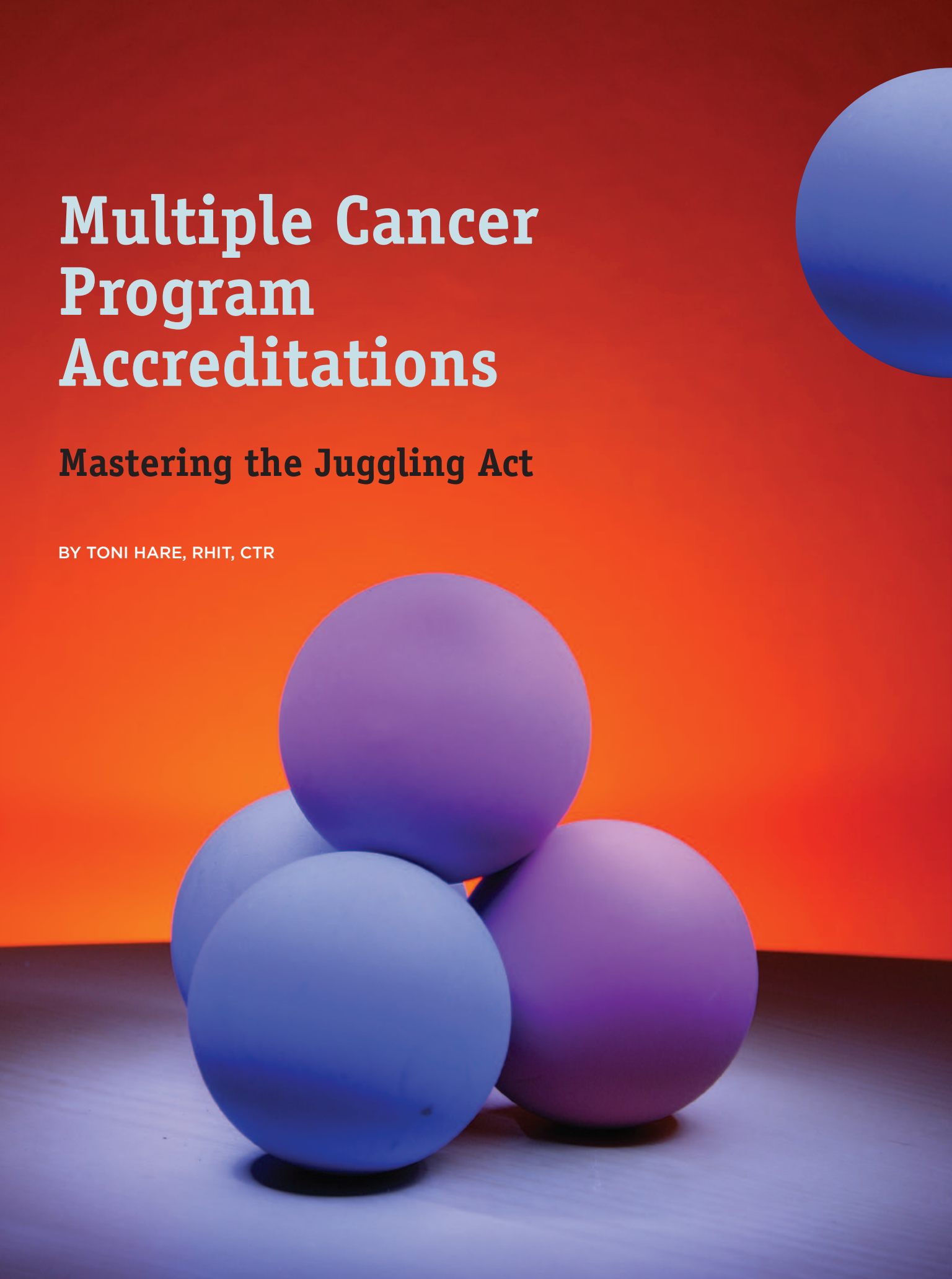
Multiple Cancer Program Accreditations

Mastering the Juggling Act

BY TONI HARE, RHIT, CTR



Juggling is a skill I have never mastered. In fact, it's something very few people even attempt. Yet, hospitals and healthcare systems nationwide are doing just that—juggling multiple treatment guidelines, industry standards, quality measures, and hospital-specific pathways that are the result of a transitioning healthcare system. As payers back away from transactional-based pay and towards a pay-for-performance model, hospitals are required to provide validation of the patient care and quality outcomes they provide to their communities.

The increased attention to industry standards has impacted cancer programs as well. From the cancer program administrator, to the Cancer Committee and the cancer registrar, comprehensive changes to standards are affecting data collection, utilization, and analysis. But the changes don't stop there. As healthcare consumers become more discerning, community cancer centers are feeling the pressure to meet and exceed the evolving standards of many different organizations, such as the Commission on Cancer (CoC), The Joint Commission's Disease-Specific Certification, the National Accreditation Program for Breast Centers (NAPBC), and the Quality Oncology Practice Initiative (QOPI) from the American Society of Clinical Oncology (ASCO).

In addition to managing multiple accreditations from multiple accrediting agencies, this year cancer programs also have a new set of patient-centered CoC Standards to implement. More than 1,500 hospitals, freestanding cancer centers, and cancer program networks nationwide are currently accredited by the CoC,[1] and as of January 1, 2012, all CoC-accredited programs and those programs seeking accreditation are now required to implement the new CoC 2012 standards. The new standards work to:[2]

- Coordinate and integrate care across boundaries of the healthcare system
- Provide information, communication, and education that people need and want
- Guarantee physical comfort, emotional support, and the involvement of family and friends.

As a CoC-trained Consultant, I sense the trepidation in my clients' questions, concerns, and comments regarding the new CoC standards—*Will I need to hire more staff? How can I afford to hire a nurse navigator? Will my Cancer Committee understand what we have to do? How can I do more without additional resources?*

This article highlights ways cancer programs can manage multiple and ever-changing cancer program standards. In other words, the article aims to answer the question—*how can a cancer program effectively juggle multiple accreditations, while making the most of current internal resources?*

To answer this question, cancer program leadership needs to analyze and assess the internal resources available to ensure each resource is being fully utilized. I typically ask questions that uncover the systemic and collaborative approach of the cancer program:

- Is the cancer registry acting as a strategic partner to the cancer care team?
- Is the Cancer Committee aware of the latest standards?
- Is there a shared vision within the cancer program?
- Is that shared vision supported by senior leadership?
- Are there adequate and useful communication tools to promote a successful feedback loop?

For example, I often find the cancer registry to be an underutilized resource. While many cancer programs realize the benefit of a strategic partnership with the cancer registry, others are simply not aware of the powerful potential provided by educated cancer registrars. As a cancer program and cancer registry consultant, my career has been dedicated to assisting cancer programs to become more efficient and effective. Together with my team of compliance experts, I have come up with six steps to mastering the juggling act of multiple accreditations.

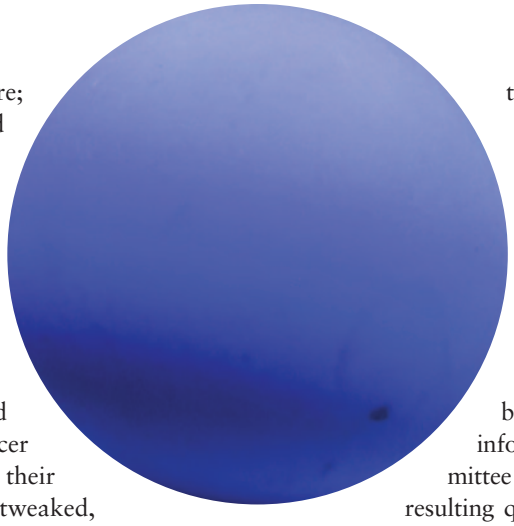
step 1

Stop asking, "What does the standard say?" and start asking, "What is the right thing to do?"

Palliative care, survivorship, patient navigation, continuum of care, and psychosocial screening aren't just buzz words in today's standards, they are important components of a multidisciplinary approach to patient care that includes the family, as well as the physical and emotional aspects of care. It's not the

standard that guides us to enhance care; it's the concept that patient-centered quality care is the right thing to do.

More often than not, I find clients who focus on the large-scale changes to standards get more overwhelmed than necessary. Most clients are already performing in compliance with new standards. They understand what's right; they may just not completely understand how to incorporate it into the Cancer Committee activities. In many cases, their actions may need to be formalized, tweaked, documented, discussed, or validated to be compliant with the new standard.



So, my first step is to help clients realize the standards aren't groundbreaking. Instead, these new standards help community cancer centers solidify and validate that appropriate care is being provided. Of course, corrections, changes, and new processes may be added here and there, but, in my experience, it is easier to first identify what a client is doing right, and build from there.

By shifting your perspective from semantics to ethics, the standards for each accreditation will start to become interwoven, and identifying similar logic, overlapping requirements, and where gained efficiencies can be realized will become easier. For example, cancer registrars at CoC-accredited cancer programs already collect stage, prognostic indicators, and treatment information for the assessment of treatment planning standards. That information then can be used for both CoC and NAPBC quality outcome studies. Another example is the overlap in the NAPBC and the CoC standards to develop a process to monitor physician use of the American Joint Committee on Cancer (AJCC) or other appropriate staging in treatment planning. Both accrediting agencies require that this process be developed, so communication between the two oversight committees is essential to reduce redundant activities.

step 2

Illustrate the changes to standards, the overlapping requirements, and the overarching objectives.

As a consultant, I find it easiest to explain how to manage multiple accreditations efficiently by creating a matrix that illustrates this information. A scorecard or dashboard can serve the same purpose. Basically, the matrix needs to outline each CoC standard, and map it to a correlating NAPBC standard or disease-specific measure and then provide detail of what information needs to be captured and by whom. In most instances, the cancer registry plays an important role.

A matrix or diagram that connects the dots for everyone in the cancer program is very helpful in explaining *what* you are doing, *why* you are doing it, and *how* you are doing it. For example, The Joint Commission disease-specific certification for breast, colorectal, lung, pancreatic, prostate, or renal cancer does not come with a clear set of quality indicators; it is up to the cancer center to determine what those indicators are and how they will be collected and measured. By having an informed and educated taskforce or subcommittee in charge of this certification process, the resulting quality indicators should be aligned with the overarching goals and objectives of the cancer program and the hospital. The matrix can then start to pinpoint exactly what information needs to be collected, in what time period, and where the information can be found.

It's true that someone needs to have an intimate understanding of each of the accreditations or certifications in order to put this kind of matrix together. As a result, it seems to work best if one person from the Cancer Committee is charged with this task and that person can request assistance as needed.

However, more work and change can be hard to swallow. Applying for additional accreditations needs to be an objective or goal that is shared not only within the cancer center, but also with the hospital senior leadership. So, prior to moving forward with additional accreditations, make sure they fit with the goals of the hospital and that your senior leadership understands the who, what, where, when, why, and how.

step 3

Realize the connection between CP³R and NAPBC.

It's important to realize the universal nature of these standards. For example, both the Commission on Cancer's National Quality Forum (NQF)-endorsed, evidence-based quality care measures, which are reported through the Cancer Program Practice Profile Report (CP³R), and certain NAPBC standards require the utilization of quality measures endorsed by the NQF. So by design, meeting the requirements of CP³R also positions a cancer center to be on the right track to comply with certain NAPBC standards.

However, before applying for the NAPBC accreditation, your cancer center must exhibit an extreme focus on breast health; it must have a multidisciplinary approach, with oncologists, radiologists, surgeons, pathologists, nurses, and other healthcare professionals all working in concert to efficiently guide patients through a cohesive system of comprehensive breast care.[3]

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A common misstep is when a community cancer center wants to be NAPBC accredited, but has not taken any of the necessary steps to plan and prepare for this survey process. While commonalities exist between the CP³R and NAPBC, and while you can most definitely realize time savings from accurate, timely, and complete cancer data collected in the registry, your breast program needs to be multidisciplinary in structure and focused on the diagnosis and treatment of patients with diseases of the breast.

step 4

Get the Cancer Committee aware, educated, and involved.

The Cancer Committee is the governing body that directly affects and validates patient care. It has the responsibility and accountability for cancer program activities. In some situations, a cancer center may decide to apply for NAPBC or a Joint Commission disease-specific certification and form a leadership team without the involvement of the Cancer Committee. This decision can result in duplicative action, competing objectives, and inefficiencies when preparing for multiple surveys. Prevent these types of challenges by creating a collaborative effort with the Cancer Committee in support of all cancer care quality initiatives. Therefore, the Cancer Committee is one of the first places to start when considering applying for an accreditation. By leveraging the involvement of dedicated and knowledgeable Cancer Committee members, cancer centers can efficiently and effectively juggle multiple accreditations.

For example, the HERS Breast Center at Mayo Clinic Health System in Eau Claire, Wisconsin, created a Breast Program Leadership Committee of key leadership and care providers dedicated to breast cancer in order to achieve two significant accreditations:

- The Breast Imaging Center of Excellence by the Commission on Quality and Safety
- The Commission on Breast Imaging of the American College of Radiology.

"After achieving these accreditations for our Breast Center, the NAPBC accreditation was a logical next step," said Barb Eidahl, RN, director of oncology at Mayo Clinic Health System in Eau Claire. "A committee of Breast Program Leadership already existed and the knowledge and resources required to apply for NAPBC had already been pulled together. We were also able to streamline our meetings by scheduling the Breast Program Leadership meeting to occur directly after the quarterly Cancer Committee meetings. That way the members of the Cancer Committee who were also on the Breast Program Leadership committee were already in the right place," Eidahl said.

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step 5

Invest in the cancer registry.

Bottom line, the cancer registry is your data mine. It's up to you to mine the data and turn it into information that can be used to set objectives related to accreditation, cancer care, patient outcomes, reimbursement, and business decisions. Specifically, cancer registry information can be used to:

- Establish population trends and stage of disease
- Identify physician referral patterns
- Determine hospital outmigration patterns
- Enhance and monitor existing cancer program services
- Assist in resource and equipment allocation
- Populate oncology scorecards.

By setting accreditation objectives, the team of registrars can identify upfront the data to be collected, and can determine an efficient process for collecting any necessary additional data items outside of the Facility Oncology Registry Data Standards (FORDS). By working collaboratively with your team of registrars, you can streamline the process to prepare for and achieve accreditation with multiple guidelines, and get more from your current resources.

For example, suspecting an issue with physician and patient referrals, Denise Clark, director of oncology at the

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Indiana University West, used the registry to evaluate where and why patients were being referred. "By using the new 2010 class of case coding structure, our cancer registrars created a special study of the top three primary sites by type of treatment and location of treatment," explained Clark. "This [study] allowed us to perform a needs assessment for radiation oncology patients."

The needs assessment at Indiana University West will also be used to help evaluate equipment allocation, physician, and patient referral patterns; ensure appropriate services are provided to their patients; and serve as a benchmark for an awareness campaign targeting patients within a specific zip code and informing them of options at Indiana University West.

step 6

Don't re-invent the wheel; instead look to hospitals that juggle multiple accreditations well for tips, tools, and techniques.

One tip I know many hospitals would share is their partnership with the American Cancer Society (ACS). Specifically, community cancer centers can benefit from two ACS programs: the Patient Navigator Program and the Collaborative Action Plan. The ACS Patient Navigator Program, initiated in 2001, partners with hospitals and treatment centers to provide trained patient navigators to help patients, families, and caregivers navigate the many systems needed during the cancer journey. These patient navigators can provide information on the following:

- Information on clinical trials
- Questions to ask the doctor
- Day-to-day help
- Emotional support
- Prescription and medical supply assistance
- Travel assistance
- Lodging through *Hope Lodge*.

The long-standing relationship between ACS and CoC (since the 1930s) has led the CoC to develop standards regarding information about the availability of clinical trials, support services, and prevention and early detection programs. Today, ACS supports CoC hospitals by providing a dedicated Collaborative Action Plan and an ACS staff partner to the hospital. This staff member is in frequent communication with the Cancer Liaison Physician (CLP), present at Cancer Committee, and can provide the Collaborative Action Plan.

On the Association of Community Cancer Centers' *MyNetwork* members-only online community, the *ACCCExchange* Listserv, is also a good source for ACCC members to have open dialogue on various topics, including how to implement tools, such as a scorecard or matrix, to help all members of the cancer program stay on the same page.

Just as the act of juggling requires an intense and unrelenting focus on each and every ball in the air simultaneously, a cancer program's ability to manage multiple accreditations also requires an intensity and a never-ending focus on multiple facets of patient care at one time.

Why Even Attempt the Juggling Act?

Consistent communication, an involved Cancer Committee, educated cancer registrars, overarching goals, a scorecard, and planning allow cancer programs to effectively and efficiently juggle multiple accreditations. But what's most significant about organizations that are successfully juggling multiple accreditations isn't the stamp of approval from the accrediting agency every two or three years, it's the outcome. Facilities that strive to achieve multiple accreditations are in essence striving for continuous enhancements to quality of care and improved patient outcomes. These cancer programs know what it means to set and closely monitor quality clinical data that is relevant and meaningful to patient-centered cancer care.

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