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Arizona Health Care Cost Containment System (AHCCCS)  
Arizona Long Term Care System (ALTC) Elderly/Physically Disabled (E/PD)  
Performance Improvement Project:  
**Breast Cancer Screening**

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*Creation Date:* October 2020

*Implementation Date:* October 1, 2018

*Revision Date:* January 2021

**Background:**

Breast cancer is the most common female cancer in the United States for every major ethnic group, the second most common cause of cancer death in women,<sup>1</sup> and accounts for 15 percent of all new cancer diagnoses in the U.S.<sup>2</sup> Ensuring that all women receive regular breast cancer screening is critically important in disease prevention, early detection, and treatment. In 2019, an estimated 268,600 new cases of invasive breast cancer will be diagnosed among women.<sup>4</sup> Breast cancer screening for women is aimed at identifying breast abnormalities as early as possible, and ideally, before warning signs or symptoms are present when the chances of survival are the highest. Approximately 1 in 8 women (13 percent) will be diagnosed with invasive breast cancer in their lifetime and 1 in 39 women (3 percent) will die from breast cancer.<sup>3</sup>

Breast cancer is most frequently diagnosed among women ages 55-64 with the median age of diagnosis at 62 years of age.<sup>1</sup> While there are other factors that affect a woman's risk of developing breast cancer, age is a primary risk factor. By age 40, the chances are 1 in 68; by age 50 it becomes 1 in 43; by age 60, it is 1 in 29.<sup>5</sup> Even if breast cancer incidences cannot be substantially reduced for some women who are at high risk for developing the disease, the risk of death from breast cancer can be reduced by regular screenings.

**Purpose:**

The purpose of this performance improvement project is to increase the number and percent of breast cancer screenings.

**AHCCCS Goal:**

The goal is to demonstrate a statistically significant increase in the number and percentage of breast cancer screenings, followed by sustained improvement for one consecutive year.

**Measurement Period:**

Baseline Measurement	October 1, 2018 through September 30, 2019
Intervention Year 1	January 1, 2020 through December 31, 2020
Intervention Year 2	January 1, 2021 through December 31, 2021
First Re-measurement	January 1, 2022 through December 31, 2022
Second Re-measurement	January 1, 2023 through December 31, 2023



**Study Question:**

What is the number and percent, overall and by Contractor, of enrolled women receiving breast cancer screening?

**Eligible Population:**

- Women, 50 to 74 years of age, who are continuously enrolled with no more than one gap in enrollment of up to 45 days during the measurement period

**Population Exclusions:**

- Women, 50 to 74 years of age, who do not meet the continuous enrollment criteria as described in the indicator’s associated technical specifications
- Women, 50 to 74 years of age, with more than one gap in enrollment during the measurement period
- Women, 50 to 74 years of age, with a gap in enrollment of more than 45 days during the measurement period
- Women, 50 to 74 years of age, meeting exclusion (required and optional) criteria as outlined in the indicator’s associated technical specifications

**Population Stratification:**

*Not applicable*

**Sample Frame:**

All members that meet the eligibility criteria at the Contractor-specific level will be evaluated to determine the indicator rate(s).

**Sample Selection:**

*Not Applicable*

**Indicator Criteria:**

**Indicator 1: Breast Cancer Screening**

<p><b>Indicator 1:</b> The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.</p>	<p><b>Numerator:</b> Number of women who had <b>one</b> or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year. *</p>
	<p><b>Denominator:</b> The eligible population.</p>

*\* One or more mammograms any time on or between July 1 two years prior to the measurement year and September 31 of the measurement year for CYE 2019 measurement year only*

**Data Sources:**



AHCCCS administrative encounter data and Contractor-specific claims data will be used to identify indicator data.

**Data Collection:**

The study will be conducted via administrative data collection methodologies in alignment with the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) technical specifications.

**Confidentiality Plan:**

AHCCCS, as well as its External Quality Review Organization (EQRO) and Contractors maintain compliance with the Health Insurance Portability and Accountability Act (HIPAA) requirements. AHCCCS employees and EQRO staff who analyze data for this project will have access to study data. Member names are never identified or used in AHCCCS reporting; requested data are used only for the purpose of performing health care operations, oversight of the health care system, or research.

**Quality Assurance Measures:**

For indicators based on standardized performance measures, Contractor-specific claims data and performance measure (indicator) calculations will be reviewed and validated by the EQRO in alignment with CMS Protocol 2.

Note: For CYE 2019, AHCCCS encounter data utilized for performance measure calculations will be thoroughly reviewed and validated by the EQRO to ensure calculations are accurate and complete.

**Data Validation:**

The data validation study compares allowable claims sent to the Contractors by rendering health care providers/facilities. Contractor-calculated performance measure (indicator) results will be validated by the EQRO in alignment with CMS Protocol 2.

Note: For CYE 2019, the data validation study compares allowable encounters sent to AHCCCS by the Contractors with performance measure (indicator) calculation and detailed validation conducted by the EQRO to ensure performance measure (indicators) calculations are accurate and complete.

**Analysis Plan:**

The study data will be analyzed in the following ways:

- The numerator will be divided by the denominator to determine the indicator rate.
- Results will be analyzed by line of business (roll-up) and individual Contractor.

**Comparative Analysis:**

For the purpose of comparative analyses, the following will be considered when applicable and meaningful to future improvement:

- Results will be compared with prior years to identify changes and trends.



- Individual Contractor results will be compared with each other, the statewide aggregate, and the NCQA Medicaid Mean.
- Results may be compared to the results of any other comparable studies, if available.
- In the future, differences between overall baseline study results and overall re-measurement results will be analyzed for statistical significance and relative change.

**Limitations:**

As of CYE 2020, AHCCCS has transitioned to Contractor-calculated performance measure rates reflective of calendar year measurement periods for the purposes of evaluating Contractor performance to support Managed Care Organization (MCO) oversight and External Quality Review (EQR) Annual Reporting. Analysis will be conducted in accordance with that outlined in the *Analysis Plan* and *Comparative Analysis* sections above, with additional individual Contractor analysis findings included within the EQR Annual Report for the associated line of business.

**Additional Considerations:**

*To account for the impact of the COVID-19 Public Health Emergency, this Performance Improvement Project is inclusive of two intervention years.*

*Performance Measures calculations and reporting are conducted in alignment with associated technical specifications; as such, changes in specifications from year to year may occur and shall be considered/notated when evaluating and trending performance over the lifespan of the Performance Improvement Project.*



## Works Cited

1. Cancer statistics, 2009. Jemal A; Siegel R; Ward E; Hao Y; Xu J; Thun MJ CA Cancer J Clin. 2009 Jul-Aug;59(4):225-49. Epub 2009 May 27.
2. Howlader N, Noone AM, Krapcho M, Miller D, Brest A, Yu M, Ruhl J, Tatalovich Z, Mariotto A, Lewis DR, Chen HS, Feuer EJ, Cronin KA (eds). SEER Cancer Statistics Review, 1975-2016, National Cancer Institute. Bethesda, MD; 2016
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4. American Cancer Society. Breast Cancer Facts & Figures 2019-2020. Atlanta: American Cancer Society, Inc. 2019.
5. National Business Group on Health. 2011. "Pathways to Managing Cancer in the Workplace." (May 8, 2012).  
[http://www.tcyh.org/employers/downloads/Pathways\\_Managing\\_Cancer\\_2011.pdf](http://www.tcyh.org/employers/downloads/Pathways_Managing_Cancer_2011.pdf)

For general questions regarding this methodology, please contact Jamie Robin, AHCCCS Quality Improvement Manager, at [jamie.robin@azahcccs.gov](mailto:jamie.robin@azahcccs.gov). For technical questions regarding this methodology, please contact Lindsey Irelan, AHCCCS Quality Improvement Lead Coordinator, at [lindsey.irelan@azahcccs.gov](mailto:lindsey.irelan@azahcccs.gov).

