

ACS

NAPBC

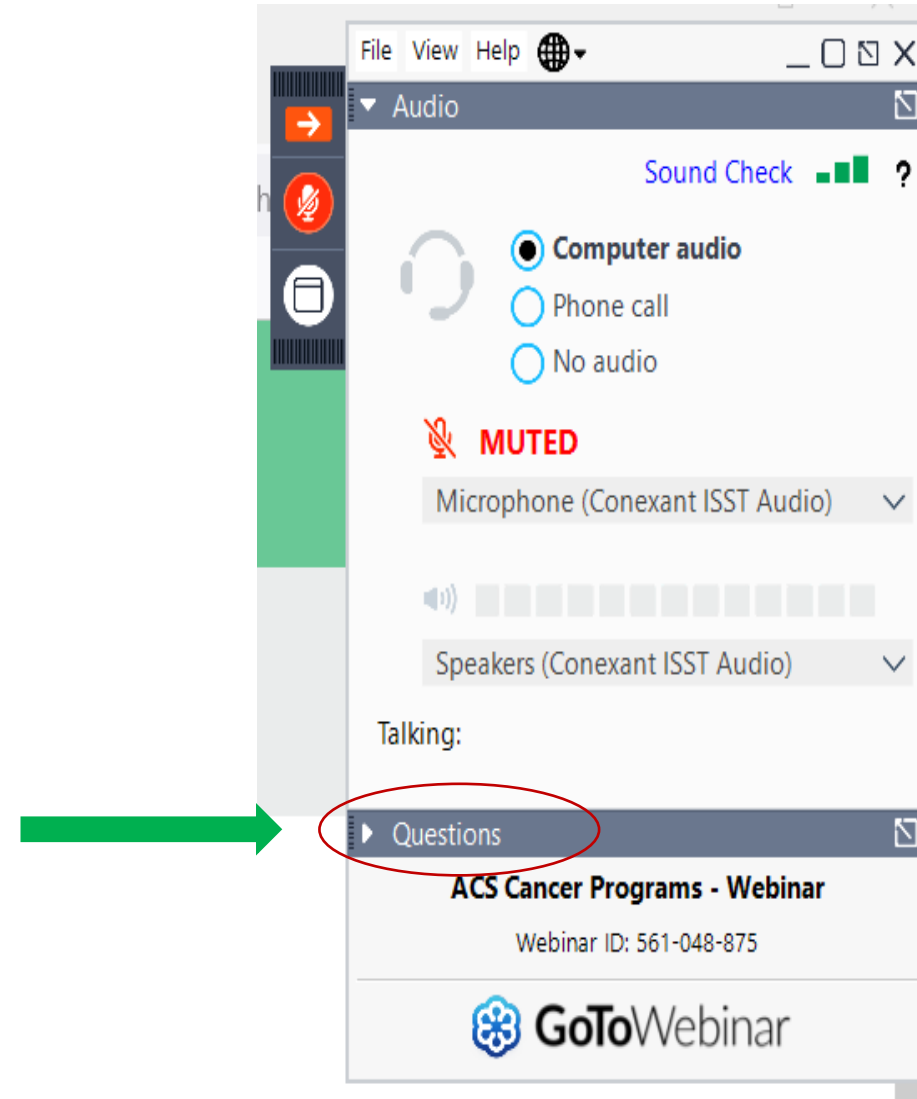
National Accreditation Program for Breast Centers
American College of Surgeons

**2024 NAPBC Standards:
An Introduction to Compliance**
Optimal Resources for Breast Care
2024

November 16, 2022

Webinar Logistics

- All participants are muted during the webinar
- Questions – including technical issues you may be experiencing – should be submitted through the question pane
- Questions will be answered as time permits; additional questions and answers will be posted on the website
- Please complete the post-webinar evaluation you will receive via email



Panelists

Jill Dietz, MHCM, MD, FACS

Katherine Yao, MD, FACS

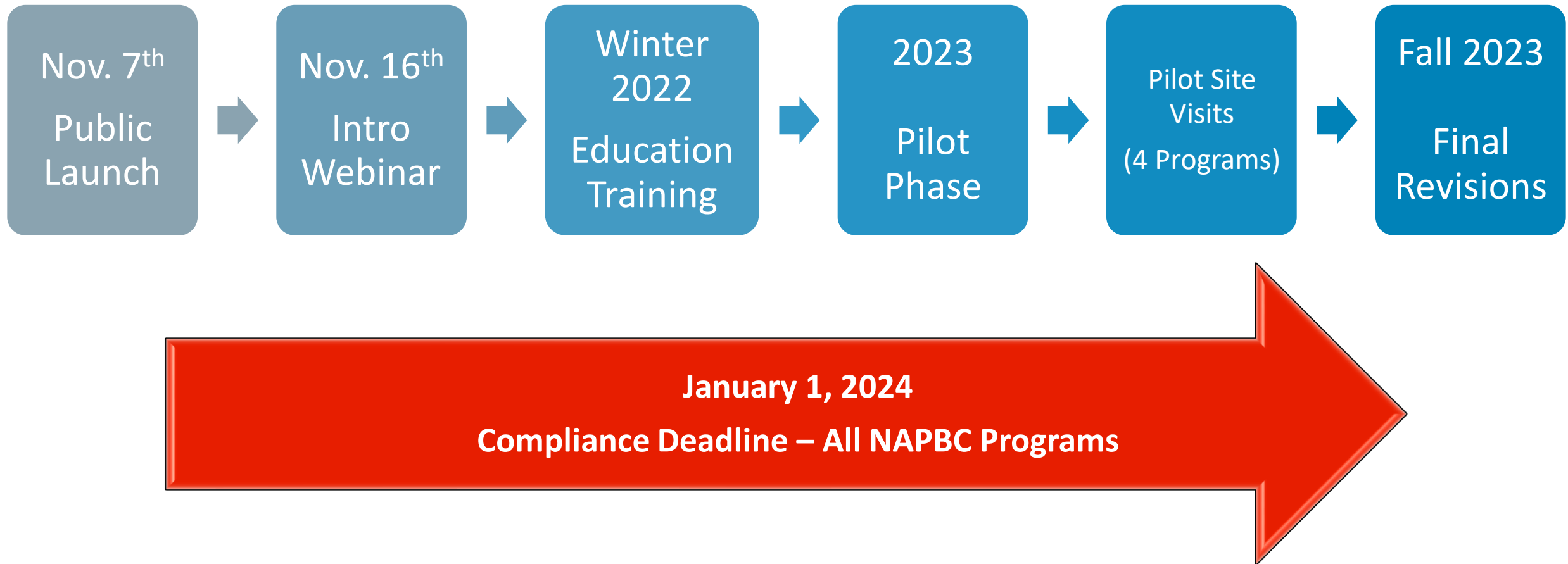
Paul Jeffers

Panelists

Paul Jeffers

Standards Development Manager, ACS Cancer Programs

Implementation Timeline



Site Visits

Initial Sites

Year of Site Visit	Year to be Reviewed	2018 or 2024 Standards
2023	2022	2018 Standards
2024	2023	2018 Standards OR 2024 Standards
2025	2024	2024 Standards
2026	2025	2024 Standards

Renewal Sites

Year of Site Visit	Years to be Reviewed	2018 or 2024 Standards
2023	2020, 2021, 2022	2018 Standards
2024	2021, 2022, 2023	2018 Standards
2025	2024	2024 Standards
2026	2024, 2025	2024 Standards

Implementation

- Accredited programs are not required to demonstrate compliance until **January 1, 2024**
- Accredited programs will not be measured against the new standards until **2025**
- Programs are welcome to begin implementation any time they are ready
- Programs with an upcoming site visit in 2023 and 2024 must maintain compliance documentation with the 2018 Standards
- Prospective/Initial applicants should be encouraged to follow the **2024 Standards** (This is officially optional)

Optimal Resources for Breast Care – 2024 Standards



New Language

- Emphasis on imperative (must)
- Removal of suggestive (should)
- NAPBC-accredited program
 - **Center/program/breast center**
- Protocol
 - **Policy and Procedure**
- Culturally appropriate shared decision making



Standard 1.1: Administrative Commitment

- A letter of commitment, written by facility leadership
 1. Overview of the NAPBC-accredited program
 2. Quality of care/patient safety initiatives involving the NAPBC-accredited program
 3. Facility leadership involvement with the NAPBC-accredited program
 4. Current/future financial commitment to the NAPBC-accredited program



Standard 2.1: Breast Program Leadership Committee

- BPLC chaired by Breast Program Director (BPD)
- BPLC must be at least 3 physicians representing different disciplines
- Responsible for establishing the multidisciplinary care team for NAPBC program
- BPLC must implement, evaluate, and improve all activities provided by the NAPBC-accredited program



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Standard 2.1: Breast Program Leadership Committee

- BPLC must meet at least 4 times per calendar year
- BPLC members must attend **75%** of meetings each calendar year
- **BPLC must ensure program compliance with all NAPBC Standards**

Requirements for BPLC membership:

- Compliance with Standard 4.1
- Current medical licensure and active medical staff appointment
- Non-physician members must have appropriate qualifications/certifications in their field



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Standard 2.2: Breast Program Director

- Maintains authority and accountability for the NAPBC-accredited program
- BPD must be a physician; co-directors are allowed
- Familiarity with standards/site visit process
- Maintain compliance with all NAPBC Standards
- Oversees the Breast Care Team (BCT)
- Oversees protocols

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Standard 2.3: Breast Care Team

- Multidisciplinary team
- One physician member from each specialty:
 - Surgery
 - Pathology
 - Radiology
 - Medical oncology
 - Radiation oncology

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.



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Standard 2.3: Breast Care Team

- The BPD and BPLC may include additional health care professionals as necessary

Requirements for BCT membership:

- Appropriate qualifications in their field (see Chapter 4)
- development of treatment plans (see Chapter 5)
- Provide patient care in compliance with the NAPBC Standards
- Surgery, pathology, radiology, medical oncology, and radiation oncology BCT members must participate in Multidisciplinary Breast Care Conferences (MBCC)
- Compliance with continuing education, as required by Standard 8.2



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Standard 2.4: Multidisciplinary Breast Care Conference

- BPLC is responsible for monitoring individual and specialty attendance
- **At least one surgeon, radiologist, pathologist, radiation oncologist, and medical oncologist must attend each MBCC**
- BPLC must also set attendance requirements for all specialties attending the MBCC
- **The site reviewer must attend a MBCC meeting**



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Standard 2.4: Multidisciplinary Breast Care Conference

The MBCC discussion must address the following for each case:

- Clinical and/or pathological stage
- Treatment planning using evidence-based guidelines
- Options and eligibility for genetic testing (where applicable)
- Options and eligibility for clinical research studies (where applicable)
- Options and eligibility for supportive care services (where applicable)
- Visual display of pathology slides and imaging studies



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Standard 2.4: Multidisciplinary Breast Care Conference

Analytic Case Load (excluding class of case 00)	Required MBCC Frequency	Case Presentation
1-250 cases	<p>Twice a month, or more frequently at the discretion of the BPLC</p> <p>Accredited programs with fewer than 100 analytic breast cancer cases per year have the option of including these cases as part of a general cancer conference</p>	A minimum of 50% of all analytic cases must be prospectively presented each calendar year
251+ cases	<p>Weekly</p> <p>Weekly meetings of the MBCC are defined as an average of four meetings each month, and a total of at least 48 meetings each calendar year</p>	A minimum of 30% of all analytic cases must be prospectively presented each calendar year



Standard 3.1: Facility Accreditation

- The facility must be licensed by the appropriate state licensing authority

OR

- The facility must be licensed or accredited by a recognized local, state, or federal authority
- CoC Accreditation Report from the most recent CoC site visit demonstrating compliance with CoC Standard 3.1 also meets the measure of compliance



Standard 3.2: Radiation Oncology Quality Assurance

- The facility must be accredited by a NAPBC-approved radiation oncology organization
 - The American College of Radiation Oncology (ACRO)
 - The American Society for Radiation Oncology Accreditation Program for Excellence (ASTRO-APEX)
 - The American College of Radiology Radiation Oncology Practice Accreditation (ACR- ROPA)

OR

- The facility must implement a radiation oncology quality assurance (QA) program



Standard 3.2: Radiation Oncology Quality Assurance

Quality Assurance (QA) Program

- Patient identity must be verified by two independent methods before each encounter
- Daily, monthly, and annual quality assurance procedures must be completed on radiation treatment machines, following the guidelines of the American Association of Physicists in Medicine (AAPM)
- Dosage calculations must be independently verified for every new or changed treatment before starting treatment
- Patient-specific quality assurance must be completed prior to initiating Intensity-Modulated Radiation Therapy (IMRT)



Standard 3.3: Image Guided Biopsy Quality Assurance

- Stereotactic core needle biopsy must be performed at an American College of Radiology (ACR)-accredited facility, or by an American Society of Breast Surgeons (ASBrS) Breast Procedure Program-certified surgeon
- Diagnostic ultrasound and/or ultrasound-guided needle biopsy must be performed at an ACR ultrasound-accredited facility, or by an ASBrS breast ultrasound-certified surgeon
- The NAPBC-accredited facility must be accredited in breast MRI by the ACR if MRI biopsies are performed by the NAPBC-accredited program



Standard 3.4: Breast Imaging Quality Assurance

To demonstrate compliance with this standard, the facility must meet **one** of the following criteria:

- Breast Imaging Center of Excellence (BICOE) accreditation
- American College of Radiology (ACR) accreditation for breast MRI
- Have an established referral relationship with a local facility to provide the breast MRI services outlined below

Required services:

- Mammographic correlation
- Directed breast ultrasound
- MRI-guided intervention



Standard 3.5: Pathology Accreditation Quality Assurance

NAPBC-accredited programs must utilize surgical specimen pathology reporting templates, and those templates must contain the required core data elements outlined by the College of American Pathologists.

To demonstrate compliance with this standard, the facility must document accreditation from **one** of the following organizations:

- College of American Pathologists (CAP)
- COLA Laboratory Accreditation
- American Association for Laboratory Accreditation (A2LA)
- The Joint Commission (TJC)
- Accreditation Commission for Health Care (ACHC)



Standard 4.1: Physician Credentials

All physicians involved in the evaluation and management of patients with breast disease or breast cancer must meet **one** of the following requirements:

- Board certification from the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), or equivalent

OR

- Demonstrate ongoing education by earning 12 cancer-related Continuing Medical Education (CME) hours each calendar year, six of which must be related to breast disease or breast cancer



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Standard 4.1: Physician Credentials

Scope of Standard

This standard applies to physician members of the Breast Care Team (BCT) who are involved in the evaluation and management of patients with breast disease or breast cancer at the accredited program for at least one calendar year. This standard does not apply to physicians who are in fellowship, residency, or physicians who have graduated from fellowship or residency within the past 5 years.

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Standard 4.2: Oncology Nursing Credentials

All registered nurses and advanced practice nurses who provide direct breast oncology care and are members of the Breast Care Team (BCT) must demonstrate compliance with **one** of the following requirements:

- Current cancer-specific certification in the nurse's specialty from an accredited certification program

OR

- Continuing education by completing 36 cancer-related Nursing Continuing Professional Development (NCPD) hours each accreditation cycle, with emphasis on hours that are applicable to patients with breast disease or breast cancer



Standard 4.2: Oncology Nursing Credentials

Scope of Standard

This standard applies to registered nurses and advanced practice nurses who provide direct breast care in the NAPBC-accredited program for at least one calendar year. Specifically, the standard applies to nurses in medical oncology who give chemotherapy, nurses in radiation oncology, nurse navigators, and nurses in the NAPBC-accredited program, cancer center, or breast clinics within the NAPBC-accredited program. It does not apply to nurses in the hospital who have occasional contact with cancer patients, and it does not apply to operating room or recovery room nurses.



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Standard 4.3: Physician Assistant Credentials

All PAs who provide direct breast oncology care must earn 36 cancer-related continuing education hours each accreditation cycle, with emphasis on hours that are applicable to patients with breast disease or breast cancer.

Scope of Standard

This standard applies to PAs who provide direct breast care in the NAPBC-accredited program for at least one calendar year. Specifically, the standard applies to PAs in medical oncology clinics, PAs in radiation oncology, PAs in infusion sites, and PAs in the breast center, cancer center, or breast clinics within the NAPBC-accredited program. This standard does not apply to PAs in the hospital who have occasional contact with cancer patients, and it does not apply to operating room or recovery room PAs.



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Standard 4.4: Genetic Professional Credentials

- Genetic testing and counseling must be performed by genetics professionals with an educational background in cancer genetics and hereditary cancer syndromes
- Alternative service delivery models are allowed, detailed in appendix

Genetic professionals' qualifications: **FULL LIST IN STANDARD 4.4**

- Board certification or eligibility by the American Board of Genetic Counseling (ABGC)
- Board certification or eligibility by the American Board of Medical Genetics and Genomics (ABMGG)
- Advanced Genetics Nursing Certification (AGN-BC)
- Advanced Clinical Genomics Nurse (ACGN) credentials
- Clinical Genomics Nurse (CGN) credentials



Standard 4.5: Patient Navigator Credentials

- Patient navigation must be provided by individuals with documented training, experience, or education
- Oncology Certified Nurse (OCN[®])
- Certified Breast Care Nurse (CBCN[®])
- Oncology Nurse Navigator-Certified Generalist (ONN-CG[™])
- Oncology Patient Navigator-Certified Generalist (OPN-CG[™])



Lay navigators must have proof of training:

- NCBC Breast Health Navigator Certification Program
- George Washington University School of Medicine and Health Sciences education program

Panelists

Jill Dietz, MD, FACS

Chair, NAPBC Executive Committee

Vice Chair, NAPBC Board

Standard 5.1: Screening for Breast Cancer

- Adoption of nationally recognized guidelines for screening
- Protocols are developed and implemented for:
 - Notifying, educating, and providing additional screening for patients with increased density
 - Risk evaluation to be performed at the time of breast screening and to provide appropriate referrals
 - Appropriate use of screening MRI and ultrasounds, including which patients must receive screening MRIs or ultrasounds
- Provision of risk reduction information
- Strategies/resources are provided for the patient to follow-up for risk reduction strategies
- **The site reviewer will evaluate pre-selected medical records to confirm compliance with this standard**



Standard 5.2: Diagnostic Imaging of the Breast and Axilla

- A protocol is developed and implemented for:
 - Risk evaluation at the time of diagnostic breast imaging if not performed during screening
 - Referral and access to biopsy for patients with abnormal mammogram or MRI
 - Performance of a recommended biopsy or communication to the patient regarding the recommendation for biopsy
- A process is in place for:
 - Evaluating, communicating, and documenting concordance between imaging and biopsy pathology
 - Management of discordant reviews
 - Follow-up of recommended action
- Biopsy pathology results are communicated to the patient or the referring physician



Standard 5.3: Evaluation and Management of Benign Breast Diseases

A protocol must be developed and implemented to manage and follow patients with benign breast disease

- Appropriate additional imaging for patients without cancer (density and MRI use)
 - Concordance between physical exam, imaging, and pathology
 - Establishment of a follow-up plan
-
- Patients with benign biopsy must have results reviewed with them, by accredited program or referring physician
 - If the accredited program does not communicate the results, a protocol must be in place to confirm the patient has received the results



Standard 5.4: Management of Patients at Increased Risk for Breast Cancer

- Protocol must be implemented for patients at increased risk
 - Dense breast tissue
 - Lifestyle risk
 - Family history
 - History of high-risk lesions



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Standard 5.4: Management of Patients at Increased Risk for Breast Cancer

- Protocol must be implemented for patients at increased risk
- Protocol must address:
 - Risk reduction strategies
 - Imaging surveillance
 - Referral to appropriate providers for patients with high-risk lesions
 - Referral to genetics professionals for patients with genetic risk
 - Consideration for referral to genetics professionals for patients with abnormal test results performed by non-genetics professionals



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Standard 5.5: Genetic Evaluation and Management

NAPBC-accredited programs must, at a minimum, **consider** genetic counseling and testing for the following patients:

- All newly diagnosed patients with breast disease or breast cancer
- Patients determined to be at high risk for genetic cancer predisposition
 - These patients are determined based on screening as outlined in Standards 5.1 and 5.4

This consideration for genetic counseling and testing must be in accordance with nationally recognized guidelines, and documented in the patient medical record.



Standard 5.5: Genetic Evaluation and Management

Accredited programs must address the following requirements for managing patients for genetic evaluation:

- Evidence-based process for genetics evaluation, counseling, and testing
- Written/electronic copy of the genetic evaluation discussed with the patient, reported to the treatment team, and documented in the medical record
- Documentation of effort to help patients inform at-risk family members and/or provide cascade testing
- Consideration for referral to genetics professionals for patients with abnormal test results performed by non-genetics professionals



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

Required workups for newly diagnosed breast cancer patients:

- Staging
- Biopsy
- Imaging
- Metastatic workup
- Lab workup
- Evaluation of barriers to care

The site reviewer will evaluate preselected medical records to confirm compliance with the standard



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

- Clinical staging is documented in the patient medical record and discussed with the patient before treatment at the NAPBC-accredited program
- Biopsy/surgery pathology slides from outside facilities are reviewed by the NAPBC-accredited program before providing treatment
- Breast images from outside facilities are reviewed at the NAPBC-accredited program before providing treatment
- Appropriate workups (metastatic workup, laboratory) are documented in the patient medical record
- Culturally appropriate shared decision making is utilized
- Barriers to effective and efficient care are evaluated and addressed



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Standard 5.7: Comprehensive Evaluation of Patient Factors

Each calendar year, the BPLC must review and assess one of the following categories of patient pre-treatment evaluation:

- Functional assessments
- Evaluation for referrals to oncofertility, cardiooncology, exercise program, nutrition counseling, genetics, or physical therapy
- Social well-being assessments



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Standard 5.8: Patient Navigation

A protocol must be implemented to address patient navigation:

- The patient has a point of contact from the moment of diagnosis onward
- Facilitation of timely transitions between surgery and medical oncology
- Assistance with addressing survivorship and surveillance
- Alerting the radiation oncology team if a patient cannot complete chemotherapy, and finishes treatment early



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Standard 5.9: Surgical Care

Patients undergoing surgery for breast cancer must receive the following care, with documentation in the medical record

The site reviewer will evaluate preselected medical records to confirm compliance with the standard

- Evidence-based care
 - Example: The NAPBC-accredited program follows national guidelines provided by ASCO for the management of locally advanced inflammatory and T2 triple negative and HER2 positive breast cancer, and patients are referred for neoadjuvant systemic therapy



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Standard 5.9: Surgical Care

- Culturally appropriate shared decision making
- Preoperative and postoperative patient education, to help prepare for surgery and recovery
- Enhanced Recovery after Surgery (ERAS) protocols and/or opioid-sparing multimodal pain management strategies to facilitate same-day discharge
- Preoperative and postoperative functional assessment and appropriate referrals
- Patient must receive a copy of the definitive surgery pathology report



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Standard 5.9: Surgical Care

CoC Operative Standards

NAPBC-accredited programs must demonstrate compliance with the Commission on Cancer Standards:

- Standard 5.3 Sentinel Node Biopsy for Breast Cancer
- Standard 5.4 Axillary Lymph Node Dissection for Breast Cancer

If the NAPBC-accredited program is part of a hospital that is Commission on Cancer accredited, demonstration of a compliant rating for Standards 5.3 and 5.4 in the CoC Accreditation Report meets the measure of compliance for this requirement of this standard.



Standard 5.10: Reconstructive Surgery

Patients with breast cancer must receive the following care, with documentation in the medical record

- Patient referral or documentation of discussion to reconstructive surgeon
- Culturally appropriate shared decision making
- Discussion of the risks and benefits of reconstruction
- Multidisciplinary input on the impact of reconstruction

The site reviewer will evaluate preselected medical records to confirm compliance with the standard



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Standard 5.10: Reconstructive Surgery

A protocol is developed and implemented for:

- Postoperative functional assessment and appropriate referrals to exercise, physical therapy and/or lymphedema management
- Education about the risks and benefits of reconstruction
 - For example: postoperative appearance, the use of a prosthesis, delayed reconstruction, timing of reconstruction relative to radiation and systemic therapy
- Preoperative and postoperative functional assessment and appropriate referrals



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Standard 5.11: Medical Oncology

- Patients must receive care following evidence-based guidelines, with documentation in the medical record
- A protocol must be implemented for the assessment of side effects of systemic therapy and appropriate referral and interventions
- Culturally appropriate shared decision making
- Exercise therapy recommendations
- **The site reviewer will evaluate preselected medical records to confirm compliance with the standard**



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Standard 5.11: Medical Oncology

Evidence-Based Guidelines: Examples – NCCN, ASCO, QOPI

- Genomic testing is considered in patients with endocrine responsive disease with 0-3 positive nodes
- Appropriate patients with endocrine responsive disease are considered for endocrine therapy
- Consideration of HER2 targeted therapy in HER2 positive. If this is not administered, then documentation why it was not administered
- Patients with triple negative disease are considered for chemotherapy



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Standard 5.12: Radiation Oncology

- Patients must receive care following evidence-based guidelines, with documentation in the medical record
- A protocol must be implemented for assessment of side effects of radiation therapy and appropriate referral and interventions
- Culturally appropriate shared decision making
- **The site reviewer will evaluate preselected medical records to confirm compliance with the standard**



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Standard 5.12: Radiation Oncology

Evidence-Based Guidelines: Examples – NCCN, ASTRO

- All lymph node positive patients are evaluated by radiation oncology or discussed at the MBCC
- Patients who are candidates for breast conservation and post operative radiation are discussed at MBCC or referred to a radiation oncologist
- Early-stage patients having breast conservation surgery are treated with a form of hypo-fractionation
- Offering observation when appropriate
- Offering regional nodal radiation when appropriate



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Standard 5.13: Surgical Pathology

- NAPBC-accredited programs must review outside biopsy/surgical pathology slides before providing treatment to the patient
- **The site reviewer will evaluate preselected medical records to confirm compliance with the standard**



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Standard 5.14: Breast Cancer Staging

- Pathological staging or posttherapy pathological staging must be reported using the most recent American Joint Committee on Cancer (AJCC) system
- AJCC staging must be documented in the medical record, and discussed with the patient
- **The site reviewer will evaluate preselected medical records to confirm compliance with this standard**



Panelists

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Chair, NAPBC Board

Vice Chair, NAPBC Executive Committee

Standard 5.15: Survivorship

- Follow evidence-based guidelines and implement a protocol addressing:
 1. Persistent symptoms
 2. Functional issues
 3. Social/behavioral determinants of health

Examples: ACSM, APTA, ONS, ACS, NCCN, and ASCO

- Survivorship care plans are recommended, not required



Standard 5.15: Survivorship

Examples of evidence-based guidelines:

- Referral to local or online exercise programs
- Referral to a social worker if psychosocial distress remains elevated post-treatment
- Referral to outpatient rehabilitation



Standard 5.16: Surveillance

- Follow evidence-based guidelines and implement a protocol addressing:
 1. Clinical and imaging surveillance for disease progression/recurrence
 2. Long-term and late effects of disease and treatment
 3. Surveillance of disease and documentation in the medical record
- BPLC must review and assess protocol each accreditation cycle



Chapter 6: Data Surveillance

- N/A
- NAPBC does not require submission to a data registry

Standard 7.1: Quality Measures

Standard 7.1 is in development

- NAPBC approves quality measures based on need
- Quality measures must be reviewed and implemented by the accredited program
- BPLC must monitor adherence with all required measures
- Corrective action plans for non-compliance



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Standard 7.2 Quality Improvement Initiatives

- Program must implement at least one breast cancer-specific quality improvement (QI) initiative each year
- Utilize quality improvement methodology (PDSA/DMAIC)
- Status reports to the BPLC 2x a year
- Final presentation summary after the QI initiative is complete
- Projects may extend into a second year, but a new project must also be started

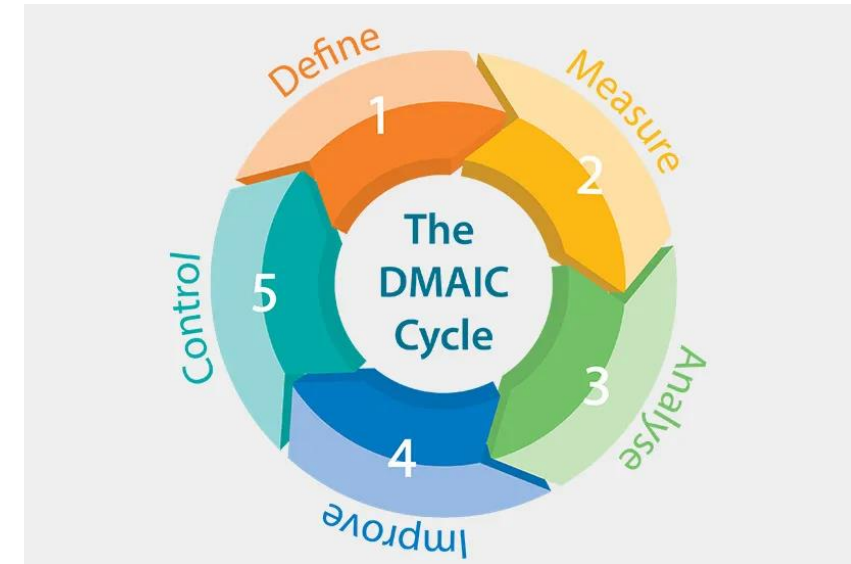


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Standard 7.2 Quality Improvement Initiatives

QI Initiative Requirements

1. Review Data to Identify the Problem
2. Write the Problem Statement
3. Choose QI Methodology and Metrics
4. Implement Intervention and Monitor Data
5. Present Quality Improvement Initiative Summary



Standard 8.1: Education, Prevention, and Early Detection

- Must provide two educational programs each calendar year
- Focus on breast disease or breast cancer education, prevention, and/or early detection
- Follow-up process must be defined and implemented for patients with positive findings (early detection)



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Standard 8.2: Continuing Education

- Physicians and APRNs
- Two total credit hours of breast-specific education each calendar year
 - ✓ CME or NCPD
 - ✓ MBCC credit hours **do not** count
 - ✓ Breast-specific credits used for Standard 4.1 and 4.2 **do** count



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Standard 8.2: Continuing Education

Genetics Professionals and Counselors

- Two total credit hours of cancer genetics education each calendar year
 - ✓ CME, NCPD, CEUs (0.2)
 - ✓ MBCC credit hours **do not** count
 - ✓ Cancer genetics credits used for Standard 4.1 and 4.2 **do** count



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Standard 9.1: Clinical Research Accrual

- A **minimum** of two percent (2%) enrollment of analytic breast cancer cases into clinical research studies
- Clinical research studies must be related to breast disease or breast cancer
- Annual BPLC review:
 1. Yearly accrual
 2. Identify barriers to compliance (if any) with action plan



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Questions & Answers

Standards changes?
Compliance measures?
Site visit implications?

