

ACS NAPBC National Accreditation Program for Breast Centers
American College of Surgeons

**Optimal Resources for Breast Care 2024:
Improving Standards; Improving Quality**

NAPBC Workshop
February 22, 2024
Austin, TX

NAPBC

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**Site Visits:
Setting Up For Success
What is Changing and Why?**

Suzanne A Hoekstra MD FACS
Breast & Lymphedema Program Director NL Mercy Breast Center
UNECOM Assistant Clinical Professor of Surgery
Portland ME

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Disclosures

- Nothing to disclose

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ACS NABPC National Accreditation Program for Breast Centers

What is New – General

- 9 Chapters vs 6 Chapters
- 36 Standards vs 28 Standards
- Protocols vs Statistics
- Cyclic & Annual Review
- Patient-Centered Evaluation
- Focus on Barriers to Care
- Individual Shared Decision Making
- New Abbreviations: BICOE = CBIC, CTR = ODS
- Inclusion of CoC reports
- Fewer Charts (10 cancer, 10 benign, 2 genetics)

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What is New – Protocols

Protocol: Previously referred to as “policies and procedures” in past versions of the NAPBC Standards, a protocol is a structured and consistent process crafted by the NAPBC-accredited program to help implement the required compliance criteria for specific NAPBC standards. Protocols must be written and documented in a manner that demonstrates compliance with whichever NAPBC standard the protocol is designed to address. Additionally, all protocols must be formally approved by the Breast Program Leadership Committee (BPLC). Identical protocols that apply to several affiliated NAPBC-accredited programs are acceptable. Such protocols must be specifically stylized for each affiliated program, and be formally approved by each BPLC, as applicable. Protocols do not need to be officially-recognized hospital or institutional policies. **Please refer to the [NAPBC 2024 Standards FAQ](#) for guidelines and recommendations related to the development of protocols.**

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What is New – ISDM

Individualized Shared Decision Making (ISDM): A structured, collaborative approach to healthcare decision-making that moves beyond the traditional model of informed consent by engaging the patient, their family, and healthcare providers. ISDM frameworks help to ensure that all parties engage in the decision-making process, that the patient's circumstances, values, preferences, and culture are appropriately considered, and that decisions are based on the best available evidence.

Examples of individualized shared decision making include, but are not limited to: offering resources for patients that are written or provided in the language(s) spoken by the patient, using patient-friendly terms that are informed by patient preference, eliciting and making plans to address barriers to fully individualized care for the patient, documenting a patient's preferences relative to their care plan, or respectfully sharing these preferences with the rest of the care team.

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Some Items are Reviewed each Cycle

- 1.1 Administrative Commitment Letter
- 2.1 BPLC Appointment
- 2.2 BPD Appointment
- 5.1 Screening for Breast Cancer
- 5.2 Diagnostic Imaging of the Breast and Axilla
- 5.5 Genetic Evaluation and Management
- 5.8 Patient Navigation
- 5.14 Breast Cancer Staging Using the AJCC System
- 5.15 Survivorship
- 5.16 Surveillance

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Some Items are Reviewed each Year

- 2.4 MBCC
- 5.3 Evaluation and Management of Benign Disease
- 5.4 Management of Patients at Increased Risk
- 5.6 Evaluation and Treatment Planned for Newly Diagnosed
- 5.7 Comprehensive Evaluation of Patient Factors Prior to Treatment
- 5.9 Surgical Care
- 5.10 Reconstructive Surgery
- 5.11 Medical Oncology
- 5.12 Radiation Oncology
- 5.13 Surgical Pathology
- 7.2 Quality Measures
- 8.1 Outreach
- 8.2 CME
- 9.1 Clinical Research Accrual

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What is Staying – Similar, BUT...

- 2.1 BPLC – Appointed each CYCLE
 - Attendance Requirement is NEW (75%), alternate delegates accepted
 - 3 Physicians and 2 Healthcare Providers
- 2.2 BPD – Appointed each CYCLE
- 2.3 Breast Care Team
 - Mandatory Addition to Team for New Breast Care Physicians as of 1/1/24
- 2.4 MBCC
- 3.2 Radiation Oncology QA
- 3.3 Image-Guided Biopsy (includes US, STBBx, MRI)

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What is Staying – Similar, BUT...

- 4.1 Physician Credentials (Includes CoC 4.1)
- 4.2 Nursing Credentials (Includes CoC 4.2)
- 4.4 Genetic Professionals Credentials
- 4.5 Navigation Credentials
 - Certification Required
- 5.1 Screening
 - Includes Density & Risk *PROTOCOL
- 5.2 Diagnostic Imaging
 - Includes Concordance & Communication *PROTOCOL
- 5.3 Benign E&M - *PROTOCOL

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What is Staying – Similar, BUT...

- 5.5 Genetics
 - Includes all New Dx *PROTOCOL
- FUNCTIONAL ASSESSMENT for 5.9, 5.10, 5.11, 5.12 *PROTOCOL
- 5.10 Reconstructive Surgery
 - Includes Functional Assessment & Documentation
 - Includes Outcomes measure reviewed by BPLC annually
- 5.11 Medical Oncology *PROTOCOL
 - Includes Functional Assessment
 - Includes Exercise Therapy Recommendations
 - Includes Outcomes measure reviewed by BPLC annually

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What is Staying – Similar, BUT...

- 5.12 Radiation Oncology *PROTOCOL
 - Includes Functional Assessment
 - Includes Outcomes measure reviewed by BPLC annually
- 5.13 Surgical Pathology
 - Includes Outcomes measure reviewed by BPLC annually
- 5.14 Staging
- 5.16 Surveillance *PROTOCOL
- 7.2 Quality Improvement
 - Single Robust Project, must present 2x/year
- 8.1 Education, Prevention and Early Detection Programs

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What is Staying – Similar, BUT...

- 8.2 CME
- 9.1 Clinical Research Accrual

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What is New

- 1.1 Administrative Commitment Letter – CYCLE
- 3.1 Facility Accreditation (Includes CoC 3.1)
- 3.4 Breast Imaging Quality Assurance
- 3.5 Pathology Quality Assurance
- 4.3 PA Credentials
- 5.4 High Risk *PROTOCOL
- 5.6 Newly Diagnosed Patient
 - Includes Review of Outside Imaging & Pathology, Staging, Timeliness, Barriers to Care

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What is New

- 5.7 Patient Factors
 - 3 Categories, Choose one for BPLC review annually
- 5.8 Navigation *PROTOCOL
- FUNCTIONAL ASSESSMENT for 5.9, 5.10, 5.11, 5.12 *PROTOCOL
- OUTCOMES MEASURES for 5.9, 5.10, 5.11, 5.12, 5.13
- 5.9 Surgical Care
 - Includes Evidence-based Care, ERAS, Education *PROTOCOL (Includes CoC 5.3 & 5.4)
 - Includes Outcome measure review by BPLC annually
- 5.15 Survivorship *PROTOCOL

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Standards with Protocols

- General – Individual Shared Decision-Making
- 5.1 Screening
- 5.2 Diagnostic
- 5.3 Benign
- 5.4 High Risk
- 5.5 Genetics
- 5.8 Navigation
- 5.9, 5.10, 5.11, 5.12 Functional
- 5.9 Surgical
- 5.11 Med Onc
- 5.12 Rad Onc
- 5.15 Survivorship
- 5.16 Surveillance

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Example – New Standards Checklist

| Chapter | Standard | How Often | PD Documentation |
|--------------------------------|----------------------------|-----------|---|
| 1 Administrative Commitment | 1.1 Admin Commitment | Cycle | Letter from Admin |
| | | Upload | Letter from Admin |
| 2 Scope & Governance | 2.1 BPLC | Cycle | Appoint Membership |
| | | Annual | Mtg. Re/Year, Attendance 75%, Program Monitoring |
| | | Upload | Minutes |
| | 2.2 BPD | Cycle | Appoint BPD |
| 2.3 BCT | | Upload | Minutes |
| | | Annual | Establish Team |
| 2.4 MBCC | | Upload | Template |
| | | Annual | MBCC Frequency, Case Mix, Attendance |
| | | Attend | MBCC |
| | | Upload | MBCC Template, Minutes |
| 3 Facilities & Equip Resources | 3.1 Facility Accreditation | Upload | Accreditation, CoC Report 11 |
| | 3.2 Rad Onc QA | Upload | Radiation QA report |
| | 3.3 Biopsy QA | Upload | ACR/EBIC Accreditation, ASB Certification (as applicable) |

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Example - Audit Calendar

| Chapter | Standard | How Often | Documentation | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|-----------------------------|----------------------|-----------|--|-----------|-----------|-----------|--------------------|
| 1 Administrative Commitment | 1.1 Admin Commitment | Cycle | Letter from Admin | 1/31/2024 | | | |
| | | Upload | Letter from Admin | | | | |
| 2 Scope & Governance | 2.1 BPLC | Cycle | Appoint Membership | 1/31/2024 | | | 11/6/2024 For next |
| | | Annual | Mtg. Re/Year, Attendance 75%, Program Monitoring | | | | |
| | | Upload | Minutes | | | | |
| | 2.2 BPD | Cycle | Appoint BPD | 1/31/2024 | | | |
| 2.3 BCT | | Upload | Minutes | | | | |
| | | Annual | Establish Team | 1/31/2024 | | | 11/6/2024 For next |
| | | Upload | Template, Minutes | | | | |
| 2.4 MBCC | | Annual | MBCC Frequency, Case Mix, Attendance | 1/31/2024 | | | |
| | | Attend | MBCC | | | | |
| | | Upload | MBCC Template, Minutes | | | | |


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Key Takeaway

Most of what is required has not changed, but has been reorganized




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TO DO LIST:


- ⌘ Note cyclic vs annual reviews
- ⌘ Obtain Administrative Commitment Letter
- ⌘ Ensure required protocols are written and reviewed
- ⌘ Ensure functional assessment is completed
- ⌘ Ensure outcomes measures are established for surgery/med onc/rad onc/plastics/pathology
- ⌘ Ensure navigator certification
- ⌘ Select one Quality Initiative, present 2x/year
- ⌘ Educate your team about the changes



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Thank You



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