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

**Project Time Period: 1/1/2024-12/31/2024**

**Summary:** This project focuses on improving the performance of evidence-based quality measures for patients undergoing partial mastectomy and mastectomy. 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 a care pathway that includes the perioperative QI implementation goals.

**QI Implementation Goals and Requirements: (40 points total)**

1. **Data collection:** For elective partial mastectomy and mastectomy surgical patients, 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, be actively engaged in developing and implementing a care pathway and be 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):**
	1. 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.
	2. Hold a multidisciplinary meeting before March 29, 2024.Meeting notes, including attendees, must be submitted to the coordinating center with the final project submission. (2 points).
	3. Two (2) additional multidisciplinary meetings (minimally) before December 1, 2024, which include a review of breast data (2 points each).
4. **Implement Breast Surgery Care Pathway (4 points):** Within the multidisciplinary team, create and modify the care pathway template to your hospital’s practices. This will be implemented and utilized by the care team beginning in the preoperative period and extending into the postoperative period to ensure the implementation of each element of the breast surgery care pathway. Submit the final product to MSQC.
5. **Perioperative Process Goals (20 points):** Implement all the following process measures for each elective breast surgical patient as detailed below. Measurement Period is 4/1/2024 – 12/31/2024.

**Preoperative Goals (8 points total)**

* **5a:** Preadmission teaching that discusses expectations after surgery, including multimodal pain management ≥ 70%, discussion of opioid-free surgery (if applicable), and expected use of surgical drains (if applicable) **(4 points)**
* **5b:** Patient optimization discussion related to smoking cessation (if applicable) ≥ 80% **(4 points)**

**Intraoperative Goals (4 points total)**

* **5d:** Use of intraoperative multimodal pain management > 80% **(4 points)**

**Postoperative Goals (8 points total)**

* **5e:** Postoperative order for multimodal pain management > 70% **(4 points)**
* **5f:** Opioid prescriptions meeting M-OPEN recommendations > 70% **(4 points)**
1. **Cancer-Specific Goals (10 points):** Sites will pick two goals to focus on that need improvement. Included diagnosis codes: Cancer and DCIS diagnoses which are listed in the breast tab of 2024 Program Manual. Measurement Period is 4/1/2024 – 12/31/2024. **Baselines will be pulled in March and will include all 2023 Sampled/ Completed cases.**
2. Preoperative MRI rate to < 30% or a >10% relative reduction from baseline
3. Reduction of use of SLNB in women >70 years old to < 50% or a >10% relative reduction from baseline
4. Reduction of re-excision rates for positive margin after lumpectomy to < 15% or a >10% relative reduction from baseline
5. Increase in the use of outpatient mastectomy to > 25% or have a >10% relative increase from baseline.
6. Submit a **QII Project Summary** on or before **January 15, 2025,** which includes a narrative and activity tracking of the steps toimplementation 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 0-10 implementation points may be granted based on the detail of the project narrative, tracking log, and analysis, to be added to achieve the maximum of 40 project points.

**Included CPT Codes:**

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| **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 |