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How to Manage the ACoS Cancer Program Approval Process

by Joseph Halperin, M.D., and Patsy Long, R.N.

In 1996 the American College of Surgeons' Commission on Cancer revised its *Cancer Program Standards* to ensure standardized reporting procedures.[1] In addition, the Commission made a number of important updates to its requirements for approval. The new standards are broader and address documentation of quality and outcomes, such as survival, patient satisfaction, and resource utilization, in the face of shrinking economic resources. One of the most controversial of the Commission's new standards involves the 1998 requirement to collect data on patients who are diagnosed and treated exclusively in the physician's office. Another problematic Commission requirement involves physician staging. Documentation of extent of disease by the managing physician at the time of treatment planning is fundamental to good care. Although this requirement is certainly not new, it remains the most difficult to enforce.[2]

These changes were a reaction to a number of forces in today's health care arena: a shift from inpatient to outpatient evaluation and treatment, the advent of freestanding cancer and surgical centers, a new focus on multisite oncology practices, and the acquisition/merger of oncology practices.

The result, unfortunately, is additional demands on oncology program directors to manage an increasingly complicated ACoS program approval process. Some cancer programs are reacting to the new demands by bringing excessive resources four to six months prior to the survey. This crisis management approach may become more common because of a lack of systems to index and address ongoing program documentation requirements.

ACHIEVING SURVEY READINESS

Today's cancer programs are challenged with keeping program and survey elements catalogued for dynamic, regular review, action, and documentation. Staff at the Moses Cone Health System in Greensboro, N.C., met the challenge by developing an easy-to-use system that achieves real-time survey readiness. Central to success of the system are:

- a clear definition of cancer center, cancer committee, and registry management responsibility and accountability
- weekly to twice-monthly registry staff meetings
- clear communication, participation, written documentation, and reporting of all program elements to the cancer committee chairman and members
- creation of a timeline survey requirements checklist
- assignment of registry staff to coordinate and document the elements in the checklist on a quarterly basis.

Without a checklist and timeline of elements, meeting the numerous obligatory standards would be difficult. Some ACoS requirements are structural and require initiation and annual review, such as those defined in Section 1 of the Standards of the Commission on Cancer "Institutional and Programmatic Resources" and Section 2, "Program Management and Administration." Other requirements demand ongoing monitoring, such as Standard 3.4.0 ("The majority of cases presented at cancer conference are prospective.") or the new Standard 6.2.0 ("The required percentage of cancer patients entering clinical trials has to be tabulated regularly."). Finally, many ACoS standards require that program elements be evaluated and presented at prescribed intervals to or by the Cancer Committee, such as patient care evaluation studies (PCEs), involving a process of project identification, review, and regular follow-up of developed action plans.

The task timeline (Table 1), along with a regular review of the *Cancer Program Standards* and a physician-friendly PCE/guideline process, makes the process manageable. What's more, it can vitalize the cancer program survey process and structure continuous readiness.

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REFERENCES

[1] Standards of the Commission on Cancer, Vol. I: Cancer Program Standards, 1996. Published by the American College of Surgeons.
[2] Phillips K. The expanding role of cancer registries. *Oncology Issues*, 12(3): 23-25, May/June 1997.

Table 1. Timeline for ACoS Survey Requirements

Element	Action	Time
Cancer Committee	Meet	Annually (January)
	Review membership	Annually
	Set goals	Annually
	Clinical	
	Educational	
	Programmatic	
Cancer Conference	Meet	Annually (January)
Didactic> 25 percent	Do quality planning	
Prospective> 51 percent	Set measurement	
Annual goals	Evaluate	
Major sites	Set improvements	
Present 10 percent	Set priorities and policies/ procedures	
AJCC Staging		
Managing physician	Assign/Initiate	Monitor each meeting every two months
Annual Report	Review content	Annually (March)
	Review with Cancer Committee	Annually (March)
	Construct production schedule	Annually (March)
Cancer Patient Management	Review programs	Annually (March)
	Support services, patient/ family education, social services, home care, hospice, nutrition, pastoral care, survivorship, support groups, discharge planning, counseling, finances	
Oncology Nursing	Review ONS standards	Annually (March)
	Guidelines/care plan, orientation, blood product administration, resuscitation, chemo handling, disposal, and extravasation, management of immunocompromised, host, radiation: care and isolation, maintenance/care, oncology emergencies, pain control	
Criteria Admission to Oncology Unit	Review policy	Annually (March)
Medical Ethics	Review policy	Annually (March)
	Cancer Committee	
	Ethics Committee	
	Advanced directives	
Public Education	Review programs	Annually (May)
	Library	
	Outreach	
	Planning	
Prevention Programs	Review programs	Annually (May)
	Smoking cessation	
	Chemo prevention	
	Nutrition/dietary	
	Research, cancer control studies	

Element	Action	Time
Early Detection Programs	Review programs	Annually (May)
	Breast, cervix, colorectal oral, prostate, skin, high-risk	
Professional Education	Review programs	Annually (May)
	Staff education	
	CME category I cancer conf.	
	Other programs, including risk management, reimbursement, and health care policy	
Services not available at institution	Evaluate referral process	Annually (September)
	Plasmapheresis	
	ABMT	
	Pediatric oncology	
	Evaluate quality, outcomes, and patient satisfaction	Annually (September)
Relationships with other institutions	Evaluate relationships with:	Annually (September)
	Project Assist	
	American Cancer Society	
	Hospice	
	Home care	
Research (whole program)	Do status report	Annually (November)
	Have 2 percent minimum	Every two months (GCSG)
Quality Management & Improvement		
PCEs	Review/design two PCEs	Annually (November)
Guidelines	Review/design two guidelines	Annually
Clinical paths	Review/design clinical paths	Ongoing
Cancer program priorities (such as breast conservation, pain control)	Review/design two	Annually
	Integrate with hospital QA	Annually
	Measure performance	Ongoing
Cancer patient priorities	Review/design two	Annually
	Integrate with hospital QA	Annually
	Measure performance	Ongoing
Physician compliance	Monitor performance level	Ongoing
Registry	Do quality assurance plan (full report)	Annually (November)
	Monitor registry data (10 percent cases)	Monthly
	Do registry report	Annually
	Follow-up: 90 percent of all patients, 80 percent of living patients	Annually
	Monitor follow-up: <15 mo.	Monthly
	Do report of follow-up: <15 mo.	Annually
Guidelines, Including Screening	Review all	Annually (November)
Physician Office Practice	Meet	Every two months