# **Breast Cancer Screening**

Learn how to improve your Healthcare Effectiveness Data and Information Set (HEDIS®) rates by using this tip sheet about the Breast Cancer Screening measure, best practices and more resources.

| The percentage of women 50–74 years of age who had a mammogram to screen for breast |   |
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| cancer.   | l |

| <b>LOB</b><br>Commercial<br>Medicare<br>Medicaid | CMS Weight<br><sup>1x</sup> | <b>HEDIS</b><br>2023 |
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### Compliance

The percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

## **Best Practices**

- Always include a date of service year and month is acceptable when documenting a mammogram reported by a patient.
- Per the CDC, lymphadenopathy may occur 4-6 weeks after the COVID-19 vaccination. Please encourage your patients to wait the appropriate amount of time before scheduling their mammogram or complete the mammogram before receiving the COVID-19 vaccine, to account for lymphadenopathy. This will help prevent the vaccine impacting screening results.
- Set care gap "alerts" in your electronic medical record
- Assess existing barriers to regular cervical cancer screening (i.e. access to care, cost)
- Educate patients about the importance of early detection and encourage screening



#### QUALITY MEASURE GUIDE

#### Learn more about EPIC workflow by following:

#### https://uhcommunity.uhhospitals.org/UHAccountableCareOrganization/EPIC%20%20Quick% 20Tips/Forms/AllItems.aspx

| Exclusion  | Timeframe   |
|--|---|
| <ul> <li>Patients in hospice or using hospice services</li> <li>Patients who died</li> <li>Patients receiving palliative care</li> <li>Medicare members ages 66 and older as of Dec 31 of<br/>the measurement year who are either <ul> <li>Enrolled in Institutional Special Needs Plan (I-SNP)</li> <li>Living long term in an institution</li> </ul> </li> </ul>   | Any time during the measurement<br>year   |
| Patients ages 66 and older as of Dec. 31 of the<br>measurement year who had at least 2 diagnoses of frailty<br>on different dates of service and advanced illness.   | Frailty diagnoses must be in the<br>measurement year and on different<br>dates of service<br>Advanced illness diagnosis must be<br>in the measurement year or year<br>prior to the measurement year |
| <ul> <li>Bilateral mastectomy</li> <li>History of bilateral mastectomy</li> <li>Unilateral mastectomy with a bilateral modifier</li> <li>Any combination of the following that indicate a mastectomy on both the left and right side: <ul> <li>Absence of the left and right breast</li> <li>Unilateral mastectomy (claims or medical record) with a left-side modifier</li> <li>Unilateral mastectomy (claims or medical record) with a right-side modifier</li> <li>Left unilateral mastectomy</li> <li>Right unilateral mastectomy</li> </ul> </li> </ul> | Any time in a member's history<br>through Dec. 31 of the<br>measurement year  |

### For More information and Best Practices:

### https://www.cancer.org/cancer/types/breast-cancer/about.html https://www.cdc.gov/cancer/breast/

