Guidelines to Form an Integrated Network Cancer Program (INCP) or National Cancer Institute-Designated Network Cancer Program (NCIN)

What Is an INCP?

To be an Integrated Network Cancer Program (INCP), the hospitals must belong to an organization that owns a group of facilities that offer integrated and comprehensive cancer care services and is overseen by a centralized governance structure/board and CEO.

What is an NCIN?

To be a National Cancer Institute Designated Network Cancer Program (NCIN) the hospitals must belong to an organization that owns a group of facilities that offer integrated and comprehensive cancer care services and is overseen by a centralized governance structure/board and CEO. Additionally, the facilities secure a National Cancer Institute (NCI) peer-reviewed Cancer Center Support Grant and are designated a Comprehensive Cancer Center Consortium by the NCI. To be included in the NCIN, all facilities must be included within the NCI grant.

INCP/NCIN Requirements

Organizations applying for the INCP or NCIN designation must be able to demonstrate compliance with the INCP/NCIN-specific requirements as outlined in the Optimal Resources for Cancer Care from the effective date forward.

A high-level overview of requirements for networks include:

- If you are a CoC-accredited facility requesting to become part of an existing network, your facility must have no unresolved deficiencies from the last CoC site visit and no outstanding CoC accreditation fees due to the American College of Surgeons.
- A network representative is required to provide a descriptive document that addresses the organizational structure of the network including the facilities within the network, processes that facilitate integration among the facilities, and the distribution of cancer services across the network and its facilities. This should include:
  - the organizational structure of the network, including the facilities within the network
  - the distribution of cancer services across the network and its facilities
  - processes that facilitate integration, coordination, and collaboration across the facilities in the network.
- All network requirements are met as defined in the specifications by category in the Optimal Resources for Cancer Care. Select requirements are summarized as follows:
  - A unified cancer committee is assembled that oversees compliance with the standards across all network facilities and includes representatives from each individual facility within the network. NCIN facilities are exempt from this.
  - All policies and procedures required as part of select standards demonstrate how activities and services are coordinated and managed across the network either at the lead facility or at the individual facility level.
  - Two quality improvement initiatives are required each year; one that includes all facilities within the network and one that is relevant to one or more facilities within the network.
Two cancer program goals are required each year; one network-wide goal that impacts coordination of care across the network, and one that is relevant to one or more facilities within the network.

- Cancer conference coverage is coordinated across all facilities in the network. (NCIN facilities are exempt from this standard.)
- Data is submitted to the National Cancer Database (NCDB) through the Rapid Cancer Reporting System (RCRS) by the individual facilities within the network. Prior to the initial network site visit, the individual facilities within the network that are CoC-accredited will retain their access to CoC Datalinks/QPort so they can submit data to the National Cancer Database (NCDB) through the Rapid Cancer Reporting System.
- Performance expectations for quality measures are met at the individual facilities within the network.

- One Pre-Review Questionnaire is completed for the site visit demonstrating how care is coordinated and delivered across the network and facilities within the network.
- The site visit will take place at the network lead facility and must include representatives from each facility within the network. All members of the central cancer committee/leadership group must be present (or their alternates), including noted representatives from each facility within the network.
- Facilities to be included in the network that were not previously CoC-accredited upon network formation will be assigned a Facility Identification Number (FIN) (if needed), must have at least one year of abstracted data and one year of follow up, and will be required to submit data after the network is accredited.
- Following the network site visit, and upon confirmation of accreditation, the NCDB will provide aggregate reports that display data at the network level for all facilities within the network and for the individual facilities. Individual facilities will maintain their own registries and FINs and will continue to submit data to the NCDB.
- Individual facilities that are CoC-accredited retain their individual accreditation statuses until the network site visit.
- Established networks that apply to add an existing CoC-accredited cancer program will retain their next established site visit date.
- Established networks that apply to add a non-accredited cancer program will be site visited within 12-18 months.
- Individual facilities that are not currently accredited will be given the status of NEW until the network is successfully accredited. Once accredited, new facilities within the network will not see data in the NCDB reporting tools until they have submitted one year’s worth of data.

Applying to Form an INCP or NCIN

Requests to form a network are considered on an annual basis. Organizations interested in forming an INCP or NCIN must log in to QPort and access, complete and submit an online application by September 30th of each year. Prior to submitting an application, the network must access, review, complete and submit the American College of Surgeons Business Association and Data Use Agreement (BA/DUA) for the network and include a list of facilities included in the network. This is an online agreement that is signed and submitted electronically. A fully executed agreement by ACS will be provided back to the network. Please review the instructions before completing the agreement.

In addition to completion and submission of the BA/DUA, the network must complete the Network Ownership Confirmation Form and submit it to coc@facs.org.
The application requests the following information:

- Name of the network and facility that will serve as the lead facility where the site visit will take place and will be the facility where the NCDB data is aggregated under.
- Identification of facilities that will be included in the network.
- Federal Employer Identification Numbers (FEIN) for each facility in the network.
- Which facilities in the network are currently CoC-accredited and which are not.
- Identification of network contacts, including the Cancer Committee Chair, Cancer Program Administrator, Cancer Registrar, Cancer Liaison Physician, as well as designate a billing contact who will receive the annual accreditation invoice. These roles can be selected from the existing facilities that will comprise the network or new contacts can be listed.
- The network effective date (January 1 of a given year).

Application Processing

- Applications are processed within 30 days or as soon as practical thereafter.
- Once the application is reviewed and approved, the primary contact will receive an email from the CoC with the following:
  - The new INCP or NCIN Facility Identification Number (FIN) along with a list of facilities within the network and their FINs.
  - Individual facilities that are part of the network will retain their individual cancer registry reference dates to support data submissions at the individual facility level and a network reference date will be assigned.
  - Established networks that apply to add an existing CoC-accredited cancer program will retain their next established site visit date.
  - Established networks that apply to add a non-accredited cancer program will be site visited within 12-18 months.
  - New networks will have a site visit scheduled within 12-18 months.
  - Information on when to expect the initial network accreditation invoice. One invoice is provided that represents the accreditation fee that represents all the facilities within the network. If an individually accredited facility is added to an existing network, then it will be included in the network's next regularly scheduled invoice. No refunds are provided for fees already paid by currently accredited individual facilities.
  - Information on how to access QPort to:
    - Add network contacts (cancer committee chair, additional cancer liaison physician, cancer program administrator, cancer registrar, and other primary contacts at the network level)
    - Access the Pre-Review Questionnaire (PRQ) to become familiar with the information that will be required in preparation for the network site visit.
    - Access to resources to support the accreditation process.

Questions should be directed to coc@facs.org.