



## Complete Summary

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### TITLE

Breast cancer: percent of eligible patients screened every two years for breast cancer.

### SOURCE(S)

Office of Quality and Performance (10Q). FY2001 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2000 Dec 7 [update 2001 Apr 18]. 37 p.

## Brief Abstract

### DESCRIPTION

This measure assesses the percent of eligible patients screened every two years for breast cancer in primary care settings.

This measure is a component of a composite measure; it can also be used on its own.

### RATIONALE

In the United States in 1995, there were an estimated 182,000 new cases of breast cancer diagnosed and 46,000 deaths from this disease in women. Approximately 32% of all newly diagnosed cancers in women are cancers of the breast, the most common cancer diagnosed in women. The annual incidence of breast cancer increased 55% between 1950 and 1991. For women, the estimated lifetime risk of dying from breast cancer is 3.6%. Breast cancer is the leading contributor to cancer mortality in women aged 15-54, although 48% of new cases and 56% of breast cancer deaths occur in women aged 65 and over. As the large number of women in the "baby-boom" generation age, the number of breast cancer cases and deaths will increase substantially unless age-specific incidence and mortality rates decline.

Routine screening for breast cancer every 1-2 years, with mammography alone or mammography and annual clinical breast examination (CBE), is recommended for women aged 50-69. There is insufficient evidence to recommend for or against routine mammography or CBE for women aged 40-49 or aged 70 and older, although recommendations for high-risk women aged 40-49 and healthy women aged greater than 70 may be made on other grounds.

### PRIMARY CLINICAL COMPONENT

Breast cancer; screening

#### DENOMINATOR DESCRIPTION

The number of female patients age 52 to 69 years seen at least once by a physician (MD or DO), physician assistant (PA), or nurse practitioner (NP) at a specified clinic. Patients who have had a bilateral mastectomy and patients who have a life expectancy that does not lend itself to prevention screening are excluded.

#### NUMERATOR DESCRIPTION

The number of patients from the denominator screened every two years for breast cancer.

### Evidence Supporting the Measure

#### PRIMARY MEASURE DOMAIN

Process

#### SECONDARY MEASURE DOMAIN

Not applicable

#### EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Use of this measure to improve performance

#### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY2001 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2000 Dec 7 [update 2001 Apr 18]. 37 p.

### State of Use of the Measure

#### STATE OF USE

Current routine use

#### CURRENT USE

External oversight/Veterans Health Administration  
Internal quality improvement

### Application of Measure in its Current Use

#### CARE SETTING

Ambulatory Care

#### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Physician Assistants  
Physicians

#### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

#### TARGET POPULATION AGE

Age 52 to 69 years

#### TARGET POPULATION GENDER

Female (only)

#### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

#### INCIDENCE/PREVALENCE

In the United States in 1995, there were an estimated 182,000 new cases of breast cancer diagnosed and 46,000 deaths from the disease. The annual incidence of breast cancer increased 55% between 1950 and 1991.

#### EVIDENCE FOR INCIDENCE/PREVALENCE

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. 933 p.

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. Appendix A: task force ratings. p. 861-85.

## ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

## BURDEN OF ILLNESS

For women, the estimated lifetime risk of dying from breast cancer is 3.6%. Breast cancer is the leading contributor to cancer mortality in women aged 15-54, although 48% of new breast cancer cases and 56% of breast cancer deaths occur in women age 65 and over.

## EVIDENCE FOR BURDEN OF ILLNESS

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. 933 p.

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. Appendix A: task force ratings. p. 861-85.

## UTILIZATION

Unspecified

## COSTS

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Staying Healthy

### IOM DOMAIN

Effectiveness

## Data Collection for the Measure

### CASE FINDING

Users of care only

### DESCRIPTION OF CASE FINDING

All female patients, age 52 to 69 years, not already reviewed during the current Fiscal Year with a qualifying visit at one of a specified list of outpatient clinics

## DENOMINATOR (INDEX) EVENT

Encounter

## DENOMINATOR INCLUSIONS/EXCLUSIONS

### Inclusions

All female patients, age 52 to 69 years, not already reviewed during the current Fiscal Year with a qualifying visit (refer to the original measure documentation for details) at one of the following 8 outpatient clinics:

- Primary Care
- General Medicine
- Cardiology
- Endocrinology/Metabolism
- Diabetes
- Hypertension
- Pulmonary/Chest
- Women's Clinic

All female patients seen in one of the above clinics and seen by a:

- Physician (MD or DO),
- Physician Assistant (PA), or
- Nurse Practitioner (NP)

All female patients having a life expectancy that lends itself to prevention screening

### Exclusions

Prior bilateral mastectomy

Visits at a tertiary facility for a specialty consult only (no other previous primary care or general medicine visit at the tertiary center)

Preventive care screening questions are not applied to certain designated groups of patients included in other samples (see original measure documentation for details).

Any of the following exclude the patient from screening for this prevention measure:

- Documented diagnosis of cancer of the esophagus, liver, or pancreas
- Enrolled in a Veterans Health Administration (VHA) or community-based Hospice program
- Documented in the Medical Record a life expectancy less than 6 months

## NUMERATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

The number of patients from the denominator screened (i.e. evidence of mammography performed with interpretation) every two years for breast cancer.

#### Exclusions

Unspecified

#### DENOMINATOR TIME WINDOW

Time window precedes index event

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Administrative and medical records data

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### PRE-EXISTING INSTRUMENT USED

Unspecified

### Computation of the Measure

#### SCORING

Rate

#### INTERPRETATION OF SCORE

Better quality is associated with a higher score

#### ALLOWANCE FOR PATIENT FACTORS

Unspecified

#### STANDARD OF COMPARISON

Internal time comparison  
Prescriptive standard

#### PRESCRIPTIVE STANDARD

Fiscal Year (FY) 2001 target for breast cancer screening component: 90%

## EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY2001 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2000 Dec 7 [update 2001 Apr 18]. 37 p.

### Evaluation of Measure Properties

## EXTENT OF MEASURE TESTING

Unspecified

### Identifying Information

## ORIGINAL TITLE

PI - Breast Cancer Screening.

## MEASURE COLLECTION

[Fiscal Year \(FY\) 2001: Veterans Health Administration \(VHA\) Performance Measurement System](#)

## COMPOSITE MEASURE NAME

[Prevention Care Index](#)

## DEVELOPER

Veterans Health Administration

## ADAPTATION

Measure was not adapted from another source.

## RELEASE DATE

2000 Dec

## REVISION DATE

2001 Apr

## MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

## SOURCE(S)

Office of Quality and Performance (10Q). FY2001 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2000 Dec 7 [update 2001 Apr 18]. 37 p.

#### MEASURE AVAILABILITY

The individual measure, "PI - Breast Cancer Screening," is published in "FY 2001 VHA Performance Measurement System: Technical Manual."

For more information, contact Department of Veterans Affairs, Office of Quality and Performance 10Q, ATTN: Stanlie Daniels, Bonny Collins, and/or Lynnette Nilan. E-mail: [stanlie.daniels@hq.med.va.gov](mailto:stanlie.daniels@hq.med.va.gov) or [bonny.collins@hq.med.va.gov](mailto:bonny.collins@hq.med.va.gov) or [lynette.nilan@hq.med.va.gov](mailto:lynette.nilan@hq.med.va.gov).

#### NQMC STATUS

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