

Virtual cancer care meets ASCO Patient–Centered Cancer Care Standards: The significance of evolution and implementation in a national virtual oncology clinic

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Background

Virtual care is increasingly common, but standardized quality benchmarks remain limited. The American Society of Clinical Oncology (ASCO) and the Community Oncology Alliance first published the Oncology Medical Home standards in 2021 (update in 2025). These standards were designed for in-person practices. **We describe new virtual cancer care standards and lessons learned from the first Virtual Cancer Clinic (VCC) to earn ASCO Certified recognition.**

Objective

Describe adaptation, implementation and initial evaluation of Patient–Centered Cancer Care Certification (PCCC) standards in a virtual clinic.

Methods

Implementation and quality–improvement initiative conducted by a US–based Virtual Cancer Clinic operating in all 50 states and Washington, DC

- 1

Assess

A cross–functional team spanning clinical care, operations, software engineering, care advocacy, quality, and compliance conducted a structured gap assessment.
- 2

Adapt

The Color Virtual Cancer Clinic and ASCO Certified collaborated to determine the applicability of PCCC standards for virtual care, iteratively adapt requirements, and define new virtual care standards from September 2024 through September 2025.
- 3

Implement

Virtual–care–specific technology and operations solutions designed and implemented to support to meet or exceed the standards.
- 4

Audit

More than 15 cross–functional team members supported an onsite audit in February 2026. The team addressed all findings within two weeks.
- 5

Measure

Ongoing chart reviews and quality measurements: Initial data October 2025 through February 2026.

COLLABORATION

- Cross–functional team comprised of
- Oncology clinicians (e.g physicians, nurses, advanced practice providers, pharmacists, nutritionist, psychologist) with a wide range of expertise (e.g. solid and hematologic malignancies, clinical trials, palliative care, surgical oncology, radiation oncology, integrative medicine)
 - Operations professionals, software engineers, quality assurance, legal and compliance, patient advocate

MAIN FINDING

ASCO PCCC standards can be operationalized in a national virtual oncology practice. Ongoing research is evaluating the impact of standardized multidisciplinary expert opinion for all patients.

Results: Virtual–care adaptations

New virtual cancer care domain adds four standards

1. Telemedicine professionalism and compliance

3. Equal access
2. Connectivity protocols

4. Collaboration with the primary treating team

Care model example

	Screening & Early Detection	Diagnostic Workup	Treatment Planning	Active Treatment	Post–Treatment Care
Virtual Cancer Clinic (VCC)	- Assess cancer risk and create individualized, guidelines–based cancer screening plan - Support shared–decision making - Order and follow–up at–home and in–person cancer screening - Coordinate appointments - Deliver prevention and risk–reduction care	- Evaluate screening results and determine the appropriate diagnostic workup - Discuss findings with the patient and recommend next steps - Order clinically indicated laboratory testing and imaging; - Coordinate specialist evaluation and biopsy	- Multidisciplinary Tumor Board assessment of diagnosis and treatment plan recommendations - Evaluate for clinical trial eligibility - Identify opportunities for guideline–concordant care - Refer to high–quality cancer centers and providers for treatment	- Deliver ASCO standard clinical care that supports and extends brick–and–mortar care - Proactive 24/7 symptom support - Mental health support - Nutrition - Ongoing multidisciplinary tumor board review at key decision–points	- Deliver ASCO standard clinical care that supports and extends brick–and–mortar care - Develop survivorship care plan - Manage treatment side effects - Surveillance for recurrence - Return to work support
Collaboration	Partner with local primary care to implement follow–up	Partner with local primary care and specialists on diagnostic workup and staging	Communicate relevant multidisciplinary Tumor Board recommendations to the patient and local care team	Partner with local care teams to assess and address treatment concerns, side effects, and patient questions	Partner with patient and local providers to refine and implement survivorship care plan
Local Clinical Care	- Imaging centers — perform mammograms, low dose lung CT etc. - Primary care — deliver general medicine care and perform physical exams - Specialists — conduct screening procedures such as colonoscopy	Radiologists, procedural specialists and pathology — perform and interpret imaging, biopsies and other diagnostic and staging assessments	Cancer specialists (Medical Oncology, Surgical Oncology, Radiation Oncology and others) — assess patient, evaluate findings, recommend treatment as per usual standards	- Decision–making and delivery of procedures and follow–up: Surgery, radiation, loco–regional - Medical oncology — prescribe and administer systemic therapy; monitor response; manage toxicity	- Local cancer specialists— provide follow–up, physical exams and evaluation of suspected recurrence or late effects - Primary care — Deliver general medicine care and chronic disease management

Initial Quality Assessment

- 100% (66/66)

Received multidisciplinary tumor board review and assessment of treatment–guideline concordance.
- 100% (66/66)

Met contact standards for local providers.
- No avoidable ED visits

10/10

Average patient rating (n=12 respondents)

Limitations

Cohort size and follow–up time may impact generalizability.

Ongoing Research

- Evaluate larger cohort with longer follow–up to assess stability of findings
- Assess impact of standardized multidisciplinary expert opinion case review on guideline concordance of treatment received
- Quality improvement for patient engagement and satisfaction
- Specialized risk–reduction programs

References

Woofter et al. Oncology Medical Homes: ASCO–Community Oncology Alliance Standards. *JCO Oncol Pract* 22, 365–374(2026). DOI:10.1200/OP-25-00498

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