Accreditation of Radiation Oncology Practices: Challenges and Opportunities

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Disclosures

- ACR ROPA committee member and site surveyor
- MDAPN physics consultant
- AAPM Therapy Practice Accreditation Subcommittee

Learning Objectives

- By the end of this session, the participant will be able to
- Understand the reasons behind radiation oncology practice accreditation
- Compare and contrast ACR, ACRO, and ASTRO programs.
- Describe the challenges and opportunities of accreditation.

Outline

- Accreditation – what it is and what it is not
- Programs
  - American College of Radiology (ACR)
  - American Society of Clinical Oncology (ACRO)
  - American Society of Radiation Oncology (ASTRO)
- Undergoing the accreditation process
- Challenges
- Opportunities

What is Accreditation?

cer•ti•fi•ca•tion noun

A process in which an individual, an institution, or an educational program is evaluated and recognized as meeting certain predetermined standards (necessary for safe and ethical practice of the profession or service)

ac•cred•i•ta•tion noun

A process whereby a professional association or nongovernmental agency grants recognition to a school or health care institution for demonstrated ability to meet predetermined criteria for established standards

Mosby's Medical Dictionary, 8th edition. © 2009, Elsevier.

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What is Accreditation?

- Purpose is to improve the quality and safety of the radiation oncology clinical practice
- Receive recognition for meeting criteria of established standards

- However, without knowing the criteria, undertaking accreditation can be intimidating

Radiation Oncology Accreditation Programs

- American College of Radiology (ACR)
- American College of Radiation Oncology (ACRO)
- American Society of Radiation Oncology (ASTRO)

ACR ROPA

- ROPA – Radiation Oncology Practi Accreditation
- Oldest – 1987
- Originally based on “Patterns of Care”
- Sponsored by NCI and ACR

- ROPA is 1 of 11 accrediting programs

- 580 Facilities are Accredited (March 1, 2014)

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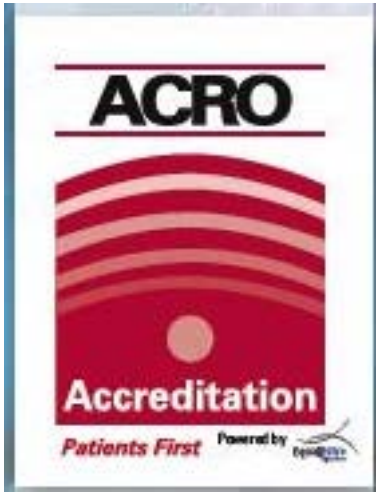
ACRO



- Middle – 1995
- Undergo periodic revisions
- Only one – focus on radiation oncology
- 138 Facilities are Accredited (Mar 1, 2014)

ASTRO APEX

- APEx – Accreditation Program for Excellence
- Newest – 2014
- Originally partnered with ACR in 2011
- Part of ASTRO's comprehensive quality package
- 0 Facilities are Accredited (March 1, 2014); beta testing sites

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Program Comparison

- Application - online
- Facility details
- Personnel
- Equipment
- QA & CQI, including Peer Review
- Safety – patient (chart review) & staff
  - ACR – submitted cases, reviewed on site
  - ACRO – online; by disease site experts
  - ASTRO – believe online

Program Comparison

- Policies & Procedures
- Includes physics QM program documentation
- Site Visit – *key difference
  - ACR: radiation oncologist and qualified medical physicist
  - ACRO: qualified medical physicist and RTT/CMD
  - ASTRO: qualified medical physicist and “main campus” sites also have radiation oncologist, RTT, RN, CMD, or Practice administrator

Program Comparison

- Review Committee
- Scoring system
  - Accreditation,
  - Deferral/Provisional Accreditation,
  - Denied/Deferred

ACR Top Reasons Cited

Completion of treatment chart review (25 out of 53)

ACR Technical Standard for the Performance of Radiation Oncology Physics for External Beam Therapy (section V. C)

Peer Review for solo physicist (10 out of 53)

ACR Technical Standard for the Performance of Radiation Oncology Physics for External Beam Therapy (section VIII.)

Documentation of physics QM program (9 out of 53)

ACR Technical Standard for the Performance of Radiation Oncology Physics for External Beam Therapy (section VII. 3.)

Treatment Planning Computer Systems (9 out of 53)

ACR Technical Standard for the Performance of Radiation Oncology Physics for External Beam Therapy (section IV. 4.)

ACR Top Reasons Cited

Consultation specifics (52 out of 53)

ACR Practice Guideline for Radiation Oncology: Communication (section III. A. 1.)

Treatment (Completion) Summary (36 out of 53)

ACR Practice Guideline for Radiation Oncology: Communication (section III. B)

Rx incomplete (34 out of 53)

ACR Practice Guideline for Radiation Oncology (section II. F.)

IMRT dose constraints/planning goals (patient-specific by physician) (31 out of 53)

ACR-ASTRO Practice Guideline for Intensity-Modulated Radiation Therapy (IMRT) (section II.)

Setup fields properly labeled (19 out of 53)

ACR Practice Guideline for Radiation Oncology (section II. E.)

CQI and/or M&M meetings (17 out of 53)

ACR Practice Guideline for Radiation Oncology (section VII. F.)

HDR: Rx completed before tx (13 out of 53)

ACR Practice Guideline for Performance of High Dose Rate Brachytherapy (section II f)

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Accreditation Challenges

- Documentation and organization
- Standardization
- Internal (facility)
- Criteria (Guidelines, standards, white papers, TG Reports are broad)
- Buy-in
- Resources, time, effort

Accreditation Opportunities

- Professional peer review of your work
- Enhances communication within your department
- Helps standardization of processes
- Identify practice improvement projects
- Participate before it becomes mandatory
- Quality & Safety are tied to billing and reimbursement (NY, NJ)
- VA hospital system

AAPM Therapy Practice Accreditation Subcommittee

- To coordinate AAPM activities with all therapy accrediting bodies.
- To work to ensure consistent modality-specific medical physics requirements across all accrediting bodies.
- To coordinate with the Government and Regulatory Affairs Committee (GRAC) to ensure consistent language in regulation and legislation as it applies to facility accreditation.
- Review requests for medical physics assistance from other groups relative to their practice or facility therapy accreditation programs or professional certification programs.