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NAPBC Standards

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I have no financial conflicts of interest, but wish I did!

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Continuum of Care for Breast Abnormalities

• Prevention
• Screening
• Diagnosis
• Treatment Planning
• Treatment
  – Surgery
  – Chemotherapy
  – Radiation Therapy
• Survivorship

NAPBC Standards Manual

• Breast Center Components (17)
• Six Chapters (28 Standards)
  • Chapter One – Center Leadership (3)
  • Chapter Two – Clinical Management (19)
  • Chapter Three – Research (2)
  • Chapter Four – Community Outreach (1)
  • Chapter Five – Professional Education (1)
  • Chapter Six – Quality Improvement (2)

NAPBC Standards Manual Available as a free download at: http://napbc-breast.org
NAPBC Components

1. Imaging
2. Needle Biopsy
3. Pathology
4. Interdisciplinary Breast Cancer Conference
5. Patient Navigation
6. Genetic Evaluation and Management
7. Surgical Care
8. Plastic Surgery Consultation/Treatment

9. Nursing
10. Medical Oncology Consultation/Treatment
11. Radiation Oncology Consultation/Treatment
12. Data Management
13. Research
14. Education, Support, and Rehabilitation
15. Outreach and Education
16. Quality Improvement
17. Survivorship Program

Provided vs Referred Services

**Provided Services** – those elements of evaluation and management accountable to the local Breast Program Leader (BPL).

**Referred Services** – those elements of evaluation and management not under the accountability of the local Breast Program Leader and provided in a different location.

*All sites must comply with NAPBC Standards, whether provided or referred.*
Chapter 1 – Center Leadership

• Standard 1.1 – Level of Responsibility and Accountability
• Standard 1.2 – Interdisciplinary Breast Cancer Conference

Chapter 2 – Clinical Management

• 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.

Center Leadership

1.1 Level of Responsibility and Accountability

**Critical Standard**

The organizational structure of the breast center gives the BPL responsibility and accountability for provided breast center services.

The BPL is responsible for an annual audit of the following:

• Interdisciplinary Breast Cancer Conference Activity (Standard 1.2)
• Breast Conservation Rate (Standard 2.9)
• Sentinel Lymph Node Biopsy Rate (Standard 2.4)
• Needle Biopsy Rate (Standard 2.6)
• Radiation Oncology Quality Assurance (Standard 2.12)
• Support and Rehabilitation (Standard 2.15)
• Reconstructive Surgery (Standard 2.16)
• Clinical Trial Accrual (Standard 3.12)
• Quality and Outcomes (Standard 6.1)
• Quality Improvement (Standard 6.2)
1.2 Interdisciplinary Breast Cancer Conference

**Critical Standard**

The BPL establishes, monitors, and evaluates the interdisciplinary breast cancer conference frequency, multidisciplinary and individual attendance, prospective case presentation, and total case presentation annually, including AJCC staging and discussion of nationally accepted guidelines.

<table>
<thead>
<tr>
<th>Annual Analytic Case Volume</th>
<th>Required Conference Frequency</th>
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<tbody>
<tr>
<td>100 Cases or less</td>
<td>Every other week or twice monthly or may include cases in weekly cancer conference at a designated time to allow for maximum attendance, and present 85% of cases prospectively.</td>
</tr>
<tr>
<td>100 – 250</td>
<td>Every other week or twice monthly or more frequently at the discretion of the BPL.</td>
</tr>
<tr>
<td>250 or more</td>
<td>Weekly.</td>
</tr>
</tbody>
</table>

Clinical Management

2.1 Interdisciplinary Patient Management

**Critical Standard**

After a diagnosis of breast cancer, the patient management is conducted by an interdisciplinary team.

Challenging/Required

NAPBC Standards
Clinical Management
2.3 Breast Conservation

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 the BCS rate is evaluated annually by the BPL.

BCS guidelines available:

Clinical Management
2.7 Pathology Reports

The CAP Cancer Committee guidelines are followed for all breast cancers, including estrogen and progesterone receptors, and Her2 status for all breast cancers. ER is recommended for DCIS (but not required by CAP).

- Beginning in January 2014, NAPBC will require that all breast cancer pathology is reported in synoptic format.
- Beginning January 2014, estrogen, progesterone, and Her2 status will be required to be reported for all invasive breast cancers, and estrogen receptor status for DCIS. Estrogen, progesterone, and Her2 performed at an outside institution must be referenced in the final pathology report or reported in an addendum.

Clinical Management
2.9 Needle Biopsy

Palpation-guided or image-guided needle biopsy is the initial diagnostic approach rather than open biopsy.

Either fine needle aspiration for cytologic evaluation or core needle biopsy constitute the initial diagnostic approach for palpable or occult lesions.

Compliance is reviewed annually by BPL.
Clinical Management

2.10 Ultrasonography

Diagnostic ultrasound and/or ultrasound-guided needle biopsy are performed at an American College of Radiology (ACR)-accredited facility or by an American Society of Breast Surgeons (ASBS)-certified physician. For first-time applicants that do not have accreditation/certification by one of the above organizations, documentation of enrollment in one of these programs will be required. ACR and ASBS guidelines available:

Clinical Management

2.11 Stereotactic Core Needle Biopsy

Stereotactic core needle biopsy is performed at an American College of Radiology (ACR)-accredited facility or by surgeons under the standards and requirements developed by the American College of Radiology (ACR) and the American College of Surgeons (ACoS) or by an American Society of Breast Surgeons (ASBS) Breast Procedure Program-certified physician. For first-time applicants that do not have accreditation/certification by one of the above organizations, documentation of enrollment in one of these programs will be required. ACR Breast Imaging Center of Excellence (BICOE) designation meets/exceeds this standard for radiology.

Clinical Management

2.12 Radiation Oncology

- Radiation oncology treatment services are provided by or referred to radiation oncologists that are board certified or in the process of board certification
- Center has either been accredited through the American College of Radiology (ACR)-American Society for Radiation Oncology (ASTRO) Accreditation Program or has a quality assurance program in place
- Breast cancer quality measure endorsed by the National Quality Forum (NQF) for radiation therapy is utilized.

*NQF Measure for Radiation Oncology
- Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast-conserving surgery for breast cancer.
Clinical Management

2.16 Genetic Evaluation and Management

Cancer risk assessment, genetic education and counseling, and genetic testing services are provided or referred.

Cancer risk assessment and genetic counseling is provided by:
- An American Board of Genetic Counseling (ABGC) board certified/board eligible or (in some states) a licensed genetic counselor.
- An American College of Medical Genetics (ACMG) physician board certified in medical genetics.
- An advanced practice oncology nurse (APON) that is prepared at the graduate level (master’s or doctorate) with specialized education in cancer genetics and hereditary cancer predisposition syndromes; certification by the Oncology Nursing Certification Corporation as ACONP or AOCNS is preferred.
- A Genetics Clinical Nurse (GCN) credentialed through the Genetics Nursing Credentialing Commission (GNCC). GCN credentialing is obtained through successful completion of a professional portfolio review process.
- A board certified/board eligible physician or other trained healthcare professional with expertise and experience in cancer genetics (defined as providing cancer risk assessment on a regular basis) employing a model that includes both pre-test and post-test counseling.

Clinical Management

2.18 Reconstructive Surgery

- All appropriate patients undergoing mastectomy are offered a preoperative referral to a plastic/reconstructive surgeon.
- Reconstructive surgery is provided by or referred to reconstructive/plastic surgeons that are board certified or in the process of board certification.
- Compliance is evaluated annually by the BPL.

Confirmed during medical record review process.

Research

3.2 Clinical Trial Accrual

Two percent (2%) or more of all eligible breast cancer patients are accrued to treatment-related breast cancer clinical trials and/or research protocol annually.

Trials may include, but are not limited to:
- Well-established, national trials
- Cooperative trials groups such as the Alliance for Clinical Trials in Oncology
- University-related research
- Pharmaceutical company sponsored research
- Locally developed, peer-reviewed studies
- Prospective cohort studies (eg., registry)
Professional Education

5.1 Breast Center Staff Education

Professionally certified/credentialed members of the breast center participate in local (in addition to breast cancer conference attendance), state, regional, or national breast-specific educational programs annually.

Professionally certified/credentialed members include, but are not limited to, physicians, nurses, patient navigators, genetic counselors, social workers, etc.

Two CME or CE (or equivalent) educational activities include, but are not limited to:

- A breast-related lecture
- A local, state, regional, or national breast cancer meeting or workshop
- A breast cancer-related videoconference
- A breast cancer-related web-based training module
- Journal CME or CE (or equivalent)
- Web Conferences

Quality Improvement

6.1 Quality and Outcomes

Each year the breast program leadership conducts or participates in two or more studies that measure quality and/or outcomes and the findings are communicated and discussed with the breast center staff, participants of the interdisciplinary conference, or the cancer committee, where applicable.

Acceptable Quality Improvement Programs include, but are not limited to:

- ASBS – Mastery of Surgery Program
- ASCO – QOPI Program
- NCO – NQMBC Program
- CoC – CPR Program
- ASPS – TOPS Program
- CCF – Certified Breast Care Nurse Program (CBCN)
- CAP – Pathology Accreditation Program

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).
**NEW Standard**

**XX.X Breast Cancer Survivorship Care**

Introduced in January 2014 – Compliance required in January 2015

A comprehensive breast cancer survivorship care process, including a survivorship care plan with accompanying treatment summary, is in place within six-months of completing active treatment and no longer than one-year from date of diagnosis. The treatment care process is evaluated annually by the Breast Program Leader (BPL).

**Documentation of Compliance:**

- Upload a sample treatment summary and survivorship care plan.
- Provide a description of the process to provide the survivorship care plan.
- Document when the annual evaluation of compliance was conducted by the BPL and the outcomes of this evaluation.

Accreditation Makes a Difference!