

# Cancer Liaison Physician (CLP): Best Practice Guide 2023

July 2023

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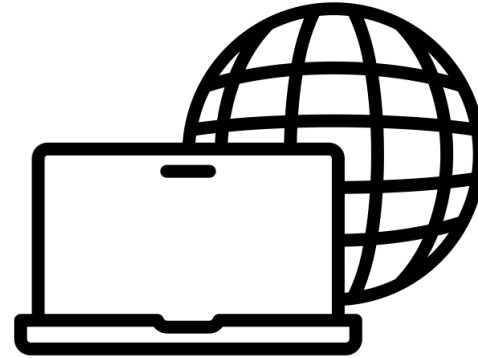
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# Introduction

The Commission on Cancer (CoC) Cancer Liaison Physician (CLP) is an integral and required member of a CoC-accredited cancer program's cancer committee. CLPs serve as the physician quality leader of their cancer committees and are expected to monitor, analyze, and present NCDB data specific to their cancer programs, with an emphasis on areas of concern and/or where, benchmarks are not met. In this guide, veteran CLPs share the best practices they use to fulfill the responsibilities of their role and to help improve the quality of cancer care for patients at their institutions.

## 2.2 Cancer Liaison Physician

## CLP Best Practices: How CLPs become educated and comfortable using the National Cancer Database (NCDB) tools.



Created by Sunardi  
from Noun Project

“A combination of the CLP web tutorials and simple trial and error. I would often just play with the tools in order to get a better sense of them and how they work.”

**Seth Krantz, MD, FACS**

## CLP Best Practices: Frequency of referencing and reviewing NCDB Tools



Created by SBTS  
from Noun Project

“Before each cancer committee meeting and whenever we get a new report (CQIP). They are not very granular, and somewhat hard to manipulate, so I use them more as a jumping off point for more in depth quality projects.”

**Seth Krantz, MD, FACS**

## CLP Best Practices: How CLPs educate their cancer committee members on the value and significance of NCDB data to measure program performance.

“I try and provide the updates as we go along so when new standards are added I will take the information and provide the CoC rationale behind new measures for example.”

**Jason Paul Wilson, MD, MBA, CPE, FACS**

“We do this as a cancer quality executive committee group and through the disease site groups of our Comprehensive Cancer Center.”

**Tina J Hieken, MD, FACS**

“Attending relevant webinars and conferences, CLP presentations, reviewing CQIP reports, and using NCDB data as a starting point for more in depth QI projects”

**Seth Krantz, MD, FACS**

“Present data at the Cancer committee meetings and demonstrate the accessibility of that data”

**Mary Legenza, MD FACS**

## CLP Best Practices: How CLPs have used the specific NCDB tools (listed below on the left) to demonstrate how an area of concern within their program was addressed.

### NCDB Tools:

- NCDB Hospital Comparison Benchmark Reports (HCBR)
- NCDB Survival Reports
- NCDB Rapid Cancer Reporting System (RCRS)
- Cancer Quality Improvement Program (CQIP)
- NCDB Completeness Reports
- Site by Stage Distribution Reports
- Participant User Files (PUF)

“I use the rapid reporting to make sure we are meeting our goals. I use hospital benchmark with administration to some area that we are strong on and where we can recruit patients from. I use the CQIP to help improve our cancer standings as a hospital. The survival report also gives us areas we can improve on”

**Richard Anderson, MD, FACS**

“Benchmark reports used in disease site work groups, division and department meetings NCDB PUF files used to support surgical resident and fellow research projects”

**Tina J Hieken, MD, FACS**



## CLP Best Practices: How CLPs have developed cancer committee presentations to sure ensure engagement and understanding.

“I take advantage of notes area on powerpoint to remind myself of key points. If going through entire CQIP, I star key slides and try and slow down and leave specific breaks for questions”

**Seth Krantz, MD, FACS**

“I trend data year by year and demonstrate them on a few powerpoint pages.”

**Hitomi Momose, MD, MBA**

“I try and make sure that we are meeting compliance standards but I also try to make sure that I provide presentations that are succinct and to the point. For example I prune the CQIP slides to ones that are actionable or I always present the biggest picture of what is happening within our program.”

**Jason Paul Wilson, MD, MBA, CPE, FACS**

## CLP Best practices: How CLPs prepare for CoC-accreditation site visits and how to involve Cancer Committee members.

“Frequent meetings with our accreditation coordinator. For the past couple of years we have had standing meetings twice a month to go over standards and updates in real time to make sure that we understand what is needed. In short, we try to make sure we keep up as we go to make sure that when the site visit is coming, we are pretty well prepared.”

**Jason Paul Wilson, MD, MBA, CPE, FACS**

“Extensive education across the staff at all levels on metrics, measures of compliance, structured audits, continuing education”

**Tina J Hieken, MD, FACS**

“Work closely with our staff to ensure that reports are entered and appropriate studies performed and documented”

**Mary Legenza, MD, FACS**

# 7.1 Accountability and Quality Improvement Measures



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**Cancer Liaison Program**  
American College of Surgeons

## CLP Best Practices: How to educate Cancer Committee members on the Coc standards and quality improvement measures.

“If we have new standards, they will be presented and discussed at cancer committee meeting sometime it takes more than 1 meeting to make sure we understand them. I will meet with a smaller group if we are having trouble with one more often”

**Richard Anderson, MD, FACS**

“We largely do this through our cancer registrar, who is regularly monitoring this for any discrepancies or deficiencies. Any deficiencies that are not resolved through re-abstraction or through extended follow up get discussed on regular basis.”

**Seth Krantz, MD, FACS**

“At meetings we discuss standards and decide on quality improvement measures. We also have an Executive committee that meets prior to each Cancer committee meeting.”

**Mary Legenza, MD, FACS**

“I share 1) RCRS Dashboard at quarterly cancer committee, and 2) share Quality Measure Performance trends with applicable nurse navigators and present our performance at applicable disease oriented cancer business meetings.”

**Hitomi Momose, MD, MBA**

## CLP Best Practices: How Cancer Committees monitor Estimated Performance Rates (EPRs)

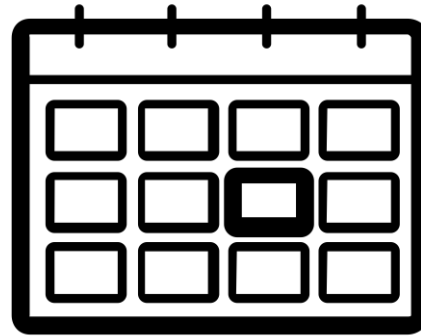
“Using the reporting tools website. As CLP, I try and review them before each committee meetings. Registrar is also reviewing regularly.”

**Seth Krantz, MD, FACS**

“I review RCRS periodically and also share dashboard at Cancer Committee. Green is good!”

**Hitomi Momose, MD, MBA**

## CLP Best Practices: Frequency Best practices on how often to review a cancer program's performance in the Rapid Cancer Reporting System.



Created by Bastien Delmare  
from Noun Project

“As required twice a year but we usually look at this before each meeting.”

**Jason Paul Wilson, MD, MBA, CPE, FACS**

## 7.3 Quality Improvement Initiative



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American College of Surgeons

## Best practice examples on how to select a cancer-specific QI initiative.

“We brainstorm ideas at our QI subcommittee. This is based on CQIP data, other NCDB reports, COPI data, nursing feedback, physician observations, and COC initiatives.”

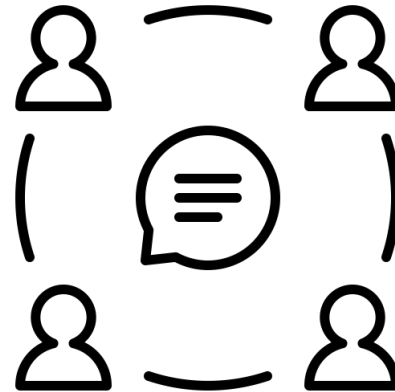
**Seth Krantz, MD, FACS**

“NCDB and areas of concerns raised by nurse navigators. Ideally, a subcommittee meets in Q4 to review data and concerns to determine QI initiative(s) for the following year.”

**Hitomi Momose, MD, MBA**



## CLP Best Practice: How cancer committees monitor the progress of selected quality improvement initiatives.



Created by Setyo Ari Wibowo  
from Noun Project

“We utilize a PDSA approach and review progress at monthly QI subcommittee meetings”

**Seth Krantz, MD, FACS**

## CLP Best practice: Learning about QI Methodology



Created by Bold Yellow  
from Noun Project

“DMAIC training as a resident, webinars, direct mentorship on various projects”

**Seth Krantz, MD, FACS**

# Required Synoptic Elements/Responses for CoC Standards 5.3-5.6



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## CLP Best Practice: How to be involved in a cancer site's implementation of the required synoptic elements/responses for Standards 5.3-5.6



Created by Bold Yellow  
from Noun Project

“Helped to create EHR Smart Link and Transcription template for Synoptic reports.”

**Robert Lincer, MD, MBA, FACS**

## CLP Best Practices: How to educate surgeons at cancer sites about the operative standards and operative report documentation requirements.

“Almost a year ago when we knew it was coming, I provided a letter to all of the affected surgeons so they would be prepared. We then had a multisite (two programs within our system) meeting that involved many players to make the final plan and I then presented at every department of surgery meeting within my cancer network. “

**Jason Paul Wilson, MD, MBA, CPE, FACS**

“Presentations at tumor boards, direct email communications, 1:1 conversations”

**Seth Krantz, MD, FACS**

“I personally sat down and shared them with main surgeons. We are also planning on Lunch and Learn to bring non compliant cases to compliance through education.”

**Hitomi Momose, MD, MBA**

# CLP Best Practices: How to implement the required synoptic elements/responses for CoC Standards 5.3-5.6

“This takes a ton of work! Education! Standardize, refresh, educate, repeat”

**Tina J Hieken, MD, FACS**

“If you have buy in from the surgeons, that is key. The technical parts are challenging, but if the doctors believe in the value, everything else can be overcome. Have a champion for each disease site (breast, colon, etc) that will take the lead within their division/section (if surgeons are sub-specialized).”

**Seth Krantz, MD, FACS**

“To be tried and tested: Positive rather than punitive reinforcements with recognition of top performers Imagery of success.”

**Hitomi Momose, MD, MBA**

# Working with the American Cancer Society



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## CLP Best Practices: How to facilitate American Cancer Society Staff participation in your cancer committee.

“They are provided the opportunity to present at every meeting we have and typically take advantage of that as well.”

**Jason Paul Wilson, MD, MBA, CPE, FACS**

“Regular presentations at our cancer committee meetings, regular updates at our executive committee meetings, we try to work with them on all of our outreach and screening events.”

**Seth Krantz, MD, FACS**





Other



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American College of Surgeons

## CLP Best Practices: How to build institutional support for CoC accreditation and the CLP role

“Continued advocacy for resources to anyone who will listen”

**Tina J Hieken, MD, FACS**

“Keep administration advised of our activity and the benefits of CoC accreditation”

**Mary Legenza, MD, FACS**

## CLP Best Practices: Advice for new CLPs

“Ideally, best to be on the committee and learn from someone who has been doing it for a long time. Also attend as many of the webinars and virtual education as possible and in particular to look at the orientation videos to understand the tools. In addition, just start looking at the tools is helpful.”

**Jason Paul Wilson, MD, MBA, CPE, FACS**

“Embrace your role as a leader on the cancer committee. While the primary role focuses on NCDB tools and data, helping to set the broader strategic goals for the committee, helping determine the screening events, etc.”

**Seth Krantz, MD, FACS**

“Learn how to use NCDB and RCRS. Network with Quality Department personnels.”

**Hitomi Momose, MD, MBA**

## CLP Best Practices: Suggested timeline for those in their first year as CLP

“Orientation videos when the role is taken, QI project should be one of the first priorities and then providing the needed RCRS and/or CQIP as they come available. Reach out and connect with your state chair.”

**Jason Paul Wilson, MD, MBA, CPE, FACS**

“Get to know institutional resources and administrative support most importantly cancer center leadership and registry leadership”

**Tina J Hieken, MD, FACS**

“Get familiar with NCDB tools, work on develop a good relationship with committee coordinator and registrar, co-lead a QI project.”

**Seth Krantz, MD, FACS**

# Cancer Liaison Physician Contributors

**Richard Anderson, MD, FACS**

**Cancer Liaison Physician Outstanding Performance Award Winner 2022**

OSF St Francis Medical Center

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**Cancer Liaison Physician Outstanding Performance Award Winner 2022**

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**Cancer Liaison Physician Outstanding Performance Award Winner 2021**

BayCare | Morton Plant Mease HealthCare  
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[facs.org/quality-programs/cancer-programs/](https://facs.org/quality-programs/cancer-programs/)



ACS Cancer Programs



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