



# Annual Certification Application

Please check one

*Certified Participant*

first-time application  re-certification

*Certified Quality Breast Center*

first-time application  re-certification

*Certified Quality Breast Center of Excellence*

first-time application  re-certification

Annual applications are required to maintain certification. Certification is in order listed about and may not be skipped.

## Step 1 – Contact Information

### DATA ENTRY PERSON INFORMATION:

Quality ID # \_\_\_\_\_

Name (First, Last, Credentials) \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Breast Center \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### OVERSIGHT PERSON INFORMATION (MUST BE DIFFERENT THAN ABOVE):

Name (First, Last, Credentials) \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

The Participant’s Medical Director or Manager has agreed that all raw data to be compiled for submission to the NCBC National Quality Measures for Breast Centers™ Program is true and accurate according to facility records; that the raw data will be compiled for submission according to the directions identified in the measure of NCBC National Quality Measures for Breast Centers™ Program for which compiled data is being submitted; that the compiled data submitted for each measure in which the Participant participates is true and accurate; to all conditions and terms as set forth and contained in the End User License Agreement as it appears on the NCBC web site; and to maintain raw and compiled data (records) used in providing responses to the National Quality Measures for Breast Centers™ for future on-site review for a period of five (5) years.

\_\_\_\_\_  
Data Entry Person’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Oversight Person’s Signature

\_\_\_\_\_  
Date

**Step 2 – Update Profile Information**

**#4 Volume of Patients Served – Imaging**

Most current year that this data will represent \_\_\_\_\_

Number of Screening Mammograms \_\_\_\_\_

Number of Diagnostic Mammograms \_\_\_\_\_

**#5 Volume of Patients Served – Breast Cancer**

Most current year that this data will represent \_\_\_\_\_

Number of new breast cancer patients treated or diagnosed in that year \_\_\_\_\_

**Step 3 – Software Information**

Please provide the software company your center uses for the following:

Breast Registry Software \_\_\_\_\_

Breast Imaging Software \_\_\_\_\_

Hospital EHR System \_\_\_\_\_

Other \_\_\_\_\_

**Step 4 – Submission Information**

**Identify by year the two consecutive data collection periods that fall within the last two years whose data is being submitted for review with this application:**

Data Period 1 Jan – June \_\_\_\_\_ Data Period 2 July - December \_\_\_\_\_

A center may wish to measure performance in all or any selection of indicators. 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 your center completed in Phase I online.

## Certification Levels and Requirements

|                             |                           | <b>Certified Participant</b> | <b>Certified Quality Breast Center</b> | <b>Certified Quality Breast Center of Excellence</b> |
|-----------------------------|---------------------------|------------------------------|--|--|
| <b>Breast Center Types</b>  | # of measures per profile | must report 40% of measures  | must report 75% of measures            | must report 90% of measures                          |
| Screening                   | 6                         | 2                            | 5                                      | 5  |
| Diagnostic                  | 9                         | 4                            | 7                                      | 8  |
| Clinical                    | 25                        | 10                           | 19                                     | 23   |
| Treatment/<br>Comprehensive | 45                        | 18                           | 34                                     | 41   |

### Check List

**These are the steps required to attain certification. Please review and check steps your center has completed.**

#### Certified Participation in the NQMBC™ Program

- Supplied data for required percentage of the measures for which their quality breast center type should be able to measure performance. (Certified Participant submits 40%; Certified Quality Breast Center submits 75%; Certified Quality Breast Center of Excellence submits 90% of the measures for their profile type.)
- These two consecutive data collection periods being audited for certification must be within the last two years. (A data period is a six-month range during which time data is collected per the parameters of the indicator).
- Agree to maintain data used to answer NQMBC questions for a minimum of three years. This data may be used in random audits to confirm valid responses.
- Agree to a random audit of the submitted data for review by the NQMBC. The NQMBC will, at their discretion, choose question(s) in a specific period to be audited. The facility must agree to submit de-identified data used to confirm correct procedures were used to answer this question within three weeks. Audits will not occur frequently and will be used to confirm valid answers to quality measures.
- In addition to completing required number of the measures, the facility must have performed above the 25th percentile on required number 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. (Certified Quality Breast Center must perform above the 25<sup>th</sup> percentile on 75% of the 75% of the measures submitted; Certified Quality Breast Center of Excellence must perform above the 25<sup>th</sup> percentile on 90% of the 90% of the measures submitted. **(Effective July 1, 2017 Benchmarks replace the 25<sup>th</sup> percentile requirements for those measures that have benchmarks.)**)
- Must complete the application and return it to the NCBC office.



National Quality Measures for Breast Centers™

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| Measure Number     | Measure Description  | January to June  | July to December         |
|--------------------|--|--|--------------------------|
|                    |  | <b>put a check in the square for the measures your center has submitted data</b> |                          |
| Imaging 1          | Imaging Timeliness of Care – Time Between Screening Mammogram and Diagnostic Imaging   | <input type="checkbox"/>   | <input type="checkbox"/> |
| Imaging 2          | Mammography Recall rate  | <input type="checkbox"/>   | <input type="checkbox"/> |
| Imaging 3          | Imaging Timeliness of Care – Time Between First Diagnostic Imaging Study and First Needle/Core Biopsy                                      | <input type="checkbox"/>   | <input type="checkbox"/> |
| Imaging 4          | Surgical Timeliness of Care – Time Between First Positive Needle Biopsy and Initial Breast Cancer Surgery                                  | <input type="checkbox"/>   | <input type="checkbox"/> |
| Imaging 5          | Needle Biopsy Use Rate   | <input type="checkbox"/>   | <input type="checkbox"/> |
| Imaging 6          | Cancer Detection Rate  | <input type="checkbox"/>   | <input type="checkbox"/> |
| Imaging 7          | Positive Biopsy Rate (PPV2)  | <input type="checkbox"/>   | <input type="checkbox"/> |
| Imaging 8          | Percent Use of Screening Tomosynthesis   | <input type="checkbox"/>   | <input type="checkbox"/> |
| Pathology 1        | Pathology Timeliness of Care for Breast Cancer - Time Between Initial Needle Breast Biopsy (excluding open surgical) and Pathology Results | <input type="checkbox"/>   | <input type="checkbox"/> |
| Pathology 2        | Pathology Timeliness of Care – Time Between Initial Breast Cancer Surgery and Pathology Result   | <input type="checkbox"/>   | <input type="checkbox"/> |
| Pathology 3        | Cancer Pathology Report Completeness - Tumor Size  | <input type="checkbox"/>   | <input type="checkbox"/> |
| Pathology 4        | Cancer Pathology Report Completeness - Lumpectomy Closest Margin Analysis  | <input type="checkbox"/>   | <input type="checkbox"/> |
| Pathology 5        | Cancer Pathology Report Completeness – All Lumpectomy Margins Identified   | <input type="checkbox"/>   | <input type="checkbox"/> |
| Pathology 6        | Cancer Pathology Report Completeness - Lymph Node Analysis   | <input type="checkbox"/>   | <input type="checkbox"/> |
| Pathology 7        | Cancer Pathology Report Completeness - ER AND PR Receptor Measurement for Invasive Disease   | <input type="checkbox"/>   | <input type="checkbox"/> |
| Pathology 8        | Cancer Pathology Report Completeness - ER Receptor Measurement for In Situ Disease   | <input type="checkbox"/>   | <input type="checkbox"/> |
| Surgery 1          | Surgical Timeliness of Care – Time Between First Positive Needle Biopsy and Initial Breast Cancer Surgery                                  | <input type="checkbox"/>   | <input type="checkbox"/> |
| Surgery 2          | Surgical Care - Sentinel Node Biopsy   | <input type="checkbox"/>   | <input type="checkbox"/> |
| Surgery 3          | Breast Conservation Surgery - Overall Rate (administered)  | <input type="checkbox"/>   | <input type="checkbox"/> |
| Surgery 4          | Breast Conservation Surgery - Re-Excision Rate   | <input type="checkbox"/>   | <input type="checkbox"/> |
| Surgery 5          | Axillary dissection AFTER positive sentinel node biopsy if not receiving radiation therapy.  | <input type="checkbox"/>   | <input type="checkbox"/> |
| Surgery 6          | Negative Margin Rate for Initial Breast Lumpectomy   | <input type="checkbox"/>   | <input type="checkbox"/> |
| Surgery 7          | Use of Nipple Sparing Mastectomy   | <input type="checkbox"/>   | <input type="checkbox"/> |
| Surgery 8          | Contralateral Prophylactic Mastectomy  | <input type="checkbox"/>   | <input type="checkbox"/> |
| Surgery 9          | Five Year Stage Specific Survival Rate   | <input type="checkbox"/>   | <input type="checkbox"/> |
| Medical Oncology 1 | Chemotherapy Use - Rate for women under 70 with AJCC T1cN0M0 or Stage IB - III hormone receptor negative breast cancer. (administered)     | <input type="checkbox"/>   | <input type="checkbox"/> |
| Medical Oncology 2 | Adjuvant Endocrine Therapy - Rate for Invasive Breast Cancer (Administered)  | <input type="checkbox"/>   | <input type="checkbox"/> |



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|                      |  |                          |                          |
|----------------------|--|--------------------------|--------------------------|
| Medical Oncology 3   | Adjuvant Endocrine Therapy - Rate for Invasive Breast Cancer (Recommended)   | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Oncology 4   | Use of Genomic Assay in ER+/PR+ Node negative tumors   | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Oncology 5   | Use of Trastuzumab based Chemotherapy immunotherapy in conjunction with chemotherapy.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Oncology 6   | Fertility preservation prior to systemic chemotherapy in age appropriate (or fertile) patients.                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Radiation Oncology 1 | Post-Lumpectomy Radiation - Rate for Invasive Breast Cancer (Administered)   | <input type="checkbox"/> | <input type="checkbox"/> |
| Radiation Oncology 2 | Post Mastectomy Radiation is administered within 1 year of diagnosis for women with 4 or more positive regional nodes (administered) | <input type="checkbox"/> | <input type="checkbox"/> |
| Radiation Oncology 3 | Radiation Consultation is provided for post mastectomy patients with positive nodes.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Radiation Oncology 4 | Percent Hypofractionation treatment.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Radiation Oncology 5 | Percent Partial Breast Irradiation treatment.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Genetics 1           | Genetic testing for invasive breast cancer patients equal or under 45 years old.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Genetics 2           | Risk assessment performed for breast cancer patients equal or under 50 years old.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Genetics 3           | Genetic testing for triple negative invasive breast cancer patients equal or under 60 years old.                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Genetics 4           | Family History obtained for breast cancer patients equal or under 70 years old.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Navigation 1         | Navigation Performance by RN's   | <input type="checkbox"/> | <input type="checkbox"/> |
| Navigation 2         | Navigation Performance by OCN's  | <input type="checkbox"/> | <input type="checkbox"/> |
| Navigation 3         | Percent workload of breast cancer patients for nurse navigator   | <input type="checkbox"/> | <input type="checkbox"/> |
| Navigation 4         | Navigator contacts with patients over initial 6 months   | <input type="checkbox"/> | <input type="checkbox"/> |
| Navigation 5         | Nurse Navigator referral sources   | <input type="checkbox"/> | <input type="checkbox"/> |
| Navigation 6         | Function of nurse navigator during regular multidisciplinary breast conference.  | <input type="checkbox"/> | <input type="checkbox"/> |