



## Complete Summary

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### TITLE

Breast cancer: percent of women screened every two years for breast cancer (NEXUS clinics and mature women group cohorts).

### SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure assesses the percent of women screened every two years for breast cancer.

### RATIONALE

US Prevention Services Task Force (USPSTF) (2002): Breast cancer is the most common non-skin malignancy among women in the United States and second only to lung cancer as a cause of cancer-related death. In 2001, an estimated 192,200 new cases of breast cancer were diagnosed in American women, and 40,200 women died of the disease. The risk for developing breast cancer increases with age beginning in the fourth decade of life. The probability of developing invasive breast cancer over the next 10 years is 0.4 percent for women aged 30 to 39, 1.5 percent for women aged 40 to 49, 2.8 percent for women aged 50 to 59, and 3.6

percent for women aged 60 to 69. Individual factors other than age that increase the risk for developing breast cancer include family history or a personal history of breast cancer, biopsy-confirmed atypical hyperplasia, and having a first child after age 30.

The USPSTF found fair evidence that mammography screening every 12 to 33 months significantly reduces mortality from breast cancer. Evidence is strongest for women aged 50 to 69, the age group generally included in screening trials.

#### PRIMARY CLINICAL COMPONENT

Breast cancer; screening mammography

#### DENOMINATOR DESCRIPTION

Patients from the NEXUS Clinics and Mature Women Group cohorts sampled (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

#### NUMERATOR DESCRIPTION

The number of patients from the denominator screened every two years for breast cancer (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

### Evidence Supporting the Measure

#### EVIDENCE SUPPORTING THE CRITERION OF QUALITY

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

#### NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Screening for breast cancer: recommendations and rationale.](#)

### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Use of this measure to improve performance  
Variation in quality for the performance measured

#### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

External oversight/Veterans Health Administration  
Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Physician Assistants  
Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Age 52 to 69 years

### TARGET POPULATION GENDER

Female (only)

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

See "Rationale" field.

### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

## BURDEN OF ILLNESS

See "Rationale" field.

## UTILIZATION

Unspecified

## COSTS

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Staying Healthy

### IOM DOMAIN

Effectiveness

## Data Collection for the Measure

### CASE FINDING

Users of care only

### DESCRIPTION OF CASE FINDING

Patients from the NEXUS Clinics and Mature Women Group cohorts\*

\*Refer to the original measure documentation for patient cohort description.

### DENOMINATOR SAMPLING FRAME

Patients associated with provider

### DENOMINATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

Patients from the NEXUS Clinics and Mature Women Group cohorts sampled\*

\*Women: Meets cohort selection criteria (refer to the original measure documentation for patient cohort description and sampling size strategy) AND female AND ages between 52 to 69 (although recommendations start at 50, the performance measure begins at age 52 to allow two year period to be accomplished)

#### Exclusions

- Patients who have had bilateral mastectomy
- Patients who are terminal as indicated by:
  - Documented diagnosis of cancer of the esophagus, liver, or pancreas
  - Enrolled in a Veterans Health Administration (VHA) or community-based hospice program
  - Documented in the medical record to have a life expectancy less than 6 months

#### DENOMINATOR (INDEX) EVENT

Encounter

#### DENOMINATOR TIME WINDOW

Time window precedes index event

#### NUMERATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

The number of patients from the denominator screened every two years for breast cancer\*

\*Screened for Breast Cancer: Evidence of mammography performed; test done at the Veterans Affairs Medical Center (VAMC) must have results documented with interpretation. If done in the private sector or another VAMC, historical documentation in progress note that the test was performed with dates close enough to determine if accomplished in the qualifying time period is sufficient. Clinically relevant documentation must also include findings (e.g., 'normal').

##### Exclusions

Unspecified

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Administrative and medical records data

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### PRE-EXISTING INSTRUMENT USED

Unspecified

### Computation of the Measure

#### SCORING

Rate

#### INTERPRETATION OF SCORE

Better quality is associated with a higher score

#### ALLOWANCE FOR PATIENT FACTORS

Unspecified

#### STANDARD OF COMPARISON

Internal time comparison  
Prescriptive standard

#### PRESCRIPTIVE STANDARD

Fiscal Year (FY) 2005 targets for breast cancer screening (NEXUS Clinics and Mature Women Group):

- Facility Floor: 68%
- Meets Target: 85%
- Exceeds Target: 90%

#### EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

### Evaluation of Measure Properties

#### EXTENT OF MEASURE TESTING

Unspecified

### Identifying Information

#### ORIGINAL TITLE

Breast cancer screening.

#### MEASURE COLLECTION

[Fiscal Year \(FY\) 2005: Veterans Health Administration \(VHA\) Performance Measurement System](#)

#### MEASURE SET NAME

[Cancer](#)

DEVELOPER

Veterans Health Administration

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2000 Dec

REVISION DATE

2005 Mar

MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

MEASURE AVAILABILITY

The individual measure, "Breast Cancer Screening," is published in "FY 2005 VHA Performance Measurement System: Technical Manual."

For more information contact:

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NQMC STATUS

This NQMC summary was completed by ECRI on April 18, 2003. The information was verified by the Veterans Health Administration on May 20, 2003. This NQMC summary was updated by ECRI on December 7, 2004. The information was verified by the measure developer on December 10, 2004.

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