

NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

The National Accreditation Program for Breast Centers

American Program Considerations



Maurício Magalhães Costa Cary S. Kaufman February 9, 2012





Disclosure

I HAVE NO COMMERCIAL INTEREST TO REPORT



NAPBC Overview

- Historically the management of patients with breast diseases occurred in a fragmented and disorganized setting
- Evidence based and consensus developed standards have gained increasing importance and recognition
- First breast center concept in USA in the 1970s



NAPBC Mission Statement

The NAPBC is a consortium of national, professional organizations dedicated to the improvement of the quality of care and monitoring of outcomes of patients with diseases of the breast.

This mission is pursued through standard-setting, scientific validation, and patient and professional education.



NAPBC Officers



Cary S. Kaufman, MD, FACS
Chair

James Connolly, MD, FCAP
Vice Chair



David P. Winchester, MD, FACS
Immediate Past Chair



NAPBC is composed of 20 Professional Organizations

American Board of Surgery

American Cancer Society

American College of Surgeons

American College of Radiology

Commission on Breast Screening

American College of Radiology Imaging

Network

American Institute of Radiologic Pathology

American Society of Breast Disease

American Society of Breast Surgeons

American Society of Clinical Oncology

American Society of Plastic Surgeons

American Society for Radiation Oncology

Association for Cancer Executives

Association of Oncology Social Work

College of American Pathologists

National Cancer Registrars Association

National Consortium of Breast Centers

National Society of Genetic Counselors

Oncology Nursing Society

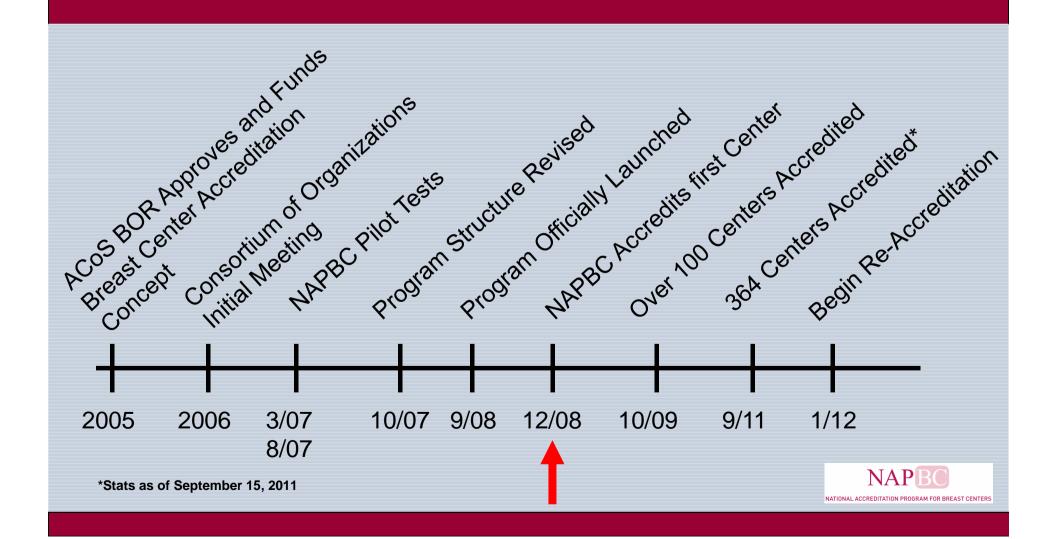
Society of Breast Imaging

Society of Surgical Oncology

Members-at-Large / Advocates



NAPBC Development Timeline



NAPBC Committees

Six Committees

Access and Utilization Committee

Education and Dissemination Committee

Quality Improvement and Information Technology

Standards and Accreditation Committee

International Committee

Executive Committee



NAPBC Breast Center Components

17 Required Multidisciplinary Components of Breast Centers

- Imaging
- Needle Biopsy
- Pathology
- •Interdisciplinary Breast Cancer Conference
- Patient Navigation
- Genetic Evaluation and Management
- Surgical Care
- Plastic Surgery Consultation/Treatment
- Nursing

Medical Oncology

Consultation/Treatment

Radiation Oncology

Consultation/Treatment

- Data Management
- •Research
- Education, Support, and Rehabilitation
- Outreach and Community Education
- Quality Improvement
- Survivorship

Components correspond to standards and may be "provided" or "referred".



NAPBC Breast Center Standards

28 Standards (3 critical standards)

Chapter 1 – Center Leadership (3)

Breast Program Leadership Accountability*

Interdisciplinary Breast Cancer Conference*

Chapter 2 – Clinical Management (19)

Interdisciplinary Patient Management*

Chapter 3 – Research (2)

Chapter 4 – Community Outreach (1)

Chapter 5 – **Professional Education** (1)

Chapter 6 – Quality Improvement (2)

* Critical Standard



NAPBC Accreditation

- NAPBC accreditation is granted only to those centers that have voluntarily committed to provide the best in breast cancer diagnosis and treatment and is able to comply with established NAPBC standards.
- Each center must undergo a rigorous evaluation and review of its performance and compliance with the NAPBC standards.



NAPBC Accreditation To be considered for initial survey

- •Ensure that the clinical services, interdisciplinary conference and quality management program are in place at the center
- www.accreditedbreastcenters.org



NAPBC Accreditation Benefits

- A model of organizing and managing a breast center to ensure multidisciplinary, integrated and comprehensive breast care services
- Internal and external assessment of breast center performance based on recognized standards to demonstrate a commitment to quality care

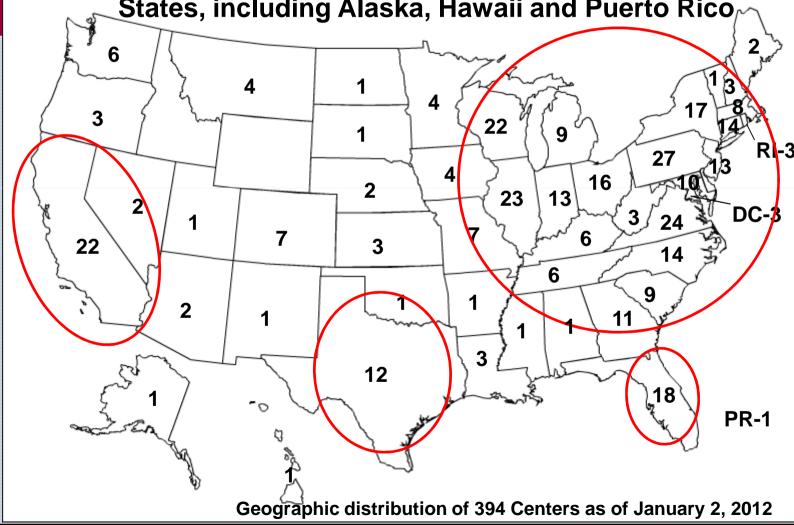


NAPBC Accreditation Benefits

- Recognition as having met performance measures for high quality breast care established by national health care organizations
- International recognition and public promotion
- Participate in a national breast disease database to report patterns of care and effect and effect quality improvement.

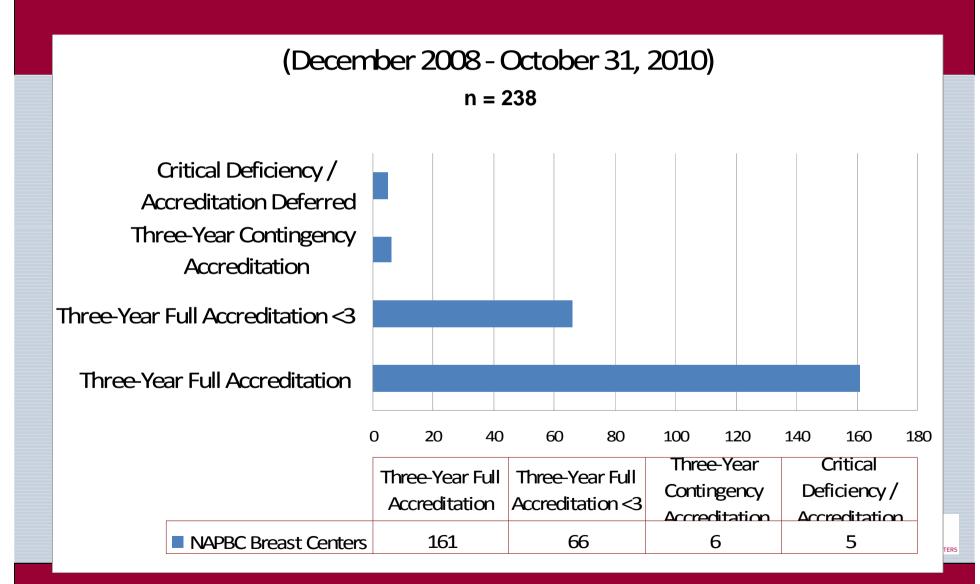
Geographic Distribution

394 NAPBC Accredited Centers can be found in 48 States, including Alaska, Hawaii and Puerto Rico



State	Totals
PA	27
VA	24
IL	23
CA	22
WI	22
FL	18
NY	17
ОН	16
СТ	14
NC	14
IN	13
NJ	13
TX	12
GA	11
MD	10
MI	9
SC	9
MA	8
СО	7
МО	7
KY	6
TN	6
WA	6
IA	4

Accreditation Awards



Breast Center Financial Structure

- 87% are hospital based.
- 7% Free standing associated with hospital
- 3% Group practice
- 1% Free standing
- 2% Other

91% of accredited breast centers are associated with Commission on Cancer accredited hospitals. (2010 = 95%, 2009 = 96%)

Services are either Provided or Referred

Component	Provided	Referred
Interdisciplinary Breast Cancer Conference	99%	1%
Quality Improvement	99%	0%
Patient Navigation	99%	1%
Nursing	99%	1%
Data Management	99%	1%
Needle Biopsy (core preferred)	96%	4%
Surgical Care	97%	3%
Imaging	97%	3%
Pathology	96%	5%
Outreach and Community Education	90%	10%
Medical Oncology Consultation/Treatment	86%	14%
Education, Support, and Rehabilitation	90%	10%
Radiation Oncology Consultation/Treatment	84%	16%
Research	78%	22%
Survivorship	80%	20%
Plastic Surgery Consultation/Treatment	77%	23%
Genetic Evaluation and Management	65%	35%

Monitoring Surgery Results for 2011

Breast Surgery

Breast Conserving Surgery	
	66%
Mastectomy	
	34%

Lymph Node Surgery

Total Number of Patients with Sentinel Node	
Biopsies Performed	15,012
Total Number of Positive Sentinel Node Biopsies	
	3,369
Percent Positive Sentinel Node Biopsies	
	22.4%

Initial Quality Measures

ASCO / NQF / ACoS

- Radiation therapy is administered within one year of diagnosis for women under age 70 receiving breast conserving surgery.
- Combination chemotherapy is considered or administered within four months of diagnosis for women under 70 with AJCC T1c, or Stage II or III hormone receptor negative breast cancer.
- **Tamoxifen** or third generation aromatase inhibitor is considered or administered within one year of diagnosis for women with AJCC T1c or Stage II or III hormone receptor positive breast cancer.



Quality Measures – Recent Additions

Important / Variation in care / Feasible

- Needle/Core Biopsy Rate
- Pathology report completeness (CAP)
- Trastuzumab for HER2+ Stage I-III
- Post-mastectomy radiation for ≥4+ nodes
- 5-year breast cancer/stage specific survival



Monitoring Participation in Other Quality Programs

Collecting Data on:

Number of Active Participants

Number of Planning to Participate

Number Not Participating

Name of Program

- QOPI from ASCO
- PAAROT from ASTRO
- Mastery from ASBS
- NQMBC from NCBC
- TOPS from ASPRS

Discipline

(medical oncologists)

(radiation oncologists)

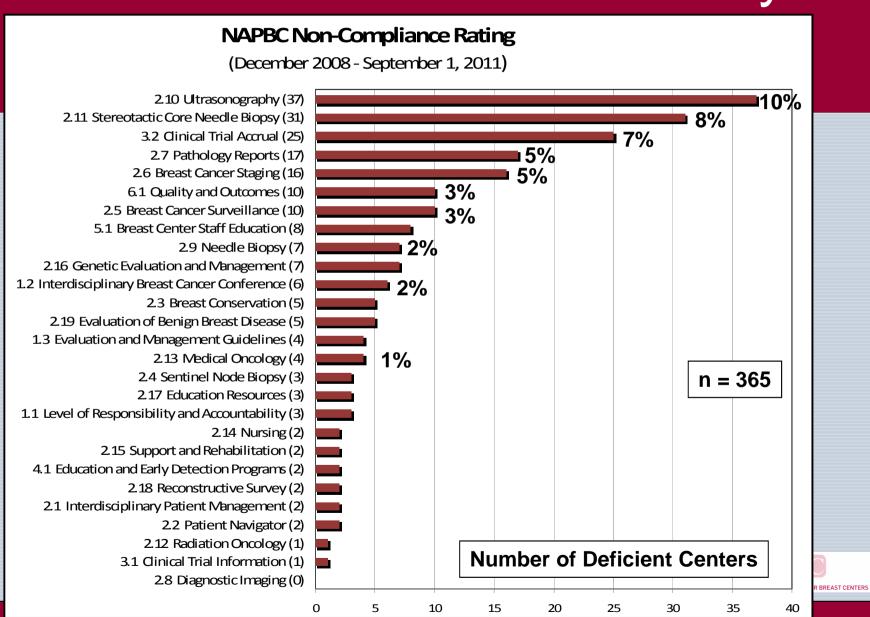
(breast surgeons)

(breast centers)

(plastic surgeons)



Deficiencies Found at Survey



Professional Promotional Campaign

2011-2012

Professional Journals

- Oncology Issues
- The Breast Journal
- •CA-A Cancer Journal for Clinicians
- ACR Bulletin
- ACoS Bulletin

JOIN OUR NATIONAL MOVEMENT:

Quality Improvement for Breast Patients



IS YOUR BREAST CENTER NAPRO ACCREDITED:

NAPBC currently has 330 accredited breast centers in 47 states, including Alaska, Hawaii, and the territory of Puerto Rico. And the numbers keep

NAPBC accreditation is the best way for your breast center to offer patients every significant advantage in their battle against breast disease.



NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

NAPBC offers

- A model for organizing and managing a breast center to ensure multidisciplinary, integrated, and comprehensive breast care services.
- Internal and external assessment of breast center performance based on recognized standards to demonstrate a commitment to quality care.
- Recognition as having met performance measures for high-quality breast care established by national health care organizations.
- National recognition and public promotion.

LEARN MORE ABOUT HOW NAPBC ACCREDITATION CAN BENEFIT YOUR BREAST CENTER AS WELL AS THE PATIENTS YOU DIAGNOSE AND TREAT WITH DISEASES OF THE BREAST. VISIT: www.napbc-breast.org/CCN-11/

NAPBC IS ADMINISTERED BY THE AMERICAN COLLEGE OF SURGEONS

NAPBC Spring / Fall Conference

National Consortium of Breast Centers, Inc.

National Recognition for Breast Centers of Excellence: Service Line Optimization

March 10-11, 2012

Saturday, March 10, 2012

NEW

Course!

An Overview of Quality Initiatives for Breast Centers and Breast Care Professional

Cary S. Kaufman, MD, FACS Quality care has become the new de-Cary N. Kaufman, MD, PACS Quality care has boome the new definition of value in healthcare. Intitatives to assess quality care easts for breast centers as a program and for each chircial discipline. Each program has a spectrum of measures designed to assess their own discipline. Most quality programs reade as stand-alone programs but in the future, sprency among programs will produce collaboration and increased consistency in quality care measurement. An overview of the quality assessment landscape being choose which programs to engage.

Critical Success Factors in Developing a Comprehensive Breast Program Jane Berz, MSN, RN

Jame Berr, MSN, RN
What does this to create a successful breast program worthy of accreditations and certifications? This session will discuss
the common denomination in highly successful breast programs as well provide practical guidance on common mistakes to
zvoid. Saltest issues such as addressing medical staff Concrebitos, developing organizational structure and leadership, and
participating in quality institutives will be discussed so that the breast program "success" to measured and sustained.

9:00 - 9:30 am Improving Breast Cancer Patient Outcomes through Quality Improvement: The Intermountain Healthcare Experience Brett Parknuss, MD, EACR

Brett Parktisson, MIJ, PACK
A contral objective of any accreditation program is to ensure that facilities meet accepted quality standards for personnel training, diagnostic and treatment processes, and equipment. High quality care often requires additional standards to achieve continuous quality improvement, internountain Fesdakare has developed a compenentive breast care programs focused on ougsing quality improvement by engaging the primary statehologists, radiologists, suggeons, publicologists, method oncologists and relations oncologists in an origing dislog of what constitutes best practice. Using this data centered approach, the quality improvement term actively enablases metrics in all relevant disciplines, regularly altering the clinical process in reduce variation.

9:30 - 10:00 am - Break

nter of Excellence (HICOE) - A Solid Foundation

enancy anatomics, BLE(REM). Every quality structure requires a solid isoundation, including breast centers. Cet out your tool but and prepare for achieving the ACI requirements for a BECON. Nat down mammography processes, harmore out the work flow to breast ultrasound and measure quality of stereotactic procedures. Once you acquire the status of BECON, you will have a clear blue print to follow as your breast center builds quality services as a center of excellence.

National Quality Measures for Breast Centers: Achieving NQMBC Quality Center of Excellence Status Lallie D. Shockney, RN, RS, MAS, CBPN-IC

Quality improvement is likely to occur when one compare themselves with others. The NQMBC was created to facilitate quality ment documentation and delivers comparisons to all participants without charge. After formulating and choosing seinics, the NQMBC has become a viable opportunity to improve breast center care. Data entry and comparison results

from the NQMBC Provide Quality Benchmarks for Breast Centers

Cary S. Kaufman, MD, PACS
Since 2005, NQBMC has collected quality data from participating breast centers to create a database useful for defining quality benchmarks. Each measure-reveals a 'threshold level' of care hat most centers should surpass. This entry level of care is just the beginning, improving quality requires' scheening guals' psycond threshold level to demonstrate excellence in care. Data from the NQABC provided quality guidelposts for centers in incorporate in their overall quality program.

Course Directors

Cary Kaufman, MD, FACS Claudia Z. Lee. MBA

Separate Tuition Required

Cindy Burgin

11:30 - 12:00 pm
Extracting Data and Using the National Quality Metrics for Breast Centers
Extracting Data and Using the National Quality Metrics for Breast Centers
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12-00, 2-00 nm - Lunch on worr own

National Recognition for Breast Centers of Excellence: Service Line Optimization

Saturday, March 10, 2012

2:00 - 2:30 pm Getting to the Profitability Finish Line: But at What Cost to Quality

Marte M. LaFargue, MPH

Matric M. Lavargue, MPH
This session will unrawel the process of service line integration and sharebest practices for breast center success and sustainability. The presentation will outline interduciplinary analysis with decision support services and finance managers, downstream revenue. anayras wan outstand mapport services and intance managers, downstricture neverties analysis, and integration of performance improvement measures and other clinical and service delivery benchmarks. In this question qualitysynthability comprasses, the discussion will offer practical resources as well as decision embrace considerations for alligating physician realisms initiatives, the inclusion of these services with overall organizational analysis of the strategic initiatives, and delenify resources that might holy minimize the impact of these local, the oldey of case delivery for the growing ormanced, and the opecific resources evaluation and on the borton to fill the goal ormanced.

2-30 - 3-00 pm Build it and they will come: Creating a National Breast Center of Excellence Model - Teresa Hestel, BS, RT(R)(T), FABC.

This session will describe the younge of Catholic Stellih initiatives in developing a missional model for excellence in breast care. As a large, 7-5 hospital, national health system, CHI decided to 'ratse the bar' in breast care, developing tools, resources and a roadmap for their facilities in necessing flast components breast programs. We will discuss the infrastructure that has been developed to support the facilities in their quest to provide high quality breast care. We will also state the results of the original properties the composition of the properties of the properties of the provided provided the properties of the properties of the provided provided the properties of the provided provided the properties of the properti

3:00 - 3:30 pm Strategies for Implementation of Quality Metrics for Breast Diagnostic Imaging and Treatment In A System-Wide Breast Program Bert Parkinson, MD, PACR

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There are many established metrics that measure quality in breast imaging and breast surgery. However, there is very little information on the "How To" for implementation of these metrics within a multi-hospital system. breast program. This season will address the roll-out of an implementation process to establishing these metrics as a standard of care for all facilities within a hospital system.

3-30 - 4:00 pm Navigation: Quality Metrics Collers folyason, JN, NP, CRPN-JC The field of navigation touches all aspects of health care but is especially important. In the field of oncology as patients and lived ones enter trito the complex car-delivery system of cancer care. Numerous uncontrolled and small steple site studies have suggested that nursigation services can improve patient outcomes. Navigation has become a 'standard of care' and is being demanded as a 'must have service' by nas occome a annuaru or carer ans o sering germanea as a must nate service wy consumers. Administrations are facious with demonstrating the empirical evidence of its benefits and cost effectiveness. Development of processes and successful outcome measures that allow for careful evaluation of navigation programs is critical for successful implementation and longevity. This include with define the manipular role and present vetter measures to usees both outcomes of care and benefits of care with

4:00 - 4:30 pm Advocacy: The Breast Center's Lifeline to the Patient Paula Kim

Finals Kim.

Advocacy, individually or collectively, is based on making a difference. There are numerous advocacy groups with a locus on breast cancer that are actively militarcing healthcar legislation, access issues for the underserved, personal and family support, community awareness, fund development, expansion of clinically relevant research and patient care. This presentation will discuss how comprehensive breast programs can best utilize the influence and commitment of advocacy groups and, in return, serve as an educational entity to these groups.

Pears to Take Hotto: Jane Berz, RV, MS, Kathy Dutmar, RT(R)(M), Teresa Heikel, BS, RT(R)(T), FABC Collecti Johnson, RR, NP CBPN-IC, Carry S, Kaufman, MD, FACS, Marte M, LaFargue, MPH, Brett Parkinson, MD, FACR, Lallie D. Shockney, RN, BS, MAS, CBPN-IC, Paula Rim

Theory is stimulating and provocative but may not be readily applicable to your facility. We will discuss real-world practical suggestions to begin upon your return to achieve measurable success. Each speaker will answer the question, "So what do I do now?"

Sunday, March 11, 2012

Sector - 6:30 am
Program Overview - Why Integration of Breast Care Services Matter
Shahla Massoul MD FCAP MIAC

Seasus Massood, MEJ, F.A.P., MIAG.
Whether treating benign breast disease or breast cancer, a multidisciplinary approach
to important when treating patients with diseases of the breast. This presentation
will provide a halotric perspective that led to the development of the National
Accreditation Program for Breast Centers and discuss why integrated breast care is
important to the patient.

8:30 - 9:00 am Building a Multidisciplinary Team – A Structure to provide Continuity of

Care Terry Sarantou, MD, FACS

Terry Sarantou, MD, FACS

Patients diagnosed with disease of the breast require the skill of many professionals from different specialities. Building a mukidotephinary team requires a leader, or a kadership team, that understands the importance of continuity to care, which should occur within the breast center. The multidotephinary breast conference, which is the cornerstone of a comprehensive breast center, in an opportunity for all item members.

9:00.9-65 am
NAPBC Components and Standards – Incorporating Multidisciplinary
Breast Care as a Culture of Care
Scott H. Kurteman, MD, FAGS.
The care of the patient diagnosed with breast disease requires a systematic approach
to address and support the entire continuum of care. The NAPBC has defined the
standards that promote the delivery of high quality breast care.

10:00 - 10:30 am

The Role of Survivorship Programs – Continuity of Care for Breast Cancer

Patients Barbana Rabinowitz, PaD, MSW, RN

Survivorship Programs afford the breast cancer patient a wide range of post treatment

resources that provide support in many ways. This emerging concept has received

a very warm reception in the cancer care community and augments the concept of

multilisciplinary core. Survivorship components pertinent to breast centers will be

discussed that create a value added service.

10:30 - 11:00 am.

The Importance of Genetic Evaluation and Counseling in a Breast Center Mary E. Fretvogel, MS, CGC

Genetic evaluation, testing and counseling are three distinct areas within the genetic area and each has its role when treating breast cancer patients. Genetic evaluation extends beyond the breast cancer patient and requires skilled professionals to counsel patients that are at trial for the development of breast cancer related approximations. There are several options to integrate genetic evaluation and counseling syndromes. There are several options to integrate genetic evaluation and counseling the service of the service of

11:00 - 11:30 am NAPBC Surveyor Perspective - Is the NAPBC Making a Difference? F. Lee Tucker, MD, FCAP

F. LEG. MAKES, PLAST

THE NAPICE SHEEPER AS a unique position to see many different types of breast centers and how they are positioned to comply with the NAPICE standards. This exposure provides the surveyor with a variety of perspectives that can be shared with the breast centre leadership, including guidance and education, to support the NAPICE standards based on each centers unspec structure. Lessons learned from

11:30 - 12:00 pm Applying for NAPBC Accreditation - The Process of Organizing through

Appring for the Post Albert.

Survey.

Clinify Burgin, Manager. NABC

Clinify Burgin, Manager. NABC

Comparison for excellention in very facilities a comprehensive review of a breast receiver upon the post of the process for comparing for survey. This discussion will take you through the pre-application and how to prepare for survey unit the actual application, it will also include information on what to expect on the day of survey including post-survey activities.

12:00 - 12:50 pm Marketing your NAPBC Accreditation Counte M. Bara, Administrative Director - American College of Surgeons

Marketing your accomplishments is important. Accreditation positions your or as a leader in the community for the provision of quality breast care and offers the opportunity to share information about the resources and services your center provides. Patients are seeking this level of recognition and are looking for care that is provided by skilled professionals with a multidisciplinary approach.

NAPBC 3-Year Strategic Plan

19 Specific Goals

Example:

NAPBC Strategic Plan Goals - Executive Committee

Work with the CoC and the National Cancer Database to identify programs with certain caseload thresholds to recruit for NAPBC accreditation.

Create an NAPBC database by extracting or transferring data from the National Cancer Date Base (NCDB).

Develop funding resource partnerships with industry, ACS, Komen, and UICC.

Create a system to evaluate the impact of NAPBC in improving quality within accredited centers.

Initiate data collection from our accredited (and pre-accredited) centers to generate peer-reviewed article for publication. Data should identify the value of NAPBC accreditation.



NAPBC International Standards

Goal: To develop breast center standards based on the NAPBC that are applicable to international breast centers while sensitive to their local resources.

Interest expressed from these Countries

- Canada
- Mexico
- Belgium
- Australia
- France
- United Kingdom
- Japan
- Turkey

- Singapore
- Malaysia
- Philippines
- Israel
- Egypt
- Saudi Arabia
- Brazil
- Oman





Where are we going?





NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

As we all move forward with the concept of improving the quality of breast care across nations, the NAPBC would desire to be a part of any future meetings or conference calls on that topic. Together, a unified group of breast care organizations will provide the backbone necessary to strengthen any future recommendations



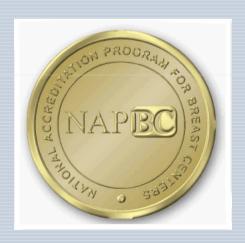


All women across the world should have access to fully equipped, dedicated, quality-assured breast centers/units that provide competent and comprehensive breast care".

Important to adapted the program to the facilities of low and medium income countries



"Accreditation Makes a Difference"





17thworld congress on breast diseases

of the Senologic International Society — SIS. 17° CONGRESSO MUNDIAL DE MASTOLOGIA

BA-11A 2012

> 10 a 13 de Outubro - Brasil October 10th - 13Th - Brazil









www.mastologia2012.com.br

