

2020 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 from 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, 2018 and December 31, 2020.

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.

Coding

Mammography CPT: 77055; 77056;
77057; 77061; 77062; 77063;
77065; 77066; 77067

HCPCS: G0202; G0204; G0206
Diagnosis codes: Z90.11, Z90.12,
Z90.13

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.

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>

PCP QIP 2020	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine	5 points	69.23%	90 th
	Internal Medicine	15 points		
Partial Points	Family Medicine	2.5 points	63.98%	75 th
	Internal Medicine	7.5 points		
Relative Improvement Points	Family Medicine	2.5 points	58.67%	50 th
	Internal Medicine	7.5 points		

Please Note

- PHC will apply a Gateway Measure to QIP final payment rates for Measurement Year 2020. Final QIP incentive payments issued in 2021 are subject to a reduction for either of the following: 1) Timely claims submission – if more than 25% of parent organization level claim submissions are more than 90 days after the date of service, or 2) site average PCP Office Visits are less than 2.1 per member for the measurement year.
- For more information, please refer to the [PCP QIP Specifications](#), or contact the QIP Team at QIP@partnershiphp.org.



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.
 Patients with frailty and advanced illness who are 66 years of age and older as of December 31 of the measurement year.

Best and Promising Practices

Use person-centered plain language and educational information to members in appropriate language.

- Standard practice to assess preventive services. Conduct chart scrubbing prior to the visit to determine if mammogram is due.
- Work with the mammography/imaging facility to collaborate on the active pursuit of patients who have been referred yet have not completed their screening.
- 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.
- Consider real time booking - hard stop question (e.g., last mammogram and result) as part of the assessment / registration.
- Submit claims and encounter data within 90 days of service.