



## Quality Improvement Implementation, Option C: Breast Surgical Quality Measures

Project Time Period: 1/1/2025-12/31/2025

**Summary:** This project focuses on improving the performance of evidence-based quality measures for patients undergoing partial mastectomy and mastectomy for breast cancer and DCIS. MSQC began capturing breast surgery data in 2023, so this project will lay the groundwork and encourage engagement from the multidisciplinary team to promote high-quality treatment to improve short- and long-term outcomes.

**Project Goals:** Each site will designate a surgeon lead who performs breast surgery for this project who, along with the multidisciplinary team, will help disseminate information at the hospital and be actively engaged in developing and implementing processes to improve the quality of Breast Surgery.

### QI Implementation Goals and Requirements: (45 points total)

1. **Data collection:** For elective partial mastectomy and mastectomy surgical patients done for cancer, participating hospitals will perform supplemental data collection that will allow the measurement of breast surgical quality.
2. **Surgeon Champion:** Each site will designate a surgeon champion who performs breast surgery to lead this project. The expectations are the surgeon lead will help the SCQR disseminate information at the hospital and be actively engaged with MSQC for the Breast Surgery QI project, which may also include being a member of the Breast Care Committee meetings (either in person or virtual).
3. **Multidisciplinary team (6 points total):**
  - Participating hospitals will form a multidisciplinary team to review baseline data, guide quality improvement plans, and implement the care pathway. The multidisciplinary team should include the breast cancer surgeon champion, other surgeons who perform breast cancer surgery, nursing, patient navigator, plastics and reconstructive, breast radiology and others as relevant.
  - Hold a multidisciplinary meeting before March 31, 2025. Meeting notes, including attendees, must be submitted to the coordinating center with the final project submission. (2 points).
  - Two (2) additional multidisciplinary meetings (minimally) before December 1, 2025, which include a review of breast data (2 points each).
4. **Perioperative Process Goals (15 points):** Implement all the following process measures for each elective breast surgical patient as detailed below.
  - **Continuing Sites: Measurement Period is 1/1/2025– 12/31/2025**
  - **New sites: Measurement Period 4/1/2025-12/31/2025.**

**Preoperative Goals (6 points total)**

- **5a:** Preadmission teaching that discusses expectations after surgery, including multimodal pain management  $\geq 80\%$ , discussion of opioid-free surgery (if applicable), and expected use of surgical drains (if applicable) (3 points)
- **5b:** Patient optimization discussion related to smoking cessation (if applicable)  $\geq 80\%$  (3 points)

**Intraoperative Goals (3 points total)**

- **5d:** Use of intraoperative multimodal pain management  $\geq 80\%$  (3 points)

**Postoperative Goals (6 points total)**

- **5e:** Postoperative order for multimodal pain management  $\geq 80\%$  (3 points)
- **5f:** Opioid prescriptions meeting M-OPEN recommendations  $\geq 80\%$  (3 points)

**5. Cancer-Specific Goals (24 points total):** Cancer and DCIS diagnoses which are listed in the breast tab of 2025 Program Manual.

- **Continuing sites: Measurement Period is 1/1/2025 – 12/31/2025.**
- **New Sites Measurement Period: 4/1/2025-12/31/2025**
  - a. Preoperative MRI rate to  $\leq 30\%$  or a  $\geq 10\%$  relative reduction from baseline (6 points)
  - b. Reduction of use of SLNB in women  $>70$  years old to  $\leq 40\%$  or a  $\geq 10\%$  relative reduction from baseline (6 points)
  - c. Reduction of re-excision rates for positive margin after lumpectomy to  $\leq 12\%$  or a  $\geq 10\%$  relative reduction from baseline (6 points)
  - d. Increase in the use of outpatient mastectomy to  $> 25\%$  or have a  $\geq 10\%$  relative increase from baseline. (6 points)

**6. Submit a QII Project Summary on or before January 16, 2026, which includes a narrative and activity tracking of the steps to implementation of the breast cancer surgery care pathway, successes and barriers, and analysis and next steps (a template will be available on the MSQC website).**

- An additional 5 implementation points may be granted based on the detail of the project narrative, activity tracking log, successes and barriers, and analysis and next steps, to be added to achieve the maximum of 45 project points.
- An additional 5 points may be granted if all breast cancer cases are abstracted which includes oversampling of all Not Sampled eligible cases, to be added to achieve the maximum of 45 project points. Oversampled cases will be included in the Process Improvement Goals.

**Included CPT Codes:**

CPT® Code	CPT® Description
19301	19301: Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy)
19302	19302: Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
19303	19303: Mastectomy, simple, complete
19305	19305: Mastectomy, radical, including pectoral muscles, axillary lymph nodes
19306	19306: Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)

**19307**

19307: Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle