Genetics Pilot Frequently Asked Questions

This information is to help provide additional clarification about this project. Please thoroughly review the PDSA and these FAQs. If you still need clarification, please contact us at cancerqi@facs.org

General

Who can participate?
Any CoC or NAPBC accredited program that is interested in participating in this pilot project is encouraged to apply. The link to the application and a PDF of the questions can be found on the project website. Applications are due December 20th. Sites will be notified by January 15th of their acceptance into the pilot. Up to 20 applicants will be selected to participate in this year long QI pilot.

Why do a pilot?
There are many approaches to offering genetic testing and counselling in the program setting. Often times, barriers to these approaches depend on the context of the setting and available programmatic resources; barriers including patient understanding of the benefits and risks of genetic testing, provider knowledge of who is recommended for testing, availability of certified genetic counselors or other genetic counselling professionals, and more exist. In an effort to better understand these barriers, and identify best practices and successful models, the GAP project team is interested in learning from a smaller cohort of programs before launching a larger QI collaborative across CoC and NAPBC.

What selection criteria are you using to select programs?
Programs will be selected based on several criteria. Diversity in geographic region and patient volume will be taken into account. We are also interested in programs that have a genetic counselor on staff, programs that outsource to a company of genetic testing, and programs that have very few resources related to genetic testing. The ability to form a team and obtain a signature of support from the CLP or BPLC programs will also be considered. Finally, a brief (100 words or less) explanation of why you hope to join the pilot will be considered.

We offer testing and counseling to 100% of our patients. Should we still apply?
Yes, we encourage you to apply. We would like to learn about your process and best practices and would engage you to act as a QI "coach" for other like sites that need the support. Even if you are not selected but would still like to share your best practice, you can do so by contacting cancerqi@facs.org and someone will follow up with you.

We have no resources for testing or counseling our breast patients. Should we still apply?
Yes, we are interested in understanding barriers different programs face, and the micro and macro solutions that may exist to address these barriers.

Why are we only looking at genetic testing for breast cancer patients? Why not other disease sites?

Currently, the project scope only concerns newly diagnosed breast cancer patients. Over the course of the pilot, the project team will be looking to see if the findings and best practices are applicable to other disease sites.

Are all QI team members required to attend the cohort calls?
At least 1 member from each team is required to attend the cohort calls (dates and times will be released in early January). While it is not a requirement that all QI team members attend every call, it is encouraged.

Data and REDCap

What data will be collected? This Pilot project is interested in both current models for genetic testing and barriers encountered. Therefore, an initial survey for all selected programs will be sent to the primary contact. It is recommended the QI team complete the survey as a group and include any other stakeholder feedback as appropriate. Deidentified chart review data will also be collected. Please view the Appendix in the "Details" document on the project website for specific fields of data to be collected. Chart review data is collected 4 times over the course of the projects (Baseline from 2023 and 3 active time periods).

Why 20 charts? What if I don't have 20 newly diagnosed breast patients?

Programs of varying sizes are participating in this project. Some programs may see upwards of 100 newly diagnosed patients in the time collection periods, while other programs may see fewer than 10 patients. Therefore, programs are expected to enter up to 20 patients during the data collection time period- or all that is available (e.g. you only saw 10 patients, you will report on all 10). If programs would like to include more than 20 patients in order to get a more representative sample, they are welcome to do so. However, only 20 are required from larger volume sites.

Why are you asking for baseline data from 2023?

ASCO guidelines indicating testing for newly diagnosed breast cancer patients aged 65 and younger were released in early 2024. In an effort to get cleaner baseline data of what programmatic practice was prior to the release of these guidelines, we are requesting data from cases in 2023- specifically as 3-month time cycle in 2023 (September-November) to mirror the 3-month time periods we will collect during the active phase of the project.

Does our program need to capture information about the patients, and will each patient need to sign a participation agreement?
No. Patients will not sign a participation agreement or a consent**.** We are not gathering any patient identifying data. Refer to the Project Details for more information on the data being collected.

What patients are included in the data set?

Newly diagnosed breast cancer patients are included in the data set (per the time collection period). “Newly Diagnosed Cancer Patients” is defined to include those diagnosed elsewhere and being seen by your program for initial treatment. This is consistent with the STORE v22 definition for newly diagnosed cancer patients.

Our EHR does not have a field indicating if a genetic test was ordered. How can we capture this data?

This data may be captured through template documentation in the record, and a review of chart data will most likely need to be done. Consider your current workflows and resources, and what is most feasible for your program.

Our program uses multiple EHRs, and we do not do current data abstraction. How are we to find/report the data, where it requires total newly diagnosed patients and if genetic testing was offered?

Total number of newly diagnosed patients in the designated time period is a required field. This is NOT analytic case load. This is data which should be pulled from volume reports, such as a practice administrator might use for seeing how many new patients were seen in a year. In programs where you may see many patients who are not newly diagnosed but are coming to the facility for a second consult or for treatment, it is acceptable to include these patients in your data. EXCLUDE patients that have already undergone surgery.
The project committee recognizes this is a shift from how many programs review and report their information. We are interested in understanding what the barriers are related to data collection and reporting as well.

What is REDCap?

REDCap is a data collection tool that can be accessed online to complete your data.

Do I have to download software or purchase a subscription?

No. The software is accessed through a link on the project web page and completed online. This secure database is unique to the American College of Surgeons and does not require any downloads or IT interface with your systems. You will not need IT permissions or admin rights to access the program.

Does more than one person need to complete the surveys in REDCap?

No, though it is strongly encouraged that the team discuss the qualitative points in the questionnaire prior to completing. A primary contact is required, and the email associated with this primary contact will be the one used to communicate about the project and access subsequent questionnaires. If this individual leave or need to be changed, you will need to contact cancerqi@facs.org to change the primary contact in the REDCap for your program.

Documentation Questions

What do we need to submit to let the CoC/NAPBC know we are participating? Where is it submitted?
You do not need to let the CoC/NAPBC know ahead of time if you are participating in this Pilot. Documentation indicating your participation will be given to you by the end of the year and you will upload a letter certifying your full participation by December 2025. You will still need to provide status updates and document in the meeting minutes you progress to the cancer committee or breast program leadership committee. It is encouraged that you complete the 7.3 or 7.2 reporting template but is not required.

What happens if we begin participation but drop out?
If you leave the pilot before all data cycles have been submitted and all cohort calls have been conducted, you will need to identify a different QI project for the year and will not receive credit for participation. You will need to follow all requirements of the 7.3 (CoC) or 7.2 (NAPBC) QI standard.

Accreditation Credit for Participation

Is this project available for programs undergoing initial accreditation?
Yes, we encourage participation by programs working toward their first accreditation as long the application for accreditation has been submitted and an ID number has been issued. This will be a Facility Identification Number (FIN) for CoC, or a Company Identification Number for NAPBC. This Identification Number is a required field in the initial questionnaire.

If a program submits a project for NAPBC credit, can it also be submitted for CoC credit?
No. The project may only be used for CoC credit OR NAPBC credit, but not both. Programs with both CoC and NAPBC accreditations should have a collaborative discussion to determine which route is best for their program. The project will apply to EITHER CoC Standard 7.3, OR to NAPBC Standards 7.2 Participating programs are required to make a selection while completing the initial questionnaire. You may not go back and change your selection once the initial questionnaire is completed.

May participation be used to satisfy deficiency resolution?
Yes, participation in this project and completing requirements may be counted toward a deficiency resolution for the standards participation will be given credit for. For example, if you have a deficiency in CoC Standard 7.3, participation may be applied towards resolving that deficiency. It may not be applied to an unrelated standard.

If we complete the REDCap surveys, do we also need to complete the template for Standard 7.3 (CoC) or 7.2 (NAPBC)?
No. you simply need to upload the letter of participation at the end of the calendar year. It is strongly encouraged you also save copies of the data you submitted and any other PDSA worksheets, RCA documents, or correspondence from the project. These will need to be

uploaded to demonstrate your 2025 compliance in your Pre-Review Questionnaire (PRQ) during the year of your next site visit. Although sites do not need to complete the template, they may find it beneficial for summarizing the project and tracking the updates to the cancer committee

For network (INCP/NCIN) programs, is this project done at the network parent level? Or must it be done at each of the children?
For Network Accreditations (INCP/NCIN) this project is done at the child level only