

**How To Guide:
NAPRC
Accreditation**

SEPTEMBER 25, 2019

OUR SPEAKERS:

LIJO SIMPSON
Board-Certified Hematologist and
Medical Oncologist, Atlanta Cancer
Care and Co-Founder and Chief
Medical Officer at OncoLens

LEIGH WEBB
Cancer Data Quality and
Accreditation Manager,
WellStar Health System



1

Agenda

- Introductions
- Define scope of problem around rectal cancer
- Overview of the National Accreditation Program For Rectal Cancer
- Steps to accreditation
- Challenges around collecting data required for accreditation
- Solution in practice



2



3

Why Did the CoC Develop the Guidelines?

- NAPRC was born out of the disparity that exists in outcomes for rectal cancer patients in the US and European markets.
- The National Accreditation Program for Rectal Cancer (NAPRC) was developed through a collaboration between The OSTRiCh Consortium (Optimizing the Surgical Treatment of Rectal Cancer) and the Commission on Cancer (CoC), a quality program of the American College of Surgeons.



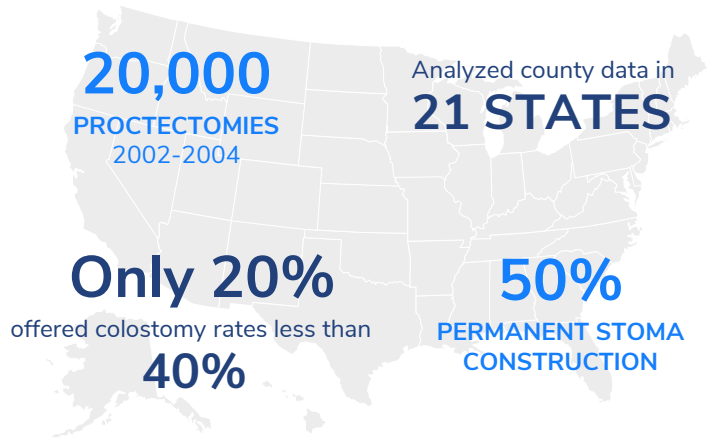
AMERICAN COLLEGE OF SURGEONS
Inspiring Quality: Highest Standards, Better Outcomes



4

RECTAL CANCER IN THE U.S.

Studies indicated poor outcomes of rectal cancer surgeries in the U.S



* Source: Ricciardi R: Variability in reconstructive procedures following rectal cancer surgery in the U.S



5

2018 Study of Rectal Cancer Surgery Checklist Compliance In a High Volume Setting

PREOPERATIVE	Compliance Rate
Documentation of sexual function and continence	0.00%
Any post-neoadjuvant restaging performed	69.30%
By physical exam only	31.40%
By repeat imaging	37.10%
Documentation of multi-disciplinary discussion of therapy (Tumor Board)	16.80%
INTRA-OPERATIVE	
Documentation of pelvic nerve integrity	8.70%
Documentation of leak test	52.90%
POSTOPERATIVE	
Documentation of radial and distal margin status	57.50%

*US National Library of Medicine, National Institute of Health (PubMed) [Feb 21, 2018](#)



6

RECTAL CANCER CARE IN EUROPE

This same problem had existed in Europe, but through centralization and MDC in Sweden, Denmark, Spain, Belgium, The Netherlands, Norway, and the United Kingdom, outcomes have been improved.

- The Stockholm TME project was initiated
 - (total mesorectal excision) project resulted in LR rate from **21%** to 6%
 - DFS increased from **60** to 65% at 7 years
 - Increase in sphincter preservation
- Addition of pre operative radiotherapy
 - LR dropped from 8% to 3.5%
 - Five year survival improved from **38%** to 62%
 - Multidisciplinary management helps.

* Source: Maurer CA, Renzulli P and others, 2011



7

OSTRiCh Consortium (Optimizing the Surgical Treatment of Rectal Cancer)

Founded in 2011, The OSTRiCh Consortium is a group of healthcare institutions that have come together with the purpose of improving the quality of rectal cancer care in the U.S. through advocacy, education, and research.



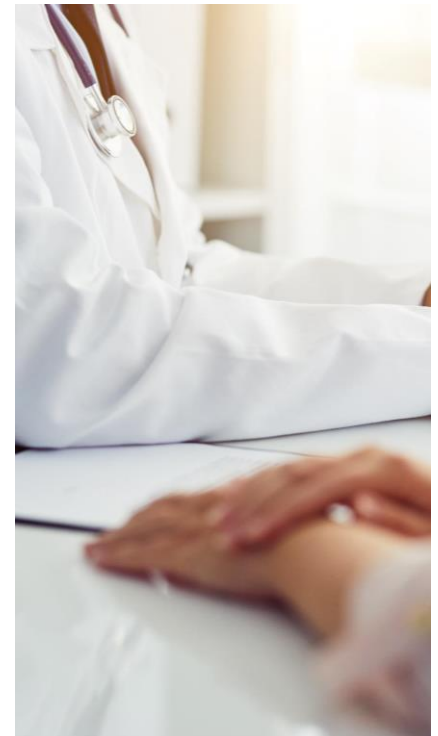
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9

Three Pillars of NAPRC

- **Program Management:** Ensures the program and multidisciplinary team is overseen by a qualified Rectal Cancer Program Director
- **Clinical Services:** Confirms rectal cancer patients receive appropriate care based on diagnosis and within specified time targets
- **Quality Improvement:** Utilizes data to improve efficiency, standardize care, and improve outcomes



10

To Achieve Accreditation, Programs Must Demonstrate:

- Establishment of a multidisciplinary rectal cancer team comprised of trained and qualified physicians and coordinators
- Data collection and monitoring to track and continually improve program performance, including care processes, treatment compliance and patient outcomes.
- Adherence to evidence-based procedures, including total mesorectal excision, pathological assessment, and MRI staging and reporting



11

Current NAPRC Standards

- Available online:
<https://www.facs.org/quality-programs/cancer/naprc/standards>
- Focuses on three main areas
 1. Program Management
 2. Clinical Services
 3. Quality Improvement

Chapter 1: Program Management	Standard 1.1: Commission on Cancer Accreditation Standard 1.2: Rectal Cancer Multidisciplinary Care Standard 1.3: Rectal Cancer Multidisciplinary Team Attendance Standard 1.4: Rectal Cancer Multidisciplinary Team Meetings Standard 1.5: Rectal Cancer Program Director Standard 1.6: Rectal Cancer Program Coordinator Standard 1.7: Rectal Cancer Program Education*
Chapter 2: Clinical Services	Standard 2.1: Review of Diagnostic Pathology Standard 2.2: Staging before Definitive Treatment Standard 2.3: Standardized Staging Reporting for Magnetic Resonance Imaging Results Standard 2.4: Carcinoembryonic Antigen Level Standard 2.5: Rectal Cancer Multidisciplinary Team Treatment Planning Discussion Standard 2.6: Treatment Evaluation and Recommendation Summary Standard 2.7: Definitive Treatment Timing Standard 2.8: Surgical Resection and Standardized Operative Reporting* Standard 2.9: Pathology Reports after Surgical Resection Standard 2.10: Photographs of Surgical Specimens Standard 2.11: Multidisciplinary Team Treatment Outcome Discussion Standard 2.12: Treatment Outcome Discussion Summary Standard 2.13: Adjuvant Therapy after Surgical Resection
Chapter 3: Quality Improvement	Standard 3.1: Rapid Quality Reporting System* Standard 3.2: Accountability and Quality Improvement Measures*



12

REVISED STANDARDS

- New draft CoC metrics may require documentation of processes for every patient starting with colon, breast, lung and melanoma
- Standards scheduled to be released at CoC Summit in November 2019

Commission on Cancer® A QUALITY PROGRAM of the AMERICAN COLLEGE OF SURGEONS

DRAFT Revised Standards
May 16, 2019

[Chapter 1: Institutional Administrative Commitment](#)

[Chapter 2: Program Scope and Governance](#)

Standard 1.1: [Facility Commitment](#)

Standard 2.1: [Cancer Committee Membership](#)

Standard 2.2: [Cancer Committee Meetings](#)

Standard 2.3: [Cancer Committee Attendance](#)

SAVE THE DATE!

NOVEMBER 21-22, 2019 CHICAGO, IL

COMMISSION ON CANCER EDUCATIONAL SUMMIT

2020: A Glimpse into the Future

Standard 4.1: [Physician](#)

Standard 4.2: [Cancer I](#)

Standard 4.3: [Cancer II](#)

Standard 4.4: [Cancer III](#)

Standard 4.5: [Genetic](#)

Standard 4.6: [Palliative](#)

Standard 4.7: [Rehabilit](#)

Standard 4.8: [Oncology](#)

Standard 4.9: [Survivor](#)

Standard 5.1: [Multidisciplinary Tumor Board](#)

Standard 5.2: [College of American Pathologists Synoptic Reporting](#)

Standard 5.3: [Psychosocial Distress Screening](#)

Standard 5.4: [Breast Sentinel Node Biopsy](#)

Standard 5.5: [Breast Axillary Dissection](#)

Standard 5.6: [Primary Cutaneous Melanoma](#)

Standard 5.7: [Colon Resection](#)



13

WHY NAPRC Accreditation?

- Be recognized for delivering the highest standard of excellence in cancer care
- Position for high outcome value based care
 - Improvement in patient outcomes
 - Lower recurrence rate
 - Lower rate of permanent colostomy
 - Higher rates of survival.
- Capture existing processes under the umbrella of accreditation
- Accreditation helps distinguish your program and drive higher volume of patients

14



15

NAPRC - Achieving the Standard

- Facility must already be accredited by the CoC
- The **Rectal Cancer Program (RCP)** must be following NAPRC standards for at least 12 months
 - Participation in RQRS
 - Report Rectal measures to the Cancer Committee
- Establish a **Rectal Cancer Multidisciplinary Team (RC-MDT)**
 - Must Track attendance
 - Surveyor will want to see roster containing appointed members and their specialties
 - Includes all surgeons that perform rectal cancer surgeries at your facility
 - Required members must attend 50% of the rectal tumor boards



16

NAPRC - Achieving the Standard

- **RC-MDT Meetings**
 - Members of the team must meet twice a month
 - Meeting minutes must be kept by an RCP Director
 - Meeting minutes must be reported to the Cancer Committee
 - **RCP Director** is responsible for internal audits and the reporting of NCDB data to ensure standards adherence for all rectal patients.
 - Required **RCP Coordinator** is a team member that is in regular communication with patients coordinating patient care with their health providers



17

NAPRC - Achieving the Standard

- Each rectal cancer patient
 - Must have a treatment planning discussion
 - 50% of those patients should have recommendations provided to their primary care/referring physician
 - Must have an outcome discussion within 4 weeks of surgery
 - 50% of those patients should have a treatment summary provided to them and their primary care/referring physician



18

Pretreatment Metrics Checklist

<input type="checkbox"/> Biopsy/Diagnosis performed at outside facility
<input type="checkbox"/> Outside diagnosis - Pathology slides reviewed / Diagnosis documented by RCP before 1st course of treatment
<input type="checkbox"/> No previous diagnosis - Biopsy completed and pathology was reviewed at RCP
<input type="checkbox"/> Patient staged before treatment with PET/CT and MRI
<input type="checkbox"/> Pretreatment MRI is read by RCT Radiologist
<input type="checkbox"/> MRI report is in standardized format
<input type="checkbox"/> Pretreatment CEA is recorded in medical record
<input type="checkbox"/> Treatment planning discussion completed
<input type="checkbox"/> Treatment recommendation summary provided to referring physician



19

Treatment Metrics Checklist

<input type="checkbox"/> Patient began definitive treatment within 60 days of initial evaluation at this RCP
<input type="checkbox"/> Surgical resection performed by RCT surgeon
<input type="checkbox"/> Operative report is recorded in standardized synoptic format
<input type="checkbox"/> Resection specimen is read and pathology report completed by a RCT pathologist.
<input type="checkbox"/> Pathology report is completed within two weeks of the definitive surgical resection, contains all required CAP data elements, and use a standardized synoptic format.
<input type="checkbox"/> Anterior, posterior, and lateral views of surgical specimen are photographed and reviewed by RCT



20

Post Treatment Metrics Checklist

- | |
|---|
| <input type="checkbox"/> Treatment outcome discussion completed within four weeks of surgery |
| <input type="checkbox"/> Treatment summary is provided to the patient and referring physician within four weeks of outcome discussion |
| <input type="checkbox"/> If patient elected for adjuvant therapy, treatment began within 8 weeks of surgery. |



21

Biggest Challenges

- Team still adjusting to registry changes from 2018
- Staff consumed with day-to-day workload
- Not having a simple interface to collect and track the data at the right time



22



23



LEIGH WEBB,
Cancer Data Quality & Accreditation
Manager, WellStar Health System

WellStar Health System

- Largest health system in Georgia
- Not-for-profit health system
- 20,000 specialists and primary care providers
- 11 hospitals, 225 medical office locations, outpatient centers, health parks, a pediatric center, nursing centers, hospice, homecare.
- Deliver a patient-centered model of care



24

The Decision to Pursue NAPRC Accreditation

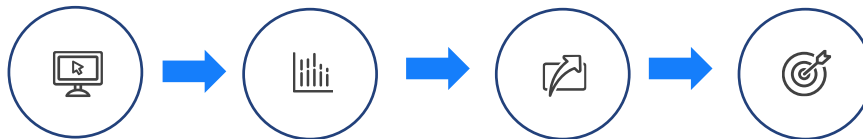


- WellStar prides itself of delivering high quality care to the communities we serve, so when CoC came out with the NAPRC guidelines, we knew we wanted to pursue these standards
- **VISION:**
To deliver world-class cancer care
- **MISSION:**
To eliminate the burden of cancer on our community by providing comprehensive prevention and early detection, treatment and survivorship programs, delivered in a patient-centered environment by impassioned caregivers



25

The Process to Pursue NAPRC Accreditation



Piloted OncoLens technology solution in 2 largest cancer conferences initially to help streamline our 13 cancer conferences throughout WellStar

Physicians and assistants found it so much easier to work in the app and the administrative team found it easier to keep up with the data and documentation needed to support accreditation goals

Started to pursue NAPRC accreditation and realized that much of the data we needed for accreditation reports was already in the OncoLens solution

Worked with OncoLens team to incorporate capabilities and reports that directly align with NAPRC guidelines



26

How it Works

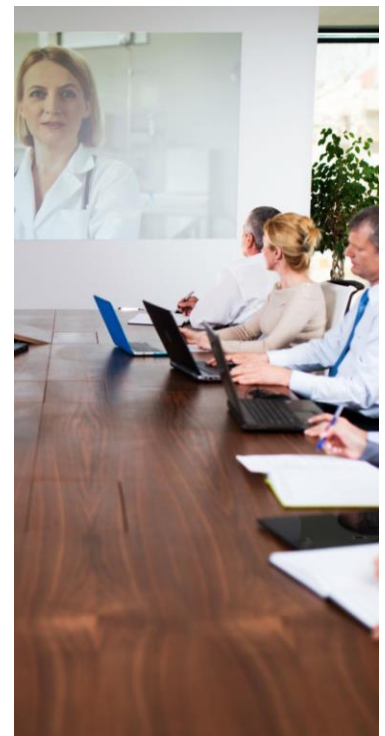
- OncoLens rectal cancer tumor board workflow optimized to collect NAPRC metrics.
- NAPRC relevant templates help collect the required pre-treatment, treatment and post-treatment metrics real-time during discussion.
- Attendance captured real-time with relevant specialty designations.
- Pre-treatment, Treatment and Post-treatment summaries automatically created and downloadable on the platform.
- Routed through the platform to the referring gastroenterologist and primary care physicians.



27

Value Being Realized at WellStar Health System

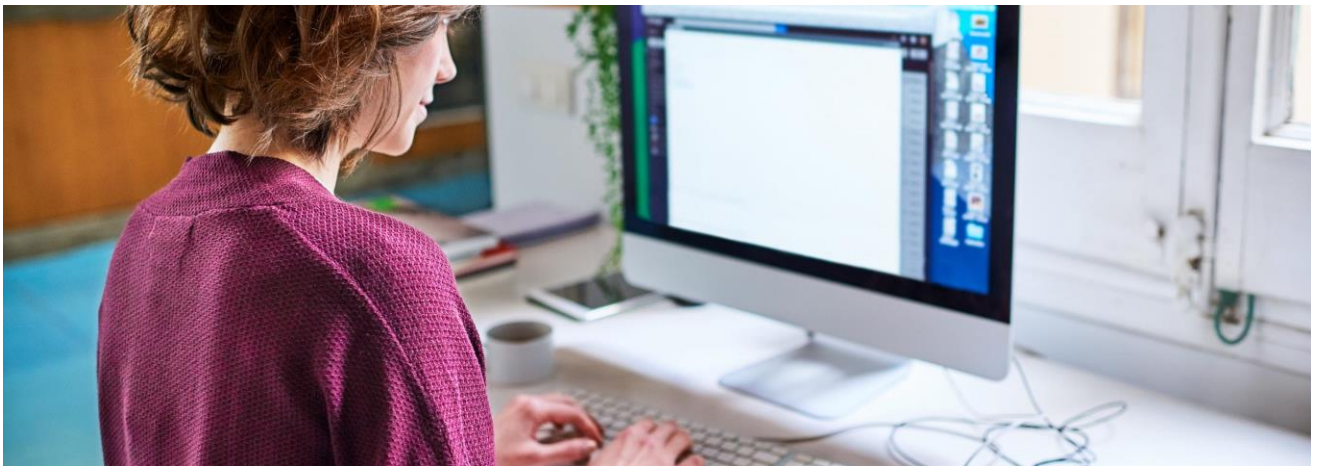
- Kicked off program in July, 2019, seeking accreditation in 2020
- 44 rectal cancer cases monitored and measured on the platform
- Reports that used to take days to build, now are done in minutes
- Physicians and assistants load information as they see the patient or right after so that the data and documentation are readily available
- Smoother tumor board conferences because all of the information is readily available, all in one place
- Clinical trial information is easily accessible and case-specific, eliminating the time wasted searching for trials



28



29



Interested In Learning More?

Lijo Simpson, M.D.
 Chief Medical Officer, OncoLens
lijo@oncolens.com

D. Leigh Webb, DrPH, MPH, CTR
 LSS Certified Black Belt
 Manager, Cancer Data Center
 WellStar Health System
leigh.webb@wellstar.org

OncoLens
info@oncolens.com



30