Roles and Responsibilities of the Cancer Committee

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Program Planning Committee Disclosure

The following members of the Program Planning Committee have nothing to disclose:

- Connie Bura
- M. Asa Carter
- Greer Gay
- Jerri Linn Phillips
- Andrew K. Stewart

Roles and Responsibilities of the Cancer Committee

- The Commission on Cancer’s Approach to Assure Quality Cancer Care:
  - Coordinated, multidisciplinary effort guided by the Cancer Committee
  - Responsibilities defined for key personnel
    - Cancer Committee
    - Cancer Liaison Physician
    - Quality Improvement Coordinator
    - Cancer Registry
  - Monitoring and benchmarking of care
  - Quality assessment communicated to medical community and administration

Roles and Responsibilities of the Cancer Committee

- Benefits of Patient Focused Standards
  - Address the full continuum of care
  - Improved coordination of care
  - Increased participation in care decisions by patients and family members
  - Increased patient satisfaction
  - Decreased costs
Roles and Responsibilities of the Cancer Committee

• Old standards concentrated on structure & process
  – Appointing members
  – Designating coordinators
  – Setting meeting frequency
• Strong focus on cancer conference activity and registry operations and data
• New standards stress cancer committee’s role in full scope of cancer program activities and more emphasis on monitoring of quality and outcomes

Roles and Responsibilities of the Cancer Committee

• Cancer Committee is the primary leadership body for the cancer program
  – Must be multidisciplinary
• Functions include:
  – Establishing program goals (strategic planning)
  – Monitoring program activity
  – Evaluating patient outcomes
  – Improving cancer patient care

Roles and Responsibilities of the Cancer Committee

• Eligibility Requirements (ER)
  – Monitoring, assessing, identifying changes needed each year
  – Delegate responsibilities to individuals, subcommittee, or department
    • Involve appointed coordinators in process
  – Review and document assessment of all ERs annually in minutes
  – Surveyor will discuss ER with cancer committee during survey
Roles and Responsibilities of the Cancer Committee

• E2 Cancer committee authority is established and documented by the facility.
  – Establish an effective, multidisciplinary cancer committee
  – Responsible for goal setting, planning, initiating, implementing, and evaluating
  – Improving cancer-related activities
  – Facility documents authority of the cancer committee
  – Provide documents that establish cancer committee’s authority

• S 1.1 Diagnostic and treatment services are provided by or referred to physicians who are currently board certified in their general specialty or are in the process of board certification.
  – Applies to all specialties (surgery, medical oncology, radiation oncology, pathology, diagnostic radiology)
  – Specified in bylaws of the facility
  – A “grandfather” clause is an acceptable exemption for specific physicians

Roles and Responsibilities of the Cancer Committee

S 1.1
• Documentation
  – Bylaws provided to document compliance
• Rating
  – Program fulfills criterion
    • The medical staff bylaws address physician current board certification and ensure that diagnostic and treatment services are provided by or referred to physicians who are board certified in their general specialty or are in the process of board certification
Roles and Responsibilities of the Cancer Committee

S 1.2: The membership of the cancer committee is multidisciplinary, representing physicians from the diagnostic and treatment specialties and non-physicians from administrative and supportive services. Coordinators who are responsible for specific areas of program activity are designated from the membership.

- Additional members included if services offered at the facility
  - Genetic professional
  - Palliative care team members

S 1.2
- Coordinator roles expanded
  - Cancer conference coordinator (Cancer Registrar may serve in this coordinator role only)
  - Quality improvement coordinator
  - Cancer registry quality coordinator
  - Community outreach coordinator
  - Clinical research representative or coordinator
  - Psychosocial services coordinator

- Assess the scope of services offered and determine the need for additional cancer committee members based on the major cancer sites

Roles and Responsibilities of the Cancer Committee

S 1.2
- Documentation
  - Complete SAR
  - Cancer committee minutes provided to document compliance
- Rating
  - Program fulfills all criteria
    - The membership of the cancer committee includes the required physicians from the diagnostic and treatment specialties.
    - The membership of the cancer committee includes required non-physicians from administrative and supportive services for cancer care.
    - Cancer committee members are designated to fulfill the required coordinator or representative roles.
Roles and Responsibilities of the Cancer Committee

S 1.3 Each required member or his or her designee attends at least 75% of the cancer committee meetings held during any given year.
  - Cancer committee is responsible for leading the cancer program
  - Facilitates participation by members
  - Applies to required members designated in S 1.2
  - Equivalent designee may substitute occasionally
  - Committee monitors and addresses attendance issues

1.3

Documentation
  - Cancer committee minutes that include the attendance for each meeting

Rating
  - Program fulfills criterion
    - Each required member or designee attends at least 75% of the cancer committee meetings held during any given calendar year

S 1.4 Each year, the cancer committee meets at least once each calendar quarter.
  - Quarterly meetings required for all categories
  - Facility may increase meeting frequency
  - Recommend meeting during the first month of the quarter
  - Subcommittee and workgroup meetings do not substitute
Roles and Responsibilities of the Cancer Committee

S 1.4
• Documentation
  – Cancer committee minutes that document the committee’s meetings and activities
• Rating
  – Program fulfills criterion
    • The cancer committee meets at least once each quarter

S 1.5
• Each year, the cancer committee establishes, implements, and monitors at least one clinical and one programmatic goal for the endeavors related to cancer care. Each goal is evaluated at least twice annually. The evaluation is documented in cancer committee minutes.
  – Goals provide direction for strategic planning of cancer program activities
  – Goals are established at beginning of each year and evaluated at mid-year and at end of same year.
  – Clinical: involving the diagnosis, treatment, and care of the program’s cancer patients
  – Programmatic: directed towards the scope, coordination, and process of care for patients in the cancer program
  – Goals do not need to be completed each year, but different goals are to be set each year.
  – Goals are NOT a restatement of the CoC standards
  – Recommend goal-setting tool known as SMART (Specific, Measurable, Achievable, Realistic, and Timely)

• Documentation
  – The program provides cancer committee minutes that document the annual goals, time frame for evaluation and completion, assigned coordinator, and responsibilities of other committee members
• Rating
  – Program fulfills all criteria
    • At least 1 clinical goal is established, monitored, evaluated twice annually, and documented by the cancer committee
    • At least 1 programmatic goal is established, monitored, evaluated twice annually, and documented by the cancer committee
Roles and Responsibilities of the Cancer Committee

S 1.6 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.
- Ensures quality of cancer registry data by establishing and implementing a quality control plan
- Evaluate multiple areas of cancer registry activity and accuracy and completeness of abstracted data
- Coordinator leads activity and reports findings to cancer committee
- Review 15% of annual caseload
- Process for resolving conflicts identified during the quality control review

Roles and Responsibilities of the Cancer Committee

S 1.6

- Documentation
  - Quality control (QC) plan
  - Cancer committee minutes that include results of the annual quality control evaluation

- Rating
  - Program fulfills all criteria
  - Cancer committee establishes and implements plan
  - Performs the required QC reviews
  - Findings reported
  - Reports documented in minutes

Roles and Responsibilities of the Cancer Committee

S 1.7 The cancer conference coordinator monitors and evaluates the cancer conference activities and reports findings to the cancer committee at least annually.
- Evaluate all areas of cancer conference activity
  - Conference frequency
  - Multidisciplinary attendance
  - Total case presentation
  - Prospective case presentation
  - Treatment planning discussion
  - Options for clinical trials
  - Adherence to conference policy
- Improvements or changes are based on findings of evaluation
Roles and Responsibilities of the Cancer Committee

S 1.7
- Documentation
  - Cancer committee minutes
  - Cancer conference policy
  - Corrective action taken
- Rating
  - Program fulfills all criteria
    - All areas of conference activities evaluated
    - Coordinator reports findings
    - Report is documented in minutes

S 1.8 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 report which is presented to the cancer committee annually.
- Monitor program scope and effectiveness
- Coordinator leads activity and reports findings to cancer committee

Outreach Coordinator responsibilities
- Contribute to development of outreach activities
- Work with community outreach organizations
- Ensure that programs reflect cancer experience and meet community needs
- Use NCDB data and tools to study care and identify gaps
- Ensure that program follows evidence-based guidelines and interventions
- Assure follow-up of all positive findings
- Evaluate effectiveness of access and referral process
- Use NCDB benchmark reports and cancer registry data to study patterns of care
- Create community outreach activity summary report outlining activities, results, and follow-up
Roles and Responsibilities of the Cancer Committee

S 1.8

• Documentation
  – Community outreach activity summary report
  – Cancer committee minutes
• Rating
  – Program fulfills all criteria
  • Minutes reflect effectiveness of outreach activities each year
  • Community outreach activity summary report is prepared
  • Report is shared with the cancer committee
  • Report is documented in minutes

S 1.9

The cancer committee develops and implements a process to screen patients to determine eligibility for available cancer-related clinical trials. Each year, the screening process for cancer-related clinical trial enrollment is evaluated, assessed, and documented in the minutes of the cancer committee.

• Screening process
  • Documents types of cancer-related clinical trials available
  • Methods used to assess and screen patients
  • Identifies barriers to patient participation
• Cancer committee able to address barriers
• Representative or coordinator leads activity and reports finding to cancer committee

• Documentation
  – Process to screen patients for cancer-related clinical trial participation
  – Cancer committee minutes
• Rating
  – Program fulfills all criteria
  • Cancer committee develops screening process
  • Cancer committee implements screening process
  • Each year screening process is evaluated
  • Assessment of screening process is documented in minutes
Roles and Responsibilities of the Cancer Committee

S 1.10 As appropriate to the cancer program category, the required percentage of patients is accrued to cancer-related clinical trials each year. Clinical trial participation is reported to the cancer committee each year.

- Demonstrate independent peer review mechanism consistent with national standards
- Approved by an internal or external institutional review board (IRB)
- Informed written consent for patients participating in clinical trials

S 1.10 Cancer prevention and cancer control research includes:

- Primary prevention of cancer
- Early detection of cancer
- Quality of life related to cancer (supportive care trials)
- Economics of care related to cancer

- All CoC-accredited programs to provide enrollment data to cancer programs referring patients for enrollment in a cancer-related clinical trial

- Patient accrual is monitored and reported to cancer committee each year. Including:
  - Number of patients accrued each year
  - Report documented in cancer committee minutes

S 1.10 Until 2015, cancer programs are expected to achieve the minimum and commendation accrual percentage based on their facility’s category as of December 2011 set forth in standard 5.2 as published in Cancer Program Standards 2009, Revised Edition.
Roles and Responsibilities of the Cancer Committee

S 1.10
• Documentation
  – Cancer committee minutes
• Rating
  Each year, program fulfills all of these criteria for (1+) Commendation
  – As appropriate to the category, the required Commendation percentage of patients is accrued.
  – The annual patient accruals to cancer-related clinical trials are monitored.
  – Number of patient accruals is reported to the cancer committee.
  – Report is documented in cancer committee minutes.
• Compliance
  Each year, program fulfills all of these criteria for (1) Compliance
  – As appropriate to the cancer program category, the minimum required percentage of patients is accrued to cancer-related clinical trials.
  – The annual patient accruals to cancer-related clinical trials are monitored.
  – Number of patient accruals is reported to the cancer committee.
  – Report is documented in cancer committee minutes.

Roles and Responsibilities of the Cancer Committee

S 1.11 Other than cancer conferences, the cancer committee offers at least 1 cancer-related educational activity each year to physicians, nurses, and other allied health professionals. The activity is focused on the use of AJCC or other appropriate staging in clinical practice and includes the use of site specific prognostic factors and evidence-based national guidelines used in treatment planning.

Roles and Responsibilities of the Cancer Committee

S 1.11
• Ensures that members of the cancer care team have current knowledge
• Offer at least 1 cancer-related educational activity to physicians, nurses, and allied health professionals.
• Educational activity focuses on the use of:
  – AJCC or other appropriate staging in clinical practice
  – Site-specific prognostic factors
  – Evidence-based national guidelines used in treatment planning
• Educational activities exclude patient management cancer conferences (tumor board) in any format.
Roles and Responsibilities of the Cancer Committee

S 1.11

- **Documentation**
  - Documentation of 1 annual cancer-related educational activity
  - Overview or objectives of the content presented
  - Published notice or agenda

- **Rating**
  - Program fulfills these criteria
  - Other than cancer conferences, the cancer committee offers at least 1 cancer-related educational activity to physicians, nurses, and other allied health professionals.
  - The educational activity includes discussion of AJCC stage or other appropriate staging, site-specific prognostic factors, and evidence-based national treatment guidelines in planning treatment for patients with cancer

S 1.12

- Other than cancer conferences, all members of the cancer registry staff participate in 1 cancer-related educational activity each year.
  - Ongoing cancer-related education enhances knowledge and skills
  - Facilitates accurate data collection
  - To gain or maintain credentials
  - All members of the cancer registry staff participate
    - CTR staff
    - Contract CTR staff
    - All non-credentialed staff

- Educational activities used to fulfill the standard include:
  - Local
  - State
  - Regional
  - National
  - Educational activities exclude patient management cancer conferences (tumor boards) in any format
  - Examples of national organizations include:
    - Commission on Cancer (CoC)
    - National Cancer Registrar Association (NCRA)
    - National Comprehensive Cancer Network (NCCN)
    - North American Association of Central Cancer Registries (NAACCR)
Roles and Responsibilities of the Cancer Committee

S 1.12
Documentation
- Documentation of cancer-related educational activity for each member of the cancer registry staff

Rating
Program fulfills these criteria
- (1+) All CTR staff attend a national and/or regional cancer-related meeting once during the 3 year survey cycle
  - CTR
  - Contract CTR
  - Non-CTR

And
- All cancer registry staff participate in a cancer-related educational activity each year

Questions?
Please visit the CoC’s CAnswer Forum to post questions on this Webinar.

The URL and log in instructions can be found in an attachment posted along with the presentation handouts.