

Quality Measure Highlight

Breast Cancer Screening (BCS)

MEASURE DESCRIPTION

The percentage of women 50 - 74 years of age who had a mammogram to screen for breast cancer between October 1 two years prior to the measurement year through December 31 of the measurement year.

Denominator: Eligible population, women 52 - 74 years of age as of December 31 of the measurement year.

Numerator: Women ages 52 - 74 with one or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

Measure Type: Administrative (claims)

This measure assesses the use of imaging to detect early breast cancer in women. All types and methods of mammograms (screening, diagnostic, film, digital or digital breast tomosynthesis) qualify for numerator compliance.

Do not count MRIs, ultrasounds or biopsies towards the numerator: although these procedures may be indicated for evaluating women at higher risk for breast cancer or for diagnostic purposes, they are performed as an adjunct to mammography and do not alone count toward the numerator.

Intent / Importance: Mammograms are the best method to detect early breast cancer, before it is big enough to feel or cause symptoms and is easier to treat.¹ Detecting early breast cancer via mammography can provide women with a greater range of treatment options, such as less aggressive surgery (e.g., lumpectomy vs. mastectomy), less toxic chemotherapy or the option to forego chemotherapy. Mammography can also reduce the risk of dying from breast cancer by 20 percent.² The U.S. Preventive Services Task Force (USPSTF) and the American College of Physicians recommend that women ages 50 - 74 should have biennial (every two years) screening.

<u>PCP QIP 2019</u>	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Adult Medicine	7.5 points 12.5 points	68.94%	90 th
Half Points	Family Adult Medicine	3.75 points 6.25 points	64.12%	75 th
Relative Improvement Threshold	Family Adult Medicine	3.75 points 6.25 points	58.04%	50 th

¹ Centers for Disease Control and Prevention (CDC). 2012. "What Is Breast Cancer?" http://www.cdc.gov/cancer/breast/basic_info/screening.htm (Accessed June 4, 2012)

² American Cancer Society. 2015. "Breast Cancer Facts & Figures 2015-2016." <http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-046381.pdf> (Accessed November 30, 2016)

For additional information regarding the specifications for this measure feel free to email us: QIP@partnershiphp.org
References: National Committee on Quality Assurance (NCQA) HEDIS® 2019 Vol 2 Technical Specifications for Health Plans; NCQA HEDIS 2018 Vol 1 Narrative. HEDIS® is a registered trademark of NCQA.

Exclusions:

Bilateral mastectomy any time during the member’s history through December 31 of the measurement year. Any of the following meet criteria for bilateral mastectomy:

- Bilateral mastectomy
- Unilateral mastectomy **with** a bilateral modifier (specific to how a bilateral mastectomy is coded)
- Two unilateral mastectomies **without** a right, left or bilateral modifier with service dates 14 days or more apart. For example, if the service date for the first unilateral mastectomy was February 1 of the measurement year, the service date for the second unilateral mastectomy must be on or after February 15.
- History of bilateral mastectomy. A unilateral mastectomy **without** a right, left or bilateral modifier **and** a left mastectomy (refer to table below and use only mastectomy/modifier value sets; do not use absence of the left or right breast value set) with service dates 14 days or more apart.
 - Any combination of codes that indicate a mastectomy on **both** the left **and** right side on the same or different dates of service.
 - Members in hospice are excluded from the eligible population (**Mandatory Exclusion**).

Left Mastectomy (any of the following)	Right Mastectomy (any of the following)
• Unilateral mastectomy (<u>Unilateral Mastectomy Value Set</u>) with a left-side modifier (<u>Left Modifier Value Set</u>) (same visit)	• Unilateral mastectomy (<u>Unilateral Mastectomy Value Set</u>) with a right-side modifier (<u>Right Modifier Value Set</u>) (same visit)
• Absence of the left breast (<u>Absence of Left Breast Value Set</u>)	• Absence of the right breast (<u>Absence of Right Breast Value Set</u>)
• Left unilateral mastectomy (<u>Unilateral Mastectomy Left Value Set</u>)	• Right unilateral mastectomy (<u>Unilateral Mastectomy Right Value Set</u>)

Strategies to Consider That May Lead to an Increase in BCS Performance Include:

- Document last mammogram including results
- Establish an office base system to promote mammography (e.g., electronic or manual tickler system to identify women 50 years of age or greater due / overdue for a mammogram)
- Post card reminder
- Reminder letter signed by the provider (personal touch)
- Phone call to women who have not made an appointment after 4 - 6 weeks of mail reminder
- Real time booking
- Hard stop question (e.g., last mammogram and result) as part of the assessment / registration
- Standard practice to assess preventive service
- Timely submission of claims and encounter data