

**Where Programs Struggle
Standards 4.4-4.7, 5.2**

David A Mullins MD MBA CPE FACS
WVU Medicine
Princeton, WV

1

Disclosures

- Nothing to disclose

2

4.4 Genetic Counseling and Risk Assessment

Policy and Procedure for Genetic Counseling and Risk Assessment Services
Cancer programs must develop a policy and procedure for providing cancer risk assessment, genetic counseling, and genetic testing services on-site or by referral. Genetic services not provided on-site at the facility must be provided through a referral relationship to other facilities and/or local agencies. The policy and procedure must include information/ processes for the following:

- Criteria for referral for a genetics evaluation
- Identification of the genetics professionals available on-site and/or by referral
- Identification of the genetics professionals qualified to perform post-test counseling either on-site and/or by referral

Evaluating Genetic Counseling and Risk Assessment Services
Each calendar year, the cancer committee must review the policy and procedure for genetic assessment and referral for genetic evaluation/counseling.

The cancer committee must review and document in the minutes:

- The number of patients identified as needing referrals for the selected cancer site each year, and
- How many patients identified as needing referrals for the selected cancer site received a referral for genetic counseling
 - It is encouraged, but not required, that programs track whether patients who received referrals ultimately had genetic counseling.

3

Annual Review

• Reports must be given no later than first quarter of following calendar year:

- Standard 2.5: Multidisciplinary Cancer Case Conference
- 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 4.8: Survivorship Program
- Standard 5.2: Psychosocial Distress Screening
- Standard 6.3: Cancer Registry Quality Control
- Standard 8.1: Addressing Barriers to Care
- Standard 8.2: Cancer Prevention Event
- Standard 8.3: Cancer Screening Event
- Standard 9.1: Clinical Research Accrual

4

4.4 Genetic Counseling and Risk Assessment

- Not performing site-specific review
- The numerator is the patients who met the guidelines and were referred, and the denominator is the total number of patients who met the guidelines.
- Site chosen then no eligible patients

5

4.4 Genetic Counseling and Risk Assessment

- Telemedicine is acceptable to meeting Standard 4.4 as long as it's with appropriately trained/credentialed genetic professionals
- Referrals to labs do not meet the standard.
- BC/BE physician with experience in cancer genetics
 - Providing cancer risk assessment on a regular basis
 - Undergoing continuing medical education in cancer genetics

6

4.5 Palliative Care Services

Measure of Compliance

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

1. Palliative care services are available to cancer patients either on-site or by referral.
2. A policy and procedure is in place regarding palliative care services that includes all required elements.
3. The process for providing and referring palliative care services to cancer patients is monitored and evaluated. A report is given to the cancer committee, contains all required elements, and is documented in the cancer committee minutes.

During this evaluation, the cancer committee must:

- Assess the approximate number of cancer patients referred for palliative care services and for what services or resources
- Discuss the criteria utilized to trigger referrals to palliative care services
- Discuss areas of improvement
 - Examples include, but are not limited to, barriers to access of palliative care services, addition of palliative care services, decreasing emergency department usage, or improving the timeliness of referrals

7

4.5 Palliative Care Services

- Hospital or System Policy and Procedure
 - Not applicable to your cancer program
 - No oncology reference
- Assessment does not include patient numbers
- Not just Hospice
- Lack of discussion for areas of improvement

8

4.6 Rehabilitation Care Services

Measure of Compliance

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

1. The cancer committee develops policies and procedures to guide referral to appropriate rehabilitation care services on-site or by referral.
2. The process for referring or providing rehabilitation care services to cancer patients is monitored and reviewed by the cancer committee and documented in the cancer committee minutes.

9

4.6 Rehabilitation Care Services

- Rehabilitation Services, includes preventive, restorative, supportive, and palliative interventions.
- Should not be single service discussion (lymphedema)
- Hospital or System Policy and Procedure
 - Not applicable to your cancer program
 - No oncology reference

10

4.7 Oncology Nutrition Services

The cancer program defines and identifies the nutrition services provided on-site and by referral. Components of oncology nutrition services include, but are not limited to:

- Screening and nutrition assessment for risk and diagnosis of malnutrition, nutrition-related problems, and overweight and obesity
- Medical nutrition therapy
- Nutrition counseling
- Nutrition education
- Management and coordination of enteral and parenteral nutrition

Measure of Compliance

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

1. Oncology nutrition services are provided, on-site or by referral, by a Registered Dietitian Nutritionist.
2. The process for referring or providing oncology nutrition services to cancer patients is monitored and reviewed by the cancer committee and documented in the cancer minutes.

11

4.7 Oncology Nutrition Services

- Oncology nutrition services include the continuum of cancer care
- Should not be single service discussion
 - Screening and nutrition assessment
 - Medical nutrition therapy
 - Nutrition counseling
 - Nutrition education
 - Management and coordination of enteral and parental nutrition
- Hospital or System Policy and Procedure
 - Not applicable to your cancer program
 - No oncology reference

12

5.2 Psychosocial Distress Screening

Timing of Screening
 Cancer patients must be screened for distress at least one time during the patient's first course of treatment. Additional screenings may be provided per cancer program or health care provider discretion, but are not required by this standard.

The Psychosocial Services Coordinator is required to oversee this activity and report to the cancer committee each year. Reports must include one year's worth of data.

The annual psychosocial services summary must include, but is not limited to:

- Number of patients screened
- Number of patients referred for distress resources or further follow-up
- Where patients were referred (on-site or by referral)

13

5.2 Psychosocial Distress Screening

- Complacency
 - Near identical reports each year without discussions for improvements
- Not addressing all patients
 - Surgery?
- Not specifying where patients were referred

14

Key Takeaways

- Evaluating services each year
- Policy and procedure specific to oncology patients
- Timely annual reporting
- Read the Standards!

15

Thank you
