2022 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 (1) or more mammograms any time two (2) years prior to the measurement year (On or between October 1, 2020 and December 31, 2022)

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.

Coding

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

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

*Please refer to Diagnosis Crosswalk in eReports for complete listing of Code Types

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 (2) 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

For additional information regarding the specifications for this measure feel free to email us: QIP@partnershiphp.org

References: Managed Care Accountability Set (MCAS)

PCP QIP 2022	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine Internal Medicine	7 points 12.5 points	58.70%	75th
Partial Points	Family Medicine Internal Medicine	5 points 9 points	53.93%	50th

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

Data and Coding

- Submit claims and encounter data within 90 days of service.
- Exclude members as appropriate and use coding to document reason for exclusion.
- Ensure documentation of last mammogram, including results.

Member Care

- 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 member’s preference).
- Ensure list of mammography/imaging facilities is accurate and up to date, and train clinical teams on locating most accessible facility for every member.
- Work with the mammography/imaging facility to collaborate on the active pursuit of members who have been referred yet have not completed their screening, or who no-show for mammography appointment.
- 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. Consider cultural beliefs and appropriate language about cancer screening when discussing preventative cancer screening services.
- 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. October - Breast Cancer Awareness 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.
- Consider using an equity approach to increase screening rates for targeted communities. By looking at mammogram completion rates by race, ethnicity, location (i.e. zip code), and preferred language, it is possible to identify barriers that affect specific communities, and plan interventions to address these barriers.