Overview of *Optimal Resources for Cancer Care (2020 Standards)*

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Goals for Standards Revision Project

Establish consistency with structure of quality programs across the American College of Surgeons
   • Sunset commendation
   • Rework eligibility requirements

Revise standards to ensure each results in the improvement of patient care
   • Meet defined principles
   • Gather evidence base for standards
   • Identify new ways to confirm compliance
   • Incorporate *Operative Standards for Cancer Surgery*
Principles of a CoC Standard

Results in the improvement of patient care

   Evidence based

   Current

   Clearly interpretable

For the benefit of cancer patients

Objectively verifiable by experienced site visit reviewers
Implementation

2020 Standards → Implementation January 1, 2020

• Will first be reviewed during surveys in 2021
• 2021 surveys will just review 1 year of activity (2020)
• Phase-in standards: Operative standards (5.3-5.8), Oncology Nursing Credentials (4.2), Survivorship Program (4.8)

Surveys occurring in 2020

• Reviews activity from 2017, 2018, and 2019
• Measured against Cancer Program Standards (2016 Edition)
Specifications by Category

Pages 88-89

Integrated Network Cancer Program (INCP)

STANDARD 1.1: Administrative Commitment
The letter also addresses the organizational structure and processes that facilitate integration among the programs in the network.

STANDARD 6.1: Cancer Registry Quality Control Policy
The minimum requirement of a 10 percent review (up to 200 cases annually) applies to each facility within a network.

STANDARD 7.1: Accountability and Quality Improvement Measures
Expected EPRs for facilities that are part of an INCP are evaluated individually and as an INCP overall. Each facility that is part of an INCP is required to individually meet all expected EPRs, and the INCP as an entire program is also required to meet all expected EPRs.

STANDARD 9.1: Cancer Research Accrual
Clinical research accrual percentages are calculated based on cumulative accrual percentage met collectively across the network facilities.

Categories

INCP
NCIP
NCIN
HACP
PCP

A program undergoing initial site visit for accreditation (all categories)

National Cancer Institute (NCI)-Designated Comprehensive Cancer Center Program (NCIP)

STANDARD 2.1: Cancer Committee
NCIP facilities are exempt from this standard of accreditation.

STANDARD 2.4: Cancer Committee Attendance
NCIP facilities are exempt from this standard of accreditation.

STANDARD 2.5: Multidisciplinary Cancer Case Conference
NCIP facilities are exempt from this standard of accreditation.

STANDARD 3.1: Facility Accreditation Documentation
Documentation from the National Cancer Institute F30 grant substitutes for documentation of facility accreditation. The NCIP uploads a copy of the current grant award letter or other applicable documentation from the NCI.

STANDARD 4.1: Physician Credentials
NCIP facilities are exempt from this standard of accreditation.

STANDARD 7.2: Monitoring Compliance with Evidence-Based Guidelines
NCIP facilities are exempt from this standard of accreditation.

STANDARD 8.2: Cancer Prevention Event
NCIP programs are exempt from this standard of accreditation.

STANDARD 8.3: Cancer Screening Event
NCIP programs are exempt from this standard of accreditation.

STANDARD 9.1: Clinical Research Accrual
NCIP programs are exempt from this standard of accreditation.
Standards Organization

Nine Domains [Chapters]

1: Institutional and Administrative Commitment
2: Program Scope and Governance
3: Facilities and Equipment Resources
4: Personnel and Services Resources
5: Patient Care: Expectations and Protocols
6: Data Surveillance and Systems
7: Quality Improvement
8: Education: Professional and Community Outreach
9: Research

Why?
Align all ACS Quality Programs to ensure common experience across spectrum of hospital care
Crosswalk: 2016 compared to 2020 standards

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### Crosswalk Between 2016 and 2020 CoC Standards

<table>
<thead>
<tr>
<th>2016 Standard</th>
<th>Corresponding 2020 Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Physician Credentials</td>
<td>4.1 Physician Credentials</td>
</tr>
<tr>
<td>1.2 Cancer Committee Membership</td>
<td>2.1 Cancer Committee</td>
</tr>
<tr>
<td>1.3 Cancer Committee Attendance</td>
<td>2.4 Cancer Committee Attendance</td>
</tr>
<tr>
<td>1.4 Cancer Committee Meetings</td>
<td>2.3 Cancer Committee Meetings</td>
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<tr>
<td>1.5 Cancer Program Goals</td>
<td>7.4 Cancer Program Goal</td>
</tr>
<tr>
<td>1.6 Cancer Registry Quality Control Plan</td>
<td>6.1 Cancer Registry Quality Control</td>
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### Crosswalk Between 2020 and 2016 CoC Standards

<table>
<thead>
<tr>
<th>2020 Standard</th>
<th>Corresponding 2016 Standard</th>
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<tbody>
<tr>
<td>1.1 Administrative Commitment</td>
<td>ER2 Cancer Committee Authority</td>
</tr>
<tr>
<td>2.1 Cancer Committee</td>
<td>1.2 Cancer Committee Membership</td>
</tr>
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<td>2.2 Cancer Liaison Physician</td>
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</tr>
<tr>
<td>2.3 Cancer Committee Meetings</td>
<td>1.4 Cancer Committee Meetings</td>
</tr>
<tr>
<td>2.4 Cancer Committee Attendance</td>
<td>1.3 Cancer Committee Attendance</td>
</tr>
<tr>
<td>2.5 Multidisciplinary Cancer Case Conference</td>
<td>1.7/ER 3 Monitoring Cancer Conference Activity, Cancer Conference Policy</td>
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</tbody>
</table>
Reminder...

• This is a high-level overview

• For full details on standards requirements, review the Definitions and Requirements, Documentation, and Measure of Compliance sections for each standard in the Optimal Resources for Cancer Care (2020 Standards)
Familiar Standards

**Standard 2.1:** Cancer Committee
**Standard 2.2:** Cancer Liaison Physician
**Standard 2.3:** Cancer Committee Meetings
**Standard 2.4:** Cancer Committee Attendance
**Standard 2.5:** Multidisciplinary Cancer Case Conference

**Standard 3.1:** Facility Accreditation
**Standard 3.2:** Evaluation and Treatment Services
**Standard 4.1:** Physician Credentials
**Standard 4.4:** Genetic Counseling and Risk Assessment
**Standard 4.5:** Palliative Care Services
**Standard 4.6:** Rehabilitation Care Services
**Standard 4.7:** Oncology Nutrition Services

**Standard 5.1:** CAP Synoptic Reporting
**Standard 5.2:** Psychosocial Distress Screening
**Standard 6.1:** Cancer Registry Quality Control
**Standard 7.1:** Accountability and Quality Improvement Measures
**Standard 7.2:** Monitoring Concordance with Evidence-Based Guidelines
**Standard 7.4:** Cancer Program Goal
**Standard 9.1:** Clinical Research Accrual
**Standard 9.2:** CoC Special Studies
Standard 1.1: Institutional Administrative Commitment

**What?**
Letter of authority from hospital facility leadership demonstrating commitment to cancer committee.

Letter focuses on:
- Cancer program initiatives related to quality and safety
- Facility leadership’s involvement in cancer program
- Examples of financial investment
  - Generalized examples ok
  - Does not need to be line-item budget

**When?**
Once each accreditation cycle

**Why?**
Documented acknowledgment of authority
Standard 2.1: Cancer Committee Membership

Cancer program must have a cancer committee composed of (at a minimum):

**Physician Members**
- Cancer Committee Chair
- Cancer Liaison Physician
- Diagnostic Radiologist
- Pathologist
- Surgeon
- Medical Oncologist
- Radiation Oncologist

**Non-Physician Members**
- Cancer Program Administrator
- Oncology Nurse
- Social Worker (licensed social worker, OSW-C preferred)
- Certified Tumor Registrar (CTR)

**Coordinators**
- Cancer Conference Coordinator
- Quality Improvement Coordinator
- Cancer Registry Quality Coordinator
- Clinical Research Coordinator
- Psychosocial Services Coordinator
- Survivorship Program Coordinator
Notable Changes: Cancer Committee Membership

Revisions in 2020:

• Genetics and palliative care professionals now strongly recommended, but not required
• Community Outreach Coordinator no longer required
• One individual can serve in two coordinator roles & represent specialty
  Example: One person can hold Clinical Research Coordinator, Survivorship Program Coordinator, and Medical Oncologist role
• Required member can be alternate for another required member

Caution: One person should not take on too much responsibility
Standards 2.3 & 2.4: Meetings & Attendance

Cancer committee must meet at least once each calendar quarter.

Required members attend 75% of all meetings held each year.
  - Can use alternates to meet attendance requirements

Notable Change:
  - Alternate can be another required member of the cancer committee
Standard 2.2: Cancer Liaison Physician

Cancer Liaison Physician ➔ Physician quality leader of the cancer program

Reports on NCDB data specific to program at least twice each year.
Can include review of:
  • NCDB quality improvement, accountability, and surveillance measures
  • CQIP reports
  • NCDB hospital benchmarking reports
  • Any other data specific to the cancer program from the NCDB
Standard 2.5: Multidisciplinary Cancer Case Conference

Notable Changes

• Combined ER3: Cancer Conference Policy and Standard 1.7: Monitoring Cancer Conference Activity

• Added requirement to discuss options/availability for genetic testing and supportive care services (where applicable)

• Clarifications on general cancer conference vs. site-specific conference
Facility Accreditation

Definition and Requirements

If required by state law, the facility must be licensed by the appropriate state licensing authority. If state licensure is not required, the facility is accredited or licensed by a recognized federal, state, or local authority appropriate to facility type.
Standard 3.2: Evaluation and Treatment Services

Required Services
(On-site or by referral)

• Diagnostic Imaging
• Radiation Oncology
• Systemic Therapy

Demonstrate quality assurance for required services

• Accreditation and/or
• Policies and procedures following recognized guidelines
Standard 4.1: Physician Credentials

Each calendar year, the cancer program fulfills all of the compliance criteria:

1. All physicians involved in the evaluation and management of cancer patients must be board certified (or the equivalent).
2. Physicians who are not board certified must demonstrate ongoing cancer-related education by earning 12 cancer-related CME hours.

Notable Changes

- All 12 CMEs can be internal to the facility
- Grace period for recent grads
- Clarified that standard applies to all physicians involved in the evaluation and management of cancer patients

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Focus:
Care by nurses with specialized oncology knowledge and skills

Nurses taking care of cancer patients either:
• Hold oncology-specific nursing certification OR
• Complete 36 oncology-specific CNEs each accreditation cycle (3 years)

Phase-in for 2021
What Counts?

### Potential oncology nursing certifications

- Advanced Oncology Certified Nurse Practitioner (AOCNP®)
- Advanced Oncology Certified Clinical Nurse Specialist (AOCNS®)
- Advanced Oncology Certified Nurse (AOCN®)
- Blood & Marrow Transplant Certified Nurse (BMTCN®)
- Certified Pediatric Hematology Oncology Nurse (CPHON®)
- Certified Pediatric Oncology Nurse (CPON®)
- Certified Breast Care Nurse (CBCN®)
- Oncology Certified Nurse (OCN®)

### What type of education counts?

- Attendance at Tumor Board
- Free CNE
- Online CNE
- In-house education
- In-person CNE
ons.org

oncc.org/resource-center/employers-advocates

Certification renewal:
- ILNA Points Made Easy Handout
- Big Lists of Free CE
- Certification Renewal Manual

For employers/managers:
- Brochure - Employer Support for Certification
- Brochure - ONCC FreeTake
- ONS Position on Certification of Oncology Nurses
**Standard 4.3: Cancer Registry Staff Credentials**

**All registry staff abstracting cases must:**
- Hold a CTR credential or
- Perform case abstracting under supervision of a CTR  
  (must achieve the CTR credential within 3 years of hire)

**Non-credentialed cancer registry staff:**
- May perform case finding and follow up
- Complete three hours of cancer-related continuing education
CTR attendance at in-person education

Attendance at national or regional meeting is encouraged, but not required

All CTRs must complete continuing education per the requirements of CTR credential

Why no mandate for in-person attendance at national/regional meeting?

• Concern for the financial burden on individual CTRs whose programs would not financially support travel/attendance to in-person meetings

• Online and local education opportunities have increased in quality and quantity

• CTR standard consistent with standards overseeing physicians and nurses
  Requirement: Must provide certification or demonstrate continuing education
  Certification is evidence that continuing education is maintained.
Standard 4.5: Palliative Care Services

Palliative Care Services are available on-site or by referral.

Hospice ≠ Palliative Care

Each year, program evaluates palliative care services for:

• Utilization
• Criteria for referral
• Areas of improvement
Cancer risk assessment, genetic counseling, and genetic testing services are provided to patients either on-site or by referral by a qualified genetics professional.

**Policy & procedure requirements:**
- Criteria for referral for a genetic evaluation
- Identification of the genetics professionals available on-site or by referral
- Identification of the genetics professionals qualified to perform post-test counseling either on-site or by referral
Select a cancer site

Ex: colon, breast, ovarian, endometrial, pancreatic, prostate

Identify process pursuant to evidence-based national guidelines

Addresses identifying individuals for whom genetic risk evaluation is indicated and making appropriate referrals for evaluation/counseling

Review compliance with own process

--The number of patients identified as needing referrals
--How many patients identified as needing referrals received a referral
Rehabilitation Care Services are available on-site or by referral.

Rehabilitation Care Services policy and procedure in place must define:

- On-site and off-site rehabilitation care services,
- the rehabilitation care team available on-site,
- criteria for performing functional assessments, and
- criteria for referral to a rehabilitation care specialist.

Oncology Nutrition Services provided by a Registered Dietitian Nutritionist are available on-site or by referral. Policy in place for providing referral to RDN.
Each year, program reviews the nutrition and rehabilitation care services provided to patients.

- Suggested that RDN and rehabilitation professionals lead respective discussions
- Review focuses on identifying areas of improvement & solutions
Standard 4.8: Survivorship Program

Focus:
Development of a survivorship program to ensure that the breadth of a cancer survivor’s needs are being met.

Standard requirements:
• Designate leader of survivorship program
• Identify team & services/programs offered to address needs of cancer survivors
• Annually evaluate 3 services impacting cancer survivors

Phase-in for 2021
• SCP & treatment summaries
• Screening for recurrence & new cancers
• Education & seminars
• Rehabilitation services
• Nutrition services
• Psychological support & psychiatric services
• Support groups and services
• Formalized referrals to experts in cardiology, pulmonary services, sexual dysfunction, fertility counseling
• Financial support services
• Physical activity programs
Survivorship Care Plans

Valued & encouraged by Standard 4.8

SCPs can partially meet Standard 4.8

Programs set parameters around its usage of SCPs
Standard 5.1: CAP Synoptic Reporting

**Ninety percent** of the eligible cancer pathology reports are structured using synoptic reporting format as defined by the College of American Pathologists (CAP) cancer protocols, including containing all core data elements within the synoptic format.

- Compliance percentage now 90%
- No annual audit required by standard, but it is encouraged
- Specific guidance and examples on [CAP’s website](https://www.cap.org).
Standard 5.2: Psychosocial Distress Screening

Policy for providing/monitoring psychosocial services & distress screening

Cancer program chooses distress screening tool

Cancer patients screened for distress at least once during 1\textsuperscript{st} course of treatment

Program evaluates process
6 standards created out of OSCS guidelines

- Lung
- Melanoma
- Breast (2)
- Colon
- Rectum

What does the surveyor review?

- Lung and rectum will review pathology reports.
- Breast (2), colon, and melanoma standards will use synoptic operative report with required minimum elements.

All OSCS accreditation standards will be phased-in
What are the *Operative Standards for Cancer Surgery (OSCS)*?

- Recommendations for skin-to-skin cancer surgery techniques
- Evidence-based
- Developed by ACS Clinical Research Program

Volume I published June 2015
Volume II published August 2018
Volume III projected for June 2020
Forthcoming Resources

Dedicated website to OSCS Accreditation Standards

- PDFs of relevant OSCS chapters related to accreditation standards
- Examples of synoptic operative and pathology reports
- Videos, webinar, and PowerPoints covering:
  - Surgical techniques
  - Science behind Standards 5.3-5.8
  - How to achieve compliance
Standard 6.1: Cancer Registry Quality Control

Purpose
• Ensure abstracted registry data is accurate and complete

Notable Changes
• Expanded who can do annual audit
  • Can be CTR, APRN, PA, physician, fellow, resident
  • Lowered number of cases that must be reviewed each year
No fundamental changes to the following NCDB Submission standards:

- Standard 6.2: Data Submission
- Standard 6.3: Data Accuracy
- Standard 6.4: RQRS Participation
- Standard 6.5: Follow-Up of Patients

Website for 2020 Call for Data recently updated
Standard 7.1: Accountability and QI Measures

Program monitors its performance rated with NCDB Quality Improvement and Accountability Measures
  • For measures not in concordance, an action plan is developed.

Selected measures & required compliance percentages detailed on NCDB website
Standard 7.2: Monitoring Concordance with Evidence-based Guidelines

Individual patient review to determine whether:
- Evaluation/work up meets evidence-based guidelines AND
- First course of treatment meets evidence-based guidelines

Pick patient population to review

Compare work up for each patient to guidelines

Compare treatment for each patient to guidelines

Present results to cancer committee
Standard 7.3: Quality Improvement Initiative

Focus:
One in-depth study

Highlights **CLP** as **physician quality champion of cancer committee**
- CLP and Quality Improvement Coordinator work together to lead project

Requirements expect utilization of **recognized PI methods** (i.e. DMAIC, PDSA)

**Expanded** options for **topics** to study
- Can do a QI initiative based on the results from the annual reviews in other standards
Standard 7.3: Quality Improvement Initiative

Define problem
- Based on data
- Write problem statement

Choose PI tool & method
- DMAIC
- Lean Six Sigma
- PDSA/PDCA

Implement intervention
Implement & test solution

Present QI Initiative
- Status updates
- Final report
Standard 7.4: Cancer Program Goal

Establish one goal each year
- 2 substantive status updates after establishment

How to identify goals:
- Brainstorm with full cancer committee
- Gaps in services/resources
- Low patient satisfaction scores
# Standard 8.1: Addressing Barriers to Care

**Step 1:** Do analysis of cancer barriers  
**Where/How?**

<table>
<thead>
<tr>
<th>Where/How?</th>
<th>Where/How?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CQIP</td>
<td>State or local registry</td>
</tr>
<tr>
<td>Patient satisfaction scores</td>
<td>Population health resources</td>
</tr>
<tr>
<td>Focus groups</td>
<td>Community Needs Assessment</td>
</tr>
</tbody>
</table>

**Step 2:** Identify Barriers  
**Examples**

- Gaps in community resources
- Populations in need
- Uninsured/underinsured
- Healthcare providers shortages
Standard 8.1: Addressing Barriers to Care

**Step 3:** Choose a barrier & implement strategies to address

**Step 4:** Report to cancer committee

**Elements**
- Barrier chosen
- Resources/processes utilized to identify/address barrier
- Metrics related to outcomes of reducing barrier
Standard 8.2: Cancer Prevention Event

Hold at least one event aimed at:

- Changing behavior that reduces the risk cancer will develop
- Increasing the participant’s knowledge & awareness of cancer risk

Examples:

- Smoking/tobacco/vaping cessation
- Alcohol avoidance
- Nutrition/physical activity/weight loss
- HPV vaccinations
- Radon exposure reduction
- Avoidance of sun exposure
- Chemoprevention
Standard 8.3: Cancer Screening Event

Hold at least one event aimed at detecting cancer at an early stage

*Examples:*
- Breast (imaging and physical examination)
- Colon (colonoscopy, flexible sigmoidoscopy, fecal immunochemical testing, or fecal occult blood testing)
- Cervical (Papanicolaou testing with or without HPV DNA testing)
- Skin (clinician-directed total body skin exams)
- Lung (low-dose computed tomography)
- Head and neck (oral examination)

*Requirements:*
- Focus on one cancer site
- Process for follow-up of all positive findings
Requirements for Prevention & Screening

- Based on evidence-based guidelines, where applicable
- Encouraged to partner with community organization, where applicable
- Cannot duplicate services available in regular course of business

Summary is presented to cancer committee

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Cancer site(s)</td>
<td>- Cancer site</td>
</tr>
<tr>
<td>- Partnering org</td>
<td>- Partnering org</td>
</tr>
<tr>
<td>- Target audience</td>
<td>- Target audience</td>
</tr>
<tr>
<td>- Guideline used</td>
<td>- Guideline used</td>
</tr>
<tr>
<td>- Type of event held</td>
<td>- Process for follow up</td>
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Focus:
Narrowed requirements to ensure an achievable standard focused on prevention & screening community events

Removed requirement to report effectiveness of events
• Acknowledged difficulty of objectively measuring success of prevention/screening events

Removed requirement that programs document community need for specific event
• Acknowledged that all communities can benefit from prevention/screening on all cancer sites where screening/prevention available
**Notable changes:**
- Where possible, lined categories for accrual up with NCI definitions
- NCI programs exempt

**What stayed the same?**
- Accrual requirements per category
- Numerator/denominator requirements

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage Requirement</th>
</tr>
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<tbody>
<tr>
<td>ACAD</td>
<td>6</td>
</tr>
<tr>
<td>CCCP</td>
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<tr>
<td>VACP</td>
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**Standard 9.2: CoC Special Studies**

**What is it?**
- Research proposals are made to ACS Cancer Programs to collect data that is not routinely abstracted
- ACS Clinical Research Program runs selected studies through CoC sites.
- Programs given compliant rating for completing study requirements.

**Recent special studies evaluated**
- Post-treatment surveillance in breast, colon, lung and prostate cancers
- Guideline concordant care vs. active surveillance for DCIS

**Standard required as needed**
- If no study in a year, standard marked “not applicable”
- At this time, no special studies planned for 2020.
Educational Programming & Resources

In-Person
American College of Surgeons Accreditation Programs: New Content for a New Decade
April 22-24, 2020 – Rosemont, IL
  CoC Educational Summit – April 22
  NCDB Half-Day Workshop - April 23, morning
  NAPBC Best Practices Conference – April 23, afternoon and all day
August 27-28, 2020 – Denver, CO

Online
Webinar series with tips for each standard – released early 2020
CAnswer Forum LIVE 2020 – 6 webinars beginning in February 2020

Web - www.facs.org/coc
2020 CoC Standards Information
Operative Standards resources
More tools and templates to come

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Follow *The Brief* for information on accessing the recording of today’s presentation AND for news and information related to the new standards.
THANK YOU FOR PARTICIPATING IN TODAY’S PRESENTATION
Due to the size of the audience and the length of the presentation, we request that all questions be submitted to the CAnswer Forum
http://cancerbulletin.facs.org/forums/