



# Improving Measure Outcomes: Breast and Cervical Cancer Screening



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# Learning Objectives

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- Define the clinical background, specifications, and performance threshold definitions of the 2025 Primary Care Provider Quality Improvement Program specifications: Cervical and Breast Cancer Screening measures.
- Apply measure specification requirements to improve measure performance in the delivery of cervical and breast cancer screening services.
- Evaluate the prevalence and risk factors for cervical and breast cancer including associated health inequities prevalent in diagnosis and treatment.
- Identify best and promising practices that can be used to reduce barriers to accessing recommended cervical and breast cancer screening through addressing clinical workflows, improve interpersonal communication, member and staff education.
- Identify more effective outreach to patients from groups that have been historically, economically, and socially marginalized.

# Terminology

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- Notes on terminology:
  - Throughout this presentation, we will use the term “Assigned Female at Birth” rather than “female” or “woman.”
  - We do this to respect and normalize the experiences of transgender and gender diverse individuals.

# Overview of Breast Cancer



# Epidemiology

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- Approximately 1 in 8 persons assigned female at birth (13.1%) living in the U.S. will be diagnosed with invasive breast cancer, and 1 in 43 persons assigned female at birth (2.3%) will die from the disease.
- In 2024, an estimated 42,450 persons assigned female at birth in the U.S. died from breast cancer.
- From data of the decade 2012 – 2021, the incidence of breast cancer increased by 1% each year overall.
  - By 1.4% in those aged <50 years.
  - By 0.7% in those aged  $\geq 50$  years.

Breast Cancer Facts & Figures 2024-2025, American Cancer Society

<https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/2024/breast-cancer-facts-and-figures-2024.pdf>





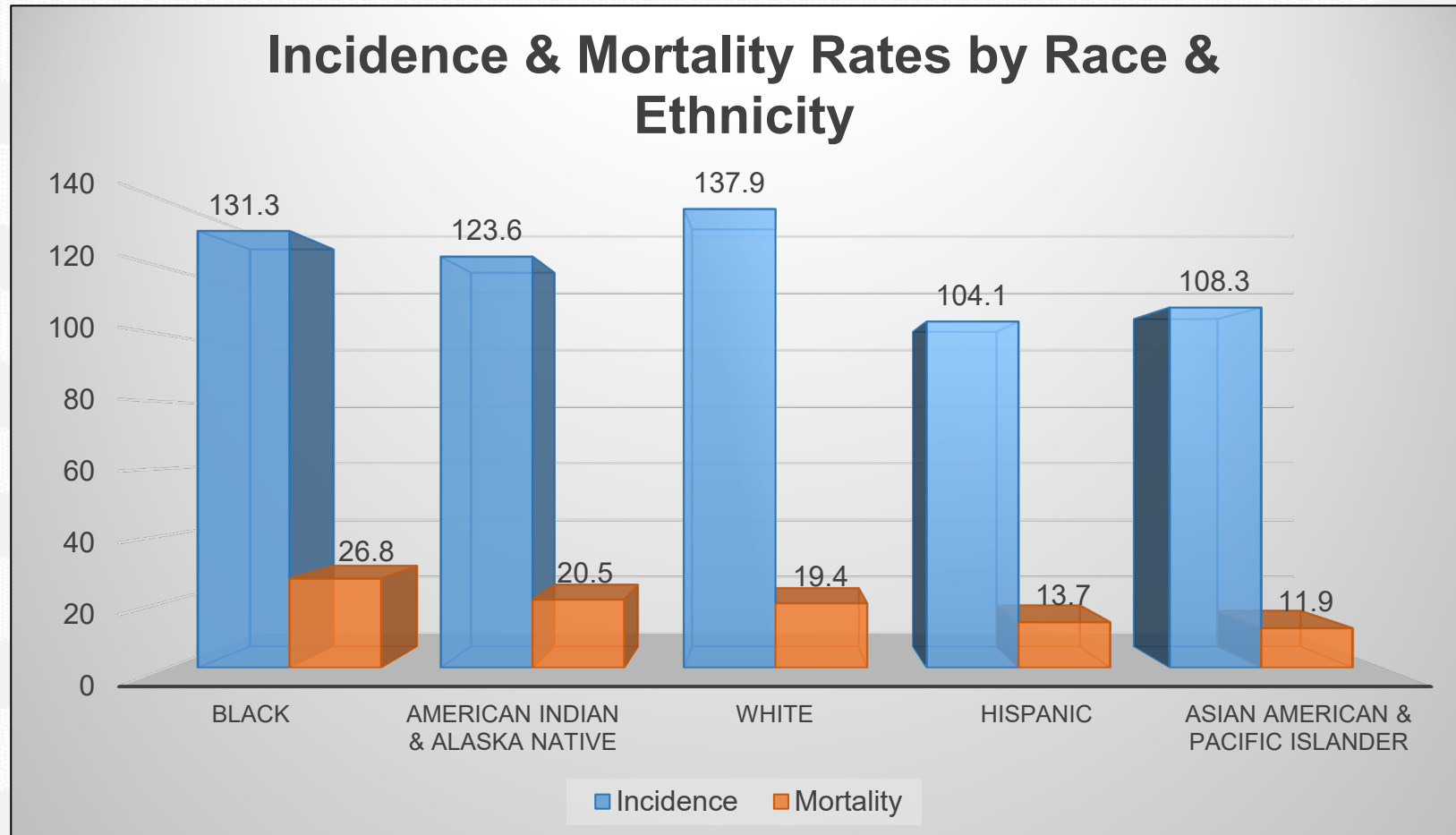
# Risk and Protective Factors

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Risk Factors	Protective Factors
Being a person assigned female at birth	Early in life pregnancy
Personal or genetic history of breast cancer	Breastfeeding
Dense breast tissue	Getting regular exercise
Reproductive history resulting in greater exposure to estrogen	-
Taking hormone therapy for symptoms of menopause	-
Previous treatment using radiation therapy	-
Obesity	-
Alcohol Use	-

# Breast Cancer United States, 2017 – 2021

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©American Cancer Society, 2025

Data source: North American Association of Central Cancer Registries, 2024

Rate per 100,000, age-adjusted to the 2000 US standard population. Incidence is adjusted for delays when possible.

# Breast Cancer Disparities Summary

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	Up-to-date mammography (%)	Incidence of Breast Cancer (rate per 100,000)	Mortality Due to Breast Cancer (rate per 100,000)
White	65%	137.9 <b>(highest)</b>	19.4
Black / African American	69% <b>(highest)</b>	131.3	26.8 <b>(highest)</b>
Hispanic	60%	104.1 <b>(lowest)</b>	13.7
Asian / Pacific Islander	56%	108.3	11.9 <b>(lowest)</b>
American Indian / Alaskan Native	47% <b>(lowest)</b>	123.6	20.5



# Overview of Cervical Cancer



# What Causes Cervical Cancer

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Infection with Human Papillomavirus (HPV)

>85% of individuals will get an HPV infection in their lifetime

Most of the time, the immune system eliminates the virus

HPV is found in 99.7% of cervical cancers

# Cervical Cancer Risk Factors

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- Exposure to HPV / lack of immunization
- Early onset of sexual activity
  - Two times greater risk when sexually active prior to 18 versus delaying sexual activity until after age 21
- Multiple sexual partners / high-risk sexual partners
- History of sexually transmitted infections (STIs)
- History of vulvar or vaginal cancer
- Immunosuppression (e.g., HIV)
- Low socioeconomic status
- Use of oral contraceptives
- Genetics? Uncertain

# Cervical Cancer Screening

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- **Goal:**

- Find high risk HPV virus or changes in cells in the earliest stages possible to increase chances of successful treatment.
- Looking for precancerous cells, cancer cells, or high-risk HPV.

- **Two tests:**

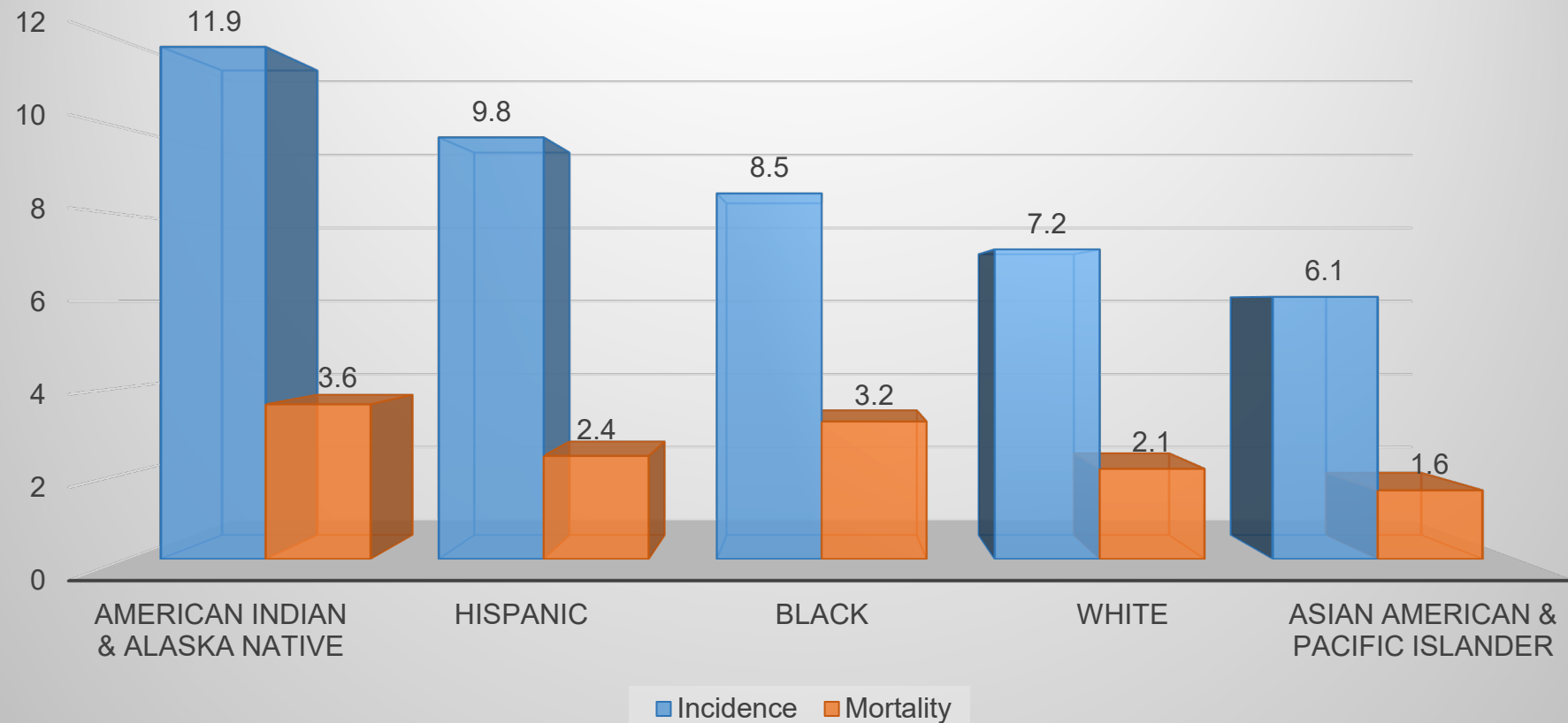
- Papanicolaou or “Pap” test (cytology testing)
- High-risk human papillomavirus (hrHPV) testing

[Current USPSTF recommendation](#): Begin at age 21

# Cervical Cancer United States 2017 – 2021

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## Incidence & Mortality Rates by Race & Ethnicity





# Cervical Cancer Disparities Summary

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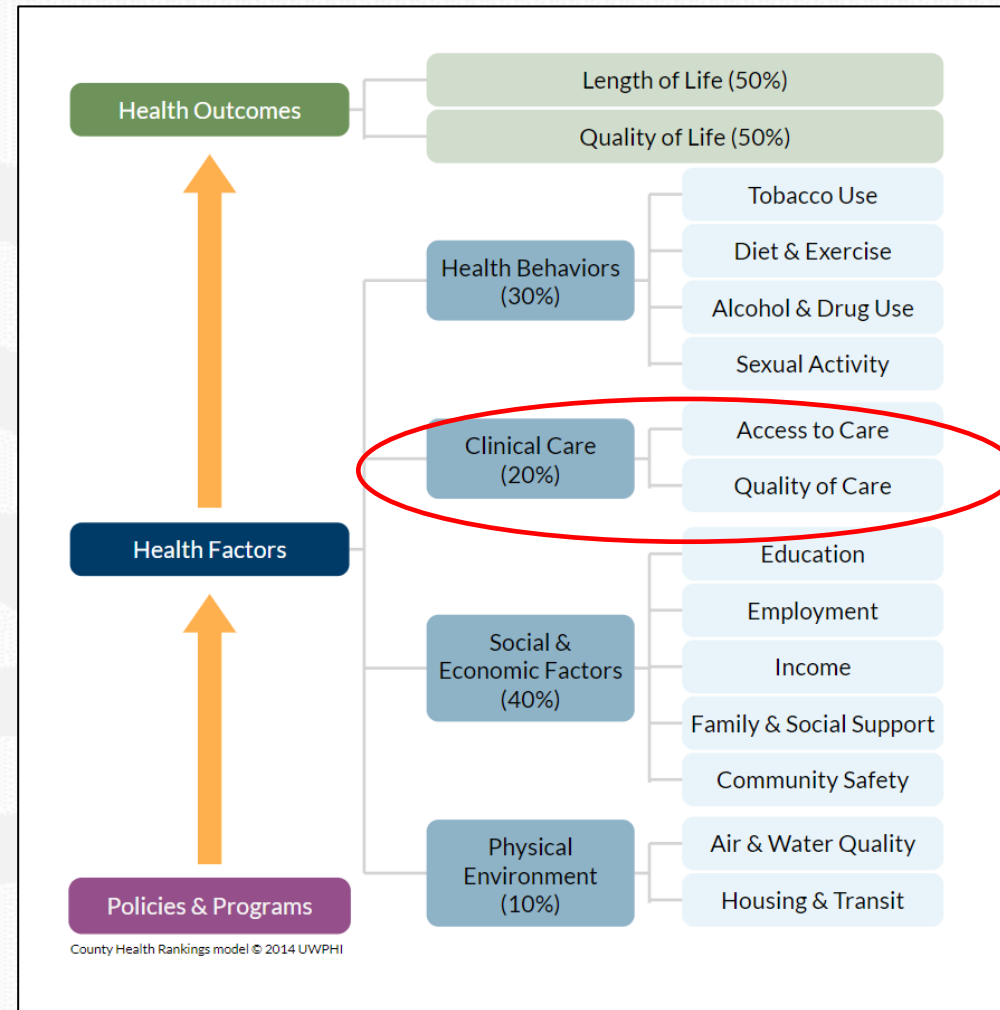
	Up-to-date Pap/HPV test 2020-2021 (%)	Incidence of Cervical Cancer (per 100,000)	Mortality Due to Cervical Cancer (per 100,000)
White	80% <b>(highest)</b>	7.2	2.1
Black / African American	76%	8.5	3.2
Hispanic	69%	9.8	2.4
Asian / Pacific Islander	64% <b>(lowest)</b>	6.1 <b>(lowest)</b>	1.6 <b>(lowest)</b>
American Indian / Alaskan Native	68%	11.9 <b>(highest)</b>	3.6 <b>(highest)</b>

# Health Disparities



# Drivers of Health

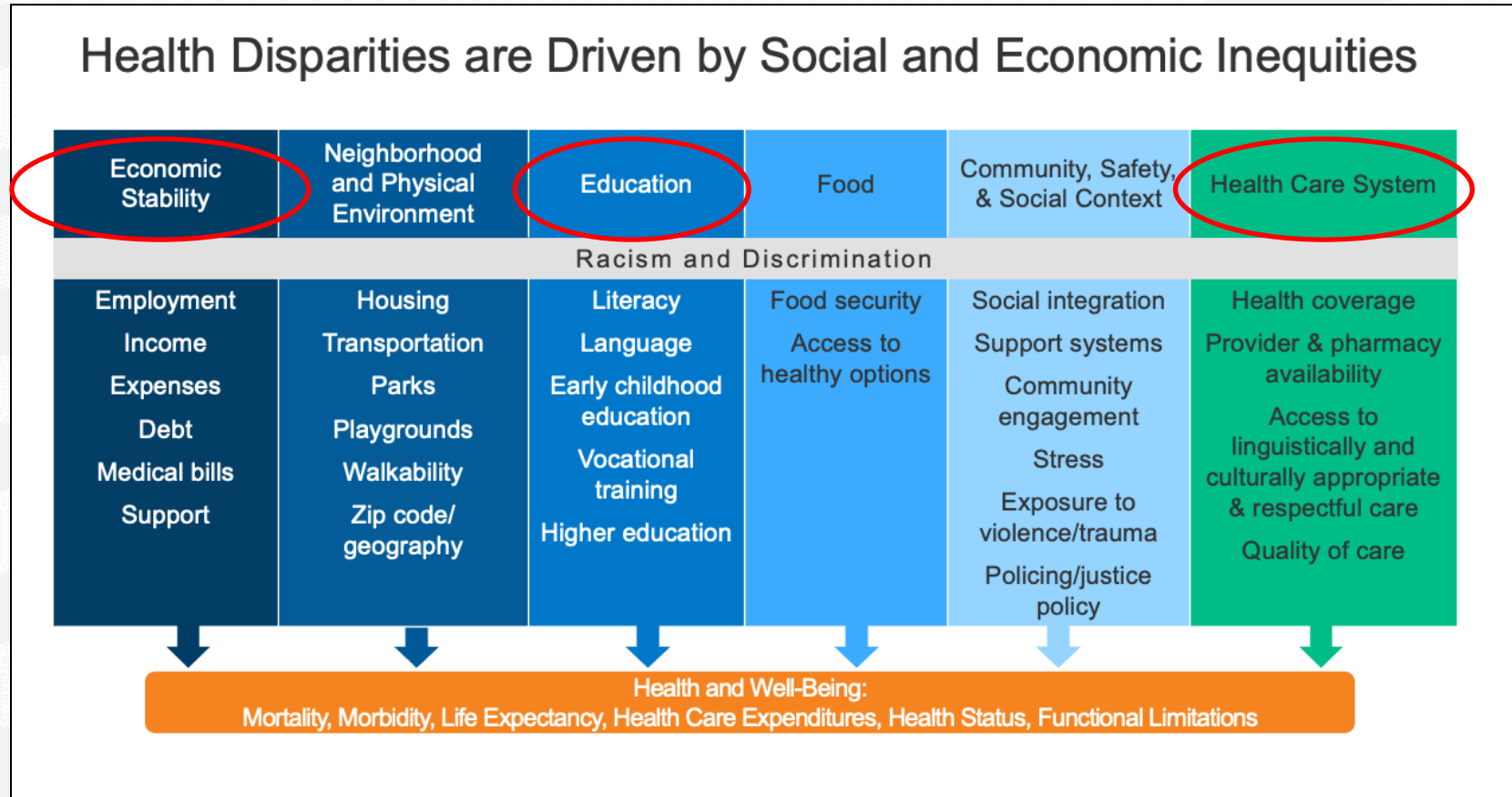
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Source: <https://www.countyhealthrankings.org/health-data/policies-programs>

# Drivers of Disparities

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# Breast Cancer Disparities

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- Black individuals assigned female at birth are more likely to die from breast cancer than any other race.
- Breast cancer is the leading cause of cancer death for Black individuals assigned female at birth.
- Disparity in overall cancer mortality between Black and White populations has narrowed by half during the last two decades – *except* in breast cancer.
- Among Partnership members, Native American individuals assigned female at birth have the lowest rates of breast cancer screening.



# Cervical Cancer Disparities

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- Among Partnership members, Native American individuals assigned female at birth had the lowest rates of cervical cancer screening in 2023.
- Nationally, Native American individuals assigned female at birth had the highest rate of new cervical cancer diagnosis, but the lowest rate of cervical cancer mortality.
- Cervical cancer is seen as entirely preventable given the HPV vaccine and testing availability. Lack of screening is seen as a weakness in the health care system infrastructure.

# Overview of Measures

Breast Cancer Screening  
Cervical Cancer Screening



# QIP Measure

## Breast Cancer Screening

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***New Monitoring Measure: Breast Cancer Screening (40 - 51 years old)***

***Core Measure: Breast Cancer Screening (52 - 74 years old)***

**Description:** The percentage of continuously enrolled Medi-Cal members 40–74 years of age were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.

### **Denominator:**

- The number of continuously enrolled assigned members **42 - 51 years of age** as of December 31 of the measurement year (DOB between January 1, 1974, and December 31, 1983).
- The number of continuously enrolled assigned members **52 - 74 years of age** as of December 31 of the measurement year (DOB between January 1, 1951, and December 31, 1973).

### **Numerator:**

The number of members from the eligible population in the denominator with one or more mammograms any time on or between October 1, 2023, and December 31, 2025.



# QIP Measure

## Cervical Cancer Screening

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**Description:** The percentage of continuously enrolled members 21–64 years of age who were recommended for routine cervical cancer screening.

**Denominator:** The number of continuously enrolled members 24–64 years of age as of December 31 of the measurement year (DOB between January 1, 1961, and December 31, 2001).

**Numerator:** The number of assigned women in the eligible population who were appropriately screened according to evidence-based guidelines. For full details, please review QIP specifications manual via eReports.

**Note:** Codes to Identify Cervical Cancer Screening and hrHPV Test can be found on the Diagnosis Crosswalk in [eReports](#). eReports uploads for this measure are allowed March 1, 2025, through January 31, 2026.





# QIP Measure

## Cervical Cancer Screening

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Percentage of continuously enrolled members 21 - 64 years of age who were screened for cervical cancer using either of the following criteria:

21 - 29 Years Old	30 - 64 Years Old
Cervical cytology ( <i>Pap</i> test) within the last 3 years	<ul style="list-style-type: none"><li>• Cervical high-risk human papillomavirus (hrHPV) testing</li><li>• Within the last 5 years</li></ul>
<b>hrHPV testing not appropriate for this age group</b>	<ul style="list-style-type: none"><li>• Cervical cytology / hrHPV <u>co-testing</u></li><li>• Within the last five years</li></ul>



# Cervical Cancer Screenings in Transgender Individuals

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- **Transgender females** (born males but currently with gender identity of female):
  - Member with Sex assigned at birth (LOINC code 76689-9) of Male (LOINC code LA2-8) at any time in patient's history.
- **Transgender males** or gender non-conforming (born females but currently with gender identity of male):
  - Should be screened for cervical cancer if the cervix is still intact but will not be part of the official denominator for this measure due to system constraints.

**Note:** Additional exclusions can be found in [eReports](#) and should be reviewed with clinical team, incorporated into flags and documentation.

# Quality Incentive Program (QIP) Tools




## PCP QIP Tool Links:

- [PCP QIP Webpage](#) > Click the link: 'Learn More about the 2025 PCP QIP'
- [eReports](#) >
  - Diagnosis Crosswalk
  - Detailed specifications manual
  - Partnership Quality Dashboard (PQD)
  - Preventive Care Reports Dashboard
  - Disparity Analysis Dashboard

# eReports: Diagnosis Crosswalk Coding Questions

- Home
- My QIP Scores
- QIP Measure Report
- QIP Member Report
- Member Search
- Upload QIP Data
- Weekly Count Report
- My eAdmins
- eAdmin
- Diagnosis Crosswalk**
- QIP Specification Manual
- Templates
- Partnership Quality Dashboard
- Preventive Care Reports



## DID YOU KNOW?

About the  
**Diagnosis Crosswalk**

Found in eReports, the **Diagnosis Crosswalk** contains billing codes required for numerator compliance for *all* QIP clinical measures.

Choose your measure of interest and all codes included in the measure logic are listed.

Select a Measure: Well Child First 15 Months 2023

Select a Code Type: Well-Care

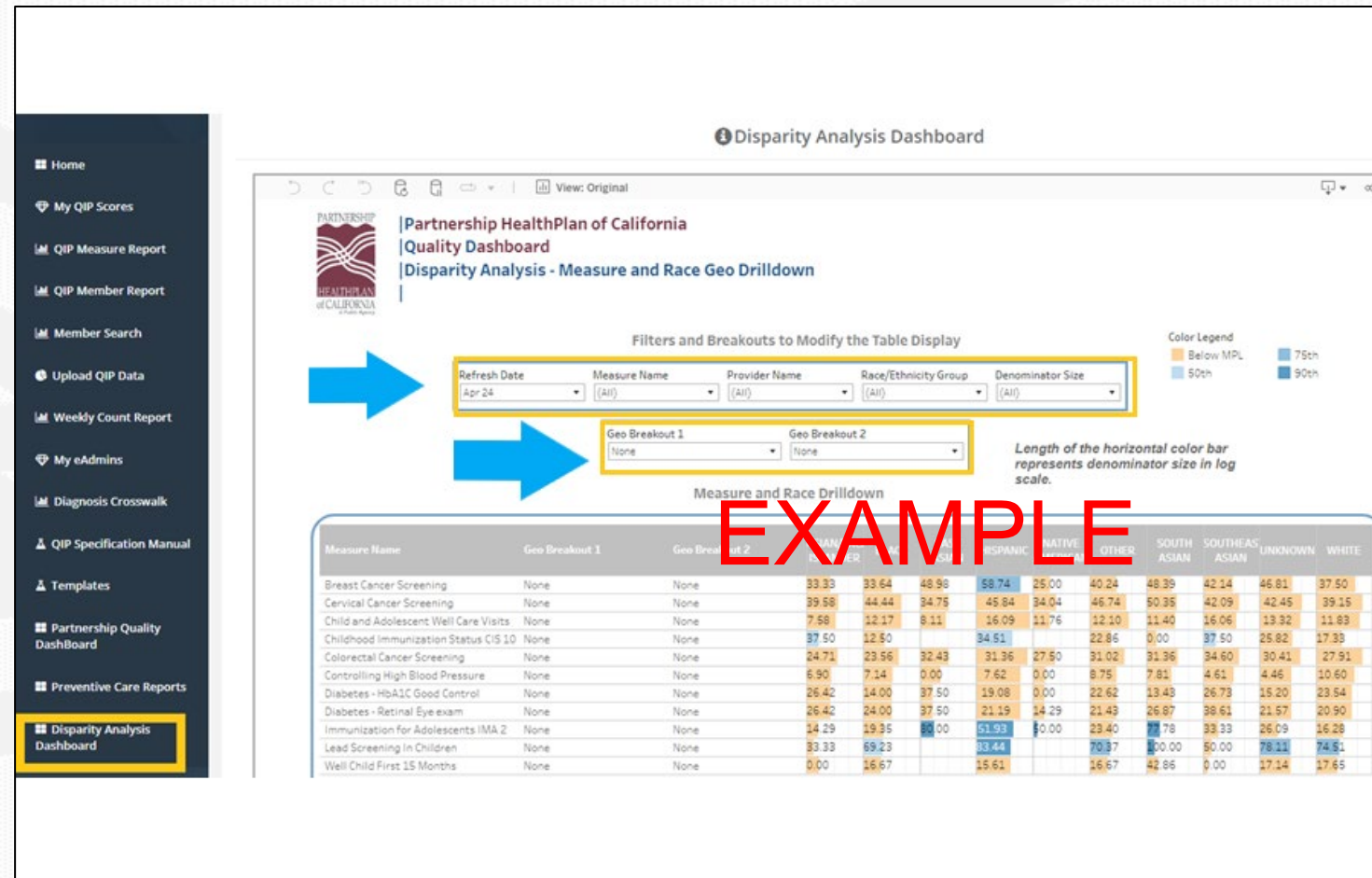
Display Clear

Code Type	Code System	Code
Well-Care	CPT	99381
Well-Care	CPT	99382

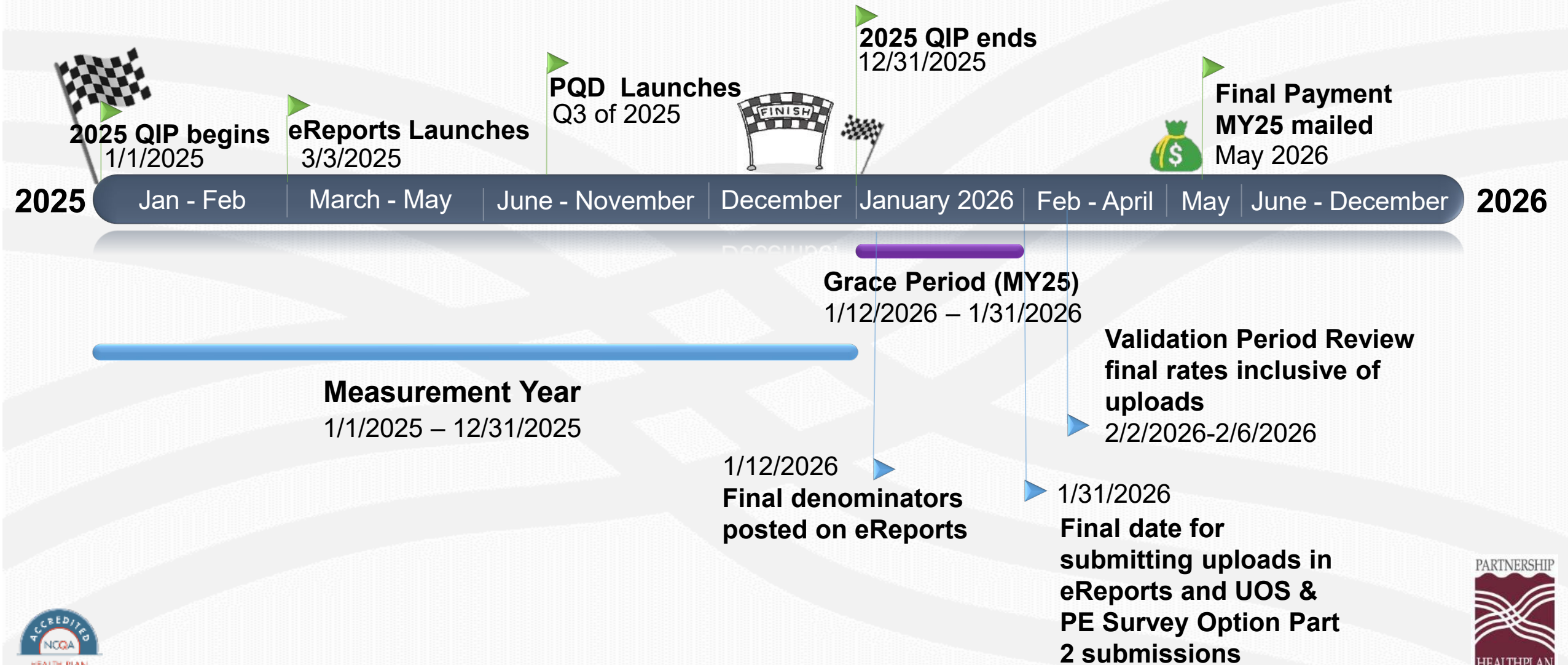


# Disparity Analysis Dashboard

**Purpose:** To promote the ease of identification of PCP QIP measure performance across Race/Ethnicity groups within various levels of geographic stratification. The dashboard also offers the ability to filter by denominator size for selected geographic and race/ethnicity group stratification.



# PCP QIP Timeline







# Putting Quality Into Practice



# Measure Best Practices

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## MEASURE BEST PRACTICES

The 2025 Measure Best Practices documents are resources for the Primary Care Provider Quality Improvement Program (PCP QIP) measure set, which aligns closely with the Managed Care Accountability Set (MCAS) measures for which Partnership HealthPlan of California is held accountable by the Department of Health Care Services (DHCS). Each Measure Best Practice document includes Partnership tools and resources, guidelines to facilitate optimal member care, opportunities for patient education, outreach, and equity, data and coding resources, and helpful links to improve measure performance.

[Link to Measure Best Practices](#)

Breast Cancer Screening



Cervical Cancer Screening



Child & Adolescent Well Care

Childhood Immunizations Status

Colorectal Cancer Screening

Controlling Blood Pressure

Comprehensive Diabetes Care: HbA1c - Good Control

Comprehensive Diabetes Care: Retinal Eye Exam



### 2025 Best Practices Breast Cancer Screening

#### Partnership Tools, Programs, and Promising Practices:

- Partnership partners with a multitude of offices located in imaging centers, imaging centers, or counties with a Performance Level (MPL). Please contact your local Partnership office if you are interested in learning more.
- Attend or view Partnership's [Improving Measure Outcomes training](#) on Women's Cancer Screenings.
- Partnership members can access transportation for non-emergency medical services for assistance in traveling to and from appointments which cannot be reached by calling [Partnership Transportation Services](#) at (866) 828-2303, Monday – Friday, 7 a.m. – 7 p.m.

#### Patient Care:

- Establish a practice commitment to cancer screening.
- Utilize "flag" alerts in the EMR/EHR system or pre-visit planning tools that each care team/staff can use to identify and communicate to patients who are due for their screening services at every patient encounter.
- Ensure a clinician is available for cervical cancer screening.
- If practice has no clinician available to complete cervical cancer screens, evaluate and optimize referral pathways.
- Train entire clinical team on sexual health education, cultural competency for targeted communities, and motivational interviewing techniques.
- Conduct chart scrubbing prior to the visit to determine if screening/preventive services are due.
- If due, encourage patients to complete cervical cancer screening during current appointment.
- Schedule future visits while the patient is waiting to be seen by the provider or before they leave the office.
- Use standardized templates in the EMR/EHR system to guide providers and care team/staff through the visit to ensure all components were met and documented.
- Consider a variety of service options and choices - after hours and same day appointments, weekend cervical and/or breast cancer screening day(s).



### 2025 Best Practices Cervical Cancer Screening

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# Measure Best Practices

## Cervical and Breast Cancer Screening

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- Implement a protocol of chart scrubbing and utilize “flag” alerts in EMR/EHR prior to visits (similar to CCS).
- Train outreach team members in cancer screening health education talking points/motivational interviewing.
- Be persistent with reminders. Patients may need several reminders before they schedule and follow through with the appointment.
- Create scripts that all staff can use to simplify the message that encourages cancer screenings.

### **Breast Cancer Specific:**

- Ensure list of mammography/imaging facilities is accurate, up-to-date and available.
- Collaborate with the closest mammography/imaging facility to actively pursue members who need a screening or who no-show for a mammography appointment.
- Use available resources to assist patients with transportation to an imaging center (Partnership).

# Why Collect Data on Language/Race/Ethnicity?

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Capturing language/race/ethnicity data at the organization/clinic level may assist with:

- Identifying race/ethnicity related disparities.
- Enhancing availability of interpreters and translated health-education member-facing materials.
- Adaptation of existing services to better meet the cultural and health needs of members.
- Improved community relations.
- Improve member-clinician communication.
- Improve member satisfaction.



# Measure Best Practices Equity Approaches

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- Analyze patient gap list by race/ethnicity, language, etc., to find disparities.
- Ensure member information is culturally and matches the patient's preferred language.
- Identify and address barriers to care (transportation, hours of operation, child care).
- Ensure the information being provided to patient is understood, agreed upon and offer time for questions.



# Improving Cervical and Breast Cancer Screenings

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Grace Agapinan | Population Health Manager

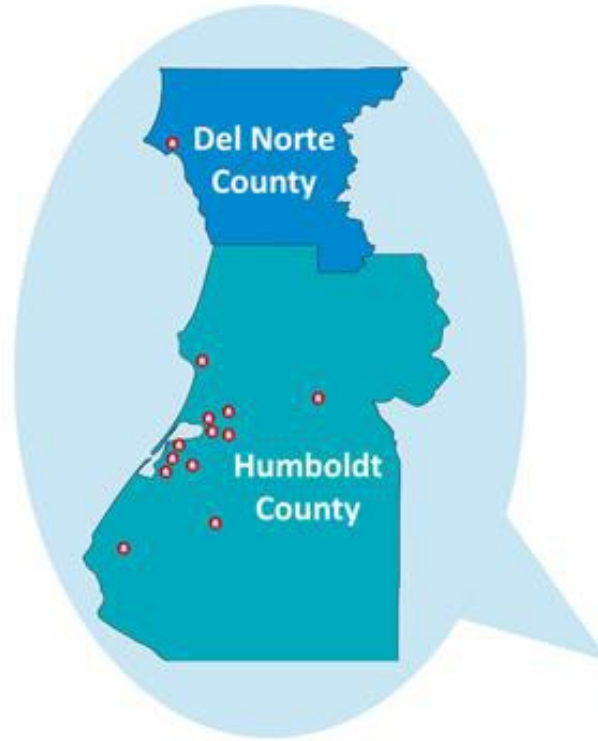
Ashley Chiu | Eureka CHC Administrative Director

April 9, 2025 | Partnership Voices from the Field

# Background

**opendoor**  
Community Health Centers

**opendoor**  
Community Health Centers



**2024:**  
**344,949** visits  
to  
**59,656** patients



Please Note: Estimate figures based on year-to-date trend data, as of November 2024

# Cervical Cancer Screening

## Best Practices

- Use every patient interaction as an opportunity
- Robust Confirmation Calls and pre-visit chart scrubbing
- Training for staff—both front office and back office
- Make it a team effort—motive the team
- Extended hours access—make it an event
- Site Quality Team meeting and "benchmark" goal setting



# Cervical Cancer Screening

## Challenges

- Many patients were behind
- Needed to re-engage patients in care
- Lack of patient interest in scheduling, especially during the winter and holidays
- High no show rates
- Access for virtual primary care provider panels

# Breast Cancer Screening

## Best Practices

- Ordering a mammogram if one is due
- Educating staff and training them well with HMA—especially about the kind of mammogram patients need. Paying attention to HMA modifiers
- Robust Confirmation Calls and pre-visit scrubbing
- Hosting Alinea Mobile Mammography event



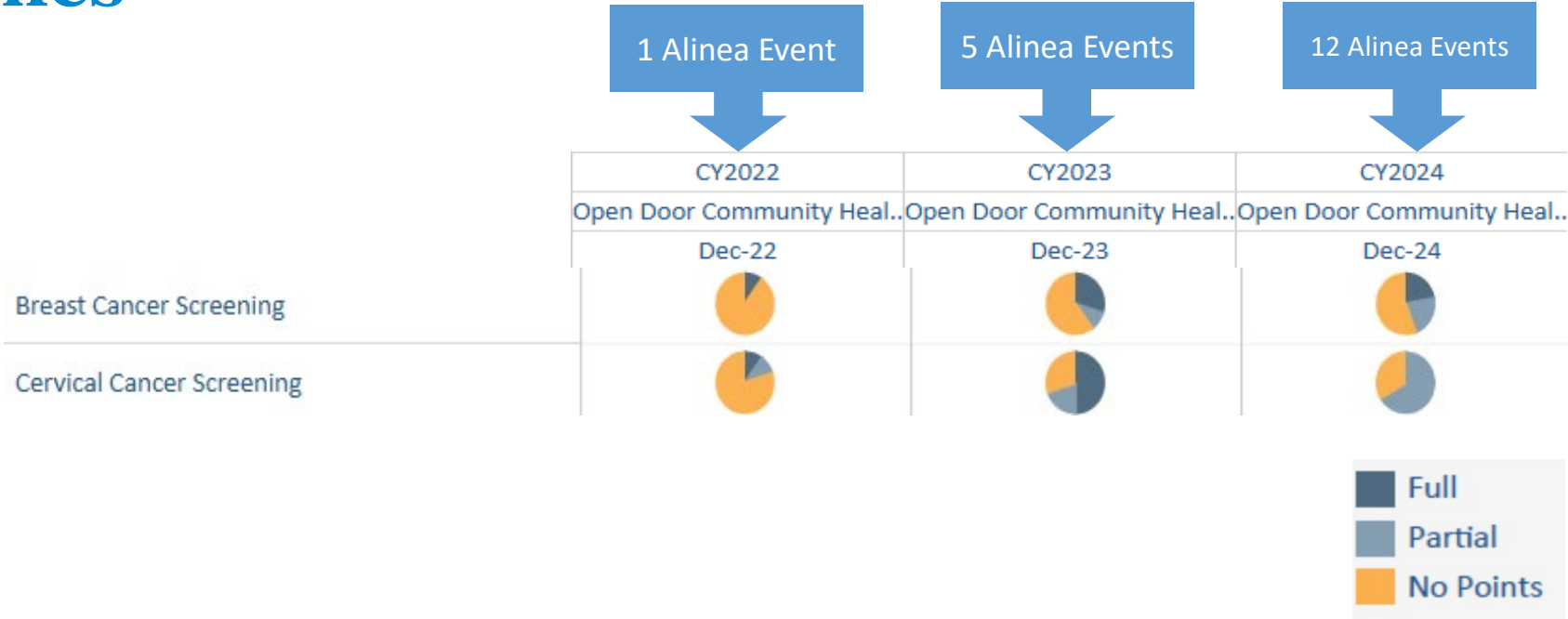
## Breast Cancer Screening

### Challenges

- Mammogram access in the community
- Having capacity to do outreach
- Hosting Alinea Mammogram Events



# Outcomes



## What's Next?

### Cervical Cancer Screening

- Upcoming Papapalooza—incorporating mammogram event as well
- Continuing to build trust with patients
- Focusing on disparities across race and ethnicity



## What's Next?

### Breast Cancer Screening

- Continuing to offer Alinea mammogram events
- Continuing to build trust with patients

# Questions?



**opendoor**  
Community Health Centers



# Thank You!

[gagapinan@opendoorhealth.com](mailto:gagapinan@opendoorhealth.com)



# Upcoming Trainings: Improving Measure Outcomes Webinar Series

## Improving Measure Outcomes Webinar Series

### Remaining Session

April 23, 2025 - Diabetes Control Webinar

Registration: [http://www.partnershiphp.org/Providers/Quality/Pages/Quality\\_Events.aspx](http://www.partnershiphp.org/Providers/Quality/Pages/Quality_Events.aspx)

Contact: [improvementacademy@partnershiphp.org](mailto:improvementacademy@partnershiphp.org)



# Mobile Mammography Sponsorship Criteria

## Looking to Increase Your Organization's Breast Cancer Screening Rates?

Partnership is offering a unique sponsorship opportunity by bringing Alinea Medical Imaging, the sole provider of mobile mammography services in Northern California, to your organization!

If your organization meets the following criteria, contact us to discuss sponsorship opportunities:

- Located in Partnership regions and counties below the 50<sup>th</sup> percentile benchmark
- Provider locations far below the 50<sup>th</sup> percentile benchmark
- Provider locations in imaging center “deserts” (*Patients’ travel to imaging center is unusually long or difficult*)
- Provider locations with lack of access at nearby imaging centers (*More than one month until next available appointment*)
- Provider locations with Partnership care gaps to support desired event (*A full day event would require at least 60 - 90 Partnership members with mammogram care gaps. Providers can also consider partnering with nearby provider organizations in the Partnership network to meet the volume needed for a successful event. The majority of patients served at a Partnership-sponsored event must be Partnership members.*)



# Contact Us

Mark Netherda MD, Medical Director for Quality

[mnetherda@partnershiphp.org](mailto:mnetherda@partnershiphp.org)

Performance Improvement Team

[pit@partnershiphp.org](mailto:pit@partnershiphp.org)





# Additional Resources

- Need to reach the PCP QIP Team? [QIP@partnershiphp.org](mailto:QIP@partnershiphp.org)
  - eReports access
  - Measure specification questions
- Interested in coaching resources for improving measure performance? Reach out to the Performance Improvement Team: [pit@partnershiphp.org](mailto:pit@partnershiphp.org)
  - Coaching, measure best practices, sounding board, project planning guidance, facilitation
- Partnership Quality Dashboard (PQD) [User Guide](#)
- Link to [PCP QIP Webinars Page](#): 2025 Kick-Off Webinar recordings are now available for PCP QIP and eReports

# Evaluation

Please complete your evaluation. Your feedback is important to us!

**Evaluation**



☐ OUTSTANDING

☐ Excellent

☐ Very Good

☐ Average

☐ Below Average

