



# The National Accreditation Program for Breast Centers:

## Quality improvement through interdisciplinary evaluation and management



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**T**he concept of streamlining the evaluation and management of patients with diseases of the breast through an organized breast center is not new. Silverstein, more than 30 years ago, was struck by the observation that patients presenting with breast symptoms or abnormal imaging findings entered a fragmented medical care system.\* This system often resulted in long delays and lack of coordination between each segment of care. It became clear to Silverstein that the disciplines of surgery, medical oncology, radiation oncology, radiology, and pathology needed to be brought together as an interdisciplinary group to meet the needs of these patients. The result was the establishment of a breast clinic at University of California–Los Angeles in 1973. Thereafter, the Van Nuys Breast Center became the first freestanding multidisciplinary breast center in the U.S.

\*Silverstein MJ. The Van Nuys Breast Center. The first free-standing multidisciplinary breast center. *Surg Oncol Clin N Am.* 2003;9:159-176.

A large (but unknown) number of breast centers in the U.S. have been established over the last three decades to meet the enormous demand placed on the health care system to deal with patients with benign and malignant breast diseases. Some of these centers are hospital based, whereas others have been established in the private practice setting. Whereas some of the centers are purely diagnostic, others provide a full range of services for patients. The American Cancer Society estimated that there will be nearly 250,000 patients diagnosed with either invasive or noninvasive breast cancer in

the U.S. in 2008.<sup>†</sup> This number, however, does not take into account the multitude of patients presenting with benign conditions of the breast requiring diagnostic evaluation to rule out breast cancer.

The U.S. lags behind the European countries in systematizing breast centers. For the past several years, European countries have succeeded in developing multidisciplinary standards of care for patients with diseases of the breast and a survey process to monitor compliance with these standards.<sup>‡</sup>

Although breast centers have become a widely available and acceptable system of care, few organizations or groups of organizations have examined the quality of care rendered in these centers. The medical professionals engaged

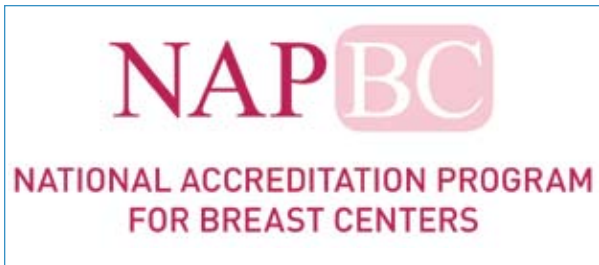
<sup>†</sup>American Cancer Society. *Cancer Facts & Figures 2008*. Atlanta, GA: American Cancer Society; 2008.

<sup>‡</sup>Blamey, RW, Cataliotti, L. EUSOMA accreditation of breast units. *Eur J Cancer*. 2006;42:1331-1337.

## Member organizations/NAPBC board of directors

American Board of Surgery*	Rache M. Simmons, MD, FACS
American Cancer Society	Christy Russell, MD, FACP; Robert Smith, PhD
American College of Surgeons	Jay K. Harness, MD, FACS; Richard Fine, MD, FACS
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American Society of Breast Surgeons	Helen Pass, MD, FACS; Lorraine Tafra, MD, FACS
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\*Liaison board membership



The NAPBC logo

in the care of breast patients should lead this effort, not the government nor the insurance industry.

It seemed logical that the American College of Surgeons, with its longtime experience in accrediting cancer and trauma centers and more recently bariatric centers, should initiate a dialogue among the many disciplines involved with the care of these patients.

### **The NAPBC**

More than three years ago, a consortium of organizations with interest and experience began examining this issue. This group evolved into the National Accreditation Program for Breast Centers (NAPBC) that then began the complicated process of defining the modern breast center, optimally organized to provide the best possible evaluation and management of patients with breast problems. Through the concerted volunteer efforts of professionals from a variety of disciplines with expertise in breast disorders, the developmental phase has been completed. The time for implementation has arrived.

The box on page 14 lists the national professional organizations whose representatives compose the NAPBC Board of Directors.

The mission statement of the NAPBC is as follows: "The National Accreditation Program for Breast Centers is a consortium of national, professional organizations dedicated to the improvement of the quality of care and monitoring of outcomes for patients with diseases of the breast." The objectives to fulfill the mission statement include the following:

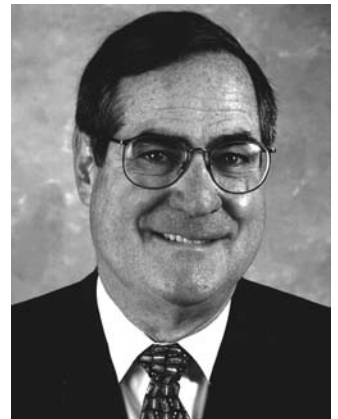
- Develop a consensus of standards for breast

centers and a survey process to monitor compliance.

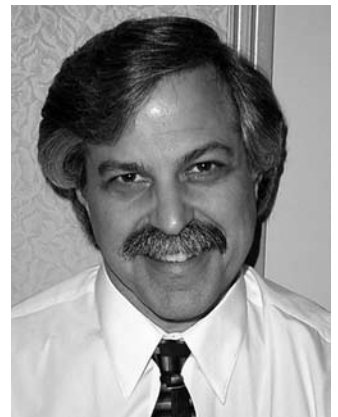
- Strengthen the scientific basis for improving quality care.
- Establish a national breast disease database to effect quality improvement.
- Reduce the morbidity and mortality of breast cancer by improving access to screening and comprehensive care, promoting risk reduction and prevention, and advocating for increased access and participation in clinical trials.
- Expand programs of quality improvement measurement and benchmark comparison.

The Center Criteria and Approvals Committee, under the leadership of Dr. Kurtzman, defined 27 standards for breast center accreditation. The next step was to validate these standards. This was accomplished by conducting on-site surveys at 18 breast centers across the U.S. The NAPBC

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***Dr. Kaufman** is vice-chair of the NAPBC. He is a past-president of the National Consortium of Breast Centers and medical director of the Bellingham Breast Center, Bellingham, WA.*



is grateful for the voluntary participation of these centers that enabled us to revise and refine our standards. The 18 centers ranged from a small group of multidisciplinary private practitioners to large academic medical centers. This process enabled the NAPBC board to identify 17 key components for evaluation and management of patients with diseases of the breast. In these breast centers, these components were either provided on-site or referred to affiliated or associated providers at a nearby locale. For the centers that were surveyed in the pilot phase, as long as the patient was afforded the full range of components and the center met the 27 standards, full three-year accreditation could be awarded. The breast accreditation network enables the patient to receive quality care, close to home, much in the same way the 1,460 cancer centers accredited by the Commission on Cancer (CoC) do.



**Dr. Anderson** is chair of the NAPBC quality improvement and measurement committee. He is professor of surgery at the University of Washington in Seattle, immediate past-president of the American Society of Breast Disease, and the founder and chair of the Breast Health Global Initiative.



**Dr. El-Tamer** is a member of the NAPBC board and co-chairs the information technology and outcomes committee. He is associate professor of clinical surgery at the College of Physicians & Surgeons at Columbia University and medical director, Columbia University Breast Center, Palisades Medical Center, North Bergen, NJ.

### **NAPBC committees**

- *Quality Improvement and Measurement Committee.* Chaired by Dr. Anderson, this group is charged with the responsibility of identifying evidence-based and/or consensus-developed quality improvement measures. The NAPBC has worked with several national organizations with expertise in this arena. These include the Quality Outcomes Performance Improvement program of the American Society of Clinical Oncology, the Performance Assessment for the Advancement of Radiation Oncology Treatment program of the American Society for Therapeutic Radiology and Oncology, the National Quality Measures for Breast Centers program of the National Consortium of Breast Centers, the Mastery of Breast Surgery Program of the American Society of Breast Surgeons, the outcomes measures of the Rand Corporation, and the performance measures development contributions of The Joint Commission. The program currently measures compliance with three standards of care measures for breast cancer developed by the CoC, in collaboration with the American Society of Clinical Oncology and the National Comprehensive Cancer Network, that have been endorsed by the National Quality Forum. The committee recognizes that the measure sets used by the NAPBC will vary through the years, depending on the current state of knowledge.

- *Information Technology and Outcomes Committee.* Co-chaired by Dr. El-Tamer and Robert Smith, PhD, the committee's database will contain items pertinent to quality improvement. Although the Quality Improvement and Measurement Committee provides the data items, this committee will deal with the technologic aspects of simplified and cost-effective data entry into systems that may already be in existence or need to be developed. The database will help breast centers prospectively collect quality measures and compare their respective performance with other similar programs. The database will also interact with existing databases to facilitate extraction of the required quality measures. The availability of such a database will facilitate the completion and electronic submission of the accreditation application: The NAPBC Survey Application Record.

- *Access and Utilization Committee.* Led by Ms. Kim, this committee includes many of the breast advocacy groups. Organizations with rep-

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representatives serving on this committee include the National Breast Cancer Coalition, Breast Cancer Network of Strength (formerly known as Y-Me), Susan G. Komen for the Cure, Research Advocacy Network, and the National Lymphedema Network, to name a few. This committee is working to identify and develop strategies to address issues with access to and utilization of quality breast health care resources.

- *Education and Dissemination Committee.* Chaired by Dr. Masood, the committee is developing the educational programs that address the standards and survey process, along with best practices that can assist interested and participating centers with reaching and maintaining accreditation. This committee is also responsible for developing educational materials targeted at the public that outline the benefits of obtaining care in a NAPBC-accredited center.


- *Executive Committee.* Dr. Kaufman, vice-chair of the NAPBC board, is the chair of the executive committee that conducts the business of the NAPBC between full board meetings.

### **Conclusion**

One of the major concerns the NAPBC board has dealt with during development is ensuring that this program will not disadvantage private practice general surgeons by shifting their patients into larger academic centers. This potential negative effect was not observed in our pilot surveys, as previously described. Accreditation will be awarded to several different practice models. These include breast centers based in a surgeon's office, collaborating with the other necessary multidisciplinary specialists, freestanding surgical breast centers with or without imaging capabilities, centers "without walls" in hospitals, and centers in designated geographic locations in hospitals. A non-tiered, single level of accreditation applies to all of these models and avoids changes in referral patterns.

We believe the time has come, particularly in light of the evolving transparency and accountability in the practice of medicine in the U.S., for breast centers to address and provide the highest possible quality of care for their patients. The NAPBC can facilitate this effort. We must constantly strive to improve the care of our patients. We believe accreditation does, indeed, make a difference.

Individuals and centers interested in the NAPBC

and applying for accreditation are encouraged to visit the NAPBC Web site at [www.accreditedbreastcenters.org](http://www.accreditedbreastcenters.org). 

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**Dr. Kurtzman** is a member of the board of directors of the NAPBC and chairs the center criteria and approvals committee. He is chairman, department of surgery, and program director of the general surgical residency program, Waterbury Hospital, Waterbury, CT.



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**Dr. Masood** is a member of the NAPBC board and chairs the education and dissemination committee. She is chair, department of pathology, University of Florida College of Medicine—Jacksonville, and director of the pathology residency training and cytopathology and breast pathology fellowship programs.



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**Ms. Kim** is a member of the NAPBC board and chairs the access and utilization committee. She is the president and CEO of Translating Research Across Communities, a professional services firm that works to advance research progress and interaction among the patient, research, public, and private communities.

