

## **Cancer Liaison Physician Activities**

*The following document is a list of cancer program activities that the Cancer Liaison Physician (CLP) can become involved in. Expectations are that the CLP complete at least one activity in each of the three focus areas every year during his/her three-year term. This menu of options provides the CLP with the flexibility to become involved where there is the most need and the best fit within his/her own cancer program. CLPs are not required to complete all documented tasks, and can share activities listed here with other members of the cancer committee. You will find suggested strategies under each activity.*

### **1. Serve as the Physician Champion within your Cancer Program**

**Goal:** To obtain and maintain CoC Approval  
To improve the quality of cancer care

**Objectives:** Serve on the facility cancer committee  
Advocate for your cancer registry  
Facilitate accurate physician staging  
Evaluate your facility's compliance with adopted guidelines  
Promote participation in clinical trials  
Facilitate quality improvement initiatives  
Promote your CoC Approval

**Activities:**

- Serve and contribute to the facility cancer committee.  
Contribute to the development of the annual goals and objectives for the cancer program (Std. 2.5). As a leader of the cancer program, CLPs should assist in providing direction for cancer program activities and the cancer committee should incorporate the CLP in strategic planning.  
*Strategy – Brainstorm a list of goals with the cancer committee and rank these goals by importance and feasibility.*
- Advocate for your cancer registry (Std. 2.10).  
This may include advocating for staff and funds to maintain a functioning cancer registry.  
*Strategy – Make a presentation to administration and/or medical staff presenting the benefits of a cancer registry and the quality and uses of the data collected.*  
*Strategy – Regularly visit the registry staff to learn about tasks, workload, projects, etc.*  
*Strategy – Encourage medical staff to utilize registry data.*  
*Strategy – Participate in physician quality control of registry data.*  
*Strategy – Support/advocate for continuing education opportunities for registry staff.*
- Support accurate staging of cancer and documentation by the managing physician (Std. 4.3).  
Utilize the AJCC staging presentations provided by the CoC and assist in educating fellow physicians and medical staff.  
*Strategy – Put a cancer staging topic on the agenda of a cancer committee meeting each year.*  
*Strategy – Develop and implement a staging policy to ensure compliance with standard 4.3.*  
*Strategy – Ensure staging resources are available in dictation/chart completion areas.*  
*Strategy – Review staging system for sites discussed at cancer conferences/tumor boards.*



- Implement use and measure compliance with guidelines for patient management and treatment (Std. 4.6).

Encourage program use of NCCN guidelines. Develop a process to measure compliance with guidelines adopted by the cancer committee.

*Strategy – Develop an evaluation plan to determine whether patients are receiving the care the facility, according to guidelines, has indicated they would follow.*

- Increase clinical trial awareness and accrual (Std. 5.1, 5.2).

Ensure that the facility provides ample information about the opportunities to participate in clinical trials.

*Strategy – Work with the ACS or other local patient advocate groups to ensure that appropriate material is displayed for patient viewing.*

Ensure that the facility accrues the minimum percentage of patients based on your cancer program category.

*Strategy – Become a member of ACOSOG and/or other cooperative research groups and educate the cancer committee/medical staff on open trials.*

*Strategy – Set a “stretch” goal for increasing the number of patients accrued to clinical trials next year. Evaluate what trials are available, and how many patients would be projected to be eligible in the next year, according to the available trials. If there is no clinical trial available for a cancer site commonly treated at your facility, find an appropriate trial and get it approved.*

*Strategy – Ensure that your facility has adequate research support staff for clinical trials. If staffing is not adequate, petition your administration for adding the needed FTEs.*

- Improve the care patients receive (Std. 2.11, 8.1, 8.2).

As a physician leader, identify gaps in care and opportunities where the facility can enhance patient outcomes.

*Strategy – Work with the cancer committee to develop study topics.*

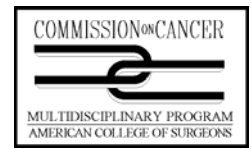
*Strategy - Use the NCDB to identify and address disparities in care at your own facility. Does age, gender, income, insurance status, or race determine the care received?*

*Strategy – Use the Cancer Program Practice Profile Reports (CP<sup>3</sup>R) to compare your facility’s performance with other facilities in your state.*

- Promote your cancer program as CoC-approved.

Work with marketing staff and the cancer committee to market approval as a CoC-approved cancer program using promotional material provided by the CoC.

*Strategy – Include a short article in the facility’s staff newsletter, ensure that CoC insignia is visible to cancer patients (patient brochure/certificate of approval), include an ad in the local newspaper and/or community newsletters. These promotional items are available from the CoC marketing kit.*



## 2. Serve as the Liaison Between your Cancer Program and the CoC

Goal: To promulgate CoC initiatives at the local level

- Objectives:
- Regularly report CoC initiatives to the cancer committee
  - Spearhead CoC quality studies within the cancer program
  - Support your facility's participation in CoC special studies
  - Support participation in the Facility Information Profile System (FIPS)
  - Ensure timely and quality submission of NCDB data
  - Play a role in CoC survey preparation and participation
  - Attend meetings held by the CoC and State Chair
  - Provide feedback on your role to the CoC

### Activities:

- Keep the cancer committee informed of CoC updates and initiatives.  
Report on recent meetings, events, and announcements to the cancer committee using content from issues of the *CoCFlash* and *News CliPs* (Cancer Liaison Physician Update) and the CoC Web site's News and Events page <http://www.facs.org/cancer/cannews.html>.  
*Strategy – Request a time slot on every cancer committee agenda to give a CoC update.*
- Spearhead CoC initiatives within the cancer program.

Initiate the cancer committee's discussion and review of the Cancer Program Practice Profile Reports (CP<sup>3</sup>R).

Access your facility's CP<sup>3</sup>R reports and compare quality of care to that of aggregated practice measures from similar types of cancer programs at the state level. Develop effective educational interventions to improve cancer care outcomes.

*Strategy – Present your facility's CP<sup>3</sup>R at a cancer committee meeting and define an action agenda to move forward in improving/maintaining the standard of care. Form a subcommittee of experts to further review the data.*

Support your facility's participation in CoC Special Studies.

The CoC conducts approximately two special studies annually developed by the 13 disease site teams and selected by the Quality Integration Committee. If the facility is requested to participate, CLPs should ensure a timely submission of requested data through the cancer registry.

*Strategy – Meet with registry staff to review request for participation. Assist in performing quality control prior to data submission.*

*Strategy - If your facility has participated in a CoC special study, recognize participation by circulating copies of finished manuscripts.*

Facilitate your facility's participation in the Facility Information Profile System (FIPS) and release of Level II data.

Work with your cancer registrar to annually review Level II cancer caseload data and advocate its release to the ACS.

*Strategy - Present the benefits of FIPS participation (CoC presentation available for use) and Level II data release to the ACS to your cancer committee.*

*Strategy – Work with cancer registry staff to ensure annual update of FIPS Level I (resources and services) data.*



*Strategy – Once Level II data is posted to FIPS, add this discussion item to your cancer committee agenda as an action item.*

Ensure your cancer registry's timely submission of NCDB data.

Use of your facility's NCDB Benchmark Reports depends on accurate and timely submission of NCDB data. Work with the cancer committee to support your cancer registrar and the Annual Call for Data.

*Strategy – Ask the registrar to provide updates to the cancer committee on the status of the NCDB Call for Data and the registry's progress.*

*Strategy – Upon review of the NCDB EDITS report, develop a plan with registry staff to correct/resubmit data in a timely fashion.*

- Assist in preparation for and attend CoC Cancer Program Survey.

Establish and chair a workgroup charged with preparing for CoC survey.

*Strategy – Exemplify leadership during the survey (e.g. offer to lead the surveyor on the site tour; work with the surveyor to set the agenda).*

*Strategy – Develop a plan of completion for the Annual Update.*

*Strategy – Challenge your facility to earn “commendation” for the eligible standards.*

- Attend meetings hosted by the CoC and the State Chair

The CoC hosts a Cancer Liaison Physician Breakfast Meeting every year in conjunction with the Annual American College of Surgeons Clinical Congress. CLPs are encouraged to attend to hear about upcoming initiatives and to network with your peers.

*Strategy – As CLP, request financial support for travel from your facility.*

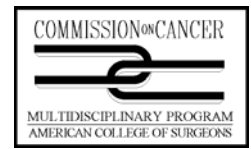
Make personal contact with your State Chair. Contact lists are located on the Web site at <http://www.facs.org/cancer/coc/liaison.html>. State Chairs are required to maintain communication with CLPs and are recommended to hold an annual state meeting. CLPs are recommended to attend.

*Strategy – Contact your state chair via e-mail with questions, concerns, guidance, or suggested topics for meetings or communications.*

- Provide feedback on your role as CLP to the CoC

As part of the Annual Update and in preparation for survey, Cancer Liaison Physicians are required to complete the *CLP Activity Report*. This questionnaire evaluates CLP involvement at the facility and in support of CoC initiatives. Data collected from the CLP Activity Reports will help the CoC determine whether role clarification or additional support materials and resources are needed.

*Strategy – Submit “best practices” in your role as CLP in the Annual Update. Best practices can provide opportunities for CLPs to learn from each other and be successful in their role.*



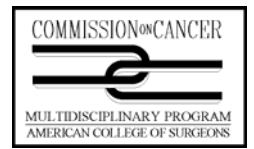
### 3. Serve as an Agent of Change in the Community

Goal: To develop and strengthen relationships with the American Cancer Society  
To reduce the burden of cancer in the community

Objectives: Facilitate provision of support services and community outreach activities  
Facilitate your cancer program's relationship with ACS  
Invite ACS staff to cancer committee meetings  
Become involved in the state cancer plan  
Become engaged in the community

#### Activities:

- Facilitate the provision of support services and community outreach activities.  
Work with the cancer committee and community outreach coordinator to monitor community outreach activities annually.  
*Strategy - Use community demographics data, facility caseload, special populations served, and state specific data to monitor the appropriateness and volume of prevention and early detection programs and support services offered to patients and the community.*
- Make personal contact with the local ACS cancer control staff.  
The CLP should facilitate the relationship with the local ACS. Upon appointment, make contact with the ACS to discuss partnership activities of interest to the facility and to the ACS.  
*Strategy – In your first meeting, develop a schedule of face-to-face meetings with the ACS for the year.*  
*Strategy – Determine what resources the facility has to offer to the relationship (i.e. expertise, spokespersons, NCDB data, etc.)*  
*Strategy – Determine what resources the ACS has to offer to the relationship (i.e. support services, programs, community assessment data, etc.)*
- Invite local ACS cancer control staff to attend cancer committee meetings.  
CLPs are encouraged to invite ACS staff to cancer committee meetings to present and discuss opportunities for collaboration on cancer control projects. ACS staff should present available programs and services and work with the cancer committee to ensure that they are implemented properly. ACS should provide the cancer program with general cancer education materials and brochures describing ACS programs and services.  
*Strategy – Ask ACS to present activities/programs around a specific cancer awareness month. Determine how the facility can help increase outreach during these months.*  
*Strategy – Consider collaboration with your local ACS representative to institute a “patient navigator” program at your facility.*
- Report on collaborative activities with the ACS or other local agencies.  
CLPs should keep the cancer committee informed of collaborative activities with the ACS. Facilities may find that they partner with the ACS in several different areas, and one point of contact will streamline the projects and communications.  
*Strategy – Make a joint presentation with the ACS representative to the cancer committee on collaborative activities.*  
*Strategy - Invite other committee members to join the ACS and volunteer for different projects.*



- Become involved in the state Comprehensive Cancer Control (CCC) plan.  
In order for a state cancer plan to be successful, it must be implemented at the local level.  
Become actively involved in your state's CCC effort. For more information on the CoC's role in CCC, go to our Web site at <http://www.facs.org/cancer/coc/liaison.html>.  
*Strategy – Access and become familiar with your state's cancer plan. Copies of plans can be accessed at [www.cancerplan.org](http://www.cancerplan.org).*  
*Strategy - Discuss the goals and objectives with your cancer committee and identify an area in which you would like to participate. Work with the ACS or other local agency on a strategy identified in the plan.*
  
- Volunteer/contribute time to committees and activities of local agencies.  
Whether it is with the ACS or another local agency, provide your expertise and resources to local agencies addressing cancer care. Become a cancer advocate in your community.  
*Strategy - Become a medical spokesperson for ACS, be an advocate for cancer legislation (i.e. clean indoor air laws, etc.)*