

**The Commission on Cancer
(CoC)
Standard 3.3 Survivorship Care
Plan Explained**

The Commission on Cancer (CoC) Standard 3.3 Survivorship Care Plan

If you are new to cancer survivorship care, you are about to read how survivorship care plans are not going away. Quite to the contrary; the CoC standard itself and the recommendations for what SCPs include are both becoming more comprehensive, which begs the question “who has time to develop a comprehensive care plan for each patient and how will cancer centers accomplish this large task?”

The standard clarification is an update on the CoC’s Chapter 3 of *Cancer Program Standards, 2012: Ensuring Patient-Centered Care, v.1.2.1*. The clarifications provided in September 2014 provides many long awaited details about providing survivorship care plans than were previously published. The clarification outlines which patients should be the initial target for receiving survivorship care plans, what is expected to be included in a care plan treatment summary, what is expected to be included in the follow up recommendations and who should be creating and delivering care plans. The recent clarifications outline specific content that are expected to be included in the follow up recommendations. The standard requires centers to provide resources to address the unique mental health, practical and supportive care needs of cancer survivors. The standard recommends centers use CoC specific language regarding what symptoms patients should report to a provider. It also explains that care plans should contain language that addresses the importance of lifestyle changes (i.e., smoking cessation) and embracing healthy lifestyle behaviors.

Highlights of the current CoC Standard 3.3 Survivorship Care Plan

- Standard 3.3 states that cancer centers should focus initial efforts for care plan delivery to patients treated with “curative intent, and have completed active therapy (other than long term hormonal therapy).” The 3.3 standard is not targeting patients with stage 0 or stage IV cancer.
- Standard 3.3 outlines what data elements should be included in the “treatment summary and survivorship care plan.” The CoC advises cancer centers to follow the ASCO data set as the minimal data required.
- Standard 3.3 explains that both local and national resources should be provided to address mental health and practical needs.
- Standard 3.3 describes which health care provider(s) are appropriate to gather treatment information and deliver care plans to patients.

- Standard 3.3 outlines when the standard is to be implemented (see below) and mentions that during this implementation period from 2015 – 2019 cancer centers should focus on their five most common disease sites.

The Accreditation Committee made the following changes to the established time frame and scope of implementation for Standard 3.3.

- January 1, 2015** – Implement a pilot survivorship care plan process involving 10% of eligible patients.
- January 1, 2016** – Provide survivorship care plans to 25% of eligible patients.
- January 1, 2017** – Provide survivorship care plans to 50% of eligible patients.
- January 1, 2018** – Provide survivorship care plans to 75% of eligible patients.
- January 1, 2019** – Provide survivorship care plans to all eligible patients.

The above CoC implementation plan for survivorship care plans delivery and other details of the clarification on the standard can be found at: <https://www.facs.org/publications/newsletters/coc-source/special-source/standard33>

To read the CoC's accreditation committee clarifications for Standard 3.3 Survivorship Care Plan go to <https://www.facs.org/publications/newsletters/coc-source/special-source/standard33>