

General

Title

Non-recommended cervical cancer screening in adolescent females: percentage of adolescent females 16 to 20 years of age who were screened unnecessarily for cervical 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 adolescent females 16 to 20 years of age who were screened unnecessarily for cervical cancer.

Rationale

There are multiple medical societies and evidence-based guidelines which recommend against cervical cancer screening in a general population of females under 21 years of age; however, fewer than 25 percent of clinicians provide care consistent with guidelines (Morioka-Douglas & Hillard, 2013; Yabroff et al., 2009). Although screening has been shown to be highly effective in the 21 to 65 age group, the U.S. Preventive Services Task Force (USPSTF) determined there is adequate evidence that screening women younger than 21—regardless of sexual history—does not reduce the incidence and mortality of cervical cancer, compared with beginning screening at 21. The USPSTF found evidence that screening in the younger age group leads to more harm than benefit because abnormal test results are likely to be transient and to resolve on their own, and

resulting treatment may have an adverse effect on future child-bearing. Thus, the USPSTF specifically recommends against screening women under 21 years of age.

This measure has the potential to decrease the use of non-recommended cervical cancer screening in adolescent females and to ensure that providers follow recommended guidelines. Adherence to guidelines could prevent adolescent females from experiencing harm, including more-frequent testing and invasive diagnostic procedures (such as colposcopy and cervical biopsy), in addition to short-term increase in anxiety and distress that results from abnormal test results. Additionally, this measure has the potential to decrease the financial burden associated with inappropriate screening practices (Hawkes et al., 1996).

Evidence for Rationale

Hawkes AP, Kronenberger CB, MacKenzie TD, Mardis AL, Palen TE, Schuler WW, Shah SA, Steele AW, Marine WM. Cervical cancer screening: American College of Preventive Medicine practice policy statement. *Am J Prev Med.* 1996 Sep-Oct;12(5):342-4. [22 references] [PubMed](#)

Morioka-Douglas N, Hillard PJ. No Papanicolaou tests in women younger than 21 years or after hysterectomy for benign disease. *JAMA Intern Med.* 2013 May 27;173(10):855-6. [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]

Yabroff KR, Saraiya M, Meissner HI, Haggstrom DA, Wideroff L, Yuan G, Berkowitz Z, Davis WW, Benard VB, Coughlin SS. Specialty differences in primary care physician reports of papanicolaou test screening practices: a national survey, 2006 to 2007. *Ann Intern Med.* 2009 Nov 3;151(9):602-11. [PubMed](#)

Primary Health Components

Cervical cancer; screening; cervical cytology; human papillomavirus (HPV) test; adolescents

Denominator Description

Adolescent females age 16 to 20 years as of December 31 of the measurement year (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Cervical cytology or a human papillomavirus (HPV) test performed during 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 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 16 to 20 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

Adolescent females age 16 to 20 years as of December 31 of the measurement year

Note:

- Adolescent females must have been continuously enrolled during the measurement year.
- *Allowable Gap*: No more than one gap in enrollment of up to 45 days during the measurement year. 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.

Exclusions

- Members in hospice are excluded from the eligible population.
- A history of cervical cancer (Cervical Cancer Value Set), HIV (HIV Value Set; HIV Type 2 Value Set) or immunodeficiency (Disorders of the Immune System Value Set) any time during the member's history through December 31 of the measurement year

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

Cervical cytology (Cervical Cytology Value Set) or a human papillomavirus (HPV) test (HPV Tests Value Set) performed during the measurement year. Do not include denied claims.

Note: Although denied claims are not included when assessing the numerator, all claims (paid, suspended, pending and denied) must be included when identifying the eligible population.

Exclusions

Unspecified

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 lower 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 and Medicaid product lines.

Standard of Comparison

not defined yet

Identifying Information

Original Title

Non-recommended cervical cancer screening in adolescent females (NCS).

Measure Collection Name

HEDIS 2017: Health Plan Collection

Measure Set Name

Effectiveness of Care

Measure Subset Name

Overuse/Appropriateness

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.

Core Quality Measures

Obstetrics and Gynecology

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 Institute on April 2, 2014.

This NQMC summary was updated by ECRI Institute on January 14, 2015, February 9, 2016, and again on October 13, 2016.

Copyright Statement

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

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.

Disclaimer

NQMC Disclaimer

The National Quality Measures Clearinghouse^â,^ç (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the [NQMC Inclusion Criteria](#).

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. Moreover, the views and opinions of developers or authors of measures represented on this site do not necessarily state or reflect those of NQMC, AHRQ, or its contractor, ECRI Institute, and inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.