



NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

NAPBC and the Global Alliance

Cary S. Kaufman MD, FACS
Chair, NAPBC



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AMERICAN COLLEGE OF SURGEONS
*Inspiring Quality:
Highest Standards, Better Outcomes*

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FOR BREAST CENTERS

Gaps in desired vs. actual breast care

Institute of Medicine twice reported (1999, 2013) there is a wide gap between ideal treatment of cancer and the actual experience with cancer.

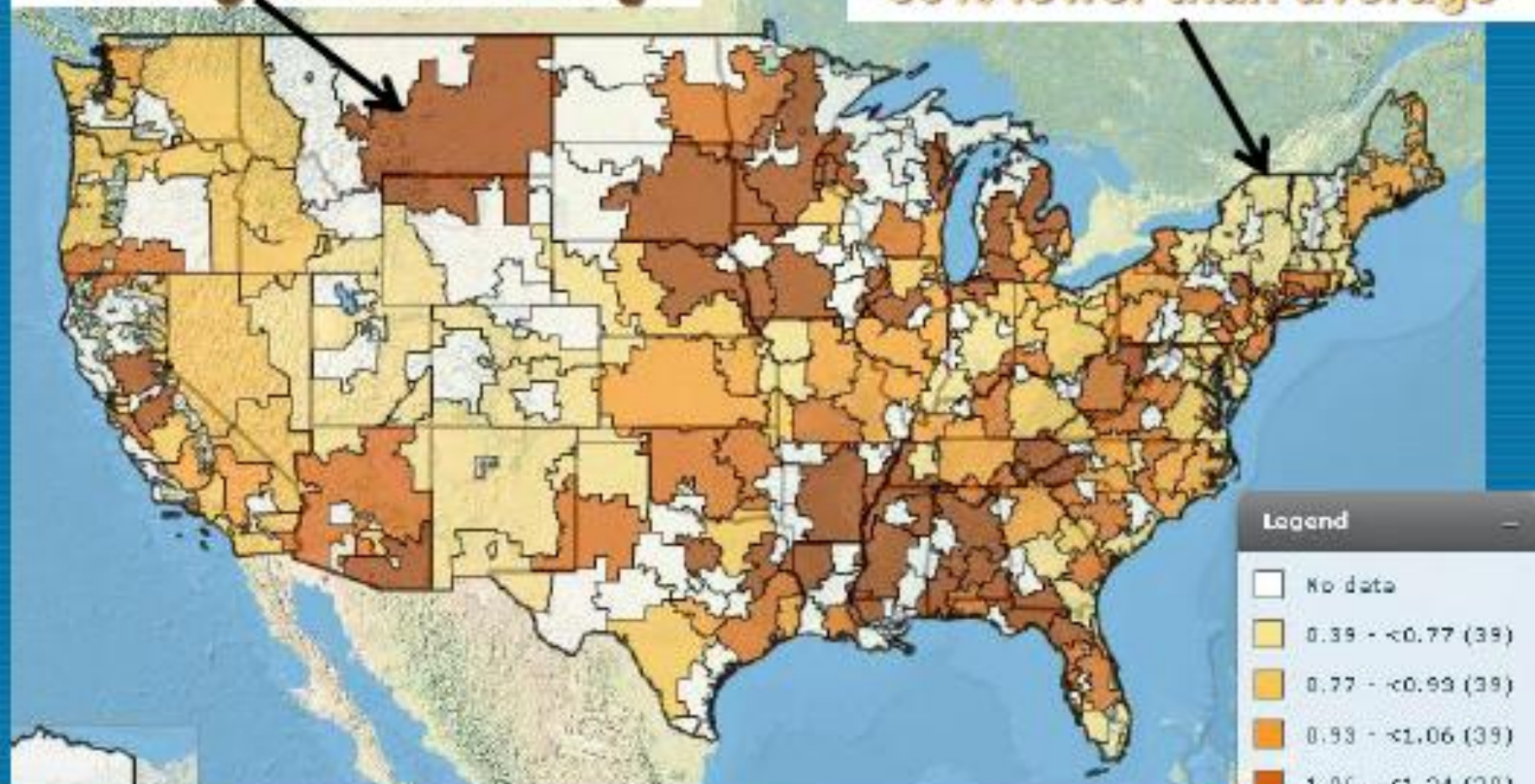
Clinicians should monitor the actual level of care received and verify compliance with quality standards.

Mastectomy for Breast Cancer

Rate 2007

+50% higher than average

-50% lower than average



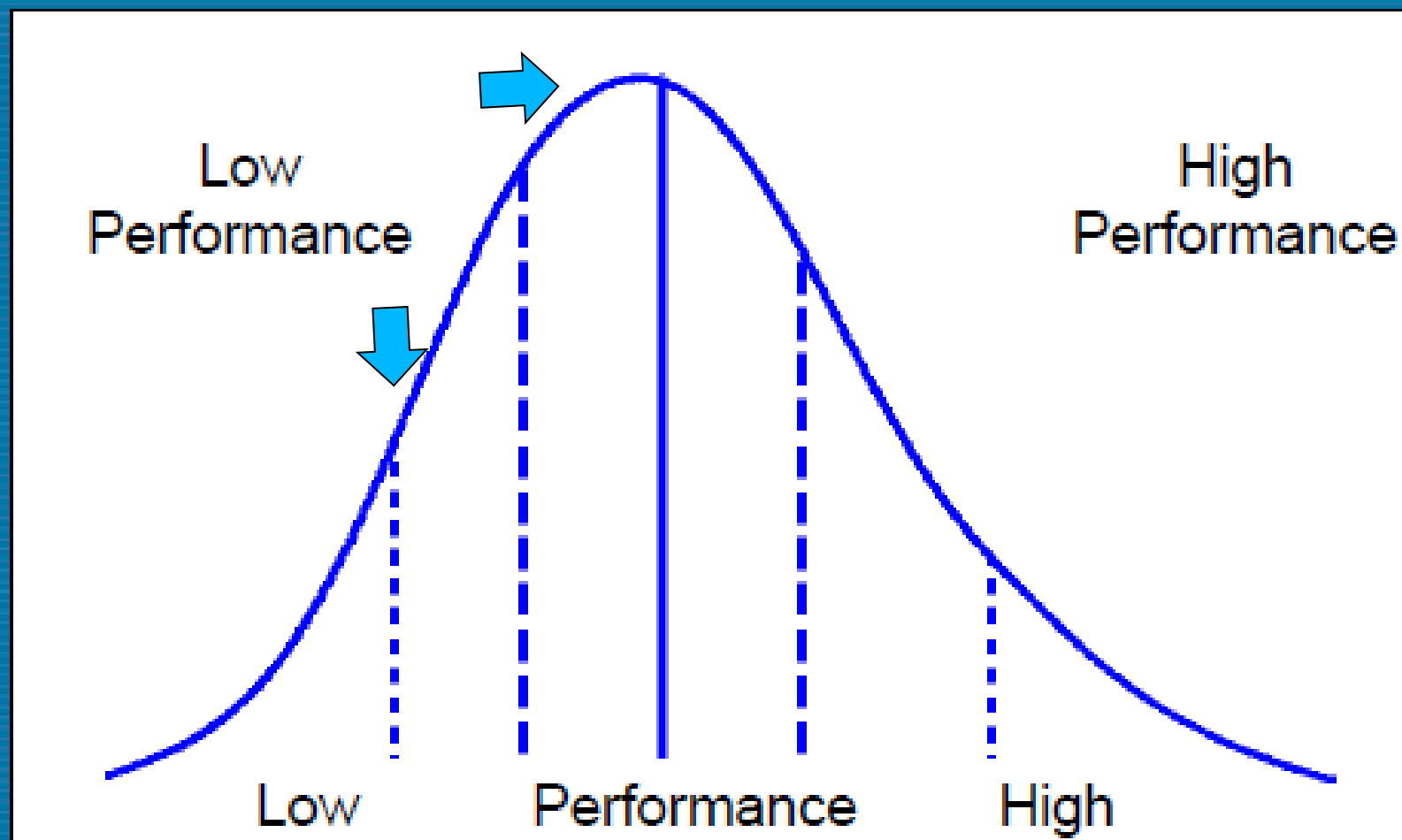
Defining Quality Standards

There is a spectrum of care in any component of breast care

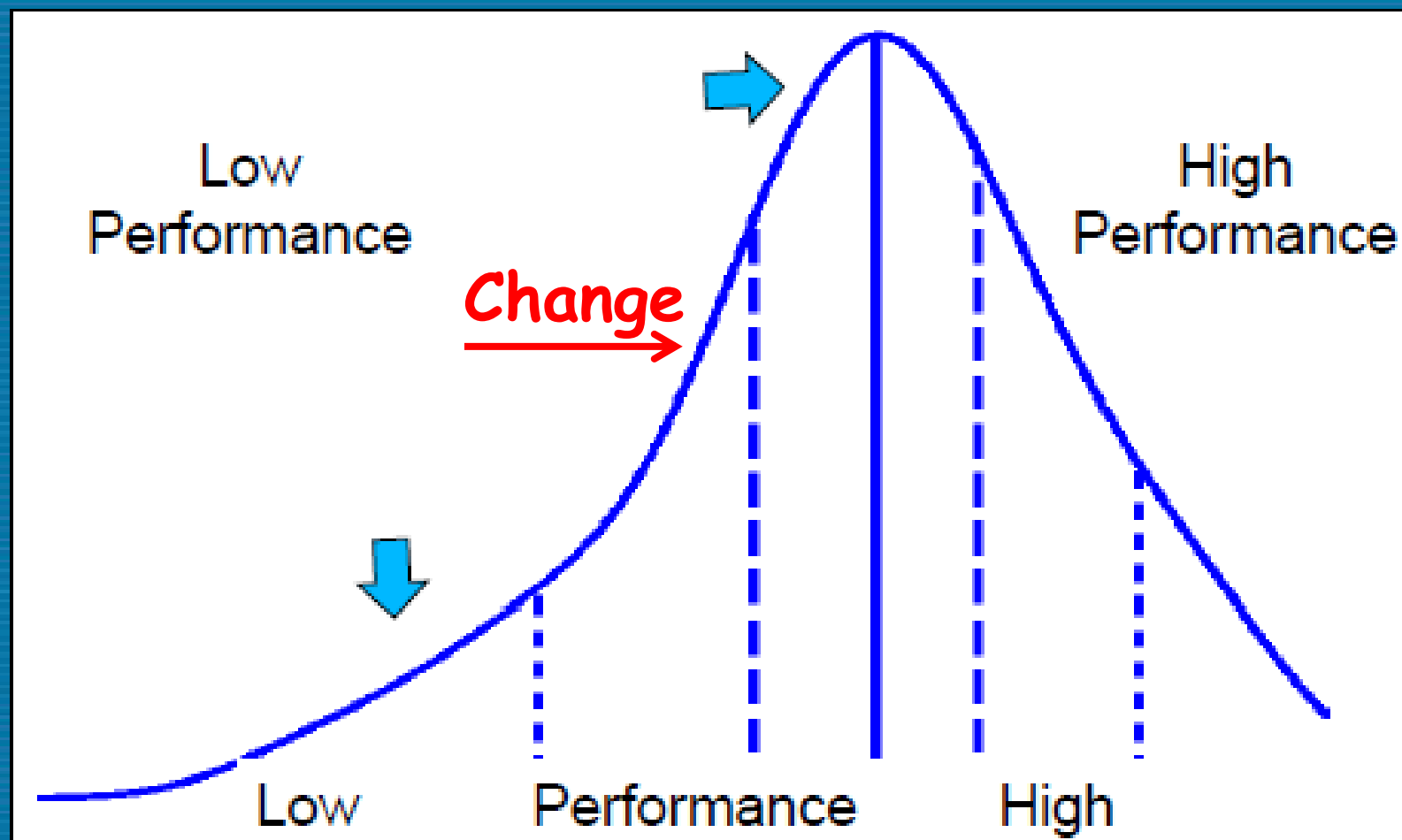
The greatest improvement for most patients occurs when you bring everyone up to a basic level of care

Establishing mutually agreed upon quality standards for all providers benefits the entire system

Focus on Uniform Care



Focus on Uniform Care



The NAPBC represents 20+ Professional Organizations

| | |
|---|---|
| American Board of Surgery | Association for Cancer Executives |
| American Cancer Society | Association of Oncology Social Work |
| American College of Surgeons | College of American Pathologists |
| American College of Radiology Commission on Breast Screening | National Cancer Registrars Association |
| American College of Radiology Imaging Network | National Consortium of Breast Centers |
| American Institute of Radiologic Pathology | National Society of Genetic Counselors |
| American Society of Breast Disease | Oncology Nursing Society |
| American Society of Breast Surgeons | Society of Breast Imaging |
| American Society of Clinical Oncology | Society of Surgical Oncology |
| American Society of Plastic Surgeons | Breast Cancer Advocates |
| American Society for Radiation Oncology | Members-at-Large |
| | |
| | |

NAPBC Committees

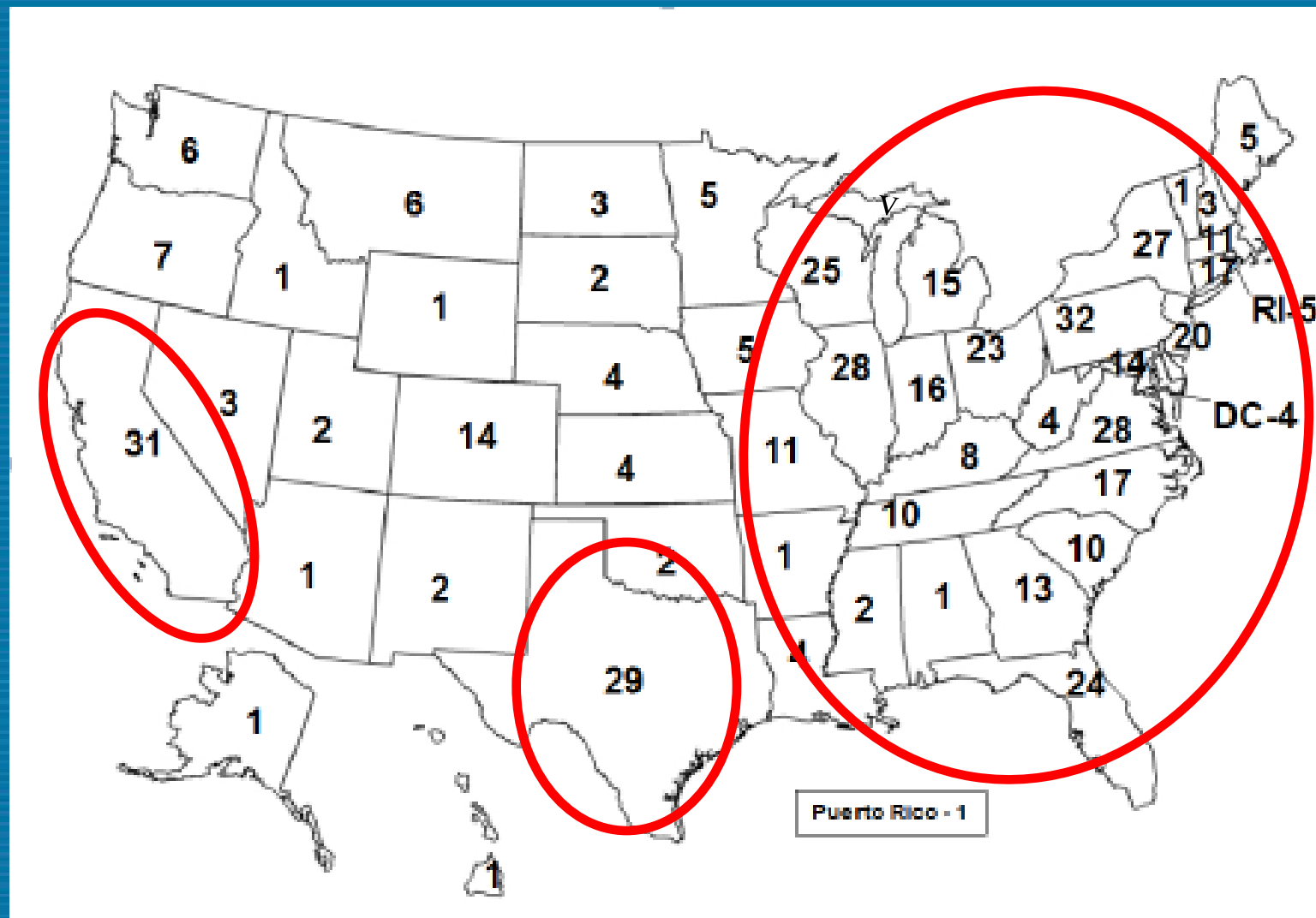
1. Quality – Identifies Quality Breast Care
2. Standards – Defines Standards
3. Education – Disseminates to Providers
4. Advocacy – Disseminates to Public
5. International – Disseminates and Collaborates Outside the US



History of NAPBC

- 2005** – Inaugural meeting of Board, 20 breast focused organizations are members
- 2008** – Accredits first breast center after two rounds of pilot site surveys, single quality level
- 2012** – First center re-accredits, 95% re-accredit rate, Global Alliance initiated
- 2013** – 500th center accredited, strategic planning meeting, Global Alliance documents

NAPBC Geographic Distribution 2013



NAPBC Geographic Distribution 2013



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NAPBC Statistics – Voluntary Accreditation

| Description | January 2014 |
|--|--------------|
| Number of Accredited Centers | 525 |
| University Centers (68/525) | 13% |
| Portion of NCI Designated Centers (17/60) | 28% |



Products of the NAPBC

Standards Manual – revised every year

Educational conferences for professionals

Identify best practices in breast cancer care

Increased public awareness

patient resource manual, women's choice
award, breast centers network, Ohio law,
used as marketing validation,

www.napbc-breast.org

Breast Cancer Has No Borders

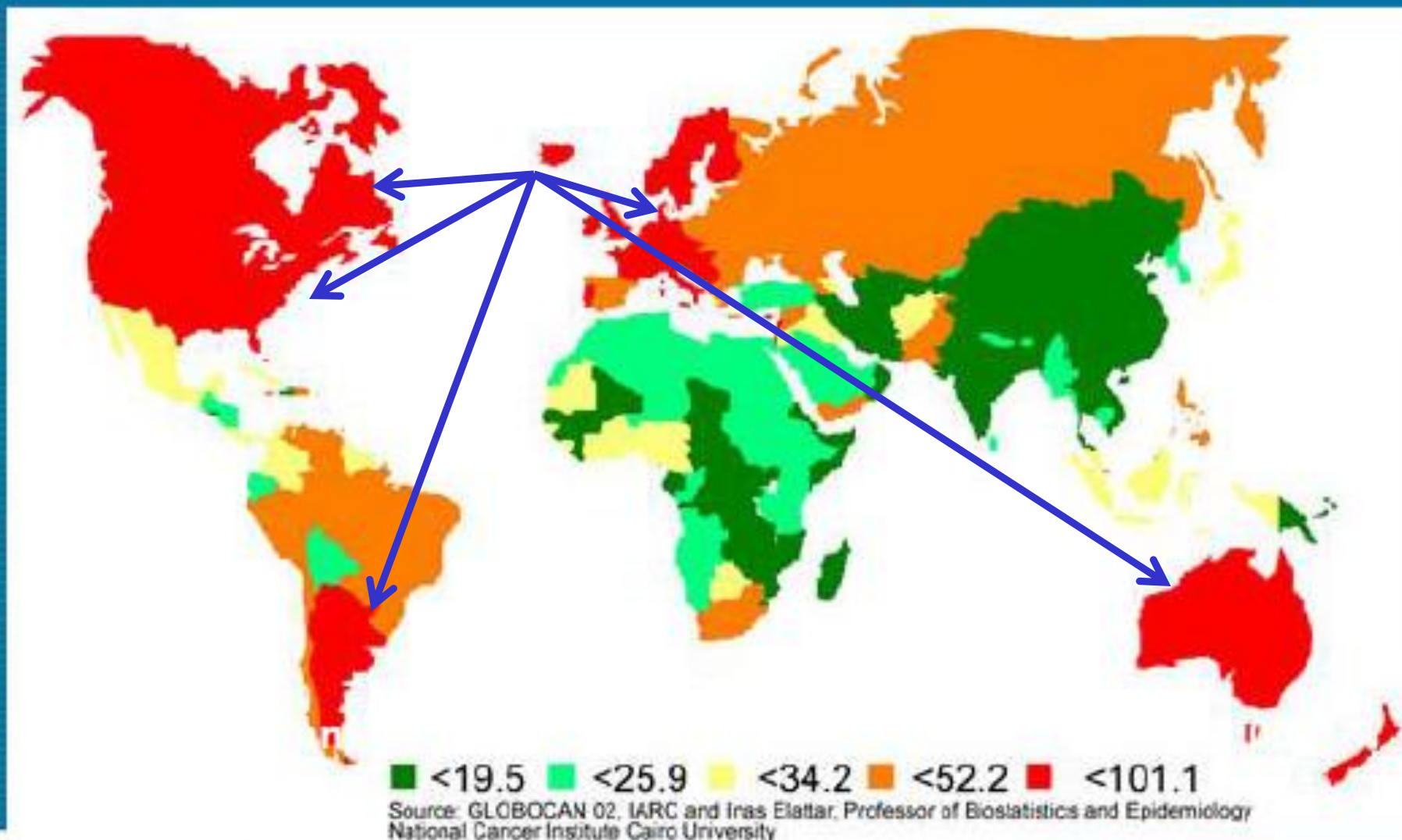


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Global Breast Cancer Statistics



NAPBC Found Harmony in the Paris Statement

“All women across the world should have access to fully equipped, quality assured, dedicated Breast Centers/Units that provide competent, (compassionate) and comprehensive care.”

Paris Statement (2012)

2nd International Congress of Breast Disease
Centers – Paris, February 2012

Principles of the Global Alliance

1. **Universality:** interdisciplinary breast care should be **available to all patients**.
2. **Uniformity:** **Standardized quality measures** for breast care are utilized in all Breast Centers/Units.
3. **Leadership:** **Defined leadership** of breast centers assure that multiple individual tasks necessary for optimal breast care will be completed.
4. **Patient Centered:** The interdisciplinary approach emphasizes the **consideration of the whole patient** with a breast disorder.



Global Alliance Breast Center/Unit

Key Ingredients

I. Administrative Leadership

II. Comprehensive Clinical Breast Care



Global Alliance Breast Center/Unit

Key Ingredients

I. Administrative Leadership

- a) Utilize Treatment Guidelines / Protocols
- b) Confirm Provider Education
- c) Maintain a Quality Program/Measures
- d) Comprehensive Data Monitoring
- e) Participation in Research
- f) Outreach to Community

II. Comprehensive Clinical Breast Care

Global Alliance Breast Center/Unit

Key Ingredients

I. Administrative Leadership

II. Comprehensive Clinical Breast Care



Global Alliance Breast Center/Unit

Key Ingredients

- I. Administrative Leadership
- II. Comprehensive Clinical Breast Care
 - A. Interdisciplinary Breast Conference
 - B. Multidisciplinary Care by Specialized Breast Physicians
 - C. Allied healthcare by multi-professional providers

A. Interdisciplinary Breast Conference

Educational
Collaborative Decisions
Non-threatening Discussions
Use Treatment Guidelines
Identify Research candidates



B. Clinical Breast Care

Multidisciplinary Care by Specialized Breast Physicians

Radiologist

Pathologist

Surgeon

Medical Oncologist

Radiation Oncologist

Plastic / Reconstructive Surgeon

Nuclear Medicine physician



C. Allied Breast Care

Allied Healthcare by multi-professional providers –

Oncology nursing

Patient Navigation

Genetics

Research coordinator

Social Worker –

Cancer Registrar –

Psychotherapist / Psycho-Oncologist

Physical Therapy

Survivorship and follow-up

Interdisciplinary vs. Multidisciplinary

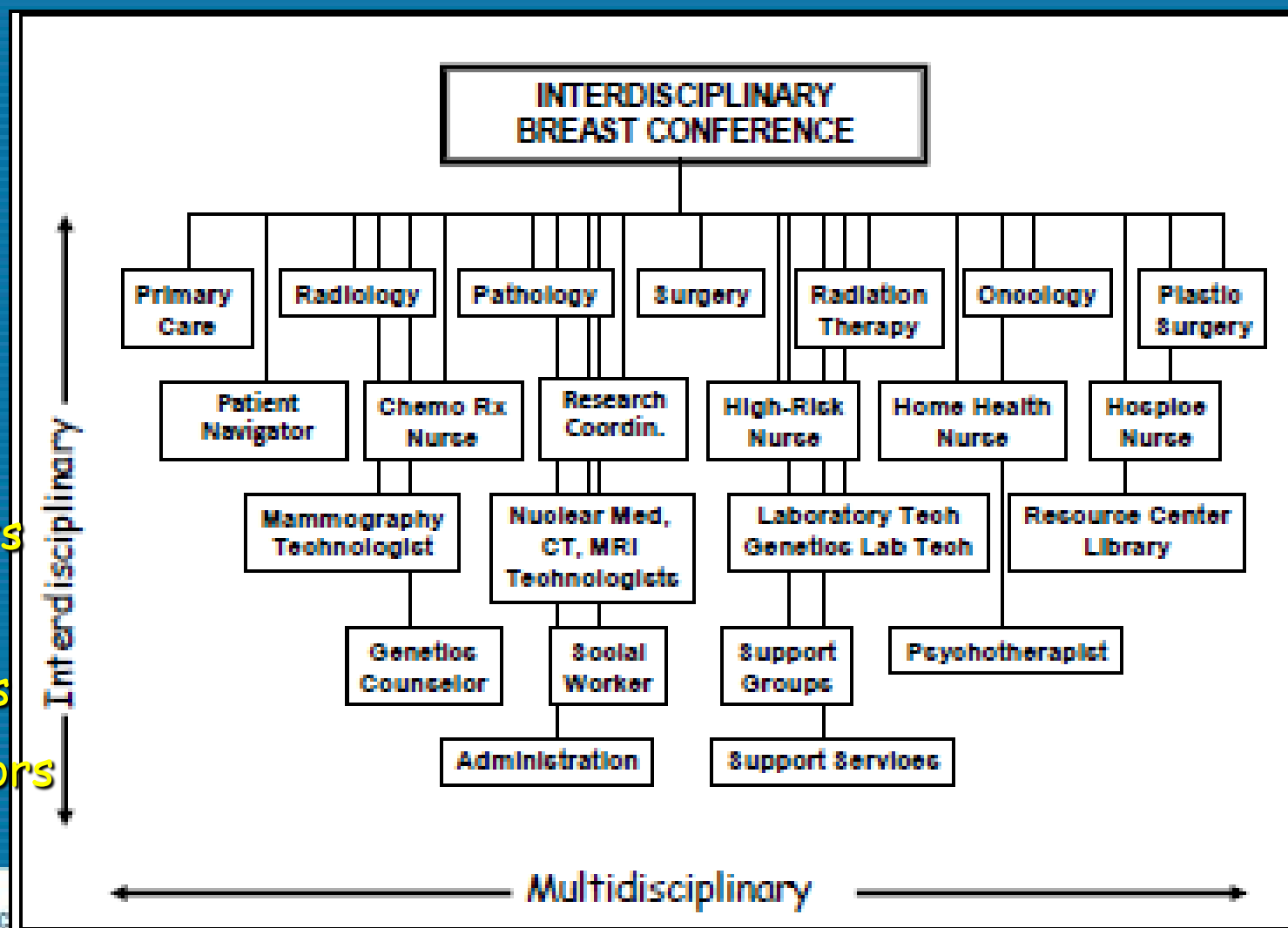
Physicians

Providers

Technologists

Support
Professionals

Administrators



Results from Global Alliance

- 1) Identify breast centers/units **worthy of accreditation** across the globe
- 2) Establish a **“gold standard” set of requirements** for new and existing breast centers to target as goals
- 3) Develop a **mentor project**, where qualified existing breast centers are available to become “sister centers” who may direct improvement in single site issues



NAPBC Geographic Distribution 2013



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FOR WEIGHT CONTROL

Geographic Distribution



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NATIONAL ASSOCIATION PROGRAM
FOR HIGHER EDUCATION

Interpretation of Quality Metrics

Breast Conserving Surgery

36% had Mastectomy

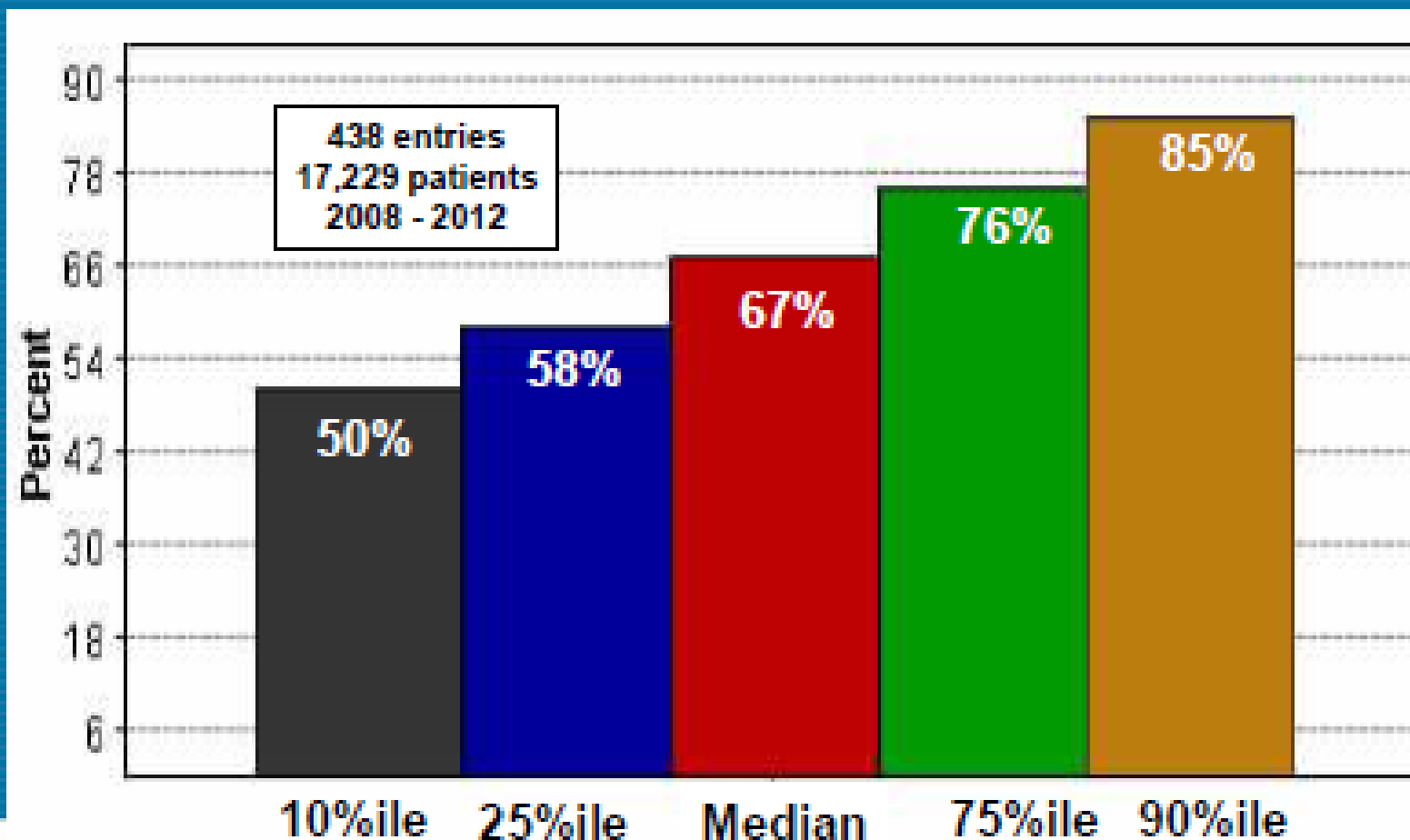
64% had Breast Conserving Surgery

At least fifty percent (50%) of all eligible* patients diagnosed with early stage breast cancer (Stage 0, I, II) are treated with breast conserving surgery, and compliance is evaluated annually by the BPL.

**149 NAPBC
Accredited Centers
2011-2012**

Breast Conservation Rate

from National Quality Measures for Breast Centers
a program of the National Consortium of Breast Centers

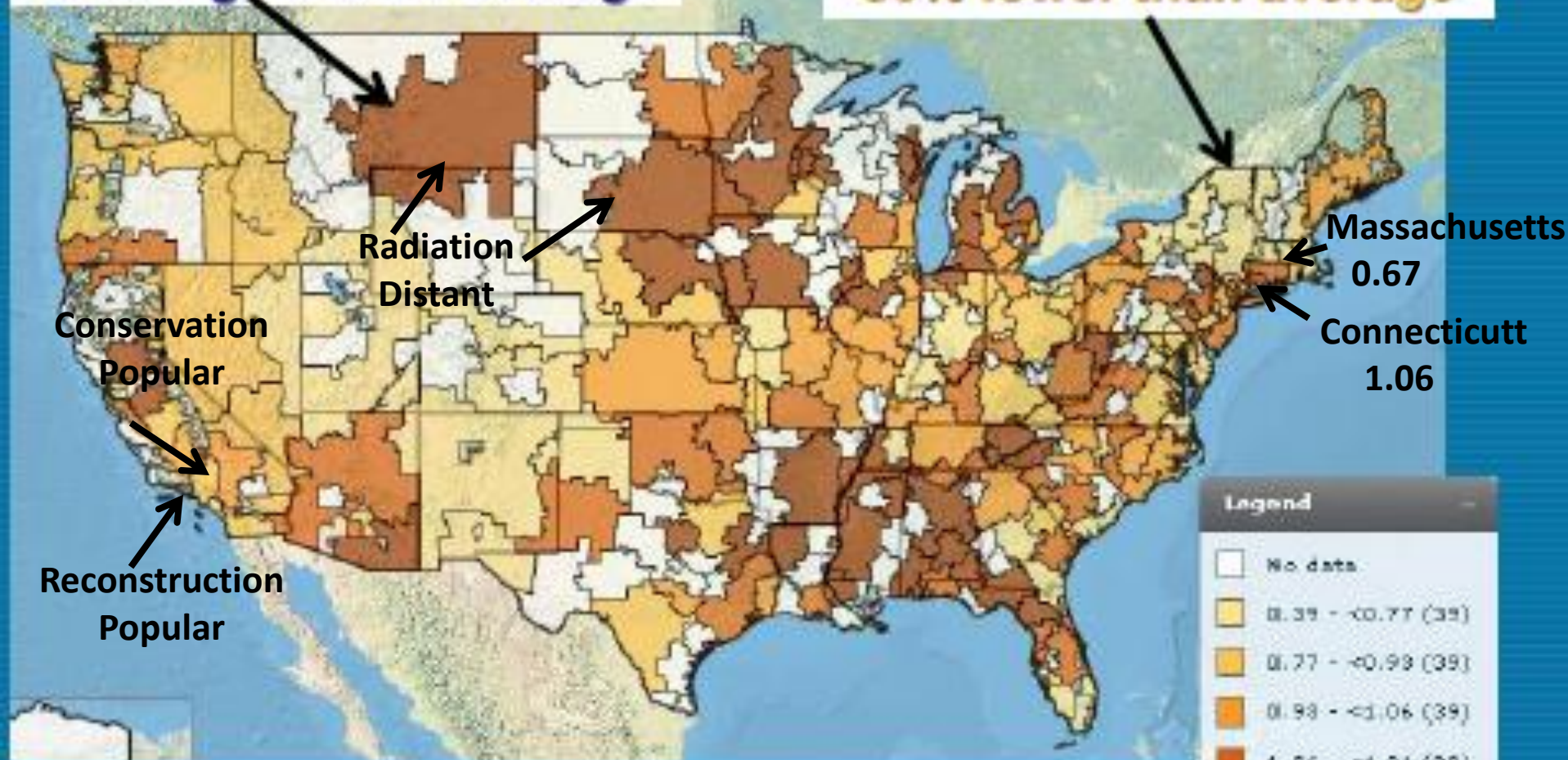


Mastectomy for Breast Cancer

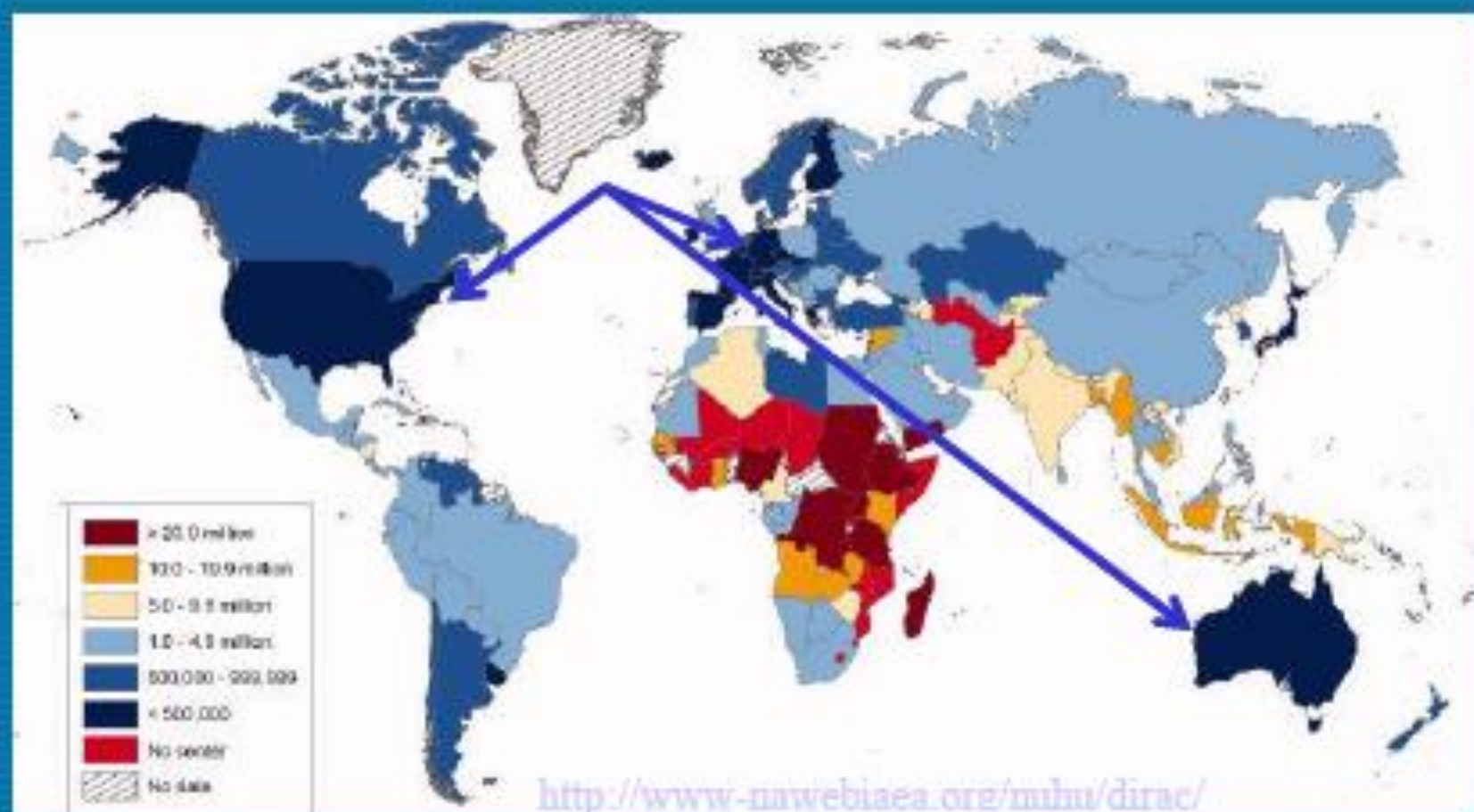
Rate 2007

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Radiation Therapy Facilities



Breast Conservation Rate

NAPBC >50%

SIS >65%

EUSOMA 70% to 80%

Adjust to realities of location

Quality Improvement

6.2 Quality Improvement

Annual performance rates are reported for each of the measures identified by the NAPBC, and performance is evaluated annually by the Breast Program Leadership (BPL).

- | | |
|---|-----------------------|
| 1) Needle biopsy before surgical treatment | ACoS, ASBS, NCBC |
| 2) Monitor breast conservation surgery rate | ACoS, ASBS, NCBC |
| 3) Radiation therapy for BCS | NQF, ACoS, ASCO, NCBC |
| 4) Chemotherapy for ER neg | NQF, ACoS, ASCO, NCBC |
| 5) Endocrine therapy for ER pos | NQF, ACoS, ASCO, NCBC |
| 6) Post mastectomy radiation for ≥ 4 pos nodes | ASTRO |
| 7) Trastuzumab for Her-2 pos patients | ASCO |

World Congress 2014 Orlando

October 16-19, 2014

www.sisdc-breast.org
C. Kaufman MD

Save the Date

18th SIS World Congress on
Breast Healthcare
October 16-19, 2014, Orlando, Florida

Hosted By:
American Society of Breast Disease
Senologic International Society

Important Dates
Abstract Submission Deadline: Thursday, May 22, 2014
Early Registration Deadline: Monday, June 30, 2014

www.kenes.com/sis

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Merci beaucoup

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Bellingham, Washington

