Administrator's Perspective of Quality and Breast Care
Twelve User Comments on Quality for the NQMBC

Healthcare is a special calling. Yes, even at a time when there is confusion about what the delivery system will look like and increasing pressure on healthcare enterprises to "just run it like a business" those of us who are privileged to deliver care to patients realize there is something very special in the relationship between care givers and patients. On the most fundamental level, it is the gift of healing.

Healing is not just the province of professional clinicians, but the healing mission extends to everyone who is involved in the healthcare enterprise. For administrators these are difficult times, as scarce dollars are chased by a multitude of needs. One of those needs is funding for quality initiatives. Everyone supports the concept of quality, but most of the costs of quality initiatives are staffing costs for those who are charged with documenting, rather than delivering quality healthcare. Ultimately, administrators must look beyond the simple desire to support "quality" to the tangible benefits of quality within the economic goals inherent managing any healthcare enterprise.

The history of healing tracks the continual effort to improve outcomes. Some of this improvement is a reflection of the application of new expensive technologies and pharmaceuticals, but money alone does not predict, nor can it buy quality. In fact, clinical quality improvement quite often yields opportunities for improving economic outcomes as well as patient care.

The National Quality Measures for Breast Cancer (NQMBC) Committee of the National Consortium of Breast Centers (NCBC) has put together this brief review of the intersections between quality initiatives and economic mission that should be in the knowledge base of all administrators. Quality really does add value, and quality initiatives can be an important part of securing the financial future of an institution as well as improving the health status of the community it serves. If you have any questions, please contact Aerial at the NCBC office and she will put you in contact with an NQMBC resource.

• "Quality improvement is the ultimate gift to patients. We all believe that we provide quality care, but the NQMBC measures provide evidence of quality.” - Admin from Virginia

• "Quality measures help fill in the "gaps". If you cannot measure an NQMBC data point, or your values fall below a qualifying level, this fact "stresses" your system, requiring that data sources or measures be addressed.” - Admin from Texas

• "Quality measures inevitably raise program awareness across patients, caregivers, and administrators. Experience shows that heightened awareness among caregivers and administrators is a prerequisite for productivity and other economic improvement initiatives. When care is measured, that focus identifies opportunities to improve.” - Admin from California
• “Quality translates to competitiveness. Healthcare is increasingly becoming retail, and consumers of care are more aware of provider differences. A four-day turnaround time for pathology is more than two extra days of anxiety beyond the NQMB benchmark for a patient waiting to find out if she has breast cancer.” - Admin from Illinois

• “Quality can reduce cost. Reducing screening recall rates decreases unnecessary diagnostic mammograms, which are typically delivered at less than cost. Multiple other cost-saving examples exist.” - Admin from North Carolina

• “Quality measures can improve productivity by increasing volumes. Breast care is known for its expensive technology (mammography, MRI, radiation therapy, etc.), providing an incentive to increase volumes in order to decrease the unit-of-service cost of these technologies. Marketing quality has been shown to increase program volumes. Patients will search for high quality care close to home.” - Admin from Ohio

• “Quality improves community health status. By assuring appropriate care, quality measure assessment may decrease both mortality and morbidity of breast cancer within your community.” - Admin from Utah

• “Quality measures facilitate compliance tracking. The diagnosis and treatment of breast cancer is well covered by appropriateness criteria. NQMB quality measures track or quantify compliance with various appropriateness criteria”. - Admin from Washington

• “Quality measures ensure compliance with PQRS and MACRA. Several NQMB quality measures have been designed to overlap with the PQRS and the new MACRA rule, ensuring that PQRS and MACRA compliance is maintained.” - Admin from Nevada

• “Quality programs are a prerequisite for risk-sharing arrangements. Accountable Care Organizations and other forms of managed care are founded on accountability for quality.” - Admin from Montana

• “Quality programs assure engagement with continuous improvement. NQMB quality information is not static. Rather, tracking data points from quarter to quarter provides good measure of how quality is being affected by improvement efforts or even unrelated activities.” - Admin from Florida

• “Quality is a culture, not a slogan. NQMB provides an important vehicle for developing a positive culture of quality in breast health. There is nothing quite so motivating as data indicating that your program is creating positive change.” - Admin from Oregon

NQMB 2.0 enhances the ability to calculate and submit quality metrics solely with mammography and cancer registry software programs

The NQMB is a totally volunteer effort by NCBC members who are committed to improving the quality of breast programs across the US. Each of the volunteers is personally involved day-to-day quality efforts in locations that range from small breast centers through major academic centers.

You can call the NCBC office at 574.401.8113 to reach Aerial.

Committed to empowering breast centers of all types and sizes with the ability to measure and improve quality of care provided to breast cancer patients