Commission on Cancer's Standard Manual Name Change

Cancer Program Standards: Ensuring Patient-Centered Care (2016 Edition)

Overview of Revisions from the *Cancer Program Standards 2012: Ensuring Patient-Centered Care* (Version 1.2.1)

The fundamental principles and standard requirements, although reorganized/rewritten, are basically the same for many of the eligibility requirements and standards. Existing ambiguities or inconsistencies were clarified so, depending on previous interpretation, may represent a change in compliance criteria.

The layout of the manual was modified as required to have a consistent approach. Text and formatting were revised to simplify. An expanded Glossary of Terms and References section was added.

Throughout the manual, the phrase "each *calendar* year" (replaces "each year") is used to indicate that compliance activity is done within a defined calendar year (January-December). Note: All Standard definitions and requirements are required effective January 1, 2016 (first programs to be rated on these requirements will be surveyed in 2017).

Removed from the 2016 CoC Edition

- "Responding to the IOM Report: CoC Standards and Quality Measurement" subsection
- "Notes" pages
- Removal of the "(5) Non-Compliance Rating" descriptions due to unnecessary repetition
- Removal of Appendixes

Revised Specifications (** = Major change)

Foreword – added additional contributors and revised content.

The CoC Accreditation Program

- Updates and revisions to all subsections
- CoC Patient-Centered Standards and Quality Measurement (previously Major Standard Changes: Performance Standards and Patient-Center Programs)
- Value of Accreditation (previously Cost and Value: What this Means for Accredited Programs)
- Marketing and Visibility moved under The CoC Accreditation Process section

The CoC Accreditation Process (previously Accreditation Process)

- Updates to the Survey Process
- Updates to The Accreditation Fee (previously The Survey Fee)
- Updates to the Survey Process
- Updates to The Survey Agenda
- Updates to The Survey Application Record, including reference to the Program Activity Record and help tips
- Updates to Required Documentation, including disclaimer about not allowing consent agendas.
- Updates to Resources for CoC-Accredited Programs (previously Best Practices Repository and Other Resources)

- Separated guidelines for network cancer programs and merged cancer programs from each other into two subsections with additional located on the CoC website.

Quick Reference Guide

Previous ER/ Standard Title	Previous ER/Standard Description	New ER/ Standard Title	New ER/Standard Description
E1: Facility Accreditation	The facility is accredited by a recognized federal, state, or local authority appropriate to the facility type.	**ER1:** Facility Accreditation	No change
E2: Cancer Committee Authority	Cancer committee authority is established and documented by the facility.	**ER2:** Cancer Committee Authority	No change
E3: Cancer Conference Policy	A cancer conference policy or procedure is used to establish the annual cancer conference activity.	**ER3:** Cancer Conference Policy	A cancer conference policy and procedure is used to establish the annual cancer conference activity.
E4: Oncology Nursing Leadership	A nurse provides leadership for oncology patient care across the care continuum.	**ER4:** Oncology Nursing Leadership	A designated oncology nurse provides leadership for oncology patient care across the care continuum.
E5: Cancer Registry Policy and Procedure	The cancer registry policy and procedure manual is used and specifies that current CoC data definitions and coding instructions are used to describe all reportable cases.	**ER5:** Cancer Registry Policy and Procedure	The cancer registry policy and procedure manual is implemented and specifies that current Commission on Cancer data definitions and coding instructions are used to describe all reportable cases.
E6: Diagnostic Imaging	Diagnostic imaging services are provided either on-site or by referral.	**ER6:** Diagnostic Imaging Services	Diagnostic imaging services are provided either on-site or by referral.
E7: Radiation Oncology Services	Radiation treatment service locations are currently accredited by a recognized authority or, if not accredited, follow standard quality assurance practices. Services are available either on-site, at locations that are facility owned, or by referral.	**ER7:** Radiation Oncology Services	Radiation treatment services are currently accredited by a recognized authority or, if not accredited, follow standard quality assurance practices. Services are available either on-site, at locations that are facility owned, or by referral.
E8: Systemic Therapy Services	A policy or procedure is in place to guide the safe administration of systemic therapy provided either on-site, at locations that are facility owned, or at locations that are contracted by the facility or are supervised by members of the facility's medical staff (physician offices).	**ER8:** Systemic Therapy Services	Policies and procedures are in place to guide the safe administration of systemic therapy provided either on-site, at locations that are facility owned, or at locations that are contracted by the facility or are supervised by members of the facility's medical staff, including physician offices.
E9: Clinical Trial Information	A policy or procedure is used to provide cancer- related clinical trial information to patients.	**ER9:** Clinical Research Information	Policies and procedures are in place to provide cancer-related clinical research information to patients.

E10: Psychosocial Services	A policy or procedure is in place to ensure patient access to psychosocial services either on-site or by referral	**ER10:** Psychosocial Services	Policies and procedures are in place to ensure patient access to psychosocial services either on-site or by referral
E11: Rehabilitation Services	A policy or procedure is in place to access rehabilitation services either on-site or by referral.	**ER11:** Rehabilitation Services	Policies and procedures are in place to ensure patient access to rehabilitation services either on-site or by referral.
E12: Nutrition Services	A policy or procedure is in place to access nutrition services either on-site or by referral.	**ER12:** Nutrition Services	Policies and procedures are in place to ensure patient access to nutrition services either on-site or by referral.
STANDARD 1.1 Physician Credentials	Diagnostic and treatment services are provided by or referred to the leadership and cancer program evaluation and management team physicians who are currently board certified, or the equivalent, in their general specialty or are in the process of becoming board certified.	**No change**	Diagnostic and treatment services are provided by or referred to physicians who are currently board certified (or the equivalent) in their medical specialty or are in the process of becoming board certified.
STANDARD 1.2 Cancer Committee Membership	The membership of the cancer committee is multidisciplinary, representing physicians from the diagnostic and treatment specialties and nonphysicians from administrative and supportive services. Coordinators who are responsible for specific areas of program activity are designated from the membership.	**No change**	The membership of the cancer committee is multidisciplinary, representing physicians from diagnostic and treatment specialties and non-physicians from administrative and supportive services. Cancer committee coordinators, who are responsible for specific areas of cancer program activity, are designated each calendar year.
STANDARD 1 .3 Cancer Committee Attendance	Each required member or the designated alternate attends at least 75% of the cancer committee meetings held during any given year.	**No change**	Each required cancer committee member or the member's designated alternate attends at least 75 percent of the cancer committee meetings held each calendar year.
STANDARD 1.4 Cancer Committee Meetings	Each year, the cancer committee meets at least once each calendar quarter.	**No change**	Each calendar year, the cancer committee meets at least once each calendar quarter.
STANDARD 1.5 Cancer Program Goals	Each year, the cancer committee establishes, implements, and monitors at least 1 clinical and at least 1 programmatic goal for the endeavors related to cancer care. Each goal is evaluated at least twice annually. The evaluation is documented in	**No change**	Each calendar year, the cancer committee establishes, implements, and monitors at least one clinical and one programmatic goal for endeavors related to cancer care.

	cancer committee minutes.		
STANDARD 1.6 Cancer Registry Quality Control Plan	The cancer committee establishes and implements a plan to annually evaluate the quality of cancer registry data and activity. The plan includes procedures to monitor and evaluate each component.	**No change**	Each calendar year, the cancer committee establishes and implements a plan to annually evaluate the quality of cancer registry data and activity. The plan includes procedures to monitor and evaluate each required control plan component.
STANDARD 1.7 Monitoring Conference Activity	The cancer conference coordinator monitors and evaluates the cancer conference activities and reports findings to the cancer committee at least annually.	**STANDARD 1.7** Monitoring Cancer Conference Activity	Each calendar year, the cancer conference coordinator monitors and evaluates the cancer conference activities and reports the findings to the cancer committee.
STANDARD 1.8 Monitoring Community Outreach	The community outreach coordinator monitors the effectiveness of community outreach activities on an annual basis. The activities and findings are documented in a community outreach activity summary that is presented to the cancer committee annually.	**STANDARD 1.8** Monitoring of Prevention, Screening, and Outreach Activities	Each calendar year, the community outreach coordinator, under the direction of the cancer committee, monitors the effectiveness of prevention, screening, and outreach activities. The activities and monitoring results are documented in an annual community outreach activity summary that is presented to the cancer committee at the end of each calendar year.
STANDARD 1.9 Clinical Trial Accrual	As appropriate to the cancer program category, the required percentage of patients is accrued to cancer-related clinical trials each year. The clinical trial coordinator or representative reports clinical trial participation to the cancer committee each year.	**STANDARD 1 .9** Clinical Research Accrual	As appropriate to the cancer program category, the required percentages of patients are accrued to cancer-related clinical research studies each calendar year. The Clinical Research Coordinator documents and reports clinical research study enrollment information to the cancer committee annually.
STANDARD 1.10 Clinical Educational Activity	Each year, the cancer committee offers at least 1 cancer-related educational activity, other than cancer conferences, to physicians, nurses, and other allied health professionals. The activity is focused on the use of AJCC or other appropriate staging in clinical practice, which includes the use of appropriate prognostic indicators and evidence-based national guidelines used in treatment planning.	**No change**	Each calendar year, the cancer committee organizes and offers at least one cancer-related educational activity, other than cancer conferences, to physicians, nurses, and other allied health professionals. The activity is focused on the use of American Joint Committee on Cancer (AJCC) or other appropriate staging in clinical practice, which includes the use of appropriate prognostic indicators and evidence-

			based national guidelines used in treatment planning.
STANDARD 1.11 Cancer Registry Education	Each year, all members of the cancer registry staff participate in 1 cancer-related educational activity other than cancer conferences.	**No change**	Each calendar year, all members of the cancer registry staff participate in one cancer-related educational activity applicable to their role.
STANDARD 1.12 Public Reporting of Outcomes	Each year, the cancer committee develops and disseminates a report of patient or program outcomes to the public.	**No change**	Each calendar year, the cancer committee develops and disseminates a report of patient or program outcomes to the public.
STANDARD 2.1 College of American Pathologists Protocols	College of American Pathologists (CAP) protocols are followed to report the required data elements in 90% of the eligible cancer pathology reports each year.	**STANDARD 2.1** College of American Pathologists Protocols and Synoptic Reporting	Each calendar year, 95 percent of the eligible cancer pathology contain all required data elements of the College of American Pathologists (CAP) protocols and are structured using the synoptic reporting format as defined by the CAP Cancer Committee.
STANDARD 2.2 Nursing Care	Oncology nursing care is provided by nurses with specialized knowledge and skills. Competency is evaluated annually.	**STANDARD 2.2** Oncology Nursing Care	Oncology nursing care is provided by nurses with specialized knowledge and skills. Nursing competency is evaluated each calendar year. Results are reported to the cancer committee and documented in the cancer committee minutes.
STANDARD 2 .3 Risk Assessment and Genetic Counseling	Cancer risk assessment, genetic counseling, and testing services are provided to patients either on-site or by referral, by a qualified genetics professional.	**STANDARD 2.3** Genetic Counseling and Risk Assessment	Cancer risk assessment, genetic counseling, and genetic testing services are provided to patients either on-site or by referral to a qualified genetics professional.
STANDARD 2.4 Palliative Care Services	Palliative care services are available to patients either on-site or by referral.	**No change**	No change
STANDARD 3.1 Patient Navigation Process	A patient navigation process, driven by a community needs assessment, is established to address health care disparities and barriers to care for patients. Resources to address identified disparities and barriers may be provided either on-site or by referral to community-based or national organizations. Each calendar year, the navigation process is evaluated, modified, or enhanced, and reported to the cancer committee.	**No change**	A patient navigation process, driven by a triennial Community Needs Assessment, is established to address health care disparities and barriers to cancer care. Resources to address identified barriers may be provided either on-site or by referral.
STANDARD 3.2 Psychosocial	The cancer committee develops and implements a process to integrate and	**No change**	Each calendar year, the cancer committee develops and implements a process

Distress Screening	monitor on-site psychosocial distress screening and referral for the provision of psychosocial care		to integrate and monitor on-site psychosocial distress screening and referral for the provision of psychosocial care.
STANDARD 3.3 Survivorship Care Plan	The cancer committee develops and implements a process to disseminate a treatment summary and follow-up plan to patients who have completed cancer treatment. The process is monitored and evaluated annually by the cancer committee.	**No change**	The cancer committee develops and implements a process to disseminate a comprehensive care summary and follow-up plan to patients with cancer who are completing cancer treatment. Each calendar year, the process is monitored, evaluated, and presented to the cancer committee and documented in minutes.
STANDARD 4.1 Prevention Programs	Each year, the cancer committee provides at least 1 cancer prevention program that is targeted to meet the needs of the community and should be designed to reduce the incidence of a specific cancer type. The prevention program is consistent with evidence-based national guidelines for cancer prevention.	**STANDARD 4.1** Cancer Prevention Programs	Each calendar year, the cancer committee organizes and offers at least one cancer prevention program designed to reduce the incidence of a specific cancer type and targeted to meet the prevention needs of the community. Each prevention program is consistent with evidence-based national guidelines for cancer prevention.
STANDARD 4.2 Screening Programs	Each year, the cancer committee provides at least 1 cancer screening program that is targeted to decreasing the number of patients with late-stage disease. The screening program is based on community needs and is consistent with evidence-based national guidelines and evidence-based interventions. A process is developed to follow up on all positive findings.	**STANDARD 4.2** Cancer Screening Programs	Each calendar year, the cancer committee organizes and offers at least one cancer screening program that is designed to decrease the number of patients with late-stage disease and is targeted to meet the screening needs of the community. Each screening program is consistent with evidence-based national guidelines and interventions and must have a formal process developed to follow up on all positive findings.
STANDARD 4.3 Cancer Liaison Physician Responsibilities	A Cancer Liaison Physician serves in a leadership role within the cancer program and is responsible for evaluating, interpreting, and reporting the program's performance using the National Cancer Data Base (NCDB) data. The CLP, or an equivalent designee, reports the results of this analysis to the cancer committee at least four times a year.	**No change**	A Cancer Liaison Physician (CLP) serves in a leadership role within the cancer program and is responsible for evaluating, interpreting, and reporting the cancer program's performance using National Cancer Data Base data. The CLP, or an equivalent designee, reports the results of this analysis to the cancer committee at least four times each

			calendar year.
STANDARD 4.4 Accountability Measures	Annually, performance levels are met for each of the specified accountability measures as defined by the Commission on Cancer.	**No change**	Each calendar year, the expected Estimated Performance Rates (EPR) is met for each accountability measure as defined by the Commission on Cancer.
STANDARD 4.5 Quality Improvement Measures	Annually, performance levels are met for each of the specified quality improvement measures as defined by the Commission on Cancer.	**No change**	Each calendar year, the expected Estimated Performance Rates (EPR) is met for each quality improvement measure as defined by the Commission on Cancer.
STANDARD 4.6 Monitoring Compliance with Evidence-Based Guidelines	Each year, a physician member of the cancer committee performs a study to assess whether patients within the program are evaluated and treated according to evidence-based national treatment guidelines. Study results are presented to the cancer committee and documented in cancer committee minutes.	**No change**	Each calendar year, the cancer committee designates a physician member to complete an in-depth analysis to assess and verify that cancer program patients are evaluated and treated according to evidence-based national treatment guidelines. Results are presented to the cancer committee and documented in cancer committee minutes.
STANDARD 4.7 Studies of Quality	Each year, based on category, the quality improvement coordinator, under the direction of the cancer committee, develops, analyzes, and documents the required studies that measure the quality of care and outcomes for patients with cancer.	**No change**	Each calendar year, the cancer committee, under the guidance of the Quality Improvement Coordinator, develops, analyzes, and documents the required number of studies (based on the program category) that measure the quality of care and outcomes for cancer patients.
STANDARD 4.8 Quality Improvements	Annually, the quality improvement coordinator, under the direction of the cancer committee, implements 2 patient care improvements. One improvement is based on the results of a completed study that measures cancer patient quality of care and outcomes. One improvement can be identified from another source or from a completed study. Improvements are documented in the cancer committee minutes and shared with medical staff and administration.	**No change**	Each calendar year, the cancer committee, under the guidance of the Quality Improvement Coordinator, implements two cancer care improvements. One improvement is based on the results of a quality study completed by the cancer program that measures the quality of cancer care and outcomes. One improvement can be based on a completed study from another source. Quality improvements are documented in the cancer committee minutes and shared with medical staff and administration.

STANDARD 5.1 Cancer Registrar Credentials	Case abstracting is performed by a Certified Tumor Registrar.	**No change**	No change
STANDARD 5.2 Rapid Quality Reporting System (RQRS) Participation	From initial enrollment and throughout the three-year accreditation period, the program participates in RQRS, submits all eligible cases for all valid performance measures, and adheres to RQRS terms and conditions.	**No change**	From initial enrollment and throughout the accreditation period, the cancer program actively participates in RQRS, submits all eligible cases for all valid performance measures, and adheres to the RQRS terms and conditions.
STANDARD 5.3 Follow-Up of All Patients	For all eligible analytic cases, an 80% follow-up rate is maintained from the cancer registry reference date.	**No change**	For all eligible analytic cases, an 80 percent follow-up rate is maintained from the cancer registry reference date.
STANDARD 5.4 Follow-Up of Recent Patients	A 90% follow-up rate is maintained for all eligible analytic cases diagnosed within the last 5 years or from the cancer registry reference date, whichever is shorter.	**No change**	A 90 percent follow-up rate is maintained for all eligible analytic cases diagnosed within the last five years or from the cancer registry reference date, whichever is shorter.
STANDARD 5.5 Data Submission	Each year, complete data for all requested analytic cases are submitted to the National Cancer Data Base (NCDB) in accordance with the annual Call for Data.	**No change**	No change
STANDARD 5.6 Accuracy of Data	Annually, cases submitted to the National Cancer Data Base (NCDB) that were diagnosed on January 1, 2003, or later meet the established quality criteria and resubmission deadline specified in the annual Call for Data.	**No change**	No change
STANDARD 5.7 Commission on Cancer Special Studies	The program participates in special studies as selected by the Commission on Cancer.	**No change**	The cancer program participates in special studies as selected by the Commission on Cancer.

Eligibility Requirements

- Revised basic ER information into bullet points
- Update to information for identifying services available on-site or by referral for ERs 6-12
- Added “services” to the title of ER6
- **Added additional requirements and information for pharmacy safety for ER8 Systemic Therapy Services
- ER9: Clinical Research Information. Revised ER criteria to reflect applicability of clinical research information to include non-therapeutic studies. Added exemption for NCIP.
- Added examples of services to ER11.

Chapter 1 Program Management

Standard 1.1 Physician Credentials → Clarification that physicians in the process of board certification must provide 12 CME hours each calendar year. The standards' 'Rating Compliance" was shortened and specified.

Standard 1.2 Cancer Committee Membership → Additional information regarding coordinator responsibilities.

Standard 1.3 Cancer Committee Attendance → Additional information regarding membership (or alternate) attendance requirements.

Standard 1.4 Cancer Committee Meetings → Additional information regarding documentation.

Standard 1.5 Cancer Program Goals → Additional information regarding how and when goals should be established and reviewed; and what goals are not applicable to meet compliance. New specification for PCP – only one goal required each year. Updates to the "Rating Compliance" criteria.

Standard 1.6 Cancer Registry Quality Control Plan → Reclassified "Exceptions by Category" to fall under "Specifications by Category" for NCIP and VACP.

Standard 1.7 Monitoring Cancer Conference Activity → Removed NCIP documentation information based on exemption.

***Standard 1.8 Monitoring of Prevention, Screening, and Outreach Activities* → Additional information and clarifications throughout the "Definition and Requirements" section, including Community Outreach Coordinator responsibilities for monitoring and documentation effectiveness of screening and prevention activities. Revisions to the "Rating Compliance" criteria.

Standard 1.9 Clinical Research Accrual → Additional information and clarifications throughout the "Definition and Requirements" section, including patient and study eligibility. Revisions to the "Rating Compliance" criteria.

Standard 1.10 Clinical Educational Activity → Revisions to the "Documentation" requirements.

Standard 1.11 Cancer Registration Education → Additional information and clarifications throughout "Definition and Requirements" section, including definitions of the types of educational activities.

Standard 1.12 Public Reporting of Outcomes → Additional information and clarifications in the "Definition and Requirements" section.

Chapter 2 Clinical Services

***Standard 2.1 College of American Pathologists Protocols and Synoptic Reporting* → New phase-in requirements for compliance and removal of commendation for the year 2017. Beginning in 2017, cancer programs will be required to meet the phase-in compliance criteria (first surveys to be rated on this standard will take place in 2018).

Standard 2.2 Oncology Nursing Care → Additional information and clarifications in the "Definition and Requirements" section.

Standard 2.3 Genetic Counseling and Risk Assessment → Clarifications to genetic professionals. Removal of extra language regarding pretest and posttest counseling. Additions to the "Documentation" requirements – effective as of 1/1/2016. Additions to the "Rating Compliance" criteria – programs are required to monitor and review the process or referring or providing genetic tests annually.

Standard 2.4 Palliative Care Services → Additions to the "Documentation" requirements – effective as of 1/1/2016. Additions to the "Rating Compliance" criteria – programs are required to monitor and review the process or referring or providing palliative care services annually. NCIPs are no longer exempt from this standard.

Chapter 3 Continuum of Care Services

Standard 3.1 Patient Navigation Process → Additional information and clarifications in the "Definition and Requirements" section, including the Community Needs Assessment and results reporting. Additions to the "Documentation" requirements – effective as of 1/1/2016. Revisions to the "Rating Compliance" criteria.

***Standard 3.2 Psychosocial Distress Screening* → Additional information and clarifications in the "Process Requirements" section, including additional documentation requirements by the Psychosocial Services Coordinator. Additions to the "Rating Compliance" criteria – programs are required to monitor and review the psychosocial distress screening process annually.

***Standard 3.3 Survivorship Care Plan* → Additional information and clarifications in the "Process Requirements" section, regarding patient eligibility and survivorship care plan delivery requirements. Additions to the "Documentation" requirements – effective as of 1/1/2016. Additions to the "Rating Compliance" criteria – programs are required meet the implementation percentages and to monitor and review the survivorship care plan processes annually. Updates reflect NAPBC requirements.

Chapter 4 Patient Outcomes

Standard 4.1 Cancer Prevention Programs → Additional information and clarifications in the "Definition and Requirements" section, including specifics on what constituents an applicable prevention program. Updates to the standard definition

Standard 4.2 Cancer Screening Programs → Additional information and clarifications in the "Definition and Requirements" section, including specifics on what constituents an applicable screening program. Updates to the standard definition

Standard 4.3 Cancer Liaison Physician Responsibilities → Additional information and clarifications in the "Definition and Requirements" section, including specifications to the CLP requirements and responsibilities.

Standard 4.4 Accountability Measures → Additional information and clarifications in the "Definition and Requirements" section. Updates to the standard definition, including the term "Estimated Performance Rates" to be consistent with NCDB.

Standard 4.5 Quality Measures → Additional information and clarifications in the "Definition and Requirements" section. Updates to the standard definition, including the term "Estimated Performance Rates" to be consistent with NCDB.

Standard 4.6 Monitoring Compliance with Evidence-Based Guidelines → Additional information and clarifications in the "Definition and Requirements" section.

Standard 4.7 Studies of Quality → Additional information and clarifications in the "Definition and Requirements" section, including what should be documented in the quality study. Updates to the standard definition.

Standard 4.8 Quality Improvements → Additional information and clarifications in the "Definition and Requirements" section. Updates to the standard definition.

Chapter 5 Data Quality

Standard 5.1 Cancer Registrar Credentials → Revisions to the "Definition and Requirements" section.

Standard 5.2 RQRS Participation → New phase-in requirements for compliance and commendation for the year 2017. Beginning in 2017, cancer programs will be required to meet the phase-in compliance criteria (first surveys to be rated on this standard will take place in 2018).

Standard 5.3 Patient Navigation Process → Added information into the "Definition and Requirements" section. Revisions to the PCP requirements.

Standard 5.4 Follow-Up of Recent Patients → Revisions to the PCP requirements.

Standard 5.5 Data Submission → Clean-up of language.

Standard 5.6 Accuracy of Data → Clean-up of language.

Standard 5.7 Commission on Cancer Special Studies → Clean-up of language.