Q&A Session for
Quality in CoC Accreditation
July 8, 2021

#	Question	Answer
1.	These coordinators are still not required for NCI designated facilities, correct? But we are exempt from std 2.1 which tell you to appoint coordinators.	Although NCI designated facilities are exempt from standard 2.1, they are not exempt from other standards which require coordinators such as standard 2.2 (cancer liaison physician), standard 7.3 (quality improvement coordinator), and standard 6.1 (cancer registry quality coordinator). Because of this, the only coordinators that a NCIP is exempt from as defined by the standards manual are the cancer conference coordinator (standard 2.5) and the clinical research coordinator (standard 9.1). However, if you require further clarification on this, we would recommend posting in the CAnswer Forum in order to get an answer from a Commission on Cancer staff member.
2.	Do you send the cases back to the abstractor to correct it? How detail do you review it? We look at EMR and the abstract case or just the abstract text and see if all data elements that are being reviewed are correct.	This all truly depends on what type of registry setting you are in. If you are in a hospital-based registry, we have found that it is beneficial to send any quality corrections back to the abstractor who completed the case for educational purposes. Your Cancer Program Committee can discuss and decide the best way to perform these reviews.
3.	a) RCRS-I thought we have to send the list to remove a sequence number if we resubmit a cases with changed sequence number? b) If a case is updated such as a second primary, will this information automatically be sent when the next submission to RCRS is done or does this case have to be submitted separately?	RCRS recognizes a difference in any of these three fields as a "new" case: FIN, accession, sequence number. If a program submits a case with a different sequence number than originally submitted, this will be recognized as a "new" case and require the end user to send an email to ACSTechSupport@iqvia.com to remove the incorrect sequence number case. RCRS does not update sequence numbers, accession numbers or FINs.

4.	What payer sources use accountability as a payment reimbursement opportunity?	Accountability measures are evidence-based measures that promote improvements in care delivery and can influence payment for services in regards to health plans and incentives. Value-Based Care or Pay-for-Performance, are payment models that are starting to gain more traction among healthcare organizations. Centers for Medicare & Medicaid Services (CMS) has introduced an array of value-based care models, such as the Medicare Shared Savings Program and Pioneer Accountable Care Organization (ACO) Model. Some private payers have also adopted similar models of accountable, value-based care.
5.	Comment from CoC Staff: For Standard 7.2, per page v in the 2020 standards, Standard 7.2 studies only count in the year they are completed and documented in the minutes so a Q1 report on a study would not qualify for the year before it. CoC staff is reviewing the CAnswer Forum question referenced and will clarify/update it as needed. We apologize for any confusion.	Additional Comment from CoC Staff: 7.3 is different as it allows a study to go through 2 years. This is explicitly referenced on page v of the standards manual as well ("A Standard 7.3 project or Standard 7.4 goal that extends into a second year will only count for the year it is initiated.") and guidance on reporting if it goes into a 2nd year is included in the language of both 7.3 and 7.4.
6.	Do we have to do a study to find the problem first for ideas for improvements or can it be just on basis of physician saying it there is a problem? My understanding is that we need to do a study to find problem first as part of 'Review Data to Identify the problem'. Then we do root cause analysis to why problem is occurring and then find ways to improve and that is the improvement initiative we implement and show improvement.	Yes, that is correct! Per the definition of the standard, the quality improvement initiative must be based off an already identified problem. In order to identify the focus of the QI initiative, problems can be identified, in this order, using: - NCDB accountability or quality improvement measures - Case reviews in Standard 7.2 - Annual review of clinical services in other CoC standards (i.e. genetics) - Other accreditation programs like NAPBC and NAPRC - Review of NCDB data, such as the CQIP - Any other cancer-specific, quality-related problem determined by the cancer committee
7.	How often are facilities reviewing the case alerts? Daily, weekly, monthly?	In an ideal world, case alerts would be reviewed weekly or even daily, but at a minimum I personally try to review alerts

		monthly and prior to my normal monthly RCRS submission. This way, any alerts that I can correct will be included in my normal monthly submission.