NATIONAL QUALITY FORUM

Measure Submission and Evaluation Worksheet 5.0

This form contains the information submitted by measure developers/stewards, organized according to NQF's measure evaluation criteria and process. The evaluation criteria, evaluation guidance documents, and a blank online submission form are available on the submitting standards web page.

NQF #: 0623   **NQF Project:** Cancer Project
(for Endorsement Maintenance Review) **Original Endorsement Date:** Dec 04, 2009 **Most Recent Endorsement Date:** Dec 04, 2009

BRIEF MEASURE INFORMATION
De.1 Measure Title: History of Breast Cancer - Cancer Surveillance
Co.1.1 Measure Steward: ActiveHealth Management
De.2 Brief Description of Measure: The percentage of women with a history of breast cancer treated with curative intent who had breast or chest wall surveillance in the past 12 months.
2a1.1 Numerator Statement: Women with a history of breast cancer treated with curative intent who had breast or chest wall surveillance in the past 12 months.
2a1.4 Denominator Statement: Women with a history of breast cancer who have been treated with curative intent.

2a1.8 Denominator Exclusions: 1. Bilateral mastectomy without breast tissue reconstruction anytime in the past
2. Bilateral breast implants (prosthesis, e.g. silicone or saline)
3. Evidence of metastatic disease
4. Provider or patient feedback stating patient does not have a diagnosis of breast cancer
5. General exclusions:
   a. Patients who have been in a skilled nursing facility in the past 3 months
   b. Patients who are terminally ill
   c. Active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months

1.1 Measure Type: Process **2a1. 25-26 Data Source:** Administrative claims, Electronic Clinical Data : Pharmacy, Healthcare Provider Survey, Patient Reported Data/Survey **2a1.33 Level of Analysis:** Clinician : Group/Practice, Clinician : Individual, Facility, Health Plan, Integrated Delivery System, Population : County or City, Population : National, Population : Regional, Population : State **1.2-1.4 Is this measure paired with another measure?** No **De.3 If included in a composite, please identify the composite measure** (*title and NQF number if endorsed*)**:** Not applicable

STAFF NOTES (*issues or questions regarding any criteria*)
Comments on Conditions for Consideration:
Is the measure untested? Yes ☐ No ☐ If untested, explain how it meets criteria for consideration for time-limited endorsement:
1a. Specific national health goal/priority identified by DHHS or NPP addressed by the measure (*check De.5*)**:** **5. Similar/related endorsed or submitted measures** (*check 5.1*)**:** **Other Criteria:**
Staff Reviewer Name(s):

1. IMPACT, OPPORTUNITY, EVIDENCE - IMPORTANCE TO MEASURE AND REPORT

Importance to Measure and Report is a threshold criterion that must be met in order to recommend a measure for endorsement. All three subcriteria must be met to pass this criterion. See guidance on evidence.
Measures must be judged to be important to measure and report in order to be evaluated against the remaining criteria. (evaluation criteria)

1a. High Impact:　　H☐ M☐ L☐ I☐
(*The measure directly addresses a specific national health goal/priority identified by DHHS or NPP, or some other high impact aspect of healthcare.*)

De.4 Subject/Topic Areas (*Check all the areas that apply*)**:** Cancer, Cancer : Breast
De.5 Cross Cutting Areas (*Check all the areas that apply*)**:** Population Health

1a.1 Demonstrated High Impact Aspect of Healthcare: A leading cause of morbidity/mortality

1a.2 If "Other," please describe:

1a.3 Summary of Evidence of High Impact (*Provide epidemiologic or resource use data*)**:**
Excluding cancers of the skin, breast cancer is the most common cancer among women, accounting for nearly 1 in 3 cancers diagnosed in US women. According the American Cancer Society Breast Cancer 2011 statistics, breast cancer was the leading site for new cancer cases in US women in 2011, with 230,480 new cases [representing 30% of cancers in women].

The National Cancer Institute estimates that approximately 2.6 million US women with a history of breast cancer were alive in January 2008, more than half of whom were diagnosed less than 10 years earlier. Most of these individuals were cancer-free, while others still had evidence of cancer and may have been undergoing treatment.

Women with a personal history of breast cancer have a greater than 4.0-4.5 relative risk of developing a second primary breast cancer in residual breast tissue, which places them in the highest category for breast cancer development.

The seriousness of invasive breast cancer is strongly influenced by the stage of the disease; that is, the extent or spread of the cancer when it is first diagnosed. Thus, surveillance for new breast cancers in women who have already had a breast cancer is expected to be a procedure of great value. There is no age cut-off for breast cancer surveillance after initial curative therapy for a prior breast cancer. It should be continued for as long as a woman is an appropriate candidate for intervention of abnormal results.

Preliminary results of the past 2-3 years suggest breast cancer screening rates have actually declined slightly in the past few years [2011 NCI Report to the Nation]. Much attention is being paid to this trend, with a high priority being assigned to methods to increase compliance with screening and surveillance recommendations. Thus we anticipate this measure will have high impact.

1a.4 Citations for Evidence of High Impact cited in 1a.3: American Cancer Society. Breast Cancer Facts & Figures 2011-2012. Atlanta: American Cancer Society, Inc

2.　　Howlader N, Noone AM, Krapcho M, Neyman N, Aminou R, Waldron W, Altekruse SF, Kosary CL, Ruhl J, Tatalovich Z, Cho H, Mariotto A, Eisner MP, Lewis DR, Chen HS, Feuer EJ, Cronin KA, Edwards BK (eds). SEER Cancer Statistics Review, 1975-2008, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2008/, based on November 2010 SEER data submission, posted to the SEER web site, 2011.

44.　　Impact of follow-up testing on survival and health-related quality of life in breast cancer patients. A multicenter randomized controlled trial. The GIVIO Investigators. JAMA 271 (20): 1587-92, 1994. [PUBMED Abstract]
45.　　Rosselli Del Turco M, Palli D, Cariddi A, et al.: Intensive diagnostic follow-up after treatment of primary breast cancer. A randomized trial. National Research Council Project on Breast Cancer follow-up. JAMA 271 (20): 1593-7, 1994. [PUBMED Abstract]
46.　　Khatcheressian JL, Wolff AC, Smith TJ, et al.: American Society of Clinical Oncology 2006 update of the breast cancer follow-up and management guidelines in the adjuvant setting. J Clin Oncol 24 (31): 5091-7, 2006. [PUBMED Abstract]

1b. Opportunity for Improvement: H☐ M☐ L☐ I☐
(*There is a demonstrated performance gap - variability or overall less than optimal performance*)

1b.1 Briefly explain the benefits (improvements in quality) envisioned by use of this measure:
First, the 2006 IOM report on Cancer Survivorship outlined many steps that should be implemented to improve on follow-up care after curative therapy for cancer. The most important recommendation stemming from the report is the adherence to recommended surveillance and side-effect monitoring. Because with modern therapy most breast cancer patients are expected to live long enough to be at risk for the development of a recurrent or second breast cancer, surveillance is an important part of decreasing mortality.

Second, it has long been established that the survival efficacy of lumpectomy plus radiation therapy for invasive breast cancer, when compared to mastectomy, is dependent on having appropriate surveillance of the remaining breast tissue so that salvage mastectomy can be performed should recurrence occur. Appropriate surveillance is an integral part of care for these patients.

Finally, women who have already had breast cancer have a greater than 4.0-4.5 relative risk of developing a second primary breast cancer in residual breast tissue, which places them in the highest category for breast cancer development, and among the group for whom cancer surveillance has the greatest value.

1b.2 Summary of Data Demonstrating Performance Gap (*Variation or overall less than optimal performance across providers*)**:**
[*For Maintenance – Descriptive statistics for performance results for this measure - distribution of scores for measured entities by quartile/decile, mean, median, SD, min, max, etc.*]
Many published studies have demonstrated the lack of concordance between clearly established surveillance procedures for multiple cancers. The IOM Survivorship Mandate of 2006 was intended to address this. However, one article published December 2011 in the Journal of Cancer Survivorship by Stricker et. Al., has clearly demonstrated additional efforts are needed.

This report documents the concordance of survivorship care plans delivered to breast cancer survivors at 7 NCI-designated cancer centers and 6 high-volume community based cancer-centers. Despite the high resources spent on survivorship care planning, only 2 of the 13 cancer centers achieved >75% concordance with survivorship recommendations. Clearly depending on educating either the patient or the health care center alone was not sufficient to produce the desired outcome. Improvements to the processes of delivering survivorship care will be required.

Another significant study published in the Journal of Internal Medicine in 2008 by Field et. al. involved 1762 women over 65 who received curative therapy for their invasive breast cancer, and looked at percent of women receiving appropriate surveillance per year. A reasonably high percentage [82%] received a surveillance mammogram at year one. The number declined to only 68.5% in the 4th year.

These studies are in keeping with many other studies, demonstrating a clear performance gap between recommended surveillance and actual adherence to guidelines.

1b.3 Citations for Data on Performance Gap: [*For Maintenance – Description of the data or sample for measure results reported in 1b.2 including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included*]
1.   J Cancer Surviv. 2011 Dec;5(4):358-70. Epub 2011 Oct 4.
Survivorship care planning after the Institute of Medicine recommendations: how are we faring?
Stricker CT, Jacobs LA, Risendal B, Jones A, Panzer S, Ganz PA, Syrjala KL, McCabe MS, Baker KS, Miller K, Casillas J, Rosenstein DL, Campbell M, Palmer SC.
Source Abramson Cancer Center at the University of Pennsylvania, 3400 Civic Center Blvd. 3rd Floor West, Philadelphia, PA, 19104, USA, carrie.stricker@uphs.upenn.edu.

2.   J Gen Intern Med. 2008 Feb;23(2):158-63. Epub 2007 Dec 1.
Under utilization of surveillance mammography among older breast cancer survivors.
Field TS, Doubeni C, Fox MP, Buist DS, Wei F, Geiger AM, Quinn VP, Lash TL, Prout MN, Yood MU, Frost FJ, Silliman RA.
Source Meyers Primary Care Institute, Worcester, MA 01605, USA. terry.field@umassmed.edu

1b.4 Summary of Data on Disparities by Population Group: [*For Maintenance –Descriptive statistics for performance results

for this measure by population group]

According to the 2011 SEER data on breast cancer disparities, breast cancer incidence and mortality rates vary by race and ethnicity. The average annual female breast cancer death rate was highest in African Americans (32.4 deaths per 100,000 females) and lowest among Asian Americans/Pacific Islanders (12.2 deaths per 100,000 females) from 2003 through 2007. As per SEER, "…The higher death rate among African Americans, despite their having a lower incidence rate than non-Hispanic whites, is due to both later stage at diagnosis and poorer stage-specific survival".

African American women have the lowest 5-year survival rate (77.5%) of any racial or ethnic group, while Asian American/Pacific Islander women have the highest (90.3%). These differences in survival by race/ethnicity were explained in part by differences in stage at diagnosis, tumor biology, and access to high-quality treatment.

1b.5 Citations for Data on Disparities Cited in 1b.4: [*For Maintenance – Description of the data or sample for measure results reported in 1b.4 including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included*]

DeSantis, C., Siegel, R., Bandi, P. and Jemal, A. (2011), Breast cancer statistics, 2011. CA: A Cancer Journal for Clinicians, 61: 409–418. doi: 10.3322/caac.20134

1c. Evidence (*Measure focus is a health outcome OR meets the criteria for quantity, quality, consistency of the body of evidence.*)
Is the measure focus a health outcome? Yes☐ No☐   If not a health outcome, rate the body of evidence.

Quantity: H☐ M☐ L☐ I☐   Quality: H☐ M☐ L☐ I☐   Consistency: H☐ M☐ L☐ I☐

Quantity	Quality	Consistency	Does the measure pass subcriterion1c?
M-H	M-H	M-H	Yes☐
L	M-H	M	Yes☐ IF additional research unlikely to change conclusion that benefits to patients outweigh harms: otherwise **No**☐
M-H	L	M-H	Yes☐ IF potential benefits to patients clearly outweigh potential harms: otherwise **No**☐
L-M-H	L-M-H	L	No ☐

Health outcome – rationale supports relationship to at least one healthcare structure, process, intervention, or service	Does the measure pass subcriterion1c?
	Yes☐ IF rationale supports relationship

1c.1 Structure-Process-Outcome Relationship (*Briefly state the measure focus, e.g., health outcome, intermediate clinical outcome, process, structure; then identify the appropriate links, e.g., structure-process-health outcome; process- health outcome; intermediate clinical outcome-health outcome*)**:**
Our process measure focuses on increasing the proportion of women who receive regular mammogram or MRI surveillance at least every 12 months after definitive therapy for localized breast cancer. The ultimate health outcome to be achieved by this measure is the early and appropriate identification of women with loco-regional recurrence or new breast cancer after attempted curative therapy. Both can be cured by salvage therapy.

1c.2-3 Type of Evidence (*Check all that apply*)**:**
Clinical Practice Guideline, Other, Selected individual studies (rather than entire body of evidence)
American Cancer Society Recommendations, Institute of Medicine Report

1c.4 Directness of Evidence to the Specified Measure (*State the central topic, population, and outcomes addressed in the body of evidence and identify any differences from the measure focus and measure target population*)**:**
The central topic of surveillance for recurrent or new breast cancer after curative therapy for a previous breast cancer, as well as the population and outcomes addressed in the evidence are the same in the evidence as our measure focus. In addition, our measure counts both mammography and breast MRI as adequate surveillance testing. The inclusion of MRI, and the stratification of women who have had bilateral mastectomy with or without specific types of reconstruction allows us to create a unique and meaningful measurement appropriate to women post reconstructive surgery.

1c.5 Quantity of Studies in the Body of Evidence (*Total number of studies, not articles*)**:** Our literature search identified 1031 publications on breast cancer surveillance published within the last 5 years in the English language. Of these 231 studies were

reviewed.

1c.6 Quality of Body of Evidence (*Summarize the certainty or confidence in the estimates of benefits and harms to patients across studies in the body of evidence resulting from study factors. Please address: a) study design/flaws; b) directness/indirectness of the evidence to this measure (e.g., interventions, comparisons, outcomes assessed, population included in the evidence); and c) imprecision/wide confidence intervals due to few patients or events***):** There is excellent data supporting the use of regular surveillance for detection of local and regional recurrences and new breast cancers in breast cancer survivors. A 2004 meta-analysis of 12 studies involving 5045 patients demonstrated 40 percent [95% CI 35-45%] were diagnosed during routine exam and testing.

There are multiple well-designed prospective large intergroup studies have looked at the necessity of mammogram surveillance in breast cancer patients treated with breast conservation in order to achieve outcomes equivalent to mastectomy.

However, the increasing rates of unilateral and bilateral mastectomies [with and without reconstruction] as well as newer methods of detecting breast malignancies, such as MRI's have brought into question the exact sub-populations of women who will benefit most from the various surveillance tests.

Several recent studies have demonstrated MRI surveillance vs. conventional mammography is associated with a significant reduction of advanced stage breast cancers in women at high risk [adjusted HR 0.3; 95% CI 0.12-0.72; P = .008]. Only 1 review has looked at surveillance testing as applied to the reconstructed breast. However, current data is inadequate to make definitive recommendations about a single best method of surveillance in this population. It is unlikely that numbers will be sufficient to perform a large, RCT of surveillance methods in the reconstructed breast. Thus, recommendations in this population can only be made by extrapolating likely scenarios based on the specifics of the type of definitive surgery and reconstruction [if any].

1c.7 Consistency of Results across Studies *(Summarize the consistency of the magnitude and direction of the effect):* The recent studies have consistently demonstrated that breast cancer survivors are at increased risk for loco-regional relapse or new breast primaries. Approximately 2/3 of those will be detected by the traditional screening modality of annual mammogram and be eligible for curative therapy.

1c.8 Net Benefit *(Provide estimates of effect for benefit/outcome; identify harms addressed and estimates of effect; and net benefit - benefit over harms)***:**
Breast cancer cannot be cured once it has metastasized. The only chance for cure a woman who has a loco-regional recurrence or new primary within residual breast/chest tissue will be with early detection and appropriate salvage therapy.

Continuing with the data represented above showing that mammogram screening will detect 68 percent of recurrences and second primaries, 32 percent will not be detected by a mammogram. There is expected to be an increased benefit of adding breast and chest wall MRI to appropriately selected women for whom MRI will be more sensitive.

The lack of specificity and high cost of MRI have raised the questions of cost/benefit ratio and harms associated with false positives in the screening population. However in the group of women who (1) have already had a breast cancer, (2) have contraindications for mammogram, or (3) have individual breast/genetic characteristics, MRI may be a better test and lead to greater net benefit.

1c.9 Grading of Strength/Quality of the Body of Evidence. Has the body of evidence been graded? No

1c.10 If body of evidence graded, identify the entity that graded the evidence including balance of representation and any disclosures regarding bias: Not applicable

1c.11 System Used for Grading the Body of Evidence: Other

1c.12 If other, identify and describe the grading scale with definitions: There was no system used for grading the body of evidence

1c.13 Grade Assigned to the Body of Evidence: None

1c.14 Summary of Controversy/Contradictory Evidence: There are multiple well-designed prospective large intergroup studies have looked at the necessity of mammogram surveillance in breast cancer patients treated with breast conservation in order to achieve outcomes equivalent to mastectomy.

The appropriate surveillance for women who have had reconstructive surgery is still controversial. The increasing rates of unilateral and bilateral mastectomies [with and without reconstruction] as well as newer methods of detecting breast malignancies, such as MRI's have brought into question the exact sub-populations of women who will benefit most from the various surveillance tests.

Several recent studies have demonstrated MRI surveillance vs. conventional mammography is associated with a significant reduction of advanced stage breast cancers in women at high risk [adjusted HR 0.3; 95% CI 0.12-0.72; P = .008]. Only 1 review has looked at surveillance testing as applied to the reconstructed breast. However, current data is inadequate to make definitive recommendations about a single best method of surveillance in this population. It is unlikely that numbers will be sufficient to perform a large, RCT of surveillance methods in the reconstructed breast. Thus, recommendations in this population can only be made by extrapolating likely scenarios based on the specifics of the type of definitive surgery and reconstruction [if any].

Due to the data published in 2011 (cited and summarized in previous sections), and the recent incorporation of routine MRI surveillance into the American Cancer Society recommendations, the use of MRI surveillance in specific populations of women is undergoing review by other expert review panels.

1c.15 Citations for Evidence other than Guidelines *(Guidelines addressed below)***:**
1   de Bock GH, Bonnema J, van der Hage J, et al: Effectiveness of routine visits and routine tests in detecting isolated locoregional recurrences after treatment for early-stage invasive breast cancer: A meta-analysis and systematic review. J Clin Oncol 22:4010-4018, 2004

2   JAMA. 2011 Feb 23;305(8):790-9. [this is a very important study]
Accuracy and outcomes of screening mammography in women with a personal history of early-stage breast cancer.
Houssami N, Abraham LA, Miglioretti DL, Sickles EA, Kerlikowske K, Buist DS, Geller BM, Muss HB, Irwig L.
SourceScreening and Test Evaluation Program, School of Public Health, Sydney Medical School, University of Sydney, Sydney, Australia. nehmath@med.usyd.edu.au

3   Breast Cancer Res Treat. 2010 Dec;124(3):863-73. Epub 2010 Aug 11.
Diagnosis of second breast cancer events after initial diagnosis of early stage breast cancer.
Buist DS, Abraham LA, Barlow WE, Krishnaraj A, Holdridge RC, Sickles EA, Carney PA, Kerlikowske K, Geller BM; Breast Cancer Surveillance Consortium.
SourceGroup Health Research Institute, Group Health Cooperative, Seattle, WA 98101, USA. buist.d@ghc.org

Breast. 2011 Feb;20(1):96-8. Epub 2010 Sep 9.
4   Willingness of breast cancer survivors to participate in a randomized controlled trial of digital mammography with or without MRI as breast cancer surveillance: a feasibility study.
Tsoi D, Holloway C, Bordeleau L, Brezden-Masley C, Causer P, Warner E.
SourceDepartment of Medical Oncology, Sunnybrook Odette Cancer Centre, The University of Toronto, 2075 Bayview Ave., Toronto, Ontario, Canada. Daphne_tsoi@hotmail.com

5   Breast. 2011 Feb;20(1):96-8. Epub 2010 Sep 9.
Willingness of breast cancer survivors to participate in a randomized controlled trial of digital mammography with or without MRI as breast cancer surveillance: a feasibility study.
Tsoi D, Holloway C, Bordeleau L, Brezden-Masley C, Causer P, Warner E.
SourceDepartment of Medical Oncology, Sunnybrook Odette Cancer Centre, The University of Toronto, 2075 Bayview Ave., Toronto, Ontario, Canada. Daphne_tsoi@hotmail.com

1c.16 Quote verbatim, <u>the specific guideline recommendation</u> *(Including guideline # and/or page #)***:**
1.   ".....In patients undergoing breast-conserving therapy, mammography should be performed annually (category 2A)..."

2. "...For those who have undergone breast-conserving surgery, a post-treatment mammogram should be obtained 1 year after the initial mammogram and at least 6 months after completion of radiation therapy. Thereafter, unless otherwise indicated, a yearly mammographic evaluation should be performed… Conclusion: Careful history taking, physical examination, and regular mammography are recommended for appropriate detection of breast cancer recurrence…"

1c.17 Clinical Practice Guideline Citation: 1. NCCN GuidelinesTM Breast Cancer V2.2011. Referenced with permission. The NCCN Guidelines and illustrations within may not be reproduced in any form for any purpose without the express written permission of the NCCN © 2011 National Comprehensive Cancer Network. To view the most recent and complete version of the NCCN Guidelines, go online to NCCN.org.

2 American Society of Clinical Oncology 2006 Update of the Breast Cancer Follow-Up and Management Guidelines in the Adjuvant Setting. James L. Khatcheressian, Antonio C. Wolff, Thomas J. Smith,Eva Grunfeld,Hyman B. Muss,Victor G. Vogel,Francine Halberg, Mark R. Somerfield and, Nancy E. Davidson. Published online before print October 10, 2006, doi: 10.1200/JCO.2006.08.8575 JCO November 1, 2006 vol. 24 no. 31 5091-5097
American Society of Clinical Oncology, 1900 Duke St, Suite 200, Alexandria, VA 22314; e-mail: guidelines@asco.org

1c.18 National Guideline Clearinghouse or other URL: 1. http://www.nccn.org/professionals/physician_gls/pdf/breast.pdf 2. http://www.asco.org/ASCOv2/Practice+%26+Guidelines/Guidelines/Clinical+Practice+Guidelines/American+Society+of+Clinical+Oncology+2006+Update+of+the+Breast+Cancer+Follow-up+and+Management+Guideline+in+the+Adjuvant+Setting

1c.19 Grading of Strength of Guideline Recommendation. Has the recommendation been graded? Yes

1c.20 If guideline recommendation graded, identify the entity that graded the evidence including balance of representation and any disclosures regarding bias: ASCO: Systematic Review, 9 panel members representing medical oncologists, surgical oncologists, and patient advocacy. NCCN: 27 panel members including representatives from medical oncology, radiation oncology, surgical oncology, nuclear medicine, pathology, patient advocacy, and reconstructive surgery.

1c.21 System Used for Grading the Strength of Guideline Recommendation: GRADE

1c.22 If other, identify and describe the grading scale with definitions:

1c.23 Grade Assigned to the Recommendation: 2A

1c.24 Rationale for Using this Guideline Over Others: The recommendations from the American Cancer Society incorporates the 2011 surveillance data. The other guidelines have not been updated as of December 31, 2011.

Based on the NQF descriptions for rating the evidence, what was the developer's assessment of the quantity, quality, and consistency of the body of evidence?
1c.25 Quantity: Moderate **1c.26** Quality: High**1c.27** Consistency: High

Was the threshold criterion, *Importance to Measure and Report*, met?
(*1a & 1b must be rated moderate or high and 1c yes*) Yes☐ No☐
Provide rationale based on specific subcriteria:

For a new measure if the Committee votes NO, then STOP.
For a measure undergoing endorsement maintenance, if the Committee votes NO because of 1b. (no opportunity for improvement), it may be considered for continued endorsement and all criteria need to be evaluated.

2. RELIABILITY & VALIDITY - SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. **(evaluation criteria)**
Measure testing must demonstrate adequate reliability and validity in order to be recommended for endorsement. Testing may be conducted for data elements and/or the computed measure score. Testing information and results should be entered in the appropriate field. Supplemental materials may be referenced or attached in item 2.1. See guidance on measure testing.

S.1 Measure Web Page *(In the future, NQF will require measure stewards to provide a URL link to a web page where current detailed specifications can be obtained)*. Do you have a web page where current detailed specifications for this measure can be obtained? Yes

S.2 If yes, provide web page URL: www.activehealth.com/nqf-measures-with-articles

2a. RELIABILITY. Precise Specifications and Reliability Testing: H☐ M☐ L☐ I☐

2a1. Precise Measure Specifications. (*The measure specifications precise and unambiguous.*)

2a1.1 Numerator Statement *(Brief, narrative description of the measure focus or what is being measured about the target population, e.g., cases from the target population with the target process, condition, event, or outcome)*:
Women with a history of breast cancer treated with curative intent who had breast or chest wall surveillance in the past 12 months.

2a1.2 Numerator Time Window *(The time period in which the target process, condition, event, or outcome is eligible for inclusion)*:
12 months

2a1.3 Numerator Details *(All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, codes with descriptors, and/or specific data collection items/responses*:
NUMERATOR (Note: Words written in all capital letters denotes data element names; please refer to code sets for detailed descriptions)

One of following is correct:
1.   Presence of At Least 1   MAMMOGRAM Procedure in the past 12 months
2.   Presence of At Least 1   MAMMOGRAM (ICD-9)   Diagnosis in the past 12 months
3.   Presence of Patient Data Confirming At Least 1   PDD- MAMMOGRAM 1 YR OBS   in the past 12 months
4.   Presence of At Least 1   BREAST MRI Procedure in the past 12 months
5.   Presence of Patient Data Confirming At Least 1   PDD- BREAST MAMMO/MRI OBS   in the past 12 months

*See attachment for data element codes

2a1.4 Denominator Statement *(Brief, narrative description of the target population being measured)*:
Women with a history of breast cancer who have been treated with curative intent.

2a1.5 Target Population Category *(Check all the populations for which the measure is specified and tested if any)*: Populations at Risk

2a1.6 Denominator Time Window *(The time period in which cases are eligible for inclusion)*:
Anytime in the past prior to the measurement year

2a1.7 Denominator Details (*All information required to identify and calculate the target population/denominator such as definitions, codes with descriptors, and/or specific data collection items/responses)***:
DENOMINATOR (Note: Words written in all capital letters denotes element names; please refer to code sets for detailed descriptions)

One of the following is correct:
1.   Presence of at least 1 CANCER BREAST ICD9 diagnosis that overlaps within 30 days with at least 1 BREAST CANCER SURGERY Procedure in the past anytime prior to the last 12 months

2.   Presence of at least 1 NON-METASTATIC BREAST CANCER STAGE 0-3B HCPCS Procedure that overlaps within 30 days with at least 1 BREAST CANCER SURGERY Procedure in the past anytime prior to the last 12 months

*See attachment for data element codes

2a1.8 Denominator Exclusions *(Brief narrative description of exclusions from the target population)*:
1. Bilateral mastectomy without breast tissue reconstruction anytime in the past

2. Bilateral breast implants (prosthesis, e.g. silicone or saline)
3. Evidence of metastatic disease
4. Provider or patient feedback stating patient does not have a diagnosis of breast cancer
5. General exclusions:
   a. Patients who have been in a skilled nursing facility in the past 3 months
   b. Patients who are terminally ill
   c. Active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months

2a1.9 Denominator Exclusion Details *(All information required to identify and calculate exclusions from the denominator such as definitions, codes with descriptors, and/or specific data collection items/responses)***:**
DENOMINATOR EXCLUSIONS (Note: Words written in all capital letters denotes element names; please refer to code sets for detailed descriptions)

One of the following is correct:
1. Presence of at least 2 MASTECTOMY UNILATERAL Procedure anytime in the past
   a. Excluding presence of at least 2 BREAST RECONSTRUCTIVE SURGERY Procedure anytime in the past
2. Presence of at least 2 occurences anytime in the past where 1 BREAST IMPLANT RECONSTRUCTIVE SURGERY Procedure overlaps 1 month before or anytime after 1 MASTECTOMY UNILATERAL   Procedure
3. Presence of at least 1 MASTECTOMY BILATERAL Procedure anytime in the past
   a. Excluding presence of at least 1 BREAST RECONSTRUCTIVE SURGERY   Procedure
4. Presence of at least 1 BREAST IMPLANT RECONSTRUCTIVE SURGERY Procedure that overlaps one month before or anytime after 1 MASTECTOMY BILATERAL Procedure anytime in the past
5. Presence of at least 1 METASTATIC BREAST CANCER HCPCS Procedure anytime in the past
6. Provider or patient feedback stating patient does not have a diagnosis of breast cancer

General exclusions:
   a. Patients who have been in a skilled nursing facility in the last 3 months or who are terminally ill
   b. Active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months

*See attachment for data element codes

2a1.10 Stratification Details/Variables *(All information required to stratify the measure results including the stratification variables, codes with descriptors, definitions, and/or specific data collection items/responses)***:**
This measure addresses all patients with a history of breast cancer who have been treated with curative intent. Using our highly specific algorithms, women with a history of breast cancer treated surgically are included in the denominator. This measure is not stratified.

2a1.11 Risk Adjustment Type *(Select type. Provide specifications for risk stratification in 2a1.10 and for statistical model in 2a1.13)***:** No risk adjustment or risk stratification   **2a1.12 If "Other," please describe:**

2a1.13 Statistical Risk Model and Variables *(Name the statistical method - e.g., logistic regression and list all the risk factor variables. Note - risk model development should be addressed in 2b4.)***:**
No risk adjustment is done with our measure, therefore, we do not have a risk model.

2a1.14-16 Detailed Risk Model Available at Web page URL (or attachment). Include coefficients, equations, codes with descriptors, definitions, and/or specific data collection items/responses. Attach documents only if they are not available on a webpage and keep attached file to 5 MB or less. NQF strongly prefers you make documents available at a Web page URL**.** Please supply login/password if needed**:**

2a1.17-18. Type of Score: Rate/proportion

2a1.19 Interpretation of Score *(Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score)***:** Better quality = Higher score

2a1.20 Calculation Algorithm/Measure Logic*(Describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; aggregating data; risk adjustment; etc.)***:**
Calculation algorithm is included in the attachment for section 2a1.21

2a1.21-23 Calculation Algorithm/Measure Logic Diagram URL or attachment:
Attachment
NQF MEASURE 0623 Rule.pdf

2a1.24 Sampling (Survey) Methodology. If measure is based on a sample (or survey), provide instructions for obtaining the sample, conducting the survey and guidance on minimum sample size (response rate)**:**
This measure does not require a sampling or survey.

2a1.25 Data Source *(Check all the sources for which the measure is specified and tested*). If other, please describe**:**
 Administrative claims, Electronic Clinical Data : Pharmacy, Healthcare Provider Survey, Patient Reported Data/Survey

2a1.26 Data Source/Data Collection Instrument (*Identify the specific data source/data collection instrument, e.g. name of database, clinical registry, collection instrument, etc.*)**:** Our data is collected from a number of electronic sources, e.g. health plans, pharmacy-based management systems, electronic health records, etc. Data may be collected in various forms. We accept claims from pharmacies, labs, third-party payors, hospitals, physicians, etc. Patient-derived data is gathered by our nurses, lifestyle coaches, and nutritionists through our disease management program (Active Disease Management), lifestyle coaching program (Active Lifestyle Coaching), and maternity program (Active Maternity Management), as well as through our electronic patient health record (MyActiveHealth). Data may also be entered by clinicians and their extenders through our online physician portal (Active CareTeam Suite).

2a1.27-29 Data Source/data Collection Instrument Reference Web Page URL or Attachment: URL
https://www.activehealthphrpp.net/PortalDemo/PortalLogin.aspx
Username: PHRDemo181 /Password: Testing456

2a1.30-32 Data Dictionary/Code Table Web Page URL or Attachment:
Attachment
NQF Measure 623 Codes.pdf

2a1.33 Level of Analysis (*Check the levels of analysis for which the measure is specified and tested)***:** Clinician : Group/Practice, Clinician : Individual, Facility, Health Plan, Integrated Delivery System, Population : County or City, Population : National, Population : Regional, Population : State

2a1.34-35 Care Setting *(Check all the settings for which the measure is specified and tested)***:** Ambulatory Care : Clinic/Urgent Care, Ambulatory Care : Clinician Office, Home Health

2a2. Reliability Testing. (*Reliability testing was conducted with appropriate method, scope, and adequate demonstration of reliability*.)

2a2.1 Data/Sample *(Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)***:**
All the data for the measures are obtained from electronic sources. Based on the client, we take in administrative claims data, pharmacy-based management systems, laboratory systems, personal health records, health risk assessments, and electronic health records. In addition, we can take in data from care management systems. All data feeds are electronic and do not require manual medical chart abstraction.

We have over 20 million patient records in our database, consisting of data from provider organizations, hospital systems, healthcare plans, Medicare and Medicaid. The average age of the population is 37 years(range 12 – 77) and 51% of the population is female. We tested the reliability of the data on a population of 279,666 patients from a major health plan. The average age of the population was 35 years and 52% were female. The data abstraction was performed in 2011.

2a2.2 Analytic Method *(Describe method of reliability testing & rationale)***:**
All of our quality measures are electronic and all of the data used to support the measures are electronic. In addition, we receive the data by electronic feeds. We have internal processes to ensure that we receive valid codes and where appropriate the associated values. Our analytic process includes testing a new rule or algorithm on our test database, so that we can be sure of the reliability of the codes. At the end of the test, we randomly select patients who are either in the numerator, or in the denominator but not the numerator, and review their individual electronic data to ensure that they met the requirements of the rule. As a part of our reliability testing, we check to ensure that we have found the correct people in the denominator or the numerator, across multiple rules with similar definitions. To ensure accuracy, we check a subset of the people who were not in the numerator to ensure that we were accurate in not counting them in the numerator. If we find errors at any stage of the reliability testing, e.g., similar denominators that had significant differences in counts, different compliance rates for similar populations; we update the rules and retest.

2a2.3 Testing Results *(Reliability statistics, assessment of adequacy in the context of norms for the test conducted)***:**
Below are the descriptive statistics for the data sources of the test population:

1. The proportion of patients within each client group with diagnosis/procedure claims in the last 365 days was: median 53% (IQR = 10%).
2. The proportion of patients within each client group with at least 1 prescription in the last 365 days was: median 81% (IQR = 8%).
3. The proportion of patients within each client group with lab results in the last 365 days was: median 46% (IQR = 12%).

2b. VALIDITY. Validity, Testing, <u>including all Threats to Validity</u>:   H☐ M☐ L☐ I☐

2b1.1 Describe how the measure specifications *(measure focus, target population, and exclusions)* **are consistent with the evidence cited in support of the measure focus (***criterion 1c)* **and identify any differences from the evidence:**
Our measure specifications are consistent with the evidence addressed in the previous sections and are able to identify the correct target population who needs annual breast cancer surveillance.

Our algorithm looks for women with a history of breast cancer treated with definitive therapy (breast cancer surgery) and excludes those women who have had mastectomies with prosthetic implants (e.g., silicone or saline) and those who have had mastectomies without breast tissue reconstruction. Our measure counts both mammography and breast MRI as adequate surveillance testing.

2b2. Validity Testing. (*Validity testing was conducted with appropriate method, scope, and adequate demonstration of validity.)*

2b2.1 Data/Sample *(Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)***:**
All the data for the measures are obtained from electronic sources. Based on the client, we take in administrative claims data, pharmacy-based management systems, laboratory systems, personal health records, health risk assessments, and electronic health records. In addition, we can take in data from care management systems. All data feeds are electronic and do not require manual medical chart abstraction.

We have over 20 million patient records in our database, consisting of data from provider organizations, hospital systems, healthcare plans, Medicare and Medicaid. The average age of the population is 37 years(range 12 – 77) and 51% of the population is female. We tested the validity of the data on a population of 279,666 patients from a major health plan. The average age of the population was 35 years and 52% were female. The data abstraction was performed in 2011.

2b2.2 Analytic Method *(Describe method of validity testing and rationale; if face validity, describe systematic assessment)***:**
All of our quality measures are electronic and all the data used to support the measures are electronic. In addition, we receive the data by electronic feeds. We have internal processes to ensure that we receive valid codes and where appropriate the associated values. Our analytic process includes testing a new rule or algorithm on the standard data set so that we can be sure of the reliability of the code. At the end of the test, we randomly select patients who are either in the numerator, or in the denominator but not the numerator, to ensure that they met the requirements of the rule. As a part of our validity testing, we check to ensure we have found the correct people in the denominator or the numerator. To ensure accuracy, we check a subset of the people who were

not in the numerator to ensure that we were accurate in not counting them in the numerator. If we find errors at any stage of the reliability testing, e.g., similar denominators that had differences in counts, compliance rates for similar populations that differ, then we update the rules and retest.

Further, to ensure that we obtain valid results once the measures are deployed, when we run the measure for a client we evaluate the results to ensure they are consistent with what we have found in the past for the client and across our book of business.

2b2.3 Testing Results *(Statistical results, assessment of adequacy in the context of norms for the test conducted; if face validity, describe results of systematic assessment)***:**

The algorithms and code sets used for the measures are all electronic. Once we test the rules, the results are reviewed by our clinical research and development committee, composed of physicians of varying specialties, pharmacists, and nurses. After the rules are deployed in a production environment for our clients, the rule is considered reliable, i.e., we have found the appropriate people in the denominator and numerator.

POTENTIAL THREATS TO VALIDITY. (*All potential threats to validity were appropriately tested with adequate results.*)

2b3. Measure Exclusions. (*Exclusions were supported by the clinical evidence in 1c or appropriately tested with results demonstrating the need to specify them.*)

2b3.1 Data/Sample for analysis of exclusions *(Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)***:**
All the data for the measures are obtained from electronic sources. Based on the client, we take in administrative claims data, pharmacy-based management systems, laboratory systems, personal health records, health risk assessments, and electronic health records. In addition, we can take in data from care management systems. All data feeds are electronic and do not require manual medical chart abstraction.

We have over 20 million patient records in our database, consisting of data from provider organizations, hospital systems, healthcare plans, Medicare and Medicaid. The average age of the population is 37 years(range 12 – 77) and 51% of the population is female. We tested the exclusion criteria of the measure on a population of 279,666 patients from a major health plan. The average age of the population was 35 years and 52% were female. The data abstraction was performed in 2011.

2b3.2 Analytic Method (*Describe type of analysis and rationale for examining exclusions, including exclusion related to patient preference)***:**
We exclude those women who have had mastectomies with prosthetic implants and those who have had mastectomies without breast tissue reconstruction. Our exclusions are tested and analyzed using the same methodology as for our numerator and denominator.

2b3.3 Results *(Provide statistical results for analysis of exclusions, e.g., frequency, variability, sensitivity analyses):*
We do not perform statistical analysis of our exclusions. We manually review our electronic processes to ensure accuracy of our denominator exclusions.

2b4. Risk Adjustment Strategy. (*For outcome measures, adjustment for differences in case mix (severity) across measured entities was appropriately tested with adequate results.*)

2b4.1 Data/Sample *(Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)***:**
This specific measure addresses all women with a history of breast cancer treated with definitive therapy across the measured population. Using our highly specific rule algorithms, all women with a history of breast cancer treated with definitive therapy and who had breast tissue reconstruction will be included in the denominator. Therefore, no risk adjustment for risk stratification is necessary for this unique measure.

2b4.2 Analytic Method (*Describe methods and rationale for development and testing of risk model or risk stratification including selection of factors/variables)***:**
This specific measure addresses all women with a history of breast cancer treated with definitive therapy across the measured population. Using our highly specific rule algorithms, all women with a history of breast cancer treated with definitive therapy and who had breast tissue reconstruction will be included in the denominator. Therefore, no risk adjustment analytic method is necessary for this unique measure.

2b4.3 Testing Results (*Statistical risk model: Provide quantitative assessment of relative contribution of model risk factors; risk model performance metrics including cross-validation discrimination and calibration statistics, calibration curve and risk decile plot, and assessment of adequacy in the context of norms for risk models. Risk stratification: Provide quantitative assessment of relationship of risk factors to the outcome and differences in outcomes among the strata*)**:**
This specific measure addresses all women with a history of breast cancer treated with definitive therapy across the measured population. Using our highly specific rule algorithms, all women with a history of breast cancer treated with definitive therapy and who had breast tissue reconstruction will be included in the denominator. Therefore, no risk adjustment strategy testing results are necessary for this unique measure.

2b4.4 If outcome or resource use measure is not risk adjusted, provide rationale and analyses to justify lack of adjustment: This specific measure addresses all women with a history of breast cancer treated with definitive therapy across the measured population. Using our highly specific rule algorithms, all women with a history of breast cancer treated with definitive therapy and who had breast tissue reconstruction will be included in the denominator. Therefore, no risk adjustment strategy is necessary for this unique measure.

2b5. Identification of Meaningful Differences in Performance. (*The performance measure scores were appropriately analyzed and discriminated meaningful differences in quality.*)

2b5.1 Data/Sample (*Describe the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included*)**:**
We have over 20 million patient records in our database, consisting of data from provider organizations, hospital systems, healthcare plans, Medicare and Medicaid. The average age of the population is 37 years(range 12 – 77) and 51% of the population is female. Of these, 43293 patients fulfilled the denominator criteria, and the compliance rate was 72%. Data abstraction was performed in 2011.

2b5.2 Analytic Method (*Describe methods and rationale to identify statistically significant and practically/meaningfully differences in performance*)**:**
Our ability to analyze measures across different populations is limited by the characteristics of a specific client population. Since the rules are electronic, they are applied consistently, independent of the population characteristics. For example running this measure on a young population, may result in a lower denominator and compliance rate, compared to evaluating the measure across an older population.

All of our quality measures are electronic and all the data used to support the measures are electronic. In addition, we receive the data by electronic feeds. We have internal processes to ensure that we receive valid codes and where appropriate the associated values. At the end testing a measure, we randomly select patients who are either in the numerator, or in the denominator but not the numerator, to ensure that they met the requirements of the rule. As a part of our reliability testing, we check to ensure we have found the correct people in the denominator or the numerator, across multiple rules with similar definitions. To ensure accuracy, we check a subset of the people who were not in the numerator to ensure that we were accurate in not counting them in the numerator. If we find errors at any stage of the reliability testing, e.g., similar denominators that had significant differences in counts, different compliance rates for similar populations; we update the rules and retest.

2b5.3 Results (*Provide measure performance results/scores, e.g., distribution by quartile, mean, median, SD, etc.; identification of statistically significant and meaningfully differences in performance*):
 Measure performance results across 106 client populations for this measure (N = 43,293):

10th percentile = 62%
25th percentile = 67%
50th percentile = 73%
75th percentile = 77%
90th percentile = 85%

Interquartile range = 10%

2b6. Comparability of Multiple Data Sources/Methods. (*If specified for more than one data source, the various approaches*

result in comparable scores.)

2b6.1 Data/Sample *(Describe the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)***:**
We receive electronic data from multiple sources – health plan, electronic health record, personal health record, etc. Independent of the sources, all the available data about a patient are aggregated into a single patient record for use in performance measurement. Therefore, for an individual patient, the record will may include claims data, clinical data from an electronic health record, or a self-reported data from a patient health record. Based on this, we do not typically conduct analyses based on disparate sources of data. Instead, the rules contain redundancies to accommodate the different sources of data or the absence of specific data based on the source. Therefore, this measure has not been compared across data sources.

2b6.2 Analytic Method *(Describe methods and rationale for testing comparability of scores produced by the different data sources specified in the measure)***:**
We ingest data from multiple sources (e.g., diagnosis, procedure, lab, pharmacy claims, clinical data, patient derived data, provider feedback). Using a complex and highly specific rule algorithm, we are able to ensure that the various data sources are appropriately weighted, based on the consensus of our clinical research and development committee. Therefore, this measure has not been compared across data sources.

2b6.3 Testing Results *(Provide statistical results, e.g., correlation statistics, comparison of rankings; assessment of adequacy in the context of norms for the test conducted)***:**
This measure has not been compared across data sources.

2c. Disparities in Care: H☐ M☐ L☐ I ☐ NA☐ *(If applicable, the measure specifications allow identification of disparities.)*

2c.1 If measure is stratified for disparities, provide stratified results *(Scores by stratified categories/cohorts)***:** This measures is applied to all women with a history of breast cancer treated with curative intent and is not stratified for disparities.

2c.2 If disparities have been reported/identified (e.g., in 1b), but measure is not specified to detect disparities, please explain:
In the literature, there have been disparities reported by race and ethnicity as previously described. Our measure is trying to improve breast cancer surveillance among all women with a history of breast cancer treated with curative intent regardless of race or ethnicity and therefore, it is not specified to detect disparities.

2.1-2.3 Supplemental Testing Methodology Information:

Steering Committee: Overall, was the criterion, *Scientific Acceptability of Measure Properties***, met?**
(*Reliability and Validity must be rated moderate or high***) Yes☐ No☐**
Provide rationale based on specific subcriteria:

If the Committee votes No, STOP

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3. USABILITY

Extent to which intended audiences (e.g., consumers, purchasers, providers, policy makers) can understand the results of the measure and are likely to find them useful for decision making. **(evaluation criteria)**

C.1 Intended Purpose/ Use *(Check all the purposes and/or uses for which the measure is intended)***:** Public Reporting, Quality Improvement (Internal to the specific organization)

3.1 Current Use *(Check all that apply; for any that are checked, provide the specific program information in the following questions)*: Public Reporting, Quality Improvement (Internal to the specific organization)

3a. Usefulness for Public Reporting: H☐ M☐ L☐ I ☐
(The measure is meaningful, understandable and useful for public reporting.)

3a.1. Use in Public Reporting - disclosure of performance results to the public at large *(If used in a public reporting program, provide name of program(s), locations, Web page URL(s)).* If not publicly reported in a national or community program, state the reason AND plans to achieve public reporting, potential reporting programs or commitments, and timeline, e.g., within 3 years of endorsement: **[For _Maintenance_ –** *If not publicly reported, describe progress made toward achieving disclosure of performance results to the public at large and expected date for public reporting; provide rationale why continued endorsement should be considered.***]**

Our measure specifications including numerator, denominator, and exclusion descriptions, algorithms, and code sets will be publicly available at the following URL address: www.activehealth.com/nqf-measures-with-articles
The username: activehealth and password: AH$1@2

The results of each measure are client specific. Due to the private nature of these results, we leave it to each client's individual discretion to release their results publicly.

3a.2.Provide a rationale for why the measure performance results are meaningful, understandable, and useful for public reporting. If usefulness was demonstrated (e.g., focus group, cognitive testing), describe the data, method, and results**:** Women who have already had breast cancer have a greater than 4.0-4.5 relative risk of developing a second primary breast cancer in residual breast tissue, which places them in the highest category for breast cancer development, and among the group for whom cancer surveillance has the greatest value.

Preliminary results of the past 2-3 years suggest breast cancer screening rates have actually declined slightly in the past few years [2011 NCI Report to the Nation]. Much attention is being paid to this trend, with a high priority being assigned to methods to increase compliance with screening and surveillance recommendations.

Our 2011 data shows that 28% of women with a history of breast cancer treated with curative intent did not have breast or chest wall surveillance in the past 12 months. Our measure aims to increase the proportion of women who receive regular mammogram or MRI surveillance at least every 12 months after definitive therapy for localized breast cancer, therefore leading to early and appropriate identification of women with loco-regional recurrence or new breast cancer after attempted curative therapy. Both of these can be cured by salvage therapy.

3.2 Use for other Accountability Functions (payment, certification, accreditation). If used in a public accountability program, provide name of program(s), locations, Web page URL(s)**:** We do not use our measures for other accountability functions at this time.

3b. Usefulness for Quality Improvement: H☐ M☐ L☐ I☐
(*The measure is meaningful, understandable and useful for quality improvement.*)

3b.1. Use in QI. If used in quality improvement program, provide name of program(s), locations, Web page URL(s):
[For _Maintenance_ – *If not used for QI, indicate the reasons and describe progress toward using performance results for improvement***].**
This measure is used in quality improvement programs internal to a specific organization, e.g., our individual clients.

3b.2. Provide rationale for why the measure performance results are meaningful, understandable, and useful for quality improvement. If usefulness was demonstrated *(e.g., QI initiative),* describe the data, method and results:
Our clients are able to use our measure performance results to increase awareness and improve compliance with breast cancer surveillance amongst their providers.

Overall, to what extent was the criterion, *Usability*, met? H☐ M☐ L☐ I☐
Provide rationale based on specific subcriteria:

4. FEASIBILITY

Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement. **(evaluation criteria)**

4a. Data Generated as a Byproduct of Care Processes: H☐ M☐ L☐ I☐

4a.1-2 How are the data elements needed to compute measure scores generated? *(Check all that apply).*
Data used in the measure are**:**
generated by and used by healthcare personnel during the provision of care, e.g., blood pressure, lab value, medical condition,
Coded by someone other than person obtaining original information (e.g., DRG, ICD-9 codes on claims), Other
Self reported data from personal health record or disease management programs

4b. Electronic Sources: H☐ M☐ L☐ I☐

4b.1 Are the data elements needed for the measure as specified available electronically *(Elements that are needed to compute measure scores are in defined, computer-readable fields)***:** ALL data elements are in a combination of electronic sources

4b.2 If ALL data elements are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources:

4c. Susceptibility to Inaccuracies, Errors, or Unintended Consequences: H☐ M☐ L☐ I☐

4c.1 Identify susceptibility to inaccuracies, errors, or unintended consequences of the measurement identified during testing and/or operational use and strategies to prevent, minimize, or detect. If audited, provide results:
We use a combination of data sources to mitigate the risk of inaccuracies or errors. We recognize that generally, electronic data have inherent errors and inaccuracies related to incorrect coding, or missing data, which can result in less specificity in the definition of the denominator and /or the numerator. To minimize these errors and inaccuracies, we use clinically enriched data (laboratory results, medication lists) to augment the data. In addition, where possible, we corroborate the data. For example, to confirm a patient has diabetes, we not only confirm the presence of an ICD-9 code for diabetes from claims, we also substantiate this finding with the presence of diabetic medications. We have a mechanism in place to solicit feedback from providers via a feedback form, if they detect errors with the measure. We do not anticipate significant unintended consequences from the implementation of this measure. Our measures are all developed from evidence-based literature or from clinical practice guidelines and are designed to encourage appropriate care of the patient.

4d. Data Collection Strategy/Implementation: H☐ M☐ L☐ I☐

A.2 Please check if either of the following apply (*regarding proprietary measures*)**:** Proprietary measure
4d.1 Describe what you have learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues *(e.g., fees for use of proprietary measures)***:**
Providers prefer to have a mechanism to provide feedback, and that our algorithms minimize the risk of false positives. Consequently, we allow the ingest of provider feedback in our rule algorithms, which err on the side of specificity. We have also learned that we have to be flexible to take in data from all available sources.

Overall, to what extent was the criterion, *Feasibility*, met? H☐ M☐ L☐ I☐
Provide rationale based on specific subcriteria:

OVERALL SUITABILITY FOR ENDORSEMENT

Does the measure meet all the NQF criteria for endorsement? Yes☐ No☐
Rationale:

If the Committee votes No, STOP.
If the Committee votes Yes, the final recommendation is contingent on comparison to related and competing measures.

5. COMPARISON TO RELATED AND COMPETING MEASURES

If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure before a final recommendation is made.

5.1 If there are related measures *(either same measure focus or target population)* or competing measures *(both the same measure focus and same target population)*, list the NQF # and title of all related and/or competing measures:
0031 : Breast Cancer Screening

5a. Harmonization

5a.1 If this measure has EITHER the same measure focus OR the same target population as NQF-endorsed measure(s): Are the measure specifications completely harmonized? No

5a.2 If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden:
The NCQA measure 0031 Breast Cancer Screening is a measure that looks at the percentage of all women 40-60 who receive a mammogram in a two year period. Our measure has a different target population: all women regardless of age who have a history of breast cancer treated with curative intent. In addition our measure has a different focus in that we also look for those who have received cancer surveillance versus screening.

5b. Competing Measure(s)

5b.1 If this measure has both the same measure focus and the same target population as NQF-endorsed measure(s): Describe why this measure is superior to competing measures *(e.g., a more valid or efficient way to measure quality)***; OR provide a rationale for the additive value of endorsing an additional measure.** *(Provide analyses when possible)***:**
There are no completing measures that are NQF-endorsed.

CONTACT INFORMATION

Co.1 Measure Steward (Intellectual Property Owner): ActiveHealth Management, 1333 Broadway, 4th floor, New York, New York, 10018

Co.2 Point of Contact: Madhavi, Vemireddy, MD, mvemireddy@activehealth.net, 212-651-8200-

Co.3 Measure Developer if different from Measure Steward: ActiveHealth Management, 1333 Broadway, 4th floor, New York, New York, 10018

Co.4 Point of Contact: Lindee, Chin, MD, lchin@activehealth.net, 212-651-8200-

Co.5 Submitter: Lindee, Chin, MD, lchin@activehealth.net, 212-651-8200-, ActiveHealth Management

Co.6 Additional organizations that sponsored/participated in measure development:

Co.7 Public Contact: Lindee, Chin, MD, lchin@activehealth.net, 212-651-8200-, ActiveHealth Management

ADDITIONAL INFORMATION

Workgroup/Expert Panel involved in measure development
Ad.1 Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.

Ad.2 If adapted, provide title of original measure, NQF # if endorsed, and measure steward. Briefly describe the reasons for adapting the original measure and any work with the original measure steward:

Measure Developer/Steward Updates and Ongoing Maintenance
Ad.3 Year the measure was first released: 2007
Ad.4 Month and Year of most recent revision: 12, 2011
Ad.5 What is your frequency for review/update of this measure? Annually
Ad.6 When is the next scheduled review/update for this measure? 01, 2013

Ad.7 Copyright statement: This information, including any attachments hereto, is the sole, exclusive, proprietary and confidential property of ActiveHealth Management, Inc., and is for the exclusive use of The National Quality Forum. Any use, copying, disclosure, dissemination or distribution by anyone other than the National Quality Forum is strictly prohibited.

Ad.8 Disclaimers:
Ad.9 Additional Information/Comments: The username and password for the URL listed in section S1 are username: activehealth and password: AH$1@2
Date of Submission (*MM/DD/YY*)**:** 10/03/2011

NQF 0623 History of Breast Cancer - Cancer Surveillance
NUMERATOR

NQF ID	Rule Type	ELEMENT NAME	ATOM	ATOM DESCRIPTION
623	Numerator	*MAMMOGRAM	5062F	DOC DIRECT COMM DIAG MAMMO FNDNGS-PHONE/PERSON
623	Numerator	*MAMMOGRAM	401	OTHER IMAGING SERVICES - Diagnostic mammography
623	Numerator	*MAMMOGRAM	G8111	PT FE DOC RECV MAMMO MSR YR/PRIOR YR TO MSR YR
623	Numerator	*MAMMOGRAM	G8113	CLINICIAN DOC FE PT NOT ELIG FOR MAMMO MEASURE
623	Numerator	*MAMMOGRAM	G8111	PT FE DOC RECV MAMMO MSR YR/PRIOR YR TO MSR YR
623	Numerator	*MAMMOGRAM	G8113	CLINICIAN DOC FE PT NOT ELIG FOR MAMMO MEASURE
623	Numerator	*MAMMOGRAM	_1401	-01 OTHER IMAGING SERVICES ? MAMMOGRAPHY
623	Numerator	*MAMMOGRAM	_1403	-01 OTHER IMAGING SERVICES, SCREENING MAMMOGRAPHY
623	Numerator	*MAMMOGRAM	76082	CPTR AIDED DETCJ DX MAMMOGRAPY
623	Numerator	*MAMMOGRAM	76083	CPTR AIDED DETCJ SCR MAMMOGRAPY
623	Numerator	*MAMMOGRAM	76090	MAMMOGRAPY UNI
623	Numerator	*MAMMOGRAM	76091	MAMMOGRAPY BI
623	Numerator	*MAMMOGRAM	76092	SCR MAMMOGRAPY BI 2 VIEW FLM STD EA BRST
623	Numerator	*MAMMOGRAM	87.36	XEROGRAPHY OF BREAST
623	Numerator	*MAMMOGRAM	87.37	OTHER MAMMOGRAPHY
623	Numerator	*MAMMOGRAM	G0202	SCR MAMMO PRODUCING DIR DIGTL IMAG BIL ALL VIEWS
623	Numerator	*MAMMOGRAM	G0204	DX MAMMO PRODUCING DIR DIGTL IMAG BIL ALL VIEWS
623	Numerator	*MAMMOGRAM	G0206	DX MAMMO PRODUCING DIR DIGTL IMAG UNI ALL VIEWS
623	Numerator	*MAMMOGRAM	77051	COMPUTER-AIDED DETECTION DX MAMMOGRAPHY
623	Numerator	*MAMMOGRAM	77052	COMPUTER-AIDED DETECTION SCREENING MAMMOGRAPHY
623	Numerator	*MAMMOGRAM	77055	MAMMOGRAPHY UNILATERAL
623	Numerator	*MAMMOGRAM	77056	MAMMOGRAPHY BILATERAL
623	Numerator	*MAMMOGRAM	3014F	SCREENING MAMMOGRAPHY RESULTS DOC&REV
623	Numerator	*MAMMOGRAM	76096	MAMMOGRAPIC GDN NDL PLMT BRST EA LES RS&I
623	Numerator	*MAMMOGRAM	77032	MAMMOGRAPHIC GID NEEDLE PLACEMENTT BREAST
623	Numerator	*MAMMOGRAM	77057	SCREENING MAMMOGRAPHY BILATERAL
623	Numerator	*MAMMOGRAM	S8080	SCINTIMAMMOGRAPHY UNI INCL SUPPLY RADIOPHARM
623	Numerator	*MAMMOGRAM	3340F	MAMMO ASSESSMENT CAT "INCOMP" ADDTNL IMAGE DOCD
623	Numerator	*MAMMOGRAM	3341F	MAMMO ASSESSMENT CAT "NEGATIVE" DOCD
623	Numerator	*MAMMOGRAM	3342F	MAMMO ASSESSMENT CAT "BENIGN" ADDTNL IMAGE DOCD
623	Numerator	*MAMMOGRAM	3343F	MAMMO ASSSSMNT CAT PROB BENIGN ADDTNL IMAGE DOCD
623	Numerator	*MAMMOGRAM	3344F	MAMMO ASSSSMENT CAT "SUSPICIOUS", DOCD
623	Numerator	*MAMMOGRAM	3345F	MAMMO ASSESSMENT CAT "HIGH CHANCE MALIG" DOCD
623	Numerator	*MAMMOGRAM	3350F	MAMMO ASSESSMENT CAT BIOPSY PROVEN MALIG DOCD
623	Numerator	*MAMMOGRAM	5060F	FNDNGS DIAG MAM TO MNGNG PRACT W/IN 3DAYS INTERP
623	Numerator	*MAMMOGRAM	5062F	DOC DIRECT COMM DIAG MAMMO FNDNGS-PHONE/PERSON
623	Numerator	*MAMMOGRAM	401	OTHER IMAGING SERVICES - Diagnostic mammography
623	Numerator	*MAMMOGRAM	G8111	PT FE DOC RECV MAMMO MSR YR/PRIOR YR TO MSR YR
623	Numerator	*MAMMOGRAM	G8113	CLINICIAN DOC FE PT NOT ELIG FOR MAMMO MEASURE
623	Numerator	*MAMMOGRAM	_1401	-01 OTHER IMAGING SERVICES ? MAMMOGRAPHY
623	Numerator	*MAMMOGRAM	_1403	-01 OTHER IMAGING SERVICES, SCREENING MAMMOGRAPHY
623	Numerator	*MAMMOGRAM	76082	CPTR AIDED DETCJ DX MAMMOGRAPY
623	Numerator	*MAMMOGRAM	76083	CPTR AIDED DETCJ SCR MAMMOGRAPY
623	Numerator	*MAMMOGRAM	76090	MAMMOGRAPY UNI
623	Numerator	*MAMMOGRAM	76091	MAMMOGRAPY BI
623	Numerator	*MAMMOGRAM	76092	SCR MAMMOGRAPY BI 2 VIEW FLM STD EA BRST
623	Numerator	*MAMMOGRAM	87.36	XEROGRAPHY OF BREAST
623	Numerator	*MAMMOGRAM	87.37	OTHER MAMMOGRAPHY
623	Numerator	*MAMMOGRAM	G0202	SCR MAMMO PRODUCING DIR DIGTL IMAG BIL ALL VIEWS
623	Numerator	*MAMMOGRAM	G0204	DX MAMMO PRODUCING DIR DIGTL IMAG BIL ALL VIEWS
623	Numerator	*MAMMOGRAM	G0206	DX MAMMO PRODUCING DIR DIGTL IMAG UNI ALL VIEWS
623	Numerator	*MAMMOGRAM	77051	COMPUTER-AIDED DETECTION DX MAMMOGRAPHY

623	Numerator	*MAMMOGRAM	77052	COMPUTER-AIDED DETECTION SCREENING MAMMOGRAPHY
623	Numerator	*MAMMOGRAM	77055	MAMMOGRAPHY UNILATERAL
623	Numerator	*MAMMOGRAM	77056	MAMMOGRAPHY BILATERAL
623	Numerator	*MAMMOGRAM	3014F	SCREENING MAMMOGRAPHY RESULTS DOC&REV
623	Numerator	*MAMMOGRAM	76096	MAMMOGRAPIC GDN NDL PLMT BRST EA LES RS&I
623	Numerator	*MAMMOGRAM	77032	MAMMOGRAPHIC GID NEEDLE PLACEMENTT BREAST
623	Numerator	*MAMMOGRAM	77057	SCREENING MAMMOGRAPHY BILATERAL
623	Numerator	*MAMMOGRAM	S8080	SCINTIMAMMOGRAPHY UNI INCL SUPPLY RADIOPHARM
623	Numerator	*MAMMOGRAM	3340F	MAMMO ASSESSMENT CAT "INCOMP" ADDTNL IMAGE DOCD
623	Numerator	*MAMMOGRAM	3341F	MAMMO ASSESSMENT CAT "NEGATIVE" DOCD
623	Numerator	*MAMMOGRAM	3342F	MAMMO ASSESSMENT CAT "BENIGN" ADDTNL IMAGE DOCD
623	Numerator	*MAMMOGRAM	3343F	MAMMO ASSSSMNT CAT PROB BENIGN ADDTNL IMAGE DOCD
623	Numerator	*MAMMOGRAM	3344F	MAMMO ASSSSMENT CAT "SUSPICIOUS", DOCD
623	Numerator	*MAMMOGRAM	3345F	MAMMO ASSESSMENT CAT "HIGH CHANCE MALIG" DOCD
623	Numerator	*MAMMOGRAM	3350F	MAMMO ASSESSMENT CAT BIOPSY PROVEN MALIG DOCD
623	Numerator	*MAMMOGRAM	5060F	FNDNGS DIAG MAM TO MNGNG PRACT W/IN 3DAYS INTERP
623	Numerator	*MAMMOGRAM	_1401	-01 OTHER IMAGING SERVICES ? MAMMOGRAPHY
623	Numerator	*MAMMOGRAM	_1403	-01 OTHER IMAGING SERVICES, SCREENING MAMMOGRAPHY
623	Numerator	*MAMMOGRAM	76082	CPTR AIDED DETCJ DX MAMMOGRAPY
623	Numerator	*MAMMOGRAM	76083	CPTR AIDED DETCJ SCR MAMMOGRAPY
623	Numerator	*MAMMOGRAM	76090	MAMMOGRAPY UNI
623	Numerator	*MAMMOGRAM	76091	MAMMOGRAPY BI
623	Numerator	*MAMMOGRAM	76092	SCR MAMMOGRAPY BI 2 VIEW FLM STD EA BRST
623	Numerator	*MAMMOGRAM	87.36	XEROGRAPHY OF BREAST
623	Numerator	*MAMMOGRAM	87.37	OTHER MAMMOGRAPHY
623	Numerator	*MAMMOGRAM	G0202	SCR MAMMO PRODUCING DIR DIGTL IMAG BIL ALL VIEWS
623	Numerator	*MAMMOGRAM	G0204	DX MAMMO PRODUCING DIR DIGTL IMAG BIL ALL VIEWS
623	Numerator	*MAMMOGRAM	G0206	DX MAMMO PRODUCING DIR DIGTL IMAG UNI ALL VIEWS
623	Numerator	*MAMMOGRAM	77051	COMPUTER-AIDED DETECTION DX MAMMOGRAPHY
623	Numerator	*MAMMOGRAM	77052	COMPUTER-AIDED DETECTION SCREENING MAMMOGRAPHY
623	Numerator	*MAMMOGRAM	77055	MAMMOGRAPHY UNILATERAL
623	Numerator	*MAMMOGRAM	77056	MAMMOGRAPHY BILATERAL
623	Numerator	*MAMMOGRAM	3014F	SCREENING MAMMOGRAPHY RESULTS DOC&REV
623	Numerator	*MAMMOGRAM	76096	MAMMOGRAPIC GDN NDL PLMT BRST EA LES RS&I
623	Numerator	*MAMMOGRAM	77032	MAMMOGRAPHIC GID NEEDLE PLACEMENTT BREAST
623	Numerator	*MAMMOGRAM	77057	SCREENING MAMMOGRAPHY BILATERAL
623	Numerator	*MAMMOGRAM	S8080	SCINTIMAMMOGRAPHY UNI INCL SUPPLY RADIOPHARM
623	Numerator	*MAMMOGRAM	3340F	MAMMO ASSESSMENT CAT "INCOMP" ADDTNL IMAGE DOCD
623	Numerator	*MAMMOGRAM	3341F	MAMMO ASSESSMENT CAT "NEGATIVE" DOCD
623	Numerator	*MAMMOGRAM	3342F	MAMMO ASSESSMENT CAT "BENIGN" ADDTNL IMAGE DOCD
623	Numerator	*MAMMOGRAM	3343F	MAMMO ASSSSMNT CAT PROB BENIGN ADDTNL IMAGE DOCD
623	Numerator	*MAMMOGRAM	3344F	MAMMO ASSSSMENT CAT "SUSPICIOUS", DOCD
623	Numerator	*MAMMOGRAM	3345F	MAMMO ASSESSMENT CAT "HIGH CHANCE MALIG" DOCD
623	Numerator	*MAMMOGRAM	3350F	MAMMO ASSESSMENT CAT BIOPSY PROVEN MALIG DOCD
623	Numerator	*MAMMOGRAM	5060F	FNDNGS DIAG MAM TO MNGNG PRACT W/IN 3DAYS INTERP
623	Numerator	*MAMMOGRAM	5062F	DOC DIRECT COMM DIAG MAMMO FNDNGS-PHONE/PERSON
623	Numerator	*MAMMOGRAM	401	OTHER IMAGING SERVICES - Diagnostic mammography
623	Numerator	*MAMMOGRAM	G8111	PT FE DOC RECV MAMMO MSR YR/PRIOR YR TO MSR YR
623	Numerator	*MAMMOGRAM	G8113	CLINICIAN DOC FE PT NOT ELIG FOR MAMMO MEASURE
623	Numerator	*MAMMOGRAM	_1401	-01 OTHER IMAGING SERVICES ? MAMMOGRAPHY
623	Numerator	*MAMMOGRAM	_1403	-01 OTHER IMAGING SERVICES, SCREENING MAMMOGRAPHY
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623	Numerator	*MAMMOGRAM	76083	CPTR AIDED DETCJ SCR MAMMOGRAPY
623	Numerator	*MAMMOGRAM	76090	MAMMOGRAPY UNI
623	Numerator	*MAMMOGRAM	76091	MAMMOGRAPY BI

623	Numerator	*MAMMOGRAM	76092	SCR MAMMOGRAPY BI 2 VIEW FLM STD EA BRST
623	Numerator	*MAMMOGRAM	87.36	XEROGRAPHY OF BREAST
623	Numerator	*MAMMOGRAM	87.37	OTHER MAMMOGRAPHY
623	Numerator	*MAMMOGRAM	G0202	SCR MAMMO PRODUCING DIR DIGTL IMAG BIL ALL VIEWS
623	Numerator	*MAMMOGRAM	G0204	DX MAMMO PRODUCING DIR DIGTL IMAG BIL ALL VIEWS
623	Numerator	*MAMMOGRAM	G0206	DX MAMMO PRODUCING DIR DIGTL IMAG UNI ALL VIEWS
623	Numerator	*MAMMOGRAM	77051	COMPUTER-AIDED DETECTION DX MAMMOGRAPHY
623	Numerator	*MAMMOGRAM	77052	COMPUTER-AIDED DETECTION SCREENING MAMMOGRAPHY
623	Numerator	*MAMMOGRAM	77055	MAMMOGRAPHY UNILATERAL
623	Numerator	*MAMMOGRAM	77056	MAMMOGRAPHY BILATERAL
623	Numerator	*MAMMOGRAM	3014F	SCREENING MAMMOGRAPHY RESULTS DOC&REV
623	Numerator	*MAMMOGRAM	76096	MAMMOGRAPIC GDN NDL PLMT BRST EA LES RS&I
623	Numerator	*MAMMOGRAM	77032	MAMMOGRAPHIC GID NEEDLE PLACEMENTT BREAST
623	Numerator	*MAMMOGRAM	77057	SCREENING MAMMOGRAPHY BILATERAL
623	Numerator	*MAMMOGRAM	S8080	SCINTIMAMMOGRAPHY UNI INCL SUPPLY RADIOPHARM
623	Numerator	*MAMMOGRAM	3340F	MAMMO ASSESSMENT CAT "INCOMP" ADDTNL IMAGE DOCD
623	Numerator	*MAMMOGRAM	3341F	MAMMO ASSESSMENT CAT "NEGATIVE" DOCD
623	Numerator	*MAMMOGRAM	3342F	MAMMO ASSESSMENT CAT "BENIGN" ADDTNL IMAGE DOCD
623	Numerator	*MAMMOGRAM	3343F	MAMMO ASSSSMNT CAT PROB BENIGN ADDTNL IMAGE DOCD
623	Numerator	*MAMMOGRAM	3344F	MAMMO ASSSSMENT CAT "SUSPICIOUS", DOCD
623	Numerator	*MAMMOGRAM	3345F	MAMMO ASSESSMENT CAT "HIGH CHANCE MALIG" DOCD
623	Numerator	*MAMMOGRAM	3350F	MAMMO ASSESSMENT CAT BIOPSY PROVEN MALIG DOCD
623	Numerator	*MAMMOGRAM	5060F	FNDNGS DIAG MAM TO MNGNG PRACT W/IN 3DAYS INTERP
623	Numerator	*MAMMOGRAM	5062F	DOC DIRECT COMM DIAG MAMMO FNDNGS-PHONE/PERSON
623	Numerator	*MAMMOGRAM	401	OTHER IMAGING SERVICES - Diagnostic mammography
623	Numerator	*MAMMOGRAM (ICD-9)	793.8	UNSPECIFIED ABNORMAL MAMMOGRAM
623	Numerator	*MAMMOGRAM (ICD-9)	793.81	MAMMOGRAPHIC MICROCALCIFICATION
623	Numerator	*MAMMOGRAM (ICD-9)	V76.1	SCREENING FOR MALIGNANT NEOPLASM OF THE BREAST
623	Numerator	*MAMMOGRAM (ICD-9)	793.89	OTH ABNORMAL FIND RAD EXAMINATION BREAST
623	Numerator	*MAMMOGRAM (ICD-9)	V76.11	SCREENING MAMMOGRAM FOR HIGH-RISK PATIENT
623	Numerator	*MAMMOGRAM (ICD-9)	V76.12	OTHER SCREENING MAMMOGRAM
623	Numerator	*MAMMOGRAM (ICD-9)	V76.19	OTHER SCREENING BREAST EXAMINATION
623	Numerator	*MAMMOGRAM (ICD-9)	V76.10	UNSPECIFIED BREAST SCREENING
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	AA16126.6	Have you had a mammogram in the last 12 months? = Yes
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	AA18546.6	A mammogram is recommended every year after being diagnosed with breast cancer. Have you had a mammogram in the past 12 months? = Yes
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	HM64.1	Have you had a MAMMOGRAM within the last 12 months? = Yes
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	SS119.101	Mammogram within the past year = Mammogram: within the past year
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	PHR20000	Have you had a mammogram in the last 12 months? = Yes
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	PHR10342(	A follow up mammogram is recommended every year since your diagnosis with breast cancer. Have you had a mammogram in the past 12 months? = Yes

623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	ATV16126.	Have you had a mammogram in the last 12 months? = Yes
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	PHR20000(	Have you had a breast cancer screening in the last 12 months with a mammogram and breast MRI? = Yes
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	GRDA109.	Mammogram (breast x-ray)? = Within 1 year
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	ITRAX707.	Mammogram past year = Yes
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	ATV18546.	A mammogram is recommended every year after being diagnosed with breast cancer. Have you had a mammogram in the past 12 months? = Yes
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	AA18546.6	A mammogram is recommended every year after being diagnosed with breast cancer. Have you had a mammogram in the past 12 months? = Yes
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	AA16126.6	Have you had a mammogram in the last 12 months? = Yes
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	GORD117.	Mammogram (breast x-ray)? = Within 1 year
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	HM64.1	Have you had a MAMMOGRAM within the last 12 months? = Yes
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	SS119.101	Mammogram within the past year = Mammogram: within the past year
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	PHR20000	Have you had a mammogram in the last 12 months? = Yes
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	PHR10342(	A follow up mammogram is recommended every year since your diagnosis with breast cancer. Have you had a mammogram in the past 12 months? = Yes
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	ATV16126.	Have you had a mammogram in the last 12 months? = Yes
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	PHR20000(	Have you had a breast cancer screening in the last 12 months with a mammogram and breast MRI? = Yes
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	GRDA109.	Mammogram (breast x-ray)? = Within 1 year
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	ITRAX707.	Mammogram past year = Yes
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	ATV18546.	A mammogram is recommended every year after being diagnosed with breast cancer. Have you had a mammogram in the past 12 months? = Yes
623	Numerator	*PDD- MAMMOGRAM 1 YR OBS	GORD117.	Mammogram (breast x-ray)? = Within 1 year
623	Numerator	*PDD- MAMMOGRAM 2 YRS OBS	HMT34.1	Have you had a mammogram within the last 2 years? This is an X-ray test of the breasts to diagnose breast cancer. = Yes
623	Numerator	*PDD- MAMMOGRAM 2 YRS OBS	ATV18546.	A mammogram is recommended every year after being diagnosed with breast cancer. Have you had a mammogram in the past 12 months? = Yes
623	Numerator	*PDD- MAMMOGRAM 2 YRS OBS	SS119.101	Mammogram within the past year = Mammogram: within the past year
623	Numerator	*PDD- MAMMOGRAM 2 YRS OBS	PHR20000	Have you had a mammogram in the past 2 years? = Yes
623	Numerator	*PDD- MAMMOGRAM 2 YRS OBS	PHR20000	Have you had a mammogram in the last 12 months? = Yes
623	Numerator	*PDD- MAMMOGRAM 2 YRS OBS	AA16126.6	Have you had a mammogram in the last 12 months? = Yes
623	Numerator	*PDD- MAMMOGRAM 2 YRS OBS	AA16129.6	Have you had a mammogram in the past 2 years? = Yes

623	Numerator	*PDD- MAMMOGRAM 2 YRS OBS	ATV16126.	Have you had a mammogram in the last 12 months? = Yes
623	Numerator	*PDD- MAMMOGRAM 2 YRS OBS	ATV16129.	Have you had a mammogram in the past 2 years? = Yes
623	Numerator	*PDD- MAMMOGRAM 2 YRS OBS	PHR20000(	Have you had a breast cancer screening in the last 12 months with a mammogram and breast MRI? = Yes
623	Numerator	*PDD- MAMMOGRAM 2 YRS OBS	ITRAX707.	Mammogram past year = Yes
623	Numerator	*PDD- MAMMOGRAM 2 YRS OBS	PHO34.1	Mammogram in last 2 years? = Yes
623	Numerator	*PDD- MAMMOGRAM 2 YRS OBS	GORD117.	Mammogram (breast x-ray)? = Within 1 year
623	Numerator	*PDD- MAMMOGRAM 2 YRS OBS	GORD117.	Mammogram (breast x-ray)? = 1 - 2 years ago
623	Numerator	*PDD- MAMMOGRAM 2 YRS OBS	GRDA109.	Mammogram (breast x-ray)? = Within 1 year
623	Numerator	*PDD- MAMMOGRAM 2 YRS OBS	GRDA109.	Mammogram (breast x-ray)? = 1 - 2 years ago
623	Numerator	*PDD- MAMMOGRAM 2 YRS OBS	PHR10342(	A follow up mammogram is recommended every year since your diagnosis with breast cancer. Have you had a mammogram in the past 12 months? = Yes
623	Numerator	*PDD- MAMMOGRAM 2 YRS OBS	AA18546.6	A mammogram is recommended every year after being diagnosed with breast cancer. Have you had a mammogram in the past 12 months? = Yes
623	Numerator	*PDD- MAMMOGRAM 2 YRS OBS	HM64.1	Have you had a MAMMOGRAM within the last 12 months? = Yes
623	Numerator	*BREAST MRI	76093	MRI BRST C+-MATRL UNI
623	Numerator	*BREAST MRI	0159T	CPTR AID DETCJ BREAST MRI
623	Numerator	*BREAST MRI	77058	MRI BREAST UNILATERAL
623	Numerator	*BREAST MRI	77059	MRI BREAST BILATERAL
623	Numerator	*BREAST MRI	C8903	MR IMAGING WITH CONTRAST BREAST; UNILATERAL
623	Numerator	*BREAST MRI	C8904	MR IMAGING WITHOUT CONTRAST BREAST; UNILATERAL
623	Numerator	*BREAST MRI	C8905	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; UNI
623	Numerator	*BREAST MRI	C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL
623	Numerator	*BREAST MRI	C8907	MR IMAGING WITHOUT CONTRAST BREAST; BILATERAL
623	Numerator	*BREAST MRI	C8908	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; BIL
623	Numerator	*BREAST MRI	0159T	CPTR AID DETCJ BREAST MRI
623	Numerator	*BREAST MRI	76093	MRI BRST C+-MATRL UNI
623	Numerator	*BREAST MRI	76094	MRI BRST C+-MATRL BI
623	Numerator	*BREAST MRI	77058	MRI BREAST UNILATERAL
623	Numerator	*BREAST MRI	77059	MRI BREAST BILATERAL
623	Numerator	*BREAST MRI	C8903	MR IMAGING WITH CONTRAST BREAST; UNILATERAL
623	Numerator	*BREAST MRI	C8904	MR IMAGING WITHOUT CONTRAST BREAST; UNILATERAL
623	Numerator	*BREAST MRI	C8905	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; UNI
623	Numerator	*BREAST MRI	C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL
623	Numerator	*BREAST MRI	C8907	MR IMAGING WITHOUT CONTRAST BREAST; BILATERAL
623	Numerator	*BREAST MRI	C8908	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; BIL
623	Numerator	*BREAST MRI	0159T	CPTR AID DETCJ BREAST MRI
623	Numerator	*BREAST MRI	76093	MRI BRST C+-MATRL UNI
623	Numerator	*BREAST MRI	76094	MRI BRST C+-MATRL BI
623	Numerator	*BREAST MRI	77058	MRI BREAST UNILATERAL
623	Numerator	*BREAST MRI	77059	MRI BREAST BILATERAL
623	Numerator	*BREAST MRI	C8903	MR IMAGING WITH CONTRAST BREAST; UNILATERAL
623	Numerator	*BREAST MRI	C8904	MR IMAGING WITHOUT CONTRAST BREAST; UNILATERAL
623	Numerator	*BREAST MRI	C8905	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; UNI

623	Numerator	*BREAST MRI	C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL
623	Numerator	*BREAST MRI	C8907	MR IMAGING WITHOUT CONTRAST BREAST; BILATERAL
623	Numerator	*BREAST MRI	C8908	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; BIL
623	Numerator	*BREAST MRI	0159T	CPTR AID DETCJ BREAST MRI
623	Numerator	*BREAST MRI	76093	MRI BRST C+-MATRL UNI
623	Numerator	*BREAST MRI	76094	MRI BRST C+-MATRL BI
623	Numerator	*BREAST MRI	77058	MRI BREAST UNILATERAL
623	Numerator	*BREAST MRI	77059	MRI BREAST BILATERAL
623	Numerator	*BREAST MRI	C8903	MR IMAGING WITH CONTRAST BREAST; UNILATERAL
623	Numerator	*BREAST MRI	C8904	MR IMAGING WITHOUT CONTRAST BREAST; UNILATERAL
623	Numerator	*BREAST MRI	C8905	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; UNI
623	Numerator	*BREAST MRI	C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL
623	Numerator	*BREAST MRI	C8907	MR IMAGING WITHOUT CONTRAST BREAST; BILATERAL
623	Numerator	*BREAST MRI	C8908	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; BIL
623	Numerator	*BREAST MRI	76094	MRI BRST C+-MATRL BI
623	Numerator	*PDD- BREAST MAMMO/MRI OBS	PHR200000	Have you had a breast cancer screening in the last 12 months with a mammogram and breast MRI? = I had both a mammogram and breast MRI in the past 12 months
623	Numerator	*PDD- BREAST MAMMO/MRI OBS	PHR200000	Have you had a breast cancer screening in the last 12 months with a mammogram and breast MRI? = Yes

DENOMINATOR

NQF ID	Rule Type	ELEMENT NAME	ATOM	ATOM DESCRIPTION
623	DENOMINATOR	*CANCER BREAST ICD9	174	MALIG NEO FEMALE BREAST*
623	DENOMINATOR	*CANCER BREAST ICD9	174	MALIGNANT NEOPLASM OF FEMALE BREAST
623	DENOMINATOR	*CANCER BREAST ICD9	174.1	MALIGNANT NEOPLASM CENTRAL PORTION FEMALE BREAST
623	DENOMINATOR	*CANCER BREAST ICD9	174.2	MALIG NEOPLASM UPPER-INNER QUADRANT FE BREAST
623	DENOMINATOR	*CANCER BREAST ICD9	174.3	MALIG NEOPLASM LOWER-INNER QUADRANT FE BREAST
623	DENOMINATOR	*CANCER BREAST ICD9	174.4	MALIG NEOPLASM UPPER-OUTER QUADRANT FE BREAST
623	DENOMINATOR	*CANCER BREAST ICD9	174.5	MALIG NEOPLASM LOWER-OUTER QUADRANT FE BREAST
623	DENOMINATOR	*CANCER BREAST ICD9	174.6	MALIGNANT NEOPLASM AXILLARY TAIL FEMALE BREAST
623	DENOMINATOR	*CANCER BREAST ICD9	174.8	MALIG NEOPLASM OTHER SPEC SITES FEMALE BREAST
623	DENOMINATOR	*CANCER BREAST ICD9	174.9	MALIGNANT NEOPLASM OF BREAST UNSPECIFIED SITE
623	DENOMINATOR	*CANCER BREAST ICD9	175	MALIG NEO MALE BREAST*
623	DENOMINATOR	*CANCER BREAST ICD9	175	MALIGNANT NEOPLASM NIPPLE&AREOLA MALE BREAST
623	DENOMINATOR	*CANCER BREAST ICD9	175.9	MALIG NEOPLASM OTHER&UNSPEC SITES MALE BREAST
623	DENOMINATOR	*CANCER BREAST ICD9	V10.3	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST
623	DENOMINATOR	*CANCER BREAST ICD9	175	MALIGNANT NEOPLASM OF MALE BREAST
623	DENOMINATOR	*CANCER BREAST ICD9	174	MALIGNANT NEOPLASM NIPPLE&AREOLA FEMALE BREAST

623	DENOMINATOR	*NON-METASTATIC BREAST CANCER STAGE 0-3B HCPCS	3370F	AJCC BREAST CANCER STAGE 0 DOC'D
623	DENOMINATOR	*NON-METASTATIC BREAST CANCER STAGE 0-3B HCPCS	G9073	ONC; F BRST;ACA; ST III; ER&/PR POS;NO PROGRESSN
623	DENOMINATOR	*NON-METASTATIC BREAST CANCER STAGE 0-3B HCPCS	G9072	ONC; F BRST;ACA; ST I/II; ER&PR NEG;NO PROGRESSN
623	DENOMINATOR	*NON-METASTATIC BREAST CANCER STAGE 0-3B HCPCS	G9071	ONC; F BRST;ACA; ST I/II;ER&PR POS;NO PROGRESSN
623	DENOMINATOR	*NON-METASTATIC BREAST CANCER STAGE 0-3B HCPCS	G8381	FOR PT STG IC-III BRST CA DOC REC TAMOXIFEN
623	DENOMINATOR	*NON-METASTATIC BREAST CANCER STAGE 0-3B HCPCS	G8380	FOR PT STG IC-III BRST CA NOT DOC REC TAMOXIFEN
623	DENOMINATOR	*NON-METASTATIC BREAST CANCER STAGE 0-3B HCPCS	3378F	AJCC BREAST CANCER STAGE III DOCD
623	DENOMINATOR	*NON-METASTATIC BREAST CANCER STAGE 0-3B HCPCS	3376F	AJCC BREAST CANCER STAGE II DOC'D
623	DENOMINATOR	*NON-METASTATIC BREAST CANCER STAGE 0-3B HCPCS	3374F	AJCC BRST CANCER STAGE 1 TIC (>1-2 CM) DOCD
623	DENOMINATOR	*NON-METASTATIC BREAST CANCER STAGE 0-3B HCPCS	3372F	AJCC BRST CANCER STAGE 1 T1MIC T1A OR T1B DOCD
623	DENOMINATOR	*NON-METASTATIC BREAST CANCER STAGE 0-3B HCPCS	G9074	ONC; F BRST;ACA; ST III; ER&PR NEG; NO PROGRESSN
623	DENOMINATOR	*BREAST CANCER SURGERY	19298	PLMT RADTHX BRACHYTX BRST FOLLOWING PRTL MAST
623	DENOMINATOR	*BREAST CANCER SURGERY	19301	MASTECTOMY PARTIAL
623	DENOMINATOR	*BREAST CANCER SURGERY	19302	MASTECTOMY PARTIAL W/AXILLARY LYMPHADENECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	19303	MASTECTOMY SIMPLE COMPLETE
623	DENOMINATOR	*BREAST CANCER SURGERY	19304	MASTECTOMY SUBCUTANEOUS
623	DENOMINATOR	*BREAST CANCER SURGERY	19305	MAST RAD W/PECTORAL MUSCLES AXILLARY LYMPH NODES
623	DENOMINATOR	*BREAST CANCER SURGERY	19306	MAST RAD W/PECTORAL MUSC AX INT MAM LYMPH NODES
623	DENOMINATOR	*BREAST CANCER SURGERY	19307	MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS MIN
623	DENOMINATOR	*BREAST CANCER SURGERY	85.23	SUBTOTAL MASTECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.34	OTHER UNILATERAL SUBCUTANEOUS MAMMECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.36	OTHER BILATERAL SUBCUTANEOUS MAMMECTOMY

623	DENOMINATOR	*BREAST CANCER SURGERY	85.4	MASTECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.41	UNILATERAL SIMPLE MASTECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.42	BILATERAL SIMPLE MASTECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.43	UNILATERAL EXTENDED SIMPLE MASTECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.44	BILATERAL EXTENDED SIMPLE MASTECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.45	UNILATERAL RADICAL MASTECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.46	BILATERAL RADICAL MASTECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.47	UNILATERAL EXTENDED RADICAL MASTECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.48	BILATERAL EXTENDED RADICAL MASTECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	19125	EXC BRST LES PREOP PLMT RAD MARKER OPN 1 LES
623	DENOMINATOR	*BREAST CANCER SURGERY	19126	EXC BRST LES PREOP PLMT RAD MARKER OPN EA ADDL
623	DENOMINATOR	*BREAST CANCER SURGERY	85.2	EXCISION OR DESTRUCTION OF BREAST TISSUE
623	DENOMINATOR	*BREAST CANCER SURGERY	85.2	EXCISION OR DESTRUCTION OF BREAST TISSUE NOS
623	DENOMINATOR	*BREAST CANCER SURGERY	85.21	LOCAL EXCISION OF LESION OF BREAST
623	DENOMINATOR	*BREAST CANCER SURGERY	85.22	RESECTION OF QUADRANT OF BREAST
623	DENOMINATOR	*BREAST CANCER SURGERY	L8000	BREAST PROSTHESIS MASTECTOMY BRA
623	DENOMINATOR	*BREAST CANCER SURGERY	19160	MAST PRTL
623	DENOMINATOR	*BREAST CANCER SURGERY	19162	MAST PRTL W/AX LMPHADEC
623	DENOMINATOR	*BREAST CANCER SURGERY	19180	MAST SMPL COMPL
623	DENOMINATOR	*BREAST CANCER SURGERY	19200	MAST RAD W/PECTORAL MUSC AX LYMPH NOD
623	DENOMINATOR	*BREAST CANCER SURGERY	19220	MAST RAD W/PECTORAL MUSC AX&INT MAM LYMPH NOD
623	DENOMINATOR	*BREAST CANCER SURGERY	19240	MAST MODF RAD W/AX LYMPH NOD +-PECTORALIS MINOR
623	DENOMINATOR	*BREAST CANCER SURGERY	19296	PLMT EXPANDABLE CATH BRST FOLLOWING PRTL MAST
623	DENOMINATOR	*BREAST CANCER SURGERY	19297	PLMT EXPANDABLE CATH BRST CONCURRENT PRTL MAST
623	DENOMINATOR	*BREAST CANCER SURGERY	19298	PLMT RADTHX BRACHYTX BRST FOLLOWING PRTL MAST
623	DENOMINATOR	*BREAST CANCER SURGERY	19301	MASTECTOMY PARTIAL
623	DENOMINATOR	*BREAST CANCER SURGERY	19302	MASTECTOMY PARTIAL W/AXILLARY LYMPHADENECTOMY

623	DENOMINATOR	*BREAST CANCER SURGERY	19303	MASTECTOMY SIMPLE COMPLETE
623	DENOMINATOR	*BREAST CANCER SURGERY	19304	MASTECTOMY SUBCUTANEOUS
623	DENOMINATOR	*BREAST CANCER SURGERY	19305	MAST RAD W/PECTORAL MUSCLES AXILLARY LYMPH NODES
623	DENOMINATOR	*BREAST CANCER SURGERY	19306	MAST RAD W/PECTORAL MUSC AX INT MAM LYMPH NODES
623	DENOMINATOR	*BREAST CANCER SURGERY	19307	MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS MIN
623	DENOMINATOR	*BREAST CANCER SURGERY	85.23	SUBTOTAL MASTECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.34	OTHER UNILATERAL SUBCUTANEOUS MAMMECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.36	OTHER BILATERAL SUBCUTANEOUS MAMMECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.4	MASTECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.41	UNILATERAL SIMPLE MASTECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.42	BILATERAL SIMPLE MASTECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.43	UNILATERAL EXTENDED SIMPLE MASTECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.44	BILATERAL EXTENDED SIMPLE MASTECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.45	UNILATERAL RADICAL MASTECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.46	BILATERAL RADICAL MASTECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.47	UNILATERAL EXTENDED RADICAL MASTECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	85.48	BILATERAL EXTENDED RADICAL MASTECTOMY
623	DENOMINATOR	*BREAST CANCER SURGERY	19125	EXC BRST LES PREOP PLMT RAD MARKER OPN 1 LES
623	DENOMINATOR	*BREAST CANCER SURGERY	19126	EXC BRST LES PREOP PLMT RAD MARKER OPN EA ADDL
623	DENOMINATOR	*BREAST CANCER SURGERY	85.2	EXCISION OR DESTRUCTION OF BREAST TISSUE
623	DENOMINATOR	*BREAST CANCER SURGERY	85.2	EXCISION OR DESTRUCTION OF BREAST TISSUE NOS
623	DENOMINATOR	*BREAST CANCER SURGERY	85.21	LOCAL EXCISION OF LESION OF BREAST
623	DENOMINATOR	*BREAST CANCER SURGERY	85.22	RESECTION OF QUADRANT OF BREAST
623	DENOMINATOR	*BREAST CANCER SURGERY	L8000	BREAST PROSTHESIS MASTECTOMY BRA
623	DENOMINATOR	*BREAST CANCER SURGERY	19160	MAST PRTL
623	DENOMINATOR	*BREAST CANCER SURGERY	19162	MAST PRTL W/AX LMPHADEC
623	DENOMINATOR	*BREAST CANCER SURGERY	19180	MAST SMPL COMPL

NQF ID	Rule Type	ELEMENT NAME	ATOM	ATOM DESCRIPTION
623	DENOMINATOR	*BREAST CANCER SURGERY	19200	MAST RAD W/PECTORAL MUSC AX LYMPH NOD
623	DENOMINATOR	*BREAST CANCER SURGERY	19220	MAST RAD W/PECTORAL MUSC AX&INT MAM LYMPH NOD
623	DENOMINATOR	*BREAST CANCER SURGERY	19240	MAST MODF RAD W/AX LYMPH NOD +-PECTORALIS MINOR
623	DENOMINATOR	*BREAST CANCER SURGERY	19296	PLMT EXPANDABLE CATH BRST FOLLOWING PRTL MAST
623	DENOMINATOR	*BREAST CANCER SURGERY	19297	PLMT EXPANDABLE CATH BRST CONCURRENT PRTL MAST

DENOMINATOR EXCLUSIONS

NQF ID	Rule Type	ELEMENT NAME	ATOM	ATOM DESCRIPTION
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	19180	MAST SMPL COMPL
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	L8000	BREAST PROSTHESIS MASTECTOMY BRA
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	19220	MAST RAD W/PECTORAL MUSC AX&INT MAM LYMPH NOD
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	19240	MAST MODF RAD W/AX LYMPH NOD +-PECTORALIS MINOR
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	85.4	MASTECTOMY
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	19303	MASTECTOMY SIMPLE COMPLETE
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	19304	MASTECTOMY SUBCUTANEOUS
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	19305	MAST RAD W/PECTORAL MUSCLES AXILLARY LYMPH NODES
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	19306	MAST RAD W/PECTORAL MUSC AX INT MAM LYMPH NODES
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	19307	MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS MIN
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	85.41	UNILATERAL SIMPLE MASTECTOMY
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	85.43	UNILATERAL EXTENDED SIMPLE MASTECTOMY
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	85.45	UNILATERAL RADICAL MASTECTOMY
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	85.47	UNILATERAL EXTENDED RADICAL MASTECTOMY

623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	L8000	BREAST PROSTHESIS MASTECTOMY BRA
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	19180	MAST SMPL COMPL
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	19200	MAST RAD W/PECTORAL MUSC AX LYMPH NOD
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	19220	MAST RAD W/PECTORAL MUSC AX&INT MAM LYMPH NOD
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	19240	MAST MODF RAD W/AX LYMPH NOD +-PECTORALIS MINOR
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	85.4	MASTECTOMY
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	19303	MASTECTOMY SIMPLE COMPLETE
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	19304	MASTECTOMY SUBCUTANEOUS
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	19305	MAST RAD W/PECTORAL MUSCLES AXILLARY LYMPH NODES
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	19306	MAST RAD W/PECTORAL MUSC AX INT MAM LYMPH NODES
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	19307	MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS MIN
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	85.41	UNILATERAL SIMPLE MASTECTOMY
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	85.43	UNILATERAL EXTENDED SIMPLE MASTECTOMY
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	85.45	UNILATERAL RADICAL MASTECTOMY
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	85.47	UNILATERAL EXTENDED RADICAL MASTECTOMY
623	DENOMINATOR EXCLUSION	*MASTECTOMY UNILATERAL	19200	MAST RAD W/PECTORAL MUSC AX LYMPH NOD
623	DENOMINATOR EXCLUSION	*MASTECTOMY BILATERAL	85.42	BILATERAL SIMPLE MASTECTOMY
623	DENOMINATOR EXCLUSION	*MASTECTOMY BILATERAL	85.44	BILATERAL EXTENDED SIMPLE MASTECTOMY

623	DENOMINATOR EXCLUSION	*MASTECTOMY BILATERAL	85.46	BILATERAL RADICAL MASTECTOMY
623	DENOMINATOR EXCLUSION	*MASTECTOMY BILATERAL	85.48	BILATERAL EXTENDED RADICAL MASTECTOMY
623	DENOMINATOR EXCLUSION	*MASTECTOMY BILATERAL	85.42	BILATERAL SIMPLE MASTECTOMY
623	DENOMINATOR EXCLUSION	*MASTECTOMY BILATERAL	85.44	BILATERAL EXTENDED SIMPLE MASTECTOMY
623	DENOMINATOR EXCLUSION	*MASTECTOMY BILATERAL	85.46	BILATERAL RADICAL MASTECTOMY
623	DENOMINATOR EXCLUSION	*MASTECTOMY BILATERAL	85.48	BILATERAL EXTENDED RADICAL MASTECTOMY
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	S2068	BREAST RECON DIEP/SIEA FLAP & CLOS DONR SITE UNI
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19350	NIPPLE/AREOLA RECONSTRUCTION
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19357	BRST RCNSTJ IMMT/DLYD W/TISS EXPANDER SBSQ XPNSJ
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19361	BRST RCNSTJ W/LATSMS D/SI FLAP WO PRSTHC IMPL
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19364	BREAST RECONSTRUCTION FREE FLAP
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19366	BREAST RECONSTRUCTION OTHER TECHNIQUE
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19367	BREAST RECONSTRUCTION TRAM FLAP 1 PEDICLE
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19368	BREAST RECONSTRUCTION TRAM 1 PEDCL MVASC ANAST
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19369	BREAST RECONSTRUCTION TRAM FLAP DOUBLE PEDICLE
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT

623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	S2068	BREAST RECON DIEP/SIEA FLAP & CLOS DONR SITE UNI
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19350	NIPPLE/AREOLA RECONSTRUCTION
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19357	BRST RCNSTJ IMMT/DLYD W/TISS EXPANDER SBSQ XPNSJ
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19361	BRST RCNSTJ W/LATSMS D/SI FLAP WO PRSTHC IMPL
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19364	BREAST RECONSTRUCTION FREE FLAP
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19366	BREAST RECONSTRUCTION OTHER TECHNIQUE
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19367	BREAST RECONSTRUCTION TRAM FLAP 1 PEDICLE
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19368	BREAST RECONSTRUCTION TRAM 1 PEDCL MVASC ANAST
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19369	BREAST RECONSTRUCTION TRAM FLAP DOUBLE PEDICLE
623	DENOMINATOR EXCLUSION	*BREAST RECONSTRUCTIVE SURGERY	19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT
623	DENOMINATOR EXCLUSION	*METASTATIC BREAST CANCER HCPCS	G9075	ONC; STATUS; FE BRST CA; ACA; M1 MET LOC RECUR
623	DENOMINATOR EXCLUSION	*METASTATIC BREAST CANCER HCPCS	3380F	AJCC BREAST CANCER STAGE IV DOCD
623	DENOMINATOR EXCLUSION	*BREAST IMPLANT RECONSTRUCTIVE SURGERY	19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ
623	DENOMINATOR EXCLUSION	*BREAST IMPLANT RECONSTRUCTIVE SURGERY	19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ
623	DENOMINATOR EXCLUSION	*BREAST IMPLANT RECONSTRUCTIVE SURGERY	19357	BRST RCNSTJ IMMT/DLYD W/TISS EXPANDER SBSQ XPNSJ
623	DENOMINATOR EXCLUSION	*BREAST IMPLANT RECONSTRUCTIVE SURGERY	19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ

623	DENOMINATOR EXCLUSION	*BREAST IMPLANT RECONSTRUCTIVE SURGERY	19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ
623	DENOMINATOR EXCLUSION	*BREAST IMPLANT RECONSTRUCTIVE SURGERY	19357	BRST RCNSTJ IMMT/DLYD W/TISS EXPANDER SBSQ XPNSJ
623	DENOMINATOR EXCLUSION	*BREAST IMPLANT RECONSTRUCTIVE SURGERY	19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT
623	DENOMINATOR EXCLUSION	*BREAST IMPLANT RECONSTRUCTIVE SURGERY	19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT

NQF 0623 HISTORY OF BREAST CANCER – CANCER SURVEILLANCE

(Note: Words written in all capital letters denotes data element names; please refer to code sets for detailed descriptions)

NUMERATOR

One of following is correct:

1. Presence of At Least 1   MAMMOGRAM Procedure in the past 12 months

2. Presence of At Least 1   MAMMOGRAM (ICD-9)   Diagnosis in the past 12 months

3. Presence of Patient Data Confirming At Least 1   PDD- MAMMOGRAM 1 YR OBS   in the past 12 months

4. Presence of At Least 1   BREAST MRI Procedure in the past 12 months

5. Presence of Patient Data Confirming At Least 1   PDD- BREAST MAMMO/MRI OBS   in the past 12 months

DENOMINATOR

One of the following is correct:

1. Presence of at least 1 CANCER BREAST ICD9 diagnosis that overlaps within 30 days with at least 1 BREAST CANCER SURGERY Procedure in the past anytime prior to the last 12 months

2. Presence of at least 1 NON-METASTATIC BREAST CANCER STAGE 0-3B HCPCS Procedure that overlaps within 30 days with at least 1 BREAST CANCER SURGERY Procedure in the past anytime prior to the last 12 months

DENOMINATOR EXCLUSIONS

One of the following is correct:

1.   Presence of at least 2 MASTECTOMY UNILATERAL Procedure anytime in the past

    a. Excluding presence of at least 2 BREAST RECONSTRUCTIVE SURGERY Procedure anytime in the past

2.   Presence of at least 2 occurences anytime in the past where 1 BREAST IMPLANT RECONSTRUCTIVE SURGERY Procedure overlaps 1 month before or anytime after 1 MASTECTOMY UNILATERAL   Procedure

3. Presence of at least 1 MASTECTOMY BILATERAL Procedure anytime in the past

   a. Excluding presence of at least 1 BREAST RECONSTRUCTIVE SURGERY   Procedure

4. Presence of at least 1 BREAST IMPLANT RECONSTRUCTIVE SURGERY Procedure that overlaps one month before or anytime after 1 MASTECTOMY BILATERAL Procedure anytime in the past

5. Presence of at least 1 METASTATIC BREAST CANCER HCPCS Procedure anytime in the past

6. Provider or patient feedback stating patient does not have a diagnosis of breast cancer

General exclusions:

   a. Patients who have been in a skilled nursing facility in the last 3 months or who are terminally ill

   b. Active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months