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

1

Results from the Pilot Visits

Thien (Tony) Nguyen, MD, FACS
Lakeland Regional Cancer Center
Lakeland, FL

NAPBC

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

2

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

Disclosures

• Nothing to Disclose

NAPBC

3

NAPBC Pilot Site Visit Program

2022
- 4 currently-accredited NAPBC programs recruited for pilot program
- Programs selected to represent different facility profiles, patient demographics, and geographic locations
- Pilot sites began implementing new standards in late 2022

2023
- Q1 & Q2 – Pilot sites documented compliance with 2024 Standards
- Q3 – Pilot site visits conducted (In-person)
- Q4 – Feedback, process recommendations, standards revisions

4

NAPBC Pilot Site Visit Program

Pilot sites were asked to provide feedback on the following:
- *Optimal Resources for Breast Care (2024 Standards)*
- 2024 NAPBC Pre-Review Questionnaire
- Standards templates for compliance documentation
- Site Visit process
- Overall experience as a NAPBC Pilot Site

5

Feedback From the Pilot Sites

- High confidence in overall understanding of the 2024 Standards
- Fewer questions on specific compliance requirements

- More clarity was needed on two recurring topics in the new standards:
  - Individualized Shared Decision Making
    - Previously: Culturally Appropriate Shared Decision Making
  - Requirements for protocols

6

Feedback From the Pilot Sites

Individualized Shared Decision Making

Updates to Address Feedback:
- Significantly revised definition of ISDM
- Dedicated section in the Appendix of *Optimal Resources for Breast Care*
  - Additional resources from AHRQ, ACCC, and NCI
- Actionable examples of implementation

7

Feedback From the Pilot Sites
Protocols

Updates to Address Feedback:
- Structured and consistent process for implementation of required compliance criteria for specific NAPBC standards
- Dedicated section in the NAPBC Standards FAQ
- Guidance on content
  - Mapping patient throughput and internal processes
  - Not intended to replicate or replace clinical management guidelines
- Guidance on format
  - The has discretion to choose the best format for each protocol
  - Process maps, flowcharts, algorithms, narratives

8

Feedback From the Pilot Sites
- Feedback provided on specific standards and compliance measures
  - Highlights of the most important lessons learned
- Chapter 2
  - Standard 2.1 – Breast Program Leadership Committee
  - Standard 2.3 – Breast Care Team
- Chapter 4
  - Standard 4.2 – Oncology Nursing Credentials
  - Standard 4.5 – Navigation Professional Credentials
- Chapter 5
  - Standards 5.9 – 5.12 (Functional Assessments)
  - Standards 5.9 – 5.12 (Individualized Shared Decision Making)
- Site Visits
  - Medical Record Review

9

Feedback From the Pilot Sites

Standard 2.1 – Breast Program Leadership Committee

- Uncertainty regarding the involvement of healthcare professionals and non-physician members of the breast program

Updates to Address Feedback:

- Expanded committee structure from 3 physician members to also include 2 healthcare professionals
- Allow all appointed members to designate an alternate member to increase attendance flexibility

10

Feedback From the Pilot Sites

Standard 2.3 – Breast Care Team

- Requirement for new physicians "granted privileges" at the NAPBC Program to join BCT
  - Physicians may have privileges but not actively see patients with breast cancer

Updates to Address Feedback:

- Requirement updated to new physicians "regularly involved in management and care"
- BPLC has discretion regarding which physicians are considered "regularly involved"
- Include: Physicians treating patients with breast cancer
- Exclude: Physicians who have minimal direct involvement in the NAPBC-accredited program

11

Feedback From the Pilot Sites

Standard 4.2 – Oncology Nursing Credentials

- NCPD/continuing education "with emphasis on hours that are applicable to patients with breast disease or breast cancer"
  - What does this mean and how is it measured?

Updates to Address Feedback:

- Standard 4.2 language updated
  - Recommended, but not required, to prioritize education related to breast disease/cancer
  - No requirement for a specific number of NCPD hours related to breast disease/cancer
  - Same updates made to Standard 4.3 (Physician Assistants)

12

Feedback From the Pilot Sites

Standard 4.5 – Navigation Professional Credentials

- All navigation professionals are required to have formal training in navigation for patients with breast disease/cancer
  - Time needed for staff to complete training or a qualifying certification program

Updates to Address Feedback:
- Timeline for navigation professionals to meet compliance extended until **December 31, 2025**
- Expanded list of qualifying training programs
  - Oncology Nursing Society: Equipping the Novice Oncology Nurse Navigator
  - American Cancer Society Leadership in Oncology Navigation (ACS LION™)

13

Feedback From the Pilot Sites

Standards 5.9 – 5.12 (Functional Assessments)

- Requiring a pre- and post-treatment functional assessment for all patients may be for unnecessary
- Increases demand on providers/staff (resource allocation)

Updates to Address Feedback:
- Requirement for post-treatment assessment removed
- Patients must only be considered for the pre-treatment assessment; program has discretion regarding whether the assessment is necessary or beneficial to the patient
- Dedicated section added to the Appendix of *Optimal Resources for Breast Care*
- One protocol may be developed and implemented for all four standards

14

Feedback From the Pilot Sites

Standards 5.9 – 5.12 (Individualized Shared Decision Making)

- Compliance requirements not clearly defined
- Difficult to document specific examples in the patient medical record

Updates to Address Feedback:
- Changed to Individualized Shared Decision Making
  - Previously: Culturally Appropriate Shared Decision Making
- Greater consideration/inclusion for unique patient factors and circumstances
- Requirement for documentation in the medical record removed
- Compliance now documented through annual BPLC review
- Dedicated section added to the Appendix of *Optimal Resources for Breast Care*

15

Feedback From the Pilot Sites

Site Visits: Medical Record Review

- 2024 Standards have more requirements for documentation in the patient medical record
- Greater demand on program staff for site visit preparation

Updates to Address Feedback:

- Reduced the number of patient charts reviewed during the site visit (30 -> 20)
  - 10 high-risk benign charts, selected by the NAPBC program
  - 10 malignant charts, selected by the Site Reviewer from the patient accession list

16

Key Takeaways

- All Pilot Sites reported the experience as being highly beneficial to implementing the 2024 Standards at their programs

- Pilot Site feedback led to many actionable revisions to improve the implementation and evaluation of the 2024 NAPBC Standards and the site visit process

- NAPBC Pilot Site Visit Program improved the supplemental resources provided for the 2024 Standards
  - 2024 Standards Frequently Asked Questions Document
  - New templates for compliance documentation

17

Thank You

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

18