



## ASO Author Reflections: Breast Center Accreditation and Performance: Impact on Patient Care?

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### PAST

In recent years, health care has focused on key metrics as measures of quality. Payors increasingly require facilities and providers to attain accreditation through meeting accepted standards. Much like the relationship between volume and outcomes, studies have demonstrated a link between accreditation and improved outcomes for the trauma and bariatric programs at the American College of Surgeons (ACS).<sup>1,2</sup> However, no previous study has comprehensively examined the relationship between breast center accreditation and performance on breast quality measures. In two international studies, breast cancer survival improved after the implementation of a multidisciplinary care program in Scotland, and in response to compliance with defined quality indicators in Taiwan.<sup>3,4</sup> In 2008, the ACS launched the National Accreditation Program for Breast Centers (NAPBC) as a quality improvement program for breast centers. The majority of NAPBC centers also have Commission on Cancer (CoC) accreditation, which means most NAPBC centers contribute data to the National Cancer Database (NCDB). We utilized this unique opportunity to compare performance on the six breast quality measures between CoC centers with and without NAPBC accreditation.

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### PRESENT

Using NCDB data from 2015, we identified 1308 CoC centers, of which 484 (37%) were NAPBC accredited; 111,547 patients (48%) were treated at NAPBC centers.<sup>5</sup> Performance on four of the five breast quality measures was significantly higher for patients at NAPBC facilities than non-NAPBC facilities ( $p < 0.001$ ), and the proportion of centers achieving the level of performance expected by the CoC was significantly greater for NAPBC than non-NAPBC centers for five of the six measures ( $p < 0.001$ ). Nearly two-thirds of NAPBC centers achieved compliance with five or six breast quality measures, compared with 44% of non-NAPBC centers. Our results clearly demonstrate that NAPBC accreditation is associated with higher performance on the accepted breast quality measures, even after adjustment for multiple patient, tumor, and facility factors. However, we also found that over 80% of patients treated at both types of centers received care in compliance with these measures, reflecting the overall high quality of care provided at accredited breast cancer centers nationwide regardless of NAPBC status.

### FUTURE

While our study is the first to show that CoC centers with NAPBC accreditation performed at a higher level than non-NAPBC centers on breast quality measures, we do not have sufficient follow-up to examine whether greater performance is associated with improved cancer outcomes. Furthermore, we cannot study patient-reported outcomes because the NCDB does not collect this data. Nonetheless, the majority of patients at both NAPBC and non-NAPBC centers were treated in compliance with the quality measures; therefore it is likely that there will be no difference in the more meaningful clinical outcomes of survival and

recurrence between centers. This finding begs the question of whether certain breast quality measures should be retired and new, more pertinent measures implemented. Changes in radiation therapy following breast-conserving surgery, de-escalation of axillary surgery, and advances in adjuvant and neoadjuvant therapy are evolving areas that require surveillance for adherence to performance standards. To be pertinent, and thus worth monitoring, quality measures should reflect current practice guidelines and clinical trial findings. For example, Surgical Care Improvement Project (SCIP) chart-abstracted measures such as appropriate prophylactic antibiotics and hair removal were retired by the Joint Commission in 2015 due to high compliance reporting nationwide.<sup>6</sup> Finally, in the era of value-based care, we must examine the cost required to meet each quality measure and balance it with the benefit to patients in the larger setting of our health care system.

**DISCLOSURES** Megan E. Miller and Katharine A. Yao have no conflicts of interest to disclose.

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