



## Complete Summary

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### TITLE

Preventive care and screening: percentage of female patients who had a mammogram performed during the two-year measurement period.

### SOURCE(S)

Physician Consortium for Performance Improvement. Clinical performance measures: preventive care and screening. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2003. 13 p.

## Brief Abstract

### DESCRIPTION

This measure assesses the percentage of female patients aged 50 to 69 years who had a mammogram performed during the two-year measurement period.

### RATIONALE

According to American Academy of Family Physicians, American College of Obstetricians and Gynecologists, American College of Preventive Medicine, Canadian Task Force on Preventive Health Care, National Cancer Institute, and United States Preventive Services Task Force guidelines, screening mammography every 1 to 2 years is recommended for women aged 50 to 69 years.

### PRIMARY CLINICAL COMPONENT

Breast cancer; screening mammography

### DENOMINATOR DESCRIPTION

All female patients aged 50 to 69 years at the beginning of the two-year measurement period

### NUMERATOR DESCRIPTION

Female patients who had a mammogram performed

## 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

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Preventive health care, 2001 update: Screening mammography among women aged 40-49 years at average risk of breast cancer.](#)
- [Screening for breast cancer: recommendations and rationale.](#)
- [Breast cancer screening.](#)
- [Summary of policy recommendations for periodic health examinations.](#)

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Wide variation in quality for the performance measured

### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Behavioral risk factor surveillance system: Have you ever had a mammogram?. [internet]. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention & Health Promotion; [cited 2003 Mar 01].

The state of health care quality, 2002. [internet]. National Committee for Quality Assurance; [cited 2003 Jan 01].

## State of Use of the Measure

### STATE OF USE

Pilot testing

### CURRENT USE

Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care  
Community Health Care  
Managed Care Plans  
Physician Group Practices/Clinics  
Rural Health Care

#### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Physician Assistants  
Physicians

#### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

#### TARGET POPULATION AGE

Age 50 to 69 years

#### TARGET POPULATION GENDER

Female (only)

#### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

#### INCIDENCE/PREVALENCE

In 2003, more than 211,000 women in the United States will be diagnosed with invasive breast cancer.

Despite potential risks and established clinical guidelines, recent data suggest that some individuals are not receiving preventive screening mammography. It has been reported that:

- In 2001, 76% of women aged 52 to 69 years had at least one mammogram in the previous two years.
- In 2000, 17% of women aged 40 to 49 years had never had a mammogram.

#### EVIDENCE FOR INCIDENCE/PREVALENCE

American Cancer Society. Cancer facts and figures 2003. Atlanta (GA): American Cancer Society, Inc.; 2003. 48 p. [33 references]

Behavioral risk factor surveillance system: Have you ever had a mammogram?. [internet]. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention & Health Promotion; [cited 2003 Mar 01].

The state of health care quality, 2002. [internet]. National Committee for Quality Assurance; [cited 2003 Jan 01].

## ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

## BURDEN OF ILLNESS

In 2003, about 39,000 women in the United States will die from breast cancer.

Mammography screening can reduce mortality by 17% among women aged 40 to 49 years and by 30% for women aged 50 to 74 years.

## EVIDENCE FOR BURDEN OF ILLNESS

American Cancer Society. Cancer facts and figures 2003. Atlanta (GA): American Cancer Society, Inc.; 2003. 48 p. [33 references]

The National Breast and Cervical Cancer Detection Program. Breast cancer and mammography information. [internet]. Atlanta (GA): Centers for Disease Control and Prevention; [cited 2003 Mar 01].

## UTILIZATION

Unspecified

## COSTS

The total direct and indirect costs of breast cancer in the United States are estimated at more than \$6 billion annually.

## EVIDENCE FOR COSTS

American Cancer Society. Costs of cancer. [internet]. Atlanta (GA): American Cancer Society; [cited 2003 Mar 01].

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 aged 50 to 69 years at the beginning of the two-year measurement period

### DENOMINATOR SAMPLING FRAME

Patients associated with provider

### DENOMINATOR (INDEX) EVENT

Patient Characteristic

### DENOMINATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

All female patients aged 50 to 69 years at the beginning of the two-year measurement period

#### Exclusions

Documentation of medical reason(s)\* for not performing screening mammography; documentation of patient reason(s)\*\* for declining screening mammography; high risk population\*\*\*

\*Specify medical reasons (e.g., history of bilateral mastectomy, terminal illness) for not performing screening mammography.

\*\*Specify patient reasons (e.g., economic, social, religious) for declining screening mammography.

\*\*\*Those at higher risk require more intensive surveillance.

### NUMERATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

Female patients who had a mammogram performed

#### Exclusions

None

### DENOMINATOR TIME WINDOW

Time window follows index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

None

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

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Screening mammography.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement Measurement Sets](#)

MEASURE SET NAME

[Physician Consortium for Performance Improvement: Preventive Care and Screening Core Physician Performance Measurement Set](#)

MEASURE SUBSET NAME

[Physician Consortium for Performance Improvement Clinical Performance Measures: Preventive Care and Screening - Screening Mammography](#)

SUBMITTER

American Medical Association on behalf of the Physician Consortium for Performance Improvement

DEVELOPER

Physician Consortium for Performance Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Oct

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Physician Consortium for Performance Improvement. Clinical performance measures: preventive care and screening. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2003. 13 p.

MEASURE AVAILABILITY

The individual measure, "Screening Mammography," is published in the "Clinical Performance Measures: Preventive Care and Screening." This document is available from the American Medical Association (AMA) Division of Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

COMPANION DOCUMENTS

The following are available:

- Physician Consortium for Performance Improvement. Introduction to physician performance measurement sets. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2001 Oct. 21 p. This document is available from the American Medical Association (AMA) Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).
- Physician Consortium for Performance Improvement. Principles for performance measurement in health care. A consensus statement. [online]. Chicago (IL): American Medical Association (AMA), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); [3 p]. This document is available from the AMA Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).
- Physician Consortium for Performance Improvement. Desirable attributes of performance measures. A consensus statement. [online]. American Medical Association (AMA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); 1999 Apr 19 [cited 2002 Jun 19]. [5 p]. This document is available from the AMA Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

#### NQMC STATUS

This NQMC summary was completed by ECRI on February 26, 2004. The information was verified by the measure developer on September 13, 2004.

#### COPYRIGHT STATEMENT

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