The Cancer Committee Meeting

How to Create a High Quality, Dynamic Forum

DATE: MONTH 12, 2021  PRESENTED BY: Liana Tsikitis, MD and Melissa Alvarado, MPH, CTR

Value of the Commission on Cancer (CoC) Accreditation

**Expected**
- Organization and infrastructure of cancer program
- Multidisciplinary and programmatic support
- Data to assess patterns of care and outcomes

**Gained**
- Programmatic development
- Leadership development
- Team building

Value of the Cancer Committee Meeting

- Great platform for communication
- Brings specialties out of their silos
- Opportunity to share achievements, provide updates, or discuss hardships
Cancer Committee Membership

- Increase your membership by inviting every oncology surgical/clinical service
- By including more services and specialties, we can establish better programmatic programs that affect the whole hospital
- Encourage your members to designate alternate members

Cancer Committee Chair

- Take part in agenda planning
- Meet with VP of cancer institute routinely
- Meet with Tumor Registrar before meetings
- Check with departments before selecting cancer program goals and quality improvement initiatives

Cancer Committee Chair

- Empower the members to present their ideas during the meeting
- During the meeting, ask questions or add your feedback
- Call on others to provide feedback
- Hold members accountable
- Being present and during projects (follow-up outside of meeting) & Report out at next meeting
2.2 - Cancer Liaison Physician

- Responsible for identifying, analyzing, and presenting NCDB data to the cancer committee
  - Focus on areas of concern and/or where benchmarks are not met
- NCDB data can be identified through:
  - Rapid Cancer Reporting System (RCRS) (standard 6.4)
  - Accountability and Quality Improvement Measures (standard 7.1)
  - Cancer Quality Improvement Program (CQIP) Report
  - NCDB Benchmarking Reports
  - NCDB Survival Reports
- Participates in the Quality Improvement Initiative (standard 7.3)

2.2 – Cancer Liaison Physician

- **Cancer Committee Responsibilities:**
  - Discuss the issue raised by your CLP
  - Determine an action plan to resolve
  - Follow-up
  - Engage specialties who can influence the area of concern

Cancer Committee Coordinators

- **Assign coordinators for:**
  - Cancer Conference (Tumor Board)
  - Quality Improvement
  - Clinical Research
  - Psychosocial Services
  - Survivorship
- **Hold them accountable**
Cancer Committee Agenda

- Plan ahead
- Hold 1:1 meetings
- Keep uniform
- Plan carefully
- Leave time for discussion
- Go beyond the cancer committee standards

Cancer Committee Agenda

- Quarter 1 Meeting: Planning
  - Routine and update membership
  - Genetic Counseling (4.4)
  - Survivorship Program (4.8)
  - Monitoring Concordance with Evidence-Based Guidelines (7.2)
  - Quality Improvement Initiative (7.3)
  - Cancer Program Goal (7.4)
  - Addressing Barriers to Care (8.1)
  - Cancer Prevention Event (8.2)
  - Cancer Screening Event (8.3)

Cancer Committee Agenda

- Quarter 2 and Quarter 3
  - Update on goals / quality initiatives
  - Present CLP reports
  - Reports from multidisciplinary services
- Quarter 4 wrap up your year
Subcommittee

- Establish sub-committees
  - Planning for the year
  - Moving projects such as:
    - Quality Improvement Initiatives
    - Cancer Program Goals
  - Planning Prevention and Screening events
  - Following up on action items (when issues are identified)
  - Can be permanent or temporary

4.4 – Genetic Counseling and Risk Assessment

- Genetic counseling and cancer risk assessment are provided to patients on-site or by referral
  - Regularly attend the cancer committee meeting
  - Responsible for creating and maintaining the policy and procedure

- Genetic services not available on-site
  - Establish a referral relationship with an outside facility or agency

4.4 – Genetic Counseling and Risk Assessment

- Cancer Committee Responsibilities:
  - Review policy and procedure
  - Monitor
  - Evaluate
  - Review referral process to genetic evaluation/counseling
    - Select a cancer site for evaluation
    - Review number of patients identified & needing referrals for selected cancer site each year
    - Review how many patients received referrals for genetic counseling
  - Discuss areas for improvement
4.5 – Palliative Care Services

- Palliative care services are provided to patients on-site or by referral
  - Regularly attend the cancer committee meeting
  - Responsible for creating and maintaining the policy and procedure

- Palliative care services not available on-site
  - Establish a referral relationship with an outside facility or agency

4.5 – Palliative Care Services

- Cancer Committee Responsibilities:
  - Review policy and procedure
  - Monitor
  - Evaluate
  - Review referral process to palliative care services
  - Approximate number of cancer patients referred for palliative care services and for what services or resources
  - Discuss areas for improvement

4.6 – Rehabilitation Care Services

- Rehabilitation care services are provided to patients on-site or by referral
  - Regularly attend the cancer committee meeting
  - Responsible for creating and maintaining the policy and procedure

- Rehabilitation care services not available on-site
  - Establish a referral relationship with an outside facility or agency
4.6 – Rehabilitation Care Services

- Cancer Committee Responsibilities
  - Review policy and procedure
  - Monitor
  - Evaluate
  - Review referral process to rehabilitation care services
  - Discuss areas for improvement

4.7 – Oncology Nutrition Services

- Oncology nutrition services are provided to patients on-site or by referral
  - Regularly attend the cancer committee meeting
  - Responsible for creating and maintaining the policy and procedure

- Oncology nutrition services not available on-site
  - Establish a referral relationship with an outside facility or agency

4.7 – Oncology Nutrition Services

- Cancer Committee Responsibilities:
  - Review policy and procedure
  - Monitor
  - Evaluate
  - Review referral process to oncology nutrition services
  - Discuss areas for improvement
4.8 – Survivorship Program

- Identify a survivorship program team
  - Designated coordinator and members
- The survivorship program coordinator provides an annual summary to the cancer committee each year that includes:
  - Services offered (must have at least 3)
  - An estimate of the number of cancer patients who participated in the three identified services
  - Identification of the resources needed to improve the services if barriers were encountered
- Discuss the report amongst the cancer committee

5.2 – Psychosocial Distress Screening

- Psychosocial services are available on-site or by referral
- Two policies and procedures are required for this standard
  - Providing patient access to psychosocial services either on-site or by referral
  - Providing and monitoring psychosocial distress screening and referral for psychosocial care

5.2 – Psychosocial Distress Screening

- Cancer Committee Responsibilities:
  - Review policies and procedures
  - Decides the mode of administration
  - Selects the psychosocial distress screening tool to be administered
  - Discuss the annual psychosocial services report:
    - Number of patients screened
    - Number of patients referred for distress resources or further follow-up
    - Where patients were referred (on-site or by referral)
  - Monitor
  - Evaluate
7.1 – Accountability and Quality Improvement Measures

- Monitor at least annually
  - When there are issues, discuss them
  - Establish an action plan and follow up
- RCRS Dashboard
  - Review and discuss areas of concern

7.2 – Monitoring Concordance with Evidence-Based Guidelines

- Select a cancer site to review
- Select a physician to review
- Follow-up on results
  - Engage specialties in the conversation when applicable

7.3 – Quality Improvement Initiative

- Plan ahead
  - Ask for ideas from cancer committee members in advance
  - Report on the status of the QI initiative at least twice each calendar year
- Engage others to participate in the initiative when it involves their expertise
  - Allow others to champion the project that they suggest
  - Must also involve the CLP and Quality Improvement Coordinator
- Engage the committee by asking questions when their departments are affected
7.4 – Cancer Program Goal

• Plan ahead
• Meet with administration to align goals
• Set goals that affect more than one specialty
• Ask all departments to submit ideas

8.1 – Barriers to Care

• Identify at least one patient-, system-, or provider-based barrier to accessing health and/or psychosocial care
  – Social workers, nurse navigators, community needs assessments
• Implement a plan to address the barrier
  – Designate who will be working on this plan
• Once addressed:
  – Discuss outcome and what resources/processes were utilized to address this barrier

8.2 – Cancer Prevention Event
8.3 – Cancer Screening Event

• Discuss topics for Prevention and Screening Events:
  – Internal cancer registry data
  – State Cancer Registry data
  – Community Needs Assessment
• Change up the event
8.2 - Cancer Prevention Event
8.3 - Cancer Screening Event

• After the event, discuss successes and challenges of the event
  – Cancer site which event focused
  – Partnering community organization (if applicable)
  – Target audience (what the attendance was like)
  – Guidelines used in planning the event
  – Prevention: Type of event held (behavioral risk reduction or cancer evaluation/risk awareness)
  – Screening: Formal process for follow-up on all positive findings

9.1 - Clinical Research Accruals

• Clinical Research Coordinator Responsibilities:
  – The specific clinical research studies where subjects were accrued, including the trial/study name and, when applicable the clinicaltrials.gov trial number
  – Number of subjects accrued to each individual clinical research study
  – Open and upcoming clinical research studies with identification of those with a nearing end date
  – Establish and present the policy and procedure annually

• Cancer Committee Responsibilities:
  – Designate a Clinical Research Coordinator
  – Review and discuss the policy and procedure
    • Evaluate and assess the eligibility and screening processes to identify and address barriers to enrollment and participation
Key Takeaways

- Include all disciplines (surgical and clinical) in your cancer committee meeting
- Invite members who will be engaged in the meeting
- Ensure your designated coordinators are the best fit for the role (time, resources, expertise, etc.)
- Cancer Committee Chair should meet with VP to align cancer program goals
- The committee should discuss referral processes and barriers to services
- Many standards require policies and procedures to be written and the content should be reviewed in the cancer committee
- Some standards also require written reports in which are uploaded to the CoC prior to surveys
- Review the Standards Manual for details of what is to be included in each policy and procedure and annual summary report

Thank You