2014 Changes/ Clarifications to NAPBC Standards

Standard 6.2 – Quality Improvement Still On HOLD

As a reminder, Standard 6.2 – Quality Improvement is still on hold and not required for compliance. You may have noticed that the data points included in Standard 6.2 are also included in a number of standards, including needle biopsy, breast conservation, sentinel node biopsy, and the three National Quality Forum breast quality measures: medical oncology (2), and radiation oncology (1). Responding to the requirements within those standards is required.

NAPBC will send a special communication when compliance with Standard 6.2 – Quality Improvement is required.

Standard 1.2 – Interdisciplinary Breast Cancer Conference

Although the overall standard will not change, the focus on attendance will stress the importance of consistent individual and discipline specific attendance. The Breast Program Leader (BPL) will be asked to define an attendance threshold for all breast center members.

The NAPBC does not have a 'recommended' attendance threshold. That is something that your Breast Program Leader (BPL) should define and document in your policy. We would expect attendance to be fairly high, but not 100 percent. However, NAPBC would like to see that treating physicians are present when their cases are presented. This allows a more comprehensive discussion and allows the managing physician then to communicate with the patient with respect to treatment recommendations discussed. Physicians are expected to attend more regularly than other staff, i.e., nursing, navigator, and others, although attendance is encouraged for all.

Standard 2.7 – Pathology Reports

- NAPBC will require that all breast cancer pathology be reported in synoptic format.
- Beginning in January 2014, NAPBC will require that outside pathology slides be reviewed for patients seeking a second opinion at your breast center and before treatment.
- Beginning January 2014, estrogen (ER), progesterone (PR), and Her2 will be required to be reported on all invasive breast cancer, and ER will be required to be reported on DCIS.
- ER and PR values reported at an outside institution must be referenced in the final pathology report or reported in an addendum.

*CAP does not require synoptic reporting for fine needle/core biopsy, re-excision specimens or mastectomies after attempted excisions. Synoptic reporting would only be required for definitive surgical procedures and attempted excision or mastectomy. NAPBC endorses CAP guidelines.

Standard 2.8 – Diagnostic Imaging

The American College of Radiology designation of Breast Imaging Center of Excellence (BICoE), which includes all breast screening modalities performed in a radiology department, meets and exceeds compliance. This does not include compliance with diagnostic breast ultrasound and stereotactic core needle biopsy for surgeons. Surgeons that perform these examinations, and are members of your
breast center, are required to pursue certification through the American Society of Breast Surgeons or listed on the American College of Radiology (ACR) application for each modality in order to comply with Standard 2.10 – Ultrasonography and Standard 2.11 – Stereotactic Core Needle Biopsy.

**Standard 2.12 – Radiation Oncology**

- Participation in the American Society for Radiation Oncology’s Performance Assessment for the Advancement of Radiation Oncology Treatment (PAAROT) no longer applies as a quality improvement program for radiation oncologists.
- NAPBC accredited breast centers must have a radiation oncology quality assurance program in place. Compliance can be met by having one of the following:
  - ACR - ROPA (American College of Radiology, Radiation Oncology Practice Accreditation)
  - ACRO (American College of Radiation Oncology)
  - ASTRO - APEX (American Society for Radiation Oncology, Accreditation Program for Excellence)
  - Maintain a self-administered quality assurance program (requirements are included in a document found in the SAR resource tab)

**Standard 2.16 – Genetic Evaluation and Management**

- Make sure you have a genetic counselor, either as a provided or referred service.
- Check credentials (see standard for list of acceptable professionals)
- Confirm pre- and post-test counseling.

**Standard 5.1 – Breast Center Staff Education**

Beginning in 2013, compliance with **Standard 5.1 – Breast Center Staff Education** required that all credentialed and certified professionals listed on your breast center roster attend two, independent, breast-specific educational sessions each year that are supported with CME/CE. Therefore, the focus is not specifically on the number of CME/CE, but more on the number of educational events that are supported with CME/CE.

The NAPBC is less focused on the number of CME/CE as they are with the number of breast-specific lectures are attended. The standard requires that all certified professionals (surgeons, medical oncologists, radiation oncologists, pathologists, radiologists, nurses, genetic counselors, patient navigators, and others outlined in **Standard 5.1 – Breast Center Staff Education**, attend two breast-specific lectures or participate in two breast-specific educational sessions per year. This can easily be met with the individual attends a meeting that offers two breast-specific lectures, i.e., American Society of Breast Surgeons Annual meeting, the National Consortium of Breast Centers, or any professional meeting discussing breast disease. These lectures and educational sessions must be supported by CME/CE as that designation raises the quality of education being offered. However, remember, we are not interested in the number of CME/CE given per lecture.

Educational activities include, but are not limited to, the following:

- A breast cancer-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.

For physicians, CME documentation of participation is required. For non-physicians, CE documentation (or equivalent) is required. Non-physicians can receive credit toward this standard for attending CME events. CME offered for attendance at the interdisciplinary breast cancer conference (see Standard 1.2 - Interdisciplinary Breast Cancer Conference) does not count toward meeting this standard.

Keep in mind that a certain number of CME/CE is generally required by professional specialty organization in order to maintain an active license. Therefore, we don’t want to make compliance with this standard too difficult to meet or expensive.

**Standard 6.1 - Quality and Outcomes**

- The center will be required to increase participation in quality studies to include participation in one specialty/physician-specific quality program (QOPI, Mastery of Breast Surgery) **AND two center-specific quality improvement programs/studies.** For those centers that participate in the National Consortium of Breast Centers’ National Quality Measures for Breast Centers (NQMBC) you may use your data to design center-specific quality improvement studies (for example, timeliness of care).

**PAAROT Quality Program DISCONTINUED**

The American Society of Radiation Oncology (ASTRO) has discontinued their Performance Assessment for the Advancement of Radiation Oncology Treatment (PAAROT) program, which was an optional quality improvement program for radiation oncologists. Therefore, optional participation in this program will be deleted from Standard 2.12 – Radiation Oncology in the 2014 NAPBC Standards Manual.

**NAPBC to Introduce a Breast Cancer Survivorship Care Standard in 2014**

The NAPBC will introduce a Breast Cancer Survivorship Care standard in 2014. Compliance with the standard will be required in January 2015.

In 2005, the Institute of Medicine (IOM) **issued a consensus report** (IOM and the National Research Council. *From Cancer Patient to Cancer Survivor: Lost in Translation.* Washington, DC: The National Academies Press, 2005) recommending that every cancer patient receive an individualized survivorship care plan that includes guidelines for monitoring and maintaining their health. The main goal of a Survivorship Care Plan is to help improve the quality of care of survivors as they move beyond their cancer treatment.

A Survivorship Care Plan is the record of a patients’ breast cancer history, current continued long-term treatment (for example, hormonal therapy) with recommended guidelines for follow-up survivorship care as well as recommendations and resources to promote wellness and reduce risk of recurrence by living a healthier lifestyle after cancer.

*A special communication will be sent when this standard is required.*

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