Florida Cancer Control
& Research Advisory Council

General Membership Meeting

Friday, May 12, 2023
10:00 AM to 3:00 PM

Florida Cancer Control & Research Advisory Council

Mission Statement

The Florida Cancer Control and Research Advisory Council was established by the Florida Legislature in 1979, under Florida Statute 1004.435, with the purpose of advising the Legislature, Governor, and Surgeon General on ways to reduce Florida's cancer burden.

Florida Cancer Control & Research Advisory Council Membership

(February 2023)

Chair
Clement Gwede, PhD, MPH, RN, FAAN
H. Lee Moffitt Cancer Center &
Research Institute

Vice Chair
Erin Kobetz, PhD, MPH
Sylvester Comprehensive Cancer Center
University of Miami

Senator Colleen Burton
Senate President's Appointee

Representative Linda Chaney
House Speaker's
Appointee

Immediate Past Chair
Christopher Cogle, MD
Senate President's
Appointee

Michael Diaz, MD
Association of Community
Cancer Centers

Joseph Ladapo, MD, PhD
Florida's Surgeon General

Jessica MacIntyre, DNP,
MBA, APRN, AOCNP
Florida Nurses
Association

Merritt Martin
House Speaker's
Appointee

Nitesh Paryani, MD
Florida Medical
Association

Mitchell F. Peabody, DO
Florida Osteopathic
Medical Association

Luis Raez, MD
Florida Hospital Association

Ramzi G. Salloum, PhD
University of Florida
Health Cancer Center

Megan Wessel, MPH
American Cancer Society

Governor's Appointee
(VACANT)

BYLAWS OF THE
FLORIDA CANCER CONTROL AND RESEARCH ADVISORY COUNCIL

ARTICLE I: AUTHORITY, TITLE, AND DEFINITIONS

1.1 AUTHORITY: The Cancer Control and Research Act (Section. 1004.435, Florida Statutes) establishes the Florida Cancer Control and Research Advisory Council (referred to as "the Council").

1.2 TITLE: These bylaws may be known and cited as the bylaws of the Florida Cancer Control and Research Advisory Council.

1.3 EXECUTIVE DIRECTOR: Employee designated by Moffitt Cancer Center to administer the Council.

ARTICLE II: LOCATION AND STAFF

2.1 LOCATION: The Council office shall be located at the H. Lee Moffitt Cancer Center and Research Institute.

2.2 STAFF: The H. Lee Moffitt Cancer Center and Research Institute shall provide staff support and other assistance as reasonably necessary for the completion of the responsibilities of the Council. An Executive Director will be assigned to facilitate coordinated functions and assist in carry out of the duties of the Council.

ARTICLE III: MISSION AND PROCEDURES

3.1 MISSION: In an effort to reduce morbidity and mortality associated with cancer in Florida through prevention, early detection, and state-of-the-art therapy, the mission of the Council is:

a. To advise the Governor, the Legislature, and state agencies on cancer control programs, policies, priorities and initiatives,
b. To approve a state cancer plan, and coordinate with the Biomedical Research Advisory Council on a state cancer research plan
c. The Council will meet in person bi annually.

3.2 PROCEDURES

3.2.1 *Advisory Capacity*: Issues may be brought to the Council by any member or other interested person by notifying the Chairperson or the Executive Director. Recommendations shall be made in writing to the Governor, Legislators, the Secretary of Health, or other appropriate individuals or agencies.

ARTICLE IV: COMPOSITION OF THE COUNCIL

4.1 COMPOSITION: Membership criteria, agencies represented, and requirements for minority representation are as specified in Section 1004.435, F.S (4)(a), Florida Statutes.

ARTICLE V: NOMINATION AND APPOINTMENT PROCESS

5.1 APPOINTMENT PROCESS

5.1.1 New Appointments

5.1.1.1 Organizations, the Governor's Office, the Speaker of the House's Office, and the Florida Senate President's Office shall provide the Executive Director the name of the member they wish to appoint.

5.1.2 Reappointments

5.1.2.1 At the end of a member's term, the represented organization shall notify the Executive Director if they wish to reappoint their current member or appoint a new one.

ARTICLE VI: MEMBERSHIP RULES

6.1 TERMS OF SERVICE: Organizations appoint members for a term of four years, and can be re-appointed for an unlimited number of terms.

6.2 RESIGNATION: A member wishing to resign before the end of his/her term shall submit a letter of resignation to the Executive Director. Organizations must immediately appoint a new member.

6.3 CONFLICT OF INTEREST: No member of the Council shall participate in any discussion or decision to recommend grants or contracts to any qualified nonprofit association or to any agency of this state or its political subdivisions with which the member is associated as a member of the governing body or as an employee or with which the member has entered into a contractual arrangement.

6.4 REMUNERATION: Council members will serve without pay per Section 1004.435, F.S. (4)(e).

ARTICLE VII: OFFICERS

7.1 CHAIRPERSON: A chairperson shall be selected by the majority of the Council for a term of 2 years. The chairperson shall appoint an executive committee of no fewer than three members to serve at the pleasure of the chairperson. This committee will prepare material for the council but make no final decisions.

The Chairperson, or his/her proxy, will liaison with other state councils and advisory boards as needed to fulfill the duties of the Council. The Chairperson may request participation by content experts or other state council/advisory members to fulfill the duties of the Council. These consultants will have no voting capacity and must adhere to the Council Conflict of Interest policy.

7.2 VICE CHAIRPERSON: A vice chairperson shall be selected by the majority of the Council for a term of 2 years.

ARTICLE VIII: DUTIES OF THE COUNCIL

8.1 DUTIES: The duties of the Council are outlined in F.S. 1004.435 (4)(g-m), Florida Statutes.

ARTICLE IX: MEETINGS

9.1 REGULAR MEETINGS: The Council shall meet at least twice a year. Notification of such meetings shall be at least thirty days prior to the meeting date, and shall be published in the Florida Administrative Weekly.

9.2 SPECIAL MEETINGS: Special meetings may be called by the Chairperson at his/her discretion upon the written request of four members of the Council. Notification of such meetings shall be at least fifteen days in advance of the meeting date.

9.3 QUORUM: Eight members shall constitute a quorum for the purpose of exercising the powers of the Council. A vote of the majority of the members present is sufficient for all actions of the Council.

9.4 EXECUTIVE COMMITTEE MEETINGS: The Chairperson shall appoint an executive committee of no fewer than three persons to serve at the pleasure of the chairperson. This committee will prepare material for the council but make no final decisions. Meetings of executive committee members shall be noticed 10 days prior to the meeting.

9.5 SUBSTITUTES: If a member cannot attend a meeting, s/he may send a substitute, who is authorized to vote. The member must notify the Executive Director in writing prior to the meeting if a substitute will be attending and who the substitute will be.

9.6 ABSENCES: Members shall inform the Executive Director if they are unable to attend a scheduled meeting. In the event of two consecutive absences without just cause or prior notification, even if a substitute is provided, a member may be asked by the Chairperson to submit a letter of resignation. The sponsoring organization will be notified and asked to nominate another representative.

9.7 RULES OF ORDER: The rules contained in the current edition of Roberts Rules of Order shall govern the Council in all cases to which they are applicable, and in which they are consistent with these bylaws and any special rules of order the Council shall adopt.

ARTICLE X: AMENDMENT OF BYLAWS

10.1 PROCEDURE: The Council may prescribe, amend, and repeal bylaws governing the manner in which the business of the Council is conducted. The bylaws can be amended by a two-thirds vote of the Council provided that the proposed amendment has been submitted in writing to all members at least fifteen days in advance of the next regular or special meeting, and that a quorum is present.

ARTICLE XI: INDEMNIFICATION OF DIRECTORS AND OFFICERS

11.1 To the fullest extent permitted by law, and to the extent not covered by insurance, the Corporation shall indemnify, hold harmless, and pay on behalf of its Directors and officers, including former Directors and officers, for any and all claims and liabilities which any such Director may incur as a result of serving or having served as a Director or officer, or by reason of any action, incident, error, or omission committed as a Director or officer. In addition, the Corporation shall reimburse such Director or officer for reasonable attorneys' and legal assistants' fees and costs incurred in connection with any such claim or liability. Notwithstanding the foregoing, the Corporation shall not indemnify any Director or officer for any expenses incurred in relation to any claim or liability arising out of that Director's or officer's own willful misconduct, bad faith, gross negligence, conscious disregard for the best interests of the Corporation, recklessness, violation of criminal law (unless the Director or officer had reasonable cause to believe that his or her conduct was lawful or had no reasonable cause to believe his or her conduct was unlawful), as a result of a final adjudication, or any transaction from which the Director or officer derived an improper personal benefit, either directly or indirectly.

Florida Cancer Control & Research Advisory Council

General Membership Meeting Agenda

Friday, May 12, 2023
10:00 AM – 3:00 PM

Meeting Registration Link (for Zoom participation):
https://moffitt.zoom.us/meeting/register/tJEqcumoqD8qHNEonXB4R9K5bdjtVkqcRKJ5
Physical Meeting Location: Moffitt Cancer Center Stabile Research Building, Trustees Boardroom, 12902 Magnolia Drive, Tampa, 33612

10:00 AM	**Log-in & Networking**	*All Meeting Participants*
10:05 AM	**Welcome, Introductions & Mission Moment**	*Drs. Clement Gwede & Erin Kobetz*
10:15 AM	**Approval of Minutes from October 28, 2022 Meeting**	*Dr. Clement Gwede & Council*
10:20 AM	**Highlights of Florida's Cancer Burden**	*Dr. Clement Gwede*
10:30 AM	**Cancer Centers of Excellence Revisions**	*Dr. Clement Gwede & Council*
10:45 AM	**Biomedical Research Advisory Council (BRAC) Update**	*Dr. Richard Nowakowski*
11:05 AM	**State Legislative Update & Discussion**	*Sen Burton, Rep Chaney, ACS CAN*
11:25 AM	**State Cancer Data Workgroup Update**	*Dr. Erin Kobetz, Dr. David Lee, Gary Levin & Dr. Monique Hernandez*
11:45 AM	**Break (Lunch provided for those in-person)**	
12:00 PM	**Proposed Revisions to Cancer Plan** **1. Mammography 2D vs. 3D Discussion** **2. Other**	*Dr. Clement Gwede, Dr. Sarah Stamler, Rep Chaney & Council*
1:00 PM	**Department of Health Updates**	*Dr. Joseph Ladapo & DOH Team*
2:00 PM	**State Cancer Plan Implementation – Community Implementation Grants Update**	*Dr. Erin Kobetz & Regional Cancer Control Collaborative Coordinators*
2:40 PM	**State Health Improvement Plan & CRC Screening Campaign Updates**	*Dr. Chris Cogle*
2:50 PM	**Comments**	*All Meeting Participants*
2:55 PM	**Next CCRAB Meeting**	*Dr. Clement Gwede*
3:00 PM	**Adjourn**	*Dr. Clement Gwede*

FLORIDA CANCER CONTROL AND RESEARCH ADVISORY COUNCIL
GENERAL MEMBERSHIP MEETING
Friday, October 28, 2022, 10:00 AM to 3:00 PM

Council Members in Attendance

- Representative Linda Chaney - House Speaker's Appointee
- Christopher Cogle, MD - Senate President's Appointee
- Patricia Geddie, PhD, APRN-CNS, AOCNS - Florida Nurses Association
- Clement Gwede, PhD, MPH, RN, FAAN - Moffitt Cancer Center (Chair)
- Erin Kobetz, PhD - Sylvester Comprehensive Cancer Center University of Miami (Vice Chair)
- Joseph Ladapo, MD - Florida's Surgeon General, Florida Department of Health
- Merritt Martin - House Speaker's Appointee
- Mitchell Peabody, DO - Florida Osteopathic Medical Association
- Nitesh Paryani, MD - Florida Medical Association
- Ramzi Salloum, PhD - University of Florida Health Cancer Center
- Amy Smith, MD - Governor's Appointee
- Megan Wessel, MPH - American Cancer Society **(Maria Cabrera substitute)**

Council Members Not in Attendance

- Asher Chanan-Khan, MD - Florida Hospital Association
- Mike Diaz, MD - Association of Community Cancer Centers

Others

- Tiffany Albury
- Ellen Anderson
- Daniel Armstrong
- Leanne Bailey
- Luis Basualdo
- Jessica Beckstrand
- Nichole Bedell
- Jamie Bloyd
- Sakinatou Bougouma
- Wayne Brisbane
- Laura Corbin
- Alexia Denton
- Kathleen Diaz
- Felisha Dickey
- Natalie Erasme
- Linda Friedlander
- Bonnie Gaughan-Bailey
- Susan Harbin
- Monique Hernandez
- Carissa Hickok
- Jennie Jones
- Till Krenz
- Christine Kucera
- Heather Lake-Burger
- Paul Ledford
- David Lee
- Ming Lee
- Valerie Lee
- Gary Levin
- Ashley Lyerly
- Justice Mbizo
- Bobbie McKee
- Kim Millrood
- Leah Mitchem
- Kyle Mobley
- Antoria Moten
- Lauren Nahodyl
- Sandy Noel
- Ken Peach
- Keshia Reid
- Phillip Reisman
- Kristin Reshard
- Jordon Schagrin
- Tammy Semelsberger
- Thomas Stringer
- Chris Sugg
- Deana Tharpe
- Lynn Vinson
- Jamie Wilson
- Jason Wilson

Welcome
Dr. Clement Gwede began by welcoming members and guests, taking a moment to reaffirm the Council's mission to advise the state on ways to reduce cancer burden, and reviewing the day's agenda. Council members introduced themselves. Several Council members' terms are expiring this year. Merritt Martin joined the Council as the House Speaker's new appointee.

Approval of Minutes
Dr. Gwede presented the minutes from May 20, 2022. Dr. Ramzi Salloum made a motion to accept the minutes. Dr. Erin Kobetz seconded the motion to approve the minutes. The Council concurred with no objections.

Highlights of Florida's Cancer Burden
Dr. Gwede discussed Florida's cancer burden and the health equity focus of the 2020-2025 Florida Cancer Plan. He reviewed the long-term vision of cancer in Florida. There was discussion regarding lung cancer lethality and low screening rates in Florida and the US. There was discussion regarding the cancer mortality disparity in the Panhandle.

State Cancer Data Workgroup Update
Dr. Erin Kobetz and Dr. David Lee introduced an update on Florida's State Cancer Data Workgroup. The Florida Cancer Plan includes an objective to form a state cancer data workgroup consisting of key stakeholders to develop strategies for adding cancer biology data, social determinants of health data, cancer screening data, and precancerous cervical pathology test results (CIN2/3, CIS) to the state cancer registry (Objective 2.1). The Workgroup has developed four sub-groups to focus on Cancer Plan Objective 2.2, Objective 2.3, Objective 2.4 and Objective 2.6. Gary Levin provided an update on the workgroup focused on Objective 2.2, which focuses on adding cancer biology data to the registry. Dr. David Lee provided and update on Objective 2.3, which focuses on adding social determinants of health and additional patient demographic data to the registry. Dr. Monique Hernandez provided an update on Objective 2.4, with focus on the addition of cancer screening items to the registry. Dr. Hernandez also provided an update on Objective 2.6, which focuses on increasing access and utilization of registry data.

There was discussion regarding the relevance and importance of enhancing the state cancer registry. There was discussion regarding the eventual need for additional resources for FCDS. The sub-groups will begin to develop pilots and/or implementation strategies for each of the four objectives. This will help inform determinations of resource needs and development of timelines moving forward.

State Health Improvement Plan & CRC Campaign Updates
Dr. Chris Cogle provided an update on the cancer-related goals and objectives being discussed by the Chronic Disease Priority Area Workgroup for the Florida State Health Improvement Plan (SHIP). The goal is to reduce new cases of cancer and cancer-related illness, disability, and death. Objectives are focused on lung cancer, breast cancer, prostate cancer and colorectal cancer. Dr. Cogle asked for CCRAB's participation in helping to facilitate workgroup discussions related to cancer and engagement of additional stakeholders to join efforts. Dr. Cogle also discussed new structures being created and the managed care efforts to incentivize colorectal cancer screening.

Department of Health Updates
Dr. Joseph Ladapo discussed the new Cancer Connect initiative created by First Lady Casey DeSantis in partnership with the Florida Department of Health (DOH) and Agency for Health Care Administration (AHCA). Florida Cancer Connect is a centralized resource hub for cancer patients, caregivers, and loved

ones of those involved. Dr. Ladapo shared information on The Facts. Your Future. program, which directly engages youth in Florida to improve their understanding of the life-altering effects of drug abuse and empowers teens to reach their full potential. Dr. Ladapo also discussed bridging gaps in clinical care using multiple disciplines to help patients. Laura Corbin provided an update on the DOH Comprehensive Cancer Control program's new five-year CDC grant. Priorities identified include breast cancer, colorectal cancer, tobacco, and survivorship. Identified goals will be state-wide but the regional Cancer Control Collaboratives will have the opportunity to include additional goals in their workplans.

Regional Cancer Control Collaborative Spotlights
Felisha Dickey shared that the six Regional Cancer Control Collaboratives are in the process of updating their workplans. Priorities are data driven. Environmental scans allow for further identification of local needs and appropriate evidence-based interventions. Ms. Dickey also provided an update on new staff members in Comprehensive Cancer Control program, Sandy Noel and Richard Williams.

Biomedical Research Advisory Council (BRAC) Update
Dr. Danny Armstrong gave an update on the state's cancer research programs. Dr. Armstrong reviewed the Biomedical Council Advisory Council (BRAC) background and strategic plan development. The BRAC has adjusted grant funding levels and structure to allow for more projects to be funded with the current resources appropriated by the Legislature. The James and Esther King Biomedical Research Program will receive less funding due to changes in the Chiles Endowment Fund. The BRAC programs help with recruitment and have continued to attract the best and brightest applicants from numerous institutions across Florida. Additional resources for the BRAC programs would allow for more of these projects to be funded; much great science is left on the table each cycle due to limited resources. These programs have brought great science and great job creation. There was discussion regarding the funds needed to close the merit gap for the James and Esther King and Bankhead Coley programs, which continues to be a top priority for CCRAB. Dr. Armstrong also shared that the statutorily required Joint Committee for Cancer Centers of Excellence would be convening in the coming months to discuss potential revisions to the program's designation/re-designation criteria.

State Legislative Update & Discussion
Susan Harbin, American Cancer Society Cancer Action Network (ACS CAN), shared that all state house and senate seats are up for reelection this year due to the redistricting process. Ms. Harbin reviewed ACS CAN's priority appropriations issues and efforts to expand coverage for biomarker testing in the upcoming legislative session. There was discussion regarding costs and insurance coverage for services that may be viewed as costly up front but could likely result in lower overall costs for a patient's care down the road.

Florida Palliative Care Coalition Update
Paul Ledford provided an update on Florida Palliative Care Coalition efforts. The Coalition's goals are directly aligned with Florida Cancer Plan Goal 16: Achieve excellent quality of life for all Floridians with cancer and their caregivers from Day 1 of diagnosis, during treatment, and after treatment. The Coalition has four workgroups meeting regularly. There was discussion regarding the need to develop a palliative care definition in Florida statutes that also aligns with CMS.

State Cancer Plan Implementation – Pilot Funding Announcement
Dr. Erin Kobetz announced that the offices of community outreach and engagement at Sylvester and Moffitt have joined forces to provided community implementation grant funding to the Regional Cancer

Control Collaboratives. All six Collaboratives will have the opportunity to apply for up to $16,500. Projects must reflect local need and evidence-based work.

CCRAB Elections
Dr. Gwede and Dr. Kobetz have served a two-year term in their respective leadership roles as Chair and Vice Chair. All CCRAB members had the opportunity to submit nominations for these positions. Facing no opposition, Drs. Gwede and Kobetz will both serve another two-year term as Council Chair and Vice Chair.

Comments
Dr. Gwede invited any meeting attendees to make comments.

Next CCRAB Meeting
Dr. Gwede stated that the next CCRAB meeting will be in the Spring of 2023. Dr. Bobbie McKee will follow-up with Council members with additional information.

Adjourn
Dr. Gwede thanked everyone for participating. The meeting adjourned at 2:20 PM on October 28, 2022.

381.925 Cancer Center of Excellence Award.—

(1) The Legislature intends to recognize hospitals, treatment centers, and other providers in this state which demonstrate excellence in patient-centered coordinated care for persons undergoing cancer treatment and therapy in this state. The goal of this program is to encourage excellence in cancer care in this state, attract and retain the best cancer care providers to the state, and help Florida providers be recognized nationally as a preferred destination for quality cancer care. The Cancer Center of Excellence Award will recognize providers that exceed service standards and excel in providing quality, comprehensive, and patient-centered coordinated care.

(2) The Florida Cancer Control and Research Advisory Council, established in s. 1004.435, and the Biomedical Research Advisory Council, established in s. 215.5602, shall select seven members and six members, respectively, to form a joint committee.

(a) The joint committee, consisting of 13 members, shall:

1. By January 1, 2014, develop rigorous performance measures, a rating system, and a rating standard that must be achieved to document and distinguish a cancer center that excels in providing quality, comprehensive, and patient-centered coordinated care.

2. Review at least every 3 years and revise, if applicable, the performance measures, rating system, and rating standard to ensure providers are continually enhancing their programs to reflect best practices and advances in cancer treatment and care from the perspective of quality, comprehensive, and patient-centered coordinated care.

3. Submit its proposed performance measures, rating system, and rating standard to the Florida Cancer Control and Research Advisory Council and the Biomedical Research Advisory Council to be approved by both councils prior to the evaluation of any provider under such criteria.

(b) The criteria established by the joint committee must require, at a minimum, that each hospital, treatment center, or other provider:

1. Maintain a license in good standing in this state which authorizes health care services to be provided.

2. Be accredited by the Commission on Cancer of the American College of Surgeons.

3. Actively participate in at least one regional cancer control collaborative that is operating pursuant to the Florida Comprehensive Cancer Control Program's cooperative agreement with the Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program.

4. Demonstrate excellence in and dissemination of scientifically rigorous cancer research.

5. Integrate training and education of biomedical researchers and health care professionals.

6. Meet enhanced cancer care coordination standards which, at a minimum, focus on:

a. Coordination of care by cancer specialists and nursing and allied health professionals.

b. Psychosocial assessment and services.

c. Suitable and timely referrals and followup.

d. Providing accurate and complete information on treatment options, including clinical trials, which consider each person's needs, preferences, and resources, whether provided by that center or available through other health care providers.

e. Participation in a comprehensive network of cancer specialists of multiple disciplines, which enables the patient to consult with a variety of experts to examine treatment alternatives.

f. Family services and support.

g. Aftercare and survivor services.

h. Patient and family satisfaction survey results.

(c) The members of the joint committee shall serve without compensation but may receive reimbursement as provided in s. 112.061 for travel and other necessary expenses incurred in the performance of their official duties.

(d) The Department of Health shall provide such staff, information, and other assistance as is reasonably necessary to assist the joint committee in carrying out its responsibilities.

(3)(a) A provider may apply to the Department of Health for a Cancer Center of Excellence Award. The joint committee must develop an application form to be used by the Department of Health that requires, among other things, submission of documentation by the provider which demonstrates that the criteria in subsection (2) have been met.

(b) After January 1, 2014, the Department of Health shall annually conduct two application cycles. The applications are not applications for licensure; the grant of the award by the State Surgeon General is not final agency action; and the Cancer Center of Excellence Award program is not subject to the provisions of chapter 120.

(4)(a) The State Surgeon General shall appoint a team of independent evaluators to assess applicants to determine eligibility for the award. An application is to be evaluated independently of any other application. The team shall consist of five evaluators to be selected, in any combination, from the following:

1. No more than five health care practitioners or health care facilities not licensed in this state which provide health care services involving cancer diagnoses or treatment;

2. No more than three members from the Florida Cancer Control and Research Advisory Council;

3. No more than two members from the Biomedical Research and Advisory Council; and

4. No more than one layperson who has experience as a cancer patient or as a family member of a cancer patient if that person or his or her family member did not receive care from the applicant or providers being evaluated.

(b) Each evaluator must be independent and free of any conflict of interest with respect to a health care provider or facility licensed in this state. Each person selected to participate on the evaluation team must sign a conflict of interest attestation before being appointed to the evaluation team.

(5)(a) Two evaluation team members may, as necessary, conduct an onsite evaluation to verify submitted application documentation.

(b) Each member on the evaluation team shall report to the State Surgeon General those applicants that achieved or exceeded the required score based on the rating system developed in subsection (2) which demonstrates the cancer center excels in providing quality, comprehensive, and patient-centered coordinated care.

(6) The State Surgeon General shall notify the Governor regarding the providers that are eligible to receive the Cancer Center of Excellence Award.

(7) The award shall be recognized for a period of 3 years after the date of the award. A provider may reapply for subsequent awards.

(8) A provider that receives a Cancer Center of Excellence Award may use the designation in its advertising and marketing for up to 3 years after the date of the award. In addition, a provider that receives a Cancer Center of Excellence Award may be granted, for 3 years after the date of the award, a preference in competitive solicitations related to cancer care or research undertaken by a state agency or state university.

(9) The State Surgeon General shall report to the President of the Senate and the Speaker of the House of Representatives by December 15 of each year, the number of applications received, the number of award recipients by application cycle, a list of award recipients, and recommendations to strengthen the Cancer Center of Excellence Award program.

(10) The Department of Health shall adopt necessary rules related to the application cycles and submission of the application form.

History.—s. 1, ch. 2013-50; s. 23, ch. 2021-51.

Cancer Centers of Excellence

Recommendations of the 2023 Joint Committee for Cancer Centers of Excellence

- **Approved by the Biomedical Research Advisory Council (BRAC)**
- **Pending approval by the Cancer Control & Research Advisory Council (CCRAB)**

Designation Manual (pg. 15)

I.7 The organization demonstrates an active program of quality and safety improvement, adopts and implements a continuous comprehensive quality indicator system, reports at a minimum annually on quality metrics and makes a summary of the evaluation available to prospective patients and family members.

Re-Designation Manual (pg. 4)

II.2 Provide a written description for the following measures, describing any significant changes, enhancements or new activities related to providing multidisciplinary care, with a focus on your organization's health care professionals (**limited to five pages**). The summary should include updates on the following:

a. Dissemination of evidence-based findings to healthcare delivery systems and state and community agencies within the Center's catchment area (e.g., community outreach and engagement activities)

b. Tumor Boards and treatment plan review

c. Highlight the clinical trials that your organization is conducting that exemplifies cancer research. Indicate research accruals to clinic trial. Include demographic information on research participants. Submit information in Cancer Center Support Grant (CCSG) DT3 and DT4 tables. Follow this link to guidance on table formatting.
https://cancercenters.cancer.gov/Documents/CCSGDataGuide508C.pdf

d. ~~Availability of o~~Outcomes data, including areas of program enhancement involving patient safety and quality assurance standards must be easily accessible on the organization's website. (Provide organization's link to online location)

Cancer Center of Excellence
Performance Measures, Rating System, and Rating Standard

Reviewed and approved MONTH DAY, 2023

Introduction

The designation of a hospital, treatment center, or other organization as a Cancer Center of Excellence is intended to recognize organizations that demonstrate excellence in patient-centered coordinated care for persons undergoing cancer treatment and therapy in Florida. The goal of the Cancer Center of Excellence program is to encourage excellence in cancer care in Florida, attract and retain the best cancer care professionals to the state. Further, the designation seeks to increase national recognition of Florida organizations (e.g., as a National Cancer Institute Designated Cancer Center). Collectively, Florida can be a preferred destination for quality cancer care.

The designation of a Cancer Center of Excellence is based on a systems approach to improving the quality of cancer care. The system is composed of three Areas: the health care organization, health care team members, and patients and family members. Each of these Areas contributes to the success of the system, and has defined outcomes and rigorous performance measures. If an eligible organization meets all performance measures it may be designated a Cancer Center of Excellence.

The standards in each Area are performance-based, using objective criteria and measurable outcomes to evaluate whether a standard is met. The focus is on outcomes that improve patient care. Health care organizations have flexibility in taking different approaches to meeting the standard, as long as the organization meets rigorous high standards and provides improved outcomes for patients. The performance measures are applicable to cancer care across a range of settings, such as community hospitals, academic health centers, and other organizations. In order to improve outcomes, health care organizations may be required to meet more stringent standards, or meet performance measures sooner than specified elsewhere, and may be required to adopt additional performance measures.

The process of evaluating performance involves review of written materials and may involve a site visit by a team of evaluators. Evaluators assess practice to verify performance measures are met. If the evaluators determine the organization does not yet meet a standard, the organization is provided recommendations on ways practice can be improved to meet the standard, and an opportunity for the organization to discuss program improvements. The evaluation process is designed to improve the quality of care and will be educational, supportive, and include constructive feedback on specific ways the organization can make improvements. The process is not an audit focused on past practice; instead it is an evaluation of practice at the time of the visit and focuses on trends and ways the organization has made program changes to improve quality of care. Evaluators are physicians and others with expertise in providing cancer care who meet criteria defined in statute, and who are free from conflicts of interest. The evaluation process requires that the organization make information available on-site to evaluators to verify practice.

This manual is intended for use by organizations seeking to be designated a Cancer Center of Excellence, and by those who evaluate applicant organizations. An organization is the legal entity applying for designation as a Cancer Center of Excellence. When an applicant organization has multiple components or partners that exist as a single legal entity, then all the components or partners must meet each performance measure individually, or the applicant organization must demonstrate a substantive relationship among the components that shows that all standards are met. This manual is intended to provide the information necessary to demonstrate how the organization meets each performance measure. The description includes an explanation of the performance measure; legal and regulatory standards; professional practice standards and guidance; required written materials; and examples of common types of written materials that can be used to demonstrate the outcomes are met.

Overview of Performance Measures

Area I: Organization

The first Area concerns the health care organization, the responsibilities of the organization, and how the components of the organization function together as a system to provide high quality care and continuously improve the quality of care. This Area evaluates responsibilities of the organization, such as maintaining licensure, and providing necessary leadership support to develop and maintain an organizational culture that evaluates and continuously makes improvements to improve care.

Performance Measures

I.1 The organization maintains a license in good standing in Florida which authorizes health care services to be provided.

I.2 The organization achieves and maintains accreditation by the Commission on Cancer of the American College of Surgeons.

I.3 The organization actively and substantially participates in at least one regional cancer control collaborative that is operating pursuant to the Florida Comprehensive Cancer Control Program's cooperative agreement with the Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program.

I.4. The organization demonstrates excellence in and dissemination of scientifically rigorous cancer research.

I.5 The organization should demonstrate biomedical researcher training to support the transition of new investigators to independent investigators.

I.6 The organization provides enhanced cancer care coordination which, at a minimum, focus on:

a. Coordination of care by cancer specialists and nursing and allied health professionals.
b. Psychosocial assessment and services.
c. Suitable and timely referrals and follow-up.
d. Providing accurate and complete information on treatment options, including clinical trials, which consider each person's needs, preferences, and resources, whether provided by that center or available through other health care organizations.
e. Participation in a comprehensive network of cancer specialists of multiple disciplines, which enables the patient to consult with a variety of experts to examine treatment alternatives.
f. Family services and support.
g. Aftercare and survivor services.
h. Patient and family satisfaction survey results.
i. Activities that address disparities in health outcomes related to race, ethnicity, language, disability, or other disparity-related factors

I.7 The organization demonstrates an active program of quality and safety improvement, adopts and implements a continuous comprehensive quality indicator system, reports at a minimum annually on quality metrics and makes a summary of the evaluation available to prospective patients and family members

I.8 When conducting cancer research, the organization must have an accredited human research protection program and have research reviewed by an accredited Institutional Review Board to ensure the highest ethical standards.

I.9 Enters into a research partnership with at least one other organization or a research network composed of Florida organizations, and participates in a network of Cancer Centers of Excellence when available.

1.10 Electronically report cancer diagnosis and treatment information for all Florida residents to the state cancer registry, Florida Cancer Data System (FCDS), following the reporting guidance and timeline outlined in the FCDS Data Acquisition Manual (Authority: Section 385.202 Florida Statutes).

Area II: Health care professionals and researchers

Physicians and surgeons, nurses and other health care professionals must follow evidence-based protocols, participate in quality improvement activities, and implement revisions to practice to improve outcomes. For example, this can include participating with other professionals in a network of cancer specialists from multiple disciplines to ensure patients receive coordinated care and evaluate all options.

Performance measures

II.1 Physicians and all members of the care team provide accurate and complete information on treatment options, including clinical trials, which consider each person's needs, preferences, and resources, whether provided by that center or available through other health care organizations.

Area III: Patients and family members

Including patients and family members in the areas to be evaluated is based on the recognition that patients and families have opportunities to assist their health care team to improve the quality of their care. This area is focused on how well patients participate in their care to improve outcomes. High quality organizations have processes in place to evaluate ways to improve this process, and incorporate improvements to assist patients. High quality professionals are successful in supporting and encouraging patients, and have patients who are engaged in improving the quality of care provided by their care team. Examples of ways health care professionals can help meet these standards include the use of educational materials, access to support groups provided by the health care organization or partners, and patient navigators.

Performance measures:

III.1 The organization should provide ongoing opportunities for the patient to provide all the information to the health care team that is relevant to care and treatment decisions.

III.2 The organization should provide ongoing opportunities for the patient to communicate concerns and worries that might affect cancer treatment.

III.3 The organization should provide ongoing opportunities for the patient to improve their understanding of their cancer.

III.4 The organization should provide ongoing opportunities for the patient to keep follow up appointments to ensure continuity of care

III.5 The organization should provide ongoing opportunities for the patient to include a friend or family member in the care process.

Rating System

According to Florida Statute, the Department of Health will conduct two evaluation cycles per year and will establish application deadlines for each evaluation cycle. Applications must be received by the Department by 5:00 p.m. EST on the date specified in order to be considered during an application cycle. Department staff review applications for completeness and provide written comments to the applicant organization within 30 days of receipt of application. The applicant organization may revise the application based on staff comments within 30 days of receiving comments from the Department and submit a revised application, or arrange another time period to resubmit an application. After the Department receives a complete application from the organization, the application is forwarded to a team of evaluators. A team of evaluators

may conduct a site visit to verify practice. Evaluators base their review on peer standards of high-performing organizations nationally.

The Department selects evaluators based on criteria defined in statute, and verifies that evaluators do not have a conflict of interest in the applicant's organization. An evaluator with a conflict of interest may not participate in review of an organization's application. A conflict of interest exists when an evaluator or their immediate family has a financial interest of any amount or non-financial interest in the organization being evaluated, or is associated with an organization that competes for market share with the organization being evaluated. Immediate family member includes spouse or domestic partner of the evaluator.

Based on review of written information, and information from a site visit, evaluators make an observation about each measure, indicating whether the Standard is Met or Standard is Not Met. Staff and evaluators provide a draft report to the organization within 60 days of the site visit. The organization has 30 days to respond with clarifications of errors in fact and program improvements. The draft report is revised by staff to incorporate the response from the organization and is reviewed by the evaluators. Based on the evaluators' review of the organization's response, the draft report is revised as needed and forwarded to the Surgeon General. After approval by the Surgeon General the Department issues a Cancer Center of Excellence Application Report recommendation and provides this to the Governor. Upon decision of the Governor, the organization is provided a final site visit report and is notified of a decision to grant the Cancer Center of Excellence designation, or whether additional time is needed for the applicant organization to make program improvements.

The organization that has received a Cancer Center of Excellence designation will submit a progress report annually detailing quality metrics and ongoing progress to improve the quality of care.

Rating Standards

The rating standard is pass-fail. If the organization does not meet each of the rigorous performance measures defined below, it is not eligible for designation as a Cancer Center of Excellence. The observation will be either "Standard is Met" or "Standard is Not Met". Rating standards are defined for each performance measure. For example, in order to meet a standard an organization might be required to publish outcome data for review by prospective patients and family members within a certain time frame defined in the Standard.

Performance Measures

Area I: Organization

I.1 The organization maintains a license in good standing in this state which authorizes health care services to be provided.

Explanation

Organizations must maintain a license in good standing. Organizations that do not have a license in good standing are not eligible to be designated a Cancer Center of Excellence. Hospitals must maintain current state licensure, but may also choose to be Medicare-certified and may choose to be accredited, for example, by The Joint Commission or Centers for Medicare and Medicaid Services. Accredited hospitals meeting *Florida Administrative Code Rule* 59A-3.253(3) may be deemed to be in compliance with the licensure and certification requirements. Each site where cancer care is delivered within the applicant organization must be hold a license in good standing.

Regulatory and Guidance References

Chapter 395, Part I, *Florida Statutes*; Chapter 408, Part II, *Florida Statutes*; *Florida Administrative Code Rule* 59A-3.253(3)

Required Written Materials

Written materials should include a copy of the organization's license. If there have been any actions against the organization in the previous three years, written materials of the action and the organization's response that are public records should be provided. Written materials should describe the process to obtain and maintain a license. If the organization has also chosen to be accredited, for example, by the Joint Commission, or Centers for Medicare and Medicaid Services, then written materials should include documentation of this, any actions, and any response to actions by the accrediting body.

Common types of materials that may be used

- A copy of a current license from Florida's Agency for Health care Administration documenting a license in good standing
- Documentation of accreditation by Centers for Medicare and Medicaid Services, or Joint Commission, or other accreditations
- Records of any pending actions again the organization by any regulatory oversight agency
- Documentation of the resolution of licensing problems and accreditation problems

I.2 The organization achieves and maintains accreditation by the Commission on Cancer of the American College of Surgeons.

Explanation

The organization must be accredited by the Commission on Cancer of the American College of Surgeons. Accreditation is based on facility or organization type, and

requirements vary. Regardless of the facility or organization type, the organization must meet all requirements specified in this Manual. If a program is in process with merging with another, the entire organization must have current accreditation by the Commission on Cancer.

Professional Organization Practice Guidelines

- Web site of the Commission on Cancer of the American College of Surgeons: http://www.facs.org/cancer/

Required Written Materials

Written materials should include a copy of documentation of accreditation by the American College of Surgeons Commission on Cancer. Documentation must describe the cancer program category based on the facility or organization type.

Common types of materials that may be used

- Documentation of accreditation by the Commission on Cancer of the American College of Surgeons
- Records of any pending actions against the organization by the Commission on Cancer of the American College of Surgeons, such as notice that an accreditation standard is not met upon a re-accreditation
- Documentation of the resolution of accreditation problems

I.3 The organization actively and substantially participates in at least one regional cancer control collaborative that is operating pursuant to the Florida Comprehensive Cancer Control Program's cooperative agreement with the Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program.

Explanation

Florida's cancer collaboratives implement the state's cancer plan at the local level. The collaboratives are voluntary public-private partnerships composed of a broad range of stakeholders, including health care professionals, community-based organizations, advocacy groups, patients, cancer survivors, insurance companies and businesses, local government officials, colleges and universities and others interested in improving cancer care and prevention in the state. As of 2013 there are six collaboratives, organized by region. The collaboratives are funded by the Centers for Disease Control and Prevention, through the Department of Health. All collaboratives engage in at least one or more of the following, as appropriate:

- Building partnerships and networks to increase cancer awareness
- Mobilizing community support for cancer control and prevention
- Using data and research to assess the cancer burden and identify priorities
- Engaging in local actions to reduce the cancer burden
- Conducting evaluations of their activities and use the results to improve their effectiveness

The organization should have substantive and meaningful ongoing participation in at least one cancer collaborative. Substantial and meaningful participation involves developing, implementing, and evaluating the essential functions of the collaboratives. For example, the organization might assist a collaborative to assess the current local health status by engaging in health assessments or making available to the collaborative information from current research. The burden of cancers is not the same throughout the state, and the organization could partner with the collaborative in identifying the cancer burden in the region. The organization could host meetings and provide staff support for the community collaborative. The organization could partner with the collaborative to mobilize other community organizations and build networks. For example, the organization could provide in-kind or direct support for the collaborative to implement a local media campaign to improve treatment and prevention. The organization could provide staff and resources to implement various local cancer control and screening activities. For example, the organization could provide medical staff for screening. The organization could support collaboratives by conducting program evaluations and publishing metrics demonstrating that the collaborative is effective. The evaluation should demonstrate that there is a link between participation and outcomes – for example, increasing the number of patients screened, having patients enter care earlier; providing greater access to care, and improving the number of patients who remain in care, which may require working with community groups to remove barriers.

There are six cancer collaboratives in Florida:

- Northwest Region: Florida Area Health Education Center
  http://www.nwfcc.net/
- Central Region: WellFlorida Council, Inc.
  http://www.ncfcancercontrol.org/
- Northeast Region: Health Planning Council of N.E. Florida, Inc.
  http://www.neflcancercollaborative.org
- East Central Region: Health Council of East Central Florida, Inc.
  http://www.ecfccc.com/
- Southeast Region: Health Council of South Florida, Inc.
  http://sfccc.med.miami.edu/
- Southwest Region: Health Council of West Central Florida, Inc.
  www.swflccc.com

Professional Organization Practice Guidelines and other Resources

- National Comprehensive Cancer Control Program, Centers for Disease Control and Prevention
  http://www.cdc.gov/cancer/ncccp/

Required Written Materials

- A plan for community engagement
- Report demonstrating improved prevention or care outcomes resulting from participating in the collaborative

Common types of materials that may be used

- Meeting minutes
- Evaluation reports

I.4. The organization demonstrates excellence in and dissemination of scientifically rigorous cancer research.

Explanation

High-quality cancer care depends upon research, such as clinical trials and comparative effectiveness research, to inform medical decisions. The organization should describe the health impact of the research conducted by its researchers, and how the results of research are used to improve patient care at that organization. There is a need to improve the evidence upon which cancer therapy is based.

Research excellence is defined as significant participation in rigorous scientific research that contributes to the national impact in cancer. The organization's reputation is strengthened through research. One indication of research excellence is that the project has been subjected to scrutiny and analysis by scientific peers and is found to involve sound research design and other standards of scientific quality. Scientific peer review can occur in a number of ways including scientific review by external funding organizations, and scientific review by regulatory agencies such as the FDA. Approval by an Institutional Review Board or Institutional Animal Use and Care Committee, when these committees perform review of scientific merit, can indicate scientifically rigorous research.

Another indication of rigorous research is funding, because projects that meet standards of scientific quality are further ranked in terms of other criteria such as significance or health impact. Rigorous research advances the field, settles issues of uncertainty, and may be used to establish clinical guidelines. The organization should demonstrate that the research conducted is rigorous and improves cancer care, which may include evidence of grant funding, professional recognition and awards, comparative rankings, and peer-reviewed publications.

The organization should demonstrate that it conducts research that is scientifically rigorous, and that rigorous research is conducted across a comprehensive research program. This must include three components:

- Evidence of active involvement in clinical research,
- Evidence of national impact in one of the six research areas listed below, and
- Evidence of research in at least one other area listed below.

<u>Research Areas</u>

- *Basic research:* Fundamental theoretical or experimental investigative research to advance knowledge without a specifically envisaged or immediately practical application. Directed to understanding the events related to the development or

prevention of cancer at the molecular, cellular, and organismic levels, as well as the discovery and development of new anticancer drugs or other anticancer therapies.

- *Translational research:* Research that translates new knowledge, mechanisms, and techniques generated by advances in basic science research into new approaches for prevention, diagnosis, and treatment of cancer that is essential for improving health, for example in clinical trials. Translational research can be categorized in one of four categories, which include T1 (Lab to Patient); T2: (Patient to Clinical); T3: (Clinical to Community); and T4: (Community to Policy).
- *Clinical research:* Research that gathers evidence of the benefits and harms of various cancer treatment options, and that directly involves a particular person or group of people, or that uses materials from humans, such as their behavior or samples of their tissue. Clinical research can involve trials of new cancer drugs, as well as behavioral health interventions.
- *Population science:* Research into the health outcomes of a group of individuals, including the distribution of such cancer outcomes within the group, including outcomes, patterns of health determinants, and policies and interventions that link these two. Investigates the circumstances under which cancer occurs in populations, including the epidemiology of human behavior and lifestyle factors, as well as molecular epidemiology and gene-environment interactions.
- *Health services research (health systems research):* Research on health organizations, institutions and system to ensure that new cancer treatments and research knowledge actually reaches cancer patients for which they are intended and are implemented correctly to improve care. Examines the interface of the health care system with patients, with the goal of improving access and reducing barriers to optimal health care. Research in this area could also examine the effects of public policy and laws on public health and access to care, and on reducing barriers to and disparities in health care. Examples may include ways to improve quality of care by improving access; reorganizing and coordinating systems of cancer care; helping clinicians and patients change behaviors and make more informed choices; providing reminders and point-of-care decision support tools; and strengthening the patient-clinician relationship.
- *Cancer control and prevention research:* Research that investigates how scientifically obtained information can be efficiently and effectively applied to defined groups of people or at the community level to reduce the burden of cancer, which includes prevention. Patient-centered outcomes research involving the conduct and synthesis of research comparing the harms and benefits of different strategies to prevent, diagnose, and monitor health conditions in “real-world” settings. In contrast to health services research which typically focuses on health organizations and care delivery, cancer control and prevention research focuses on community settings and community-based approaches to prevention, screening and monitoring.

The organization must disseminate research results and data through such mechanisms as publishing in peer reviewed journals, but also through making data sets

available when appropriate, or through patents, or through licensing of intellectual property such as copyrights and trademarks. Rigorous research is more likely to be disseminated through highly ranked peer-reviewed journals, and the organization should describe the number of publications and the quality of the journals. Because research results are regularly not implemented in practice, the organization should describe ways that research results are disseminated within the organization to ensure that research results are incorporated into practice and result in improvements in practice, when appropriate. The organization should describe when research findings from its researchers changed clinical practice or otherwise had an impact on the quality of cancer care.

Professional Organization Guidelines and Consensus Statements

- *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis*, Institute of Medicine (2013).
- Doris McGartland Rubio, PhD, Ellie E. Schoenbaum, MD, Linda S. Lee, PhD, David E. Schteingart, MD, Paul R. Marantz, MD, MPH, Karl E. Anderson, MD, Lauren Dewey Platt, PhD, Adriana Baez, PhD, and Karin Esposito, MD, PhD Defining Translational Research: Implications for Training. Acad Med. 2010 March; 85(3): 470–475.

Regulatory and Guidance References

- None

Required Written Materials (a minimum of three are required)

- Description of changes in clinical practice or the development of clinical guidelines as a result of the organization's research
- Policies on review of scientific merit
- List of funded research projects
- List of publications in peer-reviewed journals
- Patents and other intellectual property

Common types of materials that may be used

- Research plan
- Evaluation reports

I.5 The organization should demonstrate biomedical researcher training to support the transition of new investigators to independent investigators.

Explanation

Integrating the education of biomedical researchers and health care professionals is indispensable to the goal of improving cancer care. Clinical experience brings to biomedical research the unique perspective of asking clinically meaningful scientific questions based on the direct experience with patients. Research experience provides clinicians the expertise necessary to critically evaluate the findings from research and evaluate possible changes in clinical practice. The organization should have a

substantive and rigorous program to develop the research capacity of clinician-scientists, and the ability of professionals from all disciplines to function in teams, where some members have primary interests and responsibility for patient care, and some members have interests primarily in research. Cancer care is interdisciplinary and requires training in interdisciplinary teams, including but not limited to oncology-trained physicians, radiation therapists/dosimetrists, residents, fellows, nurses, pharmacists, nutritionists, social workers, mid-level providers, and many others. By ensuring high-quality interdisciplinary training for cancer providers and researchers, the pipeline and diversity of capable caregivers and investigators with be available for the Florida cancer workforce.

The organization should have a process to evaluate the effectiveness of the cancer clinical and research education programs with emphasis on activities to integrate the training of clinicians and researchers.

The organization should demonstrate the clinical training of health professionals who provide specialized care for cancer patients through national accredited processes of training and education.

The organization should demonstrate biomedical researcher training to support the transition of new investigators to independent investigators.

Professional Organization Practice Guidelines

- Accreditation Council for Graduate Medical Education
  http://www.acgme.org
- National Institutes of Health Office of Intramural Training and Education
  https://www.training.nih.gov/programs

Regulatory and Guidance References

- None available

Required Written Materials

- Documentation of institutional or extramural support that has been targeted toward career growth for early career investigators during the last three years.
- When relying upon other accreditation bodies to meet parts of this measure, documentation of accreditation using the most current accreditation standards
- Report educational outcome measures

Common types of materials that may be used

- Written materials describing how the organization integrates the education of biomedical researchers and health care professionals
- Evaluation reports on the effectiveness of the education program.
- Education plans showing a team-based approach
- Summary of educational activities in the last year involving interdisciplinary teams, including the professions for whom the education was designed

- Publications of participation/abstracts in meetings and peer review journals
- Department evaluations
- Awarded grants
- Scholarly visiting professorships, not at parent institution
- Participation in expert panels
- Accreditation Council for Graduate Medical Education (ACGME) reports
- Oncology Nursing Society (ONS) certification and/or certification of nursing trainees

I.6 The Organization meets and provides enhanced cancer care coordination which, at a minimum, focus on:

a. Coordination of care by cancer specialists and nursing and allied health professionals.
b. Psychosocial assessment and services.
c. Suitable and timely referrals and follow-up.
d. Providing accurate and complete information on treatment options, including clinical trials, which consider each person's needs, preferences, and resources, whether provided by that center or available through other health care organizations.
e. Participation in a comprehensive network of cancer specialists of multiple disciplines, which enables the patient to consult with a variety of experts to examine treatment alternatives.
f. Family services and support.
g. Aftercare and survivor services.
h. Patient and family satisfaction survey results.
i. Activities that address disparities in health outcomes related to race, ethnicity, language, disability, or other disparity-related factors.

Explanation

Members of the care team should coordinate with each other, and with primary and specialist care teams to implement the patient's care plan and deliver comprehensive efficient and patient-centered care. Organizations should demonstrate the systematic integration of support for the patient and family, including behavioral health specialists, clinical licensed social workers, case managers, patient navigators, counseling services, spiritual support, cancer support groups, and financial counselors. The organization should have knowledge of community resources. If the organization provides patient care at multiple locations or through partners, these resources should be provided throughout the patient journey and monitored by the organization to ensure effectiveness.

The organization should have a process for communicating diagnosis and treatment options that includes patient education materials, information about personal considerations, and information about clinical trials and other treatment options relevant to patient needs. The cancer care physician should discuss clinical trials in person, and may discuss a clinical research network with patients. The organization should

coordinate care with the patient's primary care physician and other treating physicians, for example, by distributing a summary of the treatment plan and a coordinated care plan.

The organization should have a comprehensive and integrated system to allow patients access to pain services, evidence-based complementary care options, bereavement support, counseling on quality of life, and hospice care. Cancer care teams should provide end-of-life care consistent with their needs, values, and preferences.
The organization should have a coordinated and transparent reporting infrastructure for obtaining information from patients and family members about their experience with the cancer care journey. The organization should obtain feedback from patients and family members, evaluate feedback, and use that information to improve care.

Professional Organization Practice Guidelines

- American College of Surgeons Commission on Cancer Care http://www.facs.org/cancer/
- Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis, Institute of Medicine (2013).

Required Written Materials

- Written materials, such as policies and procedures or electronic decision system screen shots that describe care coordination
- Plan to ensure coordinated care
- Treatment plans
- Survivorship care plans
- Summary of the evaluation of care coordination
- Summary of evaluation of patients' experiences with the cancer care journey
- Plan for ongoing training that ensures patient access to culturally and linguistically competent professionals and support staff
- Plan and summary of activities that address reduction/elimination of disparities in health outcomes related to race, ethnicity, language, disability, or other disparity-related factors

Common types of materials that may be used

- Cancer committee minutes that document care coordination
- Summary of peer review of cancer care
- Examples of chart notes recording that the clinician discussed care options, including clinical trials with the patient
- Education materials for patients about taking part in clinical trials
- Education materials for patients about pain management and palliative care options

I.7 The organization demonstrates an active program of quality and safety improvement, adopts and implements a continuous comprehensive quality indicator system, reports at a minimum annually on quality metrics and makes a summary of the evaluation available to prospective patients and family members.

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Explanation
Adopting a continuous comprehensive quality indicator system is associated with improved cancer treatment outcomes. The organization should describe a process for adopting comprehensive standards, and have a process to evaluate standards annually at a minimum. The organization should collect quantitative data about treatment outcomes and compare with evidence-based standards, including consensus standards, or other practice standards such as emerging findings in the research literature. The organization should have a comprehensive system of quality improvement and performance improvement. The organization should adopt and implement a continuous comprehensive quality indicator system and report annually on quality metrics. The organization should show how outcomes at the organization improve over time and how outcomes compare with established benchmarks. The organization should implement advances balancing innovations in the field and the need to have sufficient evidence to ensure the efficacy of the intervention. The organization should incorporate the results of outcome-tracking research and other information when evaluating standards. The organization should have an organizational culture committed to improving quality.

Professional Organization Practice Guidelines
- Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis, Institute of Medicine (2013)
- Quality Oncology Practice Initiative
  http://qopi.asco.org
- International Organization for Standardization ISO 9000 Standards for Quality Management
  http://www.iso.org/iso/iso_9000

Required Written Materials
- Plan for adoption and review of performance measures
- Publication of outcome measures as specified by the Department

Common types of materials that may be used
- Documentation of accreditation by the Quality Oncology Practice Initiative or that a site visit has been scheduled
- Documentation of another process showing outcome measures meeting or exceeding national standards

I.8. When conducting cancer research the organization must have an accredited human research protection program and have research reviewed by an accredited Institutional Review Board to ensure the highest ethical standards.

Explanation
The organization must have an accredited human research protection program and Institutional Review Board for review of research involving human

participants. Accreditation of human research protection programs is an established standard of practice. Government agencies including the National Cancer Institute, and industry sponsors, require accreditation. Regulatory agencies find fewer compliance problems in accredited organizations.

Professional Organization Practice Guidelines

- Preserving Public Trust: Accreditation and Human Research Protection Programs. Institute of Medicine. (2001)
- Association for Accreditation of Human Research Protection Programs http://www.aahrpp.org
- National Cancer Institute Central IRB https://ncicirb.org/cirb/

Regulatory and Guidance References

- National Cancer Institute Central IRB Policies https://ncicirb.org/cirb/

Required Written Materials

- Documentation of current accreditation

Common types of materials that may be used

- Human research protection program plan
- Summary of program evaluations and annual reports to accreditation organizations

I.9 Enters into a research partnership with at least one other organization or a research network composed of Florida organizations, and participates in a network of Cancer Centers of Excellence when available.

Explanation

The organization must demonstrate substantive mutual collaboration and participation in research. Substantive collaboration focuses on organization commitments and roles, not the roles of individual researchers, such as having researchers serve as co-investigators on grants. Substantive collaboration includes commitment of the leadership of all participating organizations, sharing research resources such as registries, equipment, laboratory services, personnel, community outreach, and other resources. Substantive collaboration may include sharing staff and taking into account participation in shared research initiatives when conducting employee evaluations. The organization must have a process for periodically evaluating the effectiveness of research collaborations.

Professional Organization Practice Guidelines

- Review of the Clinical and Translational Science Awards Program at the National Center for Advancing Translational Sciences. Institute of Medicine (2013)

Regulatory and Guidance References
- None available

Required Written Materials
- Written materials such as policies describing research partnerships
- Records showing financial support for organizational research collaborations
- Inter-organization agreements or memoranda of understanding

Common types of materials that may be used
- Plan for organizational collaboration
- List of collaborative research studies
- Summary of evaluation of research collaboration

Area II: Health care professionals and researchers

Performance measures

II.1 Physicians and all members of the care team provide accurate and complete information on the highest evidence-based treatment options, including clinical trials, which consider each person's needs, preferences, and resources, whether provided by that center or available through other health care organizations.

Explanation
Health care professionals should seek out feedback from peers about the treatment plan, and regularly review this with the team. For example, physicians should have the treatment plan reviewed by other members of the treatment team periodically and on an ongoing basis for each patient, whether in a small care team, or a multidisciplinary tumor board. Physicians should discuss clinical trial options in person with patients, and discuss with the patient how treatment and research options address the personal needs and values of the patient. There should be documentation that these discussions occurred. Physicians should participate in interdisciplinary care teams.

Professional Organization Practice Guidelines
- National Comprehensive Cancer Network Guidelines
  http://www.nccn.org
- American College of Surgeons Commission on Cancer Care
  http://www.facs.org/cancer/

Regulatory and Guidance References
- None available

Required Written Materials

- Written materials for tumor boards or other ways of evaluating care plans
- Metrics on the effectiveness of care based on patient outcomes
- Publication of patient outcomes in a way that allows patients and family members to evaluate care at the organization

Common types of materials that may be used

- Web sites that publish patient outcomes
- Comparison of patient outcomes between the organization and other nationally-ranked programs, including a description of the methods used to conduct the evaluation

Area III: Patients and family members

Performance measures:

III.1 The organization should provide ongoing opportunities for the patient to provide all the information to the health care team that is relevant to care and treatment decisions.

III.2 The organization should provide ongoing opportunities for the patient to communicate concerns and worries that might affect cancer treatment.

III.3 The organization should provide ongoing opportunities for the patient to improve their understanding of their cancer.

III.4 The organization should provide ongoing opportunities for the patient to keep follow up appointments to ensure continuity of care.

III.5 The organization should provide ongoing opportunities for the patient to include a friend or family member in the care process.

Including patients and family members in shared decision-making is based on the recognition that patients and families have opportunities to assist the care team to improve the quality of their care. This area is focused on how well patients participate in their care to improve outcomes. Patient participation is the process of acquiring information, considering information, and discussing concerns with the care team. Patient-centered communication fosters healing relationships and trust. When the care team and patient communicate effectively there is an exchange of information, response to emotions, and management of uncertainty. These behaviors are associated with improved patient-based outcomes. Organizations must have clearly-defined processes to engage patients in these types of activities, and evaluate the effectiveness of their process and use the results to improve the process. High quality organizations have processes in place to evaluate ways to improve ways they involve patients in care, and incorporate improvements to assist patients. High quality professionals are successful in

supporting and encouraging patients, and have patients who are engaged in improving the quality of care provided by their care team. Examples of ways health care professionals can help meet these standards include the use of educational materials, access to support groups provided by the health care organization or partners, and patient navigators. The evaluation of these standards focuses on the processes the organization uses to empower patients.

Professional Organization Practice Guidelines

- Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis, Institute of Medicine (2013).
- American College of Surgeons Commission on Cancer Care http://www.facs.org/cancer/
- Quality Oncology Practice Initiative http://qopi.asco.org

Regulatory and Guidance References

- None available

Required Written Materials

- Policies and procedures requiring documentation that health care professionals are required to implement standards III.1-III.5
- Summary of ongoing evaluation of the organization's efforts to empower patients

Common types of materials that may be used

- Patient education materials
- Patient "Bill of Rights"
- Description of systems such as ways of providing patients reminders and follow-up calls from members of the care team
- Information about community resources such as support groups
- Education about ongoing follow-up with the cancer care team after treatment is concluded
- Patient surveys showing patients are asked whether standards III.1-III.5 were discussed with them, and that the results are used to improve the process when appropriate

Cancer Center of Excellence Award

Re-Designation Manual

Application Performance Measures

Approved MONTH DAY, 2023

Background

The designation of a hospital, treatment center, or other organization as a Cancer Center of Excellence is intended to recognize organizations that demonstrate excellence in patient-centered coordinated care for persons undergoing cancer treatment and therapy in Florida. The goals of the Cancer Center of Excellence program is to encourage excellence in cancer care in Florida and attract and retain the best cancer care professionals to the state. Further, the designation seeks to increase national recognition of Florida organizations by the National Cancer Institute.

The designation of a Cancer Center of Excellence is based on a systems approach to improving the quality of cancer care. The system is composed of three Areas: the health care organization, health care team members, and patients and family members. Each of these areas contributes to the success of the system.

Cancer Centers of Excellence are to be reevaluated every three years. The performance measures were updated in January 2023 by the Joint Committee, as required in 381.925, FS. The Joint Committee is comprised of members from the Biomedical Research Advisory Council and the Florida Cancer Control and Research Advisory Council. This manual is specifically designed for the recertification of organizations who have attained the designation of a Florida Cancer Center of Excellence.

Re-Designation

The intent of the re-designation process is to verify the same level of exemplary performance since the original designation. The process is an audit comparing the original application and an evaluation of practice at the time of the reapplication.

The Department of Health will conduct re-designation application in the Fall of 2023. The following steps outline the re-designation process:

- An application will be completed and submitted to a designated OneDrive folder for each Center of Excellence.
- Department staff will review applications for completeness and provide written questions to the applicant organization within 15 days of receipt of application.
- An administrative review will be completed by the Department.
- Applications will be forwarded to peer reviewers after conflict of interest is determined.
- If the Department or a peer reviewer requests additional information, the organization has 15 days to respond. The additional information will be incorporated by the Department for consideration.
- Based on the peer review, findings will be forwarded to the State Surgeon General or designee who makes a recommendation to the Governor.
- Upon decision of the Governor, the organization is notified of a decision to continue the designation of Cancer Center of Excellence, or whether additional time is needed for the applicant organization to make program improvements.

Overview of Performance Measures

The standards in each area are performance-based, using objective criteria and measurable outcomes to evaluate whether a standard is met. The focus is on outcomes that improve patient care. Health care organizations have flexibility in taking different approaches to meeting the standard, as long as the organization meets rigorous high standards and provides improved outcomes for patients. The performance measures are applicable to cancer care across a range of settings, such as community hospitals, academic health centers, and other organizations.

Area I: Organization Performance Measures

This set of measures evaluates responsibilities of the organization, such as maintaining licensure, and providing necessary leadership support to develop and maintain an organizational culture that evaluates and continuously makes improvements to improve care.

Organizational Overview – Please complete the following summary table. No supporting documentation is required unless requested.

1.	Does your organization continue to maintain a license in good standing in Florida?	☐ Yes ☐ No
2.	Does your organization continue to maintain accreditation by the Commission on Cancer of the American College of Surgeons?	☐ Yes ☐ No
3.	Does your organization continue to actively and substantially participate in at least one regional cancer control collaborative that is operating pursuant to the Florida Comprehensive Cancer Control Program's cooperative agreement with the Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program?	☐ Yes ☐ No
4.	Does your organization continue to have an accredited Institutional Review Board and related Protocol Review and Monitoring System to ensure the highest ethical standards for human subjects' research?	☐ Yes ☐ No

If the answer is 'No' to any of the above, please explain why the answer is 'No.'

I.1 Summarize activities over the last three years of your organization's participation with one or more regional cancer control collaboratives that is operating pursuant to the Florida Comprehensive Cancer Control Program's cooperative agreement with the Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program (**limited to two pages**).

I.2 To demonstrate excellence in and dissemination of scientifically rigorous cancer research, provide a selected list of peer-reviewed publications from the organization's investigators over the last three years that have made a state, national, or international impact on cancer prevention, early detection, treatment, policy or particularly illustrate programmatic excellence in cancer control. This information should be provided in the format of a table, such as a Progress Report Publication List for National Cancer Institute (NCI) cancer center support grant renewal. PubMed Central (PMC) identification numbers should be provided when available. (**No page limit.**)

Area II: Healthcare Professionals and Clinical Researchers

Physicians, nurses and other health care professionals must follow evidence-based practice for cancer prevention, early detection and control, participate in quality improvement activities, and adaptively implement revisions to practice for improving outcomes. Additionally, training is essential for building a strong infrastructure of clinicians and clinician-scientists capable of providing high quality care for cancer patients in Florida.

II.1 Provide a list of training and career development activities for cancer-related healthcare professions. Include a list of training programs, a brief description of the program, the type of trainee (i.e., medical student, resident, fellow, nursing student, nurse, public health, social work, etc.), and the number of trainees participating by year over the last three years. Provide information in a table format similar to the examples below.

Date	Training Title	Brief Description of Program	Trainee Credentials

Total Number of Trainees Participating Each Year	
Year 1	
Year 2	
Year 3	

II.2 Provide a written description for the following measures, describing any significant changes, enhancements or new activities related to providing multidisciplinary care, with a focus on your organization's health care professionals (**limited to five pages**). The summary should include updates on the following:

a. Dissemination of evidence-based findings to healthcare delivery systems and state and community agencies within the Center's catchment area (e.g., community outreach and engagement activities)
b. Tumor Boards and treatment plan review
c. Highlight the clinical trials that your organization is conducting that exemplifies cancer research. Indicate research accruals to clinic trial. Include demographic information on research participants. Submit information in Cancer Center Support Grant (CCSG) DT3 and DT4 tables. Follow this link to guidance on table formatting. https://cancercenters.cancer.gov/Documents/CCSGDataGuide508C.pdf
d. ~~Availability of o~~Outcomes data, including areas of program enhancement involving patient safety and quality assurance standards must be easily accessible on the organization's website. (Provide organization's link to online location)

Area III: Patients and Family Members

High quality organizations have processes in place to evaluate and incorporate improvements to assist patients. High quality professionals are successful in supporting and encouraging patients. Patients are engaged as members of the care team. Provide a written description for each of the following measures (**limited to five pages**).

Summarize new and ongoing activities that address the following:

III.1 Educating cancer patients and their caregivers about treatment plans, supportive care and survivorship plans. Of particular interest are innovative methodologies unique to the Center that provide this education and maintenance of education before, during, and after treatment.

III.2 Improving the patient's understanding of their cancer. This may include, but is not limited to, genetic counseling.

III.3 Activities that increase patient participation in follow-up appointments for positive cancer screening tests, cancer treatments, and survivor care visits. Of particular interest are innovative methodologies unique to the Center that ensure patient follow-up.

Thank you for continuing your commitment to the Cancer Center of Excellence Award designation. For technical assistance and questions, send emails to Research@flhealth.gov.

Florida Cancer Plan Goals, Objectives and Strategies Selection Criteria

Florida Cancer Control and Research Advisory Council (CCRAB)
September 9, 2019

Goal Selection Criteria

What major changes do we hope to bring about through a collaborative effort?

Goals in the Florida Cancer Plan must strive for

- **Impact on Cancer Incidence:** Evidence indicates significant reduction in the incidence of cancer through this issue. Special emphasis on reducing late stage cancer incidence because of the challenges in eradicating advanced disease, and the severe and numerous sequelae of advanced cancers.

- **Impact on Cancer Patient Survival:** Evidence indicates improved survival outcomes or reduction in mortality through this issue.

- **Improved Quality of Life:** Evidence indicates that physical, psychological, social or spiritual well-being can be improved by addressing this issue.

- **Deeper Understanding of Cancer Biology:** Addressing this issue will lead to a deeper understanding of cancer biology that can be translated to improved cancer prevention or control.

- **Health Equity for All Floridians:** Addressing this issue will close gaps or serve unmet needs of subpopulations of Floridians in accessing high quality cancer prevention and control.

Objective Selection Criteria

What must we accomplish along the way in order to achieve each of the major Goals?

Objectives in the Florida Cancer Plan must be

- **Important:**
  - Is it important that Floridians achieve this objective over the next 5 years?
  - Is the objective a sentinel or bellwether for change?

- **Effective:**
  - Is this objective the most useful effort we can make to achieve the goal?
  - Are there evidence-based interventions to accomplish the objective?
  - Achieving this objective will lead to a meaningful impact on Florida's cancer burden.

- **Measurable:**
  - The objective contains baseline data, a direction for change, and a data target derived from scientific projection.
  - Reliable data are available now or could be developed with existing data.
  - Progress towards the objective can be measured for the next 5 years.

- **Equitable:**
  - If the objective is met, to what degree would all people benefit?
  - Are there objectives aimed at eliminating avoidable, systematic inequalities affecting groups of people within Florida?
    - Groups may be according to sex, race, ethnicity, age, education, family income, health insurance status, geographic location, marital status, sexual orientation, gender identify, disability status or occupation.
  - Are there data deserts that obscure our understanding of health equity in Florida? How do we fill data deserts with reliable data?
  - What is the magnitude of the health disparity in Florida?

S.M.A.R.T. Objectives

When you write Objectives that are linked to a Goal they should have the following characteristics:

- They are **specific**. That is, they tell how much (e.g., 40 %) of what is to be achieved (e.g., what behavior of whom or what outcome) by when (e.g., by 2013)?
- They are **measurable**. Information concerning the objective can be collected, detected, or obtained from records (at least potentially).
- They are **achievable**. Not only are the objectives themselves possible, it is likely that you will be able to do them.
- They are **relevant**. They are linked to the goal.
- They are **timed**. You have developed a timeline (a portion of which is made clear in the objective) by when they will be achieved.

Strategy Selection Process for Implementation Plan

How will we go about achieving each of the Objectives? There may be multiple strategies for an objective.

Selecting strategies for achieving targets in the Florida Cancer Plan will be prioritized in a Florida Cancer Plan Implementation Plan based on the following features:

- **Evidence-Based:**
  - The Strategy should be based on research or proven best practices. This increases the likelihood that the Strategy will be successful.

- **Meaningful Change:**
  - Will this Strategy lead to a change that aligns with an Objective?

- **Feasible:**
  - Is it feasible to execute the Strategy, considering the costs associated, resources required, cultural appropriateness, political will, likelihood of stakeholders working cooperatively, etc.?

- **Synergistic:**
  - Is this Strategy one we need to accomplish together, rather than one stakeholder bearing sole responsibility?
  - More favored Strategies are ones that need to be accomplished with collaboration.
  - Stakeholders can be identified for cooperatively executing the Strategy.

Evidence

Levels of evidence for clinical interventions can be classified from weak to rigorous (Table 1).

Table 1. Levels of Evidence for Clinical Interventions

Level		Description
Rigorous	4	systematic reviews of published randomized, controlled trials
Strong	3	nonsystematic reviews published by the federal government and nonsystematic reviews published in peer-reviewed journals
Moderate	2	journal articles of individual studies, published intervention research, and published pilot studies
Weak	1	intervention evaluations or studies without peer review that have evidence of effectiveness, feasibility, reach, sustainability, and transferability
Invalid	0	reliable evidence exists that the intervention is harmful or not effective

Adapted from U.S. Preventive Task Force, the Community Preventive Task Force, the National Academy of Medicine's National Criteria for Healthy People 2030, and review of peer-reviewed literature.

CCRAB acknowledges that many public health interventions are not amenable to randomized, controlled trials due to issues of ethics, complexity, and practicality, and that a highest level of evidence be considered in context for each goal, objective and strategy. Furthermore, there may be other types of analyses in the public health sector, such as health impact assessments, that may provide robust levels of evidence that justify a particular goal, objective or strategy.

Plan for Making Changes to the Florida Cancer Plan

Version: October 16, 2020

Potentially allowable changes to state cancer plan:

- Substantive changes based on changes in guidelines.
- Substantive changes based on changes in evidence.
- Errors or inaccuracies that impact a goal or objective.

Not allowable changes to state cancer plan:

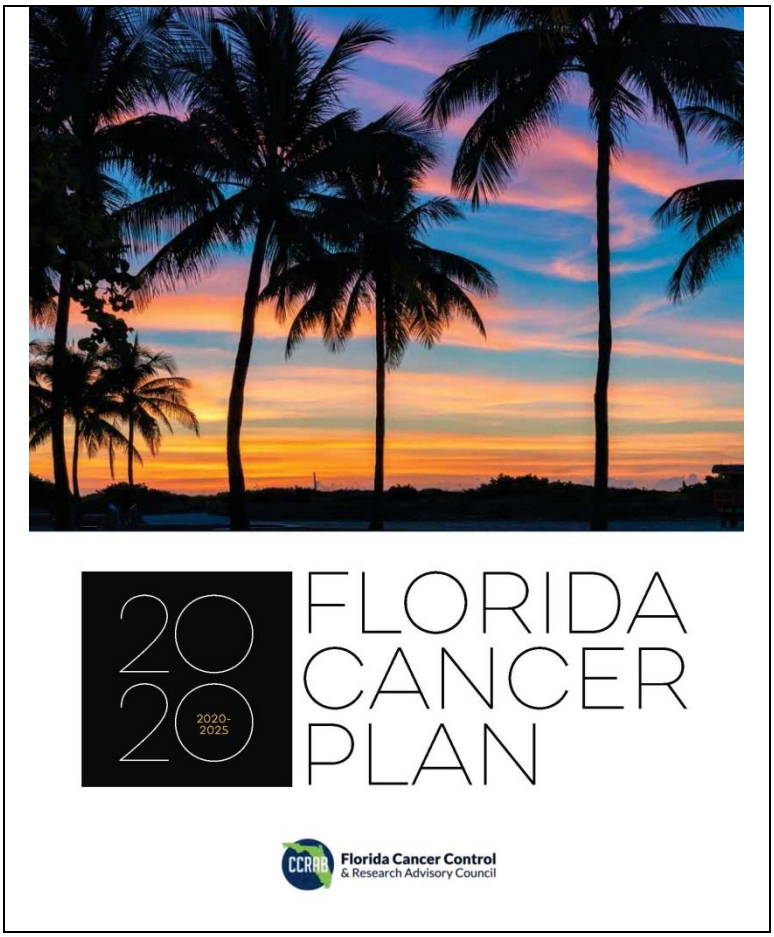
- Misspellings
- No additions to themes, goals, or objectives.

Process:

- Once a year consideration.
- Use original selection criteria for inclusion.
- Minimum 30-day consideration period.
- Discussion and vote by CCRAB.
- Only electronic version will be changed.
- Notify changes in CCRAB newsletter and Annual report, if appropriate.

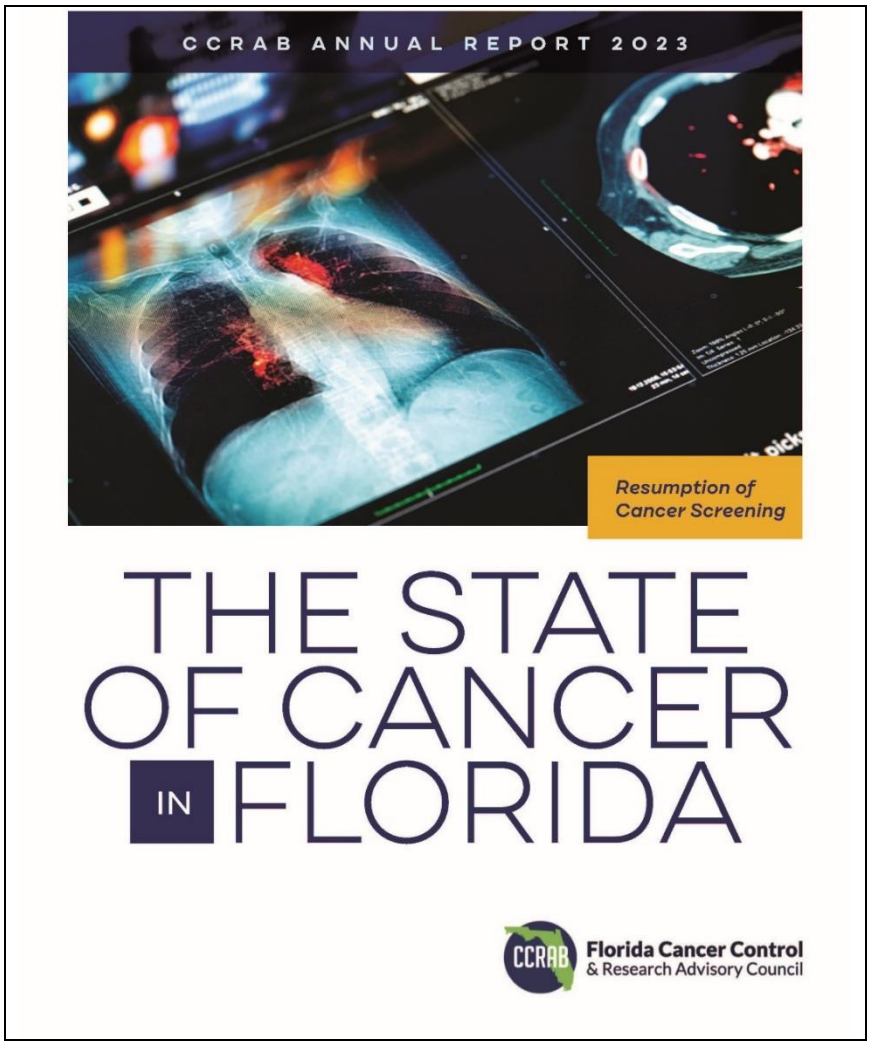
Florida Cancer Plan 2020-2025

Link to download the Cancer Plan: http://www.ccrab.org/cancer-plan



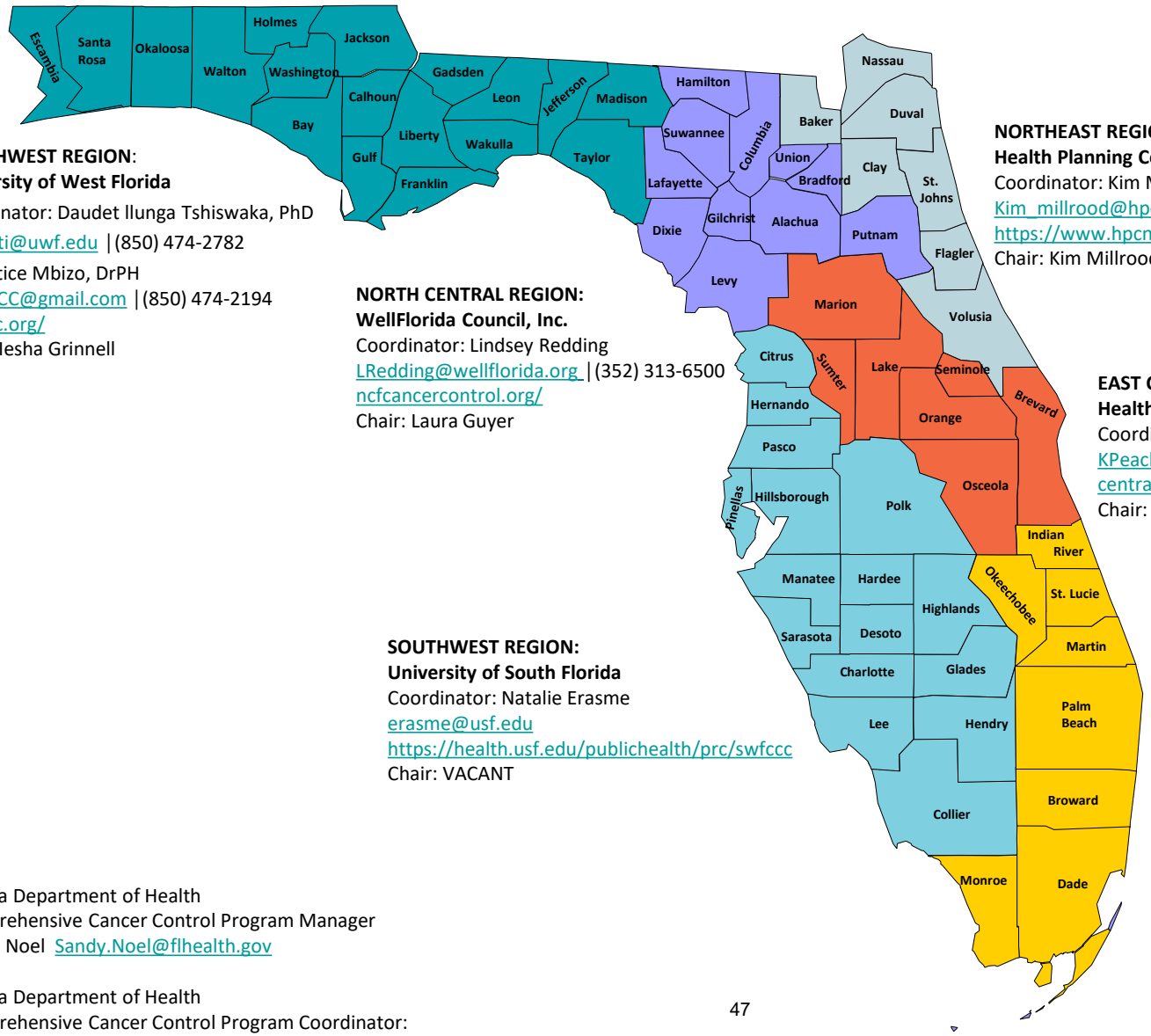
CCRAB Annual Report 2023

Link to download the 2023 Annual Report: http://www.ccrab.org/annual-report



Florida Regional Cancer Control Collaboratives:

Reducing the Cancer Burden through Collaboration



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