

Breast Cancer Screening (NQF 0031)

EMeasure Name	Breast Cancer Screening	EMeasure Id	Pending
Version Number	1	Set Id	Pending
Available Date	No information	Measurement Period	January 1, 20xx through December 31, 20xx
Measure Steward	National Committee for Quality Assurance		
Endorsed by	National Quality Forum		
Description	The percentage of women 40–69 years of age who had a mammogram to screen for breast cancer.		
Measure scoring	Proportion		
Measure type	Process		
Rationale	This measure assesses the percentage of women in a specific age demographic who had a mammogram to screen for breast cancer. Breast cancer is the most common cancer diagnosed in women in the United States and is the second leading cause of death from cancer. Awareness of the importance of early detection serves as a significant preventive measure in improving correlated health outcomes. Among women with undetected breast cancer, mammography correctly identifies breast cancer 83%–95% of the time (IOM, 2004). Additionally, mammography screening has been shown to reduce mortality by 20%–30% (IOM 2004). This measure facilitates efforts toward early detection of breast cancer and acceleration of treatment upon diagnosis.		
Clinical Recommendation Statement			
References	Institute of Medicine. Fact Sheet: Mammography Effectiveness. Available from: http://www.iom.edu/en/Reports/2004/Saving-Womens-Lives-Strategies-for-Improving-Breast-Cancer-Detection-and-Diagnosis/Saving-Womens-Lives-Fact-Sheet-Mammography-Effectiveness.aspx . Updated June 2004.		
Definitions			

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Please refer to the spreadsheet for this measure for detail regarding data criteria and code lists.

Population criteria

- **Initial Patient Population =**

- AND: "Patient characteristic: birth date" (age) ≥ 41 AND ≤ 68 years to expect screening for patients within two years after reaching 40 years until 69 years;
- **Denominator =**
 - AND: All patients in the initial population;
 - AND: "Encounter: encounter outpatient" ≤ 2 years before or simultaneously to "measurement end date";
 - AND NOT:
 - OR: "procedure performed: bilateral mastectomy";
 - OR: >1 count(s) of "Procedure performed: unilateral mastectomy";
 - AND NOT: FIRST "Procedure performed: unilateral mastectomy" = SECOND "Procedure performed: unilateral mastectomy";
- **Numerator =**
 - AND: "Diagnostic study performed: breast cancer screening" ≤ 2 years before or simultaneously to "measurement end date";
- **Exclusions =**
 - None;

Data criteria (QDS Data Elements)

- **Initial Patient Population =**
 - "Patient characteristic: birth date" using "birth date code list" before the "measurement period";
- **Denominator =**
 - All patients in the initial population;
 - "Encounter: encounter outpatient" using "encounter outpatient code list grouping" before or simultaneously to the "measurement end date";
 - "Procedure performed: bilateral mastectomy" using "bilateral mastectomy code list grouping" before or simultaneously to the "measurement end date";
 - "Procedure performed: unilateral mastectomy" using "unilateral mastectomy code list grouping" before or simultaneously to the "measurement end date";
- **Numerator =**
 - "Diagnostic study performed: breast cancer screening" using "breast cancer screening code list grouping" before or simultaneously to the "measurement end date";
- **Exclusions =**
 - None;

Summary calculation

Calculation is generic to all measures:

- Calculate the final denominator by adding all that meet denominator criteria.
- Subtract from the final denominator all that do not meet numerator criteria yet also meet exclusion criteria. Note some measures do not have exclusion criteria.
- The performance calculation is the number meeting numerator criteria divided by the final denominator.
- For measures with multiple patient populations, repeat this process for each patient population and report each result separately.
- For measures with multiple numerators, calculate each numerator separately within each population using the paired exclusion.

Measure set	CLINICAL QUALITY MEASURE SET 2011-2012
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