**APTA CoC Representative Update January 2020**

In July 2019, the CoC and ACS met in Washington DC to approve the new CoC standards. Throughout 2017-2019, I served on the Accreditation and Advocacy Committees through monthly and often weekly conference calls. Many policies are pertinent to oncology medical services and reimbursement. When I meet with legislators and representatives on the hill, rehabilitation and reimbursement have been at the forefront of every conversation.

I am pleased to report we have officially achieved the goal to elevate rehabilitation services to a new standard (4.6) for due process in all Cancer Centers through the U.S as of January 2020. Serving as your APTA representative on the CoC, I have been honored to “be at the accreditation table” to express our need for greater visibility and referral within cancer centers Please note 2020 CoC standards: <https://www.facs.org/-/media/files/quality-programs/cancer/coc/optimal_resources_for_cancer_care_2020_standards.ashx>

*Now, for the implementation process*… I have been fielding questions/emails from our membership and recently have worked with Nicole Stout and Chris MacDonald (Director of CARF) to expedite a cross walk for our members as we implement this new standard (attached). Furthermore, we are excited to present a platform discussion regarding national oncology accreditation standards on Friday morning at CSM and we hope to have a rich dialogue.

**Suggestions Going Forward: *Implementation of Rehab Services to Achieve CoC Standard***

Screening may be done by a medical assistant, nurse or intake coordinator when a patient arrives to an accredited cancer center.  This requires completion of a patient reported tool such as the FACT-G, as this is a validated tool for all types of cancer diagnoses.  If patients score high on physical and functional subdomains (>2), it will trigger a referral for rehab services and then further clinical functional assessments would be completed by the rehabilitation therapist.  Incorporating clinical outcome measures vetted by our wonderful and robust Academy of Oncologic PT EDGE Task Force teams could be used upon initial examination in rehabilitation services (either on or off site) with continued evidence based interventions provided to patients. All this requires meetings with the cancer committee to establish process.

The logistics of this will require optimization within each oncology team to discuss value propositions for key members of the cancer committee.  A specific "process" must be in place at a minimum to meet the standard.  Ideally, this would generate metrics. Outcomes can be provided to the CoC committee in each respective center regarding patient impact, function and QOL based on baseline and DC patient and clinician reported outcome measures (annotated bibliography Litterini et al 2019 - for management of disease/impairment/functional specific concerns). Potential interface with APTA’s Outcomes Registry may be considered.

***The rehabilitation standard (4.6) dovetails nicely with the Palliative Care (4.5), Survivorship (4.8) and Nutrition Standards (4.7) to further optimize an algorithm that will serve several standards in a cogent, feasible manner.*** I hope this helps initiate a baseline strategy and supportive recommendations and trust this will be an ongoing conversation as teams develop *Rehabilitation Services 4.6* in CoC accredited centers to serve all cancer survivors.

I am honored to serve as your CoC APTA representative for another term, Mary Lou Galantino