



A **QUALITY PROGRAM**
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OF SURGEONS

The Role of the Commission on Cancer

100 Years of Advancing Cancer Care For Everyone

Timothy Mullett, MD, FACS, CoC Chair

NASEM Promoting Health Equity in Cancer Care Workshop
25-26 OCT 2021



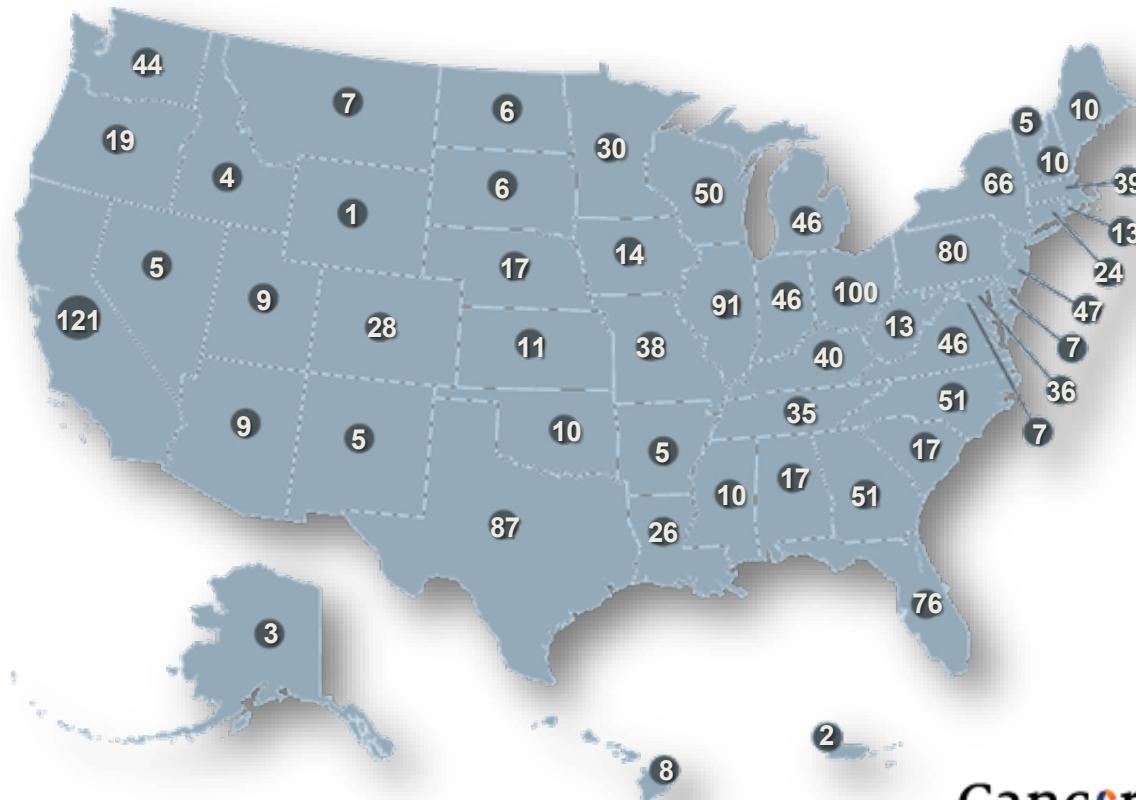


Approximately 1500 CoC-accredited Cancer Programs



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- 26% of U.S. Hospitals
- 72% of all cancer cases in the U.S.



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Multidisciplinary Membership



- Surgeons representing the American College of Surgeons
- Nearly 70 professional organization representatives

Surgeons	Nurses
Radiologist/Oncologists	Social Workers
Medical Oncologists	Administrators
Pathologists	Nutritionists
Cancer Data Professionals	Surveillance Specialists
Hospice & Palliative Care Specialists	Government Representatives
Patient Advocacy Groups	Genetic Professionals

These Member Organizations provide a broad and deep resource to solicit increasingly diverse ideas and perspectives.

- Recruiting and supporting *rural hospitals achieving accreditation*
 - A quality gap
- Integrating equity, diversity and inclusion into *accreditation process*
 - Site Reviewer Training
- Identifying new strategies to increase equity, diversity and inclusion in *CoC membership and path to leadership*



- **Cancer Committee**
 - Standardized Structure and Membership
- **Multidisciplinary Tumor Boards**
 - Improving transparency
 - Diversity of thought
- **Physician, Nursing and Registrar Credentials**
 - Quality begins with expectation of excellence

Standards Addressing Disparities

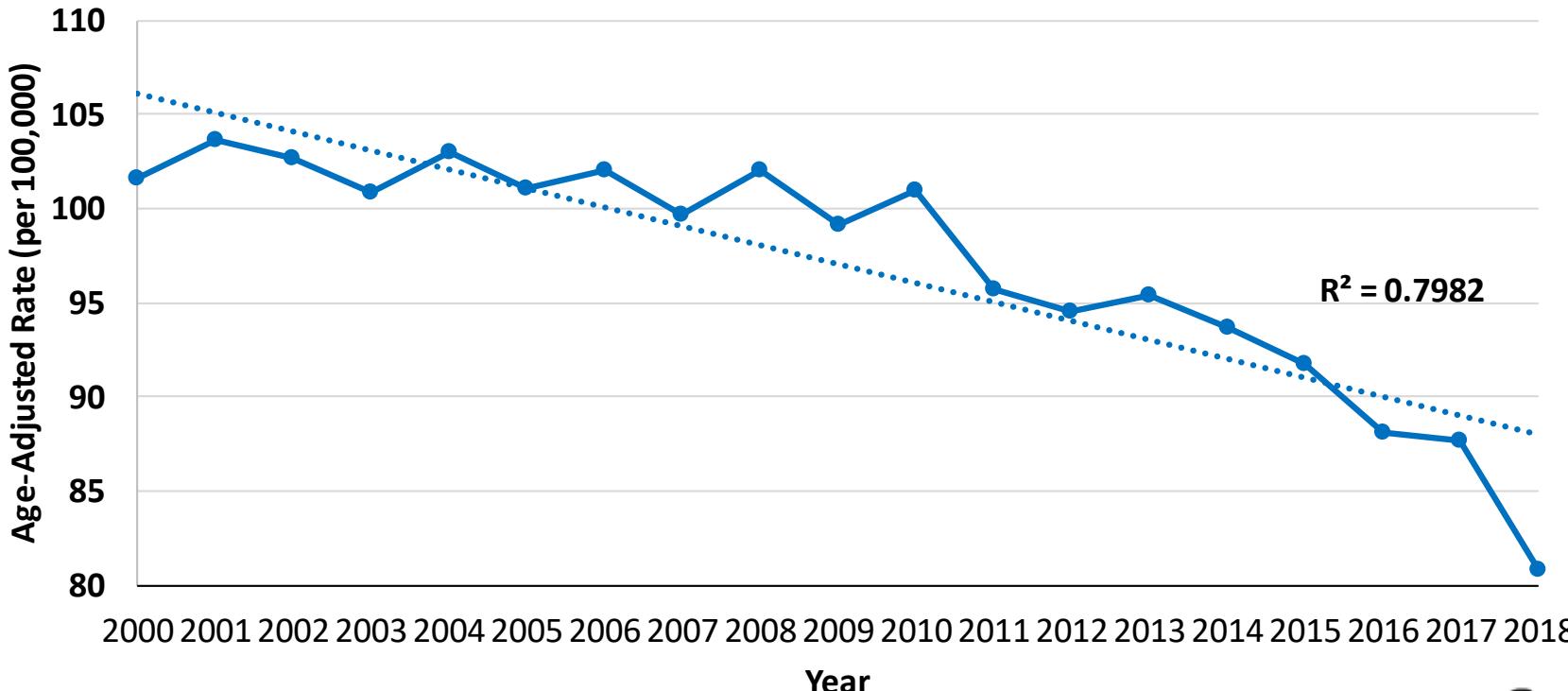
- Genetic Testing and Counseling
- Rehabilitation
- Nutrition
- Palliative Care Services
- Survivorship
- Psychosocial Distress Screening
- Addressing Barriers to Care through Improved Navigation
- Cancer Prevention and Screening

Each can be leveraged to examine disparities at the community level



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Overall Lung and Bronchus Incidence Rates, Kentucky 2000-2018



Durbin, et al, Kentucky Cancer Registry, 2021

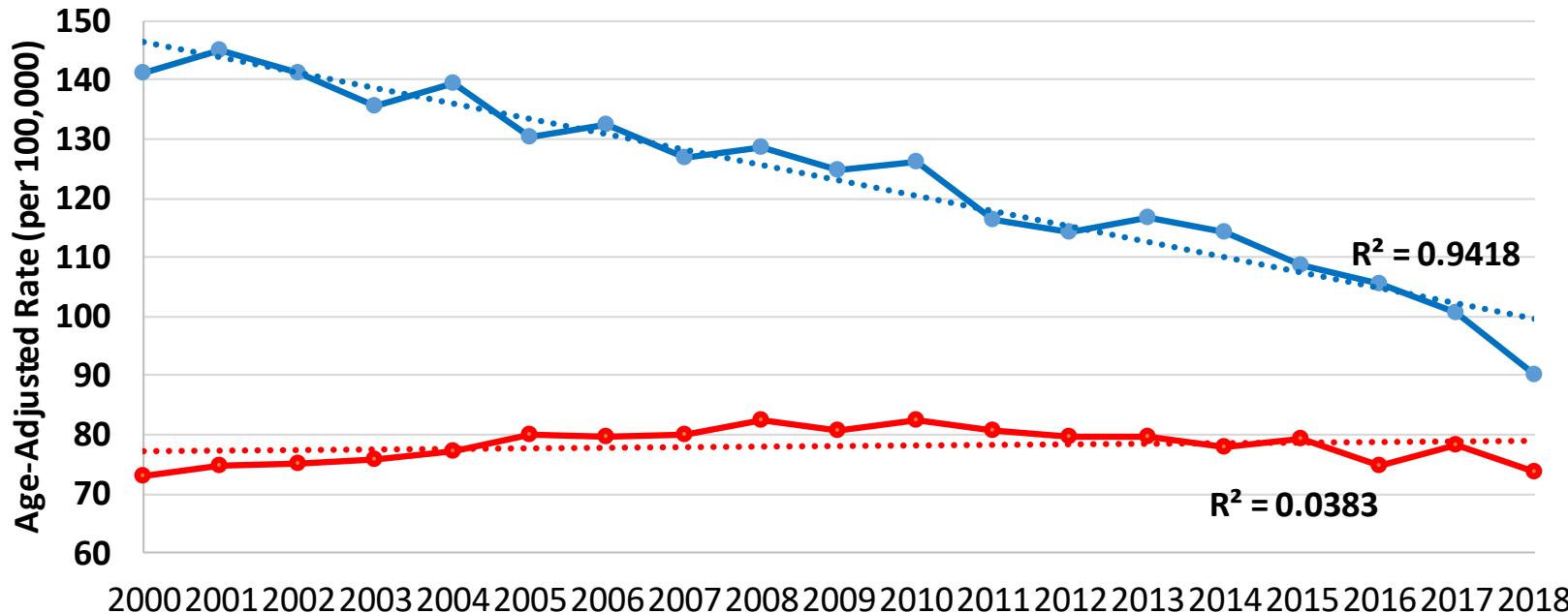
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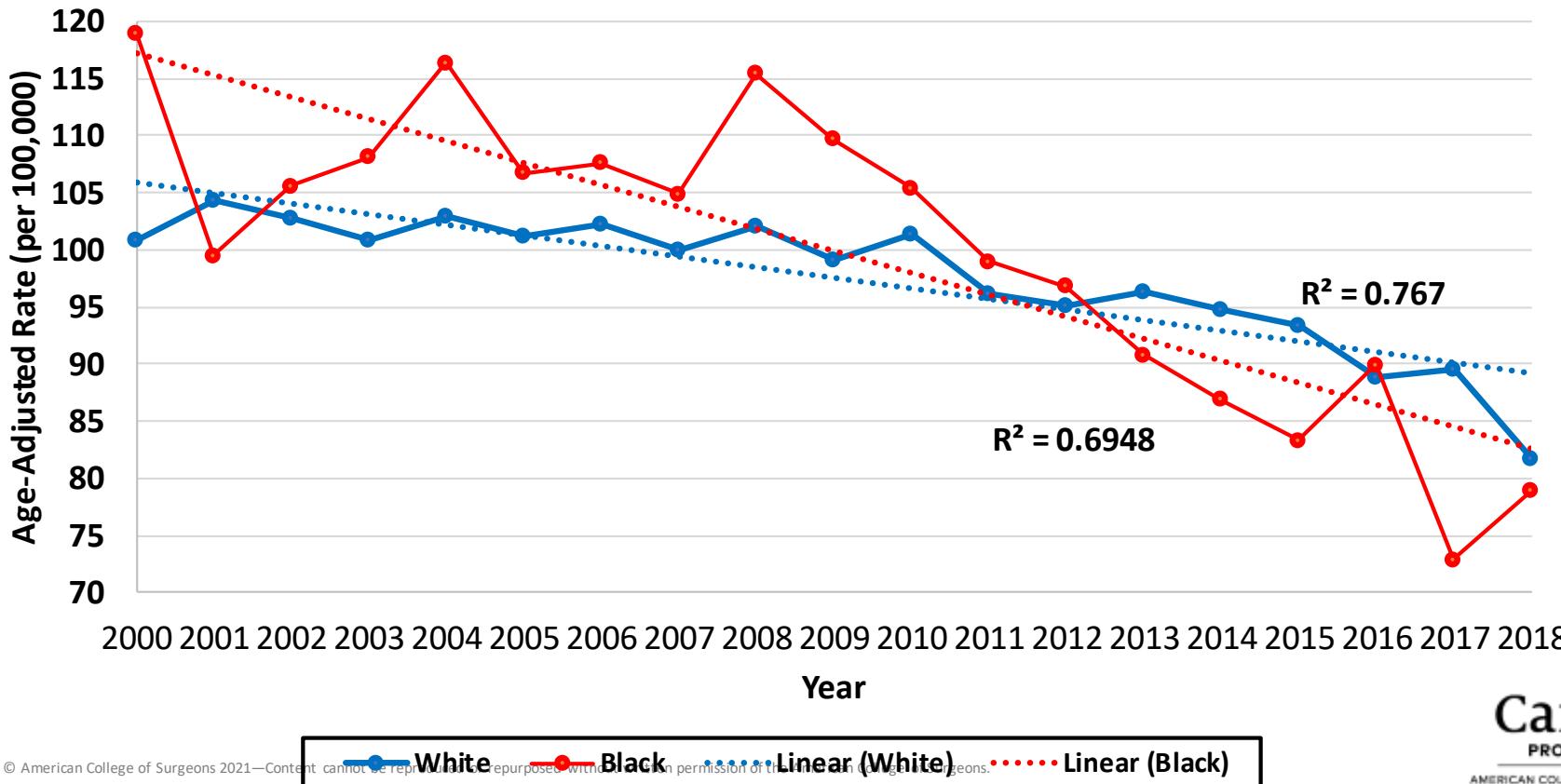
Male vs. Female Lung and Bronchus Incidence Rates, Kentucky

2000-2018

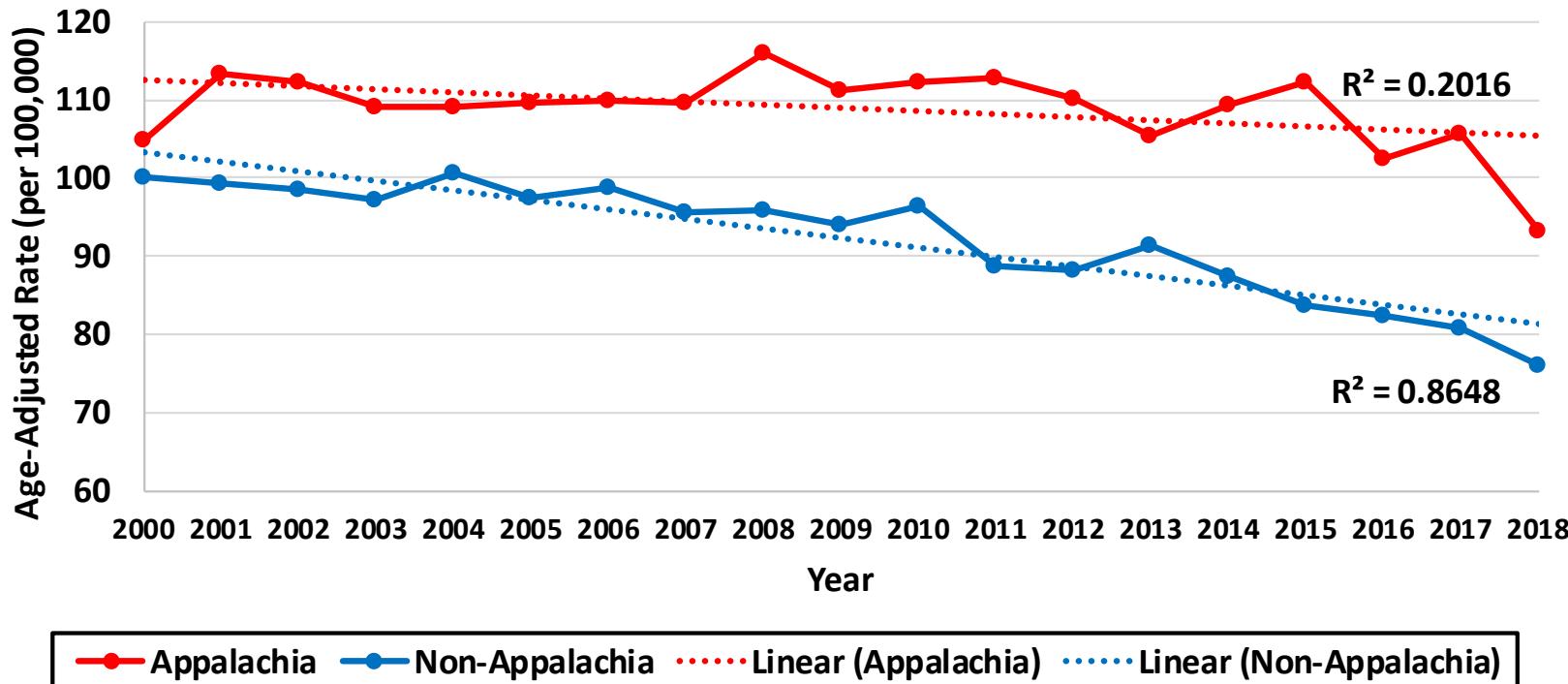


White vs. Black Lung and Bronchus Incidence Rates, Kentucky

2000-2018



Appalachia vs. Non-Appalachia Lung and Bronchus Incidence Rates, Kentucky, 2000-2018



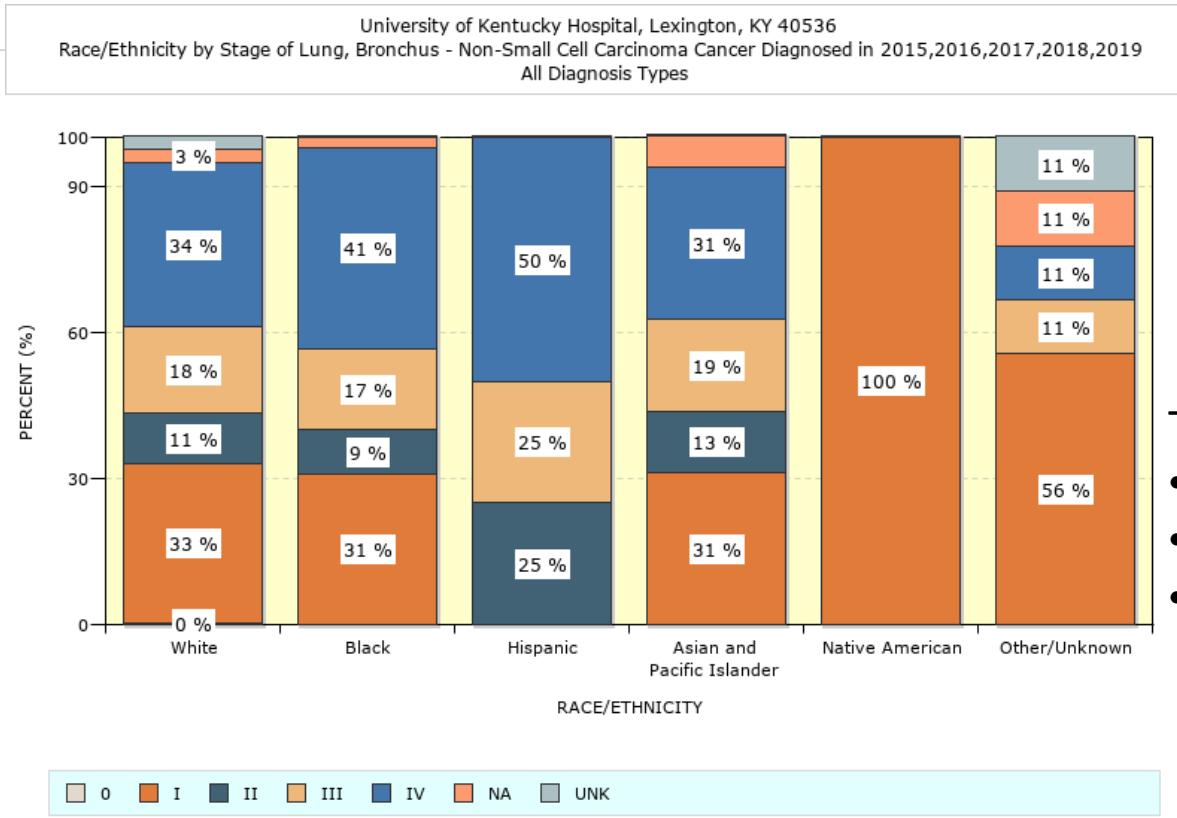
Durbin, et al, Kentucky Cancer Registry, 2021

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Identifying Disparities - Stage at Diagnosis



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Stratify data to demonstrate disparities

Tailor strategies:

- Improve access
- Language barrier
- Education

National Cancer Database Data

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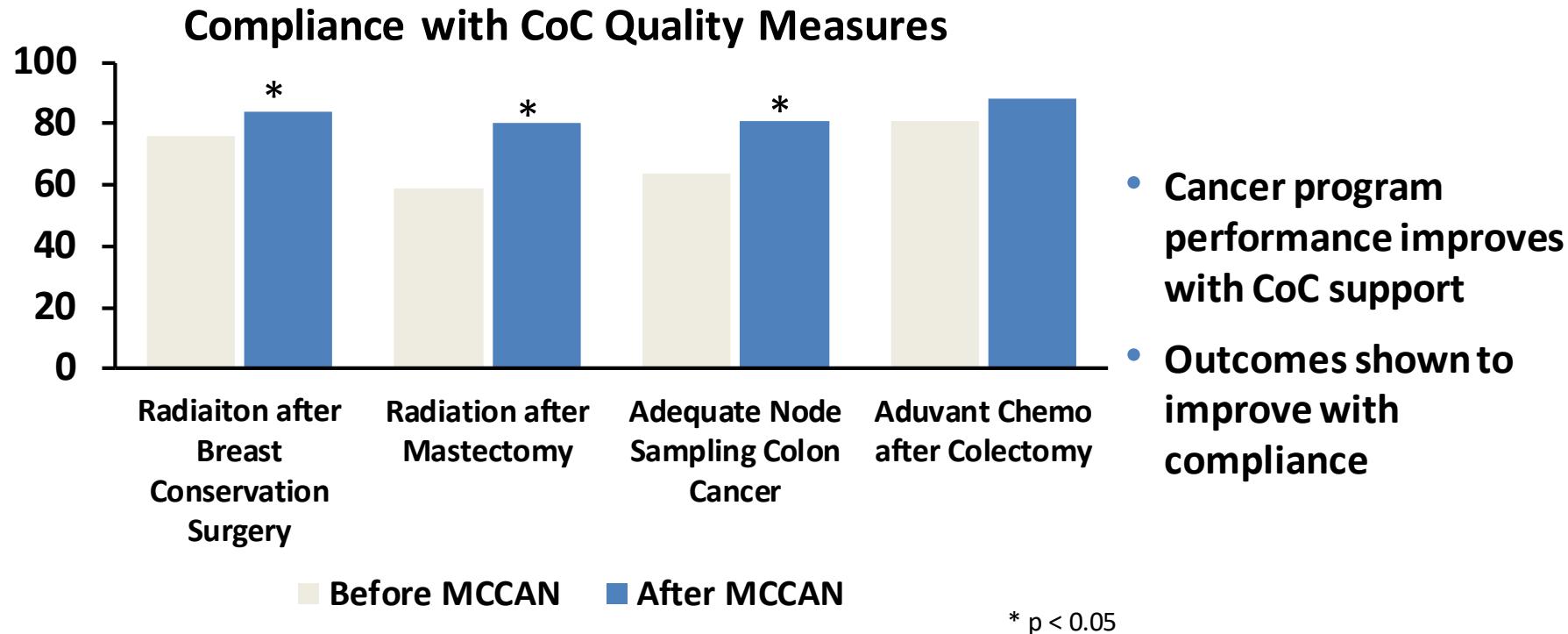
Standards Utilizing Program Data

- Quality Improvement Measures
- Monitors evidence-based care
- Quality Improvement Initiatives
- Cancer Program Goal
- Cancer Research Accrual

*Identified disparities can
be measured for
improvement using
standard methodologies*



Improving Quality at Rural Cancer Programs in Kentucky



Improving the Quality of Cancer Care in Community Hospitals
Tucker T, Jacob J, Tolle C, Charlton M, Mullett T.

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Update on CoC Equity, Diversity, and Inclusion Task Force

Chair, Susan Hedlund, MSW, LCSW, OSW-C

Supported by:

Accreditation Committee, Chair, James Harris, MD, FACS

Quality Integration Committee, Chair, Daniel Boffa, MD, FACS

ACS Cancer Programs, Medical Director, Heidi Nelson, MD, FACS
Administrative Director, Connie Bura

Taskforce Overview

- Internal meetings took place about how the CoC could address equity, diversity, and inclusion among our accredited programs and through our standards
- Recruitment took place among the Cancer program volunteers
- First meeting taking place October 18, 2021

Initial Charge of the Taskforce

- Development of a toolkit
 - It can seem overwhelming to identify how to change our practices and improve EDI in our cancer programs
 - Identifying resources, tools, and “best practices”
 - Demonstrations of how to use the National Cancer Database to develop a common story between cancer programs

