

General

Title

Breast cancer screening: percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2017: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2016. various p. [288 references]

National Committee for Quality Assurance (NCQA). HEDIS 2017: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2016. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer.

Rationale

Breast cancer is the second most common type of cancer among American women, with approximately 178,000 new cases reported each year (American Cancer Society [ACS], 2007). It is most common in women over 50. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Mammography screening has been shown to reduce mortality by 20 to 30 percent among women 40 and older. A mammogram can reveal tumors too small to be felt by hand; it can also show other changes in the breast that may suggest cancer.

The U.S. Preventive Services Task Force (USPSTF), the American Academy of Family Physicians (AAFP), and the American College of

Preventive Medicine recommend mammograms as the most effective method for detecting breast cancer when it is most treatable (USPSTF, 2002; "AAFP periodic," 2005; Ferrini et al., 1996). When high-quality equipment is used and well-trained radiologists read the x-rays, 85 to 90 percent of cancers are detectable.

Evidence for Rationale

AAFP periodic health examinations: summary of AAFP policy recommendations & age charts. [internet]. [updated 2005 Apr 01]; [accessed 2005 Jun 01].

American Cancer Society (ACS). Cancer facts & figures 2007. Atlanta (GA): American Cancer Society (ACS); 2007. 52 p.

Ferrini R, Mannino E, Ramsdell E, Hill L. Screening mammography for breast cancer: American College of Preventive Medicine practice policy statement. Am J Prev Med. 1996 Sep-Oct;12(5):340-1. [14 references] [PubMed](#)

National Committee for Quality Assurance (NCQA). HEDIS 2017: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2016. various p. [288 references]

U.S. Preventive Services Task Force (USPSTF). Screening for breast cancer. [internet]. 2002 Feb [accessed 2005 Jun 24].

Primary Health Components

Breast cancer; screening mammography

Denominator Description

Women age 52 to 74 years as of December 31 of the measurement year (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

One or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

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

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

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

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Managed Care Plans

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age 50 to 74 years

Target Population Gender

Female (only)

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities
Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

December 31 of the measurement year

Denominator Sampling Frame

Enrollees or beneficiaries

Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Women age 52 to 74 years as of December 31 of the measurement year

Note:

- Women must have been continuously enrolled as of October 1 two years prior to the measurement year through December 31 of the measurement year.
- *Allowable Gap*: No more than one gap in enrollment of up to 45 days for each full calendar year of continuous enrollment. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage during each full calendar year of continuous enrollment. No gaps in enrollment are allowed from October 1 two years prior to the measurement year through December 31 two years prior to the measurement year.

Exclusions

- Members in hospice are excluded from the eligible population.
- 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 (*Optional*):
 - Bilateral mastectomy (Bilateral Mastectomy Value Set).
 - Unilateral mastectomy (Unilateral Mastectomy Value Set) *with* a bilateral modifier (Bilateral Modifier Value Set). Codes must be on the same claim.
 - Two unilateral mastectomies (Unilateral Mastectomy Value Set) with service dates 14 days or more apart.
 - History of bilateral mastectomy (History of Bilateral Mastectomy Value Set).
 - Any combination of codes that indicate a mastectomy on *both* the left *and* right side on the same or different dates of service.

Left Mastectomy (any of the following)	Right Mastectomy (any of the following)
Unilateral mastectomy (Unilateral Mastectomy Value Set) <i>with</i> a left-side modifier (Left Modifier Value Set) (same claim)	Unilateral mastectomy (Unilateral Mastectomy Value Set) <i>with</i> a right-side modifier (Right Modifier Value Set) (same claim)
Absence of the left breast (Absence of Left Breast Value Set)	Absence of the right breast (Absence of Right Breast Value Set)
Left unilateral mastectomy (Unilateral Mastectomy Left Value Set)	Right unilateral mastectomy (Unilateral Mastectomy Right Value Set)

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase HEDIS Volume 2, which includes the Value Set Directory.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

One or more mammograms (Mammography Value Set) any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year

Exclusions

This measure evaluates primary screening. Do not count biopsies, breast ultrasounds, magnetic resonance images (MRIs) or tomosynthesis (3D mammography), because they are not appropriate methods for primary breast cancer screening.

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase HEDIS Volume 2, which includes the Value Set Directory.

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

This measure requires that separate rates be reported for commercial, Medicaid, and Medicare product lines.

Standard of Comparison

not defined yet

Identifying Information

Original Title

Breast cancer screening (BCS).

Measure Collection Name

Measure Set Name

Effectiveness of Care

Measure Subset Name

Prevention and Screening

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2016 Jun 10

Core Quality Measures

Accountable Care Organizations (ACOs), Patient Centered Medical Homes (PCMH), and Primary Care

Obstetrics and Gynecology

Measure Initiative(s)

Physician Quality Reporting System

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2016 Oct

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates previous versions:

- National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.
- National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#) .

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

Companion Documents

The following is available:

- National Committee for Quality Assurance (NCQA). HEDIS 2017: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2016 Oct 3. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 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.

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

Production

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2017: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2016. various p. [288 references]

National Committee for Quality Assurance (NCQA). HEDIS 2017: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2016. various p.

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