview the 2012 Cancer Program Standards project
- Reinforce the importance of changes made to focus on patient needs and quality
- Outline the requirements for the Eligibility Requirements and Standards
- Describe improvements to the survey process and SAR

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Commission on Cancer Mission

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

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CoC Objectives

- Establish standards to ensure quality, multidisciplinary, and comprehensive cancer care delivery in healthcare settings.
- Conduct surveys in healthcare settings to assess compliance with those standards.
- Collect standardized, high quality data from CoC-accredited healthcare settings to measure cancer care quality.
- Use data to monitor treatment patterns and outcomes and enhance cancer control and clinical surveillance activities.
- Develop effective educational interventions to improve cancer prevention, early detection, care delivery, and outcomes in healthcare settings.

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"The best way to have a good idea is to get lots of ideas."
Linus Pauling

Commission on Cancer Membership

47 professional organization representatives and surgeons (Fellows of the ACoS)

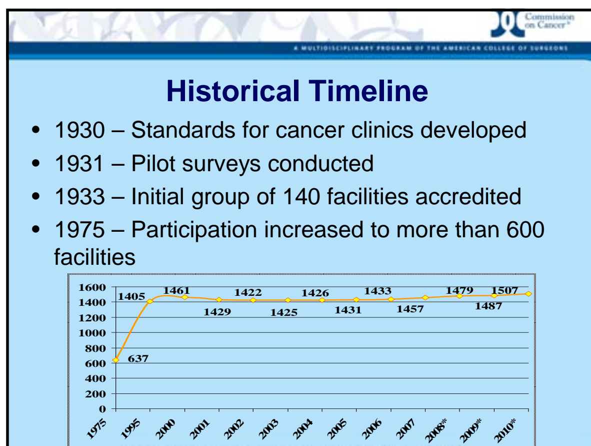
- Surgeons
- Radiologists/Oncologists
- Medical Oncologists
- Pathologists
- Administrators
- Government
- Nurses
- Nutritionists
- Surveillance/Epidemiologists
- Cancer Registrars
- Hospice & Palliative Care
- Genetics
- Pt. Advocacy Groups

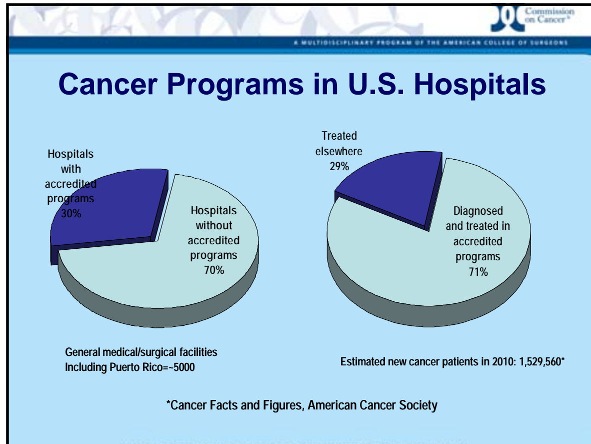
Benefits of Accreditation

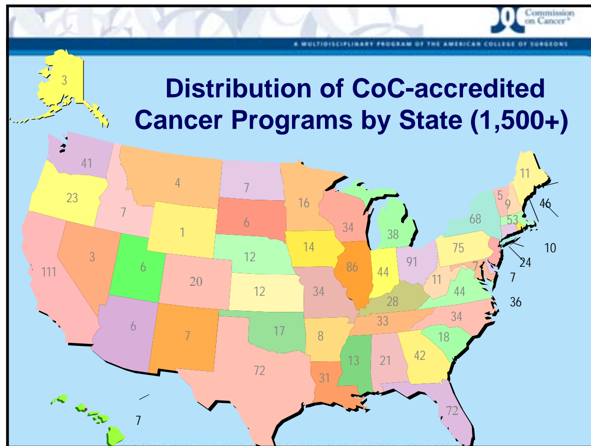
- Cancer program and data standards to establish a framework for organizing cancer care
- External and internal assessment to demonstrate commitment to care
- Access to data and reporting tools to measure and improve quality of care
- National recognition and public promotion
- Access to educational tools and resources to support a comprehensive cancer program

Historical Timeline

- 1930 – Standards for cancer clinics developed
- 1931 – Pilot surveys conducted
- 1933 – Initial group of 140 facilities accredited
- 1975 – Participation increased to more than 600 facilities







Historical Timeline

- Current standards developed in 2004
- Revised in 2005, 2008, and 2009
- 36 current standards evaluate:
  - Structure (11)
    - Availability of clinical services
    - Cancer committee leadership
    - Data base
  - Process (23)
    - Access to multidisciplinary care
    - Assessment of stage in treatment planning
  - Outcomes (2)
    - National patterns of care studies
    - Local quality of care studies
    - Implemented improvements/enhancements

Healthcare Issues Identified by the Institute of Medicine

- Variation in quality affects outcomes
  - Quality of life
  - Organ function
  - Cancer recurrence
  - Patient survival

Healthcare Issues Identified by the Institute of Medicine

- Essential components of quality
  - Benchmarks to measure and monitor the quality of care
  - Providing key elements of quality care
    - Experienced professionals
    - Disclosure of treatment options
    - Agreed to care plan and resources to implement
    - Coordinated services
    - Psychosocial support, clinical trials, palliative and end of life care

Challenges in the Current System

- Patient-centered care is not well implemented
  - Systems can be complex and fragmented
  - Too much unwanted or unneeded care
  - Patients excluded from care team
  - Poor coordination between providers and settings

Patient-Centered Care

- Respect patients' values, preferences and expressed needs
- Coordinate and integrate care across boundaries of the system
- Provide the information, communication, and education that people need and want
- Guarantee physical comfort, emotional support, and the involvement of family and friends

Crossing the Quality Chasm: A New Health System for the 21st Century
Institute of Medicine

Recommended Solutions

- System focused on patient needs. Sensitive to:
  - Cultural traditions
  - Personal preferences
  - Personal values
  - Family and lifestyle situations
- Patients collaborate with healthcare team to make decisions
- Increase patient role in self care and monitoring
  - Provide tools and support
- Seamless transition between providers and healthcare settings

Accomplishments in the New Standards

- Address needs by developing new patient-centered standards
  - Patient navigation
  - Psychosocial distress screening
  - Survivorship care plan
  - Genetic assessment and counseling
  - Palliative care services

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Accomplishments in the New Standards

- Increased focus on the quality of care through performance metrics and quality improvement activities
  - Accountability measures
  - Quality improvement measures
  - Assessment of treatment planning
  - Increase clinical trial accruals
  - Prevention and early detection activities
  - Studies of quality and improvements
  - Public reporting of outcomes

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Accomplishments in the New Standards

- Establish minimum thresholds through eligibility criteria
- Redefined program categories
- Additional focus on cancer committee leadership through expanded coordinator and CLP role

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Accomplishments in the New Standards

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

Redefined Categories

- Identified issues with the current categories
  - Category selected by program
    - Perceived increased value or importance at "higher" level
      - Community vs Comprehensive Community
  - Some requirements/categories outdated
    - Affiliate Hospital Cancer Program
    - Integrated Cancer Program
    - Pediatric Cancer Program Component
- Outcomes of category revisions
  - Combine categories with limited use
  - Assign category based on facility type, services, and caseload
    - Similar facilities grouped together
    - Allows for meaningful comparison
      - Data
      - Services
      - Resources

Revised Categories

- Integrated Network Cancer Program
  - Multiple facilities provide comprehensive care across continuum
- NCI-designated Comprehensive Cancer Center Program
  - Key involvement in basic and clinical research
- Academic Comprehensive Cancer Program
  - Provide post-graduate education
  - At least 500 cases annually
  - Patients enrolled in clinical research
- Veterans Affairs Cancer Program
  - Specific to VA facilities
  - Patients enrolled in clinical research on-site or referred

Revised Categories

- Comprehensive Community Cancer Program
  - At least 500 cases annually
  - Patients enrolled in clinical research on-site or by referral
- Community Cancer Program
  - 101 – 499 cases annually
  - Patients enrolled in clinical research on-site or by referral
- Hospital Associate Cancer Program
  - Up to 100 cases annually
  - Patients enrolled in clinical research optional
- Pediatric Cancer Program
  - Pediatric hospital or component
  - Patients enrolled in clinical research
- Freestanding Cancer Center Program
  - Any non hospital facility
  - Patients enrolled on clinical research on-site or by referral

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Establish Eligibility Requirements

- Identified services and resources common to all programs, including
  - Committee authority
  - Cancer conference program and cancer registry policies and procedures
  - Diagnostic and treatment services (diagnostic and therapeutic radiology, systemic services)
  - Essential supportive care (psychosocial and nutritional services, clinical trial information)
- Essential for comprehensive care, but allows for provision by referral
- Information displayed in CoC Hospital Locator

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Eligibility Requirements

- **Required of all programs**
- **Cancer committee evaluates eligibility requirements annually**
- **Confirmed through completion of SAR prior to survey scheduling**
- **Resolution timeframe will apply**
- **Failure to resolve results in suspension of accreditation**

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Eligibility Requirements

- **E1: Facility is accredited**
- **E2: Cancer committee authority and responsibility established (bylaws)**
- **E3: Establish cancer conference policy**
- **E4: A nurse provides leadership for oncology care**
- **E5: Cancer registry policy and procedure manual addresses use of current CoC data definitions and codes**
- **E6: Diagnostic imaging is provided on-site or by referral**

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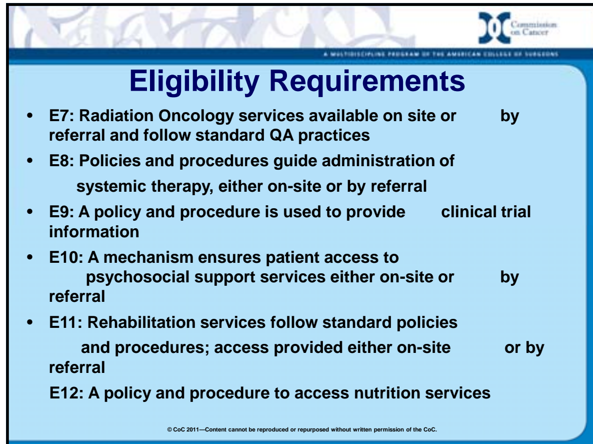
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Eligibility Requirements
E7: Radiation Oncology services available on site or by referral and follow standard QA practices
E8: Policies and procedures guide administration of systemic therapy, either on-site or by referral
E9: A policy and procedure is used to provide clinical trial information
E10: A mechanism ensures patient access to psychosocial support services either on-site or by referral
E11: Rehabilitation services follow standard policies and procedures; access provided either on-site or by referral
E12: A policy and procedure to access nutrition services
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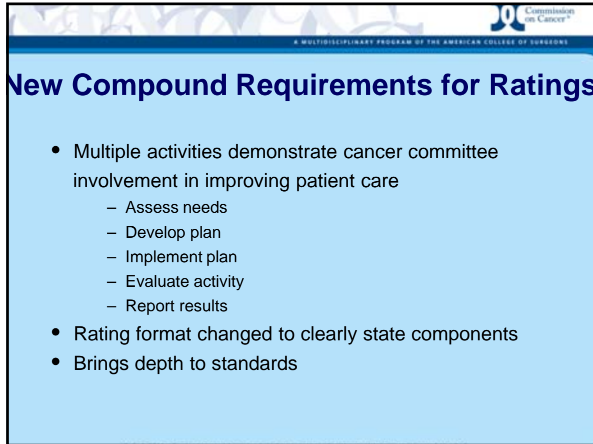
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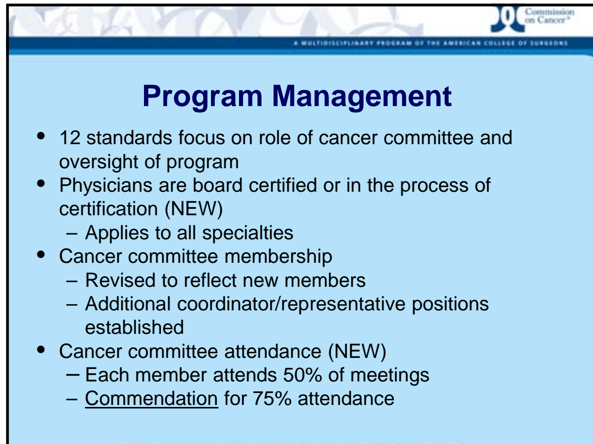
New Compound Requirements for Ratings
Multiple activities demonstrate cancer committee involvement in improving patient care
Assess needs
Develop plan
Implement plan
Evaluate activity
Report results
Rating format changed to clearly state components
Brings depth to standards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Program Management
12 standards focus on role of cancer committee and oversight of program
Physicians are board certified or in the process of certification (NEW)
Applies to all specialties
Cancer committee membership
Revised to reflect new members
Additional coordinator/representative positions established
Cancer committee attendance (NEW)
Each member attends 50% of meetings
Commendation for 75% attendance

Program Management

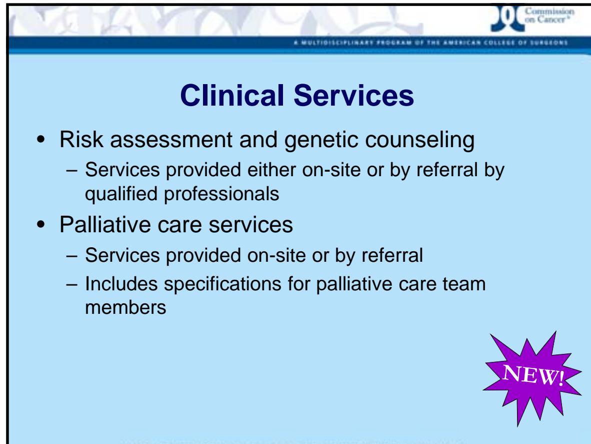
- Committee meeting frequency
  - Clarification of meeting options to once each calendar quarter
- Goals
  - Limited to clinical and programmatic
  - Reduced from 4 to 2
- Cancer registry quality control plan
  - Includes review of data items that are coded unknown
- Monitoring conference activity
  - Includes all areas addressed in conference policy
  - Similar to current standard
- Monitoring community outreach
  - Coordinator prepares and presents summary of Community Outreach Activity

Program Management

- Clinical trial accrual
  - New required and commendation levels implemented in 2015
- One annual educational activity
  - Focused on select cancer site
  - Includes discussion of stage, prognostic factors & guidelines
  - Similar to current standard
- Cancer registrar education
  - Regional or national meeting attendance meets commendation rating
  - Similar to current standard
- Public reporting (NEW)
  - Report of program outcomes for one or more of 7 standards
  - Includes prevention, screening, quality measures, studies, & improvements, assessment of treatment planning
  - Commendation is only rating

Clinical Services

- 4 standards focused on clinical services
- Pathology reports follow CAP protocols
  - 95% of reports follow synoptic format for commendation
  - Similar to current standard
- Oncology nurses have specialized knowledge and skills
  - Competency evaluated annually
  - Commendation for 25% of chemo trained nurses hold oncology nursing certification

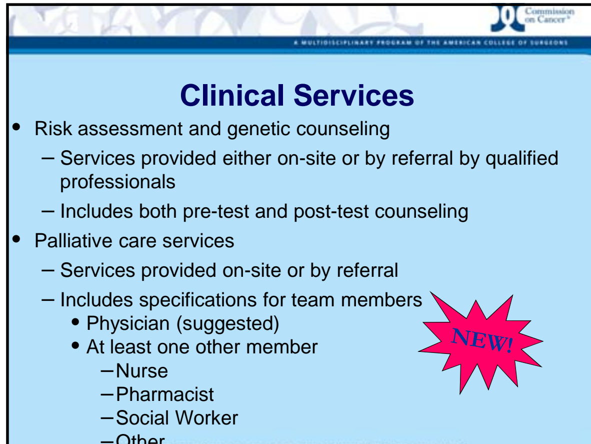


Data Quality

- 7 standards focusing on registry operations
- Abstracting performed by a CTR
  - Phase-in period established
  - Existing registry staff and new hires have 3 years to obtain credential
- Abstracting timeliness
  - 95% abstracted within timeframe each year for
  - commendation
  - Similar to current standard
- Follow-up of patients
  - 80% follow-up rate from reference date & 90% rate within last 5 years
  - Similar to current standards

Data Quality

- Data submission to NCDB
  - Similar to current standard
- Quality of data submitted
  - Similar to current standard
  - Commendation standard
- CoC special studies
  - Similar to current standard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Clinical Services
Risk assessment and genetic counseling
– Services provided either on-site or by referral by qualified professionals
– Includes both pre-test and post-test counseling
Palliative care services
– Services provided on-site or by referral
– Includes specifications for team members
Physician (suggested)
At least one other member
–Nurse
–Pharmacist
–Social Worker
–Other
NEW!

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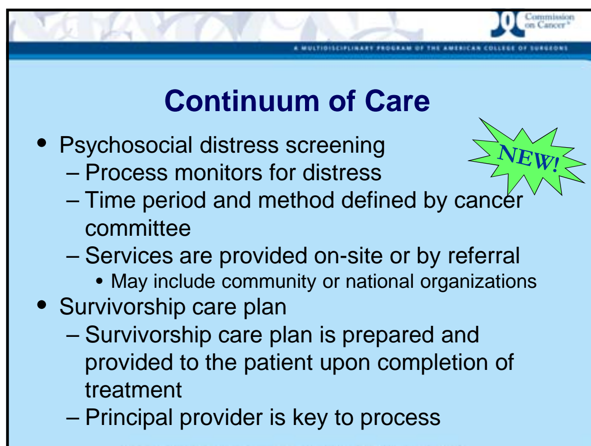
Continuum of Care
NEW!
3 standards supporting patient-centered focus with implementation required beginning 2015
–Patient Navigation
Assess community
Identify disparities, barriers, or gaps in care
Develop and implement a navigation process to address issues
Work with community-based or national organizations to provide resources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Continuum of Care
NEW!
Psychosocial distress screening
– Process monitors for distress
– Time period and method defined by cancer committee
– Services are provided on-site or by referral
May include community or national organizations
Survivorship care plan
– Survivorship care plan is prepared and provided to the patient upon completion of treatment
– Principal provider is key to process

NEW!

Patient Outcomes

- 8 standards supporting quality improvement
- Annual prevention programs provided
  - Focus on meeting community needs
  - Goal to reduce cancer incidence
- Annual screening program provided
  - Focus on meeting community needs
  - Goal to decrease the number of patients with late stage disease

Cancer Liaison Physician Role

- Primary Responsibility (Standard)
  - Review and report program performance using NCDB tools to cancer committee 4 times a year
    - CP³R
    - Benchmark reports
    - Other

NEW!

- Secondary responsibilities
  - Report on CoC activities to cancer committee
  - Serve as liaison with the American Cancer Society with an annual assessment of the program's collaborative agreement for support services
  - Serve in a leadership position as Chair or Vice-Chair of cancer program

Patient Outcomes

- Accountability measures
  - Considered the standard of care based on clinical trial evidence
  - Currently applied to specific breast and colon cases
  - CoC sets expected performance rates annually
  - Review of performance is key role for CLP
- Quality improvement measures
  - Demonstrates good clinical practice
  - Currently applies to specific colon and rectal cases
  - CoC sets expected performance rates annually
  - New measures under development
  - Review of performance is key role for CLP

NEW!

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Patient Outcomes

IMPROVED!

- Assessment of Evaluation and Treatment Planning
  - Revision of current standard 4.3 staging and treatment planning
  - Reinforces importance of treatment planning using national treatment guidelines.
  - Cancer committee performs annual study of quality; Implements improvements when needed
- Studies of quality
  - Measure quality of care and outcomes
  - Similar to current standard
- Quality improvements
  - Implement 2 improvements to patient care
  - 1 improvement is based on the results of a study of quality
  - Similar to current standard

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Commendations

- 8 areas of Commendation
  - Cancer committee attendance (NEW)
  - Clinical trial accrual
  - Registrar education
  - Public reporting (NEW)
  - College of American Pathology (CAP) protocols
  - Oncology nursing certification for oncology nurses (NEW)
  - Abstracting timeframe
  - NCDB data quality
- All are used to determine Outstanding Achievement Award recipients

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Benefits of the Proposed Standards

- Establish minimum thresholds for all programs through eligibility criteria
- Increased depth through addition of continuum of care standards
- Additional focus on cancer committee leadership through expanded coordinator and CLP role
- Increased focus on the quality of care through performance metrics and quality improvement activities

2012 Survey Process

- 2012 Transitions
  - For programs
    - 2012 surveys review activity for 2009, 2010, 2011
    - Ratings based on current standards
  - For Surveyors
    - Review and discuss development of 2012 standards with the program leadership
      - Strategies for implementation
      - Resources for cancer programs

2012 Survey Agenda

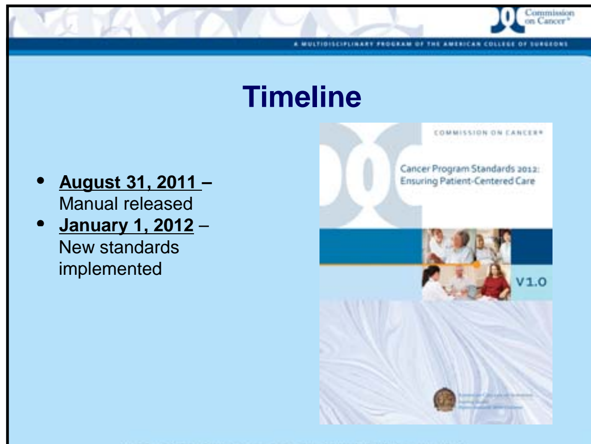
- No significant changes introduced
- Time allotments adjusted to allow for education and discussion
  - 2012 standards
  - Best practices
- Optional activities identified
  - Facility presentation of key program activities
  - Facility tour
  - Surveyor private time prior to summation

2012 Surveys

- Enhance presentation to Cancer Program Leadership
  - Focus on importance of the new standards for patients and facilities
  - Describe the value of the standards and CoC Accreditation
  - Address added resources that will be required of the program
  - Identify quality improvement and marketing opportunities

2012 and Beyond

- New and improved SAR
  - Pre-populate information from Cancer Programs data base
  - Attach supporting documents to standards page
  - Re-designed tables
- Automated review of abstracting timeliness by NCDB
  - Timeliness calculated from data submissions
  - Surveyor reviews a limited number of abstracts



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Change

"All organizations need to know that virtually no program or activity will perform effectively for a long time without modification and redesign. Eventually every activity becomes obsolete…. "

—Peter Drucker

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Thank you!

Questions?