ASCO® Standards

Oncology Medical Homes: ASCO-COA Standards Update	
Topic	**Standard**
Note: A separate ASCO Standards Implementation Manual expands and details the specific requirements for meeting the following Standards for the Oncology Medical Homes care delivery model for the purpose of ASCO Certified. The manual emphasizes the documentation of how each Standards is met and provides significant flexibility in how the achievement of the Standards is demonstrated.	
A. Patient engagement	**A1.** All patients are provided with an initial orientation to the OMH care delivery model and ongoing reinforcement of policies related to this model.
	A2. Patients will routinely be provided with a best estimate of out-of-pocket expenses for any new therapy that is offered. Patient financial counseling services, including assistance programs that are available, are routinely provided to all patients in the OMH practice.
	A3. All patients are provided with education on their cancer diagnosis, goals of treatment, and an individualized treatment plan.
	A4. The OMH practice develops and implements a team-based survivorship care program for all eligible patients, including identification of responsible staff, timeline for implementation, and documentation of existing supports and new services in development; treatment summary and survivorship care plan are encouraged as part of the survivorship care program, but are not required. Inclusive in the survivorship care program are appropriate strategies for transition back to primary care in appropriate patients.
B. Availability and access to care	**B1.** The OMH practice institutes expanded access and an evidence-based symptom triage system to ensure that patients can easily access the practice and their providers; conducts analysis of the data regularly for process improvement and patient education purposes, as described in the OMH Standards Implementation Manual.
	B2. The OMH practice tracks relevant patient ED visits, hospital admissions, and readmissions; analyzes the data regularly for process improvement and patient education purposes; and provides patient follow-up within an appropriate timeline posthospitalization or ED visit.
	B3. Documentation and follow-up for patients who miss or cancel scheduled visits and/or chemotherapy treatments.
C. Evidence-based medicine	**C1.** The OMH practice uses value- and evidence-based treatments inclusive of necessary treatment-related supportive care and systematically measures and reports on physician compliance and captures the rationale for any treatments which do not comply.

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	C2. A governance structure is implemented for physician utilization and compliance monitoring of specific pathways or other specified tools for delivery of value- and evidence-based treatment.
	C3. Patients are provided clinical research study information by the OMH practice as appropriate for the patient's clinical condition.
D. Comprehensive team-based care	**D1.** The OMH has a process for conducting geriatric assessments for impairments or vulnerabilities prior to treatment initiation using a validated tool. Impairments or vulnerabilities identified during this assessment should be considered when making treatment recommendations.[1]
	D2. Multidisciplinary teams, including medical oncologists, surgeons and radiation oncologists and others as appropriate based on patient characteristics, should work together to develop the initial treatment plan for most newly diagnosed patients with solid tumors.
	D3. In most instances, a medical oncologist directs the patient's care team within the OMH practice, care coordination with the patient's primary care physician, and/or other pertinent physicians and services, including ongoing collaboration with the inpatient team.
	D4. The OMH practice prioritizes team-based care with policies and procedures that clearly delineate roles and responsibilities, implements and prioritizes team huddles or other methods of information sharing as a communication and patient safety tool, and regularly assesses how the practice team is functioning.
	D5. All patients are provided navigation for support services and community resources specific to their individual needs and preferences; distress and psychosocial health needs screening is performed, and referral for the provision of psychosocial care is provided, as needed. Support services may be delivered on-site or through an off-site collaboration.
	D6. The practice should have a policy in place and a process of identifying and addressing challenges that may affect patients' ability to achieve the best possible outcomes throughout the continuum of cancer care, such as factors that limit patients' access to high quality care and involvement in research.[2]
E. Quality improvement	**E1.** The OMH practice administers a patient experience survey to patients with cancer at least twice each calendar year or on an ongoing basis (this includes surveys completed to fulfill other requirements). The results of the survey are analyzed and used to guide quality improvement activities.
	E2. The OMH practice demonstrates a commitment to quality improvement by regularly using data to evaluate a process of care, implementing changes if or when indicated from analysis, and monitoring sustainability of improvement over time. Patient-reported outcomes may be used as part of this improvement process, where resources allow and infrastructure, policies, and procedures are in place to ensure a timely response to patient reports.

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	E3. OMH practices actively adopt policies to embrace a culture of safety, which includes training, reporting, measures, processes of analysis/feedback, and importantly, an open, accountable, blameless "just culture," recognizing that errors are often rooted in systemic factors within a practice. This includes cultivating a workplace culture in which error reporting and analysis are standardized, and staff are encouraged and feel psychologically safe to report mistakes.
	Note for Standard E3: Implementation of Standard E3 would require that OMH practices have systems that support error reporting that affect patients or the healthcare workforce anywhere in the practice, not simply in the infusion suite. Examples could include recognition of errors in ordering labs or x-rays; or issues related to physical barriers in the practice that interfere with patient care, etc.
F. Goals of care and palliative and end-of-life care discussions	**F1.** Practice routinely offers an advance care planning discussion and completes a goals of care discussion with all patients that recognizes the individual patient's needs and preferences. For patients who choose to participate in this discussion, advance care planning would include advance directives and consideration or selection of an agent for medical decision making.
	F2. For patients with advanced cancer and/or metastatic cancer OR patients with limiting comorbid conditions, the practice performs an advance care planning discussion, which includes a review of advance directives in place, consideration or selection of an agent for medical decision making, discussion regarding symptom management, and discussion of patient goals for supportive and end-of-life care.
G. Antineoplastic therapy administration safety	**G1.** Practice meets Quality Oncology Practice Initiative (QOPI®) Certification Program Standards (see Additional Resources), which include requirements for detailed discussion of treatment options and patient consent. OMH Antineoplastic Therapy Safety Standards are equivalent to the QOPI® Certification Program Standards for safe therapy administration. The previously published *Antineoplastic Therapy Administration Safety Standards for Adult and Pediatric Oncology: ASCO-ONS Standards*,[3] which addresses the minimization of medical errors is also endorsed.

Abbreviations. ASCO, American Society of Clinical Oncology; COA, Community Oncology Alliance; ED, Emergency Department; OMH, Oncology Medical Home; ONS, Oncology Nursing Society; QOPI®, Quality Oncology Practice Initiative.

References.

1. Dale W, Klepin HD, Williams GR, et al: Practical Assessment and Management of Vulnerabilities in Older Patients Receiving Systemic Cancer Therapy: ASCO Guideline Update. J Clin Oncol 41:4293-4312, 2023
2. Patel MI, Lopez AM, Blackstock W, et al: Cancer Disparities and Health Equity: A Policy Statement From the American Society of Clinical Oncology. Journal of Clinical Oncology:JCO.20.00642, 2020
3. Siegel RD, LeFebvre KB, Temin S, et al: Antineoplastic Therapy Administration Safety Standards for Adult and Pediatric Oncology: ASCO-ONS Standards. Oncol Nurs Forum 51:297-320, 2024

This summary table is derived from recommendations in *Oncology Medical Homes: ASCO-Community Oncology Alliance Standards.* This is a tool based on ASCO Standards and is not intended to substitute for the independent professional judgment of the treating physician. Standards do not account for individual variation among patients. This tool does not purport to suggest any particular course of medical treatment. Use of the standards and this tool are voluntary.

