CAnswer Forum LIVE

February 10, 2021
Webinar Logistics

- All participants are muted during the webinar
- Questions – including technical issues you may be experiencing – should be submitted through the question pane
- Questions will be answered as time permits; additional questions and answers will be posted on the website
- Please complete the post-webinar evaluation you will receive via email
- Recorded content will be posted in the ACS Learning Management System following the live presentation
Introducing Our Moderator

Frederick (Rick) Greene, MD, FACS
Questions and Answers
For the new RCRS we are required to submit all cases including cases in suspense? After a full abstract the sequence number might need to be updated or changed. I understand this will need to be manually tracked by the CTR submitting RCRS data. Will this affect our submission timeliness? Is there something being done so that it automatically updates?
There was a note given in a webinar regarding RCRS new, updated, and complete submissions. It states "All Eligible QM cases-Treatment Data, 40 required QM Data items in real life. What are the Quality Measures?"
What cases are required to be submitted for RCRS?
Standard 2.4 Cancer Committee Attendance

Due to COVID-19 we cancelled our 2nd quarter Cancer Committee meeting in 2020. I understand that annual Cancer Committee attendance must be 75% for each required member. If we have a member(s) that only attend 50% of the meetings for this year will we be penalized?
Standard  2.4 Cancer Committee Attendance

In light of COVID, we have transitioned our Cancer Committee meetings to Zoom which is still being rolled out in varied phases by our very large healthcare organization.

Though we have provided instructions to identify themselves during meetings, we are struggling to track attendance especially when members participate by phone. Please advise on how we can track attendance in a way that is acceptable to CoC in this case.
CoC Standards

Standard 4.1 Physician Credentials

Are the following groups of physicians part of this standard for board certification or to earn 12 cancer-related CME if not board certified?

- Outside providers that have admitting privileges to our facility AND come in to consult for, aid in diagnosis of, and/or evaluate cancer patients (med onc, GI, etc)
- Radiologists that are part of a private group but perform diagnostic procedures (ie. Liver biopsy, thoracentesis, etc.) for evaluation/staging of our cancer patients
- Outside Surgeons and/or providers w/ admitting privileges that perform diagnostic procedures at our facility: colonoscopy, cystoscopy, excision of skin lesion for suspected ca, etc
- Are grandfathered physicians expected to obtain 12 CE's annually? My interpretation is that they are since they do not have a renewal date. Is this correct?
Standard 4.1 Physician credentials

Another question related to physician credentials:
• Is it correct that emergency physicians, hospitalists, dentists/dental surgeons, physicians that are not employed by the medical center and/or do not have admitting privileges fall outside of this standard?
Standard 4.2 Oncology Nursing Credentials

Since Standard 4.2 is a phase-in STD starting 2021, what documentation is required for 2020?
Standard 4.2 Oncology Nursing Credentials

When completing the Oncology Nursing Credentials template, specifically date of hire, are you looking for date of hire to the oncology care center and/or inpatient cancer unit or date of hire to the hospital?
Standard 4.2 Oncology Nursing Credentials

We would like to clarify our understanding of when nurses are eligible/required to start accruing continuing education per July '20 FAQ. Based on the FAQs, if a nurse start date is 1/15/2021, then their first full calendar year of work would be 2022, and they would not have to start demonstrating an average of 12 CNEs until 2023. Is this a correct interpretation?
Standard 4.2 Oncology Nursing Credentials

If a nurse practitioner has a genetic counseling certificate, does that qualify as a cancer specific certification?
Standard 4.3 Cancer Registry Staff Credentials

Our Registry does not have non-CTR staff performing case abstracting, case finding or follow up. Is it still necessary to create a plan?
Standard 4.5 Palliative Care Services

Does the Palliative Care Services general policy for our facility meet this requirement? Or do we need to write a policy specific to oncology patients only?
Standard 4.6 Rehabilitation Care Services

In the Measure of Compliance for this standard it states, "The cancer committee develops policies and procedures to guide referral to appropriate rehabilitative care services on-site or by referral." Does this mean that there should be a policy and procedure of its own pertaining to cancer patients, solely? Could the hospital wide policy meet the standard as long as it addresses the following:

- On-site and off-site rehabilitative care services
- The rehabilitation care team available on-site
- Criteria for performing functional assessments
- Criteria for referral to a rehabilitation care specialist.
Standard 5.2 Psychosocial Distress Screening

Cancer patients must be screened for distress at least one time during the patient's first course treatment. Our program's policy states that we will screen additionally with the change of a treatment regimen.

In the annual evaluation is it sufficient to report our data tracking patients screened during their first course of treatment or must we also have data showing distress screenings at a new course of treatment as our policy outlines this?
Standard 6.1 Cancer Registry Quality Control

Now that NCDB call for data is going away, is the objective to meet this standard RCRS timely submission or accuracy or both? What are the benchmarks to meet this standard?
Standard 7.2 Monitoring Compliance with Evidence-Based Guidelines

I know in the past we were able to use an NAPBC study and let it count for a CoC study with previous standards. Does this still apply for standard 7.2?
Standard 7.3 Quality Improvement Initiative

Can a 2020 QI initiative be carried over into 2021? With the impact of COVID-19, the project was shelved due to the significant delays due to COVID restrictions for the remainder of 2020. Would it be compliant to carry this project over into 2021 or will we need to come up with a new QI initiative for 2021?
Last year our focus for Standard 4.4 Genetic Counseling and Risk Assessment was on the genetic assessment for pancreatic cancer patients. Through the assessment it was noted that we had a high number of patients qualifying for genetic testing, yet a low percentage of patients actually referred to Genetics. The Cancer Committee selected to review Pancreatic Cancer again for this year for Standard 4.4. We would like to dive deeper into the low percentage of Pancreatic Referrals and work to improve this percentage. We would like to use this for Standard 7.3 Quality Improvement Initiative. As long as the 7.3 study was documented in the correct process improvement format, do you see any issue with using low genetic referrals for Pancreatic Cancer as our 7.3 study knowing we are using Pancreatic Cancer for Standard 4.4?
Standard 7.4  Cancer Program Goal

Our 2020 goal was to identify potential lymphedema patients at our Breast Tumor Board meetings. The outcome was incomplete with obstacles mostly identified due to COVID restrictions and physicians reluctant to refer or not understanding the need. Since we were not able to complete and meet that goal, are we permitted to carry it over for 2021, but show new/added initiatives in order for the goal to succeed?
Standard 9.1 Clinical Research Accrual

In 2020, many programs were enrolling patients into clinical trials for cancer recurrence. Can these patients count toward the 2020 accrual?
Standard 1.1 Level of Responsibility and Accountability

We have a new Plastic Surgeon hired after completing his residency in 2020 that is not board certified but will be in the next couple of years. Is this considered 'in the process of obtaining board certification', therefore, is he able to be on the Breast Program Leadership Committee?
Standard 1.2 Multidisciplinary Breast Care Conference

Does the Breast Program Leadership Committee (BPLC) still need to set and monitor individual physician attendance requirements at the Multidisciplinary Breast Care Conference (MBCC) or does the BPLC only need to set specialty attendance requirements?
Chapter 3 Research

Can you please provide the definitions of each clinical research study category?
Chapter 3 Clinical Research

Answer:

• **Interventional trials** - involve giving a participant a particular treatment in accordance with a research plan. Usually, these participants are compared to subjects who receive no treatment or standard treatment.

• **Screening** - examining new approaches to detect cancer.

• **Tissue collection** - cancer specific-biobanks that collect cancer tissue or blood samples specifically for cancer research purposes.

• **Behavioral** - identifying and addressing behavioral factors involved in the prevention of cancer, such as: diet, physical activity, cancer screening, and tobacco control.

• **Registry** - epidemiological studies. Must have underlying cancer research focus, such as National Oncologic PET Registry.
Standard 3.2 Clinical Trial Accrual and Standard 6.1 Quality and Outcomes

Our radiation oncology department is doing a research study comparing bras used during radiation treatment and radiation dose to surrounding tissue. This is an IRB approved study with a consent form. Patient enrollment will count towards our clinical trial accrual.

My question is can this also qualify as a QI study for standard 6.1?
Standard 4.1 Education, Prevention, and Early Detection Programs

We have a dedicated breast navigator at our facility who holds weekly breast support groups. At these support groups, she discusses prevention, early detection, awareness, and education. Attendance is tracked at each meeting. Would this qualify for standard 4.1?
Standard 2.1 Rectal Cancer Multidisciplinary Care

According to this standard, a lead physician must be chosen for each of the following specialties: pathology, radiology, medical oncology, and radiation oncology.

What is the role/purpose of the lead physician? I know in Standard 2.5 Rectal Cancer Multidisciplinary Team Attendance that the lead physicians are required to attend 30% of the meetings, however, I am not clear why they are singled out? Am I missing information about the role of the lead physician in other standards?
CAnswer Forum LIVE

Mark your calendar and plan to join us on the following dates:

• February 10, 2021 – TODAY!
• April 14, 2021
• June 9, 2021
• August 18, 2021
• October 13, 2021
• December 15, 2021

• All webinars begin at 12:00 Noon, Central Time
• Watch the CAnswer Forum and CAnswer Forum LIVE web page for additional information
Each session to focus on key topic(s)

Solicit questions in the topic areas

Involve program leaders and key staff to speak to the topic

Advance promotion of upcoming topics
   Education and Events page
   Newsletter articles
   Social Media
CAnswer Forum LIVE – What’s New for 2021

- AJCC staging
- Clinical Research
- Goals: Setting and Evaluating
- Rehabilitation Care Services
- Oncology Nutrition Services
- Quality Improvement
- Operative Standards
- NCDB, RCRS, and STORE
- Evaluating Registry Data
- New NAPBC standards and the patient journey
- NAPRC standards and resources
- Other
Important News and Events

ACS Cancer Programs Annual Conference VIRTUAL: Quality Care in Motion
April 27 and 28, 2021

ACS Quality and Safety Conference
July 2021
• Submit your best practices today!
Late Breaking News!

Now Available –

An updated version of *Optimal Resources for Cancer Care (2020 Standards)* is now available. The February 2021 version includes the previously-announced updates to the NCDB submission standards.

Also included in the updated manual are revisions to the Operative Standards (Standards 5.3-5.8).

Access the updated version at [https://www.facs.org/2020cocstandards](https://www.facs.org/2020cocstandards)
Courses Available NOW - LMS

*NAPBC Best Practices Webinar Series: Quality in Action
- Super Surveillance
- Genetics Today

*NCDB Better Data, Better Quality, Better Outcomes Webinar Series
- A Better Way to Follow: Collaboration Between Hospitals and State Registries
- The Rationale for Radiation Oncology Data Items in STORE 2018
- You Have Questions? We Have Answers!
- New and Improved: Updates to STORE
- AJCC yc Stage Classification—When and How to Use
- Registrar’s Guide to Updating Radiation Data Items
- AJCC Cervix Uteri – Version 9 Cancer Staging System

*Meeting the 2020 Standards for Optimal Cancer Care
- Survivorship Program: Standard 4.8
- Concurrent Abstracting Panel
- Operative Standards for Cancer Surgery: Standards 5.3-5.8
- Taking the Mystery Out of QI Projects Per Standard 7.3: A How-to Guide
- Oncology Nursing Credentials: Standard 4.2

*NAPRC: Practical Tips, Pearls, and Advice from the Trenches

*CAnswer Forum LIVE – 2020 Webinar Series

Finding the courses:
1. **Learning.facs.org**
2. LMS Course – all courses are in the course catalog tab, registration for the courses is required. After registration is complete, you must access the course to see the handout, video, evaluation and print the certificate.
3. Logging in to LMS – If you have access to the CoC, NAPBC or NAPRC portals, use that login. If you do not, create a new account.
4. Transcripts in the LMS – will have all completed courses certificates of completions.
5. Error messages in LMS – Log out of the LMS, clear your computer’s internet history, and log back in.
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