



Complete Summary

TITLE

Cervical cancer screening: percentage of women 18-64 years of age who received one or more Pap tests during the measurement year or the two years prior to the measurement year.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of women age 18 through 64 years, who were continuously enrolled during the measurement year and the two years prior to the measurement year, and who received one or more Pap tests during the measurement year or the two years prior to the measurement year. Women enrolled in Medicaid must be continuously enrolled during the measurement year and must receive one or more Pap tests during the measurement year or the two years prior to the measurement year.

RATIONALE

When detected and treated early cervical cancer is one of the most treatable cancers, and routine Pap smears are the preferred method for detecting cervical cancer at the precancerous stage. Having this measure provides additional emphasis on the importance of routine Pap tests at regular intervals and promotes an important primary prevention test.

PRIMARY CLINICAL COMPONENT

Cervical cancer; screening; Papanicolaou (Pap) smear

DENOMINATOR DESCRIPTION

Women age 21 through 64 years as of December 31 of the measurement year who were continuously enrolled during the measurement year (Medicaid and commercial) and the two years prior to the measurement year (commercial). See the related "Denominator Inclusions/Exclusions" field in the Complete Summary

NUMERATOR DESCRIPTION

One (or more) Pap test(s) during the measurement year or the two years prior to the measurement year (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

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

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

A systematic review of the clinical literature

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2003: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 61 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation

Decision-making by businesses about health-plan purchasing

Decision-making by consumers about health plan/provider choice

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age 18 through 64 years

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Approximately 13,000 new cases of cervical cancer are diagnosed annually. About 4,400 women die of cervical cancer each year.

EVIDENCE FOR INCIDENCE/PREVALENCE

Cervical cancer (PDO): prevention. [internet]. Bethesda (MD): National Cancer Institute (NCI); 2003 Dec 19 [cited 2003 Dec 04]. [12 p].

ASSOCIATION WITH VULNERABLE POPULATIONS

Women; African-American Women

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Ries LA, Miller BA, Hankey BF, Kosary CL, Harras A, Edwards BK, editor(s). SEER cancer statistics review, 1973-1991: tables and graphs. Bethesda (MD): U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Cancer Institute; 1994. 449 p.

BURDEN OF ILLNESS

See "Incidence/Prevalence" field

UTILIZATION

Unspecified

COSTS

Pap testing is a very low cost screening test (costs range from around \$7 to \$18) that has been established as a very effective resource for primary prevention of cervical cancer.

EVIDENCE FOR COSTS

Gold MR, Siegel JE, Russell LB, Weinstein MC, editor(s). Cost-effectiveness in health and medicine. New York (NY): Oxford University Press; 1996. 425 p.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Women age 21 through 64 years as of December 31 of the measurement year who were continuously enrolled during the measurement year (Medicaid and commercial) and the two years prior to the measurement year (commercial) with no more than one gap in enrollment of up to 45 days during each year of continuous enrollment

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Women age 21 through 64 years as of December 31 of the measurement year who were continuously enrolled during the measurement year (Medicaid and commercial) and the two years prior to the measurement year (commercial)

Exclusions

Women who had a hysterectomy with no residual cervix and for whom the administrative data does not indicate that a Pap test was performed. Managed care organizations (MCOs) should look for evidence of a hysterectomy as far back as possible in the member's history, through either administrative data or medical record review. Refer to the original measure documentation for International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and Current Procedure Terminology (CPT) codes to identify exclusions for cervical cancer screening.

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

One (or more) Pap test(s) during the measurement year or the two years prior to the measurement year. Refer to the original measure documentation for Current Procedure Terminology (CPT), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and Universal Billing 1992 (UB-92) Revenue codes to identify cervical cancer screening.

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

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

Analysis by subgroup (stratification on patient factors)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for commercial and Medicaid plans.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Cervical cancer screening.

MEASURE COLLECTION

[HEDIS® 2004: Health Plan Employer Data and Information Set](#)

DEVELOPER

National Committee for Quality Assurance - Private Nonprofit Organization

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

1996 Jan

REVISION DATE

2002 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

MEASURE AVAILABILITY

The individual measure, "Cervical Cancer Screening," is published in "HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on July 18, 2003. The information was verified by the measure developer on October 24, 2003.

COPYRIGHT STATEMENT

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For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to HEDIS Volume 2: Technical Specifications, available from the NCQA Web site at www.ncqa.org.

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