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Radiation oncology practice accreditation: The American College of Radiation Oncology, Practice Accreditation Program, guidelines and standards

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Abstract

The American College of Radiation Oncology Practice Accreditation Program (ACRO PAP) is a process by which a medical practice is evaluated through an in depth external review to ascertain whether or not key components of the practice comply with existing regulations, rules, laws, practice guidelines and professional practice standards. In radiation oncology, like other fields, it is driven by the need or desire to demonstrate an identified level of patient care.The accreditation process adopted by the American College of Radiation Oncology (ACRO) is based on the parameters of quality care assessment outlined by the National Academy of Science's Institute of Medicine. Those practices that meet these criteria are eligible for recognition and accreditation by ACRO.

Keywords: Radiation therapy; Treatment guidelines; Standards; Accreditation; Facilities; Personnel; Equipment; Continuous quality improvement

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1. Introduction

1.1. History

Accreditation of medical services is based on the need or desire to demonstrate an identified level of medical care. The need to demonstrate an identified level of medical care may be driven by a variety of reasons. Some governmental agencies may require accreditation for licensure or other regulatory purposes. Governmental and private third party payors for healthcare services may desire to reference payment to standardized care. Also a medical practice may desire to seek accreditation to demonstrate an identified level of care to its patients or community.

The American College of Radiation Oncology (ACRO) Practice Accreditation Program (ACRO PAP) was initiated in 1996 as a service to ACRO members to achieve the above goals. At the time of this writing the ACRO has received 237 applications for radiation oncology practice accreditation over about a 6-year time period. The ACRO has awarded accreditation to 196 of those practices during this time and 126 practices carry active ACRO accreditation. Sixty-seven radiation oncology practices are currently going through the ACRO PAP examination process. Twenty-eight practices have sought reaccreditation and four practices have thrice sought accreditation.

Approximately 75% of first-time applicant practices achieve full (3-year) ACRO accreditation. Approximately 20% of such applicant practices are awarded provisional ACRO accreditation and approximately 5% of applicant practices fail to achieve ACRO accreditation.

1.2. Quality of care

The goal of the ACRO PAP is to provide a method of assessing quality in the practice of radiation oncology. Quality of care is defined as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge [1]. Inherent in this definition is the public health aspect of medical care. This is an important aspect because substantial amounts of healthcare services are funded through governmental sources in the United States and other countries today. The reality in this acknowledgement is that medical care can only be delivered to a population within the economic limits of the funding source.

1.3. Accreditation assessment methods

The method of assessment of quality of care is important to the value of the recognition or accreditation at the completion of the process. In this regard the methods of assessment should provide a reasonable review of aspects relevant to patient care. The Institute of Medicine (IOM) and the National Research Council established the National Cancer Policy Board (NCPB) in 1997 [2]. One of the questions tasked to the NCPB was to address "What is quality cancer care and how is it measured." The NCPB outlined a method for quality assessment of cancer care. "Quality assessment is the measurement of quality by expert judgment (implicit review) or by systematic reference to objective standards (explicit review)." While implicit review is used as an accrediting method its supplementation by explicit review allows for a broader and perhaps more meaningful assessment to be performed. The ACRO PAP utilizes both types of review.

The explicit review method provides a systematic approach to quality assessment and incorporates three dimensions of assessment. The three dimensions of assessment are structure, process and outcome. "Structural quality" refers to health system characteristics, "process quality" refers to what the provider does and "outcome quality" refers to the patient's ultimate health. Structural quality alone, while often easy to assess, is not an adequate measure of quality of care. Outcome quality is the best measure of quality however adequate outcome data is often lacking for a variety of reasons. As such process quality is often used as a surrogate or proxy for assessing quality of care.

Process quality relies on technical quality and interpersonal quality. "Technical process" can be measured according to appropriateness criteria, practice guidelines or professional standards. Evidence-based practice guidelines for patient care is often useful for assessment particularly when they are linked to a defined outcome. "Interpersonal quality" refers to whether the care is provided to the patient in a humane manner. Interpersonal quality is often evaluated using patient surveys. Assessment of interpersonal quality may include aspects such as was the patient provided sufficient information to make an informed decision regarding their medical care. In the radiation oncology setting the patient comes in contact with a variety of personnel providing care. Assessment of the aspects of non-physician care may be appropriate and useful to the practice.

1.4. Standards and guidelines in radiation oncology

Initiatives to define standards for radiation oncology treatment date back to at least the 1950s. In 1950 the National Cancer Institute of Canada published a booklet entitled "Minimum standards of radiation therapy centres" [3]. This was followed in 1957 with a revision entitled "Standards for radiation therapy centres recommended by the National Cancer Institute of Canada."

In the United States the Committee for Radiation Therapy Studies (CRTS) was formed in 1959 through the combined efforts of the National Cancer Institute (NCI) and the Radiation Study Section [4]. In 1967 the CRTS submitted a paper to the NCI in which the requirements for major and satellite cancer centers were outlined. In 1968, the CRTS submitted another report to the NCI entitled "A prospect for radiation therapy in the United States." This report also referred to as the "blue book" described in some detail the current practice of radiation therapy as well as staffing and facility require-