

# NQMBC<sup>®</sup> 2.0

National Quality Measures  
for Breast Centers<sup>™</sup>



# Quality is Excellence.



A Quality Initiative of the National Consortium of Breast Centers, Inc.

# What Breast Centers across the country are saying about the National Quality Measures for Breast Centers® Program

**“enabled our leadership group to become more cohesive”**

Kathy Hart, RN, BSN, OCN  
Berkshire Med Center  
Pittsfield, MA

**“we are able to benchmark our facility with some of the best breast care facilities in the country.”**

Jennifer Suderman, RN, CNBN  
Chico Breast Care Center  
Certified Quality Breast Center of Excellence™  
Chico, CA

**“The NQMBC quality measures have increased our accountability and awareness of how we can specifically improve identified parameters associated with excellence in care.”**

Dr. Stephen Ray  
Cancer Treatment Centers of America®  
Zion, IL

**“This motivates the organization and improves the quality of breast patient care.”**

Sue Vitt  
Saint Jude Medical Center  
Fullerton, CA

**“has demonstrated our center’s commitment to measuring and improving quality.”**

Tricia Trammell CRA, R. T. (R) (M) (QM), CN-BI  
Virginia Clay Dorman Breast Care Center  
Fort Worth, TX

*Read the complete testimonials on pages 14 - 15*

Dear Breast Health Care Facility,

The National Consortium of Breast Centers (NCBC) invites breast centers from across the United States to participate in its National Quality Measures for Breast Centers<sup>™</sup> program (NQMBC). Launched in April of 2005, the NQMBC program offers facilities providing breast health care the ability to track and measure quality performance measures in more than 30 individual quality indicators. The most compelling component of this program is the ability of participants to enter their own data and immediately compare their performance on these measures with other participating breast centers around the country. In addition, you may compare yourself only with centers like yours, your size, your location, the number of mammograms done per year and other variables. Current participants use these comparison reports to identify where quality care already exists and where quality care improvement opportunity exists. Your NCBC facility membership allows you to participate in the NQMBC program without any additional cost.

Recently the NQMBC completed a 3-year project to update, improve and modernize the entire program. We reorganized the measures into disciplines, added new measures and retired old measures, developed automated queries to calculate measure results and created the option of automatic upload directly from imaging software.

One of our current participants contacted the NCBC office after entering her center's data for the first time. She excitedly relayed, "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 specific measures with others.

As a vital part of the NQMBC program, the NCBC will officially recognize each participant as a Certified Participant in the National Quality Measures for Breast Centers<sup>™</sup>. This certification will be executed within 30 days after data is submitted for 40% of the measures for their breast center type. This designation will grant eligibility to next be awarded the designation of a Certified Quality Breast Center<sup>™</sup> and ultimately a Certified Quality Breast Center of Excellence<sup>™</sup>. Information on these certifications and the entire NQMBC program can be found on the NQMBC website [www.nqmbc.org](http://www.nqmbc.org).

We look forward to adding your center as a Certified Participant in the NQMBC program. Our goal is to join together those breast centers dedicated to providing optimal quality care for their patients.

Sincere Regards,  
NQMBC COMMITTEE  
Co-Chairs



Chair  
Teresa Heckel, MBA,  
President,  
T & C Consulting



Vice Chair  
Barry Rosen, MD, FACS  
Vice President, Medical Management  
Medical Director, Breast Center  
Advocate Good Shepherd Hospital



Chair Emeritus  
Cary Kaufman, MD, FACS  
Bellingham Regional  
Breast Center

## Who we are?

We are the National Quality Measures for Breast Centers<sup>®</sup> program, a quality program developed by the National Consortium of Breast Centers™.

## What is NQMBC<sup>®</sup>?

The NQMBC<sup>®</sup> is a voluntary quality program that identifies quality care measures, provides immediate access to information and allows breast centers to compare their performance with other centers across the United States and beyond. Participants in the program can enter their qualitative data and compare their performance with other breast centers for the measures they submit data.

## Why is measuring quality important?

Quality measurement can be used to drive improvement and to measure and address disparities in how care is delivered. New value-based payment models require hospitals and practitioners to collect and report quality data. Never has it been more important to know your performance on quality measures and be able to report it. In addition, participation in a quality program demonstrates commitment to quality and excellence.

## What Is A Breast Center?

For the purpose of the NQMBC<sup>®</sup> program, any site that provides Initial or comprehensive breast health care services or coordination of such will be included in the definition of a “breast center”.

Breast health care services include the evaluation and management of benign breast disease as well as the screening, diagnosis, and treatment of breast cancer. These services require multiple specialties including, but not limited to radiology, pathology, surgery, medical oncology, radiation oncology, genetics, plastic surgery, physical therapy, behavioral medicine, and nursing. Breast centers may have all their services available under one roof, or may be a “center without walls”, organizing their services located at different locations under unified leadership.

Breast Centers may provide a full complement of these services to encompass all the needs of the patient’s breast health, or may focus on designated specialties such as imaging or surgery as defined by your breast center type listed on the following page.

The idea of a breast center is to organize these services into a coordinated, integrated, multidisciplinary approach for the patient yielding a higher quality of care.

The NQMBC facilitates improving care in these breast centers.

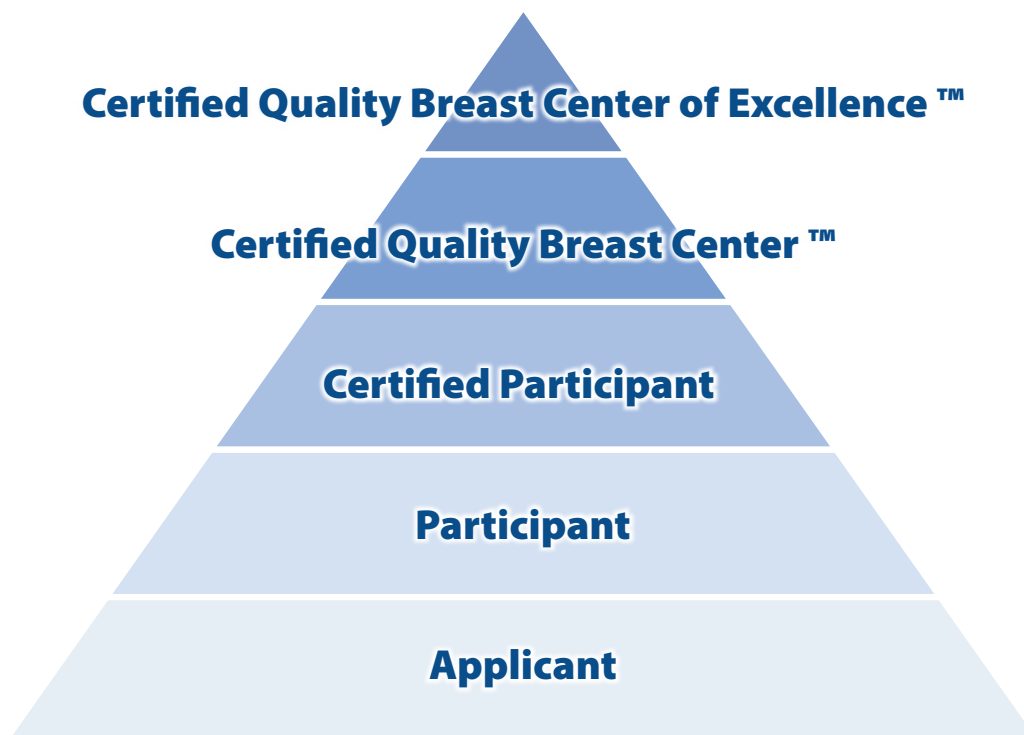
# 5 BREAST CENTER TYPES

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

A breast center type, for the purposes of quality certification, is identified by the components that the center “provides” with “quality control.” The NQNBC® program wants to make sure the center has some control over the behavior to improve quality performance, thus the NQNBC® program considers only “provided” services when considering a breast center’s type for certification. Identifying a level of care which needs improvement is not valuable to the center unless the center has some control to improve that level of care.

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.

## NQNBC® Program Certification Levels



## Number and Percentage of Measures Required for Certification Levels by Breast Center Levels

Breast Center Type	# of Measures per profile	Participant	Certification Levels		
			Certified Participant	Certified Quality Breast Center™	Certified Quality Breast Center of Excellence™
		Entered Data for at least one measure	Must report 40% of measures	Must report 75% of measures	Must report 90% of measures
Screening Breast Center	6	1	2	5	5
Diagnostic Breast Center	9	1	4	7	8
Clinical Breast Center	25	1	10	19	23
Treatment or Comprehensive Breast Center	45	1	18	34	41

## Data Submission

### 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 busy 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. NCBC is working with relevant software vendors to make the data collection much easier for our members. The leadership taken by these companies will allow their clients to produce quality measure responses with the touch of a button using their software.

# Start Your Data Submission in the Secure NQMBC® Member Database



## Compare Your Performance Instantly

Immediately after entering data, NQMBC® Program participants have the opportunity 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 those who have similar volumes of annual mammograms. By choosing the appropriate filters the report will reflect the data for those centers only. You must submit data for a particular measure in order to see comparison report for that measure.

The reports generated can be downloaded or printed and used internally in your organization or for 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.

<b>Your Value</b>	<b>7.7</b>
<b>Your Percentile</b>	<b>45th</b>
<b>25th Percentile</b>	<b>10.5</b>
<b>Median</b>	<b>7.0</b>
<b>75th Percentile</b>	<b>5.0</b>
<b>Mean</b>	<b>8.20</b>
<b>Patient Data Pool</b>	<b>1,142,236</b>

# AGGREGATE COMPARISON REPORT EXAMPLES

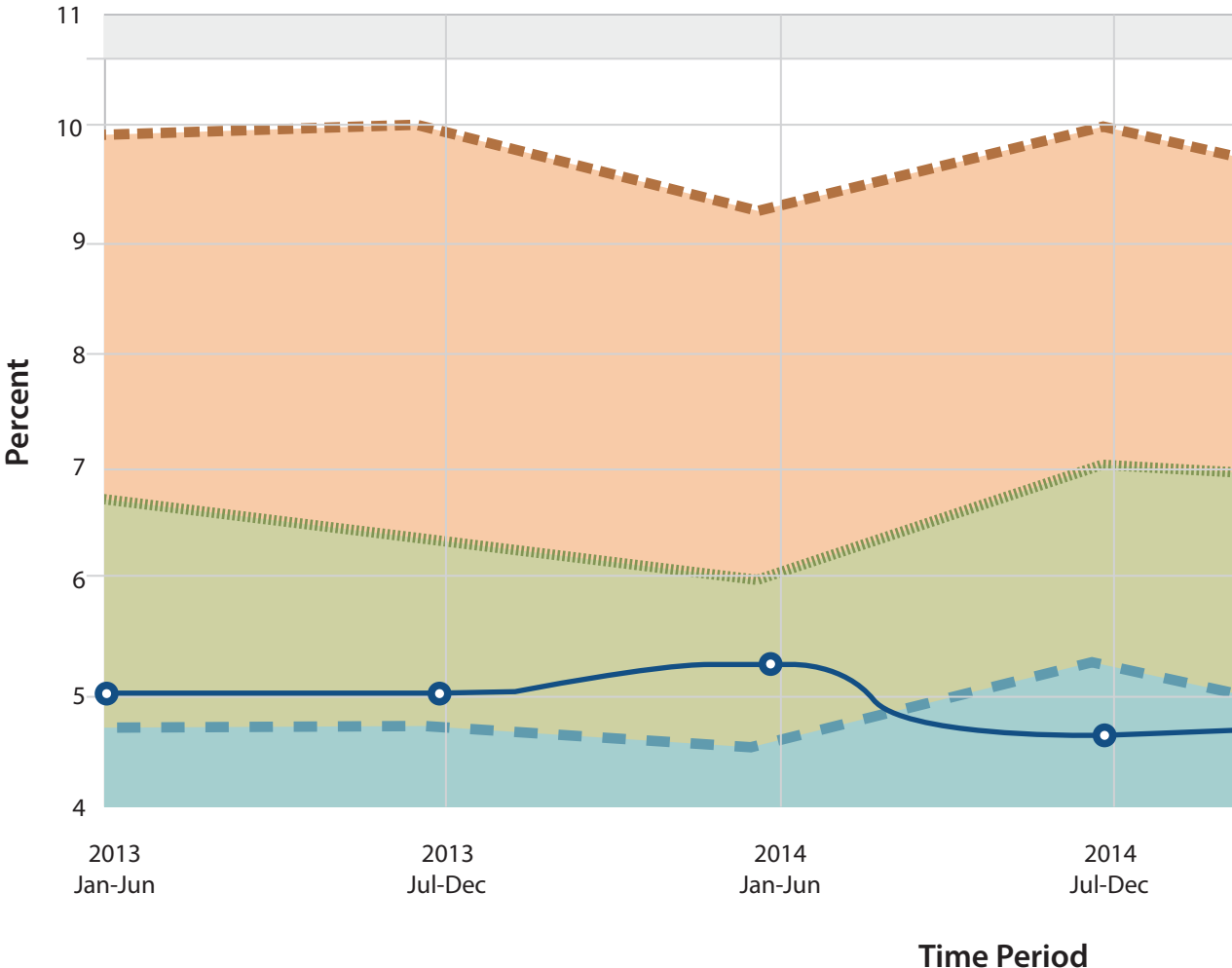
## Sample View of Measure 2 Mammography Call-Back Rate

Percent (%) of patients called back for follow-up for additional mammography film studies of a screening program. The numerator is the number of cases called back\* for diagnostic evaluation following screening mammogram. The denominator is the total number of screening mammograms one. (Use one month's data.)

\* "called back" is not literal, in that the patient left the center. This just means that they required additional views.

## COMPARISON OVER TIME

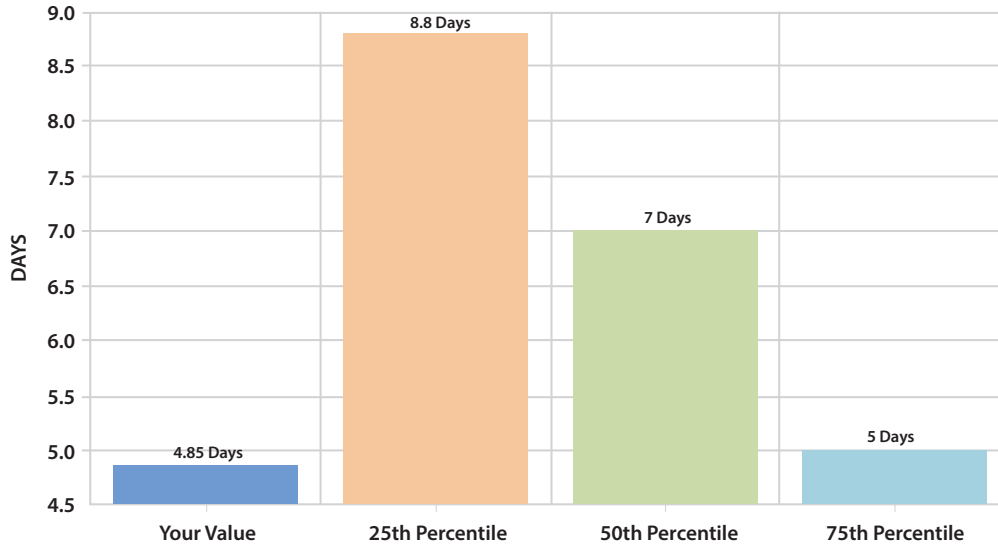
■ All Centers 25th Percentile      ▤ All Centers 50th Percentile



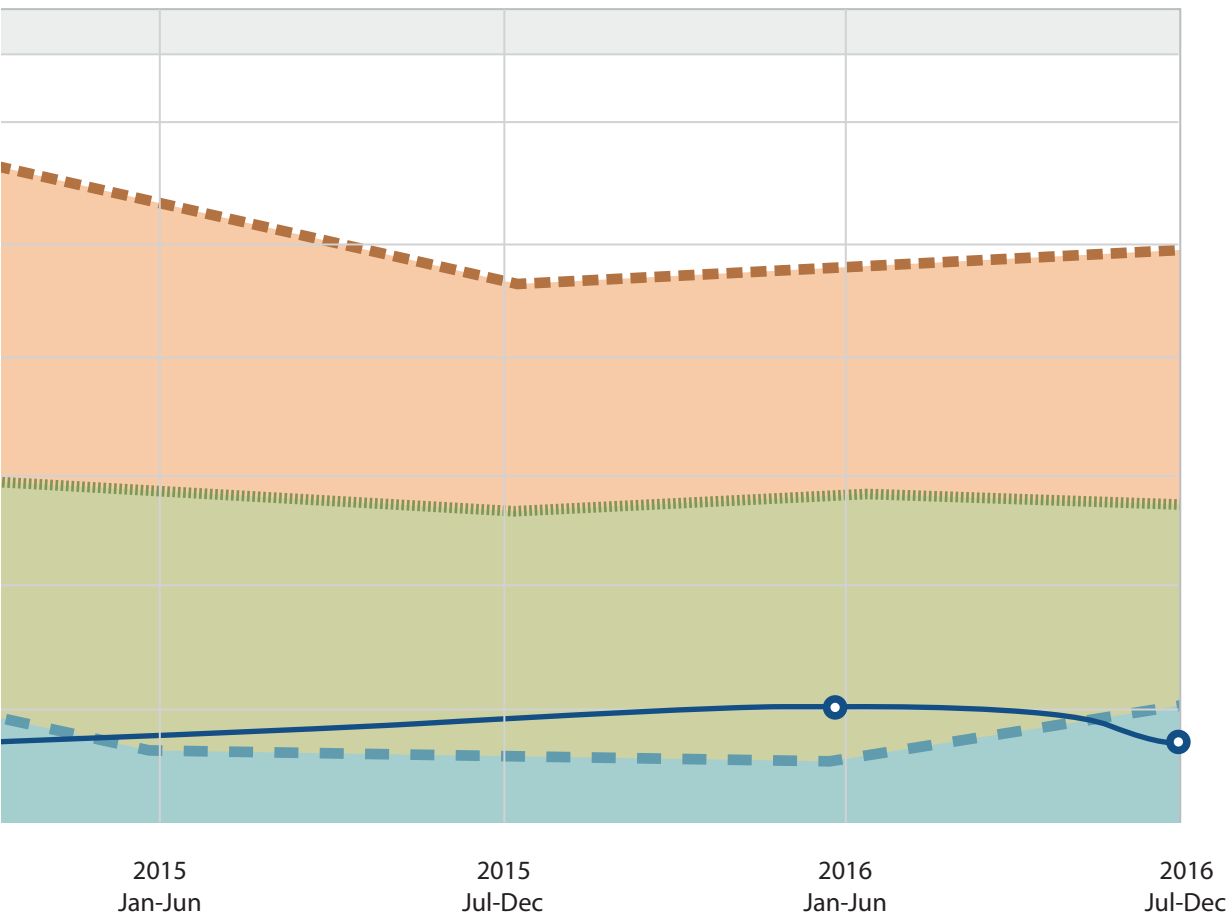


# COMPARISON REPORT EXAMPLE

Percentile Rankings:



— — — All Centers 75th Percentile     
 —●— Your Value



## Measures Reported

New Measure Numbers	Measure Name	By Breast Center Type				Measure Status		
		Screening	Diagnostic	Clinical	Treatment/ Comprehensive	Retained	Retained with edits	New
<b>Imaging Measures</b>								
Imaging 1	Imaging Timeliness of Care – Time Between Screening Mammogram and Diagnostic Imaging	X	X		X		X	
Imaging 2	Mammography Recall rate	X	X		X	X		
Imaging 3	Imaging Timeliness of Care – Time Between First Diagnostic Imaging Study and First Needle/Core Biopsy	X	X		X		X	
Imaging 4	Surgical Timeliness of Care – Time Between First Positive Needle Biopsy and Initial Breast Cancer Surgery		X	X	X		X	
Imaging 5	Needle Biopsy Use Rate		X	X	X		X	
Imaging 6	Cancer Detection Rate	X	X		X			X
Imaging 7	Positive Biopsy Rate (PPV2)	X	X		X			X
Imaging 8	Percent Use of Screening Tomosynthesis	X	X		X			X
<b>Pathology Measures</b>								
Pathology 1	Pathology Timeliness of Care for Breast Cancer - Time Between Initial Needle Breast Biopsy (excluding open surgical) and Pathology Results		X		X		X	
Pathology 2	Pathology Timeliness of Care – Time Between Initial Breast Cancer Surgery and Pathology Result			X	X	X		
Pathology 3	Cancer Pathology Report Completeness - Tumor Size			X	X		X	
Pathology 4	Cancer Pathology Report Completeness - Lumpectomy Closest Margin Analysis			X	X		X	
Pathology 5	Cancer Pathology Report Completeness – All Lumpectomy Margins Identified			X	X		X	
Pathology 6	Cancer Pathology Report Completeness - Lymph Node Analysis			X	X		X	
Pathology 7	Cancer Pathology Report Completeness - ER AND PR Receptor Measurement for Invasive Disease			X	X		X	
Pathology 8	Cancer Pathology Report Completeness - ER Receptor Measurement for In Situ Disease			X	X		X	

# Measures Reported

New Measure Numbers	Measure Name	By Breast Center Type				Measure Status		
		Screening	Diagnostic	Clinical	Treatment/ Comprehensive	Retained	Retained with edits	New
<b>Surgery Measures</b>								
Surgery 1	Surgical Timeliness of Care – Time Between First Positive Needle Biopsy and Initial Breast Cancer Surgery		X	X	X		X	
Surgery 2	Surgical Care - Sentinel Node Biopsy			X	X	X		
Surgery 3	Breast Conservation Surgery - Overall Rate (administered)			X	X		X	
Surgery 4	Breast Conservation Surgery - Re-Excision Rate			X	X		X	
Surgery 5	Axillary dissection AFTER positive sentinel node biopsy if not receiving radiation therapy.			X	X			X
Surgery 6	Negative Margin Rate for Initial Breast Lumpectomy			X	X			X
Surgery 7	Use of Nipple Sparing Mastectomy			X	X			X
Surgery 8	Contralateral Prophylactic Mastectomy			X	X			X
Surgery 9	Five Year Stage Specific Survival Rate			X	X	X		
<b>Medical Oncology Measures</b>								
Medical Oncology 1	Chemotherapy Use - Rate for women under 70 with AJCC T1cN0M0 or Stage IB - III hormone receptor negative breast cancer. (administered)				X		X	
Medical Oncology 2	Adjuvant Endocrine Therapy - Rate for Invasive Breast Cancer (Administered)				X		X	
Medical Oncology 3	Adjuvant Endocrine Therapy - Rate for Invasive Breast Cancer (Recommended)				X		X	
Medical Oncology 4	Use of Genomic Assay in ER+/PR+ Node negative tumors				X			X
Medical Oncology 5	Use of Trastuzumab based Chemotherapy immunotherapy in conjunction with chemotherapy.				X			X
Medical Oncology 6	Fertility preservation prior to systemic chemotherapy in age appropriate (or fertile) patients.				X			X
<b>Radiation Oncology Measures</b>								
Radiation Oncology 1	Post-Lumpectomy Radiation - Rate for Invasive Breast Cancer (Administered)			X	X		X	
Radiation Oncology 2	Post Mastectomy Radiation is administered within 1 year of diagnosis for women with 4 or more positive regional nodes (administered)			X	X			X
Radiation Oncology 3	Radiation Consultation is provided for post mastectomy patients with positive nodes.			X	X			X
Radiation Oncology 4	Percent Hypofractionation treatment.			X	X			X
Radiation Oncology 5	Percent Partial Breast Irradiation treatment.			X	X			X



# Retiring Measures as of January 15th, 2019

New Measure Numbers	Measure Name	By Breast Center Type				Measure Status		
		Screening	Diagnostic	Clinical	Treatment/ Comprehensive	Retained	Retained with edits	New
<b>Surgery Measures</b>								
Survey	Patient Satisfaction Survey			X	X			
Survey	Patient Satisfaction - Survey Development			X	X			
Survey	Patient Satisfaction Survey Response Rate			X	X			
Survey	Patient Satisfaction Survey Measure - Shared Decision Making for Choice of Surgical Option for Breast Surgery				X			
Survey	Patient Satisfaction Survey Measure - Cosmetic Results Following Breast Reconstruction				X			
Radiation Oncology	Post-Lumpectomy Radiation - Rate for Invasive Breast Cancer (potential)			X	X			
Radiation Oncology	Radiation Therapy – Break in Treatment				X			
Medical Oncology	Adjuvant or Neoadjuvant Chemotherapy - Complications Resulting in Inpatient Hospitalization Rate				X			
Medical Oncology	Chemotherapy Use - Rate for Stage II and III ER Negative and PR Negative Breast Cancer (potential)				X			
Surgery	Surgical Timeliness of Care – Time Between Diagnostic Mammogram and Open Surgical Biopsy/Excision (no needle biopsy performed)			X	X			
Surgery	Breast Conservation Surgery Rate for Eligible Patients (potential eligible candidates)			X	X			
Surgery	Ambulatory Breast Cancer Surgery-Unplanned Overnight Stay Rate			X	X			
Surgery	Reconstructive Breast Surgery- Myocutaneous Tissue (Flap) Complication Rate				X			
Pathology	Pathology Timeliness of Care –Time Between Open (incisional/excisional) Initial Breast Biopsy and Pathology Results			X	X			
Pathology	Pathology Report Completeness - Specimen Sampling Adequacy			X	X			

# Resources

Breast centers participating in the NQNBC® program have access to additional resources including the NQNBC User Guide, and Frequently Asked Questions to aid in the data collection and data reporting.

## How To Apply For NQNBC® Certification

To apply for certification, please visit the NQNBC® website, <http://www2.nqmbc.org/>, download the forms listed below and follow the instructions for submission to the NCBC office.

**Step One:** Join NCBC as a Facility Member

**Step Two:** Submit Data Validity Agreement

**Step Three:** Enter Data

**Step Four:** Apply for Certification



**Quality is  
Excellence.**

**Rochester General Hospital Breast Center-Rochester NY  
Certified Quality Breast Center of Excellence®**



# Testimonials

## “allows us to identify areas of improvement”

The Edith Sanford Breast Clinic located in Fargo, ND has attained the level of Certified Quality Breast Center of Excellence. We have been a participating organization with the NQMBC program over the past several years. Collecting data and analyzing our performance against other centers, allows us to identify areas of improvement across the breast health care continuum. This gives us the opportunity to provide the most comprehensive care to our patient population.

Nancy Anderson  
**Edith Sanford**  
**Fargo, ND**

## “enabled our leadership to grow”

“Participating in the NQMBC® program has enabled our leadership group to become more cohesive. With the goal of improving patient care by scrutinizing our data, systems issues are now more applicably addressed and communication among departments has been enhanced.”

Kathy Hart  
**Berkshire Med Center**  
**Pittsfield, MA**

## “Wonderful opportunity for growth.”

“Chico Breast Care Center has been participating in the NQMBC® program since 2009. Through quality improvement efforts, we achieved the highest standing as a “Certified Quality Breast Center of Excellence™” and continue our efforts today. Being a part of this program has been a wonderful opportunity for growth. By having access to the NQMBC® statistics, we are able to benchmark our facility with some of the best breast care facilities in the country. Thanks to NQMBC® (and the hard work put forth by our staff and Radiologists), we have set goals, met them and forged forward to better patient care.”

Jennifer Suderman, RN, CNBN  
**Chico Breast Care Center**  
**Certified Quality Breast Center of Excellence™ Chico, CA**

## “source of pride for our organization”

Here in Sarasota, we are fortunate to live in a community that has excellent and skilled cancer specialists. Yet, across the nation, we know that the incidence of cancer continues to rise and that over 12 percent of women will develop breast cancer during their lifetime. That is the impetus behind the many breast health and cancer care initiatives at Sarasota Memorial Health Care System. Attaining NCBC's Certified Quality Breast Center of Excellence certification is a source of pride for our organization and reflects our multi-disciplinary team's commitment to providing comprehensive, coordinated and compassionate breast care. Our physicians and clinicians use the latest research and evidence-based protocols to personalize treatments, measure results and achieve the best outcomes possible for our patients.

Veronica Martinez  
**Sarasota Memorial**  
**Sarasota, FL**

## “demonstrated our center's commitment to measuring and improving quality.”

“Participating in the NQNBC® program has demonstrated our center's commitment to measuring and improving quality. We have used the aggregate reports to identify opportunities for improvement and develop quality studies. Moving up through the levels of certification has given our center a sense of accomplishment. We have our beautiful award placed in a place where all of our patients can see it! Thank you NQNBC®!”

Tricia Trammell CRA, R. T. (R) (M) (QM), CN-BI  
**Virginia Clay Dorman Breast Care Center**

FALL WORTH, VA





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**NQMBC<sup>®</sup> 2.0**

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**THANK YOU to the generous underwriting of our sponsors,  
tracking software companies and vendors.**

