NCCCP Cancer Center Medical Staff Conditions of Participation

Developing effective partnerships

by H.A. Zaren, MD, FACS

Community hospitals face major challenges as they attempt to involve community oncologists in meeting the goals of the National Cancer Institute (NCI) Community Cancer Centers Program (NCCCP). Most NCCCP sites rely upon private practice physicians to support their cancer programs. The NCCCP sites recognized that more active involvement with their cancer physicians was needed to improve the community cancer centers' abilities to offer state-of-the-art cancer care and to promote research. To help support this objective, NCCCP sites worked together to develop the NCCCP Cancer Center Medical Staff Conditions of Participation (COPs). The participating hospitals established an appropriate set of criteria, critical to meet the goals of the NCCCP as well as the programmatic goals of the cancer centers.

The "Recommended Conditions of Participation" can be found on pages 30 and 31 and are available on the NCCCP website at: *http://ncccp.cancer.gov/NCCCP-Conditions-of-Participation.pdf*. These recommendations represent goals to strive for, and each NCCCP site has been working over the three-year pilot to adopt some form of the "Recommended COPs" that will be achievable in their community setting using this document as a guide. The site-specific COP recommended by the NCCCP consists of criteria for:

- Medical staff professional affiliations
- Cancer expertise and continuing education
- Research and clinical trials
- Cancer practice commitments
- Cancer program obligations.

How might community cancer centers benefit from implementing conditions of participation? The answer is simple—COP implementation will increase physician commitment to the organization and collaborative efforts between disciplines. Across the NCCCP sites, COPs include: 1) establishing cancer medical staff practice pattern standards for achieving quality of care and promoting research, 2) advancing physician involvement in the community cancer center, and 3) engaging physicians in multidisciplinary teams.

Committing to COPs requires an investment of time by the participating physicians, so it is important to underscore the benefits in terms of the physicians' professional needs and the needs of their patients. NCCCP sites tracked the amount of time physicians donated to activities that are included in the COPs so that all could quantify the value of this commitment for largely private practice physicians. At the various NCCCP sites some of the benefits included:

- The ability to compare their clinical performance to national guidelines and to other physicians in the organization
- The opportunity to *prospectively* present their patients to a multidisciplinary committee to help ensure optimal treatment plans
- Enhanced branding with support from the cancer center through marketing efforts for participating physicians
- Identification in hospital call centers as preferred providers
- Navigation support for patients
- Research nurse support
- Support for attendance at national meetings.

COPs can be put in place with existing "hospital privileges" and not be mutually exclusive. NCCCP sites created "peer pressure" by recognizing and rewarding physicians who met requirements, thus achieving reasonable goals over time. In order to increase physician participation to meet these standards, NCCCP sites suggest that community cancer centers:

- Increase clinical trial opportunities by supporting research
- Encourage general discussion between disciplines
- Clarify expectations for physicians and for hospital administration
- Recognize distinction in clinical performance among physicians
- Increase collaboration to support the cancer center's strategic plan
- Attract high-quality physician recruits
- Provide institutional and administrative support for physician activities
- Incorporate National Comprehensive Cancer Network (NCCN) and other guidelines for care into routine practice.

Overall, NCCCP sites reported four elements that were critical to develop support for the COPs: 1) identifying key stakeholder buy-in, 2) developing the rationale for participation, 3) identifying required elements and success factors, and 4) incorporating best practices.

Buy-in from Key Stakeholders

When developing the COP, NCCCP sites identified a number of key stakeholders:

Physicians. Physician buy-in should include physicians employed by the cancer center; physician private practices, such as medical, radiation, and surgical oncology; contracted practices, such as pathology and radiology; and other participating physicians who serve a significant cancer patient population in the local community.

Medical staff leadership. Buy-in from the health system, hospital cancer center, and chief medical officer

NCCCP Recommendations for Cancer Center Medical Staff Conditions of Participation

Requirement	Suggested Metrics	Category	Criteria
1. Professional Affiliations	■ Active member of hospital medical staff	■ Required	■ Hospital to confirm
	■ Board eligible, certification, and re-certification as required	■ Required	■ Provide documentation
	■ Membership in oncologic societies, if available for specialty	■ Required	■ Provide documentation
	■ Leadership role and/or participation in local, state, and national community cancer activities	■ Strongly encouraged	■ Must participate in at least one yearly activity
2. Cancer Expertise and Continuing Education	■ Attendance at national and local oncology conferences (e.g., ASCO, ASTRO, AACR) with oncology CME credits	■ Strongly encouraged	■ 20 CME credits every 2 years in oncology-related topics from national and local conferences combined
	■ Dedicated commitment to a specific disease area and demonstration of an appropriate volume, which allows the physician to provide care for patients with good outcomes	■ Strongly encouraged	■ Completion of fellowship training in medical, surgical, or radiation oncology; or a general surgery, pulmonology, gynecology, pathology, imaging, or neurology practice focused in one or two disease sites
	■ Publications and presentations	■ Strongly encouraged	■ Hospital to track
3. Research and Clinical Trials	■ Participation in clinical trials and/or secondary or team credit for accrual coordination, referrals, or support for trials (surgeons, urologists, radiation oncologists)	■ Required	■ Must place, refer, and/or support patient on clinical trials (confirmation provided by cancer center clinical trials or research coordinator)
	■ Completion of the Human Participants Protection Education Research Teams online course (required by NIH to be an investigator for Cooperative Group or NCI studies)	■ Required	■ Provide documentation of education
	■ Involvement in national oncology research activities, such as ECOG, SWOG, RTOG, NSABP, and GOG	■ Strongly encouraged	■ Active participation and/or membership with at least one of these organizations

and/or medical director is mandatory.

Administration. Health system, hospital, and cancer center administrative leadership must also be on board. Practice administrators employed by physician private practices are also key.

Other stakeholders. The health system, hospital, and cancer center legal services must be involved in developing the COP. In addition, the Board of Directors and/or Board of Trustees of the health system, hospital, and cancer center must agree to support the COP.

Developing the COP

NCCCP sites identified the following key requirements for developing conditions of participation:

- Support of key stakeholders
- Development of a detailed marketing and educational plan targeted to physicians
- Development of specific benefits of participation, such as marketing services for participating physicians
- Support by administration to provide resources, such as patient navigation, social services, research nurses, and access to medical equipment

Requirement	Suggested Metrics	Category	Criteria
4. Cancer Practice Commitments	Commit to a philosophy of cancer care that includes: ■ Discuss all appropriate treatment options with patients ■ Communication with primary care or referring physician throughout diagnosis and treatment, provide timely follow-up communication regarding patient recommendations, treatment status, and outcomes (e.g., within one week) ■ A willingness to provide timely verbal consults to cancer center and hospital physicians ■ A willingness to provide second opinions at request of patients or referring physicians (e.g., same day) ■ A commitment to the provision of timely patient return and coordination of follow-up care ■ Embraces multidisciplinary care, collaborating prospectively with other members of the patient's care team and involving the patient and family as a partner ■ Participation with navigators and care managers as available and when appropriate ■ Provide the treatment plan and summary as developed by the cancer center based on recommendations from the NCCCP program	■ All criteria listed will be part of acceptance of conditions of participation agreement obligations	
5. Cancer Program Obligations	■ Commitment to being a part of a strong oncology practice group committed to providing vision, oversight, and plans for growth and research support for the NCCCP program ■ Follow evidence-based guidelines, such as ASCO, NCCN, or similar guidelines offered at the cancer center ■ Provide data and clinical information to support cancer center patient care and performance improvement (PI) efforts, including sharing patient office practice data with cancer research office and/or registry as needed for quality data ■ Participate in multidisciplinary conferences, site-specific tumor boards, and/or specific tumor conferences as appropriate for the cancer center ■ Commitment to follow professional societies' (ASCO, NSGC, ASHG) recommendations on cancer genetics that include evaluation by appropriately trained professionals in genetic counseling, screening, and testing ■ Participate in at least one PI activity annually ■ Provide cancer registry with timely information ■ Conduct oncology educational sessions for staff and primary care physicians, as appropriate ■ Provide care for the uninsured and/or underserved per hospital-specific policy for the NCCCP program (e.g., agree to accept on a fair and proportional basis with other participating physicians, any patients referred through the cancer center) ■ Support screening efforts	■ All criteria listed will be part of acceptance of conditions of participation agreement obligations	■ Participate in at least 60% of local cancer center site-specific tumor conferences

- Provision of a venue for physicians to voice opinions
- Progress reports on implementation.

Community cancer centers developing and implementing a COP must be willing to invest in personnel, information technology (IT), and quality of care initiatives. To be successful, NCCCP sites suggest that community cancer centers:

- Provide resources and specific benefits for participation
- Establish physician forums or subcommittees to discuss COP elements
- Acknowledge concerns for program success
- Involve the legal department to discuss legal concerns, such as Stark and appropriate marketing efforts
- Emphasize availability of professional development and continuing education
- Identify metrics to assess COP involvement.

NCCCP sites identified other factors leading to successful COP development, including 1) the need for private practitioners to support more coordinated care for cancer patients, 2) the branding of a cancer center connection by

physician practices, 3) encouraging physician interest in clinical trials, and 4) engagement with private practice physicians by the NCCCP site principal investigator and/or cancer center medical director serving as a physician leader.

For some NCCCP sites, the legal issues related to COP development took up to 12 months. During this period, NCCCP sites reported a need for ongoing dialogue with *all* key stakeholders.

Implementing the COP

Overall, NCCCP sites found that successful implementation of the COP required four actions:

1. Availability of support staff throughout the implementation process
2. Reinforcement of the conditions of participation by integrating them into cancer center meetings and activities
3. Continued education and professional development throughout the implementation process
4. Participation of legal representatives from the hospital and private practice(s).

NCCCP sites experienced a variety of organizational, structural, and clinical barriers and challenges to COP implementation. For example, some NCCCP sites experienced structural barriers related to distance—not only the distance between private practices and the cancer center, but also distance within the local facilities.

NCCCP sites also reported a need to identify a "value" for physician time related to COP implementation.

NCCCP sites also reported a need to identify a "value" for physician time related to COP implementation. Private physicians must be willing and able to invest extra time and resources to fulfill initial COPs, and it is helpful if they understand the benefits that they can receive as a participating physician. Community cancer centers can help overcome physician resistance by facilitating meetings and open discussions among physicians.

Some NCCCP sites were able to add COPs to medical staff requirements in order to facilitate implementation. At the conclusion of the 3-year pilot period, 3 sites had completely implemented COPs, 11 sites were in the process of COP implementation, and 2 sites had not yet implemented COPs.

Lessons Learned

In the process of developing and adopting COPs, NCCCP sites faced many challenges, such as fear of the unknown with physician response and fear of a misunderstanding of institutional intent; these were overcome by open communication and education. Many NCCCP sites experienced challenges with their legal counsel's interpretation of the COPs and in tracking COP metrics. NCCCP sites added suggested metrics to the COPs to underscore the importance of tracking progress and compliance.

For community cancer centers looking to implement COPs, NCCCP sites offer these final recommendations:

- Develop a steering committee
- Designate a champion or leader, such as the cancer center medical director
- Ensure that financial support and time allocation of resources are available to implement the project
- Conduct onsite tours or teleconferences with programs with previous COP experience
- Develop an implementation plan and a way to monitor progress and have both approved by key stakeholders *prior to* COP development
- Consider introduction of the COP through existing boards and processes, such as the cancer committee
- Engage, as early as possible, the cancer center's legal department and participating physicians' legal counsel in COP development.

NCCCP sites found that their medical directors, physician leaders, and cancer committee leadership contributed significantly to successful COP implementation. For the organizations, the major benefits of COP implementation were two-fold. First, conditions of participation gave NCCCP sites the opportunity to gather a core of high-quality physicians. Second, NCCCP sites found that COP implementation utilized a more integrated partnership in support of patient care that improved care and increased physician and patient satisfaction.

H.A. Zaren, MD, FACS, is medical director at the Nancy N. and J.C. Lewis Cancer & Research Pavilion at St. Joseph's/Candler in Savannah, Ga., and NCCCP principal investigator.

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