

# ACCREDITATION

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# DISCLOSURES

- ▣ Chief Medical Officer, Viewray Inc.,  
Oakwood Village, OH
- ▣ VP, International Business  
Development, Vantage Oncology,  
Manhattan Beach, CA
- ▣ Co chair (ASTRO), Rad Onc  
Accreditation Committee, IHE-RO Task  
Force

# OBJECTIVES

- ▣ **What?**
- ▣ **Why?**
- ▣ **Who?**
- ▣ **When?**
- ▣ **Where?**
- ▣ **How?**

# ACCREDITATION

- ▣ Surveyors?
- ▣ Practice Accreditation?

# ACCREDITATION

- ▣ Accreditation is a process in which **certification** of competency, authority, or credibility is presented.
- ▣ Complete beginning to end review of processes, human, clinical and technical parameters.
- ▣ The only complete comprehensive evaluation of practice program.

# ACR ACCREDITATION

- ▣ **Imaging Modalities:**
  - 20,000 facilities surveyed
- ▣ **Radiation Oncology**
  - Started in 1986
  - As an extension of Patterns of Care study
  - ~ 240 facilities surveyed (of about 2000)

# JOINT ACR/ASTRO ACCREDITATION IN 2008



# **MIPPA / CMS MANDATE**

- ▣ **Effective Jan. 1<sup>st</sup> 2012, all providers that bill for MRI, CT, PET and nuclear medicine under part B of the Medicare Physician Fee Schedule must be accredited in order to receive technical component reimbursement from Medicare.**



# **RAD ONC ACCREDITATION**

- ▣ **ACR recommended to Legislators  
MANDATORY accreditation of all  
facilities**
- ▣ **ASTRO STRONGLY  
RECOMMENDED Accreditation for all  
facilities**

# MANDATORY

- ▣ New York
- ▣ New Jersey
  
- ▣ Pennsylvania, considering

# GOALS

- ▣ To provide impartial, third-party peer review
- ▣ To recognize quality radiation oncology practices through accreditation
- ▣ To make recommendations for improvement in practice and patient outcomes according to the recognized standards of the scientific community
- ▣ To provide a referral list for patients.

# BENEFITS

- ▣ An objective peer review assessment of practice
- ▣ Evidence through an external audit that demonstrates to referring MDs, Patients, peers, Regulatory agencies & payers, the facilities commitment to quality care
- ▣ Specific recommendations for improvement from experienced practicing RO & MP
- ▣ Staffing & Equipment improvement/replacements

# COST

- ▣ \$ 9,500 for a single site
- ▣ \$ 3,000 for each additional site

# ACCREDITATION

- ▣ **Web based**
  - **Application by the facility**
  - **Staff review**
  - **Data accessible to reviewers**
  - **Data collection by reviewers during the survey**
  - **Review by the committee**
  - **Report to the facility**
- ▣ **To go live in Late 2010**

- Application
- Part I
- Part II
- Survey Agreement
- Release Form
- Business Association Agreement (HIPPA)
- Organisation Chart
- Available Schedule Dates
- Inbox
- Self Assessment
- Payment
- Submit

**Part II - Page 1**

Each physical location requires a separate part I Please answer all questions. Type or print clearly and keep a copy of this application. Your application submission must include:

- \* Part I and II of the application
- \* a signed survey agreement
- \* release forms for each physician in the practice
- \* the accreditation fee

**Site Information**

Facility Name

Street Address

City  State  Zip

**Mailing Address if different from above**

Facility Name

Street Address

City  State  Zip

Telephone  Fax

Contact Person

Contact Telephone

Contact Email

Chief of Radiation Oncology

**How did you hear about Radiation Oncology Accreditation?**

- Renewal
- Web site
- Brochure/Postcard Mailing
- Conference
- Other

Next

# DAY OF SURVEY

- ▣ **Surveyors**
  - **Radiation Oncologist**
  - **Medical Physicist**
- ▣ **Spend the day at facility**
  - **~ 8 AM – 5 PM**



# PROCESS

- ▣ Meet with “Chart rounds crowd” and interview re their practice
- ▣ Tour the facility to check the physical facility and interview staff
- ▣ Data collection of pre selected 10 charts
- ▣ Review Policies and Procedures
- ▣ Review records of QA, Chart rounds, M&M, Physician peer review etc.
- ▣ Exit interview reviewing findings only!!

# PROCESS

- ▣ **Committee makes the final decision**
- ▣ **Grant or Deny 3 yr accreditation**
- ▣ **Correction plan may be requested**
  - **Submit plan of action**
  - **Once approved by the committee**
  - **Facility to gather data for 3- 6 months and submit the data**
  - **If satisfactory, then Accreditation granted**

# RECOMMENDATIONS

- ▣ **The surveyors act as data collectors only**
- ▣ **All data from the application and the survey are compiled and submitted to the committee who makes the final decision & recommendations regarding accreditation.**
- ▣ **This committee is composed of board certified RO & MP that are experienced surveyors**

# REPORT

- ▣ The medical director of the facility receives a detailed narrative report that includes
- ▣ Tables comparing the facility's staffing and equipment ratios to similar size and type ACR accredited facilities
- ▣ Comments and Recommendations regarding the reviewed patient cases
- ▣ Recommendations for improvement.

# STRATA

- ▣ **Academic/CCC: Comprehensive Cancer Center or main teaching hospital of a medical school**
- ▣ **H1 Hospital based; >600 patients**
- ▣ **H2 Hospital based; 201-599 patients**
- ▣ **H3 Hospital based; <200 patients**
- ▣ **F1 Freestanding; >600 patients**
- ▣ **F2 Freestanding; 201-599 patients**
- ▣ **F3 Freestanding; <200 patients**

	ALL	Academic/ CCC	H1	H2	H3	F1	F2	F3
New pts/ RO	208	213	253	221	151	248	221	141
New pts/ MP	278	196	220	292	153	378	340	226
New pts/ Dosi	262	296	348	279	192	287	257	198
New pts/ Therapist	71	72	67	75	51	81	73	58
Therapist/ Machine	3.3	4.1	2	3.4	3	3.9	3.3	2.5
New pts/ Rx machine	187	287	206	241	146	321	258	134

# TOP TEN REASONS FOR DEFERRAL

- ▣ **Incomplete / Lack of**
  - **Comprehensive history & physical exam**
  - **Complete treatment prescription**
  - **Weekly evaluation while on treatment by RO**
  - **Adequate Portal films**
  - **Affirming the fulfillment of Prescribed dose by Mp at the completion of treatment**
  - **Treatment summary and follow up plan**

# TOP TEN REASONS FOR DEFERRAL

- ▣ **Incomplete / Lack of**
  - **Formal QA & I program**
  - **Treatment planning system Quality Assurance program**
  - **Physician peer review program**
  - **Brachytherapy**
    - ▣ **BEFORE: Written Directive**
    - ▣ **AFTER: Written Summary**



# CONTINUOUS IMPROVEMENT

- ▣ Accreditation Comm. meets annually and re evaluates the program
  - Additional questions
  - Incorporation of new standards
  - Continuous Improvement

# HOW TO PREPARE

- ▣ **Become a surveyor and learn the process and details**
- ▣ Review ACR Radiation Oncology Practice Guidelines & Technical Standards
- ▣ Review ASTRO white papers
- ▣ Review AAPM TG reports (TG-21, TG-51, TG-40 & TG-53)
- ▣ Incorporate into your facility's P & P

**We must give something for our fellow men, without expecting anything in return; Just for the privilege of doing it.**

**-- Albert Schweitzer**

# **SURVEYOR CRITERIA**

- ▣ **ABR certification in radiation oncology or therapeutic radiological physics**
- ▣ **Member in good standing of the ACR or ASTRO**
- ▣ **Minimum five years in practice**
- ▣ **Actively practicing in an academic or private practice radiation oncology**

# SURVEYOR BENEFITS

- ▣ CME 6 - 12 credits
- ▣ CME transitioning to SAM/MOC in late 2010
- ▣ Online surveyor tutorial
- ▣ Paid travel expenses
- ▣ Honorarium \$ 500
- ▣ Contributing to “best practices” for radiation therapy
- ▣ Opportunity to use and improve interpersonal skills
- ▣ Gaining a better understanding of the entire radiation oncology community

# SUMMARY

- ▣ Culture of Quality and Safety
- ▣ Become a surveyor
- ▣ Have your practice surveyed

# ACCREDITATION

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