



2024 PREV-5

Breast Cancer Screening

Breast Cancer Screening (BCS-E)

Breast Cancer



Breast cancer is the 2nd most common cancer in women in the United States.



Each year in the United States, about 264,000 cases of breast cancer are diagnosed in women.



About 42,000 women and 500 men in the U.S. die each year from breast cancer



Although breast cancer screening cannot prevent breast cancer, it can help find breast cancer early, when it is easier to treat.

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Measure Description

The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer any time on or between October 1, 2022 and December 31, 2024.

Data Collection Method: Administrative - Claims

Measure Steward: CMS Web Interface



Women 50-74 years of age



Mammogram between the dates for the current performance period shown to the left.

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Required Exclusions

- **Hospice or palliative care services** anytime during the performance year
- Patients who **passed away** anytime during the performance year
- History of a **bilateral mastectomy** or **two unilateral mastectomies**.



- Medicare patients 66 years of age and older as of the end of the performance year who meet either of the following: enrolled in an **Institutional SNP (I-SNP)** or residing in **long-term care** as identified by the LTI flag in the CMS Monthly File any time during the performance year
- Patients 66 years of age and older as of the end of the performance year with **two frailty indications on different dates of service** during the performance year and an **advanced illness diagnosis** or dispensed dementia medication the current performance or immediately preceding 12 month period.

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BCS Documentation



Check for BCS compliance during **every** patient encounter.



If a mammogram report is not available, then documentation must include at least the year the mammogram was completed. This can be taken as part of the patient's history by the care provider. **The result is required: normal or abnormal is appropriate documentation.**



If the mammogram occurred between October 1, 2022-December 31, 2022, you must document the month and year in order to show compliance for the measure.



Remember, patient refusal or a referral alone does not close the measure.

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Best Practices to Close the Gap

- **Implement Precise Coding:** Use specific codes to document unilateral or bilateral mastectomies and mammography procedures accurately. This approach streamlines the process, reducing the need for extensive administrative work and medical record reviews.
- **Utilize LOINC and SNOMED Codes:** When not acting as the billing provider, submit Logical Observation Identifiers Names and Codes (LOINC) and Systematized Nomenclature of Medicine (SNOMED) codes. **These are crucial for gap closure in quality measures and do not involve billing, making them an efficient tool for documentation.**
- **Support EHR integration with Health Plans:** Enhance collaboration with health insurance plans to ensure seamless sharing of Electronic Medical Record (EMR) data as this measure can no longer be closed with supplemental data.
- **Partner with Case Managers:** Establish a protocol for sharing case management information with the patient's outpatient record, ensuring a comprehensive approach to patient care.
- **Leverage Patient-Reported & Telehealth Encounter Information:** Train your staff to collect patient-reported data during the screening process or during a telehealth encounter as this information is acceptable to close the gap.



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Best Practices with Patients

- **Emphasize Early Detection:** Highlight the critical role of regular screenings in early detection of breast cancer. This can significantly improve treatment outcomes.
- **Overcome Screening Hesitations:** Actively address common fears and barriers associated with mammography to encourage more women to undergo screenings.
- **Assess Risk Based on Family History:** Review each patient's family history of breast cancer to determine if they should start routine screenings earlier than the standard guidelines suggest.
- **Maintain Screening Frequency:** Advise that a mammogram should be ordered if it has been two years or more since the patient's last screening to ensure continuous monitoring.
- **Implement Reminder Systems:** Set up a system to remind patients when they are nearing the time for their next mammogram, improving adherence to screening schedules.



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Other Quality Measures Tied to BCS

CAHPS: Care Coordination



Care Coordination (CC):

Did you personal doctor:

- Have your medical records or other information about your care?
- Follow up to give you test results as soon as you needed them?
- Talk with you about all the prescription medications you were taking?
- Manage your care among different providers and services?
- Seem informed and up-to-date about the care you received from specialists?

CAHPS: Access to Care

Getting Needed Care (GNC):

- How easy was it to get care, tests or treatment you needed?
- How easy was it to get appointments with specialists?
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Getting Appointments and Care Quickly (GCQ):

- How often were you able to get care as soon as you needed?
- How often were you able to get appointments for routine care at a doctor's office as soon as you needed?
- How often were you able to see the person you came to see within 15 minutes of your appointment time?



QUESTIONS?

Please reach out to **EMAIL:** carepartnersquality@privahealth.com