CoC Cancer Liaison Physicians Meeting

Quyen Chu, MD, FACS
Chair
Committee on Cancer Liaison

Maria Castaldi, MD, FACS
Vice-Chair
Committee on Cancer Liaison
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
2022 CLP Outstanding Performance Award Winners

Richard C. Anderson, MD
OSF Healthcare Systems-Saint Francis Medical Center
Peoria, Illinois

Everett J. Bonner, Jr., MD, FACS, FSSO
Baton Rouge General Medical Center
Baton Rouge, Louisiana

David Coppola, MD
Wentworth Douglass Hospital
Dover, New Hampshire

Lynne Jalovec, MD
Methodist Medical Central of Illinois
Peoria, Illinois
2022 CLP Outstanding Performance Award Winners

Edward Kost, MD
UT Health San Antonio
San Antonio, Texas

Seth Krantz, MD
NorthShore University HealthSystem
Evanston, Illinois

Nisha A. Lakhi, MD, FACOG
Richmond University Medical Center
Staten Island, New York

Maxwell Meng, MD
University of California, San Francisco
San Francisco, California
2022 CLP Outstanding Performance Award Winners

Julie Monroe, MD
White Plains Hospital
White Plains, New York

William R. Robinson, MD
University of Mississippi Medical Center
Jackson, Mississippi
CoC Update

• Annual CLP Survey Closes October 31
• Join the CoC Site Reviewers Team:
  https://www.facs.org/quality-programs/cancer-programs/commission-on-cancer/become-site-reviewer/
CoC Fall Meetings: October 16, 2022
Manchester Grand Hyatt, San Diego

• **CoC Member Organization Representatives Meeting**
  10:00 am to Noon PT

• **CoC Plenary Session**
  1:00 to 5:00 pm PT

• **CoC 100th Anniversary Reception**
  • 5:00 to 6:30 pm PT

Registration required: [https://www.facs.org/for-medical-professionals/conferences-and-meetings/coc-fall-meeting/](https://www.facs.org/for-medical-professionals/conferences-and-meetings/coc-fall-meeting/)
• 2023 ACS Cancer Conference
  • Spring 2023
  • Atlanta, GA
Nutrition and Physical Activity Resources
Update

Gayle Bagley
Director, Comprehensive Cancer Control
American Cancer Society

Kristen Sullivan, MS, MPH
Director, Nutrition and Physical Activity
American Cancer Society
Kristen Sullivan, MS, MPH
Director, Nutrition and Physical Activity

Gayle Bagley,
Director, Comprehensive Cancer Coalitions
Estimated Number of US Cancer Survivors by Site

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate</td>
<td>Breast</td>
</tr>
<tr>
<td>3,523,230</td>
<td>4,055,770</td>
</tr>
<tr>
<td>Melanoma of the skin</td>
<td>Uterine corpus</td>
</tr>
<tr>
<td>760,640</td>
<td>891,560</td>
</tr>
<tr>
<td>Colon &amp; rectum</td>
<td>Thyroid</td>
</tr>
<tr>
<td>726,450</td>
<td>823,800</td>
</tr>
<tr>
<td>Urinary bladder</td>
<td>Melanoma of the skin</td>
</tr>
<tr>
<td>597,880</td>
<td>713,790</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>Colon &amp; rectum</td>
</tr>
<tr>
<td>451,370</td>
<td>710,670</td>
</tr>
<tr>
<td>Kidney &amp; renal pelvis</td>
<td>Non-Hodgkin lymphoma</td>
</tr>
<tr>
<td>376,280</td>
<td>394,180</td>
</tr>
<tr>
<td>Oral cavity &amp; pharynx</td>
<td>Lung &amp; bronchus</td>
</tr>
<tr>
<td>311,200</td>
<td>367,570</td>
</tr>
<tr>
<td>Testis</td>
<td>Uterine cervix</td>
</tr>
<tr>
<td>303,040</td>
<td>300,240</td>
</tr>
<tr>
<td>Leukemia</td>
<td>Ovary</td>
</tr>
<tr>
<td>300,250</td>
<td>246,940</td>
</tr>
<tr>
<td>Lung &amp; bronchus</td>
<td>Kidney &amp; renal pelvis</td>
</tr>
<tr>
<td>287,050</td>
<td>230,960</td>
</tr>
<tr>
<td>All sites</td>
<td>All sites</td>
</tr>
<tr>
<td>8,321,200</td>
<td>9,738,900</td>
</tr>
</tbody>
</table>

FIGURE 1. Estimated Number of US Cancer Survivors by Site as of January 1, 2022. Estimates do not include in situ carcinoma of any site except urinary bladder and do not include basal cell or squamous cell skin cancers.

American Cancer Society nutrition and physical activity guideline for cancer survivors

Cheryl L. Rock, PhD, RD1; Cynthia A. Thomson, PhD, RD2; Kristen R. Sullivan, MS, MPH3; Carol L. Howe, MD, MLS4,5; Lawrence H. Kushi, ScD6; Bette J. Caan, DrPH6; Marian L. Neuhouser, PhD, RD7; Elisa V. Bandera, MD, PhD8; Ying Wang, PhD3; Kimberly Robien, PhD, RD9,10; Karen M. Basen-Engquist, PhD, MPH11; Justin C. Brown, PhD12; Kerry S. Courneya, PhD13; Tracy E. Crane, PhD, RDN14,16; David O. Garcia, PhD, FACSM15; Barbara L. Grant, MS, RDN, CSO, FAND15; Kathryn K. Hamilton, MA, RDN, CSO, CDN, FAND16; Sheri J. Hartman, PhD17; Stacey A. Kenfield, ScD18; Maria Elena Martinez, PhD17,19; Jeffrey A. Meyerhardt, MD, MPH20; Larissa Nekhlyudov, MD, MPH21; Linda Overholser, MD22; Alpa V. Patel, PhD23; Bernardine M. Pinto, PhD23; Mary E. Platek, PhD, RD, CDN24,25; Erika Rees-PILTER, PhD, MPH15; Colleen K. Spees, PhD, MEd, RD, LD, FAND26; Susan M. Gapstur, PhD27; Marjorie L. McCullough, ScD, RD28.
Purpose

• Determine whether the 2012 ACS Guidelines require revisions based on substantial, high quality new research that has been published since 2012

• Provide evidence-based lifestyle guidelines for reducing recurrence, mortality and improving disease-free survival among cancer survivors

• Provide discussion of key areas of importance (late effects and patient reported outcomes; health disparities and health equity; community influences; clinical care coordination)
Target Audience

• Health care providers caring for cancer survivors
• Cancer survivors and their families*
• Also used to inform:
  • ACS programs
  • Policy
  • Media

*ACS also produces consumer-friendly materials for cancer survivors
Findings: Diet, activity, body weight, alcohol and outcomes by cancer type
<table>
<thead>
<tr>
<th>Cancer</th>
<th>Adiposity</th>
<th>Physical Activity</th>
<th>Diet</th>
<th>Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>Recurrence, CSM, ACM</td>
<td>CSM, ACM</td>
<td>Healthy pattern ACM</td>
<td>Western ACM</td>
</tr>
<tr>
<td>Colorectal</td>
<td>ACM</td>
<td>CSM, ACM</td>
<td>Western: CSM, ACM, recurrence</td>
<td></td>
</tr>
<tr>
<td>Upper digestive/liver</td>
<td>ACM</td>
<td></td>
<td></td>
<td>H&amp;N, liver: ACM</td>
</tr>
<tr>
<td>Pancreatic</td>
<td>ACM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bladder</td>
<td>Recurrence, Progr</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate</td>
<td>CSM, ACM</td>
<td></td>
<td>Mediterranean: ACM</td>
<td>Western: CSM, ACM</td>
</tr>
<tr>
<td>Endometrial</td>
<td>ACM</td>
<td>ACM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ovarian</td>
<td>ACM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung</td>
<td>ACM</td>
<td>CSM, ACM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematological</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CSM=cancer specific mortality; ACM=all cause mortality
Physical Activity and Cancer Survivors’ QOL

- Helps reduce fatigue, the most common side effect of cancer treatment
- Improves symptoms of depression and anxiety
- Improves sleep
- Helps maintain or improve physical function
- Improves immune system, appetite, muscle strength, range of motion

Campbell, ACSM, 2018; Ligibel, ASCO, 2022
Recommendations
Recommendations for All Cancer Survivors

General recommendations for cancer survivors:

• Nutritional assessment and counseling should begin as soon as possible after diagnosis, with the goal of preventing or resolving nutrient deficiencies, preserving muscle mass, and managing side effects of treatments that may adversely affect nutritional status.

• Physical activity assessment and counseling should begin as soon as possible after diagnosis, with the goal of helping patients prepare for treatments, tolerate and respond to treatments, and manage some cancer-related symptoms and treatment-related side effects.

Rock, CA Ca J Clin, 2022
Recommendations to Improve Long-term Health and Increase Likelihood of Survival

Avoid obesity and maintain or increase muscle mass through a combination of diet and physical activity.

Get regular physical activity. Your activity plan should take into account your type of cancer, what type of treatments you’ve had, your symptoms and side effects from treatment, and any other health problems you have.

Follow a healthy eating pattern that provides you with enough nutrients and is consistent with recommendations to help lower your risk of other chronic diseases (such as heart disease, stroke, and diabetes).

Follow the general advice of the American Cancer Society Guideline for Diet and Physical Activity for Cancer Prevention to reduce your risk of getting a new cancer.
Follow a healthy eating pattern at all ages.

• A healthy eating pattern includes:
  • Foods high in nutrients that help achieve and maintain a healthy body weight;
  • A variety of vegetables—dark green, red, and orange, fiber-rich legumes (beans and peas), and others;
  • Fruits, especially whole fruits with a variety of colors;
  • Whole grains

• A healthy eating pattern limits or does not include:
  • Red and processed meats;
  • Sugar-sweetened beverages; or
  • Highly processed foods and refined grain products

Rock, et al CA Ca J Clin 2020
Nutrition, Physical Activity, and Cancer Survivorship

Training for health care providers to help facilitate effective dialogue with cancer survivors
Course Contents

The training consists of

• Several learning modules, including an introduction, a conversation guide, a basic simulation, and an advanced simulation.

• Two practice role-playing conversations: one with a more open patient and one with a more hesitant patient.

• Personalized evaluation feedback on the role-playing conversations.

• A final resource section.
Let’s Talk: Nutrition, Physical Activity and Cancer Survivorship

Let’s Talk: Nutrition, Physical Activity and Cancer Survivorship is an interactive training simulation from the American Cancer Society for primary health care providers. It provides a safe and responsive learning environment for providers to practice effective communication techniques for discussing nutrition, physical activity, and obesity risk with cancer survivors. This training will allow providers to be more confident in engaging in these conversations, and in recommending strategies and techniques for maintaining a healthy weight and being active.
Toolkit for HealthCare Providers

This informational series is appropriate for any healthcare provider working with cancer survivors, either during treatment, immediately after treatment, or into long-term survivorship. This includes oncology care teams as well as primary care teams. The purpose of the series is to provide healthcare teams with information and education about nutrition, physical activity, and body weight for cancer survivors, as well as to provide resources that can be used with their patients who are cancer survivors.
This six-part series provides healthcare teams with information about nutrition, physical activity, and body weight for cancer survivors. It also identifies helpful resources for cancer survivors.

This program meets the Survivorship Program Standard 4.8 requirements from the Commission on Cancer (CoC), American College of Surgeons. As part of CoC standard 4.8, the survivorship program team determines a list of services and programs that address the needs of cancer survivors, which may include seminars for survivors, and which is included in this toolkit.
Six Topic Briefs Including Resources for Providers and Patients

1. Influence of Diet, Activity, and Body Weight on Cancer Survivorship – overview of the topic
2. Nutrition for Cancer Survivors
3. Physical Activity for Cancer Survivors
4. Body Weight and Lifestyle Changes
5. Food Insecurity Among Cancer Survivors
6. Special Topics of Interest to Cancer Survivors
This informative video series describes the benefits of healthy behaviors during and after treatment for people with cancer and cancer survivors. Five animated videos provide key messages about healthy diets, physical activity, healthy body weight, and alcohol consumption. The last video covers special topics of interest to cancer survivors, including dietary supplements, special diets, intermittent fasting, cannabis, stress, sleep, and emotional and mental health.
• Simulation, videos and educational briefs available at acs4ccc.org

• Nutrition and Physical Activity Guideline for Cancer Survivors available at cancer.org/health-care-professionals/American-cancer-society-survivorship-guidelines.html
Thank you!
CoC Operative Standards Updates

CSSP Education Committee
Chair: Mediget Teshome, MD MPH FACS
Vice-Chair: Timothy Vreeland, MD FACS
Presenter: Chantal Reyna, MD FACS

CoC Cancer Liaison Physicians Meeting
10.11.2022
## The CoC Operative Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Disease Site</th>
<th>Procedure</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.3</td>
<td>Breast</td>
<td>Sentinel node biopsy</td>
<td>Operative report</td>
</tr>
<tr>
<td>5.4</td>
<td>Breast</td>
<td>Axillary dissection</td>
<td>Operative report</td>
</tr>
<tr>
<td>5.5</td>
<td>Melanoma</td>
<td>Wide local excision</td>
<td>Operative report</td>
</tr>
<tr>
<td>5.6</td>
<td>Colon</td>
<td>Colectomy (any)</td>
<td>Operative report</td>
</tr>
<tr>
<td>5.7</td>
<td>Rectum</td>
<td>Mid/low resection (TME)</td>
<td>Pathology report (CAP)</td>
</tr>
<tr>
<td>5.8</td>
<td>Lung</td>
<td>Lung resection (any)</td>
<td>Pathology report (CAP)</td>
</tr>
</tbody>
</table>
Timeline & Compliance Requirements for Standards 5.3-5.6

• In 2022, CoC-accredited programs need to document their final plan for how they will meet the requirements of Standards 5.3-5.6 starting on January 1, 2023.

• This documentation will be reviewed at site visits in 2023, 2024, and 2025.

• Each report must meet both the technical and documentation requirements for the standard to be found compliant. Documentation must include CoC-required specific elements and responses in synoptic format.

• Starting with site visits in 2024, site reviewers will assess 7 operative reports for each standard.
Timeline for Standards 5.3-5.6

- **2020**: Introduction of operative standards
- **2021**: Plan for implementation, educate/train surgeons & registrars
- **2022**: Document final plan for implementation and conduct audits
- **2023**: Begin compliance with Standards 5.3-5.6
- **2024**: Site Visits review documentation of final plans for compliance
- **2025**: Site Visits review 2023 operative reports for 70% compliance; Site Visits review 2023 & 2024 operative reports for 80% compliance

Steps to Achieve Compliance:
- Conduct Site Reviews
- Plan for implementation, educate/train surgeons & registrars
- Document final plan for implementation
- Begin compliance with Standards 5.3-5.6
- Site Visits review documentation of final plans for compliance
- Site Visits review 2023 operative reports for 70% compliance
- Site Visits review 2023 & 2024 operative reports for 80% compliance
Timeline for Standards 5.7-5.8

Compliance and Site Reviews

2020
Communicate requirements & engage clinicians in implementation plans

2021
Measure compliance with synoptic pathology reports and assure high reliability for future site visits

2022
Site Visits review 2021 pathology reports for 70% compliance

2023
Site Visits review 2021 & 2022 pathology reports for 80% compliance

2024
Site Visits review 2021, 2022, and 2023 pathology reports for 80% compliance

Steps to Achieve Compliance
## Compliance levels for 5.3-5.8

<table>
<thead>
<tr>
<th>Visit Year</th>
<th>Standard</th>
<th>Materials Assessed</th>
<th>Requirement</th>
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<tbody>
<tr>
<td><strong>2023</strong></td>
<td>5.3-5.6</td>
<td>Implementation plan for Standards 5.3-5.6</td>
<td>Plan documented in 2022</td>
</tr>
<tr>
<td></td>
<td>5.7</td>
<td>7 rectal pathology reports from 2021-2022</td>
<td>80% compliance</td>
</tr>
<tr>
<td></td>
<td>5.8</td>
<td>7 lung pathology reports from 2021-2022</td>
<td>80% compliance</td>
</tr>
<tr>
<td><strong>2024</strong></td>
<td>5.3-5.6</td>
<td>Implementation plan for Standards 5.3-5.6 7 operative reports, per standard, from 2023</td>
<td>70% compliance</td>
</tr>
<tr>
<td></td>
<td>5.7</td>
<td>7 rectal pathology reports from 2021-2023</td>
<td>80% compliance</td>
</tr>
<tr>
<td></td>
<td>5.8</td>
<td>7 lung pathology reports from 2021-2023</td>
<td>80% compliance</td>
</tr>
<tr>
<td><strong>2025</strong></td>
<td>5.3-5.6</td>
<td>Implementation plan for Standards 5.3-5.6 7 operative reports, per standard, from 2023-2024</td>
<td>80% compliance</td>
</tr>
<tr>
<td></td>
<td>5.7</td>
<td>7 rectal pathology reports from 2022-2024</td>
<td>80% compliance</td>
</tr>
<tr>
<td></td>
<td>5.8</td>
<td>7 lung pathology reports from 2022-2024</td>
<td>80% compliance</td>
</tr>
</tbody>
</table>
Opportunities for Improvement and Lessons Learned from Prior Site Visits
Opportunities for Improvement Identified During Site Visits

Standard 5.7 (Total Mesorectal Excision)

• Facilities not using most recent version of CAP report (missing TME completeness)
• Incomplete excision of the mesorectum
• Location and evaluation of mesorectum missing
• Pathology reports did not address the intactness of mesorectum
Opportunities for Improvement Identified During Site Visits

Standard 5.8 (Pulmonary Resection)

• Failure of surgeons to remove/identify required nodal stations
• Inadequate number of nodes from required stations (either no nodes removed, or fewer stations than required for mediastinal and/or hilar nodes)
• Stations not listed in pulmonary resection synoptic pathology reports
• Nodes grouped rather than named by site
• Information included not in synoptic format
Lessons Learned

Strategies for achieving compliance with Standards 5.7 and 5.8

• Performing internal audits in preparation for the site visit
• Education, awareness, communication with surgeons/pathologists (share CSSP resources, STS webinar, etc.)
• Ensure thoracic and colorectal representation at tumor board
• Use most recent versions of CAP reports
• Create an internal review process to track reports
• Provide a checklist for staff in OR to use and remind surgeons of the need for mediastinal sampling and TME completeness as necessary
Resources and Events
Recently Released Resources

Resources to help CoC programs prepare for site visits:

- Site Review Preparation Webinar for CoC Operative Standards 5.3-5.8 – October 4, 2022
  - Recording, slide deck and summary document will be available in the coming weeks.
- CSSP Webinar on CoC Standard 5.6 for Colon Resection – August 25, 2022
  - Recording, summary document and slide deck available.
- Guidelines for CoC Standards 5.3-5.6 implementation plans
- Overview document of compliance requirements, review process, and timeline for CoC Operative Standards 5.3-5.8
- Visual abstract of compliance requirements/site visit process
Operative Standards Toolkit

This toolkit includes resources to assist with the implementation of the six Commission on Cancer (CoC) Operative Standards in the Optimal Resources for Cancer Care (2020 Standards). Standards S.3 through S.8. Resources are organized by category or standard. CoC-accredited programs should share these resources with their staff to increase awareness and understanding of these accreditation standards. Please send any questions to cssp@facs.org.
Upcoming Events and Webinars

• Webinar on Implementing Synoptic Requirements for CoC Operative Standards – November 3\textsuperscript{rd} at 3-4pm CT
  • Registration coming soon!

• “Next Steps for Implementing the Operative Standards” session at the virtual \textbf{ACS Cancer Accreditation Programs: Continually Advancing Quality Cancer Care Conference} – July 2022
  • Content available until December 31\textsuperscript{st}
Upcoming Survey

• Survey on the Status of CoC Operative Standards Implementation
  • The CSSP is seeking feedback from Registrars and Cancer Programs Administrators at CoC-accredited programs to provide insight on the awareness of the CoC Operative Standards, and to understand their experiences with implementation of CoC Operative Standards
  • Due by October 21st
  • Link to participate
Thank you, CoC & Cancer Liaison Physicians!

Questions?

cssp@facs.org

Quick Links:
Operative Standards Toolkit
CoC 2020 Operative Standards
CAnswer Forum
Quality Improvement Update

Rachel Joung, MD, MS
General Surgery Resident, PGY-6
Northwestern University

Eileen Reilly
Quality Improvement Manager
ACS Cancer Programs
Return to Screening QI Effort
Origins of the Cancer National Quality Improvement Collaborative

Rachel H. Joung, MD MS
No financial disclosures

RHJ is supported by a NCI T32 training grant
Sharpless: COVID-19 expected to increase mortality by at least 10,000 deaths from breast and colorectal cancers over 10 years
Collaboration and Objectives

Motivation and Objectives

Restore deficits in cancer screening associated with the COVID-19 Pandemic
Return to Cancer Screening PDSA Quality Improvement Project and Clinical Study

Commission on Cancer (CoC), American Cancer Society ACS) and National Accreditation Program for Breast Centers (NAPBC) Collaboration

An Elective Quality Improvement Project and Clinical Study Open to All CoC/NAPBC Sites

Introduction: We created a Plan/Do/Study/Act (PDSA) quality improvement project and a clinical study.
- These are elective; you do not have to participate.
- These are intended to use existing materials to accelerate return to screening.
- Completing the PDSA project will fulfill standard 8.3 (cancer screening event) and NAPBC standard 4.1 (education, prevention, and early detection programs).
- Completing the PDSA project will fulfill standard 7.3 (quality improvement initiative), and NAPBC standard 6.1 (quality and outcomes).
- Completing the IRB exempt clinical study (see below) you will get local PI status, publication authorship and part/full credit for standard 9.1 (Clinical Research Accrual) and NAPBC standard 3.2 (clinical trial accrual).

Why is this topic important?
This has been a difficult year for cancer care and screening due to the pandemic:
- Cancer screening has been significantly curtailed.
- Hosting of in person screening events has not been encouraged due to safety concerns.
- More cancer deaths will occur if we cannot make up for screening deficits.
- Screening can resume safely in most, if not all, facilities.
- Now is the time to get back to pre-Covid screening rates.

Why are we hosting this PDSA quality improvement initiative and clinical study?
- We can accelerate return to screening by providing easy to adopt project plans.
- We can leverage existing guidelines, messaging and interventions.
- This effort will fulfill compliance with CoC standard 8.3 and NAPBC standard 4.1.
- This effort will fulfill compliance with CoC standard 7.3 and NAPBC standard 6.1.
- This effort will help fulfill accrual compliance with CoC standard 9.1 and NAPBC standard 3.2.
**Timeline**

**Enrollment**
*April 8th - June 1st*

1. **March 2021**
   - Developed PDSA

2. **April 2021**
   - Enrollment Complete

3. **June 1st**

- **452 Breast projects**
- **134 Colorectal**
- **224 Lung**
- **29 Cervical**

- **786 Accredited Programs Enrolled**
- **859 QI Projects Initiated**
Baseline Findings (Pre-Intervention)

Majority of facilities still had **screening deficits** in late 2020/early 2021

Geographic differences were not observed

Colon cancer screening had a **17.7% reduction** (-33.6% to -2.8%)
Intervention Period

Goal: meet target monthly screening volume

(1) Return to pre-pandemic monthly volume
(2) Increase screening by 10%

June - November
Intervention Period

The Community Guide

CPSTF Findings for Cancer Prevention and Control

Increase Community Demand
- reminders
- media & messaging

Increase Provider Delivery
- education
- alerts

Increase Community Access
- reduce structural barriers
- socio-economic barriers

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Intervention Period – Monthly Check-In

Email reminders

Cancer Programs News: March 17

From the Director’s Desk

Heidi Nelson, MD, FACS
Medical Director, ACS Cancer Programs

Quality Improvement: Join In

As we enter a new, and hopefully final, phase of the pandemic, we have the opportunity to reflect on what we have recently learned about our work and our programs. Amongst the many lessons about virtual work and virtual activities is perhaps a less obvious lesson, which is what we learned about the tangible and significant impact that can happen when multiple accredited programs work together.
Timeline

**Enrollment**
April 8th - June 1st

**Intervention Period**

1. March 2021
2. April 2021
3. June 1st
4. June - November
5. Dec 31st

- Developed PDSA
- Enrollment Complete
  - 774 Accredited Programs Enrolled
  - 859 QI Projects Initiated

Completed
How'd We Do?
How many programs reached target?

Majority of participating sites reached target goal within 6 month period

No hospital characteristics associated with increased likelihood of reaching target MTV

Disease site was associated
Lung > Colorectal > Breast > Cervical
Intervention Effect on Screening Trend

- **Average Monthly Screening Test Volume**
  - April: Decrease
  - May: Decrease
  - June: Reduction
  - July: Increase
  - August: Increase
  - Sept: Increase
  - Oct: Increase
  - Nov: Increase

- **Slopes**
  - Before Intervention: Slope -13.1
  - After Intervention: Slope 36.3

- **Legend**
  - ▲ Actual
  - Orange Line: Predicted Trend
Intervention Effect on Screening Trend

A) Breast

B) Colorectal

C) Lung

D) Cervical
How successful did you and your team believe you were at addressing the pandemic-related missed screenings through participation in the Return To Screening PDSA project?

Survey respondents=142

![Graph showing the percentage of successful responses. 82% are successful or very successful, 15% are neutral, and 3% are not very successful.]
What led to the success?

Shared **motivation** to reverse pandemic-related screening deficits

Existing cancer accreditation **infrastructure**
Long-standing **partnerships**

**Rapid formation of a National** **Quality Improvement Collaborative**
RTS QI Collaborative

Local Hospital QI Team / Cancer Committees

Coordinating Committee
- QI education
- Resources & Tools
- Data reporting and feedback

Collaborative Learning
- Culture of teamwork
- Share improvement ideas
Acknowledgements
Return to Screening QI Effort
Origins of the Cancer National Quality Improvement Collaborative

Rachel H. Joung, MD MS
Cancer National Quality Improvement Collaborative (CaNQIC)

Improving the quality of cancer care through focused QI efforts on cancer care delivery
Just ASK
Purpose: JUST ASK All New Patients About Smoking

**ASK**
- Ask all new patients about smoking
- Identify current smoking

**ADVISE**
- Continued smoking negatively affects cancer treatment
- Smoking cessation can improve survival

**ASSIST, REFER, or CONNECT**
- Clinicians can assist patients with quitting: counseling and medication
- Refer/Connect: institutional, community, or quitlines (1-800-QUIT-NOW)

The purpose of this PDSA is to improve ASKing for all new cancer patients

Advising or Assisting is encouraged, but WILL NOT be measured
Quality Improvement Project Schema

Part 1: Education

Participate in educational webinars as scheduled – encouraged but not required.

Part 2: Intervention

ASK all newly diagnosed cancer patients about smoking and report results:
1. Total number of newly diagnosed cancer patients seen.
2. Number of patients asked about smoking status.
3. Number of patients identified as currently smoking.

Part 3: Assessment

REDCap surveys due April 1, 2022, September 1, 2022 and February 1, 2023.
National to Local QI Impact

Return to Screening- 2021

- Accredited Programs Enrolled: 749
- PDSA Projects Initiated: 814
- 70,000/mo Potential Additional Screenings A Month

Just ASK- 2022

- Accredited Programs Enrolled: 776
- PDSA Projects Initiated: 2,000
- Over 700,000 patients potentially impacted
What led to the success?

Existing Infrastructure
- Cancer committees
- Motivation and culture
- Existing standards and quality measures

Coordination & Education
- Webinars
- Coaching
- Communication

Tools
- Protocol and methodology
Leveraging existing infrastructure

- Cancer committees
- Motivation and culture
- Existing standards and quality measures

- National QI Initiatives
  - Return to Screening
  - Just ASK
- Pilots
- “Standalone QI” opportunities
Optimizing Resources

Coordination & Education

• Webinars
• Coaching
• Communication

Cancer Program resources

• Subject matter experts
• Education committee
• Physician/virtual infrastructure
• Communication mechanisms

Train staff and non-staff workforce

• Conferences
  • Quality and Safety
  • March spring meetings
  • Clinical Congress
• Asynchronous learning opportunities
Developing new processes

Tools
• Protocol and methodology
• Data Collection

CoC Quality Improvement Committee
• Triage and prioritize QI Concepts
• Support QI education and training needs in CoC
• Provide forum for exploratory discussions on quality in cancer care at the local, regional, state, and system level

Quality Improvement Methodology and Implementation Core
• Provide comprehensive methodologic review
• Develop and test data sources for feasibility
• Create QI projects for national and/or local implementation based on accreditation standards and quality measures
National to Local impact

Bridging the gap between quality **measures** and quality **improvement**

Examples: Quality measure, operative standards, or local problems

Step 1
- QM: Problem statement
- Goal
- Data

Step 2
- Cancer Committee: Stakeholder group
- CaNQIC: Root cause
- Theory of change
- Tests of change (PDSA)
- Sustainability

Step 3
- National to Local impact
## National to Local impact

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<th>QI Components</th>
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<td>Identify Root Cause</td>
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<td>Develop Theory of change</td>
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<td>Implement test of change (i.e. PDSA)</td>
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<td>Support sustainability</td>
<td>CaNQIC</td>
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The many hats of a CLP in QI

- Project Leader
- Data Analyst
- Advocate
- Conduit between frontline staff and leadership

How can Cancer Programs best support you?
- Support via educational opportunities
- Continued National QI projects
- Using data to drive local QI
Future QI Work

Supporting local efforts by leveraging national resources
Opportunities

• Continue to offer pilot and/or national projects each year
  • Stay tuned!

• Join the CoC QIC or QIMIC Committee
  • October 13 newsletter or reach out to acscancerprograms@facs.org
Thank you

• Questions? Email acscancerprograms@facs.org
Questions?
Thank you!

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