

Oncology Medical Home: ASCO and COA Standards

Global Statement

Health equity is achieved when everyone has the opportunity to attain their highest level of health;¹ equity is a priority for practices throughout the continuum of cancer care. Within each domain of these standards, practices should be guided by the ASCO policy statement on cancer care disparities and endeavor to: (1) ensure equitable access to high-quality care, (2) ensure equitable research, (3) address structural barriers, and (4) increase awareness and action.²

Patient Engagement

Standard A.1. All patients are provided with an initial orientation to the Oncology Medical Home (OMH) model, and ongoing reinforcement of policies related to this model.

Standard A.2. Patients will routinely be provided with a best estimate of out-of-pocket expenses for any new therapy that is offered. Patient financial counseling services, including assistance programs that are available, are routinely provided to all patients in the OMH practice.

Standard A.3. All patients are provided with education on their cancer diagnosis, goals of treatment, and an individualized treatment plan.

Standard A.4. The OMH practice develops and implements a team-based survivorship care program for all eligible patients, including identification of responsible staff, timeline for implementation, and documentation of existing supports and new services in development; treatment summary and survivorship care plan are encouraged as part of the survivorship care program, but are not required. Inclusive in the survivorship care program are appropriate strategies for transition back to primary care in appropriate patients.

Availability and Access to Care

Standard B.1. The OMH practice institutes expanded access and an evidence-based symptom triage system to ensure that patients can easily access the practice and their providers.

Standard B.2. The OMH practice tracks patient ED visits, hospital admissions and re-admissions; analyzes the data regularly for process improvement and patient education purposes; and provides patient follow-up within an appropriate timeline post-hospitalization or ED visit.

Standard B.3. Documentation and follow-up for patients who miss or cancel scheduled visits and/or chemotherapy treatments.

Evidence-based Medicine

Standard C.1. The OMH practice uses value- and evidence-based treatment pathways; measures and reports on physician compliance with pathways; and requires documentation for off-pathway treatment.

Standard C.2. Patients are provided clinical research study information by the OMH practice as appropriate for the patient's clinical condition.

Equitable and Comprehensive Team-based Care

Standard D.1. In most instances, a medical oncologist directs the patient's care team within the OMH practice; directs care coordination with the patient's primary care physician and/or other pertinent physicians and services, including ongoing collaboration with the in-patient team.

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Standard D.2. The OMH practice prioritizes team-based care with policies and procedures that clearly delineate roles and responsibilities; implements and prioritizes team huddles or other methods of information sharing as a communication and patient safety tool; and regularly assesses how the practice team is functioning.

Standard D.3. All patients are provided navigation for support services and community resources specific to their individual needs and preferences; psychosocial distress screening is performed and referral for the provision of psychosocial care is provided, as needed. Support services may be delivered on-site or through an off-site collaboration.

Standard D.4. Health equity is a priority for the practice throughout the continuum of cancer care. The practice should have a policy that address the health equity domains outlined in the Global Statement. Developing awareness of conscious and unconscious biases of all practice team members should be a focus of the practice and resources made available to assess and drive change where appropriate.

Quality Improvement

Standard E.1. The OMH practice administers a patient experience survey to cancer patients at least twice each calendar year or on an ongoing basis (this includes surveys completed to fulfill other requirements). Results of the survey are analyzed and used to guide quality improvement activities.

Standard E.2. The OMH practice demonstrates a commitment to quality improvement by regularly using data to evaluate a process of care, implementing changes if or when indicated from analysis, and monitoring sustainability of improvement over time. Patient-reported outcomes may be used as part of this improvement process, where resources allow and infrastructure, policies, and procedures are in place to ensure a timely response to patient records.

Goals of Care, Palliative and End of Life Care Discussions

Standard F.1. Practice routinely offers an advance care planning discussion and completes a goals of care discussion with all patients that recognizes the individual patient's needs and preferences. For patients who choose to participate in this discussion, advance care planning would include advance directives and consideration or selection of an agent for medical decision making.

Standard F.2. For patients with advanced cancer and/or metastatic cancer OR patients with limiting comorbid conditions, the practice performs an advance care planning discussion, which includes a review of advance directives in place; consideration/selection of an agent for medical decision making, discussion regarding symptom management, and discussion of patient goals for end of life care.

Chemotherapy Safety

Standard G.1. Practice meets Quality Oncology Practice Initiative (QOPI®) Certification Program Standards (see Additional Resources), which includes requirements for detailed discussion of treatment options and patient consent. OMH Chemotherapy Safety Standards are equivalent to the QOPI® Certification Program Standards for safe chemotherapy administration.

References

1. Winkfield K: Cancer does not affect all people equally: an expert Q and A on cancer disparities and health equity, June 30, 2020
2. Patel MI, Lopez AM, Blackstock W, et al: Cancer Disparities and Health Equity: A Policy Statement From the American Society of Clinical Oncology. Journal of Clinical Oncology:JCO.20.00642, 2020