CAnswer Forum LIVE
April 14, 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
Please welcome

Heidi Nelson, MD, FACS
Medical Director, Cancer Programs
American College of Surgeons
Chicago, IL
Agenda

Discussion with Dr. Nelson

- Return to screening initiative, quality improvement and clinical study
- Questions and Answers on the initiative
- CAnswer Forum questions and answers
- Upcoming education events
- Adjourn
Return to Screening – Quality Improvement and Clinical Study

Who can participate?
- Any CoC or NAPBC accredited program and associated screening facility

How can a program use this project?
- Follow the detailed plans as provided or
- Use the information and interventions to conduct a similar project

How do I get started?
- Decide on whether you want to participate in the PDSA, the Clinical Study or both
- Read and follow the PDSA and/or Clinical Study materials and instructions;
  Cancer Program News
  Project and Clinical Study Details
- Complete the three FORMS as you do your work so you can get credit for the standards

When can I get started?
- Now

Answer
We recommend reviewing the required elements in the Standards manual. A good start is writing it out using the required CoC template, to determine if it meets the SMART criteria.
FAQ #1

Question
If participants do not reach the pre-pandemic screening rates or the goal of a 10% increase, will they still get credit for the standards?

Answer
Compliance credit for all standards will apply to 2021 even if activity extends into 2022.
Extensions into 2022 will be considered.
The Accreditation Committee is considering how credit for CoC standards 7.3, 8.3 and 9.1 might be managed if goals are not achieved by the timeline outlined.
FAQ #2

Question
Step 1e is data collection for only the months of September 2019 & January 2020 or is it September thru January?

Answer
It is not September thru January. It is data from September AND January. We need 2 months of data from screening activities pre-pandemic (9/2019 and 1/2020) and during the pandemic (9/2020 and 1/2021). The average of the two months (September and January) will help set the baseline for closing the gap in screening that has occurred due to the pandemic.
FAQ #3

Question
By completing the PDSA - can sites get credit for BOTH CoC standard 8.3 and 7.3 for the same work? We know that usually this is not the case and you can only get credit in one standard area for a project.

Answer
We are giving double credit just this year for this project. Programs will get credit for both CoC standards 7.3 and 8.3 if they complete the PDSA.
We are still in a pandemic and so we know healthcare practices are not entirely back to normal. In these unusual times we considered it prudent to ask folks to focus on what really matters right now - keeping cancer cases from accelerating in volume.
Question
Does an “event” have to occur to get credit for CoC standard 8.3, as stated in the standard description? The interventions listed of course are a variety and mostly not event related so I wanted to be clear that an event does not need to take place to get credit.

Answer
An event does not have to take place to get credit. We expect programs to use at least one of the interventions listed as an alternative to events. Most “events” were in person and that has not been a safe or even permissible option, so we wanted to help programs find alternatives and then support them by giving them credit. Doing something is better than not doing anything. It does not need to be a traditional event.
Question
Our program is planning to participate in the mentioned Elective PDSA project.
Our program is also in the process of addressing barriers to care for screening disparities (for breast cancer) in AA women ages 40-50.
So, can we use this elective project to also address the disparities to care barrier (std 8.1) if we also collect screening information on race?

Answer
This project does not apply to CoC Standard 8.1.
Completing this project will not provide credit for CoC Standard 8.1
FAQ #6

Question
I just received information regarding an Elective Quality Improvement Project and Clinical Study open to all CoC/NAPBC Sites. The information I received from our American Cancer Society contact is if we participate in this project, we can use it to meet several standards. I have been under the impression CoC does not allow a project to cover more than one standard. Per this information sheet that was sent my way it says we can use this to fulfill CoC standards: 8.3, 7.3, and 9.1. Can we use this project to meet requirements for all 3 standards, or are we supposed to decide on only one of the standards to use it for?

Answer
If you complete the screening interventions, the quality improvement project and the clinical study you will be eligible to apply them for compliance with all three CoC standards (7.3, 8.3 and 9.1) for 2021 and for this project only.
Question
My facility is a very small community hospital. We do have, however, a passion for reaching the underserved and uninsured in our community through a free screening mammogram program that has been impacted by COVID restrictions. Can we still participate and receive credit if we limit the screening program (breast) used for the "post pandemic return to screening " to the target population of underserved and uninsured vs the general public?

Answer
You can target any population you choose as long as you follow the instructions and guidelines as outlined in the project.
Resources on the Return to Screening Initiative

- The Frequently Asked Questions (FAQ) resource
  - Updated as often as questions arrive
  - Posted for CoC programs in the Standards Resource Library in CoC datalinks
  - Posted for NAPBC programs in the Resources section of the Quality Portal
  - Updates in the Cancer Program News each week for key and recurrent questions
CAnswer Forum
Questions and Answers
Answer
We believe the question is asking about Educational opportunities, e.g. PowerPoint Presentations.

The AJCC Education & Promotions Committee is working on communication and education for the physicians which will take place in various forms, e.g. journal articles, newsletters, etc. This has already been completed for cervix and more content is planned as revisions become available. Communication was sent to various physician organizations regarding the release of the cervix protocol last October.

Here are additional informational and educational activities available in the coming months:

Cancer Programs Conference (April 27 and 28) Presentation by Dr. Robert Brookland and Donna Gress addressing AJCC version 9 format and plans along with revisions to the cervix staging.

NCRA Annual Conference (June 3 – 5) Presentation by Donna Gress and Aleisha Williams during 2 plenary sessions.

ACS Quality and Safety Conference (July 12 – 16) Panel session on the value of AJCC staging moderated by Dr. Olawaiye, Chair, AJCC Education Committee.
General Question

Is it possible to change the years shown on the Home Page Dashboard for CoC accreditation Measures for site visit to show the most recent years first? Those years are most important to the programs.

Answer
No, the homepage is static but thank you for the suggestion.
Call for Data

Is it true we will need to do a NCDB Call for Data around June 2021? I don’t understand why if we have already submitted all our cases in January 2021 to RCRS and have then continued to send all new and updated cases each month.

Answer
Yes this is correct, communication will be sent to all programs. The vendors have been informed. The Call for Data webpage has been updated for the June 2021 Call for Data to include all 2019 cases and any new and updated cases back to 2004 or cancer registry reference date, whichever is shorter.
RCRS

How are programs supposed to comply with certain quality measures if they are unable to add exclusions to the cases? For example, our BCSRT rate is low due to a clinical trial being held at our facility that omitted radiation in DCIS patients undergoing lumpectomy. The clinical trial does not reflect this in the quality measure and thus our numbers look far worse than they actually are. If our program was low enough outside of the confidence interval how would the CoC expect us to provide an action plan on this?

Another example is the NBX measure. There are clear exclusions that we are able to enter in our abstract and for some reason RCRS does not pull these. All of which are very justifiable as to why a patient may not have a NBX (prophylactic mastectomy, benign bx followed by excision, etc.) but for some reason RCRS cannot capture these fields?

Answer
Before we went to RCRS we evaluated the use of exclusions and it was determined the volume of use across all CoC accredited programs was very small. The impact of removing inclusions did not affect the EPRs and therefore we only migrated the RQRS already having an exclusion assigned, and did NOT migrate the CP3R exclusion. Exclusions are not available in RCRS. It is unclear what data item is being used to collect these at the registry software level. If the data items is not CoC approved we will not collect it. NCDB does not collect any text fields or User defined fields.
Standard 8.2 Cancer Prevention Event and Standard 8.3 Cancer Screening Event

Can you have a screening and prevention in one event? We were thinking about doing a cancer screening event and also incorporate our prevention event at the same time with representatives from ACS providing prevention tools and a speaker on prevention.

Answer
Yes, as long as there are separate prevention and screening components that meet requirements of each standard.
Standard 8.3 Cancer Screening Event

We would like to use LDCT to screen for lung cancers in our community.

If we were to attend a community event and pass out ACS information on the importance of LDCT and a questionnaire to determine eligibility, would that suffice?

After that point we will schedule the actual LDCT for those eligible and follow the patients per standard guidelines (still working out those logistics).

Answer

No, the screening must be held as part of the event,
Standard 1.1 Level of Responsibility and Accountability

As a new center preparing for our first survey, can you please elaborate on what NAPBC would like us to upload to the PRQ for this? How detailed should we be?

Would you like us to include the "rules", roles, and responsibilities of each clinician, every single integral member on our campus, etc. who works directly with our breast patients?

Answer
You will need to provide documentation that outlines how the breast center gives the breast program director (BPD) and the breast program leadership committee (BPLC) responsibility and accountability for provided breast center services. Your program will need to determine the appropriate information that needs to be provided.
Standard 1.1 Level of Responsibility and Accountability

We’ve had a large turnover in Management/Administration at our facility and now have a new Manager of the Breast Center.

Does NAPBC have specific requirements for who will be the Administration representative on the BPLC, or is this left up to decision of the BPLC?

Can the Admin role be assigned to the Manager of the Breast Center?

Answer
The NAPBC leaves the requirements for the Administration representative at the discretion of the BPLC.
Standard 1.1 Level of Responsibility and Accountability

We have 4 breast leadership meetings annually. If our surgeon misses 1 due to a surgery is this ok? We didn’t see an attendance requirement for the physicians. We want to check to make sure there is not. She will be given the agenda and reports and will be able to provide feedback.

Answer
There is no attendance criteria for this standard to meet compliance (Std 1.1). This is separate from cancer conferences.
Standard 1.2 Breast Care Team

Our pathologists and radiologists on our BCT attend the majority of conferences. On occasion another pathologist or radiologist will attend in their place. Sometimes this representative only attends one meeting annually. Does that person have to be included on the BCT?

Answer
Any physician that treat patients at your center would be a part of your BCT. As far as attendance to the MBCC, if your pathologists and radiologists contribute to the assessment, treatment, and sharing of information to the patient then they need to be member of the Breast Care Team.
Standard 6.2 Quality Improvement

One of our NAPBC studies for 2020 initially was delayed due to COVID. Now the internal funding for this project has been frozen. The investigators have applied for external grant funding but will not find out until April 2021 if they have been awarded funding. If the study then does begin mid-2021, is it still counted for 2020 or can it be counted for 2021 since it never was started in 2020?

Answer
The study should be counted for 2021.
Content Highlights

- Accreditation Value
- Cancer Committee Leadership
- Goals and Guidelines
- Quality Improvement; the CLP role
- Operative Standards for Cancer Surgery
- PRQ and Program Templates
- NCDB data. RCRS, tools, and the registry of the future

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NCRA CE credits: 13
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