

October 29, 2013

10:00 to 3:00 p.m.

Conference call (888) 670-3525

Conference code 2922384719



Hillsborough County

Health Department

1105 E. Kennedy Blvd.

Tampa, Florida 33602

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)
- Joanne Bujnoski, DO, FACRO (Florida Osteopathic Association) Pensacola (C-CRAB)
- 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 10:10 a.m.

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

Members reviewed and discussed each section in the Manual.

Standard I.1 The organization maintains a license in good standing in this state which authorizes health care services to be provided.

Dr. Sandler made motion to approve the explanation and other information for Standard I.1 in the Manual. Dr. Centeno seconded the motion

Total votes for approval: (Total members voting: 8) Affirmative: 8 Negative: 0 Recusal: 0

Standard I.2 The organization achieves and maintains accreditation by the Commission on Cancer of the American College of Surgeons.

Dr. Bujnoski made motion to approve the explanation and other information for Standard I.2 in the Manual. Dr. Sandler seconded the motion

Total votes for approval: (Total members voting: 8) Affirmative: 8 Negative: 0 Recusal: 0

Standard I.3 The organization actively and substantially participates in at least one regional cancer control collaborative that is operating pursuant to the Florida Comprehensive Cancer Control Program's cooperative agreement with the Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program.

Members determined that an organization could meet this Standard by working with a collaborative on at least one essential function, as appropriate.

Dr. Sandler made motion to approve the explanation and other information for Standard I.3 in the Manual. Dr. Centeno seconded the motion

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

Standard I.4. The Organization demonstrates excellence in and dissemination of scientifically rigorous cancer research.

Members discussed translational research, and moved a description from the Explanation section to the definition section for translational research. Members removed departmental or program review as a type of peer review included in the document. Members added references under professional organization guidelines. Members added patients and other intellectual properties as required written materials.

Dr. Henderson made motion to approve the explanation and other information for Standard I.4 in the Manual. Dr. Sandler seconded the motion.

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

Standard I.5 The organization integrates rigorous cancer training and education of biomedical researchers and health care professionals.

Members added references to the practice guideline section, and added that the education program should be accredited.

Dr. Sandler made motion to approve the explanation and other information for Standard I.5 in the Manual. Dr. Henderson seconded the motion

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

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 follow-up.
- 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 added behavioral health specialists to the list of individuals in the explanation, and added references under professional practice standards. Members added to the list of written materials the need for the site to provide treatment plans and survivorship care plans.

Representative Coley made motion to approve the explanation and other information for Standard I.6 in the Manual. Dr. Rivers seconded the motion

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

Standard I.7 The organization adopts and implements a continuous comprehensive quality indicator system, reports at a minimum annually on quality metrics and makes a summary of the evaluation available to prospective patients and family members.

Members changed “internal” quality indicator systems with “established” systems, and added references to practice guidelines.

Dr. Centeno made motion to approve the explanation and other information for Standard I.6 in the Manual. Dr. Bujnoski seconded the motion

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

Standard I.8. When conducting cancer research the organization must have an accredited human research protection program and have research reviewed by an accredited Institutional Review Board to ensure the highest ethical standards.

Members added references to practice guidelines.

Dr. Bujnoski made motion to approve the explanation and other information for Standard I.6 in the Manual. Dr. Rivers seconded the motion

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

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 when available.

Members clarified the standard to indicate that organizations may participate in a network of Cancer Centers of Excellence, when available. Members added references to the professional practice guidelines.

Dr. Bujnoski made motion to approve the explanation and other information for Standard I.6 in the Manual. Dr. Sandler seconded the motion

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

Area II

Standard 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 organizations.

Members added a requirement that metrics on the effectiveness of care should be based on patient outcomes. Members added references to the professional practice guidelines.

Dr. Sandler made motion to approve the explanation and other information for Standard I.6 in the Manual. Dr. Bujnoski seconded the motion

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

Area III

Members discussed Area III concerning the role of patients and family members, based on the recognition that patients and families have opportunities to assist their healthcare team to improve the quality of their care. This Area is focused on how well patients participate in their care to improve outcomes. High quality organizations have processes in place to evaluate ways to improve this process, and incorporate improvements to assist patients. High quality professionals are successful in supporting and encouraging patients, and have patients who are engaged in improving the quality of care provided by their care team. Examples of ways healthcare professionals can help meet these standards include the use of educational materials, access to support groups provided by the healthcare organization or partners, and patient navigators.

Members added references to professional practice guidelines. Members added that there should be ongoing opportunities to improve patient engagement and revised Standards III.1-III.5 as follows:

Standard III.1 The organization should provide ongoing opportunities for the patient to provide all the information to the healthcare team that is relevant to care and treatment decisions.

Standard III.2 The organization should provide ongoing opportunities for the patient to communicate concerns and worries that might affect cancer treatment.

Standard III.3 The organization should provide ongoing opportunities for the patient to improve their understanding of their cancer.

Standard III.4 The organization should provide ongoing opportunities for the patient to keep follow up appointments to ensure continuity of care

Standard III.5 The organization should provide ongoing opportunities for the patient to include a friend or family member in the care process.

Dr. Sandler made motion to approve the explanation and other information for Standard I.6 in the Manual. Dr. Henderson seconded the motion

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

Members discussed whether to have a scale such a Likert scale to assess performance, and there was consensus to use Standard is Met and Standard is Not Met.

Staff provided a description of a process for conducting site visits and a rating system. Staff will provide those materials to the Joint Committee by November 8, 2013.

Staff noted that the Manual will be distributed to members of C-CRAB and BRAC.

There was consensus about the need for another meeting to approve a policy describing the process.

Public Comment

There was no public comment.

Meeting adjourned at 2:30 p.m.