



Breast Center Accreditation & Certification Comes of Age Part One

*Integrated Oncology Consulting Solutions
And Cancer Care Center Planning*

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Part One

By Karen Gilden

This year, the National Accreditation Program for Breast Centers (NAPBC) begins re-evaluating breast centers originally surveyed when the program began formal accreditation in late 2008. Clearly, quality measures for breast cancer care are embraced by cancer centers, community hospitals and academic medical centers, as well as independent practitioners, as is evident from the strong participation figures.

The NAPBC's Cindy Bergin, Manager, notes 425 breast centers located in 48 states are accredited. Similarly, Angie Davis, Executive Assistant for the National Consortium of Breast Centers, Inc. (NCBC) reports 402 breast centers are signed up and actively participating in that organization's National Quality Measures for Breast Centers™ (NQMBC). Ninety (90) breast centers have earned NQMBC certification in one of the program's three available levels.

Breast cancer care leaders and clinicians work with both these organizations (and the American College of Radiology, through which breast imaging centers and programs can earn Breast Imaging Center of Excellence accreditation). But how do these accreditation/certification programs work? How are they similar and different? And how can a cancer program's leaders prepare the institution and staff to participate in one, or several, accreditation and certification programs?

While NAPBC and NCBC address quality, they use different metrics, rely on different quality surrogate measures and employ different processes to evaluate quality. This article highlights NAPBC standards; look for a description of NCBC's National Quality Measures for Breast Centers (NQMBC) in next month's article.

NAPBC – Structure & Program Elements

NAPBC is sponsored by the American College of Surgeons Commission on Cancer (ACoS CoC). Since 1935, ACoS has accredited cancer programs, historically relying on infrastructure and "components" of care (e.g. the Cancer Committee, Tumor Registry, and Cancer Conference) as reliable proxy measures for quality. While NAPBC has similarly chosen to emphasize structural components, their criteria set takes advantage of advances in defining and measuring quality at the patient experience level.

NAPBC standards also reflect the deep and varied expertise and interests of the sixteen organizations (*e.g. American Society of Breast Surgeons, the Joint Commission, the College of American Pathologists, the National Consortium of Breast Centers, etc.*) and several *Members-at-Large* who worked from 2005-2008 to develop consensus on appropriate breast center standards (and valid surrogate measures) and on creating an equitable survey process. This collaboration produced a set of standards with a familiar template, yet included advanced quality improvement elements based on scientific research and an integrated patient experience.

One NAPBC spokesperson explained that an NAPBC survey examines three key issues:

1. How the breast cancer program and care delivery is structured;
2. How leaders pull together the various components to create a recognizable gestalt (rather than merely offering a random collection of pieces and parts circa 1985 cancer centers); and,
3. How program leaders, clinicians and staff operate together as a team.

NAPBC's "Big Tent" Reality Approach

In NABPC's latest Year in Review (Fall 2011), leaders note while 87% of the accredited Centers are hospital-based, the remaining 13% are freestanding or owned by group practices or others. These centers include some mammography imaging centers and ambulatory breast surgery centers. While these centers' physicians may choose to collaborate tightly or loosely with one or several hospitals, the physician owners are under no obligation to participate in any cancer program standards or quality efforts the hospitals may initiate; unless, these private, for profit, independent breast centers choose to apply for accreditation through NAPBC. At that point, the accreditation standards they must meet are the same as those for hospital-owned and academic breast centers.

This means independent practices or breast centers must create on their own, or work with referral through a hospital, to ensure their infrastructure and operations' approach includes such components as:

- Weekly or twice monthly *interdisciplinary* treatment planning conferences (there is a caveat for programs with fewer than 100 breast cancer cases annually);
- Patient Navigation (across the system of breast cancer care, not merely through the practice);
- Pathology Report Completeness;
- Imaging Standards;
- Genetic Evaluation & Management;
- Rehabilitation Services (e.g. for lymphedema);
- Community/Professional Education and Outreach Initiatives;
- Quality Improvement Participation;
- Access to Research; and,
- Patient access to all three major modalities (+plastic surgery) among other standards.

Clearly, this is a tall order for a small or single modality private practice. Thus, meeting NAPBC standards, by intent, fosters tighter relationships between private practitioners and hospital-based cancer program components (including data collection, sharing, reporting and management).

For many hospital-based programs the majority of breast cancer resources and services are provided in-house, rather than through referral. For independent programs, this is not the case. However, for all breast center types, the following five program components are most often available to patients by referral:

1. Genetic evaluation and management;
2. Plastic surgery consultation/treatment;
3. Clinical research;
4. Survivorship services; and,
5. Radiation oncology consultation and treatment.

For more information on NAPBC, visit www.napbc-breast.org. In Part II of this breast center article series, look for additional aspects to consider when preparing for, and timing, your center's bid for NABPC accreditation. Part III of this series focuses on the National Consortium of Breast Centers, Inc. (NCBC) National Quality Measures for Breast Centers™ (NQMB). Part III will also provide information about the Breast Imaging Center of Excellence (BICOE) accreditation program, sponsored by the American College of Radiology (ACR). This series will wrap up with information about the European Society of Breast Cancer Specialists (EUSOMA) Certification process.