

Cancer PROGRAMS

AMERICAN COLLEGE OF SURGEONS

Major Changes/New Standards

Maureen Killackey, MD, FACS, FACOG



AMERICAN COLLEGE OF SURGEONS
Inspiring Quality.
Highest Standards, Better Outcomes

1

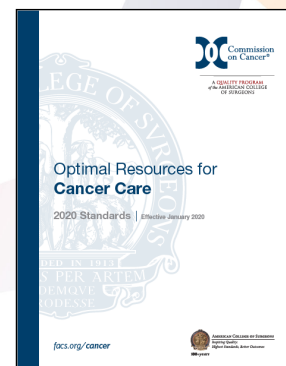
Standards Organization

Cancer
PROGRAMS

AMERICAN COLLEGE OF SURGEONS

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

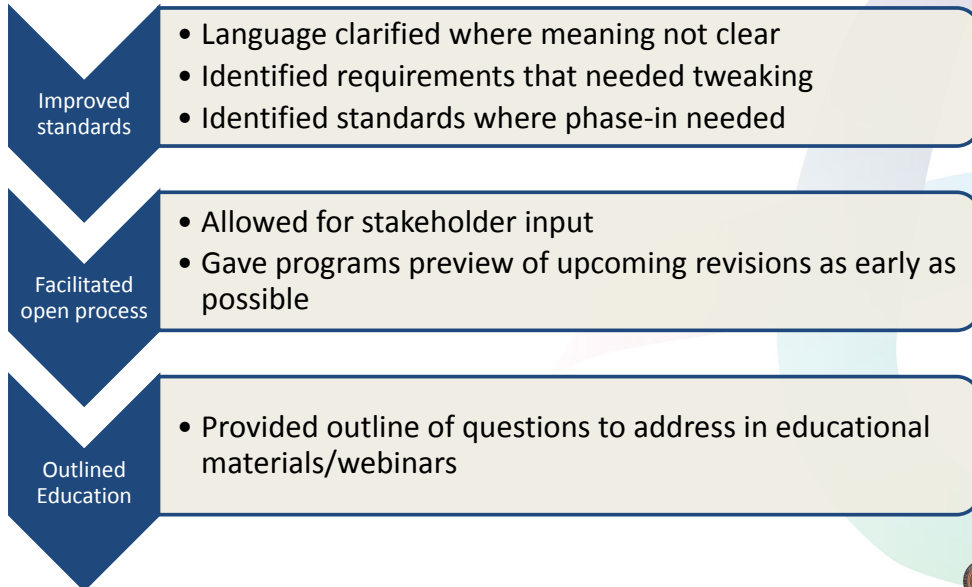
|



AMERICAN COLLEGE OF SURGEONS
Inspiring Quality.
Highest Standards, Better Outcomes

2

Value of Public Feedback Period



© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

3

Principles of a CoC Standard

- Evidence based**
- Current**
- Clearly interpretable**
- For the benefit of cancer patients**
- Objectively verifiable by experienced site visit reviewers**
- Results in the improvement of patient care**

© American College of Surgeons 2018—Content cannot be reproduced or repurposed without written permission of the American College of Surgeons.

4

Facility and Cancer Program Responsibilities

- **Patients** with cancer have a multitude of needs, and must receive appropriate care by qualified professionals. The facility must maintain optimal resources for the care of patients with cancer.
- The responsibility is upon the cancer program to appropriately care for patients and develop criteria relative to the cancer program's available **resources and experience**.



4.3 Cancer Registry Staff Credentials and Education

“CTRs apply knowledge obtained from formal education and work experience to correctly interpret and code cancer diagnosis, stage, treatment, and outcomes information for each case that is seen at the Commission on Cancer (CoC)-accredited program that meets CoC reporting requirements. The CTR credential is granted and overseen by the National Cancer Registrars Association.

All cancer registry staff who abstract cases at a CoC-accredited program must either:

Hold a current Certified Tumor Registrar (CTR) credential, or

Perform case abstracting under the supervision of a CTR

These requirements apply to those employed by the program, working on a contract basis, and/or working through a registry service company.

It is encouraged that CTRs attend in-person education at a state, regional, or national level. “



4.3 – Cancer Registry Staff Credentials (1)

- CTRs® correctly **interpret and code** cancer diagnosis, stage, treatment, and outcomes information for each case that meets CoC reporting requirements.
- All cancer registry staff who abstract cases at a CoC-accredited program must (either/or):
 - Hold a current **Certified Tumor Registrar (CTR)™ credential**
 - **Perform case abstracting** under the supervision of a CTR™.



4.3 – Cancer Registry Staff Credentials (2)

- A plan for CTR™ supervision of non-credentialed staff performing abstracting must be established and include:
 - scope of supervision
 - training activities for non-credentialed staff
 - quality control
 - education
- Non-credentialed cancer registry staff may perform case finding and follow-up, but cannot perform any abstracting on analytic cases unless they are performed under the supervision of a CTR™.
- These requirements apply to those employed by the program, working on a contract basis, and/or working through a registry service company.

4.3 – Cancer Registry Staff Credentials (3)

- **Each calendar year**, non CTR registry staff demonstrate **three hours of cancer-related continuing education** applicable to their roles.
- This continuing education requirement applies to **all non-credentialed registry staff**, including:
 - Staff abstracting under the supervision of a CTR
 - Staff performing follow-up activities
 - Registry management or supervisory personnel



4.3 – Cancer Registry Staff Credentials (4)

- This education includes, but is not limited to, topics in the following areas:
 - Advances in cancer diagnosis and treatment
 - Changes in cancer program standards
 - Changes in data collection requirements
- Those providing documentation of credentials and continuing education must have worked in the accredited facility for **at least one calendar year**.



4.3 – Cancer Registry Staff Credentials (5)

- Documentation to be reviewed on-site:
 - Verification of the date of hire for staff to perform case abstracting
- Documentation to be submitted with the PRQ:
 - **Current CTR™ credentials** for all certified cancer-registry staff
 - **Non Credentialed Staff**
 - Plan for CTR supervision
 - Documentation of cancer-related continuing education



Standard 8: Education- Professional & Community Outreach

- Part of being a quality cancer program is not only addressing the program's current patients, but also those in the **community** who may develop cancer or have difficulty receiving cancer treatment.
- Outreach to the community through **screening** and **prevention** events aids in reducing the risk of developing cancer and in diagnosing cancer at an earlier stage than it might be otherwise.



8.1 – Addressing Barriers to Care (1)

- **Each calendar year**, the cancer committee identifies **at least one barrier**:

**PATIENT
SYSTEM
PROVIDER-BASED**



Obstacles to accessing health, supportive oncology and/or psychosocial care that its community and patients with cancer are facing

Develops and **Implements** a plan to address the barrier.

8.1 – Addressing Barriers to Care (2)

Step 1: Do analysis of cancer barriers

The cancer committee reviews and analyzes the **strengths** and **barriers** of the cancer program. Resources for identifying strengths and barriers may include, but are not limited to:

- Cancer Quality Improvement Program (CQIP)/NCDB reports
- Cancer patient satisfaction surveys
- Patient focus groups
- Use of state cancer registry data compared to cancer program data:
 - Is the cancer program treating the main cancers that occur in its area?
 - Are vulnerable populations being reached?
- Population health resources from public health work done locally and regionally
- Community Needs Assessment
- Opportunities for cancer program to support each State's CDC-sponsored Cancer Coalition & Comprehensive Cancer Plan



8.1 – Addressing Barriers to Care (3)

Step 2: Identify Barriers

Each calendar year, the cancer committee **identifies barriers** specific to the cancer program and selects a focus for the upcoming year.

Examples include, but are not limited to:

- **Gaps** in community and/or program resources
- Identified **populations in need**
- **Disparities** – eg geographic, educational
- **Uninsured or underinsured**
- **Health care provider shortages**

8.1 – Addressing Barriers to Care (4)

Step 3: Choose a barrier & implement strategies to address

Step 4: Report to cancer committee

- **Each calendar year**, the cancer committee minutes **document a report** that includes the following:
 - What barrier was chosen
 - What resources/processes were utilized to identify and address this barrier
 - Outcomes metrics – impact on selected barrier? Lessons learned?

8.1 – Addressing Barriers to Care (5)

- Documentation to be submitted with the PRQ:
 - **Cancer committee minutes** documenting the required report to the cancer committee



8.1 – Addressing Barriers to Care (6)

- **FOR COMPLIANCE:**

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

1. The cancer committee **identifies at least one barrier** to focus on for the year and identifies resources and processes to address the barrier.
2. At the end of the year, the cancer committee evaluates the resources and processes adopted to address the barrier to care and **identifies strengths and areas for improvement**.
3. The **cancer committee minutes** include all required elements.



8.2 – Cancer Prevention Event (1)

- According to the National Cancer Institute, cancer prevention is “action taken to decrease the chance of getting a disease or condition.
- For example:
 - Avoiding risk factors (such as **smoking, obesity, lack of exercise, radiation exposure**)
 - **Modifying risky behaviors**)
 - Increasing protective factors (such as **getting regular physical activity, vaccination, staying at a healthy weight, and having a healthy diet**).



8.2 – Cancer Prevention Event (2)

- The cancer committee holds at least one event each year focused on decreasing the number of diagnoses of cancer.
- It is recommended, but not required, that the cancer committee partner with a community organization to hold the event. Examples include, but are not limited to:

a church

a school

State/county
health district

American Cancer
Society/other CBO's



8.2 – Cancer Prevention Event (3)

- Prevention events focus on at least one of two intended results:
 1. A **change in behavior** that reduces the risk a cancer will develop
 2. An **increase in the participant's knowledge** and awareness of cancer risks



8.2 – Cancer Prevention Event (4)

- Examples of behavioral risk reduction events include, but are not limited to:

Smoking/tobacco/vaping cessation

Alcohol avoidance

Nutrition, physical activity, and weight loss programs

HPV vaccinations

Radon exposure reduction

Avoidance of sun exposure

Chemoprevention

- **Cancer education and risk awareness lectures or events** are considered a prevention activity when they address one of the above behavioral risk reduction areas.



8.2 – Cancer Prevention Event (5)

- The planned event must be consistent with evidence-based national guidelines and interventions, where applicable.
- Potential sources for evidence-based national guidelines and interventions include, but are not limited to:

Agency for Healthcare Research and Quality

American Cancer Society

Cancer Control P.L.A.N.E.T.

National Cancer Institute

Centers for Disease Control and Prevention

American Institute for Cancer Research/World Cancer Research Fund

U.S. Preventive Services Task Force/Specialty Society
– ACOG, ACP, AAFP etc- Recommendations

8.2 – Cancer Prevention Event (6)

- **Exceptions:** Examples of non-compliant events include, but are not limited to:
 - Programs held only on **the Internet**, through **social media**, or through a **mail campaign** without real-time interaction with participants
 - **Prevention education** given in the regular course of business
 - Events or programs that educate about **cancer screening or reduction of late-stage at diagnosis**



8.2 – Cancer Prevention Event (7)

- A **summary of the event** must be presented to and discussed by the cancer committee that includes the following:
 - The cancer site(s) on which the event focused
 - The partnering community organization (where applicable)
 - Target audience
 - Guideline(s) used in planning the prevention event (where applicable)
 - The type of prevention event held (behavioral risk reduction or cancer education/risk awareness lecture)
- While it is encouraged that cancer programs hold as many cancer prevention events as appropriate for their needs, **only one event** is submitted for purposes of this standard.

8.2 – Cancer Prevention Event (8)

- Documentation to be submitted with the PRQ:
 - **Cancer committee minutes** that document all required elements of the cancer prevention event



8.2 – Cancer Prevention Event (9)

- **Each calendar year**, the cancer program fulfills all of the following compliance criteria:
 1. The cancer committee offers **at least one cancer prevention event**.
 1. Where applicable, the cancer prevention event is **consistent with evidence-based national guidelines and interventions**
 3. A **summary** of the cancer prevention event is presented to the cancer committee and documented in the cancer committee minutes.

8.3 – Cancer Screening Event (1)

- **Cancer screening events** apply screening guidelines to detect cancers at an early stage, which improves the likelihood of increased survival and decreased morbidity.
- The cancer committee holds **at least one event each year** focused on decreasing the number of individuals who present with late-stage cancer.
- It is recommended, but not required, that the cancer committee hold the event in partnership with a community organization.
- Examples of community organizations include, but are not limited to:

a church

a school

County/State
health district

American Cancer
Society/Other CBO's

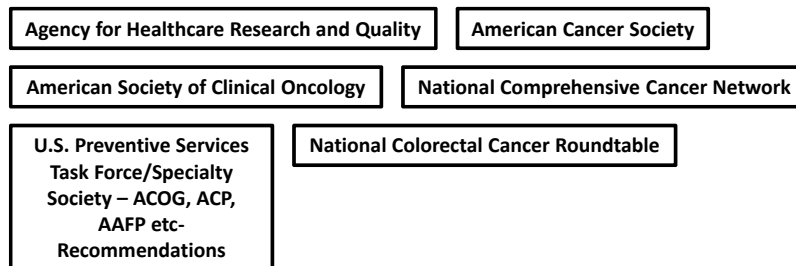


8.3 – Cancer Screening Event (2)

- Examples of screening events include, but are not limited to:
 - **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)
- The planned event must be based on evidence-based national guidelines and interventions, where applicable, and have a formal process for follow up on all positive findings.

8.3 – Cancer Screening Event (3)

- Resources for evidence-based national guidelines and interventions include, but are not limited to:



8.3 – Cancer Screening Event (4)

- **Exceptions:** Examples of non-compliant programs/events include, but are not limited to:
 - **Screening programs performed** in the regular course of business
 - **Events or programs** that educate about cancer screening or reduction of stage at diagnosis **that do not provide an actual screening**



8.3 – Cancer Screening Event (5)

- A **summary of the event** must be presented to and discussed by the cancer committee that includes the following:
 - The cancer site on which the event focused
 - The partnering community organization (where applicable)
 - Target audience
 - Guideline(s) used in planning the screening event (where applicable)
 - The process for follow up for all positive findings
- While it is encouraged that cancer programs hold as many cancer screening events as appropriate for their needs, only one event is submitted for purposes of this standard.

8.3 – Cancer Screening Event (6)

- Documentation to be submitted with the PRQ:
 - **Cancer committee minutes** that document all required elements of the cancer screening event



8.3 – Cancer Screening Event (7)

- **Each calendar year**, the cancer program fulfills all of the following compliance criteria:
 1. The cancer committee offers **at least one cancer screening event**.
 2. Where applicable, the cancer screening event is consistent with evidence-based national guidelines and interventions.
 3. The cancer screening event has a process for follow up on all positive findings.
 4. A **summary** of the cancer screening event is presented to the cancer committee and documented in the cancer committee minutes.

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

Prevention

- Cancer site(s)
- Partnering org
- Target audience
- Guideline used
- Type of event held

Screening

- Cancer site
- Partnering org
- Target audience
- Guideline used
- Process for follow up

Notable Changes: Stds 8.2 & 8.3 - Prevention & Screening

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