September 19, 2013

1:30-3:30 p.m.

Conference call (888) 670-3525

Conference code 2922384719

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)
- Representative Marti Coley Marianna (C-CRAB)
- 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

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 1:40p.m.

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

I. Standard 1.6

Standard I.6 The organization meets provides enhanced cancer care coordination which, at a minimum, focus on:

a. Coordination of care by cancer specialists and nursing and allied health professionals.
b. Psychosocial assessment and services.
c. Suitable and timely referrals and followup.
d. Providing 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 organizations.

e. Participation in a comprehensive network of cancer specialists of multiple disciplines, which enables the patient to consult with a variety of experts to examine treatment alternatives.
f. Family services and support.
g. Aftercare and survivor services.
h. Patient and family satisfaction survey results.

- Members discussed and recommended that 1.6.a., 1.6.b., 1.6.e, and 1.6.g existing standards from the American College of Surgeons Committee on Cancer should be adopted.
- Members discussed and recommended that for 1.6.c that Organizations should adopt all existing evidence-based quality indicators linked to care outcomes to operationalize timely referrals. The incorporation of patient navigators into the cancer care process was discussed and could be encouraged as an example of how to demonstrate compliance with meeting this standard.
- Members discussed and drafted the following explanation of what applicant organizations and peer reviewers should consider for 1.6.d.: Organizations should have a standard process for communicating diagnosis and treatment options that includes patient education materials, information about available clinical trials relevant to the patient's needs, information about personal considerations, and should coordinate care with the patients primary care physician or other treating physicians, for example by distributing a summary of the treatment plan and coordinate care. The cancer patient's physician should discuss clinical trials and other treatment options in person with the patient. The resource of the Florida Cancer Trials network was discussed and could also be encouraged for use to ensure patients are aware of cancer clinical trials available in Florida.
- Members discussed and recommended that for 1.6.f. that Organizations should demonstrate the systematic integration of family support, including clinical licensed social workers, case managers, patient navigators, counseling service, spiritual support, cancer support groups, financial counselors, and that staff have knowledge of community resources. If the organization provides care at multiple locations or through partners, these resources should be provided throughout the patient journey.
- Members discussed and recommended that for 1.6.h. that Organizations should demonstrate a systematic mechanism for gaining input from family members, evaluating this feedback, and making improvements based on the information provided. Results must be linked to quality improvement projects.
- Members discussed the addition of another performance standard to define excellence in palliative care. Although the CoC standard 2.4 partially addresses this, the members recommended that Organizations must have a comprehensive and integrated system available within their center or network to access palliative care options based on patient and family wishes, that includes pain services, evidence-based complementary cancer care options, bereavement support, counseling about quality of life, and hospice care.

II. Standard 1.9

Standard I.9 Enters into a research partnership with at least one other organization or a research network composed of Florida organizations, and participates in a network of Cancer Centers of Excellence.

- A definition of research partnership was proposed as a demonstrated and substantive mutual program of collaboration, not just a participation of one via the other
- Members discussed examples of ways organizations can describe collaborations, such as exhibiting leadership efforts or having researchers serve as co-principal investigators.
- Once Centers of Excellence are established, there was discussion regarding collaboration between any two Centers of Excellence fulfilling this requirement as well.

V Public Comment

There were no public comments.

VI Adjournment

The meeting adjourned at 3:25 p.m.