

Better Breast Care through Accreditation: The Development of the NAPBC

by David P. Winchester, MD, FACS

The successful management of breast disease requires a multidisciplinary approach, with oncologists, radiologists, surgeons, pathologists, nurses, and other healthcare professionals all working in concert to efficiently guide patients through a cohesive system of comprehensive care. The truth of that statement has been acknowledged through the rapid proliferation of multidisciplinary breast centers, a trend that started in 1973 with the Van Nuys Breast Center, the first freestanding multidisciplinary breast center in the United States.¹ Today, the millions of American women who present with breast disease annually—roughly 200,000 of whom will be diagnosed with breast cancer this year—receive care in a variety of settings, ranging from small private practices to large academic medical centers.² Regardless of the facility type, providing top-quality breast care hinges on a constant effort to evaluate and improve the overall performance of teams of professionals from various disciplines. The National Accreditation Program for Breast Centers (NAPBC) offers a structured way of facilitating this effort. This article describes the evolution of NAPBC, the challenging process of defining a modern, multidisciplinary breast center, and how NAPBC is prepared to change as breast healthcare changes.

Identifying the Need for a National Accreditation Program for Breast Centers

The American College of Surgeons has a long and distinguished history of accrediting hospital, trauma, and cancer programs dating back to 1918, when the College began its hospital standardization program, which ultimately became The Joint Commission. In 1922 the College created The Commission on Cancer (CoC), a multidisciplinary consortium dedicated to improving survival and quality of life for cancer patients through standard setting, prevention, research, education, and the monitoring of quality comprehensive care.

As cancer care became more specialized within the last two decades, the College recognized the strong need for the development of a program to evaluate and improve the performance of centers focusing on the diagnosis and treatment of patients diagnosed with disease of the breast, particularly breast cancer, the leading site of new cancer cases in women.² This groundbreaking program is particularly important in light of the push towards transparency in healthcare, which aims not only to facilitate improvement in quality of care by providing medical institutions and professionals with the information necessary for benchmarking their work, but to also help patients make informed decisions regarding their care.

The focus on quality improvement in the diagnosis and treatment of women with breast disease is not limited

to the United States. The European Society of Mastology (EUSOMA) has published standards for high-quality multidisciplinary breast centers, and these standards are now widely accepted across Europe. To monitor compliance with the guidelines, EUSOMA created a voluntary accreditation program for breast clinics.³

Defining a Modern Multidisciplinary Breast Center

In 2005 the College started to assemble a strategic consortium of leaders from professional organizations representing the major disciplines that routinely work together to manage breast disease (see Table 1). This group evolved into the NAPBC. Closely modeled after the CoC, NAPBC has a mission of improving the quality of care and monitoring outcomes specifically for patients with breast disease, with similar objectives:

- Develop consensus-based standards for breast centers and a survey process to monitor compliance.
- Strengthen the scientific basis for improving the quality of care.
- Establish a national breast cancer database to report patterns of care and effect quality improvement.
- Reduce the morbidity and mortality of breast cancer by improving access to screening and comprehensive care, promoting risk reduction and prevention, and advocating for increased access to and participation in clinical trials.
- Expand programs of quality improvement measurement and benchmark comparison.

In 2006 NAPBC's governing board began the complicated process of defining the modern multidisciplinary breast center. After two years of deliberation, the group came to agreement and established 27 standards for breast center accreditation. These standards were divided into six categories: 1) center leadership, 2) clinical management, 3) research, 4) community outreach, 5) professional education, and 6) quality improvement.⁴

Center leadership. These standards outline the responsibilities of the center's medical director, co-directors, and/or steering committee, referred to as the Breast Program Leadership (BPL). One of the BPL's primary responsibilities is to establish, monitor, and evaluate the frequency, attendance, and quality of interdisciplinary breast cancer conferences at the center. At these conferences, patient histories and findings, imaging studies, pathology, and pre- and post-treatment issues are presented for discussion among the breast center staff. The BPL also identifies and references evidence-based breast care evaluation and management guidelines.

Clinical management. This category of standards

identifies the complete range of state-of-the-art services and the technological skill set required of the multidisciplinary team in order to coordinate the best available breast care. Under NAPBC guidelines, all medical professionals at accredited centers must be board certified in their respective specialty or in the process of receiving board certification. Board certification and NAPBC standards extend beyond NAPBC-accredited centers to include professionals treating patients who have been referred to them for a portion of their care. Clinical management also includes provisions for genetic evaluation and management, a patient navigation process, and the availability of culturally appropriate educational resources based on patient population. Other issues addressed in this category include staging, rehabilitation, surveillance for recurrent disease, and end-of-life care.

Research. These standards promote advancement in prevention, early diagnosis, and treatment of breast disease through a formal mechanism for the provision of information about ongoing breast cancer clinical trials and patient enrollment in these trials. For example, each year at least two percent of all eligible patients at NAPBC-accredited centers must be enrolled in treatment-related breast cancer clinical trials and/or research protocols.

Community outreach. These standards ensure that patients and the community at large are provided access to breast cancer education, prevention, and early detection programs. Each year, two or more programs must be provided onsite or coordinated with other facilities or local agencies, and follow-up is provided to patients with positive findings.

Professional education. This category of standards promotes the education of staff through participation in local, regional, or national educational activities on an annual basis.

Quality improvement. These standards ensure that breast services, care, and patient outcomes are continuously evaluated and improved. Each year, NAPBC-accredited breast centers conduct or participate in at least two stud-

Table 1.
NAPBC Member Organizations

American Board of Surgery
American Cancer Society
American College of Surgeons
American Society of Breast Disease
American Society of Breast Surgeons
American Society of Clinical Oncology
American Society of Plastic Surgeons
American Society of Therapeutic Radiology and Oncology
Association of Cancer Executives
Association of Oncology Social Work
College of American Pathologists
The Joint Commission
National Cancer Registrars Association
National Consortium of Breast Centers
Oncology Nursing Society
Society of Surgical Oncology

ies that collect data on quality indicators for all subspecialties involved in breast cancer diagnosis and treatment.

Putting the Standards to the Test

In 2007 NAPBC standards were validated by conducting onsite surveys at 18 breast centers across the U.S. These centers, which participated on a voluntary basis, ranged from a small group of multidisciplinary private practitioners to large academic medical centers. Through the pilot surveys, NAPBC tested and confirmed 17 components of breast patient evaluation and management that provide the full range of high-quality, multidisciplinary care.⁵ These components are listed in Table 2, page 26.

The validation process offered several key findings. For example, during the surveys, the participating centers agreed with the need for uniform standards, metrics for quality assessment and improvement, and outcomes measurement and benchmarking. Further, the structures of the surveyed centers confirmed the heterogeneous settings in which breast disease evaluation and management are conducted—ranging from freestanding to institution-based, from physician-owned to hospital-owned, from cancer center-affiliated to women's center-affiliated and countless other variations. No two breast centers were exactly alike. It was observed during the validation process that patients received excellent care, irrespective of the center model, because they were afforded the full range of services. NAPBC incorporated all practice environments by including both provided services and referred services, which are defined as services provided by professionals outside the geographic location of the breast center who have a track record of providing excellent care and meet the criteria set by NAPBC.

The validation process was not without its challenges, however. Initially, NAPBC's board considered accreditation for three separate categories of centers: large institutions, community centers, and solo practitioners. However, the board was concerned that a tiered approach to accreditation would disadvantage solo practitioners by shifting their patients into larger academic centers, as patients

Table 2. NAPBC Breast Center Components

1. Interdisciplinary Conference
2. Data Management
3. Patient Navigator
4. Survivorship Program
5. Pathology
6. Imaging
7. Needle Biopsy (core preferred)
8. Surgical Care
9. Radiation Oncology Consultation and Treatment
10. Medical Oncology Consultation and Treatment
11. Nursing
12. Genetic Evaluation and Management
13. Education, Support, and Rehabilitation
14. Plastic Surgery Consultation and Treatment
15. Research
16. Outreach and Education
17. Quality Improvement

might question whether private practitioners have all of the components required for providing quality care. After considerable deliberation with participating organizations, NAPBC's board approved a non-tiered, single level of accreditation for centers that provide or refer patients for all 17 components of care and meet the 27 standards.⁵

NAPBC Today and What It Means to Your Program

Where we are today? More than 100 breast centers in the U.S. have been accredited by NAPBC, 100 centers are in the process of accreditation, and 1,300 centers have expressed interest in applying for NAPBC accreditation. NAPBC currently has accredited centers in 32 states, including Alaska and Hawaii. The ultimate benefit of NAPBC accreditation: the provision of comprehensive breast care through multidisciplinary and integrated care that is assessed based on recognized national standards. Additionally, accreditation leads to increased recognition from both patients and job-seeking healthcare professionals, who gravitate toward accredited centers that meet or exceed national quality standards.

NAPBC accreditation is granted only to those centers that are voluntarily committed to providing the best possible care to patients with diseases of the breast. To be accredited, a center must undergo a rigorous evaluation and review of its performance and compliance with NAPBC standards. After a center completes the NAPBC application and has been approved to continue in the process, it is granted access to complete the Survey Application Record (SAR), a web-based interactive application examining the overall center structure. In conjunction with access to the SAR, an NAPBC surveyor is assigned to the center to provide education throughout the process and perform a scheduled site visit to review the center's performance and compliance with NAPBC standards. To maintain accreditation, centers must undergo an onsite review every three years.

Looking Ahead

NAPBC continues to evolve in many ways as more precise diagnostic techniques and novel therapies become available for better breast care, and as new specialties, such as plastic surgery, play a larger role in the management of breast disease. Over time, the bar for NAPBC accreditation will be raised higher and higher. The NAPBC board is currently working to move beyond National Quality Forum (NQF) measures by developing quality measures specific to NAPBC standards.

Additionally, standards for patient navigators and genetic counselors must be revisited, as non-professionals and advanced practice nurses, respectively, play a larger role in these important aspects of breast care.

NAPBC is also developing a database to help breast

centers prospectively collect quality measures and confidentially compare their respective performance with that of other similar programs, both regional and national. The database will interact with existing databases to facilitate extraction of the required data points in order to assess quality. The availability of such a database will facilitate the completion and electronic submission of the accreditation application, which is currently being collected as aggregate data. Eventually, NAPBC data could be linked with the National Cancer Database, a joint program of the American College of Surgeons and the American Cancer Society.

NAPBC encourages hospitals, treatment centers, individual physician practices, and other facilities committed to breast healthcare to improve the quality of care available at their centers through accreditation. Although NAPBC does not have complete control of outcomes for patients diagnosed and treated for diseases of the breast, NAPBC accreditation can have a significant impact on the continuity of top-quality, comprehensive care provided to these patients. 📄

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