

Commission on Cancer Cancer Liaison Physicians Meeting

April 17, 2024

CoC Cancer Liaison Physicians Meeting

Quyen Chu, MD, FACS

Chair

Committee on Cancer Liaison



Maria Castaldi, MD, FACS

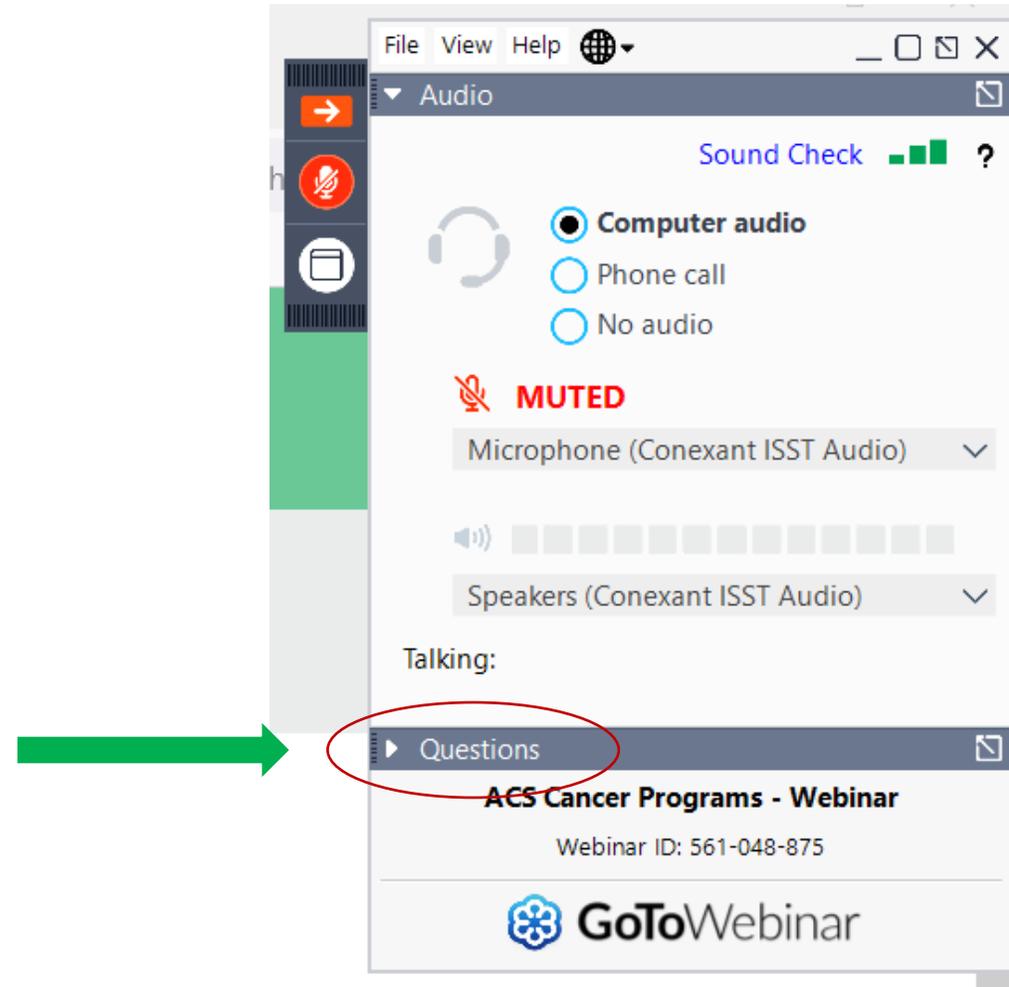
Vice-Chair

Committee on Cancer Liaison



Webinar Logistics

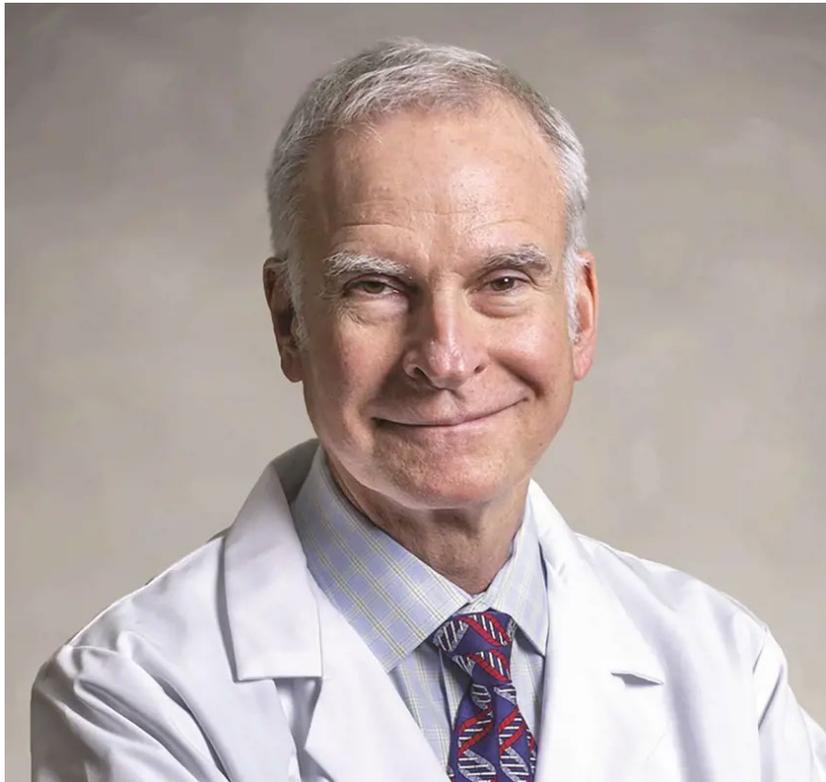
- All participants are muted during the webinar
- Questions – including technical issues you may be experiencing – should be submitted through the question pane
- Questions will be answered as time permits; additional questions and answers will be posted on the website



CoC Update

- 2024 CoC Research Paper Competition
- Save the Dates:
 - Next National CLP Meeting: Wednesday, October 9, 2024
 - CoC Fall Meetings: Saturday, October 19, 2024
 - San Francisco, CA
 - 2025 ACS Cancer Conference: March 12-15
 - Phoenix, AZ

ACS Cancer Programs Medical Director



**Ronald J. Weigel,
MD, PhD, MBA, FACS**

CSSP Updates

Kim A. Rodriguez, BSPH, CPH, RHIT, ODS-C

Eisenhower Health – Rancho Mirage, CA

CSSP Education Committee Member / NCRA CSSP Liaison

Collaboration with the Resident and Associate Society

Operative Standards for Cancer Surgery: A Resource for Resident/Fellow Surgical Education

- Objectives
 - Introduce the Operative Standards for Cancer Surgery
 - Illustrate how operative standards can improve trainee development and patient care
 - Discuss best practices for incorporating the operative standards into clinical practice
- Resources
 - [Webinar recording](#) (live webinar held 3/11/24)
 - [Visual Abstract](#)
 - [Video](#)
 - Editorial- In Progress

Technical Standards for Thyroid Cancer Surgery Webinar

May 20th at 5pm CT

- Speakers

- Elizabeth (Libby) Grubbs, MD, FACS
- Tracy Wang, MD, FACS
- David Hughes, MD, FACS
- Julie McGill, MD, FACS
- Linwah Yip, MD, FACS
- Mark Zafereo, MD, FACS

- Objectives

- Discuss evidence-based operative standards for the preoperative considerations for surgical planning, thyroidectomy, and lymphadenectomy as outlined in the Operative Standards for Cancer Surgery (OSCS) Volume 2

Register [here](#), contact CSSP@facs.org for more information

Operative Standards for Cancer Surgery Video Series

- Recently published
 - [Pancreatoduodenectomy: Superior Mesenteric Artery Dissection](#)
 - [Right-Side Cancer Lung Resection](#)
 - [Left-Side Cancer Lung Resection](#)
- Coming soon...
 - Superficial and Deep Groin Dissection for Melanoma



OPERATIVE STANDARDS FOR
Cancer Surgery

National Cancer Registrars Association (NCRA)

- Credential Name Change
 - Effective 1/1/24, certification for cancer registrars updated from Certified Tumor Registrar (CTR) to certified Oncology Data Specialist (ODS, ODS-C or ODS-certified). Learn more here: [ODS Toolkit](#)
- National Cancer Registrars Week
 - April 8-12 – a diverse workforce serving a diverse population. Celebrate your cancer registry departments! Learn more here: [Registrars Week](#)
- Annual Educational Conference
 - April 24-27 – Indianapolis, Indiana. Please consider presenting at next year’s annual conference. Call for abstracts opens June 2024. Learn more here: [NCRA Conference](#)
- Counting Veterans’ Cancer Act
 - On 3/9/24 President Biden signed a requirement for Veterans cancer case reporting into law in March 2024. The language is derived from NCRA’s work with Senators Kelly and Tillis who introduced the Counting Veterans Cancer Act. Learn more here: [Current Advocacy Efforts](#)

Cancer Registry and Synoptic Op Reports

- Utilize your cancer registry team to assist in monitoring and compliance for synoptic operative report standards.
- Working closely with your cancer registry and EMR informatics teams will be important in training surgeons how to meet CoC compliance.
- [Operative Standards Toolkit](#)
 - FAQ's on standards and CoC
 - Visual abstracts for standards 5.3 to 5.8
 - Guidelines for Oncology Data Specialists to identify eligible cases by standard
 - Videos on best practices by cancer site

Cancer Registrar Perspective on SOR Standards

- How can you help cancer registrars when it comes to assessing and monitoring CoC compliance?
 - Surgeons impacted by standards 5.3 to 5.8 should take the time to become familiar with the standard requirements.
 - EMR informatics teams should work closely with the registry to incorporate synoptic operative report and CAP templates.
 - Cancer registrars at most facilities are the messengers to deliver compliance ratings – we are here to help 😊
 - Subscribe to the [Cancer Program News](#) e-mail to remain current with standards changes.

Ideas on Implementing & Educating: Eisenhower Health's Experience

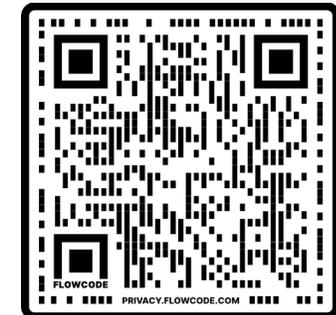
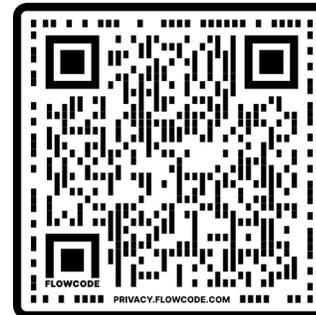
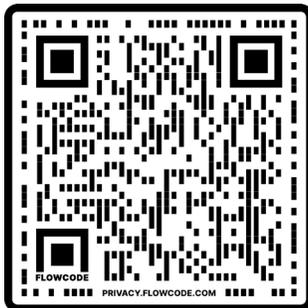
- Met with Cancer Committee Chair, Cancer Liaison Physician, Oncology Program Director and Chief Administrative Officer to discuss all standards and best ways to reach intended surgeon audience
 - Began educating cancer committee about standards when information was released with the 2020 Standards.
 - CoC Chair is also a surgeon, so he took on being champion for these standards, with assistance from VP of Surgical Services and support from VP of Medical Affairs.
 - Reached out to surgeons with highest case volumes per site to share information about operative report requirements and initial compliance ratings
 - Present standards at designated site-specific cancer conferences as well as disease site steering committees, including General Surgery Section meeting
 - Regularly present on standards and monitoring at cancer committee meetings.
 - Forwarding all CoC updates and CSSP webinars on standards to impacted surgeons.

Ideas on Implementing & Educating: Eisenhower Health's Experience

- Met with EMR Informatics Team (Epic) to discuss best approach to incorporating SOR templates
 - Informatics Team created training program for all current surgeons, and a required training for all new/incoming surgeons and fellows/residents
 - Identified 1 lead surgeon from each of the areas (breast, melanoma, colorectal, lung) to assist with site-specific templates, education and report details
 - Identified that medical dermatology reports needed modifications due to how that department was set up in Epic
 - Tip sheet for how to complete templates in Epic
 - BPA alert in Epic for surgeries that meet eligibility criteria for synoptic operative reports
 - Epic reports to monitor compliance. Tested and identified gaps to improve reports
 - Team presents at Cancer Committee as well as General Surgery Section Meeting



Thank you!!



facs.org/quality-programs/cancer-programs/



ACS Cancer Programs



AmColSurgCancer

Contact cssp@facs.org for additional questions



ACS LION

Leadership in Oncology Navigation

Shanthi Sivendran, MD, MSCR, MBA
Senior Vice President, Cancer Care Support

ACS CARES

Community Access to Resources, Education, and Support

Nicole Robertson, MPH
Director, Community Navigation



The Evidence is Clear

**Patient navigation
overcomes barriers to care and
increases access to timely and
appropriate cancer care**

Advances Health Equity

*Yet there has not been reliable pathway
for sustainability of these services*

Navigation Program Benefits



Increases cancer
screening rates



Enhances care
coordination



Decreases no-
show rates

Decreases time
to diagnosis and
treatment

Increases quality
of care and patient
satisfaction

Decreases ED
visits

Increases treatment
adherence and
completion

Increases quality
of life

Decreases
unplanned
hospitalizations

Implications

What does this mean for cancer providers and health systems?

- Limited or no navigation services
- An ongoing need to support navigation services through external funding or as unreimbursed administrative cost.
- When practices can offer navigation, there is wide variation in how navigators are trained and programs are delivered.

What does this mean for cancer patients?

- Access to navigators and navigation services is unavailable or inconsistent for cancer patients and their caregivers.
- Patients experience poorer quality care and outcomes.
- Cancer disparities are exacerbated.

Changes in 2024

New Payor Reimbursement

- New Medicare reimbursement for non-clinical navigation
 - offers an unprecedented opportunity for oncology providers to create, enhance, or expand their navigation services
- Additional payors recently announced

New Support from ACS in 2024

- ACS Leadership in Oncology Navigation (ACS LION)



2024 Physician Fee Schedule Changes

Effective January 1, 2024, CMS added new reimbursement for services addressing health-related social needs:

- Community Health Integration (CHI) Services
- Social Determinants of Health Risk Assessment
- **Principal Illness Navigation (PIN) Services**

What is 'Principal Illness Navigation'?

- Codes and payments for non-clinical navigation in the treatment of a serious, high-risk condition
- To address health related social needs and other factors that can influence treatment outcomes

PIN activities:

- person-centered assessment
- care coordination
- contextualizing health education
- building patient self-advocacy skills
- health system navigation
- facilitating behavioral change
- providing social and emotional support
- facilitating access to community-based social services to address unmet needs

PIN Eligibility

Provided by:

- Certified or trained auxiliary personnel
 - e.g., patient navigators, peer specialist
 - employed by oncology practice, health system, or third party
- Under supervision of the billing practitioner ('incident to'), but the practitioner's presence is not required when services are provided

Eligible patients:

- enrolled in traditional Medicare
- have a 'serious, high-risk condition':
 - expected to last 3+ months
 - places patient at significant risk of functional decline, death, utilization
 - requires disease specific care plan, and ongoing management
 - cancer was specifically mentioned in rule
 - a mass likely to be cancer that is being worked up can qualify

Our Plan

Medicare PIN payment policy has opened a pathway for reimbursement of professional navigation services. ACS will use our voice and credibility as the leading cancer non-profit and early champion of PN to create and launch scalable navigation efforts through training and credentialing, implementation support, and capacity building: **ACS Leadership in Oncology Navigation**

ACS and Patient Navigation



110 years of wins against cancer



30+ years of impact and expertise in Patient Navigation



A White House charge to standardize and expand oncology PN training



ACS LION: Training and Credentialing Program

- Available January 1, 2024
- Meets CMS requirements for PIN reimbursement
- Aligned to professional oncology navigation (PONT) standards
- ACS LION Anchor Partners:
 - Duke Cancer Institute
 - Mount Sinai Tisch Cancer Center
 - Penn Med Abramson Cancer Center
 - Thyme Care
 - The US Oncology Network
 - UNC Chapel Hill



ACS LION Training and Credentialing: Program Participants

The ACS LION program is designed for individuals providing **non-clinical navigation services (in whole or in part)** or any organization employing individuals providing non-clinical navigation services.

This includes clinical navigators, such as oncology nurse navigators and clinical social work navigators, who may also perform non-clinical navigation services and are thus eligible for this program.

Eligible job titles may include but are not limited to:

- Patient Navigator/Oncology Patient Navigator
- Professional Navigator
- Social Worker
- Cancer Nurse Navigator
- Community Health Worker
- Promotores/Promotoras de salud
- Financial Navigator
- Clinical Trial Navigator
- Patient Care Coordinator
- Registered Nurse
- Licensed Practical Nurse

ACS LION Training and Credentialing: Program Structure



Completed online, self-paced



No in-person requirement



10 Learning modules

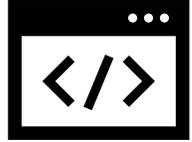


**Final assessment is remotely proctored,
80% score to pass**



**Re-credentialing and continuing education will be
aligned with CMS requirements**

For More Information...



www.cancer.org/lion

- ✓ Register for ACS LION Training
- ✓ Access recorded and upcoming learning sessions resources and tools



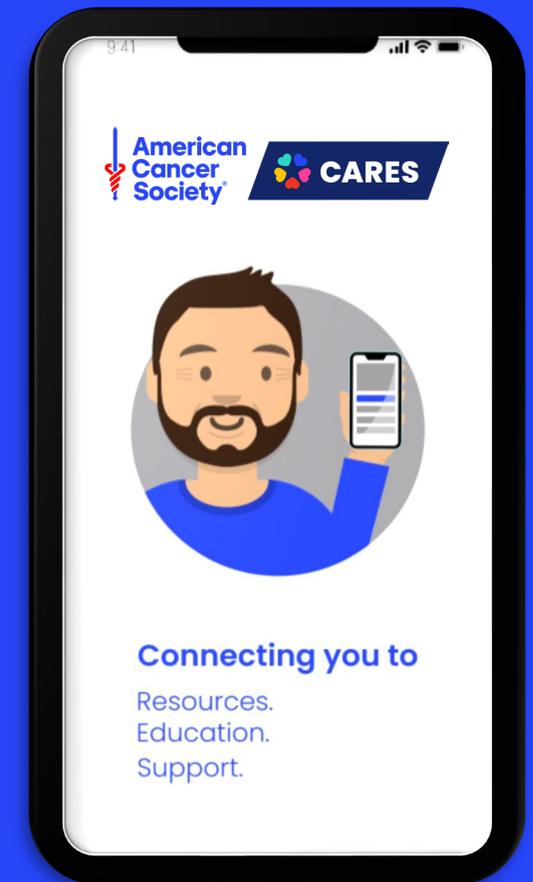
ACSLION@cancer.org





Community Access to Resources, Education, and Support

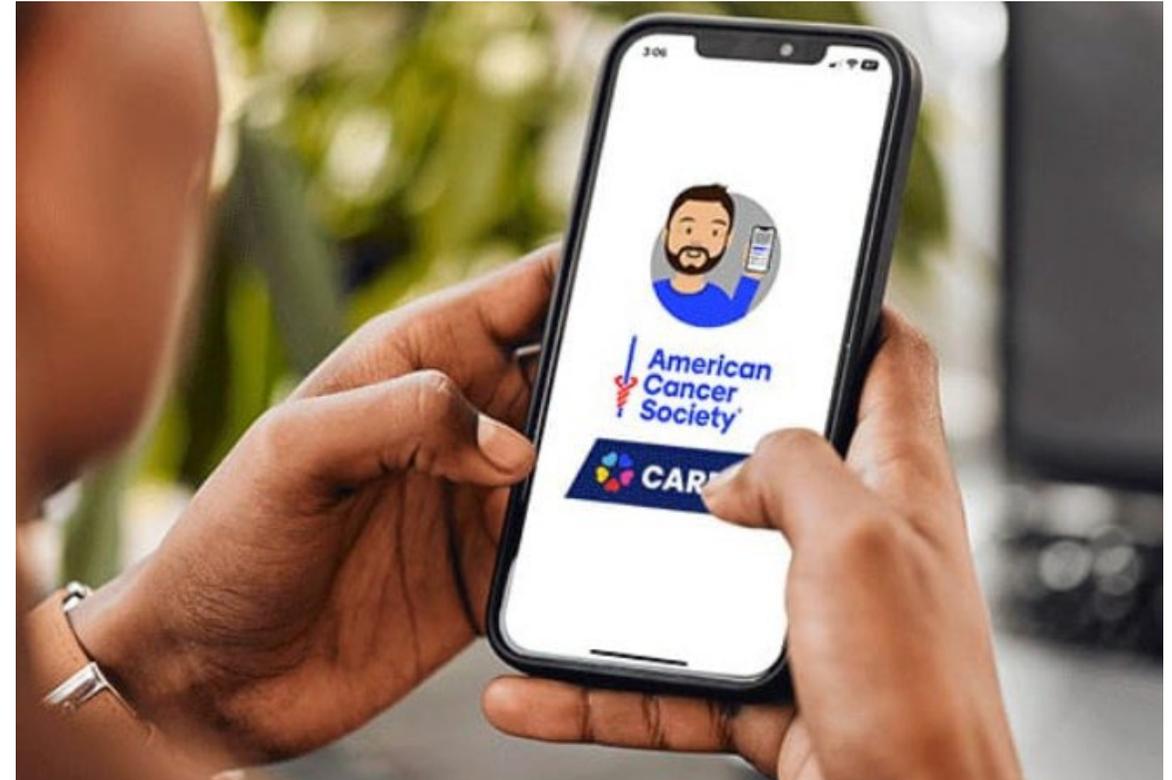
“Start Here” for cancer information and resources based on each person’s unique situation, for personalized cancer support



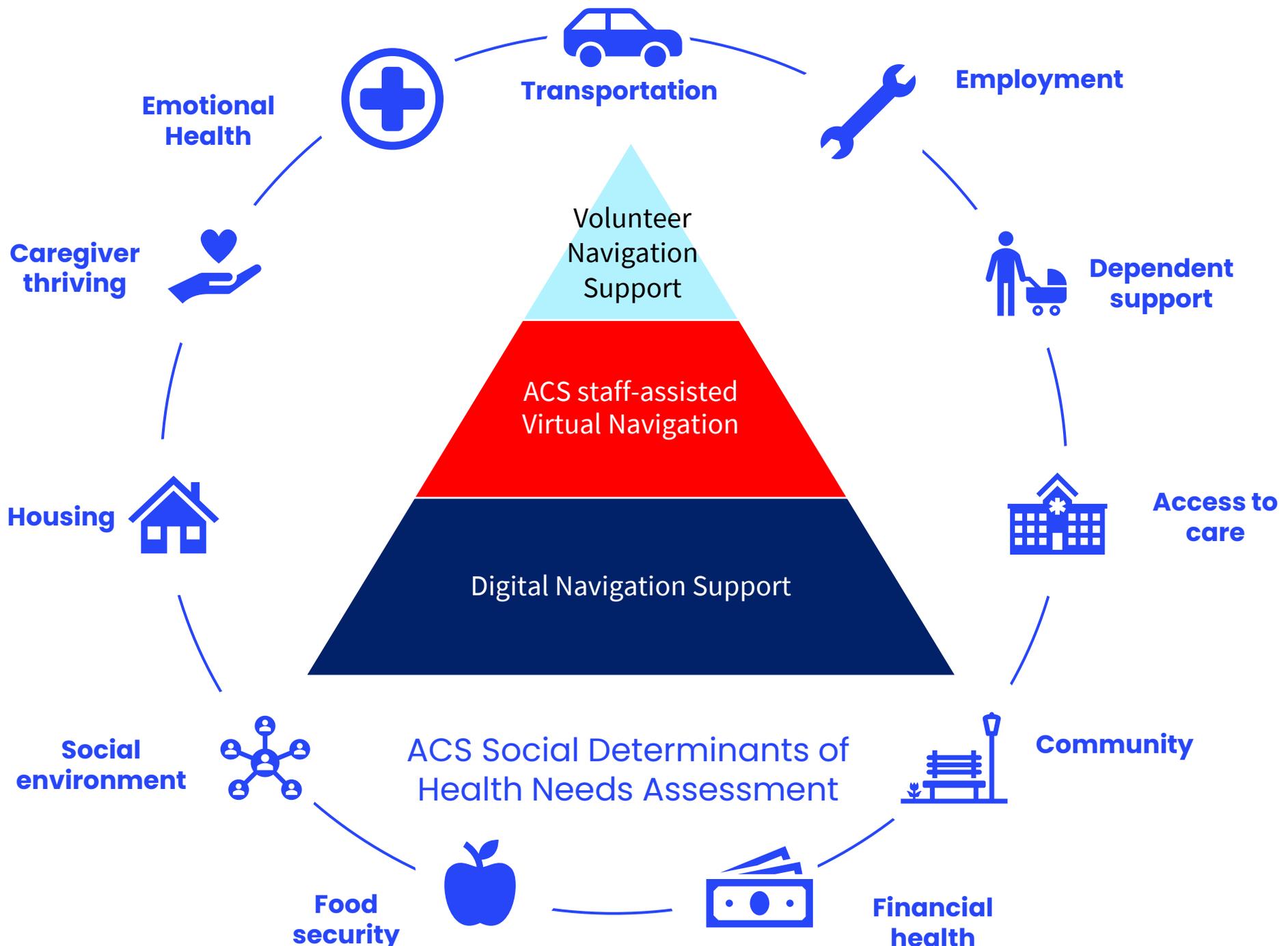
ACS CARES

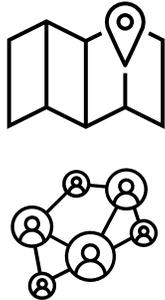
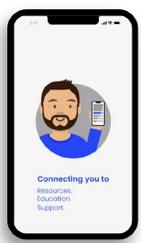
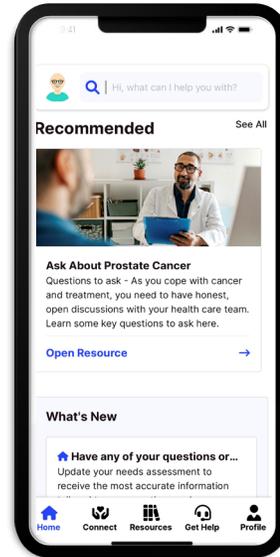
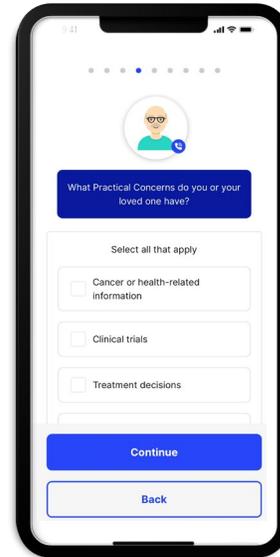
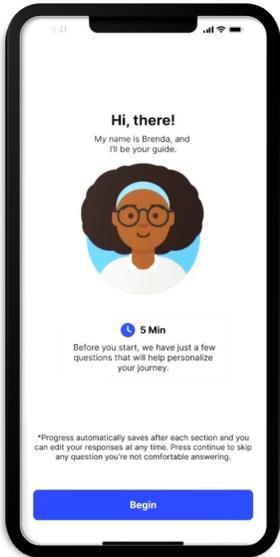
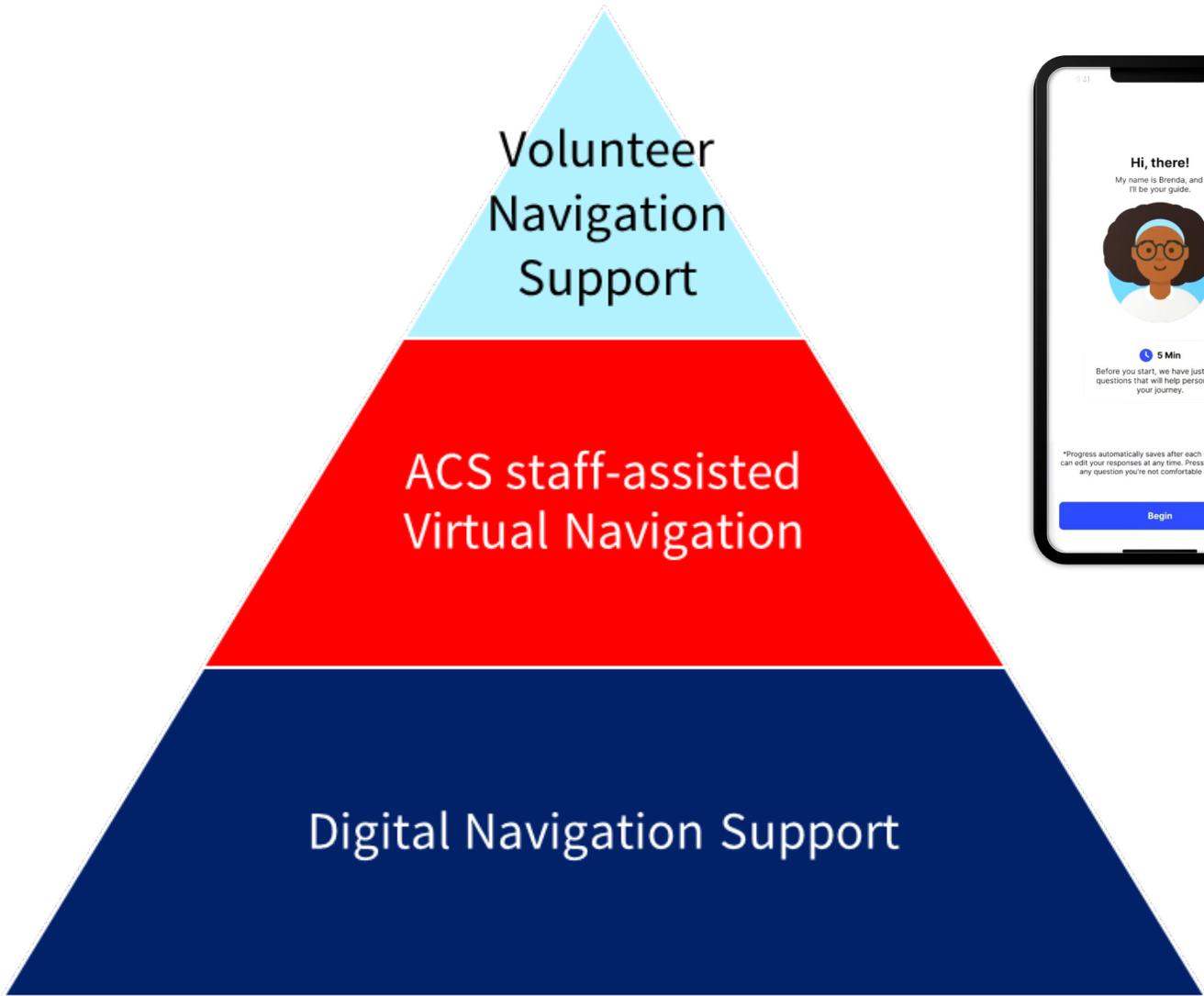
The program includes three components:

- A digital app that utilizes the ACS social determinants of health assessment to provide self-service navigation support with curated information tailored to each person's needs.
- 24/7 access to NCIC – who can connect people to ACS programs and national/local resources and information.
- Personalized support from trained ACS volunteers. Community volunteers will provide virtual support through the app, and student volunteers will provide in-person support at health care system sites.



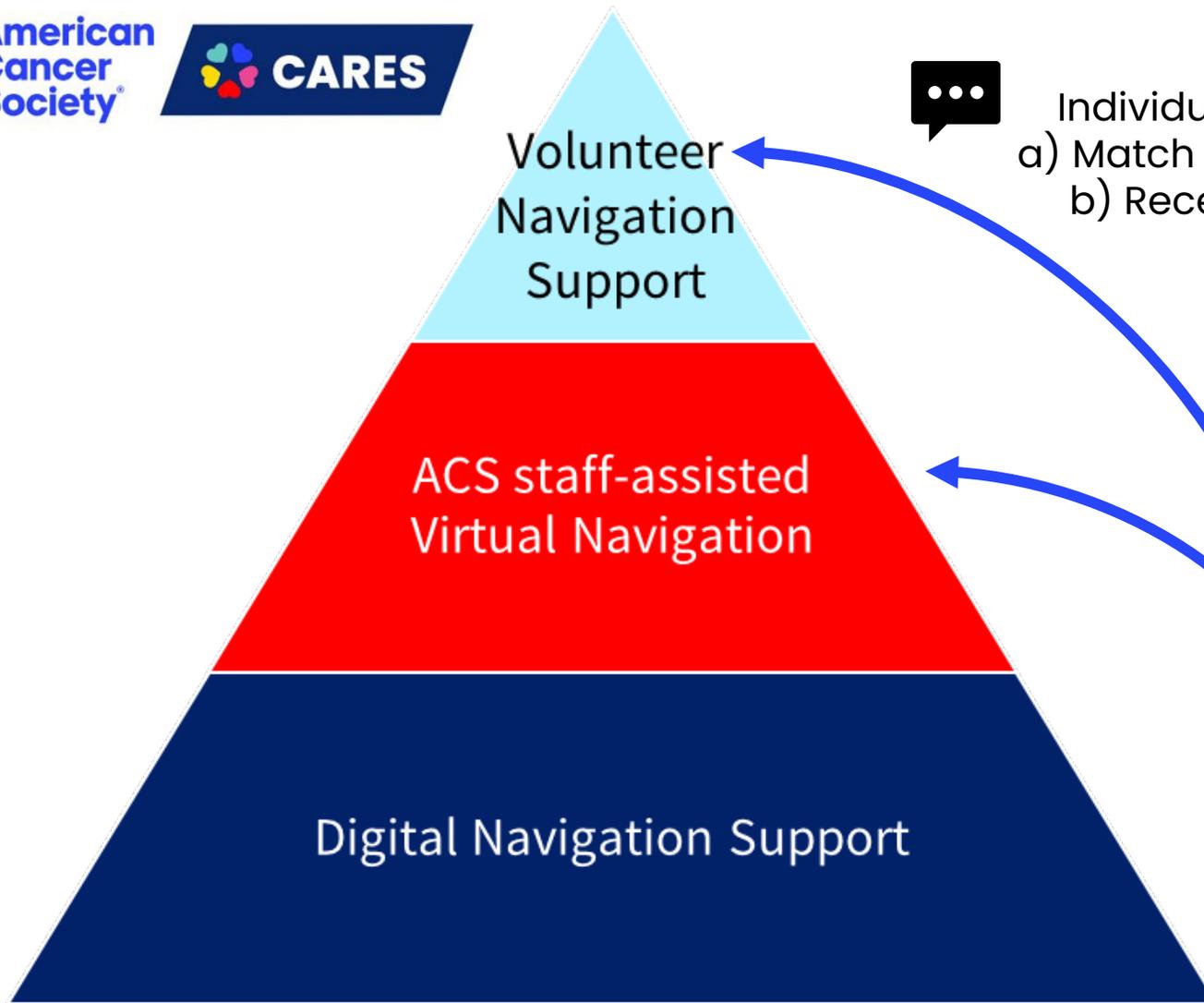






App-based guidance to tailored information and resources
 Launched June 2023
 Spanish UI launched Jan 2024

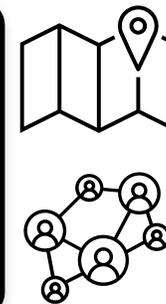
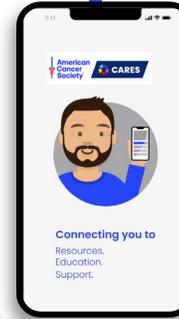




Individuals can connect with ACS volunteers to:
a) Match based on shared characteristics and chat
b) Receive in-person support at cancer center



Individuals can connect by phone with ACS National Cancer Information Center staff 24/7



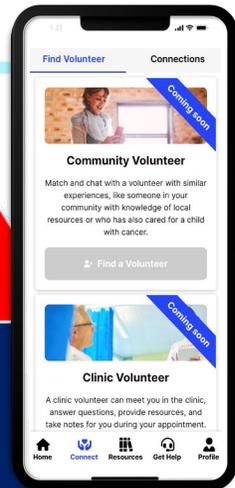
App-based guidance to tailored information and resources
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Volunteer Navigation Support

ACS staff-assisted Virtual Navigation

Digital Navigation Support



Provide peer support through shared experience

- Match based on shared characteristics
- Veterans, Caregivers (adult and child), Rural residents, Cancer types
- Exchange messages in the ACS CARES app
- 3800+ users
- 200+ user/volunteer connections



Receive in-person support at cancer center

- Undergrad/grad student volunteers embedded in clinics
- Administer ACS Needs Assessment and address identified barriers to care
- 3 pilot sites in 2023
- 9 pilot sites in 2024

Social environment

ACS Social Determinants of Health Needs Assessment

Community

Food security

Financial health

For More Information...

Download the
ACS CARES app!



ACSCARES@cancer.org

Thank You

Cancer Liaison Physician Meeting Accreditation Updates

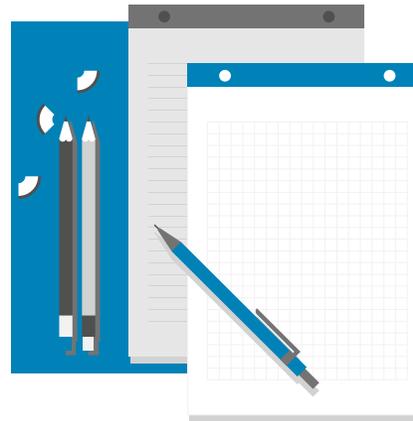
Marci Ramahi
Manager, Cancer Accreditation

April 17, 2024

Shape the Future of Quality Cancer Care

Become a CoC site reviewer

- Learn and share best practices
- Promote high-quality care throughout the country
- Encourage continual improvement
- Witness the benefits of community outreach and improvement programs



- CME available for training
- For more information, contact Jacob Schamber at the ACS
 - jschamber@facs.org
- Or visit our “Become a CoC Site Reviewer” webpage to apply



Standard 3.2: Evaluation and Treatment Services

- Programs must demonstrate accreditation for anatomic pathology from a recognized organization
 - College of American Pathologists (CAP)
 - American Association for Laboratory Accreditation (A2LA)
 - Accreditation Commission for Health Care (ACHC)
 - The Joint Commission (TJC)
 - COLA Laboratory Accreditation

Standard 5.1: College of American Pathologists Synoptic Reporting

- New compliance measure effective January 1, 2024
- Each calendar year, program must conduct an internal audit of pathology reports
- Audited against CAP cancer protocols
 - Synoptic format
 - All core data elements



Standard 5.1: College of American Pathologists Synoptic Reporting

- Audit requirements:
 - 20 total surgical resection cases
 - Three different disease sites
 - Performed by a clinician (Pathologist is recommended, not required)
 - Results must be documented in the cancer committee minutes
 - Network programs must complete this audit at each facility

Standard 5.3-5.6: Operative Standards

- Effective for 2024 Site Visits, new alternative compliance pathway for operative standards
 - Standards 5.3 – 5.6 only
 - Does **not** apply to Standards 5.7 and 5.8
- Applicable if program suspects it will not meet compliance

Standard 5.3-5.6: Operative Standards

- Conduct an internal audit and develop an action plan
 - Separate audits and action plans are required for each potentially non-compliant standard
 - Must be documented in the cancer committee meeting minutes
 - Audit results and action plan must be documented before Site Reviewer selects cases for review

- Action plan must address all issues affecting compliance and the interventions implemented to meet compliance
 - Be specific!

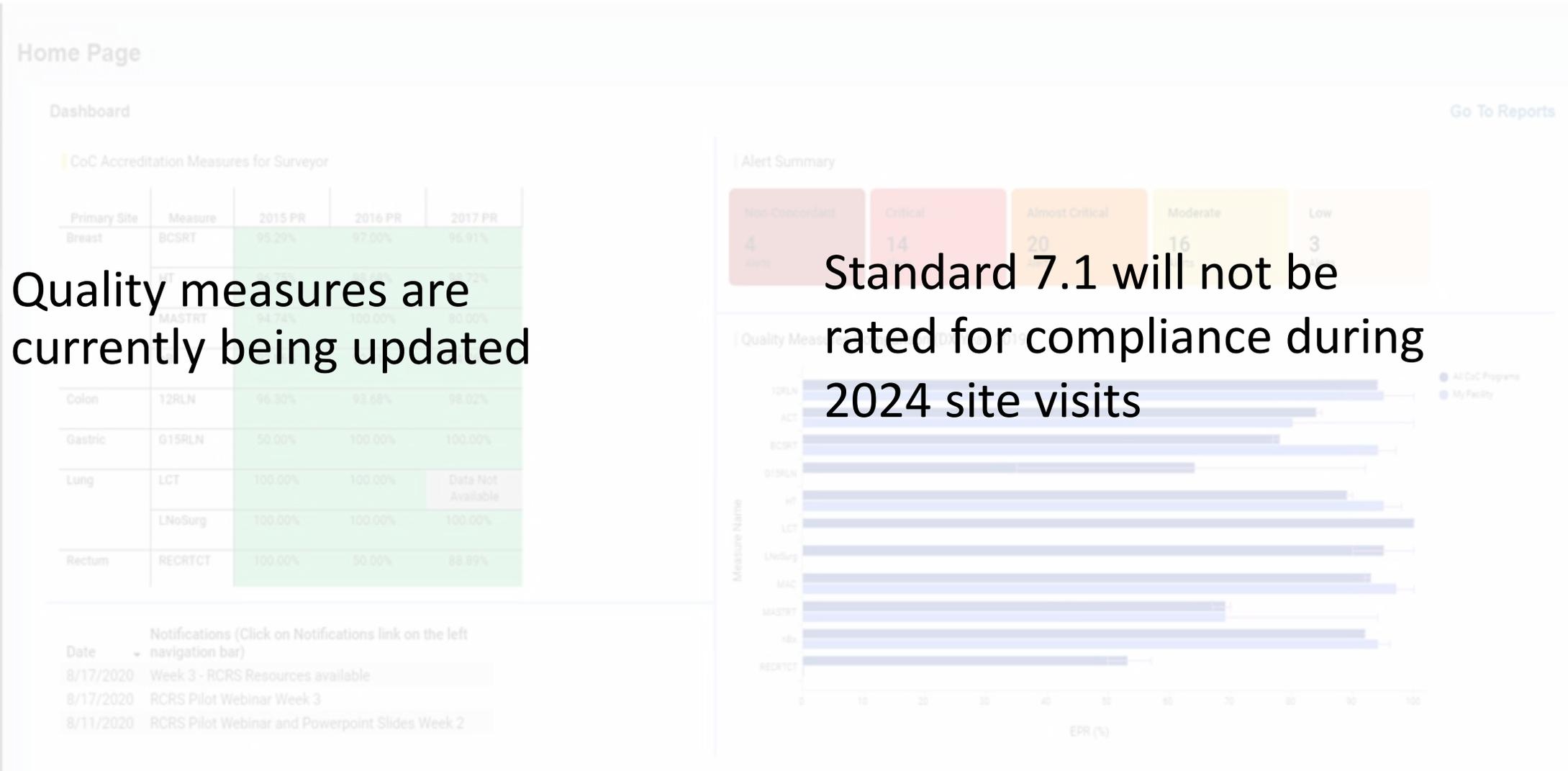
Standard 5.3-5.6: Operative Standards

- During the Site Visit:
 - Site Reviewer will complete medical record review
 - If the Site Reviewer deems an operative standard non-compliant, they will review the audit, action plan, and meeting minutes
 - Standard rating of “Deficient but Resolved” may be given if all requirements are met
- Programs utilizing the alternative compliance pathway are expected to meet full compliance at their next site visit

Standard 7.1: Quality Improvement Measures

Quality measures are currently being updated

Standard 7.1 will not be rated for compliance during 2024 site visits



CoC Site Visit Preparation and Best Practices

CoC Site Reviewer Panel

- Arnold Baskies, MD, FACS
- James Harris, MD, FACS
- Dona Hobart, MD, FACS
- Samer Kanaan, MD, FACS



Questions?

File View Help

Audio

Sound Check

Computer audio

Phone call

No audio

MUTED

Microphone (Conexant ISST Audio)

Speakers (Conexant ISST Audio)

Talking:

▶ Questions

ACS Cancer Programs - Webinar

Webinar ID: 561-048-875

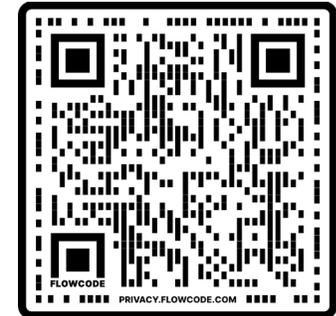
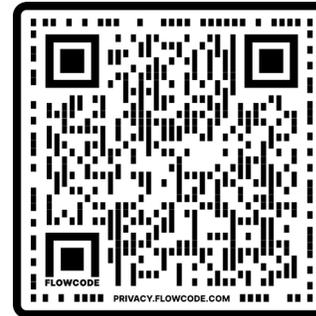
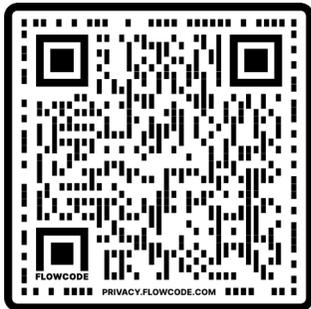
GoToWebinar





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ACS Cancer Programs



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