

Big Changes Ahead: Preparing for the 2012 Cancer Program Standards, Part 2 August, 2011

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LESLIE: In our column last month, we discussed significant cancer program changes proposed by the American College of Surgeons (ACoS) and the impact these proposed changes will have on the role of cancer registrars in supporting the Cancer Committee. Though many cancer registrars have been evolving from administrative management to oncology data management, the new standards' focus on improving patient outcomes, gives greater importance to registrars role in oncology data management.

PATTY: The restructuring of cancer committees with more clearly defined committee roles and responsibilities, positions registrars to be the committee's oncology data management resource. Given the shortage of cancer registrars, it will be important for cancer programs to tap into the technical skills of registrars in addition to their project management/administrative skill sets.

LESLIE: The intent of the new standards may not sound like a big change, but even small adjustments to roles and responsibilities can be difficult. Committee members may initially be reactive to these changes feeling a bit uncomfortable or feeling that the evolving role may carry with it more responsibility than they agreed too.

PATTY: Let's talk again with Laurie Hebert, RHIA, CCS, CCS-P, CTR, director of cancer registry services at Care Communications Inc. and her staff to get some tips on how to lead this change.

LESLIE: Let's focus on three crucial change leadership steps: creating urgency for the change, building the guiding team, and developing the vision for the committee's new way of functioning.

LAURIE: Urgency is both crucial and difficult in this case as the committee members may not perceive that a change is needed to meet the new standards. I asked Kay Hebel, CTR, RHIT, Jennifer Zahn, CTR, and Jackie Steele, CTR, cancer registry consultants at Care Communications, what will it take to make a clear case for change; how can a cancer registrar get and maintain their attention?

KAY: Start by getting the word out. Registrars might suggest for example, that key members of the Cancer Committee attend the ACoS Commission on Cancer's (ACoS Coc) Survey Savvy Workshop to learn first hand about the new standards. Hearing directly from physicians at the CoC will have the greatest impact on committee members. The CoC also has online educational webinars available, presenting information on topics such as Rapid Quality Reporting System (RQRS), Clinical Research, National Cancer Data Base (NCDB) and the new role of the Cancer Liaison Physician (CLP).

JENNIFER: Communicating deadlines helps create urgency. It will also be important to send the committee chair and/or CLP a copy of the new standards as soon as possible so they have ample time to think about them. Also communicating the next survey deadline usually is effective in creating urgency.

Some other ideas include:

Convene a small group now -- perhaps the Cancer Committee chair, CLP, cancer registrar and program manager, to discuss the proposed standards, determine the gaps in compliance, and develop a strategy to create urgency among committee members and administration to prepare for the impending standards. Encourage the chair and CLP to reach out to committee members, either one-on-one or by calling a special meeting, so that they can share the information and begin to solicit input.

JACKIE: I also like to create urgency using visuals. Registrars can support the committee by preparing a presentation which visually communicates current standards and future standards. A visual side by side comparison which highlights changes can be very powerful and more readily understood.

LAURIE: Who else can help lead the change? Should there be a guiding team within the committee for implementing the new standards? Who is not on the cancer committee now that could bring fresh ideas by way of the guiding team?

KAY: This is facility-specific, but in general I suggest that a guiding team consist of dedicated, supportive members of the Cancer Committee who are committed to seeing improved Cancer Program outcomes. One option is to appoint five physician champions from the Cancer Committee, each one representing one of the five top primary sites in your Cancer Program. These five individuals would represent their specialties on the committee and address specific issues as they pertain to the new standards. A strong, committed CLP also is essential to this guiding team.

JENNIFER: For many facilities the guiding team could include the Cancer Committee Chairperson, the CLP, the Cancer Program Administrator, and the Cancer Registrar. In addition, I recommend adding individuals working closely with patient outcomes such as a nurse navigator/care coordinator, a performance improvement representative, and any other highly motivated clinicians.

JACKIE: There also needs to be an executive sponsor. I would look to the administrator to fulfill that role.

LESLIE: The third important step in leading change is for the guiding team to update its vision of what the cancer program will look like after the implementation of the new standards.

LAURIE: Asking thought provoking questions to stimulate good discussions is important as the guiding team updates its vision. The cancer registrar can play an invaluable role as a neutral facilitator in this process. Questions such as: 1. Will the committee be expanded? 2. Will new functions be added? 3. What should not be changed; and 4. How will improved patient care be demonstrated?

PATTY: Focusing on these three change leadership actions - creating urgency, building a guiding team and updating the vision, position the Cancer Program to prepare for the near future. Thanks to John Kotter, change leadership guru for laying out such a clear process for organizations to follow.

LESLIE: Thank you all for sharing your insights and enthusiasm for the new standards. We will be watching for the final changes in the coming weeks. All the best to our readers as you implement the new standards in your organization.

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