



An Introduction to Compliance – 2024 NAPBC Standards November 2022 Webinar Questions

The NAPBC presented a live webinar in late 2022 to provide a high-level overview of **Optimal Resources for Breast Care (2024 Standards)**, including accreditation requirements, compliance measures, and implementation timelines. The following document addresses questions submitted during that webinar.

- The full webinar recording [may be found here](#)
- *Optimal Resources for Breast Care 2024* [may be found here](#)
- More information about the 2024 NAPBC Standards may be found on the [NAPBC website](#)

General Questions

Can we share this webinar and the slide deck presentation with surgeon/committee/hospital leadership?

Yes.

[Link to the webinar recording](#)

[Link to the slide deck](#)

Will templates be provided for tracking standards compliance?

Yes. Select standards will have templates to help collect and track compliance data. More information on templates will be available in late 2023.

Are the 2024 Standards final as-is?

The early-access preview of the 2024 NAPBC Standards is near-final. Changes to the 2024 Standards may still be made throughout 2023 based on the results of the pilot site visits and feedback received throughout the year.

Is the pilot program for the 2024 Standards open for volunteers?

No. The pilot sites have already been selected. However, feedback regarding the new standards may be submitted to NAPBC throughout 2023.

Our site visit is scheduled for 2023. Will the new standards and compliance measures be used?

No. 2023 and 2024 site visits will still review compliance data under the 2018 standards for the previous three-year accreditation cycle. The new standards will not be in effect until January 1, 2024. Compliance with the new standards will not be reviewed until site visits in 2025.



General Questions

May we begin following the new compliance measures in the 2024 Standards right now?

You may begin demonstrating compliance with the new standards at any time. However, changes to the 2024 standards may still be made throughout 2023, based on the results of the pilot site visits and other feedback received. Additionally, programs with a 2024 site visit will still have their 2023 compliance data reviewed against the 2018 standards.

Site visits occurring in 2025 will only review one year of compliance data, correct?

Yes. NAPBC-accredited programs must be compliant with the new standards starting January 1, 2024. Site visits conducted under the new standards will begin in 2025, and will only review compliance data for years during which the new standards were in effect. Starting in 2025, compliance with the 2018 standards will no longer be reviewed.

2025 site visits will review calendar year 2024 only.

2026 site visits will review calendar years 2024 and 2025.

2027 site visits will review calendar years 2024, 2025, and 2026.

For medical record review, is there a specific list of documents that the site reviewer will request?

Yes. Each standard lists whether there will be a medical record review, and what will be evaluated. We will also include specific information within the site visit instructions to help prepare for the medical record review. Site visit instructions for the 2024 Standards will be available in mid-2024.

What is annual review vs. triennial review?

Annual review must occur each calendar year. Triennial review only needs to occur once every three calendar years (once each accreditation cycle).

Is there more information available regarding culturally appropriate shared decision making?

Education and resources will be provided later in 2023.

Must we continue to provide at least 50% of patients with survivorship care plans?

NAPBC programs will not be held to the 50% SCP delivery requirement for 2020, 2021, 2022, and 2023 activity. However, programs must still provide survivorship services.



Standard 2.1: Breast Program Leadership Committee

Members must attend at least 75% of BPLC meetings each calendar year, even if the BPLC holds more than the four required meetings?

Yes, BPLC members must attend at least 75% of all BPLC meetings held each calendar year.

We are a large hospital system. Does each hospital within the system need to have their own BPLC meetings?

Yes. The NAPBC does not offer a network accreditation model. Each NAPBC program must have its own BPLC and meetings.

It is recommended, but not required, that a community representative and/or patient representative be a full member of the BPLC. Can you provide examples of this?

An American Cancer Society representative, a breast cancer survivor (former patient), or a cancer support team representative.

Are alternate members of the BPLC allowed?

No. Alternates are not an option for compliance within the NAPBC Standards. Any unique situation related to a member's status may be documented in the BPLC meeting minutes and discussed with the site reviewer.

Standard 2.2: Breast Program Director

Can the co-BPD be a non-physician?

Yes. There must be a physician Breast Program Director (BPD), but a co-BPD is permissible, and the co-BPD may be a non-physician.

Standard 2.3: Breast Care Team

Are nurses required to be members of the BCT?

No; but it is strongly recommended.

“The NAPBC-accredited program must have a defined, multidisciplinary, Breast Care Team (BCT) with a minimum of one appointed physician member from each of the following specialties: **surgery, pathology, radiology, medical oncology, and radiation oncology.”**

Does “surgery” mean a breast surgeon?

Yes.



Standard 2.3: Breast Care Team

“Any surgeon, pathologist, radiologist, medical oncologist, or radiation oncologist granted privileges to treat patients with breast disease or breast cancer in the NAPBC-accredited program after January 1, 2024, must be a member of the BCT, and maintain compliance with all NAPBC standards.”

Does this apply to current providers with privileges?

No, it does not. Only new providers granted privileges to treat patients with breast disease or breast cancer after January 1, 2024, are required to join as members of the BCT and maintain compliance with all NAPBC standards.

Does this apply to physicians NOT treating breast patients?

No, it does not.

Standard 2.4: Multidisciplinary Breast Care Conference

Our BPLC is a subcommittee of our cancer committee. Can the cancer committee set the attendance requirements for MBCC meetings instead of the BPLC?

Yes. This is left to the discretion of the facility.

Who must attend each Multidisciplinary Breast Care Conference?

Each meeting must have at least one member representative from each of the following specialties: surgery, pathology, radiology, radiation oncology, and medical oncology.

The BPLC must also set individual attendance requirements for those specialties. If surgeon members of the MBCC must attend 50% of all meetings, each individual surgeon member of the MBCC must attend at least 50% of the MBCC meetings.

Our program has more than 250 analytic cases each year. Must we still have at least 48 MBCC meetings per year if we present at least 30% of all analytic cases?

Yes. The MBCC must meet approximately four times per month (for a total of at least 48 meetings per calendar year) if the program’s analytic case load is greater than 250 cases per year. The case presentation and meeting frequency requirements must both be met.

Is the analytic case load limited to just breast cases?

Yes. The analytic case load includes only the program’s breast patients.

Is the analytic case load based on the current calendar year or the previous calendar year?

It is based on the current calendar year. It is recommended that programs add 10% to their total analytic case load from the previous year if trying to predict an estimate for this number.

If an MBCC meeting is cancelled, does that scheduled meeting still count towards our total number of annual meetings?

No. The MBCC must be held in order for it to count toward the required meeting total.



Standard 4.2: Oncology Nursing Credentials

The Nursing Continuing Professional Development (NCPD) hours need to have “emphasis on hours that are applicable to patients with breast disease or breast cancer.” Do general credits for chemotherapy qualify?

Yes, those continuing education hours would qualify as long as they are applicable to patients with breast disease or breast cancer.

Do all 36 hours of Nursing Continuing Professional Development (NCPD) need to be breast-specific?

No. There should be an emphasis on breast education, but all 36 hours of NCPD do not need to be breast-specific.

Of the 36 cancer-related Nursing Continuing Professional Development (NCPD) hours required each accreditation cycle, how many must have “an emphasis on patients with breast disease or breast cancer?”

It is acknowledged that there are many different nursing education topics that will benefit a patient with breast disease or breast cancer, so there is no hard number requirement on how many NCPD hours must address breast disease or breast cancer. But it is strongly recommended that at least some education be focused on breast disease or breast cancer.

Will NCPD offered from Multidisciplinary Breast Cancer Conferences (MBCC) count towards the 36 continuing education credit hours?

Yes, continuing education credit hours offered for MBCC attendance may count toward the 36 NCPD hours required each accreditation cycle for Breast Care Team Nurses (BCT) that do not hold cancer-specific nursing certification. This also applies for physician assistants (PAs) under Standard 4.3.

Are oncology breast nurse navigators required to meet compliance with this standard?

Yes. They must have an appropriate certification or meet the continuing education requirements outlined in Standard 4.2.

Standard 4.3: Physician Assistant Credentials

Are physician assistants (PAs) in the medical oncology clinic who see all patients required to meet compliance with Standard 4.3?

Yes, they must be in compliance with Standard 4.3.

Standard 4.4: Genetic Professional Credentials

If genetic testing is referred to an outside provider, do we need proof/verification of their certified genetic counselors?

Yes. If genetic testing/counseling is provided by a telegenetics company or a facility outside the NAPBC-accredited program, the referred company or facility must utilize board certified genetic counselors and documentation of such must be provided by your program.



Standard 4.5: Patient Navigation Credentials

Does Standard 4.5 apply to breast oncology navigators, or all patient navigators?

It applies to all navigators providing navigation services to breast patients.

What is a lay navigator?

A clinical navigator has a healthcare credential (social worker, registered nurse, etc.). A lay navigator does not have a healthcare credential.

Standard 5.6: Evaluation and Treatment Planning for the Newly Diagnosed Cancer Patient

How do we document review of outside imaging/pathology/radiology?

The exact process is left to the discretion of the NAPBC program. The documentation must be reviewable by a NAPBC Site Reviewer during the site visit. It is recommended that your program confer with your legal/risk management teams regarding facility policy for such documentation.

Standard 5.8: Patient Navigation

Can the point-of-contact person be different at various points of the patient journey?

Yes, that is acceptable.

Does survivorship throughout treatment mean the patient sees our survivorship clinician from the time of diagnosis onward?

In some cases, that would be best practice. However, this depends on the specific services provided by your program. Cancer care team members are encouraged to stress the importance of survivorship and patient navigation resources throughout the patient journey.

Standard 5.9: Surgical Care

Our INCP is CoC-accredited and meets compliance with CoC Standards 5.3 and 5.4. Will all NAPBC-accredited programs in the INCP be compliant with NAPBC Standard 5.9?

Yes, provided that the program is found “compliant” with Standards 5.3 and 5.4 in its most recent CoC Accreditation Report. We will be offering reciprocity for the operative standards portion of NAPBC Standard 5.9 for programs that are both CoC and NAPBC-accredited. More information on this process will be provided later in 2023.



Standard 5.10: Reconstructive Surgery

Does this standard apply only to mastectomy patients?

The requirement for referral to reconstructive surgery applies only to mastectomy patients, not all breast cancer patients having surgery.

Do we have to perform an internal audit of our reconstructive surgery program for Standard 5.10, and present it to the BPLC?

No. Each calendar year, the BPLC must review how the program evaluates outcomes for reconstructive surgery. While an internal audit may be helpful for this, it is not necessarily required. Each accreditation cycle, the availability of reconstruction options available must also be evaluated. Please see the information under "Evaluation by the BPLC" within Standard 5.10 for more information.

Standard 5.11: Medical Oncology & Standard 5.12 Radiation Oncology

How are Standards 5.11 and 5.12 affected if medical/radiation oncology is referred to another facility?

Patient care at the referral location(s) must be consistent with the requirements outlined in *Optimal Resources for Breast Care (2024 Standards)*.

Standard 7.2 Quality Improvement Initiatives

Do CoC Quality Improvement Initiatives count towards compliance with NAPBC Standard 7.2?

No. Accredited programs must implement separate QI initiatives for CoC and NAPBC accreditation. The same project cannot be counted for compliance with both QI standards.

Standard 8.2: Continuing Education

Does cancer genetics education have to be breast-cancer-specific?

No. The genetics-related continuing education must focus on cancer genetics and/or hereditary cancer predisposition syndromes applicable for breast patients, but do not need to be breast-specific.

Does CME/NCPD awarded for attendance at the MBCC qualify for Standard 8.2?

No.