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# NQMBC

National Quality Measures for Breast Centers™

*Becoming a*  
**Quality Center of Excellence!**

*a quality program of the*  
National Consortium of Breast Centers, Inc.



## Background and Program Development

In 2005, The Board of Trustees of the National Consortium of Breast Centers adopted its fifth mission statement. This mission statement reflects NCBC's commitment to increase the quality of breast health care provided by professionals to their patients. To move forward, the NCBC began the development of a Quality Initiative Program for breast centers. This program has now evolved into the National Quality Measures for Breast Centers™ Program (NQMBC™). This program identifies quality care measures and provides immediate access to information that allows participating

breast centers to compare their performance on these measures with other centers across the United States.

The National Quality Measures for Breast Centers™ Program is an interactive internet model for breast centers to enter data, filter for comparisons and receive comparison reports on breast center quality measures. It is the hope of the NCBC that the comparison reports will be used by participating breast centers to identify where quality care already exists and where quality care improvements can be made.

## Intents and Goals of the Program

1. The development of a broad base collaboration with entities interested in quality care including but not limited to breast centers, associations, societies, organizations, consumers, health insurance plans and allied health entities
2. Identification of areas of interest regarding quality care in breast center environments and in breast health programs
3. The development of clear and concise quality breast health care indicators and metrics
4. The development of quality measures that have, for participants, an ease of responding
5. The development of an interactive web site that serves as a model for quality initiative programs
6. The development of the NCBC Quality section of the web site to interactively interface with other quality programs
7. To ensure all web site participation will be anonymous and data will be secure and confidential
8. The development of a national database of quality measures that has ease of access, participation and reporting
9. To provide participation at no cost to NCBC members and non-members
10. The development of national quality benchmarks for quality indicators
11. Identification of resources and tools for breast centers to address quality improvement where quality measure comparisons show improvement is desired
12. To recognize quality breast centers

## Definition of Quality Care

Quality care means providing the patient with accurate evaluation and appropriate services with compassion in a technically competent and timely manner, with good communication and shared decision making in a culturally sensitive fashion. *Adopted by National Consortium of Breast Centers in 2003.*

## Breast Center Definition

The management of breast diseases, including the screening, diagnosis and treatment of breast cancer, require the interaction of multiple specialists in multiple departments. These include, but are not limited to, surgery, medical oncology, radiation oncology, radiology, pathology, plastic surgery, physical therapy, behavioral medicine and nursing.

While many or most of these services exist in most health systems, the idea of a breast center is to organize these services into a coordinated, integrated, multidisciplinary approach for the benefit of the patient. The direct integration of these services is synergistic, providing much higher quality care to the patient than

she would receive from the same specialists working in isolation.

Breast centers may have all their services available under one roof, or may be a "center without walls," organizing their services located at different physical sites under unified leadership.

For services to be considered as "provided" services by the breast center, the center must maintain "quality control" of that service. Other services available without "quality control" are considered "referred" services. (See footnote in section titled *In Phase I Your Components of Service Determine Your Breast Center Type*)

*Your Invitation to Become a...*

**Quality Center of Excellence!**

Dear Breast Health Care Facility,

The National Consortium of Breast Centers invites breast centers from across the United States to participate in its National Quality Measures for Breast Centers™ Program (NQMBC™). Released in April of 2007, the NQMBC™ program offers facilities providing breast health care the ability to track and measure quality performance in more than 30 separate quality indicators. The most impressive component of this program is the ability of participants to enter data and immediately compare their performance on these measures with other participating breast centers around the country. Current participants use these comparison reports to identify where quality care already exists and where quality care improvements can be made.

One of our current participants just recently contacted the NCBC office after entering her center's data for the first time, "I entered data for the quality measures today. I was able to immediately get all the comparison data with all of the graphs showing perfectly. I am so happy with the quality of the presentation and will present the report to our cancer committee next week. Your efforts in developing this program have been worth it, as the finished product is great!"

Participation in this program may begin at any time. Participants are not required to respond to all measures, but may choose which measures they would like to complete in order to compare their quality performance on these measures with others. Data on each measure may be provided at any time and may begin with 2005 data points.

As a vital part of the NQMBC™ Program, the NCBC will officially recognize each participant in this program as a Certified Participant in the National Quality Measures for Breast Centers™. This designation will grant eligibility to become a Certified Quality Breast Center™ and ultimately a Certified Breast Center of Excellence™. Watch for more information on these certifications and NQMBC™ updates on the NCBC web site [www.breastcare.org](http://www.breastcare.org). More detailed information about the NQMBC™ Program can also be found on this site.

We look forward to adding your center as a Certified Participant in the National Quality Measures for Breast Centers™ Program to this growing list of breast centers dedicated to providing quality care for their patients.

Lillie Shockney, RN, BS, MAS  
 Administrative Director, Johns Hopkins Avon Foundation Breast Center  
 Quality Initiative Chairman, National Consortium of Breast Centers, Inc.

Cary S. Kaufman, MD, FACS  
 Bellingham Breast Center  
 Past President, National Consortium of Breast Centers, Inc.

National Supporters of Quality Performance in Breast Health Care



**Participant Specifications and Requirements**

Participation is by site. Any facility providing breast health care to patients may participate (generically referred to as breast centers). If the breast center is part of a hospital system, any one, all or select breast center sites may participate. Each participating breast center must designate a contact person for this initiative. The breast center does not need to be a member of NCBC; however, benefits of participation will vary for members and non-members.

The definition of a Breast Center is a physical setting where breast health care services are provided. Breast health care services may be

a part of the patient services offered or may be the only patient service offered at that site. The physical setting may be, but is not limited to, part of a hospital setting, medical clinic, research center, cancer center or women's wellness center. The setting may also be a building or office separate from any of the above. For the purpose of the NQMBC, any site that provides breast health care services will be included in the definition of a "breast center" which will encompass all sites where breast care services are provided.

## Benefits of Participation, Certification and Recognition

Breast Centers choosing to participate in this initiative will become involved in a national quality documentation program and possess the ability to compare themselves to all other NQMBC™ Program participants. Participants will be able to view comparisons immediately and obtain a hard copy of the reports to use for administrative purposes or in marketing campaigns.

Participants will have their names and their Quality Certifications submitted to insurance companies and payers whereby they will be provided a resource to confirm quality efforts in breast health care.

Based upon the data provided by participating breast centers, the NCBC will establish benchmarks for each of the National Quality Measures for Breast Centers™. The benchmarks will continually be assessed and adjusted over time as the input on the measures changes and the quality of care improves thus raising the bar.

Participants in the NQMBC program will have the opportunity to ultimately become a Certified Quality Center of Excellence. To achieve this highest level of certification and recognition the breast health facility must first choose to participate in the NQMBC program and then receive Level I and II certifications. A brief overview of participation, certifications and the recognition this means to those who become certified.

### NQMBC™ Participant

This level is achieved just by becoming a participant in the NQMBC program. After meeting the participation guidelines\*, the participating facility will immediately receive this designation and be sent recognition materials from the NCBC office.

In addition to the letter of acknowledgement and congratulations, the breast center will receive a certificate good for one year. The breast center will also be listed on the NCBC web site as a participant in the NQMBC program and have an announcement appear in the NCBC's newsletter.

### Certification Level I

#### Certified NQMBC™ Program Participant

After meeting the participation guidelines\*, and becoming a designated NQMBC participant, the breast health facility is eligible to make application to become a Certified Participant. One of the certification guidelines requires the applicant to have supplied data for 40% of the measures for which their breast center type should be able to measure performance.\*\*

Certified Participants will have a news release sent to their area media sources announcing that this breast center has placed the quality care of their patients as a priority and is measuring the quality of their services to patients. Each Certified Participant will be listed on the NCBC web site as a NQMBC CERTIFIED PARTICIPANT. This certification offers the Certified Participant a beautiful 9" four prism recognition award. It is hoped the award will be displayed in a prominent place for patients to view, emphasizing the priority their center has placed on providing their patients QUALITY care.

### Certification Level II

#### Certified Quality Breast Center

Application for a Certified Quality Breast Center may be made after becoming a Certified Participant in the NQMBC program. In addition to the requirements to become a Certified Participant, the Certified Quality Breast Center applicant must have supplied 75% of the measures for which their quality breast center type should be able to measure performance.\*\*

Certified Quality Breast Centers will have a press release sent to their area media highlighting their services and this new designation. Each Certified Quality Breast Center listed on the NCBC web site as a CERTIFIED QUALITY BREAST CENTER. This certification offers the Certified Participant a beautiful 12" four prism recognition award. It is hoped the award will be displayed in a prominent place for patients to view, emphasizing the priority their center has placed on providing their patients QUALITY care.



### Certification Level III

#### Certified Quality Breast Center of Excellence

The highest certification level - that of a Certified Quality Breast Center of Excellence is achieved by meeting the highest set of certification criteria.

In addition to the requirements to become a Certified Participant, the Certified Quality Breast Center applicant must have supplied 90% of the measures for which their quality breast center type should be able to measure performance\*\* and performed above the 25th percentile. The data submitted must span two consecutive data periods\* and the data periods for review for certification must still be within the last three years from the date of the application.

Certified Quality Breast Centers of Excellence will have a press release sent to their area media highlighting their center as attaining the highest quality certification level. Each designated center will be listed on the NCBC web site as a CERTIFIED QUALITY BREAST CENTER OF EXCELLENCE and have an article appear the NCBC newsletter. This certification offers the Certified Participant a beautiful 14" or 16" nine prism recognition award to display along side the Participation and Quality Center Awards. It is hoped that patients will see that their center has attained the highest level of commitment the breast center has placed to providing quality care to its patients.



\* For details on participation guidelines see Page 8 of this brochure  
 \*\* For details on types of breast centers see Page 6 this brochure.  
 Certification guidelines appear on pages 8 and 9. Audits may apply



## Provide Data with the "Click of a Button"

Measuring and comparing quality performance is very effective in assessing patient care and allocating resources where improvement is desired; however, the process can be very time consuming on a center's already overworked staff. To help centers measure quality performance and minimize staff time in gathering data points and calculating a center's performance, several **tracking software companies** have taken the lead to **adapt their software** to analyze data and calculate the performance for measures. The leadership taken by these companies will **allow their clients to produce quality measure responses with the touch of a button** using their software.

The quality measures calculated by each software company will be listed on the **NQMBC™ web site pages**. Once the software companies complete the updates for each measure, clients will locate and click on their participating vendor's logo on the NQMBC™ web page. This will provide the directions on how to find the quality measure response buttons in their vendor's software.

Vendors to Provide  
"Click of a Button"  
NQMBC™ Responses to Measures

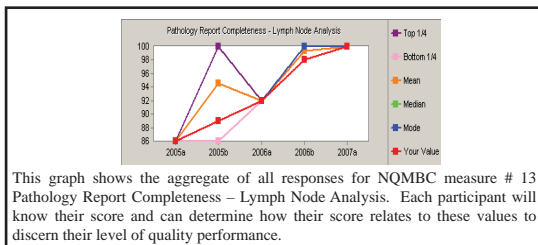
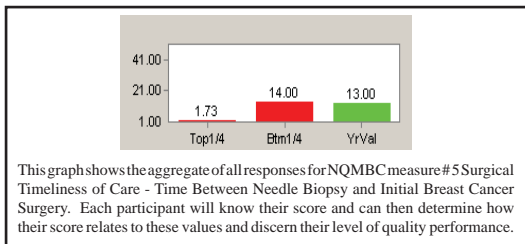
If your software or tracking company is not listed, just contact the NQBC office and we will invite them to participate. At this time participating vendors are updating their software. If you are not currently using a tracking software, we suggest your center **contact these participating vendors for information** and a quote.

## Compare Your Performance Immediately

Immediately after entering data, participants can choose to compare themselves with others. Participants may choose the comparison report that allows comparison of their breast center with other centers with a similar profile. For example, you may want to compare an indicator's value against only those who do around the same volume of annual mammograms you do. Simply choose

the appropriate filter and the report will reflect the data per indicator chosen for those centers only. The reports generated can be printed and used with your administration or even in your marketing efforts.

Comparison reports also allow participants to view their responses over a multi-year time period, to see trends as well as viewing responses for a specific period of time.



National Quality Measures for Breast Centers™  
A Quality Initiative of the National Consortium of Breast Centers  
Phase II - Part 1

Quality Indicators - Part 1

Indicator	2005	2006	2007	2008	2009	2010	2011
1. Imaging Timeliness of Care - Time Between Screening Mammogram and Diagnostic Mammogram*	2	1	1	1	1	1	1
2. Mammography Call Back Rate: (%)	5	17	15	18	X		
3. Surgical Timeliness of Care - Time Between Diagnostic Mammogram and Open Surgical Biopsy/Excision (no needle biopsy performed) †	3	28	27	12	5		
4. Imaging Timeliness of Care - Time Between Diagnostic Mammogram and Needle Core Biopsy†	3	13	15	16	10		
5. Surgical Timeliness of Care - Time Between Needle Biopsy and Initial Breast Cancer Surgery†	3	10	12	17	7		
6. Needle Core Biopsy Rate: (%)	4	54	55	14	7		

Record Count for NQMBC Phase II Part 1  
National Quality Measures for Breast Centers™

Year	2005	2006	2007	2008	2009
1. Imaging Timeliness of Care - Time Between Screening Mammogram and Diagnostic Mammogram*	2	1	1	1	1
2. Mammography Call Back Rate: (%)	5	17	15	18	X
3. Surgical Timeliness of Care - Time Between Diagnostic Mammogram and Open Surgical Biopsy/Excision (no needle biopsy performed) †	3	28	27	12	5
4. Imaging Timeliness of Care - Time Between Diagnostic Mammogram and Needle Core Biopsy†	3	13	15	16	10
5. Surgical Timeliness of Care - Time Between Needle Biopsy and Initial Breast Cancer Surgery†	3	10	12	17	7
6. Needle Core Biopsy Rate: (%)	4	54	55	14	7

Sample Data Submission Report

Sample Data Input Form

## Access Additional Resources for Quality Performance

To assist participants, several quality measures have reference and FAQ buttons. Since the NQMBC program began, there have been questions raised about some of the measures. These questions have been collected and are shared, along with their answers, alongside each measure to which they pertain. It is hoped these questions and responses will assist others in collecting, calculating and supplying quality data. Information is currently being developed on how to improve performance for measures.

If quality improvements are being sought for a particular measure, participants will soon be able to view suggestions and ideas from their peers that were implemented to improve performance. The process of measuring quality performance, assessing the results and implementing behavior changes, we believe will result in improved the breast health care provided patients. The idea button will continue to develop and expand over time as new quality performance suggestions are received.

- To view the references used to create each Quality Measure
- To view Frequently Asked Questions and their responses on specific Quality Measures
- To view recommended steps to improve quality performance



## Getting Started - TWO EASY STEPS to activate your participation.

**Step 1** – Complete and submit the **participation interest form** contained on the NCBC web site - [www.breastcare.org](http://www.breastcare.org). This form asks for contact information which will be used to send more detailed participation information. By completing this interest form, there is no obligation to participate, but we know breast centers, breast health professionals and patients will benefit from participation. Interested participants may contact the NCBC office as well - 574-267-8058.

This quality process will be totally anonymous, meaning that no one will ever be able to see any information about your particular center, but you and all participating centers will be able to see information in aggregate about similar or “like” centers and for all participating centers.

**Step 2** – In response to this interest, the NCBC will email interested

individuals a **Data Validity Agreement**. Just print, review, sign and fax the Data Validity Agreement to the NCBC office. What does this agreement mean? The NCBC asks all breast centers who want to participate in the National Quality Measures for Breast Centers™ Program to complete a Data Validity Agreement. This agreement serves as verification that the data a facility provides will be true and accurate. It also verifies that a responsible party within a breast center for the collection and submission of quality data will be designated by the Medical Director or Manager and identified to the NCBC. This agreement also declares that the NCBC will keep all data submitted confidential in perpetuity. Before signing this agreement, you may want to see the type of profile questions that will be asked about your center or you may want to view a list of the quality measures.

## About Phase I - Your Center's Profile

In Phase I, Breast Centers are asked **seven profile questions**. The responses will allow centers to compare themselves in the reports being offered, with like centers, by choosing a combination of these profile filters. The characteristics profile questions request participants to identify:

- 1) the state in which the center is located;
- 2) the location of the center's patient population;
- 3) the estimated number of mammograms performed per year (screening only, diagnostic only and screening and diagnostic totaled);
- 4) the estimated number of new breast cancer patients treated or diagnosed per year;
- 5) the center's Patient Population Ethnicity; and

- 6) the type of ownership, administration and oversight that best describes the center.
- 7) There is also a question that asks center to identify the Components of Services offered by the breast center based upon whether the center “provides” or “refers” the service. The center's responses will determine a participant's type of “Quality” center and the type of center the participant would most likely be viewed as by patients and the general public. See *Types of Breast Centers* below.

These seven questions are in a condensed version. Data may be updated as the years change and **ALL DATA IS CONFIDENTIAL**.

## Services Determine Breast Center Type

Knowing how to respond to the profile questions that ask whether a breast center service is provided or referred is essential in determining the breast center type that will be used for certification purposes. “Provided” services will define the type of Breast Center which is considered by the NQMBC program for certification purposes. The NQMBC program wants to make sure the center has control over the behavior to improve quality performance, thus the NQMBC Program considers only “provided” services when considering a Breast Center's type for certification. This is termed Quality Center Type. “Referred” AND “provided” services determine the type of Breast Center as viewed by patients and the public. A detailed explanation of provided and referred follows.

Breast Centers vary in many ways. NCBC classifies breast centers using two main variables:

- 1) breast center profile characteristics and
- 2) “provided” components of services.

**1) Breast Center Profile Characteristics:** These would include the size of their breast cancer treatment facility/hospital, size of the community they serve, volume of breast cancer patients seen, number of mammograms performed annually, patient characteristics, regional location and provider compensation structure. These characteristics will aid centers to compare themselves with similarly structured centers.

**2) “Provided” “Components of Service:** Depending on the type of breast center, breast centers offer varied services. We distinguish the types of breast centers by the components of service “provided” by that center (with quality control) not by the components of service available. In order for a center to be considered “providing” a component of service, they must have “quality control” of that component of service. Quality control of a service occurs 1) if there is data to review of that service AND 2) if the center can impact the type of care provided. (See definitions)

**“Quality Control” means** 1) there is quantitative data of that component of service available to the center AND 2) the breast center has the direct ability to modify that component of service (procedural influence not complete control). This allows the center to have quality monitoring and influence on the services they provide.

**“Provided” components of service** are those for which the breast center has “quality control.” The location of those components of service does not impact the definition of “provided” services as long as quality

control exists. Services may occur “on-site” or locally “off-site.”

**“Referred” components of service** are performed without “quality control” by the center. This means the center does not have BOTH quantitative data AND direct ability to modify that component of service. Services are “referred” to outside vendors who may not readily share quality information or allow influence on their services.

**Footnote:** The NCBC now offers breast centers the opportunity to evaluate themselves through the quality of the components of service they “provide.” The NQMBC program does not ask for personal information such as financial data or specific numbers of patients seen by each clinician. The program asks for a snapshot of the characteristics of care being provided. For an off-site surgeon who is not a direct employee of the breast center, the data question might be, “What is your surgical re-excision rate (%) for the last 30 breast cancer patients?” Or an oncologist might be asked, “What percent (%) of breast cancer patients seen with stage 2 breast cancer under the age of 70 have been offered chemotherapy in the last three months?” This type of data should be shared with the breast center in order for the center to claim they “provide” surgery and oncology components of service. The center must also have “quality control” of that service. That means if the answers to these sample questions suggest a modification of the provided service is needed, the center has influence on changing the service. This doesn't mean complete control of that component of service but the ability to modify it. In this example, the surgeon or oncologist would consider the breast center's input when evaluating the answers to these sample questions. That means the center has both quantitative data AND direct ability to modify the quality of that component of service. Using this the type of breast care data and feedback creates an environment of quality improvement. This promotes our idea of interdisciplinary care.

After these two variables have been clearly identified, centers can be separated into five types:

- Screening Breast Center
- Diagnostic Breast Center
- Clinical Breast Center
- Breast Cancer Treatment Center
- Comprehensive Breast Cancer Treatment Center

Services for each center can be found on the NCBC website [breastcare.org](http://breastcare.org)

## Breast Center Types

A breast center type, for the purposes of certification, is identified by the components that the center “provides” with “quality control.” The NQMBC program wants to make sure the center has control over the behavior to improve quality performance, thus the NQMBC Program considers only “provided” services when considering a breast center’s type for certification.

Service components not “provided” but offered to patients through the center may be “referred” service components. This means that the center does not have “quality control” of those services but offers these services to patients.

“Referred” AND “provided” services identify the type of breast center as viewed by patients and the public. Seamless care, not “quality control” is the factor for this center type identification.

Having “referred” service components does not impact the designation of type of breast center. Only “provided” services count towards defining the type of Breast Center for NQMBC certification consideration.

Breast Center Type details are on the NCBC web site [www.breastcare.org](http://www.breastcare.org).

Service Component	Screening	Diagnostic	Clinical	Treatment	Comprehensive
Outreach-Education	X	X	X	X	X
Imaging	X	X	M	X	X
Needle biopsy	O	X	X	X	X
Pathology	O	X	X	X	X
Surgical Care	O	O	X	X	X
Plastic Surgery	O	O	M	X	X
Radiation Therapy	O	O	M	X	X
Medical Oncology	O	O	M	X	X
Rehabilitation	O	O	M	X	X
High Risk Clinic	O	O	M	M	X
Research	M	M	M	M	X

Table Key:

An “X” means this type of center must provide this component

An “M” means this type of center “may” provide this component, but is optional for that type of breast center.

An “O” means this type of center would not be expected to provide this component.

## Phase II (Parts 1-4) National Quality Measures for Breast Centers

The following is the list of measures in Phase II Parts 1-4.

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|--|--|
| <ol style="list-style-type: none"> <li>1. Imaging Timeliness of Care – Time Between Screening Mammogram and Diagnostic Mammogram©</li> <li>2. Mammography Call Back Rate©</li> <li>3. Surgical Timeliness of Care – Time Between Diagnostic Mammogram and Open Surgical Biopsy/Excision (no needle biopsy performed) ©</li> <li>4. Imaging Timeliness of Care – Time Between Diagnostic Mammogram and Needle/Core Biopsy©</li> <li>5. Surgical Timeliness of Care – Time Between Needle Biopsy and Initial Breast Cancer Surgery©</li> <li>6. Needle/Core Biopsy Rate©</li> <li>7. Pathology Timeliness of Care - Time Between Initial Breast Biopsy (excluding open surgical) and Pathology Results©</li> <li>8. Pathology Timeliness of Care –Time Between Open (incisional/ excisional) Initial Breast Biopsy and Pathology Results©</li> <li>9. Pathology Timeliness of Care – Time Between Initial Breast Cancer Surgery and Pathology Results©</li> <li>10. Pathology Report Completeness - Tumor Size©</li> <li>11. Pathology Report Completeness - Margin Analysis©</li> <li>12. Pathology Report Completeness - Margins Identified©</li> <li>13. Pathology Report Completeness - Lymph Node Analysis©</li> <li>14. Pathology Report Completeness - Specimen Sampling Adequacy©</li> <li>15. Five Year Stage Specific Survival Rate©</li> <li>16a. Pathology Report Completeness - ER AND PR Receptor Measurement for Invasive Disease©</li> <li>16b. Pathology Report Completeness - ER AND PR Receptor Measurement for Insitu Disease©</li> <li>17. Surgical Care - Sentinel Node Biopsy©</li> <li>18. Patient Satisfaction Survey - Use©</li> <li>19. Patient Satisfaction - Survey Development©</li> <li>20. Patient Satisfaction Survey Response Rate©</li> </ol> | <ol style="list-style-type: none"> <li>21. Patient Satisfaction Survey Measure - Shared Decision Making for Choice of Surgical Option for Breast Surgery©</li> <li>22. Patient Satisfaction Survey Measure - Cosmetic Results Following Breast Reconstruction©</li> <li>23a. Breast Conservation Surgery - Overall Rate (actual patients) ©</li> <li>23b. Breast Conservation Surgery Rate for Eligible Patients (potential eligible candidates) ©</li> <li>24a. Chemotherapy Use - Rate for Stage II and III ER Negative and PR Negative Breast Cancer (actual) ©</li> <li>24b. Chemotherapy Use - Rate for Stage II and III ER Negative and PR Negative Breast Cancer (potential) ©</li> <li>25a. Post-Lumpectomy Radiation - Rate for Invasive Breast Cancer (actual) ©</li> <li>25b. Post-Lumpectomy Radiation - Rate for Invasive Breast Cancer (potential) ©</li> <li>26a. Adjuvant Endocrine Therapy - Rate for Invasive Breast Cancer (actual) ©</li> <li>26b. Adjuvant Endocrine Therapy - Rate for Invasive Breast Cancer (potential) ©</li> <li>27. Radiation Therapy – Break in Treatment ©</li> <li>28. Reconstructive Breast Surgery- Myocutaneous Tissue (Flap) Complication Rate©</li> <li>29. Adjuvant or Neoadjuvant Chemotherapy- Complications Resulting in Inpatient Hospitalization Rate©</li> <li>30. Ambulatory Breast Cancer Surgery-Unplanned Overnight Stay Rate©</li> <li>31. Breast Conservation Surgery - Re-Excision Rate©</li> </ol> |
|--|--|

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## Quality Performance YOU Should Measure

In the NQMB program, a center may wish to measure performance in all or any selection of indicators. The participant may provide data for some indicators at one point of time, due to data availability and enter data points on other indicators at a later date. All this is possible in the NQMB program. This data is the center's data -- a way to record and compare performance.

To become eligible for certification, centers will be required to respond to indicators appropriate for their breast center type. This is determined by the profile that each center completed in Phase I.

Each center should look at the top right of its profile page in the NQMB program, and locate its type of Quality Breast Center.

Each breast center should be able to measure their performance on select indicators based upon its Quality Breast Center Type.

The indicators that each type of Quality Breast Center should be able to measure (provide data points) are noted below.

For certification, a percentage of these must be measured to meet certification requirements. (See certification criteria)

### SCREENING BREAST CENTER

2. Mammography Call Back Rate©

### DIAGNOSTIC BREAST CENTER

1. Imaging Timeliness of Care – Time Between Screening Mammogram and Diagnostic Mammogram©
2. Mammography Call Back Rate©
3. Surgical Timeliness of Care – Time Between Diagnostic Mammogram and Open Surgical Biopsy/Excision (no needle biopsy performed)©
4. Imaging Timeliness of Care – Time Between Diagnostic Mammogram and Needle/Core Biopsy©
6. Needle/Core Biopsy Rate©
7. Pathology Timeliness of Care - Time Between Initial Breast Biopsy (excluding open surgical) and Pathology Results©

### CLINICAL BREAST CENTER

1. Imaging Timeliness of Care – Time Between Screening Mammogram and Diagnostic Mammogram©
3. Surgical Timeliness of Care – Time Between Diagnostic Mammogram and Open Surgical Biopsy/Excision (no needle biopsy performed)©
5. Surgical Timeliness of Care – Time Between Needle Biopsy and Initial Breast Cancer Surgery©
6. Needle/Core Biopsy Rate©
7. Pathology Timeliness of Care - Time Between Initial Breast Biopsy (excluding open surgical) and Pathology Results©
8. Pathology Timeliness of Care –Time Between Open (incisional/excisional) Initial Breast Biopsy and Pathology Results©
9. Pathology Timeliness of Care – Time Between Initial Breast Cancer Surgery and Pathology Results©
10. Pathology Report Completeness - Tumor Size©
11. Pathology Report Completeness - Margin Analysis©
12. Pathology Report Completeness - Margins Identified©
13. Pathology Report Completeness - Lymph Node Analysis©
14. Pathology Report Completeness - Specimen Sampling Adequacy© Likely will need to change to 3 cm instead of 5 cm in future.
- 16a. Pathology Report Completeness - ER AND PR Receptor Measurement for Invasive Disease©
- 16b. Pathology Report Completeness - ER AND PR Receptor Measurement for Insitu Disease©
17. Surgical Care - Sentinel Node Biopsy©
- 23a. Breast Conservation Surgery - Overall Rate (actual patients)©
- 23b. Breast Conservation Surgery Rate for Eligible Patients (potential eligible candidates)©
- 25a. Post-Lumpectomy Radiation - Rate for Invasive Breast Cancer (actual)©
- 25b. Post-Lumpectomy Radiation - Rate for Invasive Breast Cancer (potential)©

### TREATMENT BREAST CENTER and COMPREHENSIVE BREAST CENTER

*performance should be able to be measured for all indicators listed above AND*

- 26a. Adjuvant Endocrine Therapy - Rate for Invasive Breast Cancer (actual)©
- 26b. Adjuvant Endocrine Therapy - Rate for Invasive Breast Cancer (potential)©
27. Radiation Therapy – Break in Treatment©
28. Reconstructive Breast Surgery- Myocutaneous Tissue (Flap) Complication Rate©
29. Adjuvant or Neoadjuvant Chemotherapy- Complications Resulting in Inpatient Hospitalization Rate©
30. Ambulatory Breast Cancer Surgery-Unplanned Overnight Stay Rate©
31. Breast Conservation Surgery - Re-Excision Rate©

## NQMBC™ Participant Designation

This designation is achieved through a commitment by the breast center to become a participant in the NQMBC program. After meeting the participation guidelines, the participating facility will immediately receive this designation and be sent recognition materials from the NCBC office.

### Designation Guidelines:

- The breast center designates a data entry person and an oversight person
- The breast center completes and returns the Data Validity Agreement form to the NCBC office
- The breast center must complete Phase I

### Designation Process:

- The NCBC office acknowledges receipt of the completed Data Validity Agreement form
- The NCBC assigns the facility a login QID (Quality ID number to begin access)
- The NCBC provides information on the NQMBC™ Program to the breast center
- The NCBC, upon completion of Phase I, the NCBC will send recognition materials to the contact person

### Designation Recognition:

- The NCBC will send a letter of acknowledgement and congratulations
- The NCBC will send the breast center a Participant Certificate valid for one year
- The breast center will be listed on the NCBC's web site as an NQMBC participant
- The breast center will be listed in the NCBC newsletter as an NQMBC participant
- The breast center contact person is requested to supply information on their area media sources

## Certified NQMBC™ Program Participant

This certification recognizes a breast center's entry level participation in the NQMBC™ program. After meeting the participation guidelines, and holding a designated NQMBC Participant designation, the breast health facility is eligible to make application to become a Certified Participant. This certification requires the applicant to have supplied at least 40% of the measures for which their quality breast center type should be able to measure performance.

### Designation Guidelines:

- The breast center must hold a participant designation
- The breast center must have supplied data for 40% of the measures for which their quality breast center type should be able to measure performance (Reference Quality Indicators for Which Each Quality Breast Center Type Should be able to Measure Performance).
- This quality data being considered for evaluation must span two consecutive data collection periods. (A data period is a six-month range during which time data is collected according to the parameters of the indicator.)
- These two consecutive data collection periods being audited for certification must be within the last three years.
- After the initial certification at this level, the two consecutive data periods being audited for certification must be after the two consecutive data collection periods and within the last two year's data. A data period may be audited only once for certification.
- The facility is required to make application to become certified at this level.
- There are two certification application cycles during the calendar year: Cycle I requires certification applications with accompanying materials due by May 31 for an August 1 announcement. Cycle II requires certification applications with accompanying materials due by October 30 for a January 1 announcement.
- The initial program cycle requests completed applications by January 31, 2008 for recognition at the 2008 National Conference. \*\*
- The facility must agree to maintain data used to answer NQMBC questions for a minimum of three years. This data may be requested in random audits to confirm valid responses. \*\*
- The facility must agree to a random audit of the submitted data for review by the NQMBC. The NQMBC will, at their discretion, choose ONE question in a specific time period to be audited. If requested, the facility must agree to submit de-identified data used to confirm correct procedures were used to answer this question. Audits will not occur frequently and will be used to confirm valid answers to quality measures. \*\*

### Designation Process:

- The NCBC office acknowledges receipt of the application
- The NCBC notifies the center of the Review Panel findings regarding certification
- The NCBC, upon breast center certification, will send recognition materials to the contact person

### Designation Recognition:

- The NCBC will send a letter of acknowledgement and congratulations
- The NCBC will send one Certified Participant Certificate valid for one year (initial certification is for a one-year period)
- The Certified Participant will be listed on the NCBC's web site as a Certified NQMBC™ Participant
- The Certified Participant will be listed in the NCBC newsletter as Certified NQMBC™ Participant
- The NCBC will announce the Certified Participant's designation in a press release to local area media sources
- The Certified Participant may order a beautiful 9" four prism recognition award to display in the breast center lobby
- The Certified Participant is eligible to be presented their certification and recognized at the NCBC National Interdisciplinary Breast Center Conference held annually in early spring.
- Other award presentations and recognition may be made through special arrangement



\*\* These designation guidelines apply to all certifications levels

## Certified Quality Breast Center™

This certification recognizes a center's quality performance as meeting quality standards criteria. In addition to the requirements to become a Certified Participant, the Certified Quality Breast Center applicant must have supplied 75% of the measures for which their quality breast center type should be able to measure performance.

### Designation Guidelines:

The breast center must hold a Certified Participant designation

The breast center must supply data for 75% of the measures for which their quality breast center type should be able to measure performance (Reference Quality Indicators for Which Each Quality Breast Center Type Should be able to Measure Performance).

This data must span two consecutive data collection periods. (A data period is a six-month range during which time data is collected according to the parameters of the indicator.)

These two consecutive data collection periods being examined for certification must be within the last three years.

For subsequent certifications, the two consecutive data periods must be after the two consecutive data collection periods and within the last two year's data. A data period may be used only once for certification.

In addition to completing 75% of the measures, the facility must have performed above the 25th percentile on 75% of the measures for which their quality breast center type should be able to measure performance during the two consecutive data collection periods being examined for certification.

To substantiate data entry, the facility must submit de-identified raw data for two measures for which data was supplied. The first set of de-identified raw data shall be for one measure in the first consecutive data collection period; the second set of de-identified raw data shall be for one measure from the second consecutive data collection period. The NQMBC will identify the measures to be audited.

\*\* See below for additional guidelines that apply to all certifications

### Designation Recognition:

The NCBC will send a letter of acknowledgement and congratulations

The NCBC will send one Certified Quality Breast Center Certificate valid for one year (initial certification is for a one-year period)

The Certified Quality Breast Center will be listed on the NCBC's web site as a Certified NQMBC™ Participant

The Certified Quality Breast Center will be listed in the NCBC newsletter as Certified NQMBC™ Participant

The NCBC will announce the center as a Certified Quality Breast Center in a press release sent to local area media sources

The Certified Quality Breast Center may order a beautiful 12" four prism recognition award for display in the breast center lobby or display case next to the Certified Participant Award

The Certified Quality Breast Center will be eligible to be presented their certification and recognized at the NCBC National Interdisciplinary Breast Center Conference held annually in early spring

Other award presentations and recognition may be made through special arrangement



## Certified Quality Breast Center of Excellence™

This is the highest certification level. This certification recognizes a center's quality performance as meeting quality standards criteria. In addition to the requirements to become a Certified Participant, the Certified Quality Breast Center applicant must have supplied 90% of the measures for which their quality breast center type should be able to measure performance.

### Designation Guidelines:

The facility must supply data for 90% of the measures for which their quality breast center type should be able to measure performance (Reference Quality Indicators for Which Each Quality Breast Center Type Should be able to Measure Performance). This data must span two consecutive data collection periods. (A data period is a six-month range during which time data is collected according to the parameters of the indicator.)

These two consecutive data collection periods being examined for certification must be within the last three years.

For subsequent certifications, the two consecutive data periods must be after the two consecutive data collection periods and within the last two year's data. A data period may be used only once for certification.

In addition to completing 90% of the measures, the facility must have performed above the 25th percentile on 90% of the measures for which their quality breast center type should be able to measure performance during the two consecutive data collection periods being audited for certification.

To substantiate data entry, the facility must submit de-identified raw data for six measures, which will be chosen by the NCBC. The first set of de-identified raw data shall be for three measures in the first consecutive data collection period; the second set of de-identified raw data shall be for three measures from the second consecutive data collection period.

\*\* See below for additional guidelines that apply to all certifications

### Designation Recognition:

The NCBC will send a letter of acknowledgement and congratulations

The NCBC will send one framed and matted certificate valid for one year

The Certified Quality Breast Center of Excellence will be listed on the NCBC's website as a Certified Quality Breast Center of Excellence

The Certified Quality Breast Center of Excellence will be listed in the NCBC newsletter as a Certified Quality Breast Center of Excellence

The NCBC will announce the center as a Certified Quality Breast Center of Excellence in a press release sent to local area media sources

The Certified Quality Breast Center of Excellence may order a beautiful 14" or 16" nine prism recognition award to display in the breast center lobby or display case next to the Certified Participant and Certified Quality Breast Center Awards

The Certified Quality Breast Center of Excellence is eligible to be presented their certification and recognized at the NCBC National Interdisciplinary Breast Center Conference held annually in early spring.

Other award presentations and recognition may be made through special arrangement

### **\*\* These Guidelines apply to all certification levels**

The facility is required to make application to become certified at this level.

There are two certification application cycles during the calendar year: Cycle I requires certification applications with accompanying materials due by May 31 for an August 1 announcement. Cycle II requires certification applications with accompanying materials due by October 30 for a January 1 announcement. The initial program cycle requests completed applications by January 31, 2008 for recognition at the 2008 National Conference.

The facility must agree to maintain data used to answer NQMBC questions for a minimum of three years. This data may be requested in random audits to confirm valid responses.

The facility must agree to a random audit of the submitted data for review by the NQMBC. The NQMBC will, at their discretion, choose ONE question in a specific time period to be audited. If requested, the facility must agree to submit de-identified data used to confirm correct procedures were used to answer this question. Audits will not occur frequently and will be used to confirm valid answers to quality measures.



# Annual National Interdisciplinary Breast Center Conference

**Held Annually** (late February or early March)  
**in Exciting Las Vegas!**



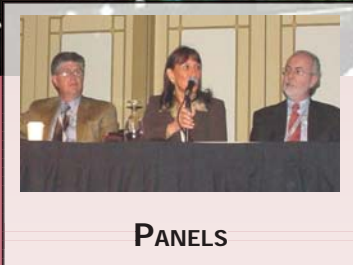
**PRESENTATIONS**



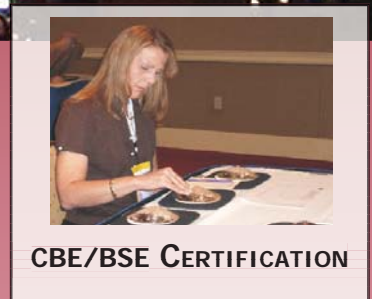
**POSTERS**



**EXHIBITS**



**PANELS**



**CBE/BSE CERTIFICATION**

**Most Affordable Breast Health Conference!**

**Come Network With Over 800 Breast Health Professionals From Around The World**

**This conference offers over 36 hours of CME/CEU credits for Physicians, Nurses and Technologists**

# NQMBC

National Quality Measures for Breast Centers™

*a quality program of the*

National Consortium of Breast Centers, Inc.



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