

ACCC Prostate Cancer Project Application

For purposes of the *ACCC Prostate Cancer Project* (ACCC Project), a model program must be a comprehensive program that is willing to share best practices and discuss measures and program data to assist in ACCC's preparation of best practices for the benefit of other prostate cancer professionals. A model prostate cancer center must meet certain programmatic criteria or standards to ensure a multidisciplinary approach to care, open communication, and patient access to state-of-the-art treatment within the community.

Selection by ACCC as a model program for purposes of the ACCC Project does not include an evaluative process to rank or determine whether the centers are *the* best programs in the country. ACCC will not verify clinical excellence or expertise. The ACCC Project seeks to identify the key components of a model program and to develop and disseminate measures of effectiveness and quality assurance from these existing model programs to other professionals interested in advancing the treatment of prostate cancer patients.

The following areas have been identified as critical elements to ensure "best practices."

- I. **Program Services**
- II. **Administration**
- III. **Marketing and Advertising**
- IV. **Community Impact**
- V. **Measures**
- VI. **Other**

Attach the completed application to an email and send to labankert@acc-cancer.org. Or, fax it to 301.770.1949.

For questions, please contact Lu Anne Bankert at 301.984.9496.

APPLICATION DEADLINE WEDNESDAY, SEPTEMBER 24, 2008

PROGRAM INFORMATION

Program Name:	
Address:	
Key Contact:	
Phone:	
Fax:	
Email:	
Program Size:	
Accreditation/Certification:	

I. Program Services

1) What services are included in your prostate cancer program? Check all that apply.

Basic Services

- Surgery
- Brachytherapy
- IMRT/IGRT
- External radiation treatment
- Medical oncology
- Chemotherapy/hormonal treatment
- Clinical trials
- Palliative care/pain management

Others (specify) _____

Supportive Services

- Patient and family educational programs
- Psychological/sexual counseling

- Nurse navigator
- Social services
- Financial counseling
- Nutrition counseling
- Chaplain services
- Physical therapy services
- Occupational therapy services
- Speech therapy
- Survivorship program
- Support groups
- Complementary services
Specify (Naturopathic, herbal medicine, music therapy, acupuncture, etc.)

Others (specify) _____

2) What clinical guidelines do you use?

- National Comprehensive Cancer Network Prostate Guidelines

Others (specify) _____

3) List all applicable program certification and/or accreditation including recertification process.

4) How are decisions made for individual patients?

5) Check all that apply for *every* patient:

- Multidisciplinary patient-team conferences
- Patient-family-team conferences
- Individual meeting with radiation oncologist
- Individual meeting with urologist
- Treatment options discussion

Clinical trials discussion

Others (specify) _____

6) Please describe your program's *inpatient* process?

7) Please describe your program's *outpatient* process?

II. Administration

1) Who is part of the patient treatment team? Check all that apply.

Provide names and credentials for the individual team members on Attachment I.

- Medical oncologist
- Radiation oncologist
- Urologist
- Nurse
- Nurse navigator
- Social worker/counselor
- Financial counselor
- Pharmacist
- Naturopathic physician
- Chaplain
- Physical therapist
- Occupational therapist
- Speech therapist
- Dietician

Others (specify) _____

2) What CME/additional ongoing educational programs are required for team members?

3) How often does the team meet?

4) In 25 words or less describe how the team operates in terms of the following:

How are decisions made for program services?

How are decisions made for individual patients?

How does communication happen among team members?

What kinds of processes are in place for outreach to community urologists?

Which of the prostate cancer program team members participate on your tumor board?

How often does the tumor board meet?

III. Marketing and Advertising

1) In 25 words or less, what are the key phrases that describe your prostate cancer center program.

2) What are the top three mechanisms you use to let the community know about your prostate program (e.g., newspaper ads, television ads, online resources, etc.)

- 1.
- 2.
- 3.

3) Has your prostate program or your prostate team member(s) been featured in the:

- Newspaper
- TV/Radio News
 - National
 - Regional
 - Local
- Oncology Trade press

If yes to any of the above, please describe when and how often.

4) Describe your internal marketing program.

5) Who represents the clinical team in marketing decisions?

IV. Community Impact

- 1) How often do you offer screenings in the community?
 - 12+ screenings per year
 - 8 to 11 screenings per year
 - 4 to 6 screenings per year
 - Less than 3 screenings per year

- 2) Describe how you determine screening locations and who should be screened to ensure an appropriate and diverse patient population is reached?

- 3) What type of education is provided to the community in terms of prostate cancer awareness and treatment and how often?

- 4) Do you treat uninsured and underinsured patients? Yes No

- 5) Explain your program in light of the community make-up.

- 6) Do you offer prostate cancer new patient clinics? Yes No
- 7) Do you offer follow-up specialty clinics? Yes No
- 8) Do you offer second opinion clinics? Yes No
- 9) List the types of educational resources available about prostate cancer?

10) Do you offer educational services for non-patients? Yes No

11) Do you offer prostate cancer support groups? Yes No

 If so, how often do they meet?

12) Please describe your survivorship program including how often you meet.

V. Measures

1) How do you monitor/measure patient satisfaction and how often?

2) What data do you collect to measure your program?

Clinical data:

Volume data:

Financial data:

3) List the criteria and outcome measures used to monitor your prostate cancer program's success such as PSA levels, incontinence, prostatitis, etc. and frequency of measurement.

Criteria/Measure

Frequency

4) How do you evaluate your clinical practice against guidelines and defined standards?

5) How do you make decisions on operational expenditures?

Include discussion of fee structures, pricing increases, fundraising, and un- and under-insured costs

6) How do you make decisions on capital expenditures?
Include ROI requirements

7) How do you make decisions on marketing expenditures?

8) How do you provide quality assurance?

9) Do you have growth goals? Yes No

If so, how do you measure program growth?

VI. Other

**ATTACHMENT I
TEAM MEMBERS**

Please include individual names, board certifications, and credentials for the members of the multidisciplinary prostate cancer team.

Medical oncologist	
Radiation oncologist	
Urologist	
Nurse	
Nurse navigator	
Social worker/counselor	
Financial counselor	
Pharmacist	
Naturopathic physician	
Chaplain	
Physical therapist	
Occupational therapist	
Speech therapist	
Dietitian	
Others (specify)	