


NAPBC
NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

Achieving
Successful
Accreditation
through the
NAPBC


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The First Cancer Registrar?

“Halstead had operated on enough women and extracted enough tumors to create what he called an entire ‘cancer storehouse’ at Hopkins.”

Mukherjee, S. (2010). *The emperor of all maladies*. New York, NY: Scribner. P. 67.



Why the Emphasis on Breast Cancer?

Changing Trends

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



Breast Cancer


Changing Trends

- Establishment of breast health centers
- Optimizing breast healthcare via evidence based and consensus developed standards
- Active involvement of patients
- **Breast Health Center Concept is the key to the delivery of personalized breast care**




The Rational for the Establishment of the NAPBC

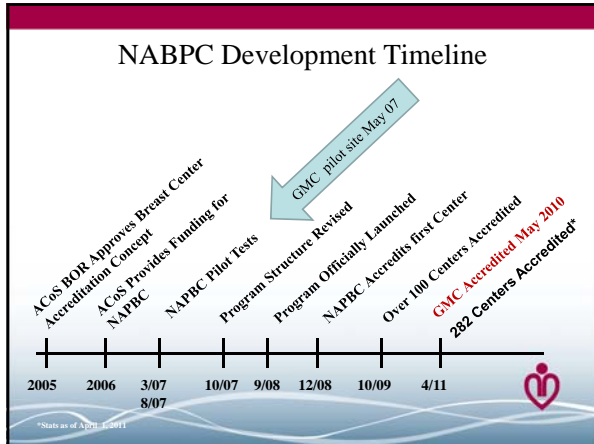
- The practice of medicine in the U.S. is undergoing transformation to a more transparent system of quality management and outcomes of cancer patients through accredited facilities and individual physician reporting
- The NAPBC was designed to accredit established breast centers in order to improve the quality of evaluation and management of patients.

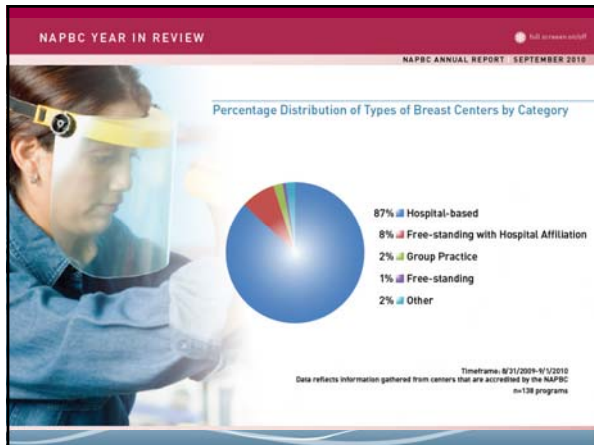


Mission of the NAPBC

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.

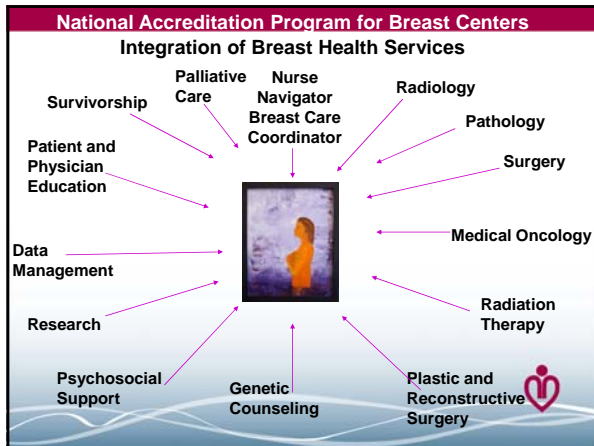






Services Offered by NABPC Accredited Centers

- A multidisciplinary team approach to coordinate the best care and treatment options available.
- Access to breast cancer-related information, education and support.
- Breast cancer data collection on quality indicators for all subspecialties involved in breast cancer diagnosis and treatment.
- Ongoing monitoring and improvement of care.
- Information about clinical trials and new treatment options.



GMC in 2007

Component	CBC	EMC	CBC	CBC
1. International Guidelines	X	X	X	X
2. Clinical Guidelines	X	X	X	X
3. Standard Care	X	X	X	X
4. Nursing	X	X	X	X
5. Quality Improvement	X	X	X	X
6. Data Management	X	X	X	X
7. Health Equity	X	X	X	X
8. Imaging	X	X	X	X
9. Pathology	X	X	X	X
10. Radiation Therapy	X	X	X	X
11. Medical Oncology	X	X	X	X
12. Plastic Surgery	X	X	X	X
13. Survivorship Support	X	X	X	X
14. Research Program	X	X	X	X
15. Research	X	X	X	X
16. Clinical patient navigator/coordinator	X	X	X	X

Legend:
 • Met/Additional Requirements
 Clinical Breast Center (CBC)
 Breast Evaluation and Management Center (EMC)
 Comprehensive Breast Evaluation and Management Center (CEMC)

- Action Plan in 2007**
- Address major weaknesses
 - No Breast Program Leadership (BPL)
 - Plan to have BPL report through the Cancer Committee
 - No Breast Conferences
 - Based on caseload, required to have weekly conferences.
 - Documentation of standards
 - Review standards and document in minutes of BPL meetings

Breast Program Leadership

- First meeting 1/8/2009
- Monthly meetings in 2009
- Meeting frequency changed to every other month in 2010. The meetings are scheduled during the same month as Cancer Committee, one week prior. Allows for reporting information to Cancer Committee
- NABPC survey May 2010



Weekly Breast Cancer Conferences

- Initiated in May 2007 following pilot survey
- CME provided
- Thursday 7 AM – 8 AM. To facilitate attendance by surgeons
- Average attendance
 - 2007 – 11 (25 conferences)
 - 2008 – 12 (42 conferences)
 - 2009 – 15 (45 conferences)
 - 2010 – 16 (44 conferences)



Documentation of Breast Conference

Case #1

Patient name: female Age (DOB): 71
MR no. Path Case No.:

Physician (PCP and/or Surgeon):

Imaging & Date: diag mgn 7/6/11 for complaints of a left breast lump for 2 to 3 months. No family history of breast cancer. 5 year risk: 3.2%; Lifetime risk (to age 90): 8.7%.

Site and Diagnosis

Site: left

Procedure: Left breast core biopsy at 3:00, 6CFN-B: Left breast axilla lymph node core biopsy 7/11/11

Histology: Infiltrating ductal carcinoma, grade II (working stage II ; NCCN

Guidelines available for review. screened for clinical trials.)

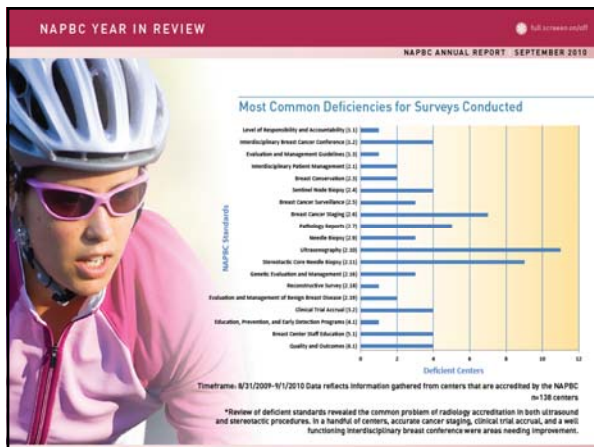


Critical Standards

The NAPBC has identified three standards that are critical to the operation of any and all breast centers and **must** be in place in order to receive NAPBC Accreditation.

- **Standard 1.1** – Level of Responsibility and Accountability
- **Standard 1.2** – Interdisciplinary Breast Cancer Conference
- **Standard 2.1** – Interdisciplinary Patient Management

A deficiency identified in one or more of the Critical Standards will result in Accreditation Deferred status until corrected.



Medical Records Review

A minimum of two hours is generally required to review 30 medical records, which should be built into the site visit agenda.

- Records will be reviewed to assess compliance with eight standards:
- 2.3 – Breast Conservation
 - 2.4 – Sentinel Node Biopsy
 - 2.6 – Breast Cancer Staging
 - 2.7 – Pathology Reports
 - 2.9 – Needle Biopsy
 - 2.12 – Radiation Therapy (1 NQF measure)
 - 2.13 – Medical Oncology (2 NQF measures)
 - 2.18 – Reconstructive Surgery
 - 2.19 – Evaluation and Management of Benign Breast Disease

