



Commission on Cancer Pathway to Quality:

**Nevada Cancer Coalition Annual
Meeting**

September 16, 2019

Reno, Nevada

**James B. Harris MD FACS
Chair Accreditation Comm.**



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Commission on Cancer Member Organizations

- Academy of Nutrition and Dietetics (AND)
- Alliance for Clinical Trials in Oncology (ALLIANCE)
- American Academy of Hospice and Palliative Medicine (AAHPM)
- American Academy of Pediatrics (AAP)
- American Association for Cancer Education (AACE)
- American Cancer Society (ACS)
- American College of Obstetricians and Gynecologists (ACOG)
- American College of Oncology Administrators (ACOA)
- American College of Physicians (ACP)
- American College of Radiology (ACR)
- American College of Surgeons Resident and Associate Society (ACOSRAS)
- American College of Surgeons Young Fellows Association (ACOSYFA)
- American Head and Neck Society (AHNS)
- American Hospital Association (AHA)
- American Joint Committee on Cancer (AJCC)
- American Medical Association (AMA)
- American Pediatric Surgical Association (APSA)
- American Physical Therapy Association (APTA)
- American Psychosocial Oncology Society (APOS)
- American Radium Society (ARS)
- American Society of Breast Surgeons (ASBS)
- American Society of Clinical Oncology (ASCO)
- American Society of Colon and Rectal Surgeons (ASCRS)
- American Society of Plastic Surgeons (ASPS)
- American Society of Radiation Oncology (ASTRO)
- American Urological Association (AUA)
- Association of American Cancer Institutes (AACI)
- Association of Cancer Executives (ACE)
- Association of Community Cancer Centers (ACCC)
- Association of Oncology Social Work (AOSW)
- Cancer Support Community (CSC)
- Centers for Disease Control and Prevention (CDC)
- College of American Pathologists (CAP)
- Community Oncology Alliance (COA)
- Department of Defense (DOD)
- Department of Veterans Affairs (VA)
- Hematology/Oncology Pharmacy Association (HOPA)
- LIVESTRONG (Lance Armstrong Foundation)
- National Accreditation Program for Breast Centers (NAPBC)
- National Cancer Institute (NCI)
 - Applied Research Program
 - SEER Program
- National Cancer Registrars Association (NCRA)
- National Coalition for Cancer Survivorship (NCCS)
- National Comprehensive Cancer Network (NCCN)
- National Consortium of Breast Centers (NCBC)
- National Society of Genetic Counselors (NSGC)
- National Surgical Adjuvant Breast and Bowel Project (NSABP)
- North American Association of Central Cancer Registries (NAACCR)
- Oncology Nursing Society (ONS)
- Society of Gynecologic Oncology (SGO)
- Society of Nuclear Medicine and Molecular Imaging (SNMMI)
- Society of Surgical Oncology (SSO)
- Society of Thoracic Surgeons (STS)



Clinical

American College of Radiology, American Society of Clinical Oncology, Oncology Nursing Society, Society of Surgical Oncology, etc.

Advocacy

American Cancer Society, Cancer Support Community, National Coalition for Cancer Survivorship, etc.

Administrative

Association of Cancer Executives, Association of Community Cancer Centers, American Hospital Association, etc.

Government

Centers for Disease Control, DoD Military Health System, NCI Healthcare Delivery Research Program, etc.

Research

American Joint Committee on Cancer, National Comprehensive Cancer Network, Association of American Cancer Institutes, etc.



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Commission on Cancer's Mission

The Commission on Cancer is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care.



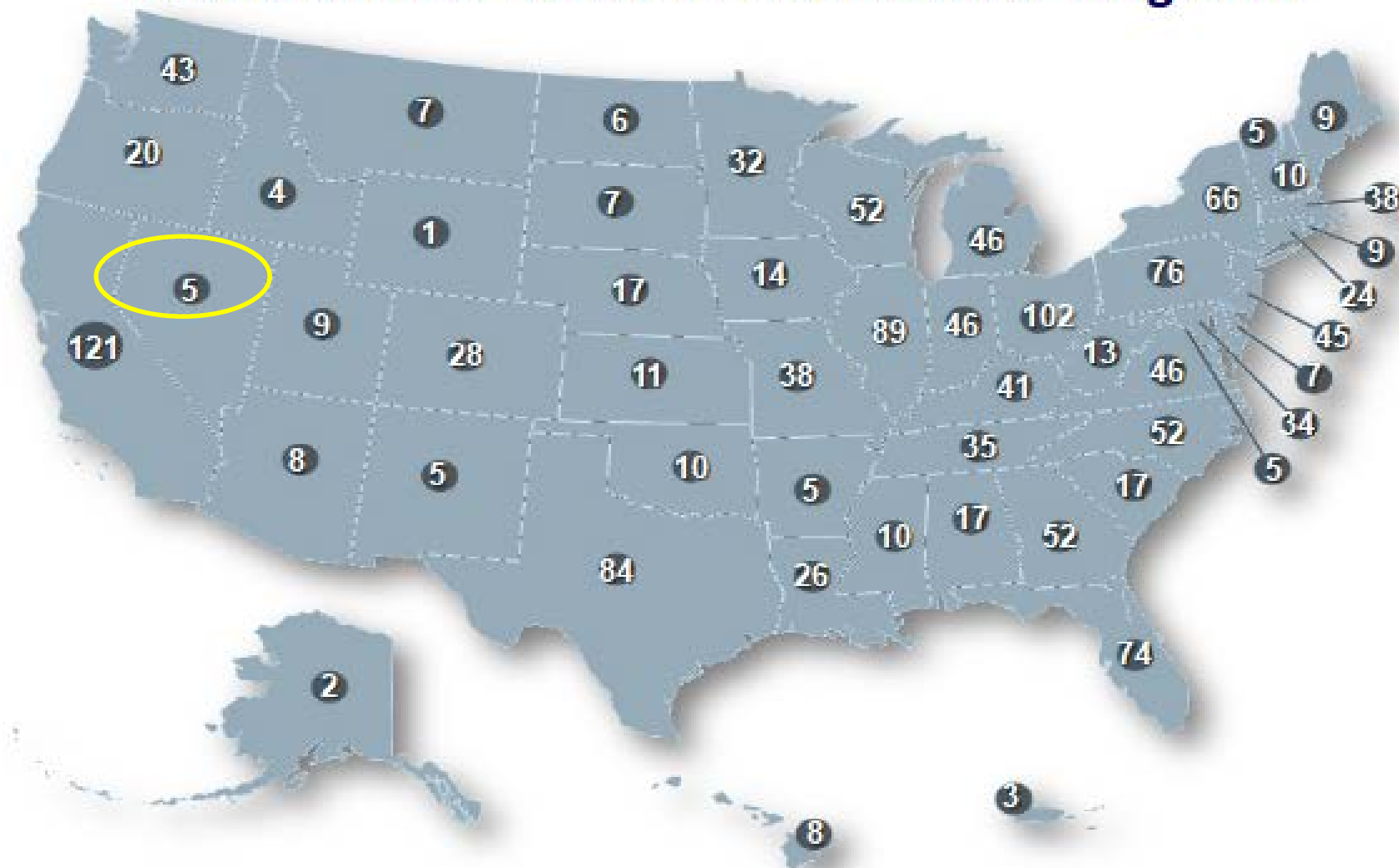
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Distribution of CoC-Accredited Cancer Programs



1550+ Accredited Programs



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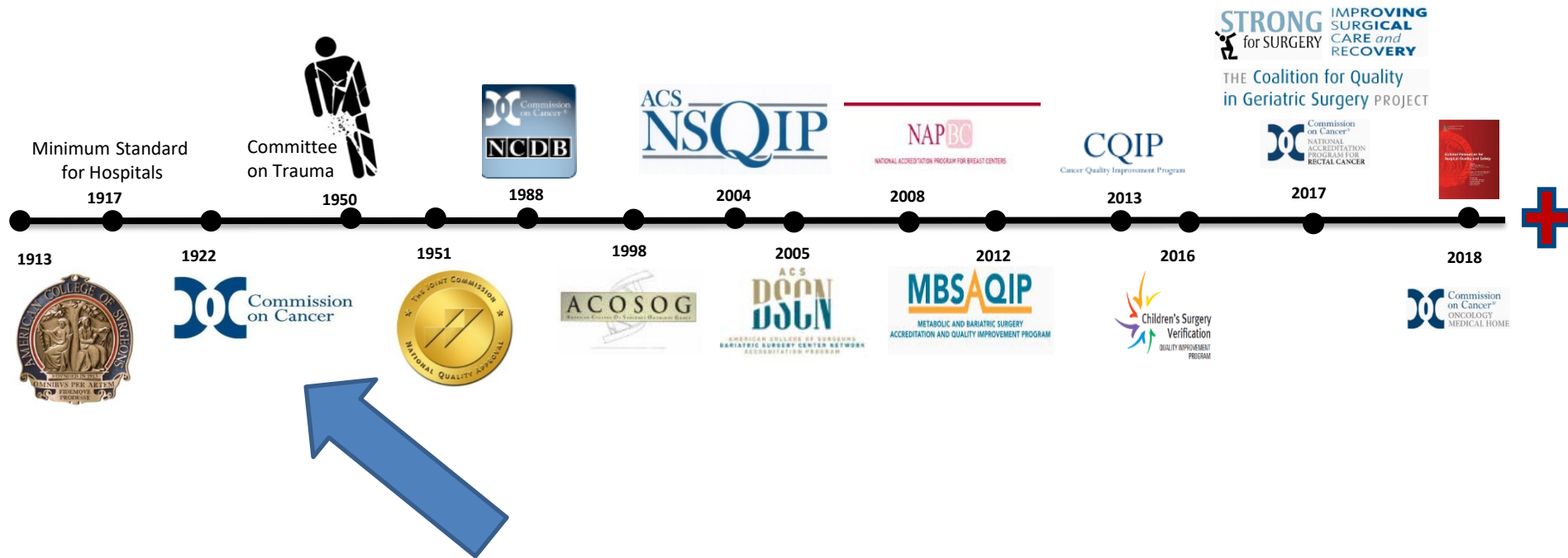
100+ years



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ACS: 100+ Years of Quality Improvement



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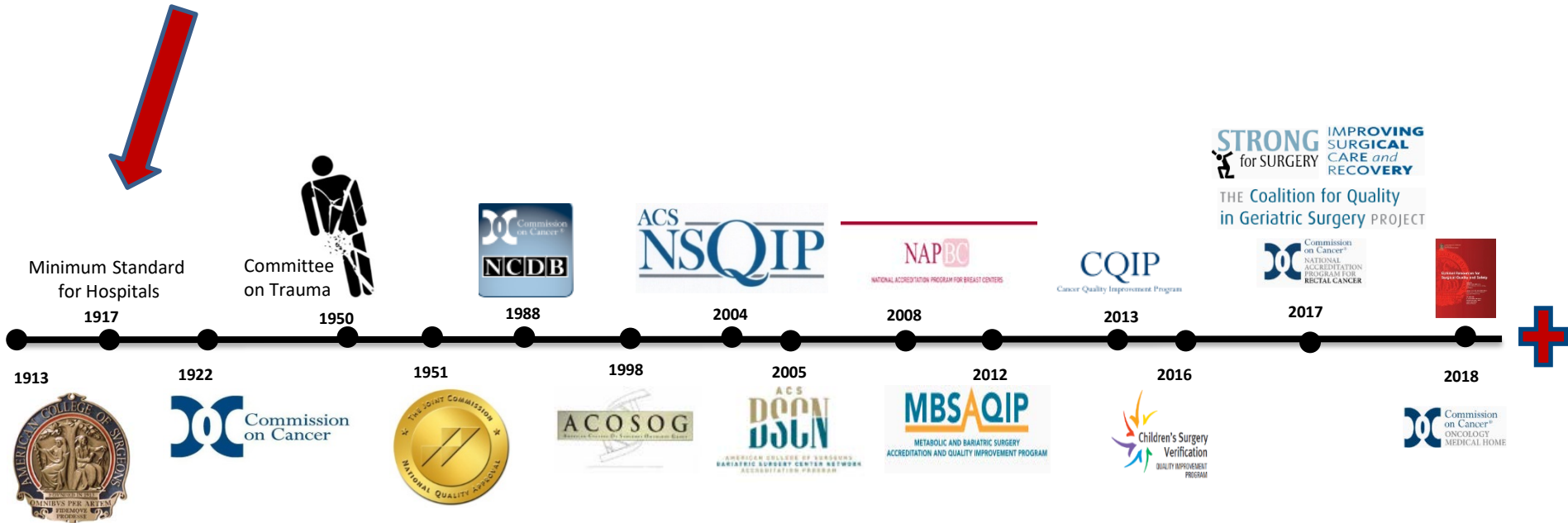
100+ years



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ACS: 100+ Years of Quality Improvement



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100+ years



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ACCREDITATION



JCAHO APPROVED

Joint Commission on Accreditation of Healthcare Organizations



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Evolution of CoC Standards



PRE-2004

- Focus on Structure

2004 - 2012

- Focus on Process

2012 - 2020

- Focus on Outcomes



Pay for Performance will utilize outcome measures to assess payments to programs.



Institute of Medicine

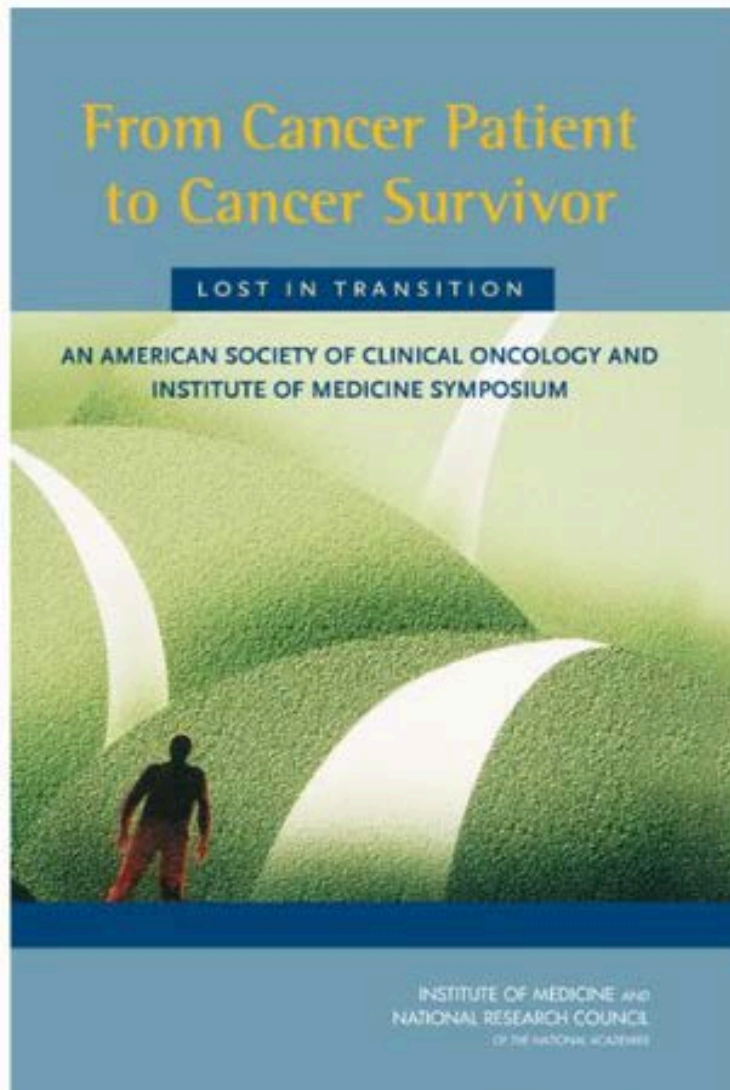


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Institute of Medicine Report



In 2006, the IOM issued a groundbreaking report that described core components of survivorship care and recommended a treatment summary and follow up care plan be given to every cancer patient. Also, the plan should be clearly explained.



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Dr. David Hoyt, Executive Director ACS



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ACOS Quality Data Platform Project

Accreditation Alignment Project

CoC Standards Revision Project



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ACOS Quality Data Platform Project

This project began in 2016 with the goal of consolidating all the databases that are controlled by the College (NCDB, NTDB, MBSAQIP, NAPBC, NAPRC, and NSQIP).

The common platform is hosted by Quintiles IMS also known as IQVIA.

For the Commission on Cancer, this means the NCDB and RQRS reporting streams will be combined into 1 database with better data analysis and reporting features.

Annual Call for Data will be replaced by ongoing abstracting of new cancer cases and updating older ones.

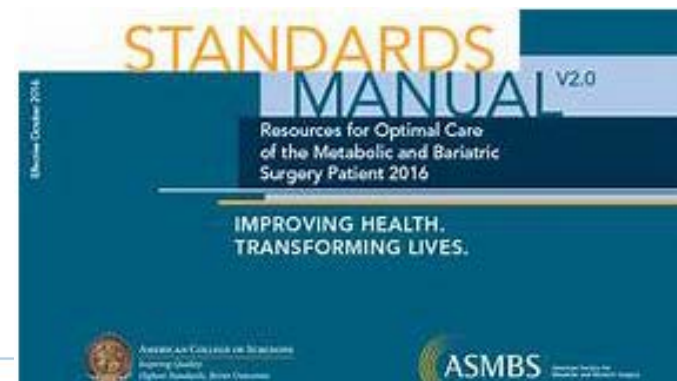


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Accreditation Alignment Project





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CoC Standards Revision Project



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Re-evaluate the Cancer Standards

Results in the improvement of patient care

Evidence based

Current

Clearly interpretable

For the benefit of cancer patients

Objectively verifiable by experienced site visit reviewers



August & September 2019
Publication Process



Fall 2019
Release to public

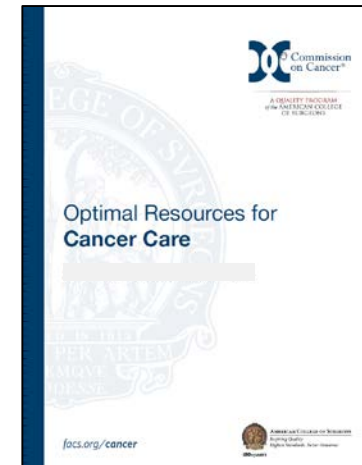


January 2020
Implementation

Optimal Resources for Cancer Care

Nine Chapters

- Chapter 1:** Institutional and Administrative Commitment
- Chapter 2:** Program Scope and Governance
- Chapter 3:** Facilities and Equipment Resources
- Chapter 4:** Personnel and Services Resources
- Chapter 5:** Patient Care: Expectations and Protocols
- Chapter 6:** Data Surveillance and Systems
- Chapter 7:** Quality Improvement
- Chapter 8:** Education: Professional and Community Outreach
- Chapter 9:** Research: Basic and Clinical



Why?

Align all ACS Quality Programs to ensure common experience across spectrum of hospital care

DRAFT Revised Standards

Chapter 1: Institutional Administrative Commitment

Standard 1.1: [Administrative Commitment](#)

Chapter 2: Program Scope and Governance

Standard 2.1: [Cancer Committee](#)

Standard 2.2: [Cancer Liaison Physician](#)

Standard 2.3: [Cancer Committee Meetings](#)

Standard 2.4: [Cancer Committee Attendance](#)

Standard 2.5: [Multidisciplinary Cancer Case Conference](#)

Chapter 3: Facilities and Equipment Resources

Standard 3.1: [Facility Accreditation](#)

Standard 3.2: [Evaluation and Treatment Services](#)

Chapter 4: Personnel and Services Resources

Standard 4.1: [Physician Credentials](#)

Standard 4.2: [Oncology Nursing Credentials](#)

Standard 4.3: [Cancer Registry Staff Credentials](#)

Standard 4.4: [Genetic Counseling and Risk Assessment](#)

Standard 4.5: [Palliative Care Services](#)

Standard 4.6: [Rehabilitation Care Services](#)

Standard 4.7: [Oncology Nutrition Services](#)

Standard 4.8: [Survivorship Program](#)

Chapter 5: Patient Care: Expectations and Protocols

Standard 5.1: [College of American Pathologists Synoptic Reporting](#)

Standard 5.2: [Psychosocial Distress Screening](#)

Standard 5.3: [Breast Sentinel Node Biopsy](#)

Standard 5.4: [Breast Axillary Dissection](#)

Standard 5.5: [Primary Cutaneous Melanoma](#)

Standard 5.6: [Colon Resection](#)

Chapter 6: Data Surveillance and Systems

Standard 6.1: [Cancer Registry Quality Control](#)

Standard 6.2: [Data Submission](#)

Standard 6.3: [Data Accuracy](#)

Standard 6.4: [Rapid Quality Reporting System \(RQRS\) Participation](#)

Standard 6.4: [Follow Up of Patients](#)

Chapter 7: Quality Improvement

Standard 7.1: [Accountability and Quality Improvement Measures](#)

Standard 7.2: [Monitoring Concordance with Evidence-Based Guidelines](#)

Standard 7.3: [Quality Improvement Initiative](#)

Standard 7.4: [Cancer Program Goal](#)

Chapter 8: Education: Professional and Community Outreach

Standard 8.1: [Addressing Barriers to Care](#)

Standard 8.2: [Cancer Prevention Event](#)

Standard 8.3: [Cancer Screening Event](#)

Chapter 9: Research: Basic and Clinical

Standard 9.1: [Clinical Research Accrual](#)

Standard 9.2: [Commission on Cancer Special Studies](#)



STANDARD 2.1

Cancer Committee

DEFINITION AND REQUIREMENTS

The care of patients with cancer requires a multidisciplinary approach and encompasses physician and non-physician professionals. The committee responsible for program leadership is multidisciplinary and represents the full scope of cancer care and services.

Cancer Committee Chair
Cancer Liaison Physician (alternate to CCC)
Surgeon
Radiation Oncologist
Medical Oncologist
Pathologist
Radiologist

Cancer Program Administrator
Oncology Nurse
Social Worker (OSW-C preferred)
CTR

STANDARD 2.1

Cancer Committee

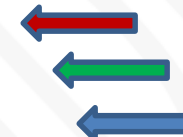
DEFINITION AND REQUIREMENTS

The care of patients with cancer requires a multidisciplinary approach and encompasses physician and non-physician professionals. The committee responsible for program leadership is multidisciplinary and represents the full scope of cancer care and services.

Cancer Conference Coordinator
Quality Improvement Coordinator
(can be CLP)
Cancer Registry Quality Coordinator
Clinical Research Coordinator
Psychosocial Services Coordinator
Survivorship Program Coordinator

Cancer committee members strongly recommended, but not required, include:

- Specialty physicians representing the five major cancer sites at the program
- Palliative care professional
- Genetics professional
- Registered Dietitian Nutritionist
- Rehabilitation services professional
- Pharmacist
- Pastoral care representative
- American Cancer Society representative



STANDARD 4.2

Oncology Nursing Credentials

DEFINITION AND REQUIREMENTS

Oncology nursing care is provided by nurses with specialized knowledge and skills demonstrated by a cancer-specific certification or continuing education in oncology nursing. Oncology nursing competency is reviewed each year per hospital policy.

All registered nurses and advanced practice nurses providing direct oncology care must demonstrate one of the following:

- Current cancer-specific certification in the nurse's specialty by an accredited certification program; or
- Ongoing education by earning 36 cancer-related continuing education nursing contact hours each survey cycle.

Nurses who are in the process of obtaining a cancer-specific certification do not need to submit documentation of cancer-related continuing education, but must provide documentation of progress toward certification.

Oncology Nursing Certifications

Oncology nursing certifications that qualify for this standard include, but are not limited to:

- Advanced Oncology Certified Nurse Practitioner (AOCNP®)
- Advanced Oncology Certified Clinical Nurse Specialist (AOCNS®)
- Advanced Oncology Certified Nurse (AOCN®)
- Blood & Marrow Transplant Certified Nurse (BMTCN®)
- Certified Pediatric Hematology Oncology Nurse (CPHON®)
- Certified Pediatric Oncology Nurse (CPON®)
- Certified Breast Care Nurse (CBCN®)
- Oncology Certified Nurse (OCN®)

PHASE IN STANDARD

STANDARD 4.2 Oncology Nursing Credentials

NEW

Intent of the standard: to have nurses with oncology training taking care of cancer patients in accredited CoC programs.

If a nurse is already certified or working towards their certification (with documentation) they are compliant, otherwise they need to show 36 hours of continuing education every 3 years.

This applies to nurses who work at least one year and who work on the oncology unit, infusion services or nurse navigators.

STANDARD 4.4

Genetic Counseling and Risk Assessment

REVISED

DEFINITION AND REQUIREMENTS

Cancer risk assessment and genetic counseling are the processes to identify and counsel people at risk for familial or hereditary cancer syndromes. Purposes of cancer genetic counseling are to: educate patients about their chance of developing cancer, help patients obtain personal meaning from genetic information, and empower patients to make educated, informed decisions about genetic testing, cancer screening, and cancer prevention.

- Requirements:**
- 1) Policy and Procedure**
 - 2) Annual Report to Cancer Committee**
 - 3) Report on a “selected cancer site” each year**
 - a) # of patients identified**
 - b) # of patients referred**

STANDARD 4.5

Palliative Care Services

REVISED

DEFINITION AND REQUIREMENTS

Palliative care services are available to cancer patients and their family members or caregivers either on-site or by referral and are evaluated at least once each calendar year.

Requirements:

- 1) Policy and Procedure about Palliative Care Services
- 2) Cancer committee minutes that document the monitoring, evaluation and recommendations for improvements to the process each year.
- 3) # of patients referred and for what services

STANDARD 4.6

Rehabilitation Care Services

NEW

DEFINITION AND REQUIREMENTS

Policies and procedures are in place to guide referral to appropriate rehabilitation care services on-site or by referral. Rehabilitation care is patient-centered care that optimizes patient functional status and quality of life (QOL) through preventive, restorative, supportive, and palliative interventions. The availability of rehabilitation care services is an essential component of comprehensive cancer care, beginning at the time of diagnosis and being continuously available throughout treatment, surveillance, and when applicable, through end of life.

Rehabilitation professionals associated with cancer rehabilitation typically include, but are not limited to:

- Physiatrists
- Physical therapists
- Occupational therapists
- Speech language pathologists

STANDARD 4.6

Rehabilitation Care Services

Types of rehabilitative care services may include, but are not limited to:

- Screening, diagnosis, and management of physical dysfunction, impairments, and disabilities
- Interventions to manage identified functional impairments and disabilities
- Screening, diagnosis, and management of pain and non-pain symptoms
- Screening, diagnosis, and management of cognitive function
- Lymphedema management
- Physical activity recommendations during and after treatment
- Vocational rehabilitation

The cancer program defines and identifies in a policy and procedure the rehabilitation care services provided on-site and by referral. Rehabilitation services not available at the facility must be provided through a referral relationship to other facilities and/or agencies. The cancer committee will define and identify in a policy and procedure the following:

- On-site and off-site rehabilitation care services,
- the rehabilitation care team available on-site,
- criteria for performing functional assessments, and
- criteria for referral to a rehabilitation care specialist.

- 1) Policy and Procedure***
- 2) Cancer Committee minutes documenting review annually.***

STANDARD 4.7

Oncology Nutrition Services

NEW

DEFINITION AND REQUIREMENTS

Oncology nutrition services are provided, on-site or by referral, by Registered Dietitian Nutritionists (RDN) with knowledge and skills to address nutrition and hydration requirements and recommendations throughout the continuum of cancer care, including prevention, diagnosis, treatment, survivorship, and palliative care.

Multi-modality cancer treatments can impair a cancer patient's ability to consume, digest, and absorb essential nutrition and hydration. Registered Dietitian Nutritionists (RDN) (also known as Registered Dietitians (RD)) are uniquely trained to address treatment-related symptom management, nutrition support, and quality-of-life concerns through medical nutrition therapy and education. In addition, RDNs are qualified to discuss diet, nutrition and lifestyle recommendations for survivorship, health promotion, and disease prevention.

The cancer program defines and identifies the nutrition services provided on-site and by referral. Components of oncology nutrition services include, but are not limited to:

- Screening and nutrition assessment for risk and diagnosis of malnutrition, nutrition-related problems, and overweight and obesity
- Medical nutrition therapy
- Nutrition counseling
- Nutrition education
- Management and coordination of enteral and parenteral nutrition

Nutrition services not available at the facility must be provided through a referral relationship to other facilities and/or agencies.



STANDARD 4.7

Oncology Nutrition Services

Intent: Improve the nutrition of cancer patients before, during and after cancer treatments to increase quality of life and completion of treatment

Requirements:

- 1) Policy and Procedure for referral to Registered Dietician Nutritionist*
- 2) Cancer committee minutes documenting monitoring and evaluation of the services and any recommendations for improvement*



PHASE IN STANDARD

REVISED

STANDARD 4.8 Survivorship Program

DEFINITION AND REQUIREMENTS

The cancer committee oversees the development and implementation of a survivorship program directed at meeting the needs of cancer patients treated with curative intent.

Requirements:

- 1) Appoint a Survivorship Program Coordinator
- 2) Identify team (key members) to develop and implement program
- 3) Identify 3 services that will address needs of survivors
- 4) Annual report
 - a) estimate number of patients who participated
 - b) identification of which programs were effective
 - c) identification of resources to overcome any barriers

PHASE IN STANDARD

STANDARD 4.8 Survivorship Program

Survivorship Program Services

Services utilized by the survivorship program may include, but are not limited to:

- treatment summaries,
- survivorship care plans, ← **SCP's**
- screening programs for cancer recurrence,
- screening for new cancers,
- seminars for survivors,
- rehabilitation services,
- nutritional services,
- psychological support & psychiatric services,
- support groups and services,
- formalized referrals to experts in cardiology, pulmonary services, sexual dysfunction, fertility counseling,
- financial support services
- physical activity programs.

STANDARD 5.1

College of American Pathologists Synoptic Reporting

REVISED

New Requirements:

- 1) Ninety (90%) of eligible pathology reports will be in synoptic reporting format with all core data elements included*
- 2) All elements must be reported (whether applicable or not)*
- 3) Synoptic report must be in “paired format”*
- 4) All elements in synoptic format must be in one location in the report*

Twenty pathology reports will be evaluated at the time of the survey.

The 10% audits, previously required, will now be covered by the College of Pathology accreditation.



There needs to be standards that evaluate the care of each of the three major disciplines of cancer

Surgical Oncology



New Operative Standards for Cancer Surgery (OSCS)

What are the *Operative Standards for Cancer Surgery (OSCS)*?

- Recommendations for skin-to-skin cancer surgery techniques for curative operations
- Evidence-based
- Improving outcomes by reducing variation in the way that surgeries are performed
- Developed by ACS Clinical Research Program

Volume I published June 2015
Volume II published August 2018
Volume III projected for June 2020



Why use Commission on Cancer Accreditation Standards?

- *CoC accreditation reaches 70% of patients with newly diagnosed cancer each year.*
- *Incorporating the OSCS recommendations at the CoC accreditation standard level would be a major step forward to improve oncologic outcomes by reducing variation in the way cancer operations are performed.*
- *A large workgroup evaluated the guidelines in OSCS to identify guidelines best suited as the basis of the new standard.*
- *This resulted in 6 standards.*

6 standards created out of OSCS guidelines

- Lung
- Melanoma
- Breast (2)
- Colon
- Rectum

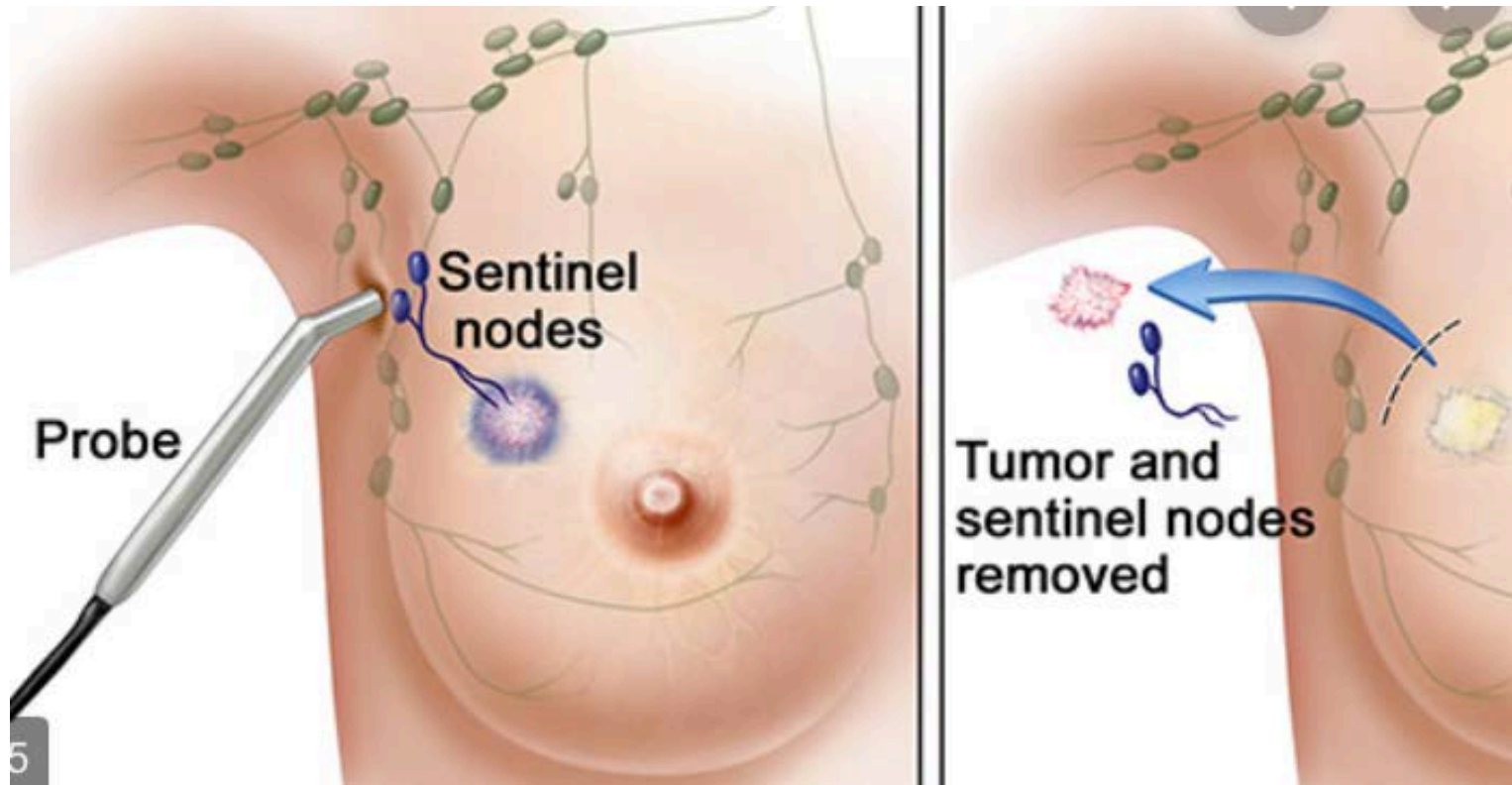
What does the surveyor review?

- Lung and rectum will review **pathology reports**.
- Breast, colon, and melanoma standards will use **synoptic operative report with required minimum elements**.

All OSCS accreditation standards will be phased-in

Breast Cancer Std 5.3 Sentinel Node Biopsy

Intent of the standard: to ensure that all sentinel nodes are identified, removed and pathologically evaluated to provide accurate staging.



Breast Cancer Standard 5.3 Sentinel Node Biopsy

Element	Response
What substrates were used for sentinel node biopsy in the non-neoadjuvant setting	Dye; Radiotracer; Clips; Dye and Radiotracer; Dye and Clips; Radiotracer and Clips; Dye, Radiotracer, and Clips; None; N/A.
What substrate was used for sentinel node biopsy in the neoadjuvant setting	Dye; Radiotracer; Clips; Dye and Radiotracer; Dye and Clips; Radiotracer and Clips; Dye, Radiotracer and Clips; None; N/A.
All colored nodes or non-colored nodes present at the end of a dye filled lymphatic channel were removed, if dye was used as the substrate for localization.	Yes; No; N/A.
All significantly radioactive nodes were removed, if radionuclide was used as the substrate for localization	Yes; No; N/A.
All palpably suspicious nodes were removed, if present	Yes; No; N/A. If no, why.
If clips were placed in pathologically-involved nodes, those nodes were identified and removed.	Yes; No; N/A.

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Standard 5.4 Breast Axillary Dissection

Element	Response
Resection was performed within the boundaries of the axillary vein, chest wall (serratus anterior), and latissimus dorsi	Yes; No.
The long thoracic and thoracodorsal nerves were spared during dissection	Yes; No; Not identified.
Attempts were made to spare the intercostobrachial nerve during dissection if possible	Yes; No.
If one or more level III nodes is/are removed, then document why	Yes; No. If yes, then why.

The intent of this standard is to ensure that all level I and II nodes are removed within an anatomic triangle comprised of the axillary vein, chest wall and latissimus dorsi muscle, while preserving key neurovascular structures.



Std 5.5 Primary Cutaneous Melanoma

Element	Response
Original Breslow thickness of the lesion	Melanoma in situ (MIS); invasive (to the tenth of a millimeter)
Clinical margin from the edge of the lesion or the prior excision scar 	0.5 cm; 1 cm; 2 cm; Other; __ cm due to cosmetic/anatomic concerns; Mohs micrographic surgery with __ cm initial margin
Depth down to the fascia. If not down to the fascia, then document why	Yes, No. If no, why.

The intent of this standard is to ensure that the appropriate margin around the primary melanoma is obtained including the subcutaneous tissue to the level of the underlying fascial plane.



Std 5.6 Colon Resection

Synoptic Operative Report Requirements

Operative reports for patients undergoing resection for colon cancer must include the following minimum elements in synoptic format:

Element	Response	
Tumor location	Right colon, hepatic flexure, transverse colon, splenic flexure, descending colon, sigmoid colon	
Location of tumor and proximal vascular ligation	<i>Tumor location</i>	<i>Proximal vascular ligation</i>
	Right colon (cecum and ascending colon)	Ileocolic artery and vein and, if present, right colic artery and vein
	Hepatic flexure	Ileocolic artery and vein and, if present, right colic artery and vein and Middle colic artery and vein
	Transverse colon	Middle colic artery and vein
	Splenic flexure	Middle colic artery and vein and ascending left colic artery and vein
	Descending colon	Inferior mesenteric artery and vein to include ascending left colic artery and vein
	Sigmoid colon	Inferior mesenteric artery and vein
If anatomic guidance other than listed above, document why	If yes, why.	
If patient is excluded, then document why	If yes, why.	



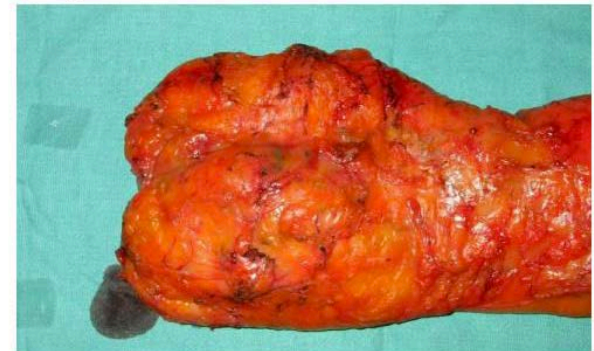
Std 5.7 Total Mesorectal Excision for Rectal Cancer

- Per the College of American Pathologists (CAP) cancer protocol template for rectal cancer resection, the quality of the Total Mesorectal Excision (TME) should be recorded as :
 - Complete
 - Near complete
 - Incomplete

This will be evaluated in the pathology report that will be part of the standardized synoptic format.

Total Mesorectal Excision

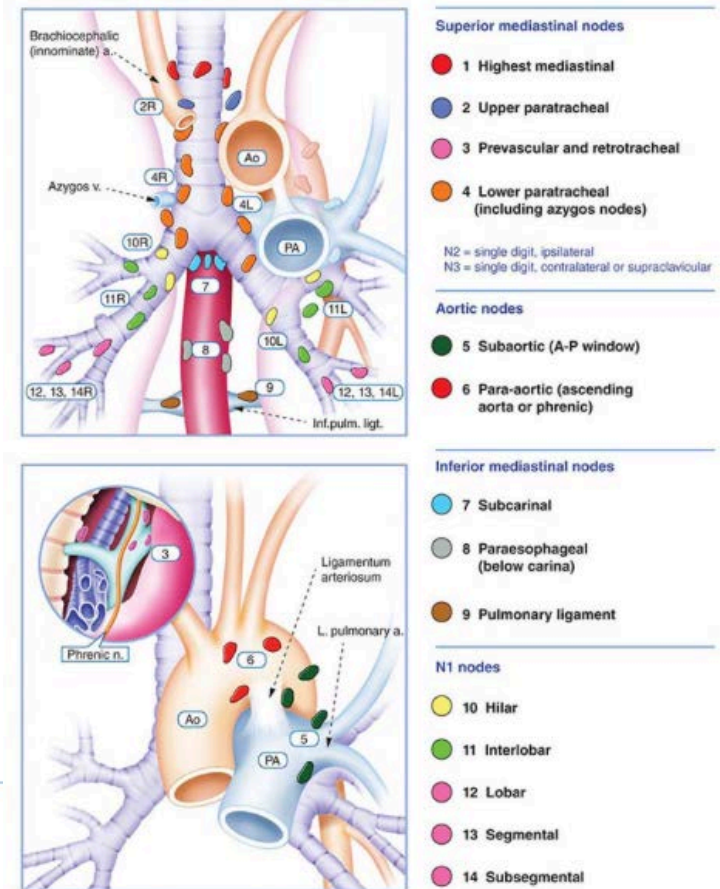
The Specimen



Std. 5.8 Pulmonary Resection for (NSC) Lung Cancer

As required by the College of Pathologists (CAP) cancer protocol template for pulmonary resections, the nodal stations examined by the pathologist must be documented in curative pulmonary resection pathology reports in synoptic format.

The surgeon is required to identify on the histology requisition form the station from which each group of nodes has been taken.



STANDARD 7.3

Quality Improvement Initiative

DEFINITION AND REQUIREMENTS

Under the guidance of the Cancer Liaison Physician, the Quality Improvement Coordinator, and the cancer committee, the cancer program must measure, evaluate, and improve its performance through at least one cancer-specific quality improvement initiative each year.

This quality improvement (QI) initiative requires the program to identify a problem, understand what is causing the identified problem through use of a recognized performance improvement methodology, and implement a planned solution to the problem. Reports on the status of the QI initiative must be given to the cancer committee at least twice each calendar year and documented in the cancer committee minutes.

This is now one large project!!

Quality Improvement Initiative

- 1) Review Data to Identify the Problem
- 2) Write the Problem Statement
- 3) Choose and Implement Performance Improvement Methodology and Metrics
- 4) Implement Intervention and Monitor the Data
- 5) Present Quality Improvement Initiative Summary

STANDARD 7.3

Quality Improvement Initiative

1) Identify the problem

- a) use quality problems identified in NCDB C3PR data, review of clinical services (palliative care, genetic services, operative standards)
- b) Can use NAPBC, NAPRC, CQIP data
- c) Can use any cancer specific quality problem identified by CC

2) Write the problem statement

- a) Identify the baseline and goal metric
- b) Include anticipated timeline

The problem statement cannot state that a study is being done to see if a problem exists, rather it must be already known that a problem exists!!

STANDARD 7.3

Quality Improvement Initiative

3) Choose and Implement Performance Improvement Methodology and Metrics

- CLP of QI Coordinator identify the experts needed to complete the study
- A recognized QI performance tool must be chosen
- Study may be extended into a second year but a new study is required each year

4) Implement Intervention and Monitor Data

- Review results at least twice per year and make suggestions if intervention not achieving results

STANDARD 7.3

Quality Improvement Initiative

The summary presentation must include:

- Summary of the data reviewed to identify the problem to study
- The problem statement
- The QI initiative team members
- Performance improvement tool utilized
- The intervention implemented
- If applicable, any adjustments made to the intervention
- Results of the implemented intervention

STANDARD 7.4

Cancer Program Goal

Only one goal will be required each year. This goal should be where the cancer committee works on the strategic planning of the cancer program.

Use a goal setting tool such as SMART (Specific, Measurable, Achievable, Realistic, Timely)

Thank you!

Any Questions?



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What kind of information can the Commission on Cancer provide you?



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National Cancer Data Base (NCDB)

- National, clinical cancer registry system
- Over **32.5 million** cancer cases diagnosed beginning in 1985
- **Continuous quality improvement** for the evaluation, management, and surveillance of cancer patients
- NCDB captures over 250 data points per patients
 - All cancer types
 - Includes patient characteristics, cancer staging and tumor histological characteristics, type of first course treatment administered and outcomes information

NCDB Tools and Reports

Participant User File

Cancer Program Practice Profile Reports

Hospital Comparison Benchmark Reports

Survival Reports

Rapid Quality Reporting System

Cancer Quality Improvement Program

Default Overuse and Completeness Report



Rapid Quality Reporting System (RQRS)

- Allows ***expedited*** data entry of a critical subset of items specifically relevant to anticipated standard of care treatments.
- Enables accredited cancer programs to report data on patients ***concurrently***.
- Shows cancer programs ***up-to-date concordance*** rates relative to the state, other similar programs, and all CoC accredited programs across the country.
- Provides hospitals ***timely notification of treatment expectations*** allowing providers to intervene when patients have not received all components of treatment.

***Required participation as of January 1, 2017**



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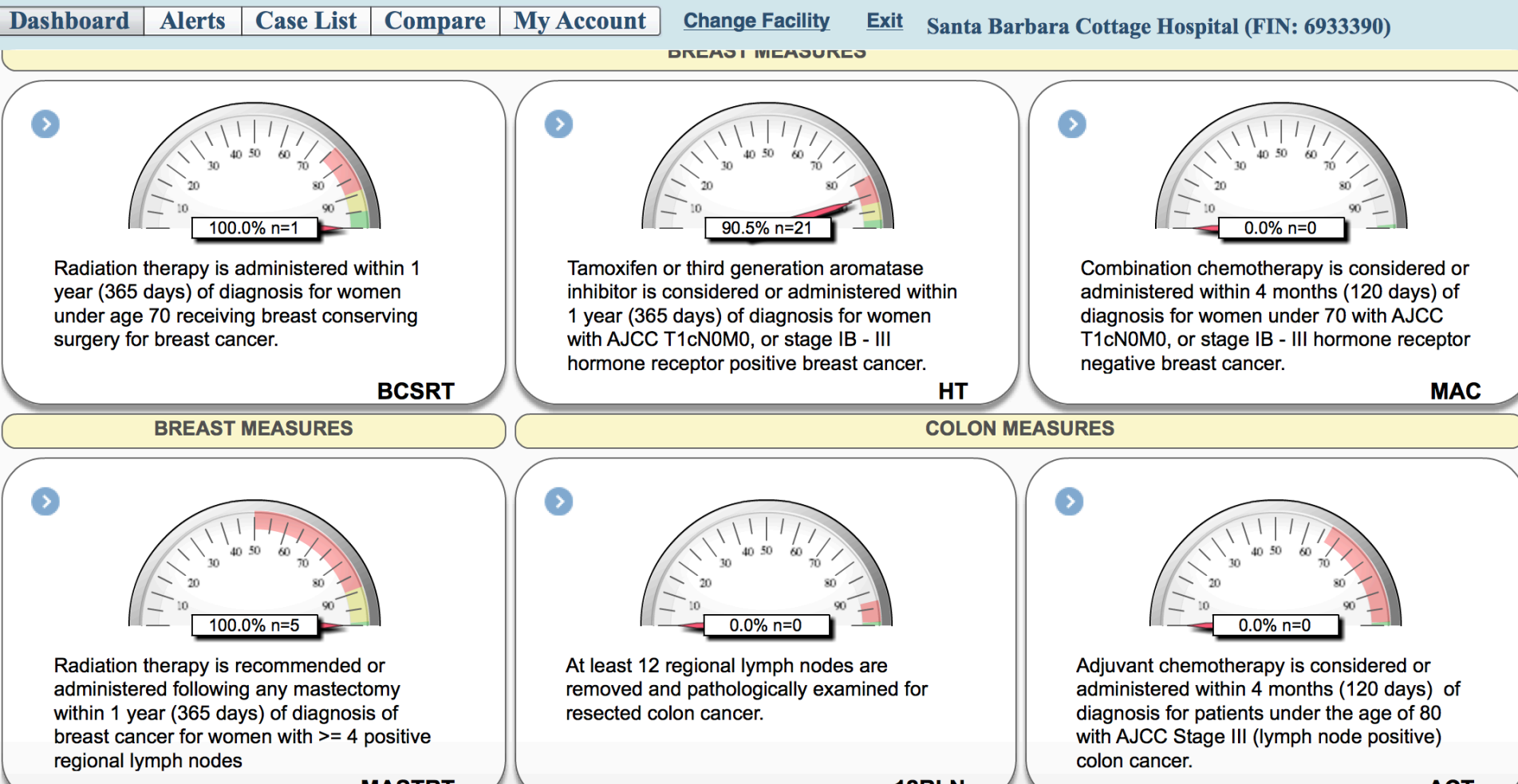


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Real Clinical Time Reported for Measure Compliance

RQRS DATA for Santa Barbara Cottage Hospital



The gauges reflect how the program is doing in real time.



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Real Clinical Time Reported for Measure Compliance

BCSRT data: Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.

Acc#	Seq#	Alert Status	Abstr.	Related Measures	Notes
201702102	00	 Lapsed RT Rx reporting; 10 days beyond 365 days following diagnosis	HBP	HT	
201701272	00	 Lapsed RT Rx reporting; 80 days beyond 365 days following diagnosis	HBP	HT	
201702742	00	 Incomplete Rx data; RT expected to be received within 44 days (365 days following diagnosis)	KNB		
201800361	00	 Incomplete Rx data; RT expected to be received within 88 days (365 days following diagnosis)	HBP		
201800006	00	 Incomplete Rx data; RT expected to be received within 93 days (365 days following diagnosis)	KNB	HT	
201800068	00	 Incomplete Rx data; RT expected to be received within 122 days (365 days following diagnosis)	HBP	HT	
201800026	00	 Incomplete Rx data; RT expected to be received within 122 days (365 days following diagnosis)	HBP	HT	
201800173	00	 Incomplete Rx data; RT expected to be received within 128 days (365 days following diagnosis)	HBP	HT	
201800404	00	 Incomplete Rx data; RT expected to be received within 139 days (365 days following diagnosis)	HBP		
201800194	00	 Incomplete Rx data; RT expected to be received within 144 days (365 days following diagnosis)	HBP	HT	
201800135	00	 Incomplete Rx data; RT expected to be received within 146 days (365 days following diagnosis)	HBP		
201800134	00	 Incomplete Rx data; RT expected to be received within 151 days (365 days following diagnosis)	HBP		
201800192	00	 Incomplete Rx data; RT expected to be received within 157 days (365 days following diagnosis)	HBP		
201800234	00	 Incomplete Rx data; RT expected to be received within 171 days (365 days following diagnosis)	HBP		
201800241	00	 Incomplete Rx data; RT expected to be received within 173 days (365 days following diagnosis)	HBP		
201800233	00	 Incomplete Rx data; RT expected to be received within 174 days (365 days following diagnosis)	HBP	HT	
201800527	01	 Incomplete Rx data; RT expected to be received within 177 days (365 days following diagnosis)	HBP		
201800398	00	 Incomplete Rx data; RT expected to be received within 181 days (365 days following diagnosis)	HBP	HT	
201800512	00	 Incomplete Rx data; RT expected to be received within 186 days (365 days following diagnosis)	HBP	HT	
201800292	00	 Incomplete Rx data; RT expected to be received within 187 days (365 days following diagnosis)	HBP		
201800395	00	 Incomplete Rx data; RT expected to be received within 191 days (365 days following diagnosis)	HBP	HT	

Your program receives text alerts like this one every month!



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CQIP

Cancer Quality Improvement Program

6933390

Annual Report

2019

Updated March 2019

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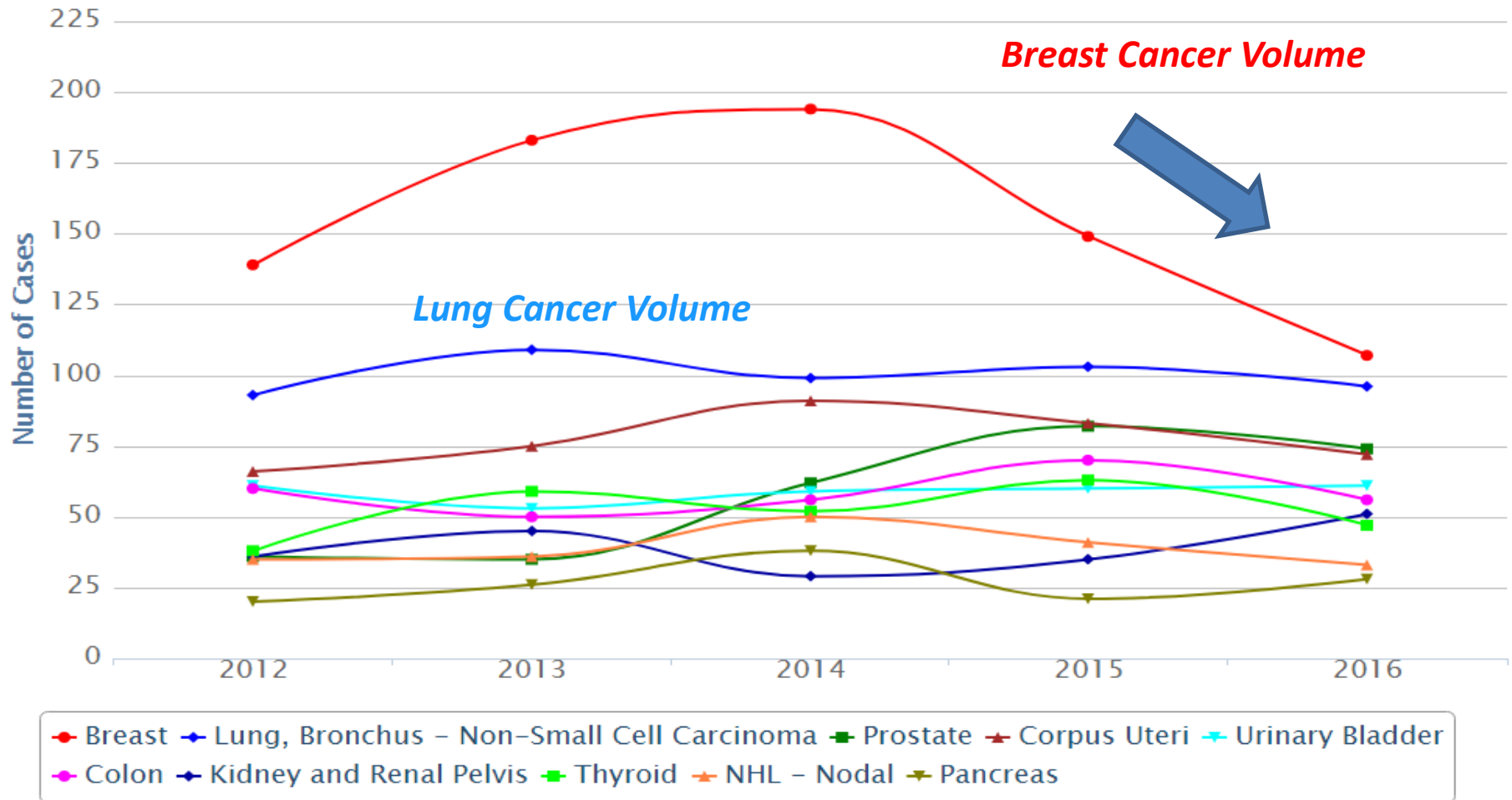
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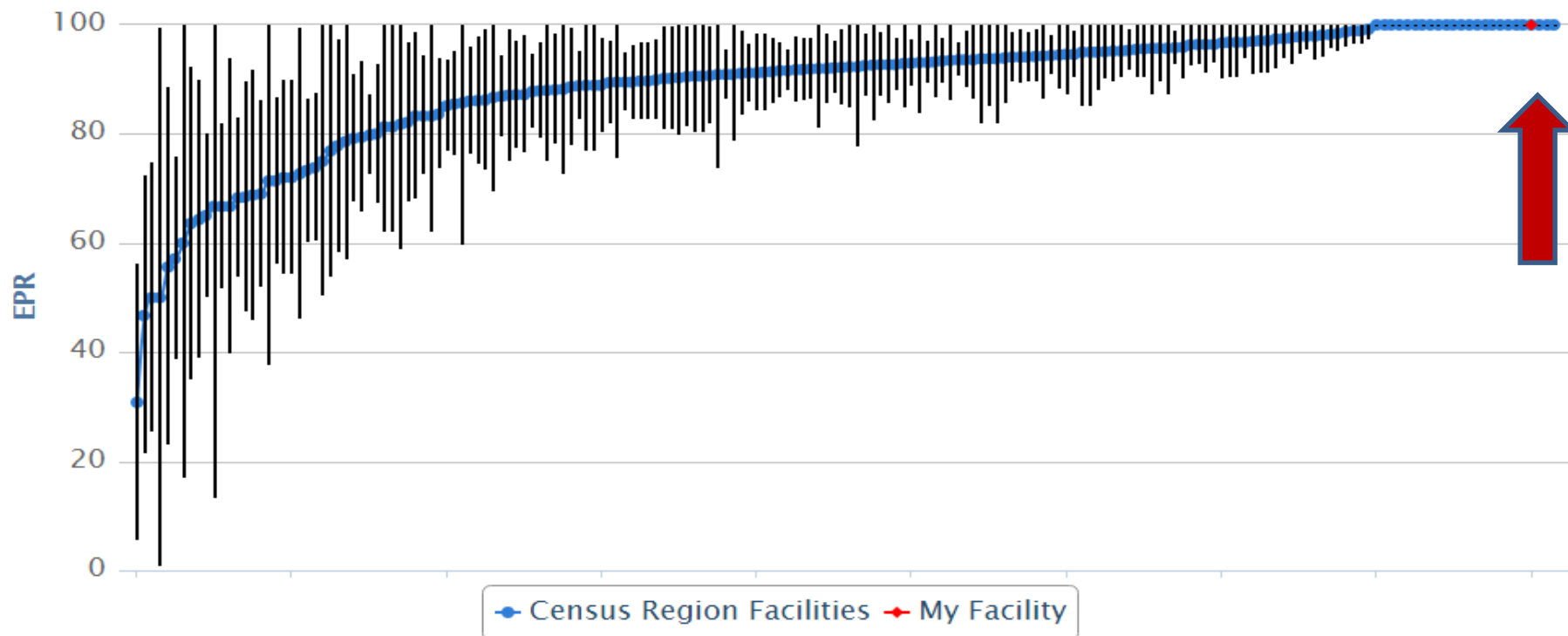
100+years

Cancer Program Total Case Volume, 2012 - 2016 My Facility



If Miscellaneous appears in your graph, note that this is a SEER-defined group. The exact primary sites and histologies included in this group may be found in the CQIP documentation

BREAST, 2016, BCSRT: Breast radiation after breast conserving surgery (NQF 0219 - Accountability)



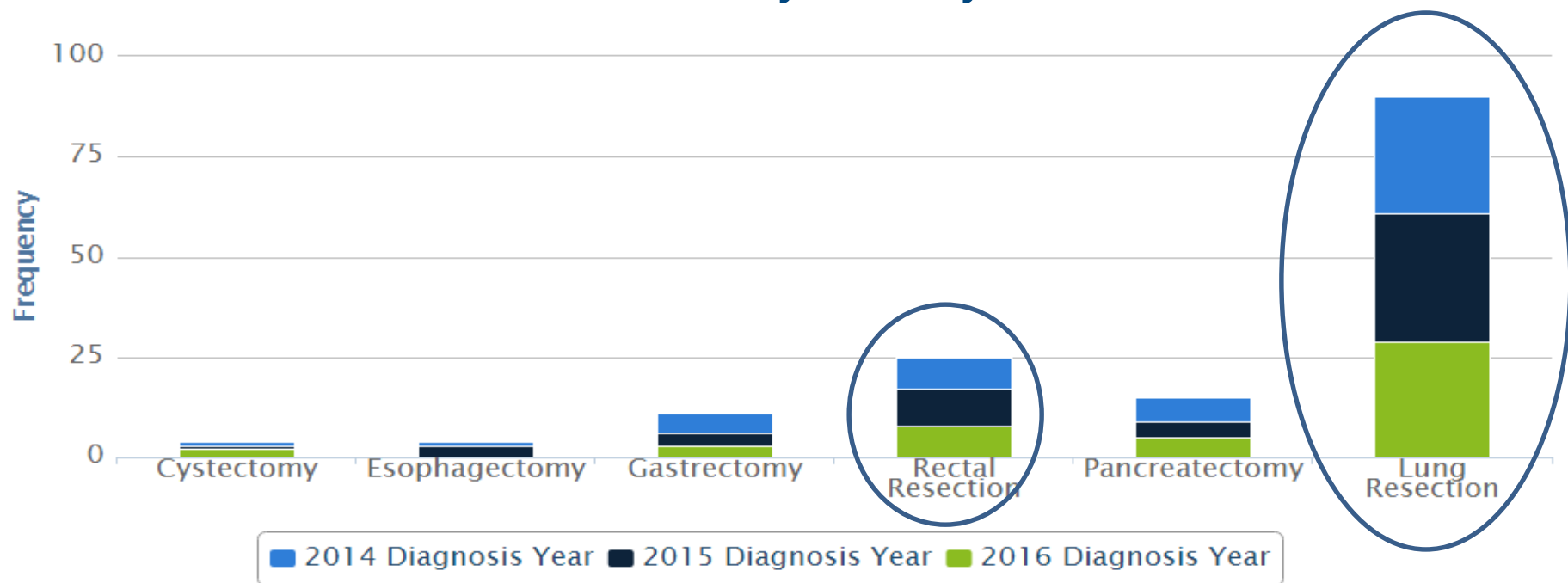
	My Program	My State (CA)	My Census Region (Pacific)	My ACS Region (West)	My CoC Program Type (CCCP)	All CoC Programs
Performance Rate	100 %	89.7 %	90.9 %	90.8 %	92 %	91.8 %
Denominator	9	4793	7711	7955	25754	59705
95 % CI	(100.0,100.0)	(88.8,90.6)	(90.3,91.5)	(90.2,91.4)	(91.7,92.3)	(91.6,92.0)

Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. (CP3R data as of 02/14/2019)

Volume and Unadjusted 30, 90 Day Mortality After Selected Complex Cancer Operations

- Cystectomy
- Esophagectomy
- Gastrectomy
- Pancreatectomy
- Rectal resection
- Non–Small-Cell Lung Cancer (NSCLC) resection

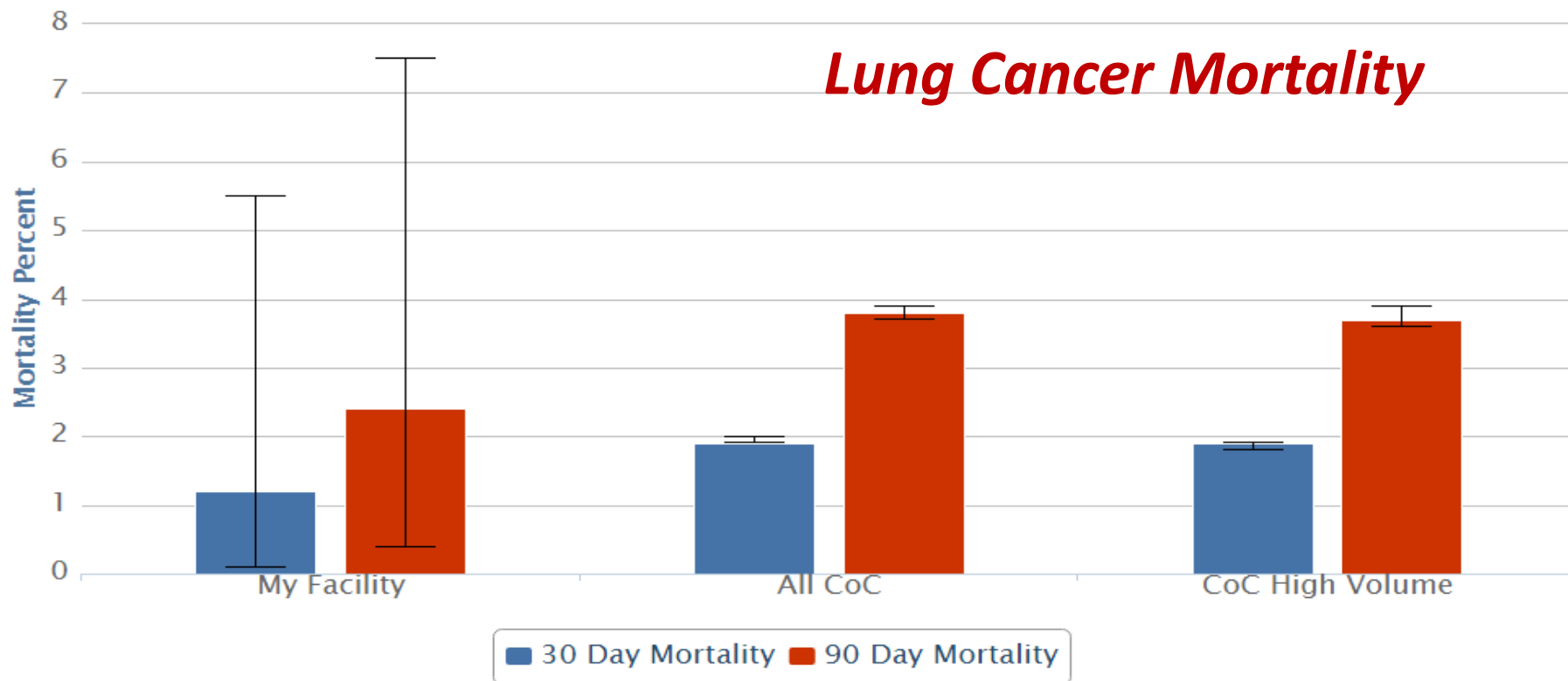
Number of Major Surgical Resections for Selected Cancers, 2014 - 2016 - My Facility



	Cystectomy	Esophagectomy	Gastrectomy	Rectal Resection	Pancreatectomy	Lung Resection
2014 Diagnosis Year	1	1	5	8	6	29
2015 Diagnosis Year	1	3	3	9	4	32
2016 Diagnosis Year	2	0	3	8	5	29

* includes surgery codes 30-80 only

NSCLC Resections, Unadjusted 30, 90 Day Mortality, 95% CI, 2014 - 2016 My Facility vs. All CoC and CoC High Volume



	My Facility		All CoC		CoC High Volume	
	30 Day	90 Day	30 Day	90 Day	30 Day	90 Day
Mortality Percent	1.2%	2.4%	1.9%	3.8%	1.9%	3.7%
95 % CI	(0.1,5.5)	(0.4,7.5)	(1.9,2.0)	(3.7,3.9)	(1.8,1.9)	(3.6,3.9)
Deaths	1	2	1,492	2,811	1,339	2,572
Resections	86	84	76,927	73,614	72,029	68,907

*NA No resections, or < 30 or < 90 days of follow up for alive patients



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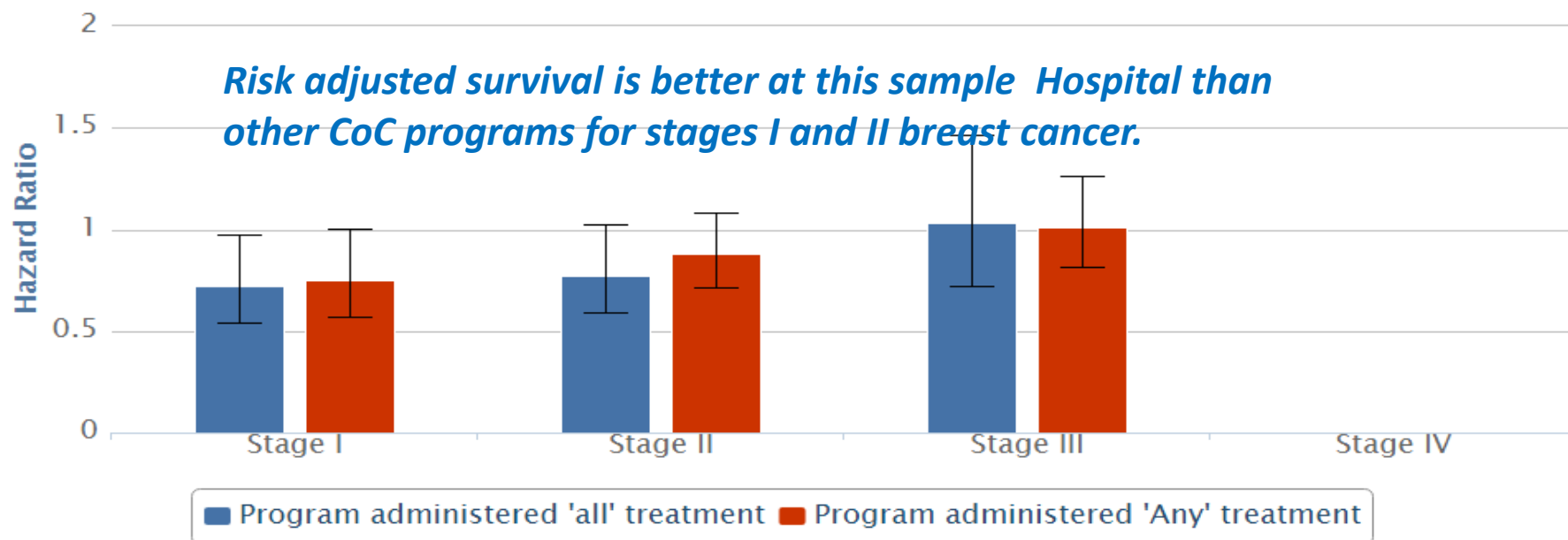
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Risk-Adjusted Survival Breast Cancer Stage Stratified Hazard Ratios 2009 - 2011



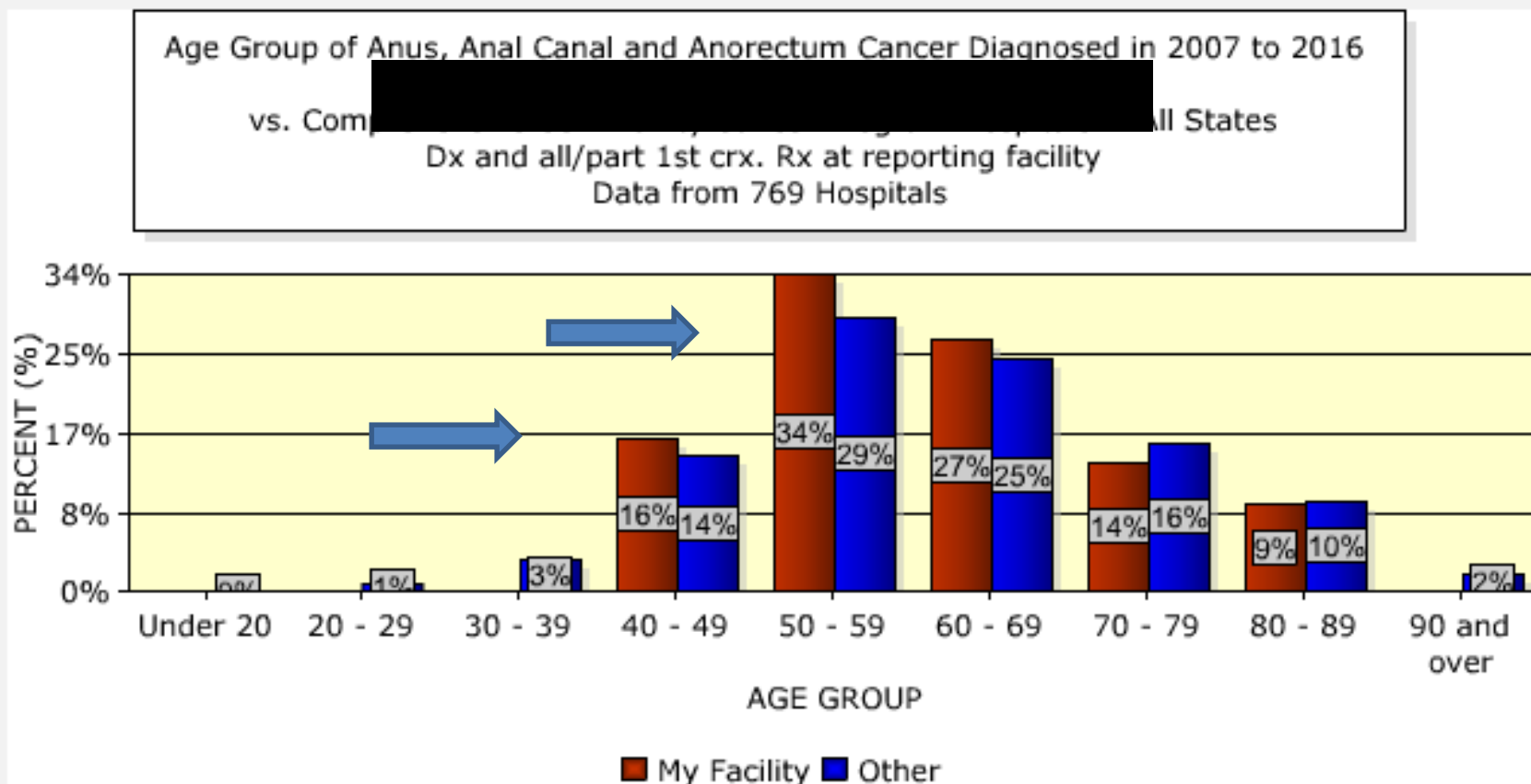
	Stage I - All	Stage I - Any	Stage II - All	Stage II - Any	Stage III - All	Stage III - Any	Stage IV - All	Stage IV - Any
Hazard Ratio	0.72	0.75	0.77	0.88	1.03	1.01	*NA	*NA
95 % CI	(0.54,0.97)	(0.57,1.0)	(0.59,1.02)	(0.71,1.08)	(0.72,1.46)	(0.81,1.26)	*NA	*NA
Deaths	11	12	9	10	13	13	11	11
Total Cases	204	216	109	114	40	41	14	14
Significance	Higher Survival	Higher Survival	**NS	**NS	**NS	**NS	*NA	*NA

CoC policy does not allow cancer programs to publicly report survival rates for their facility generated from NCDB data.*NA denotes <30 cumulative cases &/or the cancer program has not submitted at least 5 years of data.**NS denotes "Non-Significant"
Lower (Worse) Survival Hazard Ratio > 1 and Higher (Better) Survival Hazard Ratio < 1

Breast Cancer—Additional Reports

- Stage Distribution
- In/Out Migration
- In/Out Migration by Insurance Status
- Insurance Status
- Distance Traveled
- First Course Treatment – Stage I
- Days to First Treatment: Cases Diagnosed and Treated at My Facility
- Days to First Treatment: Cases Diagnosed at My Facility or Elsewhere; Treated at My Facility
- Radiation Treatment After Breast Cancer Surgery Out Migration Heat Map By Zip Code

Benchmark Report on Age of Anal Cancer Diagnosis at Sample Hospital and Other CoC Programs

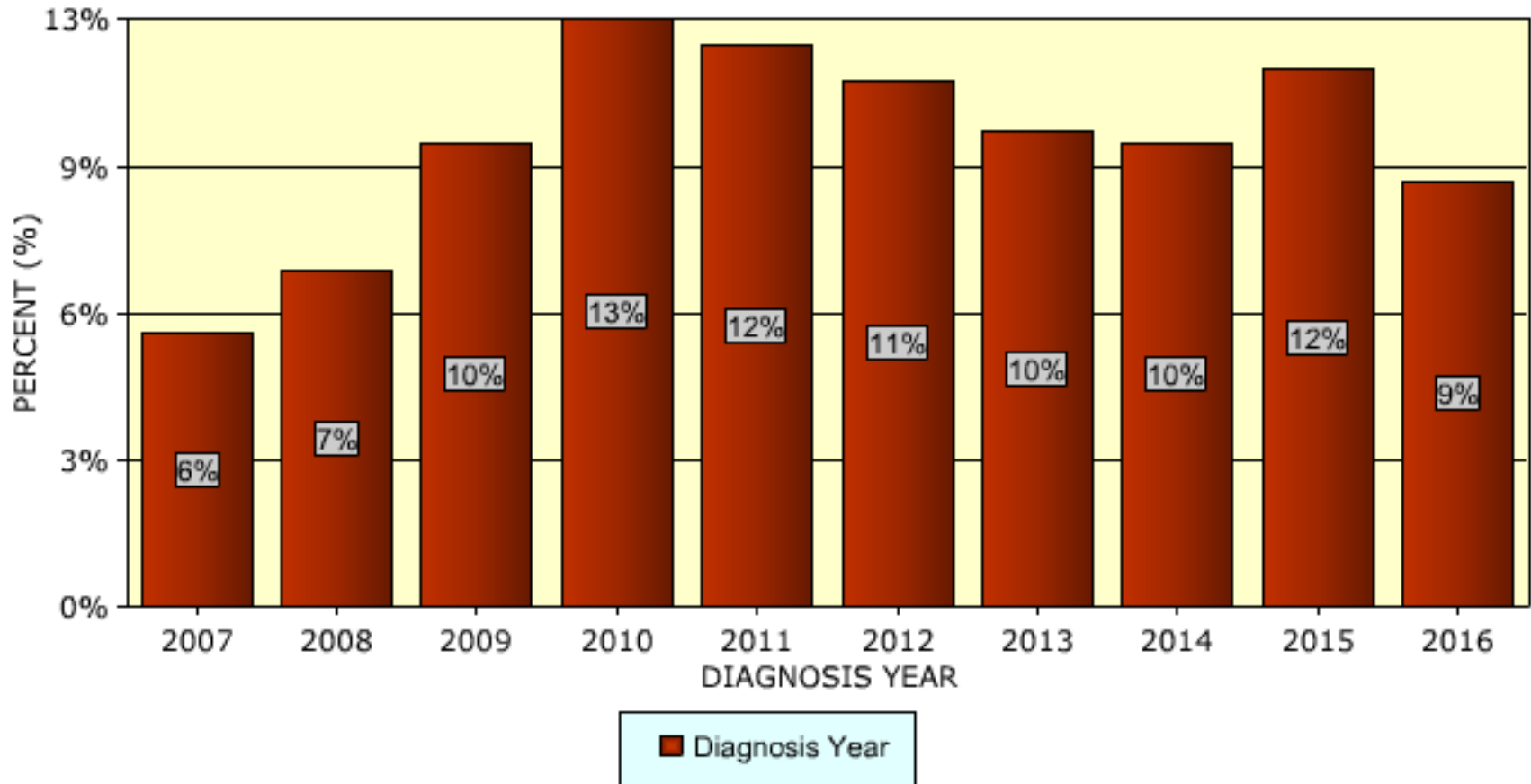


This hospital sees a younger population with ano-rectal cancer. (Screening opportunity??)



Out Migration of Breast Cancer Patients

Dx at reporting facility and all 1st crs. Rx elsewhere



Is your program losing breast cancer patients to other facilities?



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Thank you!



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