

CLP Newsletter, June 2011

Dear Cancer Liaison Physicians and Ohio Cancer Registrars,

Dr. Stevenson and I hope your year is going well.

As promised, we are continuing the presentations of the proposed Cancer Program Standards 2012. Please remember that these are still in the process of being fully refined and are not definitive. However, we feel it is important for you to be aware of the proposed Standards in order to prepare your cancer committee for adjustments in cancer committee activity. If you have the opportunity, visit the web site: <http://www.facs.org/cancer/coc/cps2012draft.pdf>, to review the entire working draft. The anticipated final draft should be completed in August or September.

For this issue of the CLP Newsletter, we will review the proposed Standard 4.4.

Standard 4.4: Accountability Measures

Annually, performance levels are met for each of the specified accountability measure as defined by the Commission on Cancer

Clarifications:

What is an accountability measure? "An accountability measure is the standard of care based on clinical trial evidence." Currently, the CP3R contains 4 accountability measures

1. Appropriate radiation therapy after breast conservation surgery
2. Appropriate chemotherapy for breast cancer
3. Appropriate hormone therapy for breast cancer
4. Appropriate chemotherapy for Stage III colon cancer

Let's assume for the moment that these are the "accountability measures ...defined by the Commission on Cancer." The Commission on Cancer would select a "performance level." Let's say 90%. The cancer program would be provisionally rated based on whether or not it met the required performance level .

- If the cancer program meets or exceeds the required performance level there still should be clear, coherent annual documentation in the cancer committee minutes demonstrating that the cancer committee is actively monitoring the quality of patient care.
- If the cancer program's performance level is below the levels required by the CoC, the cancer committee **MUST** have developed and executed a corrective action plan. There should be clear, coherent documentation in the cancer committee minutes.
- "The surveyor will validate compliance with a standard of care measure selected by the Commission on Cancer through a registry abstract and medical record review. The cases for validation will be identified by the CoC through the NCDB submissions. Not more than 25 analytic cases will be selected."

Presumably, the initial accountability measures will be from the CP3R; however, one can project that further accountability measures will be selected by the CoC. Please be aware that potentially meeting performance levels for the accountability measures may impact on reimbursement by payors. See the draft: "These accountability measures may affect reimbursement."

Yours truly,

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