The Value of the Cancer Liaison Physician

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and Avinash V. Mantravadi, MD

Disclosures
Nothing to disclose
Introduction

• My personal journey
• Mission of the Commission on Cancer
• The expanding role of the Cancer Liaison Physician (CLP)
  - Tools
  - The value of the CLP

My Personal Journey
Head and Neck Cancer

- Multidisciplinary approach
- Optimize disease control
- Minimize morbidity
  - Functional
    - Speech
    - Chewing and Swallowing
    - Breathing
  - Cosmetic
- Survivorship support
Figure 19-15. Prior to ligation of the pedicle, the flexor hallucis longus is transected, leaving a cuff attached to the composite flap.
Head and Neck Cancer

• Multidisciplinary approach
• Optimize disease control
• Minimize morbidity
  — Functional
    • Speech
    • Chewing and Swallowing
    • Breathing
  — Cosmetic
• Survivorship support

Commission on Cancer

• Branch of the American College of Surgeons with generous support by the American Cancer Society
• Mission: Recognize institutions that provide comprehensive, high quality, multidisciplinary patient-centered cancer care
### 2015 Cancer Committee CoC Dashboard

<table>
<thead>
<tr>
<th>Chapter</th>
<th>CoC Standard</th>
<th>Date Discussed</th>
<th>Compliant</th>
</tr>
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<tbody>
<tr>
<td>E1</td>
<td>Facility Accreditation</td>
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<td>E2</td>
<td>Cancer Committee Authority</td>
<td>7/28/15</td>
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<td>E3</td>
<td>Cancer Conference Policy</td>
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<td>P &amp; P Received</td>
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### Program Management

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<td>CR Quality Control Plan</td>
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<td>Monitoring Cancer Conference</td>
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<td>1.8</td>
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<td>1.9</td>
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<td>Annual Educational Activity</td>
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### Data Quality

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<td>Data Quality</td>
<td>10/27/15</td>
<td>Compliant</td>
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<td>1.19</td>
<td>Data Quality</td>
<td>10/27/15</td>
<td>Compliant</td>
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<td>1.22</td>
<td>Data Quality</td>
<td>10/27/15</td>
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**KEY:**
- Compliant
- In Process
- Deficient
- Commendation

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**My Personal Journey**

- Cancer Committee Member
- Community Outreach Chair
- Cancer Liaison Physician
- Cancer Committee Chair
- CoC State Chair for Indiana
The Evolving Role of the Cancer Liaison Physician

- Meeting the standard
- Institutional Champion
- Finger on the pulse of the CoC
  - State
  - Regional
  - National

Standard 4.3 Cancer Liaison Physician Responsibilities

“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 reports the results of this analysis to the cancer committee at least four times each calendar year.”
Value of CLP Reporting to Cancer Committee

- Review performance as reflected in CP³R to determine compliance:
  - Standard 4.4 Accountability Measures
  - Standard 4.5 Quality Improvement Measures
- Identify a problematic disease site for targeted assessment of evaluation and treatment planning (Std 4.6)

Where to Start?!?!
CLP’s Toolbox

- CoC Datalinks
- RQRS
- CP³R
- CQIP
- YOUR COLLEAGUES
- CoC Staff
- American Cancer Society Staff

Rapid Quality Reporting System (RQRS)

![Rapid Quality Reporting System Image]
Cancer Program Practice/Profile Reports (CP³R) – Breast BCSRT

2011 BCSRT – Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer.

<table>
<thead>
<tr>
<th>Comparison to:</th>
<th>EPR (%)</th>
<th>95% CI</th>
<th># Cases</th>
<th># Facilities</th>
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<tr>
<td>My Cancer Program</td>
<td>96</td>
<td>[92.1-99.9]</td>
<td>99</td>
<td>1</td>
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<tr>
<td>My State</td>
<td>94.7</td>
<td>[93.5-95.9]</td>
<td>1,360</td>
<td>47</td>
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<td>My Census Region</td>
<td>94.8</td>
<td>[94.4-95.2]</td>
<td>10,516</td>
<td>268</td>
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<td>My ACS Division</td>
<td>94.4</td>
<td>[93.8-95.0]</td>
<td>6,404</td>
<td>159</td>
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<td>My CoC Program Type</td>
<td>92.1</td>
<td>[91.7-92.5]</td>
<td>17,570</td>
<td>233</td>
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<td>All CoC-Accredited Programs</td>
<td>92.2</td>
<td>[92-92.4]</td>
<td>58,439</td>
<td>1,331</td>
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CQIP
Cancer Quality Improvement Program

Annual Report 2015
Cancer Quality Improvement Program (CQIP)

• A data-driven, process and outcomes-based cancer quality improvement initiative
• Confidentially reports to 1,500 individual CoC-accredited hospitals their data as entered in NCDB (including comparisons with national data from all CoC-accredited programs)
• PDF download provides information to support the reports, technical details, report creation, and scientific justification and references for quality measures
• 2015 release provides CoC-accredited facilities with data on:
  – Compliance with CoC-adopted quality measures
  – Volume data for complex surgical oncology operations with 30-day and 90-day mortality
  – Unadjusted and risk-adjusted survival data for selected cancer sites
  – Other clinical data and administrative data, which will be updated and expanded annually

CoC Recommendations for Use of the CQIP Report

• The CQIP report should be presented and discussed at the cancer committee meeting
  – Major findings relevant to the cancer program should be listed
  – Interventions for improvement of quality of cancer care should be recommended

• Cancer committee leadership should present the report, major findings and recommendations to hospital leadership, including, but not limited to, CEO, COO, CMO, CNO, and bodies such as the Medical Staff Executive Committee, the hospital Quality Committee, etc.

• As part of the accreditation process, these processes will be reviewed
Table of Contents

- Cancer Program Administrative Reports
- Quality Measure Reports
- Surgical Volume and Unadjusted 30, 90 Day Mortality After Complex Operations
- Survival Reports
- Breast Cancer - Additional Reports
- Colon Cancer - Additional Reports
- Non-Small-Cell Lung Cancer (NSCLC) - Additional Reports
- Prostate Cancer - Additional Reports
- Melanoma of the Skin Cancer - Additional Reports
- Commission on Cancer

Cancer Program Total Case Volume, 2009 - 2011
My Facility

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<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Not Insured</td>
<td>13.3%</td>
<td>9.73%</td>
<td>8.17%</td>
<td>9.47%</td>
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<td>Private/Managed</td>
<td>59.72%</td>
<td>45.06%</td>
<td>43.85%</td>
<td>49.79%</td>
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<td>Medicaid</td>
<td>7.85%</td>
<td>11.75%</td>
<td>8.5%</td>
<td>6.08%</td>
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<td>Medicare</td>
<td>18.18%</td>
<td>18.61%</td>
<td>41.07%</td>
<td>40.45%</td>
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<td>Other Government</td>
<td>1.75%</td>
<td>1.84%</td>
<td>1.73%</td>
<td>3.97%</td>
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<td>Insurance Status Unknown</td>
<td>0.76%</td>
<td>0.26%</td>
<td>0.29%</td>
<td>2.19%</td>
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Total In/Out Migration, 2007-2011 - My Facility

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<tr>
<th></th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
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<tr>
<td>Diagnosed Here and</td>
<td>6.1%</td>
<td>7.77%</td>
<td>7.27%</td>
<td>5.52%</td>
<td>5.9%</td>
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<tr>
<td>Treated Elsewhere</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosed and</td>
<td>41.74%</td>
<td>41.43%</td>
<td>42.99%</td>
<td>42.19%</td>
<td>38.78%</td>
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<tr>
<td>Treated Here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosed Elsewhere</td>
<td>52.17%</td>
<td>50.6%</td>
<td>49.74%</td>
<td>52.29%</td>
<td>55.33%</td>
</tr>
<tr>
<td>and Treated Here</td>
<td></td>
<td></td>
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Cancer Program Practice Profile (CP³R )
Estimated Performance Rates

- Breast (6)
- Cervix (3)
- Colon (2)
- Endometrium (2)
- Gastric (1)
- Non-Small Cell Lung (3)
- Ovary (1)
- Rectum (1)

Extensive assessment and validation of the measures were performed using cancer registry data reported to the National Cancer Data Base (NCDB).

Disclaimer: All measures are designed to assess performance at the hospital or systems-level, and are not intended for application to individual physician performance.
Resources for CLP Reporting

National Cancer Data Base (NCDB) Reporting Tools

- **NCDB:** Hospital Comparison Benchmark Reports
- **NCDB:** Survival Reports (V2)
- **NCDB:** Cancer Program Practice Profile Reports (CP3R) (v3)
- **RORS** (v1.1)
- **Cancer Quality Improvement Program (CQIP) Reports**
Preparing the CLP Report

- Review CQIP and CP⁵R
- Narrow scope of discussion to one or two subsites maximum per meeting
- Review performance relative to CoC and state benchmarks
- Identify any areas not meeting CoC standards
- Clarify nature of deficiencies and identify means for improvement

Clarifying Deficiencies

- A daunting task for CLP alone given volume of data available
- Many external factors can affect “performance” that are not considered in data reporting
  - Solicit input from key physicians in all disciplines treating this subsite
  - Utilize tumor registrar to make appropriate adjustments/analysis
CERVIX, 2013, CERRT: Radiation Therapy Completed within 60 Days Among Women Diagnosed with Cervical Cancer (Surveillance)

Radiation therapy completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer. (CP3R data as of 11/02/2015)

Clarifying Deficiencies

- Identify performance measure below benchmark
- Discuss with treating physicians possible etiologies/confounding variables
  - County health system shares radiation therapy facilities- social factors
  - Referral patterns regarding brachytherapy/EBRT and time differentiation for completion of therapy

Presented by: Avi Mantovadi, MD
Clarifying Deficiencies

- **S4.4 Accountability and S4.5 Quality Measures**
  - CP3R Follow-Up from the Committee 4Q 2015 Review:
    - S4.5 - If a cancer program is not meeting the CoC Estimated Performance Rate (EPR), then a corrective action plan is required to be developed and executed in order to improve performance.
    - Investigate with intent of resolving the deficiency and improving compliance.

<table>
<thead>
<tr>
<th>CP3R Measure</th>
<th>AHC EPR</th>
<th>CoC Standard and %</th>
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<tbody>
<tr>
<td>Gastric - G15RLN: At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer</td>
<td>69.20%</td>
<td>S4.5 / 80%</td>
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<tr>
<td>Lung - LCT: Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is considered for surgically resected cases with pathologic tumor node positive (T1N1/2 or T2-4N0-3)</td>
<td>80%</td>
<td>S4.5 / 85%</td>
</tr>
</tbody>
</table>

Clarifying Deficiencies

- Identify performance measure below benchmark.
- Discuss with treating physicians possible etiologies/confounding variables:
  - *Neoadjuvant chemo-XRT affects nodal specimen in gastric ca*
  - *Routine D2 lymphadenectomy not routinely performed for certain pathologies*
  - *All NSCLC N+ lung ca cases offered chemo as standard, so question of data accuracy?*
Clarifying Deficiencies

• Work with tumor registrar to re-evaluate data in context of treating physician feedback
  – Adjustments made to lung data set based on discrepancies, now above CoC benchmark for this standard
  – Registrars identify challenges to obtaining accurate data, including multi-hospital health system, path specimen processing, etc.
    • Quality improvement study undertaken

American Cancer Society
Clinical Care Follow-up Guidelines

• Published in in CA: A Cancer Journal for Clinicians:
  – Breast Cancer Survivorship Care
  – Colorectal Cancer Survivorship Care
  – Prostate Cancer Survivorship Care
    July/Aug 2014: www.bit.ly/ACSPrCa

Coming Soon:
• Lung Cancer
• Head and Neck Cancer
• A Clinical Care Guidelines App
American Cancer Society
Breast Screening Guideline

• This guideline was published in October in the *Journal of the American Medical Association*: [http://jama.jamanetwork.com/journal.aspx](http://jama.jamanetwork.com/journal.aspx)

• **NEW**: Dr. Rich Wender’s informational video for the CoC: [https://youtu.be/1aw-lxuDJPY](https://youtu.be/1aw-lxuDJPY)

Upcoming Events

**CoC Annual Conference** *(formerly Survey Savvy)*
June 1-2, 2016
Chicago, IL

**NCDB Quality Tools Workshop**
June 3, 2016
Chicago, IL
-See more at: [https://www.facs.org/quality-programs/cancer/coc/events](https://www.facs.org/quality-programs/cancer/coc/events)

CoC Meetings at the 2016 Clinical Congress
October 16-17, 2016
Washington, DC
Summary

• Commission on Cancer is dedicated to ensuring comprehensive, high quality, multidisciplinary patient-centered cancer care
• Cancer Liaison Physician is a critical component of the cancer team
  – Assist in monitoring their institution’s performance
  – Bridge the gap between the institution and the CoC on a regional and national level in this era of expanding expectations

Thank you