

October 8, 2013

3:00 to 5:00 p.m.

Conference call (888) 670-3525

Conference code 2922384719



Florida Department of Health

4042 Bald Cypress Way

Conference Room 301

Tallahassee, FL 32311

Joint Committee on Performance Standards, Rating System, and Rating Standards for Cancer Centers of Excellence, s. 318.925 Florida Statutes
Meeting Minutes

Attendance

Joint Committee

- Daniel Armstrong, Ph.D., (University of Miami) Miami (BRAC Chair)
- Thomas George, MD, FACP (University of Florida) Gainesville (C-CRAB Chair)
- Barbara Centeno, MD. (Moffitt Cancer Center) Tampa (BRAC)
- Randal Henderson, M.D., M.B.A. (University of Florida) Jacksonville (BRAC)
- Brian Rivers, Ph.D., MPH (Moffitt Cancer Center) Tampa (C-CRAB)
- Gerald Robbins, MD (American Cancer Society) New Port Richey (C-CRAB)
- Eric Sandler, MD (Nemours) C-CRAB
- Zenesha Barkley, DNP, MSN, RN, CNE (Bethune-Cookman) (C-CRAB)

DOH Staff

- Robert Hood, Ph.D., Manager, Public Health Research Unit
- Sarah Hofmeister, Research Program Analyst, Public Health Research Unit

The meeting was called to order at 3:10p.m.

A quorum was present. The quorum is defined as a majority of the 13 members of the Joint Committee, including both chairs.

I. Area II.1

Physicians and all members of the care team provide accurate and complete information on treatment options, including clinical trials, which consider each person's needs, preferences, and resources, whether provided by that center or available through other health care providers (required by statute)

Members discussed a draft of an explanation for the Standard.

Members discussed qualifications and expertise, and how site visit teams could assess and evaluate this. Members noted that teams are a better focus than individual physicians, because physicians practice in teams in cancer centers. Members considered two ways of approaching how to evaluate. First, they considered professional qualifications based on contributions to the profession, such as publications, peer reviewed presentations at professional meetings, service as peer reviewers in journals, service on national standard-setting bodies, and service on national study sections as ways of demonstrating expertise. Members struggled with whether all members of a care team must have meet the highest bar, or whether just the program leaders needed that expertise. There was consensus that keeping current with medical education was not sufficient to define excellence as that was considered a standard minimum criterion. Second, members discussed that qualifications and expertise can be evaluated using patient outcomes, and measurements of team performance. There was discussion that accurate and complete information is a dynamic variable requiring demonstration of a commitment to life-long learning and institutional support.

Members discussed how to ensure physicians provided accurate information to patients. Members agreed that to be excellent the physician should seek out feedback from peers about the treatment plan, and regularly review this with a team. For example, physicians should have the treatment plan reviewed by other members of the treatment team once per week and on an ongoing basis for each patient, whether in a small team, or a multidisciplinary tumor board. There was consensus that physicians should discuss clinical trials options in person with patients, and discuss with the patient how treatment and research options address the personal needs and values of the patient. There should be documentation that these discussions occurred. Physicians should participate in interdisciplinary care teams. Details of such criteria could be included to the site visitor as well.

Dr. Sandler made a motion: Clinical teams must offer highest evidence-based treatment or access to an IRB-approved clinical trial.

Dr. Bujnoski seconded the motion

Total votes for approval: (Total members voting: 9) Affirmative: 9 Negative: 0
Recusal: 0

II. Public Comment

There was no public comment.

Meeting was adjourned at 4:55pm.