



Statement on Breast Surgery Quality Initiatives

The national concern for the quality of health care has led to various initiatives to improve breast care. These initiatives are summarized in Table 1 and include the following strategies: 1) Physician submission of individual patient data on specific quality indicators for central review of quality care (e.g. Mastery Program of ASBrS, PQRI); 2) Combination of physician (or breast center) self reporting of aggregate quality data with confirmation by on-site review (e.g. NAPBC); 3) Physician (or breast center) self reporting of aggregate data on specific quality measures (e.g. NCBC).

Because all these programs are new with little or no validation of program efficacy, two points are necessary to underscore. There are currently no data to support that:

1. Any of the initiatives should be used to define reimbursement;
2. Directing location of care to those participating in these initiatives will improve care.

The ASBrS acknowledges that rigorous evaluation of breast surgical quality is needed but must take into account the intricacies of the disease process which has significant medical and emotional content (not unlike other cancers). Patient heterogeneity, surgical judgment, biology of the disease, multidisciplinary care, and new technologic advances all play an important role in the treatment of patients with breast cancer. The Society also appreciates that the complexity of the data required to analyze quality issues is significant. Any quality measure used needs to take into account patients' comorbidities, expectations and choice, since these factors will impact care delivered.

To help solve these quality measurement concerns, the ASBrS is focused on the following issues:

1. Systematically identifying, collecting, and validating aspects of structure, process and outcomes of surgeons' breast care to determine those quality measures that provide the best value-based quality care.
2. Defining the safe benchmarking value for quality measures deemed important for breast surgery while ensuring access to care.
3. Collaborating with other entities and stakeholders who are involved in quality breast care issues.
4. Determining the ability (or impracticality) of obtaining level I data for issues #1 and #2, understanding that the implementation of non-validated, ineffective quality measures could create unnecessary expense without improving care.
5. Developing an electronic solution to collect data from a large group of surgeons that is easily integrated into a wide range of practices, is cost effective and is time efficient.

Table 1. Summary of current major quality initiatives where surgical care of breast disease and breast cancer care are a focus or are a portion of the initiative.

ORGANIZATION	INITIATIVE NAME	MODEL
ASBrS (American Society of Breast Surgeons)	Mastery Program	Individual surgeons' data on 3 chosen QMs to be expanded with increasing participation; allows comparison to colleagues.
SQA (Surgical Quality Alliance)	None as yet (In early development)	Individual surgical data for all specialties in form of a registry
NCBC (National Consortium of Breast Centers)	NQMBC (National Quality Measures for Breast Centers)	Aggregate data from "Breast Centers" that allow real time comparison of results
CMS (Centers for Medicare and Medicaid Services)	PQRI (Physician Quality Reporting Initiative)	Data reporting through billing
ACS (American College of Surgeons)	NAPBC (National Accreditation Program for Breast Centers)	CoC (Commission on Cancer) model Breast Center adherence to standards; site visited for compliance
ACS (American College of Surgeons)	NSQIP (National Surgical Quality Improvement Program)	Aggregate data from surgeons and hospitals that allow real time comparison results; requires a trained nurse to review charts and enter data.

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Board of Directors
American Society of Breast Surgeons

Selected References:

Mastery of Breast Surgery: <http://www.breastsurgeons.org/mastery>

National Accreditation Program for Breast Centers:

<http://www accreditedbreastcenters.org/accreditation/application.html>

National Consortium of Breast Centers: <http://www.breastcare.org/> or <http://www.nqmbc.org>

Surgical Quality Alliance: <http://www.facs.org/ahp/sqa/index.html>

American Society of Clinical Oncology: <http://qopi.asco.org/>

Centers for Medicare and Medicaid: <http://www.cms.hhs.gov/pqri/>

National Surgical Quality Improvement Program: <https://acsnsqip.org/login/default.aspx>

Guyatt GH, Haynes B, Jaeschke RZ, et al. User's Guides to the Medical Literature: XXV. Evidence-Based Medicine: Principles for Applying the Users' Guides to Patient Care. JAMA, 2000;284:1290-1296.

Balk EM, Boris PA, Moskowitz H, et al. Correlation of Quality Measures with Estimates of Treatment Effect in Meta-analyses of Randomized Controlled Trials. JAMA, 2002;287:2973-2982.

Schacter HM, Mamaladze V, Lewin G, et al. Many Quality Measurements, but Few Quality Measures Assessing the Quality of Breast Cancer Care in Women: A Systematic Review. BMC Cancer. 2006;291:1-11.

Ko CY, Parikh J, Zingmond D. Secondary Analyses of Large Population-Based Data Sets: Issues of Quality, Standards, and Understanding. Ann Surg Oncol. 2008;15:295-296.

Leonard K and Masatu MC. Outpatient Process Quality Evaluation and the Hawthorne Effect. Social Science & Medicine. 2006;63:2330-2340.

Holden JD. Hawthorne Effects and Research Into Professional Practice. J Eval Clin Practice. 2001;7:65-70.

Malin JI, Schneider EC, Epstein AM, et al. Results of the National Initiative for Cancer Care Quality: How Can We Improve the Quality of Cancer Care in the United States? J Clin Oncol. 2006;24:626-634.

Kaufman CS. "National Quality Validation Programs for Breast Centers," Expert Review Anticancer Therapy. 2007; 7:1357-62.

Kaufman CS. "Validating Quality Breast Care: Three New Validation Programs for 2007," American Journal Surgery. 2007; 194:515-7.