ACS NAPRC
National Accreditation Program for Rectal Cancer
American College of Surgeons

NAPBC
NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

Multiple Cancer Programs

Daniel J. Boffa, MD, MBA

Commission on Cancer®

Disclosures

- Epic Sciences - ran experiments for free
- Iovance - attended advisory meeting

Disclaimers

- Locally = no roles
- Not accreditation expert (but loaded the audience)

How can we make things easier?

Objectives

- Why
- How

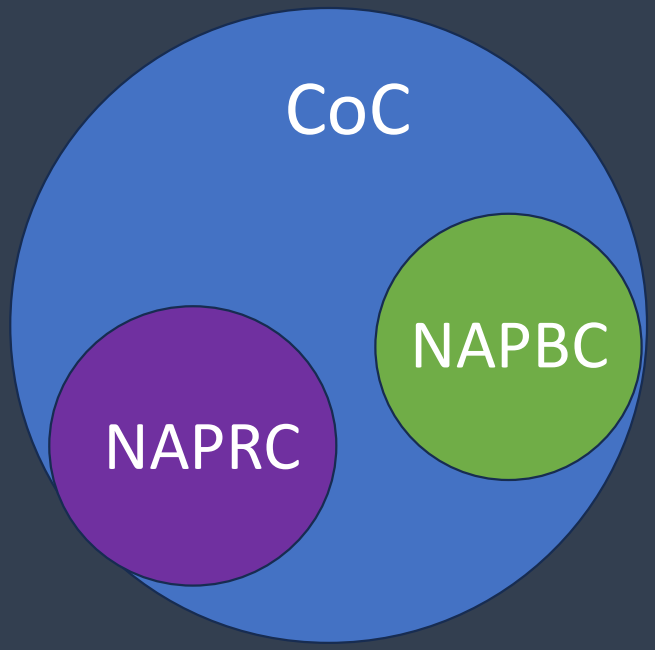
Objectives

- Why
- How
- Leave podium quickly

Numbers

	COC	NAPRC	NAPBC
Programs	1382	109	569
COC accredited	-	All	All but 50


NAPBC
CoC

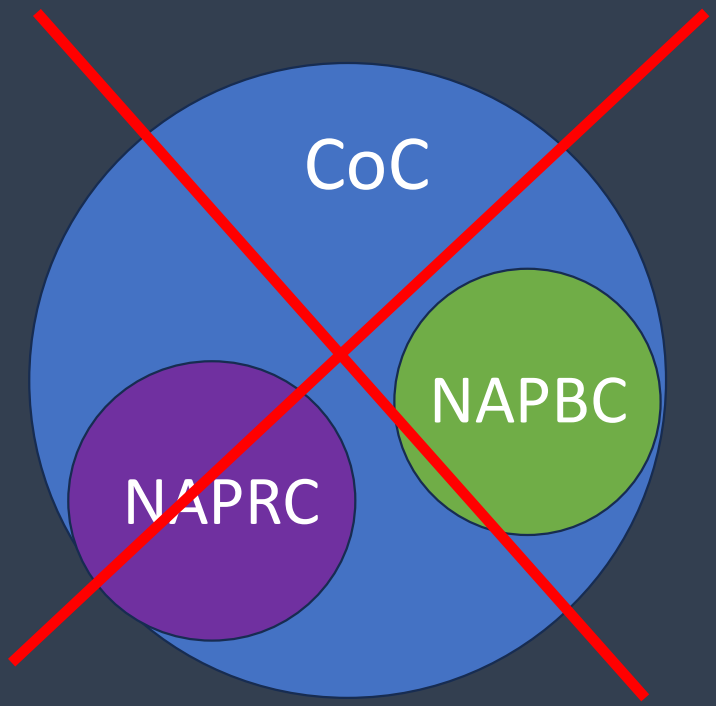

CoC
NAPBC
NAPRC

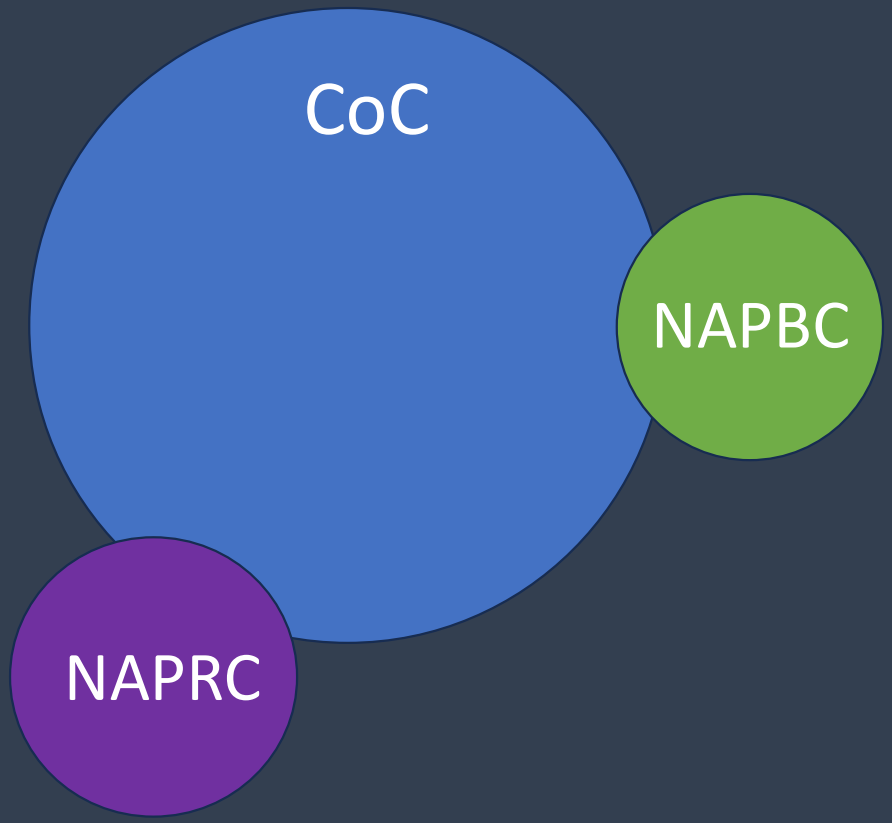
Standards

Standard	CoC	NAPRC	NAPBC
1	Institutional	Institutional	Institutional
2	Program and governance	Program and governance	Program and governance
3	Facilities and Equip	Facilities and Equip	Facilities and Equip
4	Personnel and services	Personnel and services	Personnel and services
5	Patient Care	Patient Care	Patient Care
6	Data	Data	Data
7	Quality Improvement	Quality Improvement	Quality Improvement
8	Education	Education	Education
	Research		Research

Standards

Standard	CoC	NAPRC	NAPBC
1	Institutional	Institutional	Institutional
2	Program and governance	Program and governance	Program and governance
3	Facilities and Equip	Facilities and Equip	Facilities and Equip
4	Personnel and services	Personnel and services	Personnel and services
5	Patient Care	Patient Care	Patient Care
6	Data	Data	Data
7	Quality Improvement	Quality Improvement	Quality Improvement
8	Education	Education	Education
	Research		Research


CoC
NAPBC
NAPRC


CoC
NAPBC
NAPRC

Program roles, resources and practices = scaffolding

For foundation

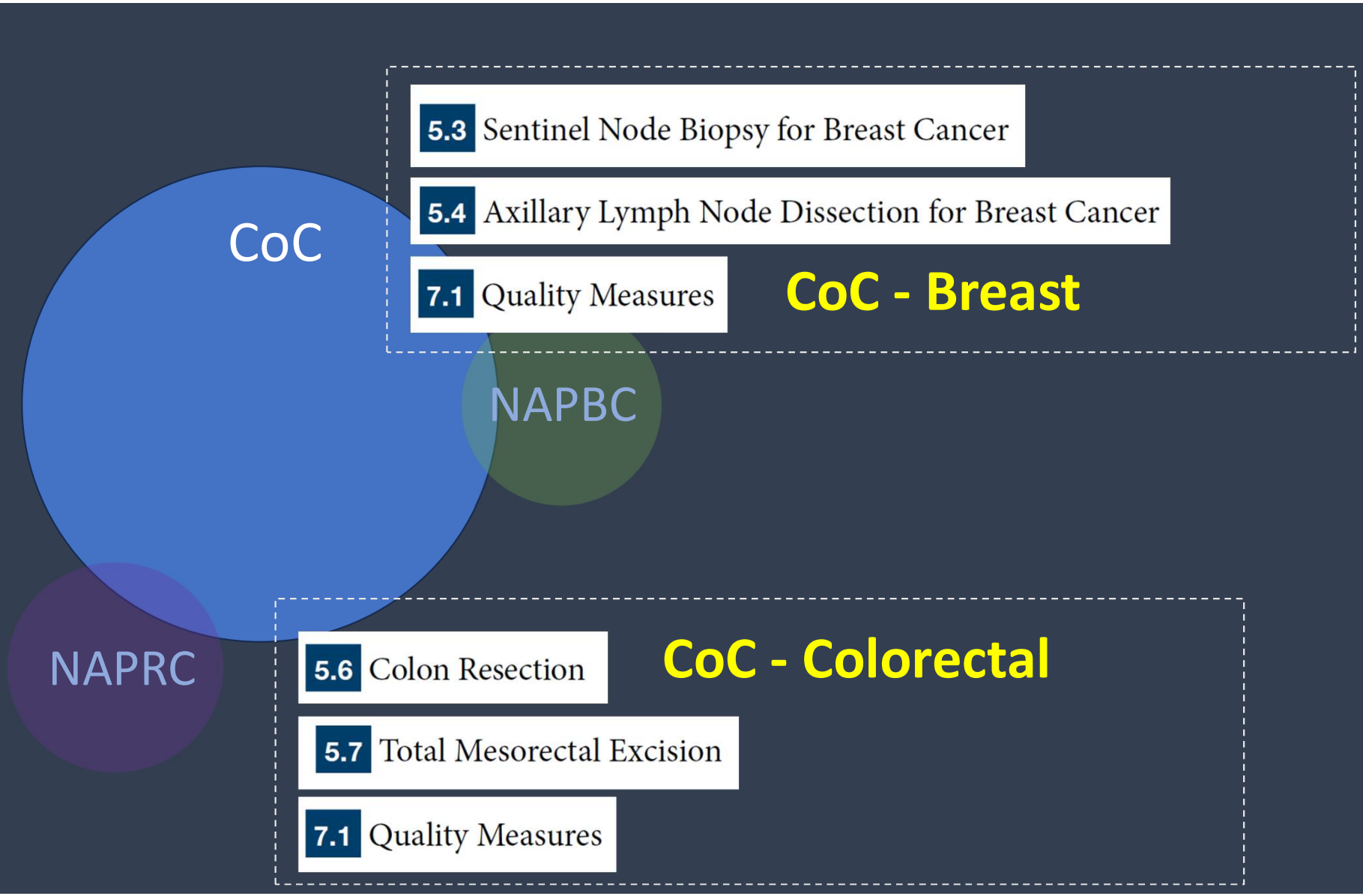
CoC

Program roles, resources and practices = scaffolding

For foundation

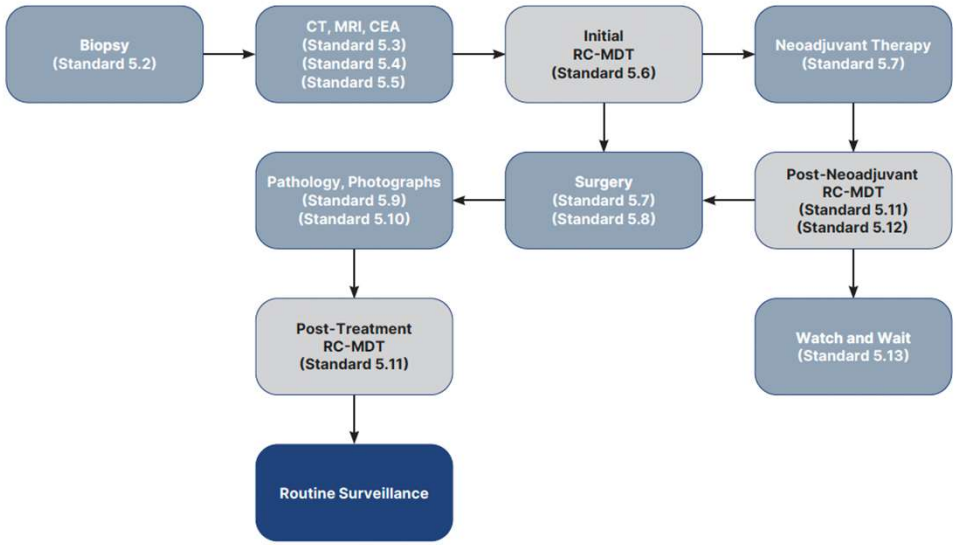
CoC

NAPBC, NAPRC


CoC
NAPBC
NAPRC
5.3 Sentinel Node Biopsy for Breast Cancer
5.4 Axillary Lymph Node Dissection for Breast Cancer
7.1 Quality Measures
CoC - Breast
5.6 Colon Resection
5.7 Total Mesorectal Excision
7.1 Quality Measures
CoC - Colorectal

NAPRC Patient Care Algorithms

Surgical Resection with/without Neoadjuvant Therapy



Treatment	Applicable NAPRC Standards											
	5.2	5.3	5.4	5.5	5.6	5.7	5.8	5.9	5.10	5.11	5.12	5.13
Surgery	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Neoadjuvant Therapy → Surgery	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Neoadjuvant Therapy → Watch and Wait	✓	✓	✓	✓	✓	✓				✓	✓	✓

Why

Return on Investment

- Better care

With NAPRC

300

Lives that could be saved annually when compliant with NAPRC process measures[1]

10%

Lower mortality rate for surgical patients at NAPRC-accredited hospitals[2]

Why Should Your Program Seek or Maintain NAPRC Accreditation?

Based on successful models that emphasize program structure, patient care, quality improvement, and quality measurement, the NAPRC establishes multidisciplinary teams and research-supported

More you look - uncover more opportunities

Standard 5 Patient care expectations and Protocols

NAPRC		NAPBC	
Local excision	Surgery + documentation	Screening	Medical onc
Diagnostic Pathology	Resection path	Imaging	Radiation onc
Systemic staging	Photographs	Benign Breast Dz	Surg Path
Local staging MRI	Treat discussion	High risk for Breast CA	Staging
CEA	Tumor board for Multi D pts after neoadjuvant	Genetics	Survivorship
Treatment planning	Watch and wait prot	Evaluation and Treat plan	Surveillance
Timing		Patient Factors	Surgery
		Navigation	Reconstruction

Standard 5 patient care expectations and protocols

NAPRC		NAPBC	
Local excision	Surgery + documentation	Screening	Medical onc
Diagnostic Pathology	Resection path	Imaging	Radiation onc
Systemic staging	Photographs	Benign Breast Dz	Surg Path
Local staging MRI	Treat discussion	High risk for Breast CA	Staging
CEA	Tumor board for Multi D pts after neoadjuvant	Genetics	Survivorship
Treatment planning	Watch and wait prot	Evaluation and Treat plan	Surveillance
Timing		Patient Factors	Surgery
		Navigation	Reconstruction

Site	Measure	Year intr
Breast	For patients with AJCC Clinical Stage I-III breast cancer, the first therapeutic surgery in a non-neoadjuvant setting is performed within and including 60 days of diagnosis.	202
Breast	For patients undergoing breast-conserving surgery without adjuvant chemo or immunotherapy for clinical stage I-III breast cancer, radiation therapy, when administered, is initiated ≤ 60 days of definitive surgery	202 Changes pro
Breast	For patients ≤75 years old with HER2+ or triple negative breast cancer with any clinical N > 0 or clinical T > 1, neoadjuvant chemotherapy and/or immunotherapy is initiated within 60 days c	202
Breast	For pa and HER2 negative invasive breas who underwent breast conse mph node dissection was not perfo	202
Colon	For pa least 12 regional lymph nodes section.	202
Colon	For pa ologic stage III colon cancer (N>0) otherapy is initiated within 4 month	202
Rectal	For patients undergoing surgical resection for rectal cancer, the Circumferential Margin is greater than 1 mm from the tumor to the inked, non-serosalized resection margin.	202
Rectal	For patients with surgically treated clinical T4NanyM0 or TanyN2M0 rectal cancer, neoadjuvant radiation therapy is given within 9 months prior to resection or recommended.	202
Gastric and esophageal	For surgically managed patients age 18-79 with gastroesophageal junction or esophageal cancer cT2 with poor differentiation, or cT≥3, or N≥1, or gastric cancer cT≥2 or N>0, neoadjuvant chemotherapy and/or chemo-radiation is initiated within 120 days	202

Commission on Cancer®

Return on Investment

- Better care
- Championing for resources you need


Rubes By Leigh Rubin
LEARNING TO PRIORITIZE

CoC Coordinator Roles*

- Cancer Conference
- QI
- Cancer Registry Quality
- Clinical Research Coordinator
- Psychosocial Services
- Survivorship Program

*One individual may serve max 2 coordinator roles

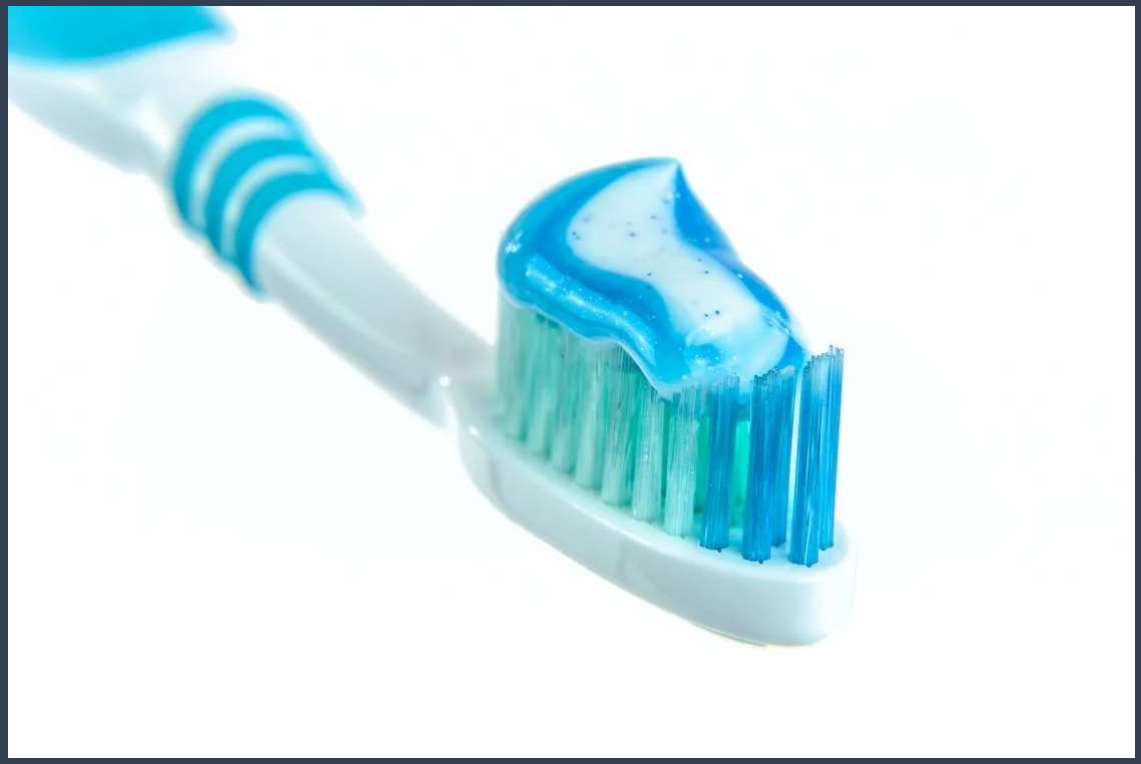
CoC Members – strongly reccommended

- Specialty Physicians representing 5 major cancer sites at program
- Palliative care
- Genetics
- Dietician/Nutritionist
- Rehab services
- Pharmacist
- Spiritual Care
- American Cancer Soc rep

Are there ways programs can be more helpful in getting you what you need?

Return on Investment

- Better care
- Championing for resources you need
- Brand recognition



ADA American Dental Association®

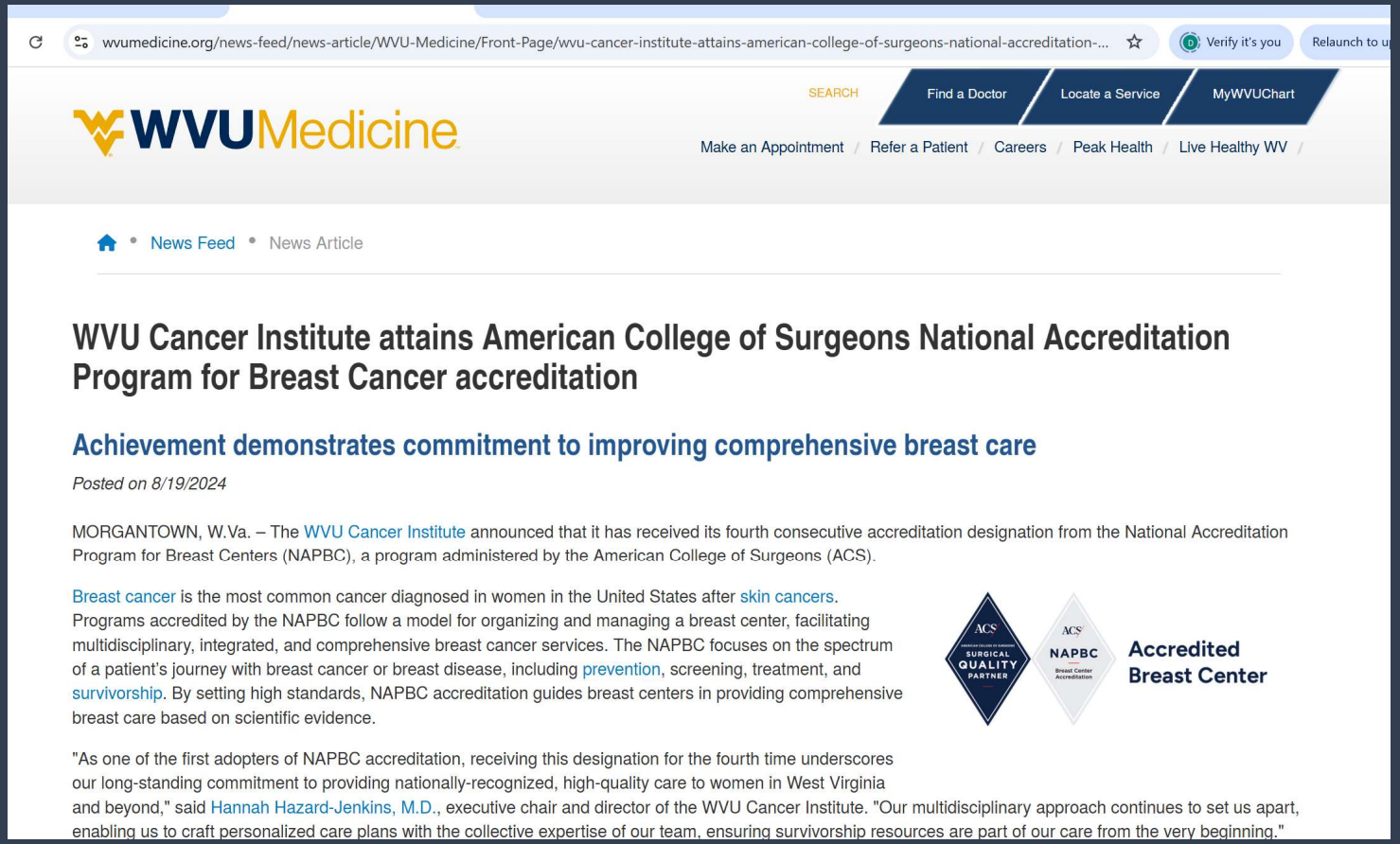
America's leading advocate for oral health

The best kept secret

Is someone’s worst-case scenario

Accredited Breast Center

Public


wvumedicine.org/news-feed/news-article/WVU-Medicine/Front-Page/wvu-cancer-institute-attains-american-college-of-surgeons-national-accreditation-...
Verify it's you
Relaunch to u
WVUMedicine
SEARCH
Find a Doctor
Locate a Service
MyWVUChart
Make an Appointment / Refer a Patient / Careers / Peak Health / Live Healthy WV /
News Feed • News Article
WVU Cancer Institute attains American College of Surgeons National Accreditation Program for Breast Cancer accreditation
Achievement demonstrates commitment to improving comprehensive breast care
Posted on 8/19/2024
MORGANTOWN, W.Va. – The WVU Cancer Institute announced that it has received its fourth consecutive accreditation designation from the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons (ACS).
Breast cancer is the most common cancer diagnosed in women in the United States after skin cancers. Programs accredited by the NAPBC follow a model for organizing and managing a breast center, facilitating multidisciplinary, integrated, and comprehensive breast cancer services. The NAPBC focuses on the spectrum of a patient's journey with breast cancer or breast disease, including prevention, screening, treatment, and survivorship. By setting high standards, NAPBC accreditation guides breast centers in providing comprehensive breast care based on scientific evidence.
ACS SURGICAL QUALITY PARTNER
ACS NAPBC Breast Center Accreditation
Accredited Breast Center
"As one of the first adopters of NAPBC accreditation, receiving this designation for the fourth time underscores our long-standing commitment to providing nationally-recognized, high-quality care to women in West Virginia and beyond," said Hannah Hazard-Jenkins, M.D., executive chair and director of the WVU Cancer Institute. "Our multidisciplinary approach continues to set us apart, enabling us to craft personalized care plans with the collective expertise of our team, ensuring survivorship resources are part of our care from the very beginning."

Cooper University Health Care was named an American College of Surgeons Surgical Quality Partner

Cooper is dedicated to surgical quality and maintaining the highest standards in surgical care.

Cooper University Health Care

The Connecticut Herald

Boffa-Memorial Hospital Loses CoC Accreditation

In a shocking turn of events, the Boffa Memorial hospital, after 35 years of serving the Glenville Community, has lost their coveted CoC accreditation. Sources close to the hospital cite growing costs of supporting the infrastructure and the accreditation staff, and

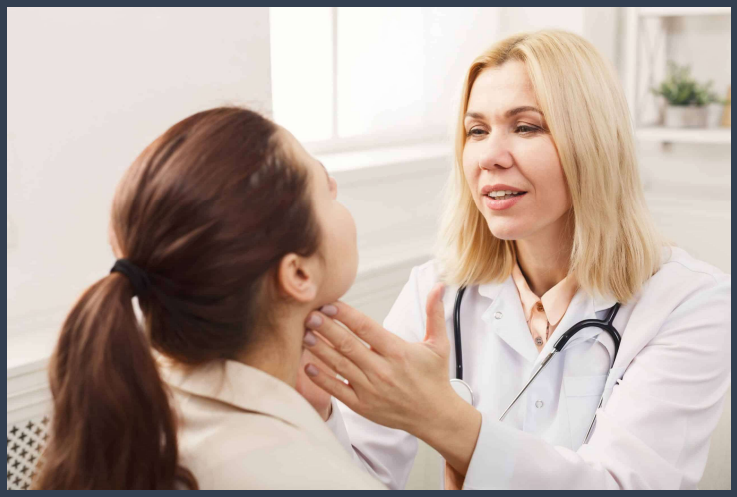
Specialists


ASCO®
AMERICAN SOCIETY OF CLINICAL ONCOLOGY


ASTRO
AMERICAN SOCIETY FOR RADIATION ONCOLOGY


AMERICAN COLLEGE
ACG
OF GASTROENTEROLOGY

Specialists



Primary Care

American Academy Family Physicians (AAFP)

Kathleen Mueller
Board of Directors AAFP
System Director of
Integrative medicine
and cancer survivorship

AAFP 130,000 members (largest phys org)

AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS

American College of Physicians (ACP)

Adrienne White-Faines
Chief Strategy Officer ACP
Spent 10 years with Am Can Soc

ACP = 31,000 member

ACP℠
American College of Physicians
Leading Internal Medicine, Improving Lives

Are there ways programs can be more helpful promoting the value of accreditation?

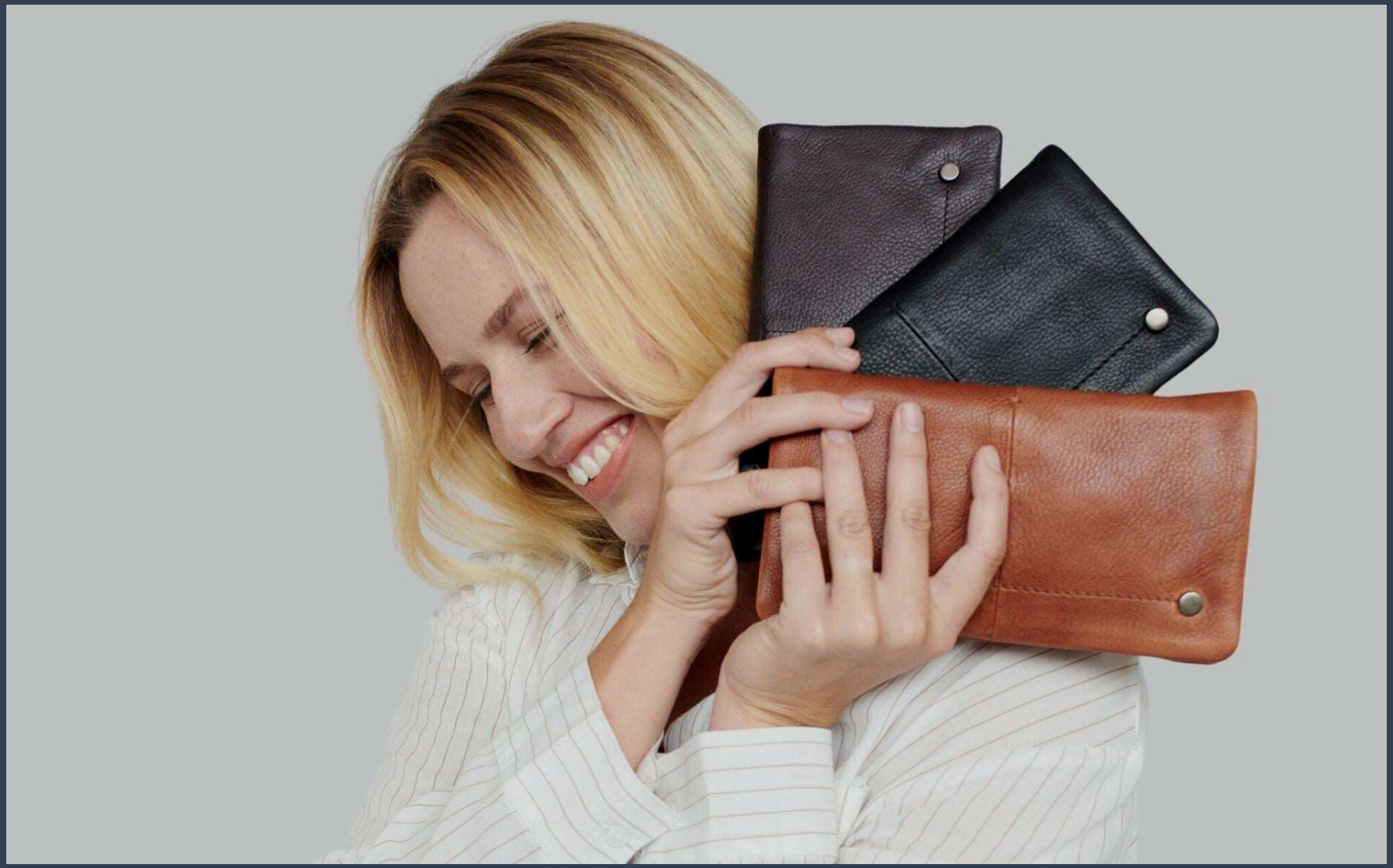
Other POTENTIAL Benefits we should be pursuing?

- Applying for federal grants?
- Philanthropy
- Protection in lawsuits*
- Better rates from payers?
- Higher Value Care?

How

Quality “Wallet”

- Time
- Money
- People
- IT support
- Infrastructure




One wallet
Additive toll on hospital

Is there a more efficient way?

CoC Coordinator Roles*

- Cancer Conference
- QI
- Cancer Registry Quality
- Clinical Research Coordinator
- Psychosocial Services
- Survivorship Program

*One individual may serve max 2 coordinator roles


CoC
NAPRC
NAPBC

Roles – Why separate roles

- Roles → engagement
- Acknowledge effort

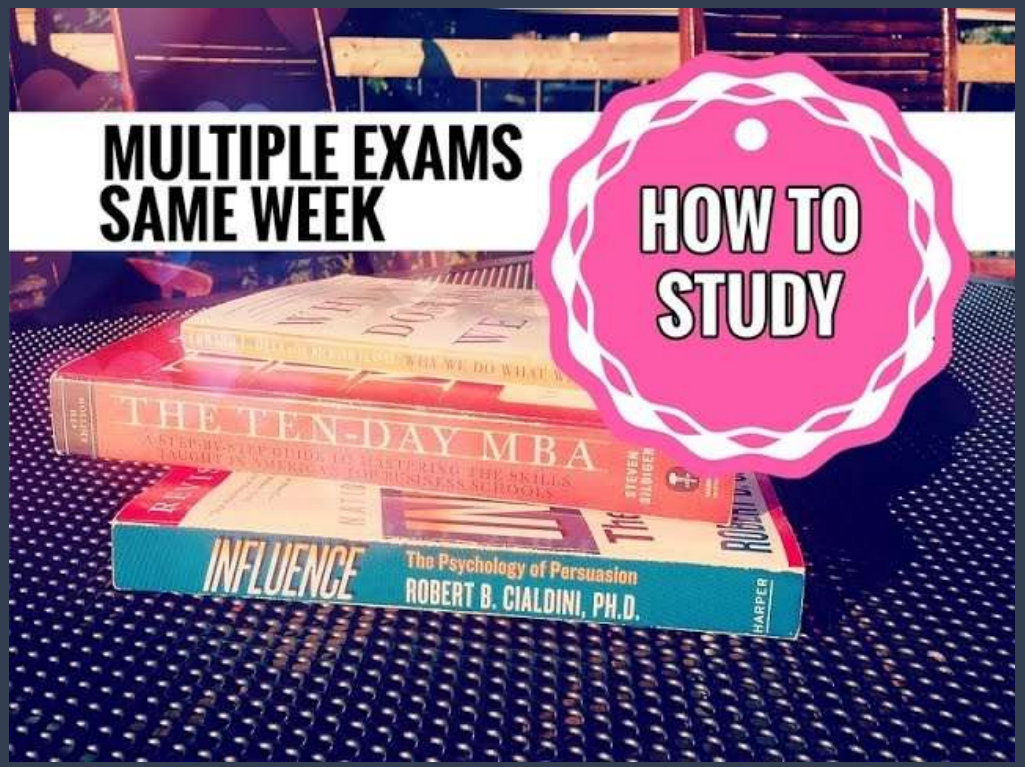
Roles – Why separate

- Roles → engagement
- Acknowledge effort
- Some empowerment/authority

Roles – who should overlap

- Data specialists?
- QI
- Other?

Site Visits



Synchronized?
Staggered?

Standard 7.3 – Quality Improvement Initiative

- “Quality Wallet” Challenges
  - Quality Experts - Only a few people who know about QI
  - Quality workforce – Only few people can run a QI project – already doing CoC
  - Data infrastructure

CANCER PROGRAMS

Just ASK Quality Improvement Project & Clinical Study

5 Min | Print | Share | Bookmark

The 2022 CoC and NAPBC Assessment of Smoking in New Cancer Patients PDSA Quality Improvement Project and Clinical Study: Just ASK is an **elective** quality improvement project focused on strengthening evidence-based care across participating programs by

Quality should reflect local priorities

For significant portion of the country, suboptimal care is their best option…

For significant portion of the country, suboptimal care is their best option…

can’t take it off the table

Thank you