

# National Accreditation Program for Breast Centers: Why Quality of Care Matters?

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Chair, Education Committee
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### **Breast Cancer**

### The Plan

- O Describe the advantages of an integrated and multidisciplinary approach to breast health care
- Summarize the essential components of delivery of optimal breast health care
- Present the value of National Accreditation Program for Breast Centers

## Whythe Emphasis on Breast Cancer?

# Breast Cancer The Facts

- The most common cancer among women across the globe accounting for 22% of
   4.7 million new cancer cases per year
- The second leading cause of cancer death among women
- Women who die from breast cancer lose an average of 20 years of life

# Breast Cancer The Facts

- o A major public health problem across the globe
- o A physical and psychosocial threat to women's lives

### **Breast Cancer**

### **Advances**

- Enhanced public awareness and screening
- o Improvement in breast imaging
- Introduction of minimally invasive diagnostic and therapeutic procedures
- Interest in breast cancer risk reduction and prevention
- Discovery of breast cancer genes and molecular pathways
- Introduction of molecular targeted therapy

# Breast Cancer The Challenges

- Limitation in understanding of the biology of the disease
- Variability in diagnostic criteria
- Significant diversity in management and therapy
- Lack of universal accessibility to screening and follow-up therapy

### **Breast Cancer**

### The Challenges

- o Increase in the incidence of breast cancer
  - Screening mammography
  - Detection of ductal carcinoma in situ
  - Associated High Cost
- Heterogenous nature of breast cancer
  - Is unlikely that a single gene or gene product will be useful as a biomarker
  - Is difficult to develop a simple blood test for clinical application

### **Neoplastic Progression**

**Normal** 

Hyperplasia

Radiologic Changes Can

Changes

erplasia

Atypical Hyperplasia

Carcinoma In Situ

**Invasive Cancer** 

### **Breast Cancer**

### **Changing Trends**

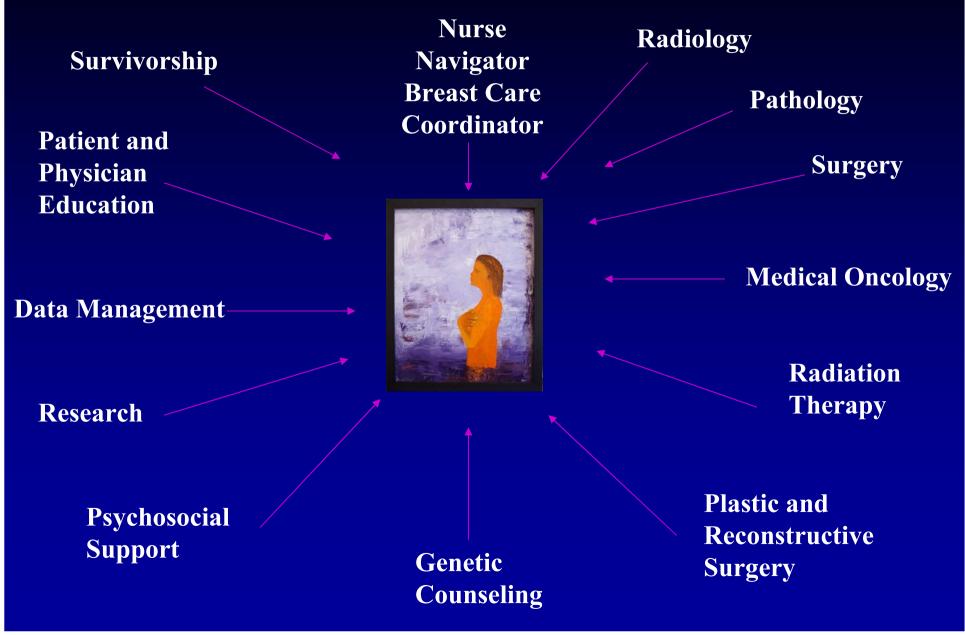
- Identification of high risk individuals
  - Early detection and prevention
- Emphasis on better management and therapy
  - Multidisciplinary approach

### **Breast Cancer**

### **Changing Trends**

- Realization that breast cancer is no longer a disease that can be treated by a single physician
- Recognition of the need to facilitate the concept of integrated breast health care

### **National Accreditation Program for Breast Centers Integration of Breast Health Services**



### **Breast Cancer**

### **Progression**

- The emergence of new technologies
- Molecular characterization of tumors
- Stratification of patients for therapy based on tumor characteristics
- A paradigm shift in patient outcome

**Breast Health Center Concept is** the key to the delivery of personalized breast care



### Why a National Accreditation Program for Breast Centers

- A large unknown number of breast centers exist in the U.S.
- O No organization has established standards for the evaluation and management of patients with diseases of the breast or a survey process to monitor compliance

## Why a National Accreditation Program for Breast Centers

o The practice of medicine in the U.S. is undergoing transformation to a more transparent system of quality management and outcomes of cancer patients through accredited facilities and individual physician reporting.

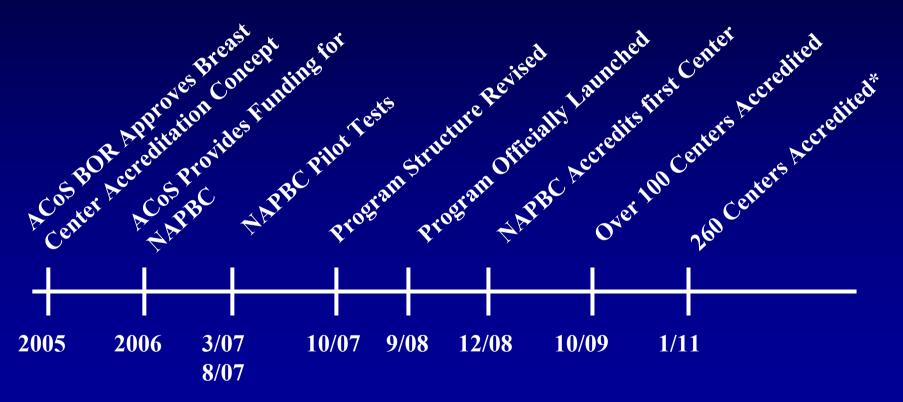
### Why a National Accreditation Program for Breast Centers

- Multidisciplinary breast disease experts should take the lead in this effort not government, payers or others.
- o The NAPBC seeks to accredit established breast centers in order to improve the quality of evaluation and management of patients.

### 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.

### **Development Timeline**

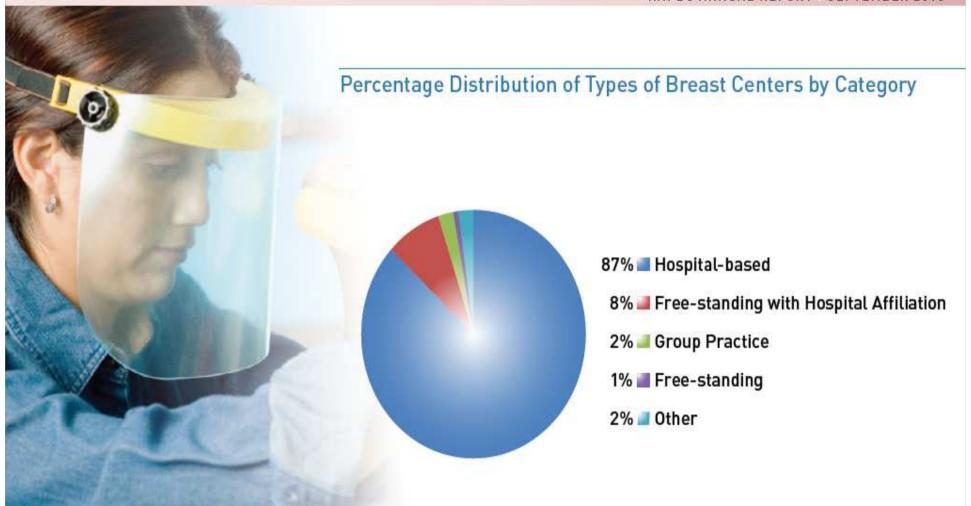


\*Stats as of January 1, 2011

### **Geographic Distribution**



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Timeframe: 8/31/2009-9/1/2010 Data reflects information gathered from centers that are accredited by the NAPBC n=138 programs

### **NAPBC** International Interest

- Canada
- Mexico
- Belgium
- Australia
- o Nova Scotia
- o France
- United Kingdom

- Japan
- Singapore
- Malaysia
- Philippines
- Israel
- Egypt
- Saudi Arabia



### **NAPBC Composition**

32	NAPBC Board Members
16	National Professional Organizations
5	Members-at-Large
3	Staff
5	NAPBC Committees
44	Volunteer Surveyors

# NAPBC Board Leadership Transition October 2010

Cary Kaufman, MD, FACS, Chair Bellingham, WA

James Connolly, MD, FCAP, Vice Chair Boston, MA

David P. Winchester, MD, FACS, Immediate Past Chair

Medical Director, Cancer Programs
American College of Surgeons
Chicago, IL

### **NAPBC Committees**

- Executive Committee
- Access and Utilization Paula Kim
- Education and Dissemination Shahla Masood, MD, FCAP
- Information Technology and Quality Improvement –
   Mahmoud El-Tamer, MD, FACS & Julio Ibarra, MD
- Standards and Accreditation Scott H. Kurtzman, MD, FACS
- o International Committee − Shahla Masood, MD, FCAP

### NAPBC Components

- o The NAPBC has identified 17 components of breast patient evaluation and management to provide high-quality multidisciplinary care.
- o These 17 components can be services <u>provided</u> on site or <u>referred</u> to qualified providers.

### NAPBC Program Structure Components & Standards

### 17 Components of Care

#### 27 Standards

- Chapter 1 Center Leadership (3)
- Chapter 2 Clinical Management (19)
- Chapter 3 Research (2)
- Chapter 4 Community Outreach (1)
- Chapter 5 Professional Education (1)
- Chapter 6 Quality Improvement (1)

### Critical Standards

Must have the following standards in place in order to be considered for NAPBC Accreditation

- Level of responsibility and accountability
- Interdisciplinary breast cancer conference
- Interdisciplinary patient management

### Benefits of Becoming a NAPBC – Accredited Center

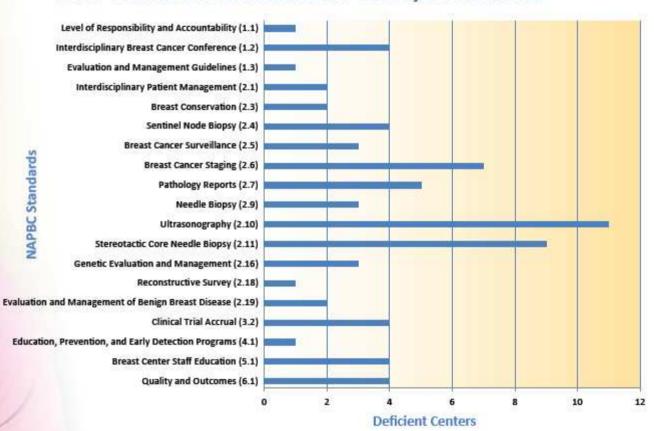
- O National recognition and public promotion.
- O Participate in a National Breast Disease Database to report patterns of care and effect quality improvement.
- O Access to breast center comparison benchmark reports containing national aggregate data and individual center data to assess patterns of care and outcomes relative to national norms.



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#### Most Common Deficiencies for Surveys Conducted



Timeframe: 8/31/2009-9/1/2010 Data reflects information gathered from centers that are accredited by the NAPBC n=138 centers

\*Review of deficient standards revealed the common problem of radiology accreditation in both ultrasound and stereotactic procedures. In a handful of centers, accurate cancer staging, clinical trial accrual, and a well functioning interdisciplinary breast conference were areas needing improvement.

### 2010 NAPBC Workshops Sold Out!

NAPBC MEDIA



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#### NAPBC Workshop— Pursuing Excellence through Accreditation

NAPBC introduced the first comprehensive workshop—Pursuing Excellence through Accreditation. These workshops seek to raise awareness of the importance and value that NAPBC accreditation can bring to a breast center. They are designed for individuals involved in the delivery of multidisciplinary breast health care, including physicians, nurses, administrators, cancer registry professionals, and others who are included in the day-to-day operations of the breast center. These workshops provide a comprehensive understanding of the NAPBC components and standards, and what to expect during the on-site survey.

#### 2010 WORKSHOPS

April 16, 2010 In conjunction with the American Society of Breast Disease annual meeting New York, NY May 21, 2010 American College of Surgeons Headquarters Chicago, IL November 19, 2010 American College of Surgeons Headquarters Chicago, IL

Future workshops are listed on the NAPBC website at www.accreditedbreastcenters.org.

### "Accreditation Makes a Difference"



NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

