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New Initiatives Underway at the ACoS Commission on Cancer

by Frederick L. Greene, M.D., F.A.C.S., Monica Morrow, M.D., F.A.C.S., and JoAnne Sylvester

The mission of the Commission on Cancer of the American College of Surgeons (ACoS) is to decrease the morbidity and mortality caused by cancer through prevention, monitoring and reporting of care, standard setting, and education. Its 100 members reflect the multidisciplinary spectrum of health care professionals involved in cancer care, with liaison representatives from 37 national cancer organizations, including the Association of Community Cancer Centers (ACCC).

The standards set by the Commission on Cancer (CoC) assure that structures and processes necessary for quality cancer care are established, such as multidisciplinary cancer conferences, which feature prospective case presentations, quality evaluation and improvement, and information on and access to cancer clinical trials. The commission's cancer data standards support cancer registry operations in approved programs and contribute to the system of cancer registration throughout the country.

An objective and consistent method to survey and evaluate the quality of cancer programs was recently introduced. The numeric

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rating system of 1-5, consistent with that used by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), is used by cancer programs, surveyors, staff, and committee reviewers. The ratings for compliance are: 1—substantial; 2—significant; 3—partial; 4—minimal; 5—noncompliance; and 6—not applicable. These ratings serve as the basis for Approved-Cancer Program Performance Reports, which will be automatically generated and shared with institutions surveyed in 2000. These reports, in effect, are "system reports," which cancer committees will be able to use to benchmark compliance with the 47 mandatory cancer program standards compared with other cancer programs in their category and state. Aggregated data on compliance with standards are being used by the CoC approvals program to identify and correct inconsistencies in interpretation of existing standards, target training for surveyors, evaluate individual surveyor performance, and begin a systematic review of the standards themselves. A new process for the recruitment, selection, training, and evaluation of surveyors has been implemented.

To assist cancer programs with the survey process, *The Complete Guide to Interpreting Cancer Program Standards* was developed and released in April 2000. Beginning with year 2000 surveys, the survey application process has been computerized and plans are underway for online access as the next step.

The internal review process has been streamlined and turnaround time reduced to two months. Approval of deficient programs by the Committee on Approvals and Board of Regents has been elimi-

nated. The Program Review Subcommittee is empowered to make these decisions, and staff is now authorized to process appeals and resolve contingencies rapidly.

The era of health care cost containment has challenged the CoC to identify and promote the benefits of approved cancer programs for cancer patients, the community, health care professionals, and institutions. A coordinated marketing effort targeted to CEOs, cancer committee leadership, and public relations departments in approved programs was launched last year.

AGREEMENTS WITH JCAHO...AND MORE

In 1999 the commission entered into a cooperative accreditation agreement with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which means that JCAHO will accept the CoC's approval decisions for cancer programs of facilities participating in JCAHO's Network Category. The intent is to expand the agreement to the Hospital Accreditation Category. This initiative lends credibility to the approvals program and heightens approved cancer program visibility internally and externally. The potential for coordination of survey scheduling will be explored.

To meet the changing needs of existing institutions in the approvals program and to be responsive to changes in the health care environment, network standards were developed and released in 1999. The goals of these standards are consistent with the overall goals of the commission.

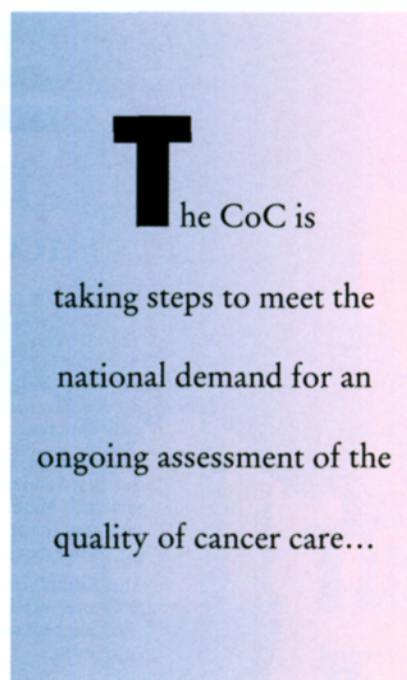
To provide uniform and consistent interpretation of approval cancer program standards, commission

cancer data standards, and American Joint Committee on Cancer (AJCC) staging rubrics and guidelines, the Cancer Department of the American College of Surgeons has launched a web-based program called the Inquiry and Response System. Users can access the database online, search by category for responses, and submit a question any time during the search. A team of five certified tumor registrars (CTRs) reviews, researches, and answers the questions.

Another promotion initiative involves collaboration with the American Cancer Society, Inc., in the society's National Cancer Information Center. Approved cancer programs have the opportunity through the CoC to voluntarily share information on their resources and services as well as cancer experience with the society. Program-specific data on resources and services are derived from the CoC approvals program survey database. The National Cancer Data Base (NCDB) generates data on cancer experience, defined as the number of analytic cancers by site and stage. These data are incorporated into the society's computerized and searchable database, which is accessed by the American Cancer Society call center staff to answer inquiries from patients and their families, and through the society's web site. A searchable list of approved programs is also maintained on the ACoS's web site.

NATIONAL CANCER DATABASE TAPS 1,800 PROGRAMS

Jointly funded by the American College of Surgeons and the American Cancer Society, the NCDB collects and analyzes registry data from 1,800 cancer programs in every state in the U.S. As reported in a recent issue of *CA—A Cancer Journal for Clinicians*, two-thirds of all estimated U.S. cancer cases diagnosed and treated in 1996 and 1997 were submitted to NCDB.¹ Prior estimates were 57 percent.² This increase can be attributed to a change in the cancer program standards, which now require approved programs to annually submit data to the NCDB. Failure to do so results in a deficiency. Cancer programs participating in NCDB receive their own institu-



tional data for 38 cancer sites, including age, sex, ethnicity, AJCC TNM stage, treatments, and survival outcomes, which are compared with national experience and norms. New formats for presenting and sharing the data are being reviewed.

In addition to the required annual data set submitted to NCDB, approved programs have the option of participating in two Patient Care Evaluation (PCE) Studies annually. These PCEs are designed to collect more detailed data on two cancer sites and can be used to meet quality evaluation and improvement standards required by the approvals program. In the future, NCDB will annually collect a smaller core data set and more focus will be given to a data collection effort devoted to hypothesis-based questions addressed in a PCE-like mechanism. Currently, NCDB is the only national cancer data source, which provides institution-specific and national data to cancer committees that can be used to compare results and to identify quality improvement activities.

FUTURE DIRECTIONS

The CoC is taking steps to meet the national demand for an ongoing assessment of the quality of cancer care, as evidenced by its major collaboration with the National Initiative on Cancer Care Quality. This project was initiated by the American Society of Clinical

Oncology and is being conducted by researchers at the Harvard School of Public Health and the RAND Corporation. This initiative, slated to begin summer of 2000, is designed to assess the feasibility of a national cancer care monitoring system by evaluating the processes of care and selected outcomes for patients diagnosed with breast and colorectal cancer.

Based on an internal and external review of NCDB, new staff leadership has been recruited with expertise in health services research and outcomes. A systematic review of the CoC cancer program standards and cancer data standards has begun. The goal is to use NCDB data to develop some direct measures of quality, which can be incorporated into the approval process. This activity signals a major shift away from assessing systems and programs as surrogates for quality to a major data-driven focus on assessing quality and outcomes. Major deviations from "best practice" will be identified and targeted educational interventions developed. The 1,800 liaison physicians on staff at approved cancer programs will facilitate data collection and use the data to identify strengths and weaknesses of care, to stimulate quality improvements, and to collaborate with the ACS and other organizations in development of community cancer control initiatives. Identification of areas of clinical uncertainty will continue to serve as a focus for clinical trials' development through the American College of Surgeons Oncology Group. The effectiveness of these interventions can be measured over time using the NCDB data collection mechanism. This integrated quality improvement framework will result in a cohesive, commission-wide effort, which will have a measurable impact on quality of care for cancer patients. ■

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