



NAPBC Newsletter - June 2009

A News Update from the National Accreditation Program for Breast Centers

www.accreditedbreastcenters.org

Program Update

The NAPBC Board is pleased to announce that the American Society of Plastic Surgeons joined the board as an organizational member in February 2009. Plastic/reconstructive surgery is an important component of multidisciplinary breast care and we are happy to welcome the expertise of plastic/reconstructive surgeons to the NAPBC Board.

Congratulations go out to the 51 NAPBC Accredited Breast Centers! You're the first in the nation to receive this recognition. These centers have demonstrated the strength of a multidisciplinary breast cancer team and are to be congratulated for the quality of care they are providing.

The distribution of accredited centers is widespread, representing centers from all geographic regions in the United States, including Alaska and Hawaii. In addition to large facility-based centers, we are pleased to find that small centers and private practitioners are also applying for NAPBC accreditation.

Visit our Web site for the most current listing of NAPBC Accredited Breast Centers in the United States:
<http://accreditedbreastcenters.org/resources/find.html>.

NAPBC Defines Critical Standards

In addition to the 17 required NAPBC Components, the NAPBC Board has designated three of the 27 NAPBC Standards as "Critical Standards" that must be in place in order to be considered for NAPBC Accreditation. These standards are:

- **Center Leadership - Standard 1.1 - Level of Responsibility and Accountability** - The organizational structure of the breast center gives the Breast Program Leader(s) (BPL) responsibility and accountability for providing breast center services.
- **Center Leadership - Standards 1.2 - Interdisciplinary Breast Cancer Conference** - The Breast Program Leader(s) (BPL) establishes, monitors, and evaluates the interdisciplinary breast cancer conference frequency, multidisciplinary attendance, prospective case presentations, and total case presentation annually, including AJCC staging and discussion of nationally accepted guidelines. CME credit is recommended.
- **Clinical Management - Standard 2.1 - Interdisciplinary Patient Management** - After a diagnosis of breast cancer, the patient management is conducted by an interdisciplinary team. Physician team members are board certified or in the process of board certification.

You may download a free copy of the NAPBC Standards Manual (maroon oval at top of page) at:
<http://accreditedbreastcenters.org/standards/standards.html>.

"Accreditation Makes a Difference"

**A Program Administered by the
American College of Surgeons**

National Accreditation Program
for Breast Centers

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Medical Records Review Changes

To support compliance with several standards, breast centers scheduled for an NAPBC survey in 2009-2010 are required to provide the following list to the surveyor, via e-mail or fax, two weeks prior to the on-site visit:

- Generate an accession (case) list of breast cancer cases diagnosed and treated in 2007 or 2008 to include accession or medical record number, histology, date of diagnosis, and definitive stage for 0, I, II, and III patients only. This list should not include patient identifiers.

Prior to the on-site survey, the surveyor will contact the center identifying the 15 medical records that need to be pulled for chart review on the day of survey. If the medical record is electronic, the center will need to communicate with the surveyor to determine if the surveyor wants to review the record on-line or have paper copies available. The following items should be flagged in each record to facilitate ease of review:

- Surgical pathology report(s)
- Operative Notes
- Staging form, if applicable
- Medical oncology consult/report(s)
- Radiation oncology consult/report(s)

At the beginning of the survey, the surveyor will identify five (5) additional medical records from the original accession (case) list that will be required to be pulled for review. Center staff should be available to pull the records and flag the items identified above.

Ten (10) benign breast disease medical records, five (5) of which should be ADH/ALH cases, and five (5) selected at your discretion (fibroadenoma, breast pain, nipple discharge, breast mass, high-risk patients, and so on), are required to be chosen by the center and made available for surveyor review the day of the survey.

NAPBC Database

The NAPBC Information Technology and Outcomes Committee has partnered with the staff of the Commission on Cancer National Cancer Data Base (NCDB) to develop a mechanism to measure the quality of care in NAPBC-accredited centers. The NCDB was established to serve as a comprehensive clinical surveillance resource for cancer care in the United States. The NCDB was the first national database used to track and compare the treatment of most types of cancers. The purpose of the NCDB is to improve the quality of cancer care providing physicians, cancer registrars, and others in CoC-accredited cancer programs with the means to compare their management of cancer patients with the way in which similar patients are managed in other cancer care centers around the country.

The NCDB is a nationwide, facility-based, oncology data set that currently captures 75% of all newly diagnosed cancer cases in the United States annually, and holds information on over 21 million cases of reported cancer diagnoses for the period of 1985 through 2007, and continues to grow. Data on all types of cancer are tracked and analyzed. Data collected include patient characteristics, tumor staging and histology characteristics, type of first course of treatment administered, disease recurrence, and survival information. These data elements are collected and submitted to the NCDB from Commission on Cancer (CoC)-accredited cancer programs.

The NCDB will be utilized to monitor specific breast cancer quality of care measures for breast centers participating in the NCDB and seeking NAPBC accreditation. The NCDB can be expanded to support additional breast measures identified for incorporation into the NAPBC standards. For centers not affiliated with CoC-accredited cancer programs, a web-based data entry portal is in development to collect the data points critical to assessing the breast care quality measures.

More information related to the NAPBC data collection process will be communicated in the future.

NAPBC Survey Preparation Seminar - Spring 2010

A workshop to be held in April 2010 will focus on educating centers that wish to learn the steps required in order to achieve NAPBC accreditation. The workshop will address requirements of the program, including the 17 required components, compliance strategies for the 27 standards, steps for completion of the required pre-application and the electronic Survey Application Record (SAR), and the ins and outs of a successful survey.

Visit the NAPBC website on a regular basis for more information regarding the 2010 NAPBC Workshop.

Meetings and Exhibits

The NAPBC will have an exhibit at the following upcoming meetings:

- Lynn Sage Breast Cancer Symposium - Chicago, IL - October 1-3, 2009
- 2009 Breast Cancer Symposium - San Francisco, CA - October 8-10, 2009
- American College of Surgeons Clinical Congress - Chicago, IL - October 11-15, 2009
- ASTRO - Chicago, IL - November 1-5, 2009
- San Antonio Breast Symposium - San Antonio, TX - December 9-13, 2009

Stop by the NAPBC exhibit at any of these meetings for materials and more information.

ACI's Breast Centers of Excellence Conference

The Active Communications International (ACI) Breast Centers of Excellence Conference for strategic hospital executives will be held in partnership with John Hopkins Avon Foundation Breast Center September 30 - October 2 in Baltimore, MD. Topics to be addressed include:

- Creating a state-of-the-art comprehensive breast center to improve patient care and enhance workflow and efficiency
- Maximizing competitive advantage by providing innovative, integrated, high-quality and cost-effective care
- Coordination of care, including helping a patient navigate the system from point of screening mammogram through the completion of breast cancer treatment

For a complete agenda and hotel information, contact Gia Bosch at 414-221-1700 ext. 130 or gbosch@acius.net OR go to <http://acius.net/wiki.aspx/conferences/upcoming?view=overview&id-126>.

Individuals interested in attending should mention the code "COC" for a

\$300 discount on the registration fee.

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