Prevention and Population Health, Spring 2018 Cycle: CDP Report

DRAFT REPORT FOR CSAC REVIEW

October 23, 2018

This report is funded by the Department of Health and Human Services under contract HHSM-500-2017-00060I Task Order HHSM-500-T0001.

NATIONAL QUALITY FORUM

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Executive Summary

Traditionally, efforts to improve the health and well-being of individuals and populations have focused on medical care. As a result, nearly all national health spending has been attributed to healthcare services. However, medical care has a relatively small influence on health outcomes when compared to interventions that address smoking, lower educational attainment, poverty, poor diet, and physical environmental hazards (e.g., unsafe housing and polluted air). There is growing recognition of the influence of social determinants of health (SDOH) on health outcomes. Maintaining and improving the health and well-being of individuals and populations will require a multidisciplinary, multifactorial approach to address SDOH.

Performance measures are needed to assess improvements in population health, as well as the extent to which healthcare stakeholders are using evidence-based strategies (e.g., prevention programs, screening, and community needs assessments). To support this effort, the National Quality Forum (NQF) endorses and maintains performance measures related to prevention and population health through a multistakeholder consensus development process.

Although this project focused on measure endorsement, NQF's work on prevention and population health extends to efforts to reduce disparities in health outcomes and promote the coordination of care in communities to improve local population health. For example, NQF commissioned a report to identify opportunities to align health improvement activities and measurement across the healthcare and government public health systems. Most recently, NQF developed an action guide that provides practical guidance for communities to make lasting improvements in population health.

NQF's prevention and population health portfolio of measures includes measures for health-related behaviors to promote healthy living; community-level indicators of health and disease; modifiable social, economic, and environmental determinants of health; primary prevention and/or screening; and oral health (see Appendix B).

For the spring 2018 cycle, the Prevention and Population Health Standing Committee evaluated one previously endorsed measure undergoing maintenance review against NQF's standard evaluation criteria. The Committee recommended the measure listed below for continued endorsement:

- 2372 Breast Cancer Screening (National Committee for Quality Assurance)

A brief summary of the measure evaluation is included in the body of the report; detailed summaries of the Committee's discussion and ratings of the criteria for the measure are in Appendix A.

Introduction

The United States continues to lag behind other nations in key population health indicators like infant mortality, obesity, and life expectancy, despite spending more on healthcare than any other nation in the world.[1] Population health describes the "health outcomes of a group of individuals, including the distribution of such outcomes within the group."[2] Both medical care and social determinants of health (SDOH) influence medical outcomes. SDOH includes factors like availability of safe housing and local food markets, access to healthcare services, and culture. Nearly 60 percent of deaths in the United States have been attributed to SDOH,[3] yet less than 5 percent of national health expenditures have been attributed to prevention services.[4] However, healthcare systems are increasingly expanding their roles to collaborate with patients and communities to better address SDOH.

Performance measurement is necessary to assess whether healthcare stakeholders use strategies to increase prevention and improve population health. Strengthening measurement of prevention and population health will require joint efforts from communities, public health entities, and other nonhealthcare stakeholders (e.g., education, transportation, and employment) that influence health outcomes. Growing evidence demonstrates that targeted programs and policies can prevent disease, increase productivity, and yield billions of dollars in savings for the U.S. healthcare system. The United States can reduce the incidence of morbidity and premature morality by identifying the right measures and implementing evidence-based interventions.

To support this goal, the National Quality Forum (NQF) maintains a portfolio of measures endorsed through a multistakeholder consensus development process and has developed best practices for prevention and population health. NQF's prevention and population health portfolio includes measures that assess the promotion of healthy behaviors, community-level indicators of health, oral health, and primary prevention strategies. For example, NQF has endorsed several measures related to immunizations and screenings that are widely used in public reporting and accountability programs. In August 2016, NQF released an action guide to help multisector groups work together to improve population health. The guide includes a range of resources, practical examples, and recommendations.

This project seeks to identify and endorse measures that can be used to assess prevention and population health in both healthcare and community settings. It also focuses on the assessment of disparities in health outcomes. The measure reviewed during the spring 2018 cycle focuses on breast cancer screening.

NQF Portfolio of Performance Measures for Prevention and Population Health Conditions

The Prevention and Population Health Standing Committee (Appendix C) oversees the majority of NQF's portfolio of prevention and population health measures (Appendix B). The Committee's portfolio contains 34 measures: 23 process measures and 11 outcome and resource use measures. Currently, it does not contain any composite measures (see table below).

Table 1. NQF Prevention and Population Health Portfolio of Measures

	Process	Outcome/Resource Use
Immunization	9	0
Pediatric Dentistry	4	1
Weight/BMI	3	0
Diabetes-Related Measures	0	4
Admission Rates	0	5
Cancer Screening	4	0
Cardiovascular/Pulmonary	1	1
Colonoscopy	2	0
Total	23	11

Additional measures related to prevention and population health are assigned to other projects. These include various diabetes assessment and screening measures (Behavioral Health project), well-child care (Pediatrics project), HIV viral load (Primary Care and Chronic Illness project), ACEI/ARB medication measures (Cardiovascular project), perinatal immunization (Perinatal and Women's Health project), gastrointestinal and asthma admission rates (All-Cause Admissions and Readmissions project), and one cost and resource use measure (Resource Use project).

Prevention and Population Health Measure Evaluation

On July 11, 2018, the Prevention and Population Health Standing Committee evaluated one measure undergoing maintenance review against NQF's standard evaluation criteria.

Table 2. Prevention and Population Health Measure Evaluation Summary

	Maintenance	New	Total
Measures under consideration	1	–	1
Measures recommended for endorsement	1	–	1
Reasons for not recommending	Importance – N/A Scientific Acceptability – N/A Use – N/A Overall Suitability – N/A Competing Measure – N/A	Importance – N/A Scientific Acceptability – N/A Use – N/A Overall Suitability – N/A Competing Measure – N/A	

Comments Received Prior to Committee Evaluation

NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). In addition, NQF solicits comments for a continuous 16-week period during each evaluation cycle via an online tool located on the project webpage. For this evaluation cycle, the commenting period opened on May 8, 2018 and ~~will~~ closed on September 5, 2018. As of June 19, 2018, no comments were submitted.

Comments Received After Committee Evaluation

~~The 30-day post-evaluation period was open from August 7 to September 5, 2018.~~ During this commenting period, NQF received one comment from a non-member organization. The comment was largely in support of the direction in which the Committee is moving the portfolio, noting the shift from the traditional focus on medical care and healthcare services to areas more aligned with SDOH, health outcomes, and prevention. The Commenter encourages the Committee to continue to promote measures in prevention and screening, but also suggest NQF determine the impact on screening and health outcomes with those measures. Because the comment was not directly ~~unrelated~~ related to the measure under review and ~~unrelated~~ to the draft report, NQF canceled the September 25, 2018 post-comment call.

Summary of Measure Evaluation

The following brief summary of the measure evaluation highlights the major issues that the Committee considered. Details of the Committee's discussion and ratings of the criteria for the measure under consideration is included in Appendix A.

Cancer Screening

2372 Breast Cancer Screening (National Committee for Quality Assurance): Recommended

Description: Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer; **Measure Type**: Process; **Level of Analysis**: Health Plan, Integrated Delivery System; **Setting of Care**: Outpatient Services; **Data Source**: Claims, Electronic Health Data

The Standing Committee recommended the measure for continued endorsement. The Committee noted that the measure has been used in many programs for several years. It noted that the new addition to the numerator, digital breast tomosynthesis (DBT), is a widely used screening tool. The measure includes the U.S. Preventive Services Task Force (USPSTF) recommendation that DBT occur every 24 months, and the Committee confirmed with the developer that both the numerator and denominator are calculated every 24 month period to ensure accuracy of reporting. The Committee also noted that there is still variation in performance among different plans, which affirms its continued importance to measure. The Committee stated that in the future it would be beneficial to have information beside the variance among health plans—specifically the variance in performance by demographics (e.g. race/ethnicity and geographic). The Committee did not express concerns about the feasibility of the measure, since it has been successfully measured using standard claims data for some time. In future iterations of the measure, the Committee suggested that future versions of the measure should account for patient who are offered screening but decline. The Committee expressed significant concerns that the measure was being used for clinician accountability programs, for which the measure is not specified, tested, nor endorsed. It noted that the developer, itself, pointed to this type of use. Ultimately, the Committee recommended the measure for continued endorsement.

References

[1] Organisation for Economic Co-operation and Development (OECD). Health at a Glance 2017: OECD Indicators factsheet. Paris, France: OECD Publishing; 2017. https://www.oecd.org/unitedstates/Health-at-a-Glance-2017-Key-Findings-UNITED-STATES.pdf. Last accessed March 2018.

[2] Kindig D, Stoddart G. What is population health? *Am J Public Health*, 2003;93(3)380-383.

[3] Kindig DA, Asada Y, Booske B. A population health framework for setting national and state health goals. *JAMA*. 2008;299(17):2081-2083.

[4] Bipartisan Policy Center. *Lots to Lose: How America's Health and Obesity Crisis Threatens Our Economic Future.* Washington, DC: Bipartisan Policy Center; 2012.

Appendix A: Details of Measure Evaluation

Rating Scale: H=High; **M**=Moderate; **L**=Low; **I**=Insufficient; **NA**=Not Applicable

Measure Recommended

2372 Breast Cancer Screening

Submission | Specifications

Description: Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer

Numerator Statement: Women who received a mammogram to screen for breast cancer.

Denominator Statement: Women 50-74 years of age.

Exclusions: This measure excludes women with a history of bilateral mastectomy. The measure also excludes patients who use hospice services or are enrolled in an institutional special needs plan or living long-term in an institution any time during the measurement year.

Adjustment/Stratification: No risk adjustment or risk stratification

Rate/proportion better quality = higher score

Level of Analysis: Health Plan, Integrated Delivery System

Setting of Care: Outpatient Services

Type of Measure: Process

Data Source: Claims, Electronic Health Data

Measure Steward: National Committee for Quality Assurance

STANDING COMMITTEE MEETING [07/11/2018]

1. Importance to Measure and Report: The measure meets the Importance criteria

(1a. Evidence, 1b. Performance Gap)

1a. Evidence: **H-3; M-10; L-2; I-0**; 1b. Performance Gap: **H-2; M-11; L-0; I-2**

Rationale:

- This maintenance measure focuses on the rate of breast cancer screening for women ages 50-74.
- The developer cites a 2016 United States Preventive Services Task Force (USPSTF) recommendation to support the measure as specified. The recommendation includes biennial screening mammography for women aged 50 to 74 years and received a B grade. Previous submissions included the 2009 recommendation from the USPSTF. The focus and grade of the recommendation is unchanged.
- The measure numerator includes all of the following methods of mammograms: screening, diagnostic, film, digital or digital breast tomosynthesis (DBT). The USPSTF recommendation concludes that the current evidence is insufficient to assess the balance of benefits and harms of DBT as a primary screening method for breast cancer. This recommendation received an I grade.
- The developer cites a systematic review from Nelson et al. (2016) that includes more than 65 studies in support of the measure's focus, including eight randomized control trials (RCTs).

- The Committee raised concerns over the use of this screening measure for accountability and payment programs. The Committee noted that the evidence on the effectiveness of screenings was problematic, that the rate of false positives is about 40%, and that over diagnosis is also an issue.
- The Committee also discussed the role of guidelines in the development of performance measures and the different roles of guidelines and measures in improving quality.
- The Committee acknowledged that a B-rating for a USPSTF cancer screening guideline was relatively high.
- The Committee noted fears about misuse of this measure, as well as other NQF endorsed measures, but acknowledged that developers could not be penalized for the way in which a measure is used in accountability programs during the evaluation. NQF stated that it is aware of the issue of "off-label" measure use and was working with relevant stakeholders, like CMS, to mitigate the issue.
- Ultimately, the Committee agreed that this measure met the Evidence criterion.
- From 2015 to 2017, performance rates for this measure have generally remained stable, with a decrease in performance in commercial plans, an increase in Medicare, and stability in Medicaid.
- The Committee noted that current performance rates still demonstrate wide variation, which is indicative of a sufficient performance gap.
- Some Committee members noted that while performance rates are varied, they may be as high as they should be. Members noted that the highest performance rates for breast cancer screening in any nation are found in Finland and are only as high as 80%. Members speculated that the remaining gap may be attributable to patients opting out of screening.
- Other Committee members mentioned that the Healthy People 2020 target for breast cancer screening is 81%, which has not yet been achieved. Members also noted that these targets were set by a 20% overall increase from starting, and were not rooted in an empirical standard.
- Ultimately, the Committee agreed that this measure met the Performance Gap criterion.

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2. Scientific Acceptability of Measure Properties: <u>The measure meets the Scientific Acceptability criteria</u>

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **H-10; M-5; L-0; I-0**; 2b. Validity: **H-2; M-13; L-0; I-0**

<u>Rationale</u>:

- The developer provided measure score-level reliability testing calculated from HEDIS data that included all plans submitting data to NCQA in 2017. The developer used a beta-binomial method to test the signal-to-noise ratio of the measure.
- The Committee expressed no concerns regarding the measure's reliability, and agreed the measure meets the criterion.
- The developer demonstrated construct validity by assessing the correlation between breast cancer screening and colorectal cancer screening.
- The Committee noted that it could have been better to instead assess the measure's construct validity against a measure of breast cancer mortality but that the testing was sufficient as presented.
- The Committee expressed confusion over the varying timeframes in the numerator (27 months) and denominator (12 months). The developer confirmed that the measure excludes individuals

who have not been enrolled in the plan for 27 consecutive months. The Committee noted that the current specifications should be more explicit about the timeframes included in measure.
- Ultimately, the Committee agreed that the measure met the Validity criterion.

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3. Feasibility: H-12; M-0; L-2; I-0

(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c.Susceptibility to inaccuracies/ unintended consequences identified; 3d. Data collection strategy can be implemented)

Rationale:

- This measure is specified for administrative claims data. All data elements are in defined fields in electronic claims.
- The Committee suggested that the measure should be able to capture those who were offered screening but opted out.
- The Committee had no concerns regarding the measure's feasibility, and agreed the measure meets the criterion.

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4. Usability and Use: The maintenance measure meets the Use subcriterion

(Used and useful to the intended audiences for 4a. Accountability and Transparency; 4b. Improvement; and 4c. Benefits outweigh evidence of unintended consequences)

4a. Use**: Pass-12; No Pass-2**; 4b. Usability: **H-5; M-9; L-0; I-0**

Rationale:

- This measure is used in many public reporting and payment programs, including: CMS Medicare Star Rating Program, CMS Medicaid Adult Core Set, CMS Quality Payment Program (QPP), California's Value based Pay for Performance Program, and CMS Qualified Health Plan (QHP) Quality Rating System (QRS).
- The Committee expressed concern that the measure is used in QPP at the individual clinician level despite the measure being specified and tested at the health plan level.
- The Committee agreed that the measure met the Use and Usability criteria.

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5. Related and Competing

- This measure is related to the following measures:
    - 0508: Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms (American College of Radiology)
    - 0509: Diagnostic Imagining: Reminder System for Screening Mammograms (American College of Radiology)

Standing Committee Recommendation for Endorsement: **Yes-12**; **No-2**

Rationale

- The Committee recommended the measure for continued endorsement.

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6. Public and Member Comment

NQF did not receive any measure-specific comments during the 30-day public and member comment period.

7. Consensus Standards Approval Committee (CSAC) Endorsement Decision: Yes-X; No-X

8. Appeals

Appendix B: Prevention and Population Health Committee Portfolio—Use in Federal Programs

NQF #	Title	Federal Programs: Finalized as of December 12, 2017
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Merit-Based Incentive Payment System (MIPS) Program; Qualified Health Plan (QHP) Quality Rating System (QRS)
0032	Cervical Cancer Screening (CCS)	Merit-Based Incentive Payment System (MIPS) Program; Qualified Health Plan (QHP) Quality Rating System (QRS)
0034	Colorectal Cancer Screening (COL)	Medicare Part C Star Rating; Medicare Shared Savings Program; Merit-Based Incentive Payment System (MIPS) Program; Qualified Health Plan (QHP) Quality Rating System (QRS)
0038	Childhood Immunization Status (CIS)	Medicare and Medicaid Electronic Health Record Incentive Program for Eligible Professionals; Merit-Based Incentive Payment System (MIPS) Program; Medicare Physician Quality Reporting System; Physician Feedback/Quality Resource Use Report; Physician Value-Based Payment Modifier; Medicaid; Qualified Health Plan (QHP) Quality Rating System (QRS)
0039	Flu Vaccinations for Adults Ages 18 and Older	Medicare Part C Star Rating; Medicaid; Qualified Health Plan (QHP) Quality Rating System (QRS)
0041	Preventive Care and Screening: Influenza Immunization	Medicare Shared Savings Program; Merit-Based Incentive Payment System (MIPS)
0226	Influenza Immunization in the ESRD Population (Facility Level)	N/A
0272	Diabetes Short-Term Complications Admission Rate (PQI 01)	Medicaid
0273	Perforated Appendix Admission Rate (PQI 2)	N/A
0274	Diabetes Long-Term Complications Admission Rate (PQI 03)	N/A
0275	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 05)	N/A
0277	Congestive Heart Failure Rate (PQI 08)	Medicaid
0279	Community-Acquired Pneumonia Admission Rate (PQI 11) (Previously named "Bacterial Pneumonia Admission Rate")	N/A
0280	Dehydration Admission Rate (PQI 10)	N/A

NQF #	Title	Federal Programs: Finalized as of December 12, 2017
0281	Urinary Tract Infection Admission Rate (PQI 12)	N/A
0283	Asthma in Younger Adults Admission Rate (PQI 15)	Medicaid
0285	Lower-Extremity Amputation among Patients with Diabetes Rate (PQI 16)	N/A
0431	INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL	Hospital Compare; Hospital Outpatient Quality Reporting; Prospective Payment System-Exempt Cancer Hospital Quality Reporting; Ambulatory Surgical Center Quality Reporting; Hospital Inpatient Quality Reporting; Inpatient Psychiatric Facility Quality Reporting; Inpatient Rehabilitation Facility Quality Reporting; Long-Term Care Hospital Quality Reporting; Home Health Value Based Purchasing
0509	Diagnostic Imaging: Reminder System for Screening Mammograms	Medicare Physician Quality Reporting System; Physician Feedback/Quality Resource Use Report; Physician Value-Based Payment Modifier; Merit-Based Incentive Payment System (MIPS) Program
0638	Uncontrolled Diabetes Admission Rate (PQI 14)	N/A
0658	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Ambulatory Surgical Center Quality Reporting; Hospital Compare; Hospital Outpatient Quality Reporting; Medicare Physician Quality Reporting System; Physician Feedback/Quality Resource Use Report; Physician Value-Based Payment Modifier; Merit-Based Incentive Payment System (MIPS) Program
0659	Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use	Ambulatory Surgical Center Quality Reporting; Hospital Compare; Hospital Outpatient Quality Reporting; Medicare Physician Quality Reporting System; Physician Feedback/Quality Resource Use Report; Physician Value-Based Payment Modifier; Merit-Based Incentive Payment System (MIPS) Program
0680	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (short stay)	Nursing Home Quality Initiative; Inpatient Rehabilitation Facility Quality Reporting; Long-Term Care Hospital Quality Reporting
0681	Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (long stay)	Nursing Home Quality Initiative
1407	Immunizations for Adolescents	Medicare Physician Quality Reporting System; Physician Feedback/Quality Resource Use Report; Physician Value-Based Payment Modifier; Merit-Based Incentive Payment System (MIPS) Program; Medicaid; Qualified Health Plan (QHP) Quality Rating System (QRS)

NQF #	Title	Federal Programs: Finalized as of December 12, 2017
2372	Breast Cancer Screening	Medicare Part C Star Rating; Merit-Based Incentive Payment System (MIPS) Program; Medicare Shared Savings Program; Medicaid; Qualified Health Plan (QHP) Quality Rating System (QRS)
2511	Utilization of Services, Dental Services	N/A
2517	Oral Evaluation, Dental Services	N/A
2528	Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental Services	N/A
2689	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	N/A
2695	Follow-Up after Emergency Department Visits for Dental Caries in Children	N/A
2828	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	N/A
3039	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	N/A
3070	Preventive Care and Screening: Influenza Immunization	N/A

Appendix C: Prevention and Population Health Standing Committee and NQF Staff

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Appendix D: Measure Specifications

2372 Breast Cancer Screening

STEWARD

National Committee for Quality Assurance

DESCRIPTION

Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer

TYPE

Process

DATA SOURCE

Claims, Electronic Health Data This measure is based on administrative claims collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

LEVEL

Health Plan, Integrated Delivery System

SETTING

Outpatient Services

NUMERATOR STATEMENT

Women who received a mammogram to screen for breast cancer.

NUMERATOR DETAILS

One or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

Notes:

(1) This measure assesses the use of imaging to detect early breast cancer in women. Because the measure denominator does not remove women at higher risk of breast cancer, all types and methods of mammograms (screening, diagnostic, film, digital or digital breast tomosynthesis) qualify for numerator compliance. MRIs, ultrasounds or biopsies do not count toward the numerator; although they may be indicated for evaluating women at higher risk for breast cancer or for diagnostic purposes, they are performed as an adjunct to mammography and do not themselves count toward the numerator.

(2) The numerator time frame is 27 months. NCQA allows for a 3-month leeway, a method used for other HEDIS measures (as determined on a per-measure basis), in recognition of the logistics of referrals and scheduling and to avoid potential overuse of screening. This time frame was recommended by our expert advisory panels and approved by our Committee on Performance Measurement, which oversees measures used in the HEDIS Health Plan Measures Set.

See attached code value sets.

DENOMINATOR STATEMENT

Women 50-74 years of age.

DENOMINATOR DETAILS

Women 52-74 years as of the end of the measurement year (December 31).

Note: this denominator statement captures women age 50-74 years; it is structured to account for the look-back period for mammograms.

EXCLUSIONS

This measure excludes women with a history of bilateral mastectomy. The measure also excludes patients who use hospice services or are enrolled in an institutional special needs plan or living long-term in an institution any time during the measurement year.

EXCLUSION DETAILS

Exclude patients with bilateral mastectomy any time during the member's history through December 31 of the measurement year. Any of the following meet criteria for bilateral mastectomy:

1) Bilateral mastectomy (Bilateral Mastectomy Value Set)

2) Unilateral mastectomy (Unilateral Mastectomy Value Set) with a bilateral modifier (Bilateral Modifier Value Set)

3) Two unilateral mastectomies (Unilateral Mastectomy Value Set) with service dates 14 days or more apart

4) History of bilateral mastectomy (History of Bilateral Mastectomy Value Set)

5) Any combination of codes that indicate a mastectomy on both the left and right side on the same or different dates of service. Left mastectomy includes any of the following: unilateral mastectomy (Unilateral Mastectomy Value Set) with a left-side modifier (Left Modifier Value Set) same claim; or absence of the left breast (Absence of Left Breast Value Set); or left unilateral mastectomy (Unilateral Mastectomy Left Value Set). Right Mastectomy includes any of the following: unilateral mastectomy (Unilateral Mastectomy Value Set) with a right-side modifier (Right Modifier Value Set) same claim; or absence of the right breast (Absence of Right Breast Value Set); or right unilateral mastectomy (Unilateral Mastectomy Right Value Set).

Exclude patients who use hospice services any time during the measurement year (Hospice Value Set).

Exclude patients 65 and older who are enrolled in an institutional SNP or living long-term in an institution at any time during the measurement year.

RISK ADJUSTMENT

No risk adjustment or risk stratification

STRATIFICATION

N/A

TYPE SCORE

Rate/proportion better quality = higher score

ALGORITHM

Step 1. Determine the eligible population: identify women 52-74 years of age by the end of the measurement year.

Step 2. Search for an exclusion: history of bilateral mastectomy; or use of hospice services during the measurement year; or patients 65 and older who are enrolled in an institutional SNP or living long-term in an institution any time during measurement year. Exclude these patients from the eligible population.

Step 3. Determine numerator: the number of patients who received one or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

Step 4. Calculate the rate.

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Appendix E1: Related and Competing Measures (tabular format)

Comparison of NQF #2372, NQF #0508, and NQF #0509

	2372 Breast Cancer Screening	0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms	0509 Diagnostic Imaging: Reminder System for Screening Mammograms
Steward	National Committee for Quality Assurance	American College of Radiology	American College of Radiology
Description	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer	Percentage of final reports for screening mammograms that are classified as "probably benign"	Percentage of patients undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram
Type	Process	Process	Process
Data Source	Claims, Electronic Health Data This measure is based on administrative claims collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.	Claims, Registry Data Not applicable	Claims, Registry Data N/A
Level	Health Plan, Integrated Delivery System	Clinician : Individual	Clinician : Individual
Setting	Outpatient Services	Outpatient Services	Inpatient/Hospital, Outpatient Services
Numerator Statement	Women who received a mammogram to screen for breast cancer.	Final reports classified as "probably benign"	Patients whose information is entered into a reminder system with a target due date for the next mammogram
Numerator Details	One or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year. Notes: (1) This measure assesses the use of imaging to detect early breast cancer in women. Because the measure denominator	Numerator Definition: Probably Benign Classification – Mammography Quality Standards Act (MQSA) assessment category of "probably benign"; Breast Imaging-Reporting and Data System (BI-RADS®) category 3; or Food and Drug Administration (FDA)-approved equivalent assessment category	Numerator Note: The reminder system should be linked to a process for notifying patients when their next mammogram is due and should include the following elements at a minimum: patient identifier, patient contact information, dates(s) of prior screening mammogram(s) (if known),

	2372 Breast Cancer Screening	0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms	0509 Diagnostic Imaging: Reminder System for Screening Mammograms
	does not remove women at higher risk of breast cancer, all types and methods of mammograms (screening, diagnostic, film, digital or digital breast tomosynthesis) qualify for numerator compliance. MRIs, ultrasounds or biopsies do not count toward the numerator; although they may be indicated for evaluating women at higher risk for breast cancer or for diagnostic purposes, they are performed as an adjunct to mammography and do not themselves count toward the numerator. (2) The numerator time frame is 27 months. NCQA allows for a 3-month leeway, a method used for other HEDIS measures (as determined on a per-measure basis), in recognition of the logistics of referrals and scheduling and to avoid potential overuse of screening. This time frame was recommended by our expert advisory panels and approved by our Committee on Performance Measurement, which oversees measures used in the HEDIS Health Plan Measures Set. See attached code value sets.	Numerator Instructions: For performance, a lower percentage, with a definitional target approaching 0%, indicates appropriate assessment of screening mammograms (eg, the proportion of screening mammograms that are classified as "probably benign"). FOR EHR SPECIFICATIONS: No Current HQMF eCQM Available. FOR ADMINISTRATIVE CLAIMS SPECIFICATIONS: Report CPT Category II code: 3343F: Mammogram assessment category of "probably benign", documented	and the target due date for the next mammogram FOR ELECTRONIC SPECIFICATIONS: Not Applicable FOR ADMINISTRATIVE CLAIMS SPECIFICATIONS: Report CPT II Code 7025F: Patient information entered into a reminder system with a target due date for the next mammogram
Denominator Statement	Women 50-74 years of age.	All final reports for screening mammograms	All patients undergoing a screening mammogram
Denominator Details	Women 52-74 years as of the end of the measurement year (December 31). Note: this denominator statement captures women age 50-74 years; it is structured to account for the look-back period for mammograms.	FOR EHR SPECIFICATIONS: No Current HQMF eCQM Available. FOR ADMINISTRATIVE CLAIMS SPECIFICATIONS: Diagnosis for screening mammogram (ICD-9-CM) [for use 1/1/2015-9/30/2015]: V76.11, V76.12	FOR ELECTRONIC SPECIFICATIONS: Not Applicable FOR ADMINISTRATIVE CLAIMS SPECIFICATIONS: Diagnosis for mammogram screening (ICD-9-CM) [for use 1/1/2015-9/30/2015]: V76.11, V76.12

	2372 Breast Cancer Screening	0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms	0509 Diagnostic Imaging: Reminder System for Screening Mammograms
		Diagnosis for screening mammogram (ICD-10-CM) [for use 10/01/2015-12/31/2015]: Z12.31 AND Patient encounter during the reporting period (CPT or HCPCS): 77057, G0202	Diagnosis for mammogram screening (ICD-10-CM) [for use 10/01/2015-12/31/2015]: Z12.31 AND Patient encounter during the reporting period (CPT or HCPCS): 77057, G0202
Exclusions	This measure excludes women with a history of bilateral mastectomy. The measure also excludes patients who use hospice services or are enrolled in an institutional special needs plan or living long-term in an institution any time during the measurement year.	No Denominator Exclusions or Denominator Exceptions	Documentation of medical reason(s) for not entering patient information into a reminder system [(eg, further screening mammograms are not indicated, such as patients with a limited life expectancy, other medical reason(s)]
Exclusion Details	Exclude patients with bilateral mastectomy any time during the member's history through December 31 of the measurement year. Any of the following meet criteria for bilateral mastectomy: 1) Bilateral mastectomy (Bilateral Mastectomy Value Set) 2) Unilateral mastectomy (Unilateral Mastectomy Value Set) with a bilateral modifier (Bilateral Modifier Value Set) 3) Two unilateral mastectomies (Unilateral Mastectomy Value Set) with service dates 14 days or more apart 4) History of bilateral mastectomy (History of Bilateral Mastectomy Value Set) 5) Any combination of codes that indicate a mastectomy on both the left and right side on the same or different dates of service. Left mastectomy includes any of the following: unilateral mastectomy (Unilateral	None	FOR ELECTRONIC SPECIFICATIONS: Not Applicable FOR ADMINISTRATIVE CLAIMS SPECIFICATIONS: Report CPT II Code 7025F-1P: Documentation of medical reason(s) for not entering patient information into a reminder system [(eg, further screening mammograms are not indicated, such as patients with a limited life expectancy, other medical reason(s)]

	2372 Breast Cancer Screening	0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms	0509 Diagnostic Imaging: Reminder System for Screening Mammograms
	Mastectomy Value Set) with a left-side modifier (Left Modifier Value Set) same claim; or absence of the left breast (Absence of Left Breast Value Set); or left unilateral mastectomy (Unilateral Mastectomy Left Value Set). Right Mastectomy includes any of the following: unilateral mastectomy (Unilateral Mastectomy Value Set) with a right-side modifier (Right Modifier Value Set) same claim; or absence of the right breast (Absence of Right Breast Value Set); or right unilateral mastectomy (Unilateral Mastectomy Right Value Set). Exclude patients who use hospice services any time during the measurement year (Hospice Value Set). Exclude patients 65 and older who are enrolled in an institutional SNP or living long-term in an institution at any time during the measurement year.		
Risk Adjustment	No risk adjustment or risk stratification	No risk adjustment or risk stratification	No risk adjustment or risk stratification
Stratification	N/A	We encourage the results of this measure to be stratified by race, ethnicity, sex, and payer.	We encourage the results of this measure to be stratified by race, ethnicity, sex, and payer.
Type Score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score
Algorithm	Step 1. Determine the eligible population: identify women 52-74 years of age by the end of the measurement year. Step 2. Search for an exclusion: history of bilateral mastectomy; or use of hospice	To calculate performance rates: 1) Find the patients who meet the initial patient population (ie, the general group of patients that the performance measure is designed to address).	To calculate performance rates: 1) Find the patients who meet the initial patient population (ie, the general group of patients that the performance measure is designed to address).

	2372 Breast Cancer Screening	0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms	0509 Diagnostic Imaging: Reminder System for Screening Mammograms
	services during the measurement year; or patients 65 and older who are enrolled in an institutional SNP or living long-term in an institution any time during measurement year. Exclude these patients from the eligible population. Step 3. Determine numerator: the number of patients who received one or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year. Step 4. Calculate the rate.	2) From the patients within the initial patient population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial patient population and denominator are identical. 3) From the patients within the denominator, find the patients who qualify for the Numerator (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator If the patient does not meet the numerator, this case represents a quality failure.	2) From the patients within the initial patient population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial patient population and denominator are identical. 3) From the patients within the denominator, find the patients who qualify for the Numerator (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator If the patient does not meet the numerator, this case represents a quality failure.
Submission items	5.1 Identified measures: 0508 : Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms 0509 : Diagnostic Imaging: Reminder System for Screening Mammograms 5a.1 Are specs completely harmonized? Yes 5a.2 If not completely harmonized, identify difference, rationale, impact: Both related measures have a different focus than our health plan screening measure. NQF #0509 Reminder System for Mammograms is intended to encourage implementation of reminder systems for future mammograms. NQF #0508 Inappropriate Use of "Probably Benign" Assessment Category focuses on	5.1b Identified measures: Mammography Follow-up Rates (OP-9) Centers for Medicare and Medicaid Services 5a.1 Are specs completely harmonized? No 5a.2 If not completely harmonized, identify difference, rationale, impact: The OP-9 measure is calculated using administrative claims data. The period of data collection for OP-9 is only 45 days, and most code 3 recall is 90 or 180 days. 5b.1 If competing, why superior or rationale for additive value: There are no competing measures (conceptually both the same measure focus and same target population).	5.1 Identified measures: 2372 : Breast Cancer Screening 5a.1 Are specs completely harmonized? Yes 5a.2 If not completely harmonized, identify difference, rationale, impact: 5b.1 If competing, why superior or rationale for additive value: There are no competing measures (conceptually both the same measure focus and same target population).

	2372 Breast Cancer Screening	0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms	0509 Diagnostic Imaging: Reminder System for Screening Mammograms
	accurate documentation of mammogram results. Both measures are also specified at the clinician level rather than the health plan level. 5b.1 If competing, why superior or rationale for additive value: N/A		

Appendix E2: Related and Competing Measures (narrative format)

Comparison of NQF #2372, NQF #0508, and NQF #0509

2372 Breast Cancer Screening
0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms
0509 Diagnostic Imaging: Reminder System for Screening Mammograms

Steward

2372 Breast Cancer Screening

National Committee for Quality Assurance

0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms

American College of Radiology

0509 Diagnostic Imaging: Reminder System for Screening Mammograms

American College of Radiology

Description

2372 Breast Cancer Screening

Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer

0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms

Percentage of final reports for screening mammograms that are classified as "probably benign"

0509 Diagnostic Imaging: Reminder System for Screening Mammograms

Percentage of patients undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram

Type

2372 Breast Cancer Screening

Process

0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms

Process

0509 Diagnostic Imaging: Reminder System for Screening Mammograms

Process

Data Source

2372 Breast Cancer Screening

Claims, Electronic Health Data This measure is based on administrative claims collected in the course of providing care to health plan members. NCQA collects the Healthcare

Effectiveness Data and Information Set (HEDIS) data for this measure directly from Health Management Organizations and Preferred Provider Organizations via NCQA's online data submission system.

0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms

Claims, Registry Data Not applicable

0509 Diagnostic Imaging: Reminder System for Screening Mammograms

Claims, Registry Data N/A

Level

2372 Breast Cancer Screening

Health Plan, Integrated Delivery System

0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms

Clinician : Individual

0509 Diagnostic Imaging: Reminder System for Screening Mammograms

Clinician : Individual

Setting

2372 Breast Cancer Screening

Outpatient Services

0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms

Outpatient Services

0509 Diagnostic Imaging: Reminder System for Screening Mammograms

Inpatient/Hospital, Outpatient Services

Numerator Statement

2372 Breast Cancer Screening

Women who received a mammogram to screen for breast cancer.

0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms

Final reports classified as "probably benign"

0509 Diagnostic Imaging: Reminder System for Screening Mammograms

Patients whose information is entered into a reminder system with a target due date for the next mammogram

Numerator Details

2372 Breast Cancer Screening

One or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

Notes:

(1) This measure assesses the use of imaging to detect early breast cancer in women. Because the measure denominator does not remove women at higher risk of breast cancer, all types and methods of mammograms (screening, diagnostic, film, digital or digital breast tomosynthesis) qualify for numerator compliance. MRIs, ultrasounds or biopsies do not count toward the numerator; although they may be indicated for evaluating women at higher risk for breast cancer or for diagnostic purposes, they are performed as an adjunct to mammography and do not themselves count toward the numerator.

(2) The numerator time frame is 27 months. NCQA allows for a 3-month leeway, a method used for other HEDIS measures (as determined on a per-measure basis), in recognition of the logistics of referrals and scheduling and to avoid potential overuse of screening. This time frame was recommended by our expert advisory panels and approved by our Committee on Performance Measurement, which oversees measures used in the HEDIS Health Plan Measures Set.

See attached code value sets.

0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms

Numerator Definition:

Probably Benign Classification – Mammography Quality Standards Act (MQSA) assessment category of "probably benign"; Breast Imaging-Reporting and Data System (BI-RADS®) category 3; or Food and Drug Administration (FDA)-approved equivalent assessment category

Numerator Instructions: For performance, a lower percentage, with a definitional target approaching 0%, indicates appropriate assessment of screening mammograms (eg, the proportion of screening mammograms that are classified as "probably benign").

FOR EHR SPECIFICATIONS:

No Current HQMF eCQM Available.

FOR ADMINISTRATIVE CLAIMS SPECIFICATIONS:

Report CPT Category II code: 3343F: Mammogram assessment category of "probably benign", documented

0509 Diagnostic Imaging: Reminder System for Screening Mammograms

Numerator Note: The reminder system should be linked to a process for notifying patients when their next mammogram is due and should include the following elements at a minimum: patient identifier, patient contact information, dates(s) of prior screening mammogram(s) (if known), and the target due date for the next mammogram

FOR ELECTRONIC SPECIFICATIONS:

Not Applicable

FOR ADMINISTRATIVE CLAIMS SPECIFICATIONS:

Report CPT II Code 7025F: Patient information entered into a reminder system with a target due date for the next mammogram

Denominator Statement

2372 Breast Cancer Screening

Women 50-74 years of age.

0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms

All final reports for screening mammograms

0509 Diagnostic Imaging: Reminder System for Screening Mammograms

All patients undergoing a screening mammogram

Denominator Details

2372 Breast Cancer Screening

Women 52-74 years as of the end of the measurement year (December 31).

Note: this denominator statement captures women age 50-74 years; it is structured to account for the look-back period for mammograms.

0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms

FOR EHR SPECIFICATIONS:

No Current HQMF eCQM Available.

FOR ADMINISTRATIVE CLAIMS SPECIFICATIONS:

Diagnosis for screening mammogram (ICD-9-CM) [for use 1/1/2015-9/30/2015]: V76.11, V76.12

Diagnosis for screening mammogram (ICD-10-CM) [for use 10/01/2015-12/31/2015]: Z12.31

AND

Patient encounter during the reporting period (CPT or HCPCS): 77057, G0202

0509 Diagnostic Imaging: Reminder System for Screening Mammograms

FOR ELECTRONIC SPECIFICATIONS:

Not Applicable

FOR ADMINISTRATIVE CLAIMS SPECIFICATIONS:

Diagnosis for mammogram screening (ICD-9-CM) [for use 1/1/2015-9/30/2015]: V76.11, V76.12

Diagnosis for mammogram screening (ICD-10-CM) [for use 10/01/2015-12/31/2015]: Z12.31

AND

Patient encounter during the reporting period (CPT or HCPCS): 77057, G0202

Exclusions

2372 Breast Cancer Screening

This measure excludes women with a history of bilateral mastectomy. The measure also excludes patients who use hospice services or are enrolled in an institutional special needs plan or living long-term in an institution any time during the measurement year.

0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms

No Denominator Exclusions or Denominator Exceptions

0509 Diagnostic Imaging: Reminder System for Screening Mammograms

Documentation of medical reason(s) for not entering patient information into a reminder system [(eg, further screening mammograms are not indicated, such as patients with a limited life expectancy, other medical reason(s)]

Exclusion Details

2372 Breast Cancer Screening

Exclude patients with bilateral mastectomy any time during the member's history through December 31 of the measurement year. Any of the following meet criteria for bilateral mastectomy:

1) Bilateral mastectomy (Bilateral Mastectomy Value Set)

2) Unilateral mastectomy (Unilateral Mastectomy Value Set) with a bilateral modifier (Bilateral Modifier Value Set)

3) Two unilateral mastectomies (Unilateral Mastectomy Value Set) with service dates 14 days or more apart

4) History of bilateral mastectomy (History of Bilateral Mastectomy Value Set)

5) Any combination of codes that indicate a mastectomy on both the left and right side on the same or different dates of service. Left mastectomy includes any of the following: unilateral mastectomy (Unilateral Mastectomy Value Set) with a left-side modifier (Left Modifier Value Set) same claim; or absence of the left breast (Absence of Left Breast Value Set); or left unilateral mastectomy (Unilateral Mastectomy Left Value Set). Right Mastectomy includes any of the following: unilateral mastectomy (Unilateral Mastectomy Value Set) with a right-side modifier (Right Modifier Value Set) same claim; or absence of the right breast (Absence of Right Breast Value Set); or right unilateral mastectomy (Unilateral Mastectomy Right Value Set).

Exclude patients who use hospice services any time during the measurement year (Hospice Value Set).

Exclude patients 65 and older who are enrolled in an institutional SNP or living long-term in an institution at any time during the measurement year.

0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms

None

0509 Diagnostic Imaging: Reminder System for Screening Mammograms

FOR ELECTRONIC SPECIFICATIONS:

Not Applicable

FOR ADMINISTRATIVE CLAIMS SPECIFICATIONS:

Report CPT II Code 7025F-1P: Documentation of medical reason(s) for not entering patient information into a reminder system [(eg, further screening mammograms are not indicated, such as patients with a limited life expectancy, other medical reason(s)]

Risk Adjustment

2372 Breast Cancer Screening

No risk adjustment or risk stratification

0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms

No risk adjustment or risk stratification

0509 Diagnostic Imaging: Reminder System for Screening Mammograms

No risk adjustment or risk stratification

Stratification

2372 Breast Cancer Screening

N/A

0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms

We encourage the results of this measure to be stratified by race, ethnicity, sex, and payer.

0509 Diagnostic Imaging: Reminder System for Screening Mammograms

We encourage the results of this measure to be stratified by race, ethnicity, sex, and payer.

Type Score

2372 Breast Cancer Screening

Rate/proportion better quality = higher score

0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms

Rate/proportion better quality = higher score

0509 Diagnostic Imaging: Reminder System for Screening Mammograms

Rate/proportion better quality = higher score

Algorithm

2372 Breast Cancer Screening

Step 1. Determine the eligible population: identify women 52-74 years of age by the end of the measurement year.

Step 2. Search for an exclusion: history of bilateral mastectomy; or use of hospice services during the measurement year; or patients 65 and older who are enrolled in an institutional SNP or living long-term in an institution any time during measurement year. Exclude these patients from the eligible population.

Step 3. Determine numerator: the number of patients who received one or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

Step 4. Calculate the rate.

0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms

To calculate performance rates:

1) Find the patients who meet the initial patient population (ie, the general group of patients that the performance measure is designed to address).

2) From the patients within the initial patient population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial patient population and denominator are identical.

3) From the patients within the denominator, find the patients who qualify for the Numerator (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator

If the patient does not meet the numerator, this case represents a quality failure.

0509 Diagnostic Imaging: Reminder System for Screening Mammograms

To calculate performance rates:

1) Find the patients who meet the initial patient population (ie, the general group of patients that the performance measure is designed to address).

2) From the patients within the initial patient population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial patient population and denominator are identical.

3) From the patients within the denominator, find the patients who qualify for the Numerator (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator

If the patient does not meet the numerator, this case represents a quality failure.

Submission items

2372 Breast Cancer Screening

5.1 Identified measures: 0508 : Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms

0509 : Diagnostic Imaging: Reminder System for Screening Mammograms

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: Both related measures have a different focus than our health plan screening measure. NQF #0509 Reminder System for Mammograms is intended to encourage implementation of reminder systems for future mammograms. NQF #0508 Inappropriate Use of "Probably Benign" Assessment Category focuses on accurate documentation of mammogram results. Both measures are also specified at the clinician level rather than the health plan level.

5b.1 If competing, why superior or rationale for additive value: N/A

0508 Diagnostic Imaging: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms

5.1b Identified measures: Mammography Follow-up Rates (OP-9)

Centers for Medicare and Medicaid Services

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: The OP-9 measure is calculated using administrative claims data. The period of data collection for OP-9 is only 45 days, and most code 3 recall is 90 or 180 days.

5b.1 If competing, why superior or rationale for additive value: There are no competing measures (conceptually both the same measure focus and same target population).

0509 Diagnostic Imaging: Reminder System for Screening Mammograms

5.1 Identified measures: 2372 : Breast Cancer Screening

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact:

5b.1 If competing, why superior or rationale for additive value: There are no competing measures (conceptually both the same measure focus and same target population).

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ISBN
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