

Frequently Asked Questions on the 2020 Optimal Resources for Cancer Care Standards Standard 5.1, Standards 5.2, and Standard 6.1

Standard 5.1: College of American Pathologists (CAP) Synoptic Reporting

Is the College of American Pathologists (CAP) review 20 reports per year or 20 per three-year period?

The on-site reviewer will review 20 cases from the three-year cycle. 90% of those reviewed are to be in compliance. The cancer program does not need to do an annual review unless they are resolving a deficiency for this standard.

Does the synoptic report have to contain the prognostic indicators on biomarkers in an addendum to be compliant?

Please see CAP requirements for synoptic reporting. The CoC defers to CAP requirements.

What about pathology reports from pathology groups not affiliated with the hospital or outside pathology reports?

Only those pathology reports "created by the program" must have CAP [protocols](#) and are eligible for review during the site visit. Accordingly, pathology reports done by an outside lab are not considered eligible for review.

Can the pathology required review be presented to fulfill the annual report to the cancer committee?

There is no required review or annual report to the committee unless it is for deficiency resolution.

Standard 5.2: Psychosocial Distress Screening

Is there a contact to have this added to Electronic Health Record (EHR) systems?

This is left to the discretion of the facility.

Does the Patient Health Questionnaire (PHQ9) meet this requirement?

The cancer committee should determine if the PHQ9 meets all the requirements of the distress screening.

Can you clarify distress referral? Are you looking for each distressor reported or that the cases above the threshold were referred to a social worker for additional support?

The cancer committee is to determine appropriate cutoffs for referral. Please see page 43 in the 2020 Standards manual for requirements that must be reported to the cancer committee each year.

What does the annual psychosocial services summary need to include?

The summary is de-identified and not patient specific. The summary should include the cumulative numbers of patients referred to each service. More details on required elements may be found in the standard.

Does the standard require screening for inpatient and outpatient statuses? Is there a specific percentage of patients that need to be screened?

The program's plan should include mechanisms to screen its cancer patients.

Psychosocial distress screening requirements were slightly changed during the revision so that the cancer committee decides how they will implement psychosocial distress screening with the intent to identify patients at risk for not completing treatment due to stress factors. There is not a requirement for all patients to be screened as was suggested previously. There is also no requirement that this relates to inpatients. The standard states the cancer patients treated by the cancer program must be screened at least one time during the patient's first course of treatment. However, the evaluation of the standard focuses on the process: how many patients were actually screened (was this OK with the program or did they expect to do more?), how many were referred for high stress levels, and to whom were they referred?

If screening is done at an oncology office that is off-site, will this count?

Yes, it is required that patients receive psychosocial distress screening either on-site or by referral with an established policy and procedure. You may need to work with the physician practices to determine if they provide this service and then to provide you with information.

What constitutes the first course of treatment?

First course of treatment is defined as all methods of treatment recorded in the treatment plan and administered to the patient before disease progression or recurrence.

How do the organizations track where patients were referred to when insurance is out of network for this service?

This process should be determined at the hospital level. The person that administers and discusses the psychosocial distress screening should have knowledge of where the patient needs to be referred (even if the patient is required to go to a specific site per insurance). It is

not the specific location that should be documented but rather what services were needed (i.e. financial, psychological, nutrition, chronic pain, etc.).

Can a distress screening assessment be administered electronically via email or via an app?

Yes, as long as there is a mechanism for timely follow-up on distress scores above the defined cutoff.

Standard 6.1: Cancer Registry Quality Control

What years must be reviewed?

Quality Control should only go back as far as one year (i.e. reporting on 2021 in 2022). Or programs could do six months of 2020 (latter half) and six months of 2021 (first half).

How is abstracting timeliness defined?

At this time, the CoC does not have a requirement for timeliness. This should be decided by your cancer committee.

Can a non-abstracting CTR do the quality review of the registry data?

The review is to be performed by CTRs, advanced practice registered nurses, physician assistants, physicians, or residents. It is recommended that a CTR who abstracts does the review.