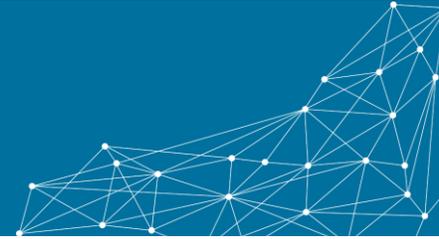


2021 Quality Measure Highlight

Breast Cancer Screening



MEASURE DESCRIPTION

The percentage of women 50 - 74 years of age who had a mammogram to screen for breast cancer.

Denominator: Women 52 - 74 years of age as of December 31 of the measurement year.

Numerator: Women with one or more mammograms any time two years prior to the measurement year (On or between October 1, 2019 and December 31, 2021)

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 breast cancer early on, before it is big enough to feel or cause symptoms and is easier to treat.¹ Detecting breast cancer early 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. Early detection of breast cancer through 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.

Coding

Mammography CPT: 77061; 77062; 77063; 77065; 77066; 77067

Diagnosis codes: Z90.11, Z90.12, Z90.13

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

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

<u>PCP QIP 2021</u>	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine Internal Medicine	7 points 12.5 points	63.98%	75 th
Partial Points	Family Medicine Internal Medicine	5 points 9 points	58.67%	50 th

Relative Improvement

- A site’s performance on a measure must meet the 50th percentile target in order to be eligible for RI points on the measure **AND**
- Have an RI score of 10% or higher, ending up thereby achieving performance equal to or exceeding between the 50th percentile and not exceeding the 75th percentile, to earn full points.

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 or history of bilateral mastectomy
 - Mastectomy on *both* the left *and* right side on the same or different dates of service.
- Members with frailty and advanced illness who are 66 years of age and older as of December 31 of the measurement year.
- Members in hospice or receiving palliative care during the measurement year are excluded from the eligible population.

Best and Promising Practices

- Establish a practice commitment to cancer screening:
 - Utilize “flag” alerts in the EMR/EHR system that each staff member can use to identify and communicate to members who are due for their screening services at **every** member encounter.
- Conduct chart scrubbing prior to the visit to determine if mammogram is due.
- Ensure information is consistent, plain and person-centered, language and culturally appropriate, and delivered in traditional and electronic applications (based on patient’s preference).

- Work with the mammography/imaging facility to collaborate on the active pursuit of patients who have been referred yet have not completed their screening. Secure designated appointment slots to combine cervical cancer screening with breast cancer screening visits when possible.
- Explore possible barriers that may impact screening services, such as access to care, cultural diversity, or anxiety. Offer choices of provider gender and spoken language.
- Ensure documentation of last mammogram, including results.
- Establish an office-based 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.
 - Phone call to women who have not made an appointment after 4 - 6 weeks of mail reminder.
- Pair with National Health Preventive Months e.g. Breast Cancer Screening Month, to utilize existing educational materials.
- Consider a variety of service options and choices - after hours and same day appointments, weekend breast cancer screening day(s)
- Consider real-time referral, such as incorporating a hard-stop question (e.g., when was the member's last mammogram and result?) as part of an assessment or registration.
- Submit claims and encounter data within 90 days of service.