Complete Summary

TITLE

Cervical cancer screening: percentage of women 18 to 64 years of age who received one or more Pap tests during the measurement year or the two years prior to the measurement year.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 350 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 is used to assess the percentage of women 18 through 64 years of age who received one or more Pap tests during the measurement year or the two years prior to the measurement year.

Note from the National Quality Measures Clearinghouse (NQMC): For this measure, there is both Administrative and Hybrid Specifications. This NQMC measure summary is based on the Administrative Specification. Refer to the original measure documentation for details pertaining to the Hybrid Specification.

RATIONALE

When detected and treated early cervical cancer is one of the most treatable cancers, and routine Pap smears are the preferred method for detecting cervical cancer at the precancerous stage. Having this measure provides additional

emphasis on the importance of routine Pap tests at regular intervals and promotes an important primary prevention test.

PRIMARY CLINICAL COMPONENT

Cervical cancer; screening; Papanicolaou (Pap) smear

DENOMINATOR DESCRIPTION

Women 21 through 64 years of age as of December 31 of the measurement year (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

NUMERATOR DESCRIPTION

One or more Pap tests during the measurement year or the two years prior to the measurement year (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
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- A systematic review of the clinical literature

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

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

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2005: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2005.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age 18 through 64 years

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

In 2005, an estimated 10,370 new cases of cervical cancer will be diagnosed, resulting in an expected 3,700 deaths.

EVIDENCE FOR INCIDENCE/PREVALENCE

National Committee for Quality Assurance (NCQA). The state of health care quality 2005: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2005.

ASSOCIATION WITH VULNERABLE POPULATIONS

Women; African-American Women

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Ries LA, Miller BA, Hankey BF, Kosary CL, Harras A, Edwards BK, editor(s). SEER cancer statistics review, 1973-1991: tables and graphs. Bethesda (MD): U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Cancer Institute; 1994. 449 p.

BURDEN OF ILLNESS

See "Incidence/Prevalence" field.

UTILIZATION

Unspecified

COSTS

Screening costs little and is extremely effective. A Pap test costs $25 to $60, depending on the brand of test, and Pap tests alone detect more than 90% of significant cervical lesions.

EVIDENCE FOR COSTS

National Committee for Quality Assurance (NCQA). The state of health care quality 2005: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2005.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Women 21 through 64 years of age as of December 31 of the measurement year who were continuously enrolled during the measurement year (Medicaid and

commercial) and the two years prior to the measurement year (commercial) with no more than one gap in enrollment of up to 45 days during each year of continuous enrollment (commercial) or with not more than a one-month gap in coverage (Medicaid)

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
Women 21 through 64 years of age as of December 31 of the measurement year

Exclusions
Exclude women who had a hysterectomy and who have no residual cervix and for whom the administrative data do not indicate that a Pap test was performed. The managed care organization (MCO) should look through administrative data for evidence of a hysterectomy as far back as possible in the member's history. The hysterectomy must have occurred by December 31 of the measurement year. Refer to Table CCS-B in the original measure documentation codes to identify exclusions for cervical cancer screening.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
One or more Pap tests during the measurement year or the two years prior to the measurement year. A woman had a Pap test if a submitted claim/encounter contains any one of the codes listed in Table CCS-A of the original measure documentation to identify cervical cancer screening.

Exclusions

- The managed care organization (MCO) should count toward this measure any cervical cancer screening methodology that includes the collection and microscopic analysis of cervical cells; however, lab results that explicitly state the sample was inadequate or that "no cervical cells were present" should not be counted as compliant for this measure because this is not considered appropriate screening.

- The MCO may not count biopsies for this measure because they are used for diagnostic and therapeutic purposes only and are not valid for primary cervical cancer screening.

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative 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

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for commercial and Medicaid product lines.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Cervical cancer screening (CCS).

MEASURE COLLECTION

HEDIS® 2006: Health Plan Employer Data and Information Set

MEASURE SET NAME

Effectiveness of Care

DEVELOPER

National Committee for Quality Assurance

INCLUDED IN

Ambulatory Care Quality Alliance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

1996 Jan

REVISION DATE

2005 Jan

MEASURE STATUS

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

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 350 p.

MEASURE AVAILABILITY

The individual measure, "Cervical Cancer Screening (CCS)," is published in "HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2005: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 74 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on July 18, 2003. The information was verified by the measure developer on October 24, 2003. This NQMC summary was updated by ECRI on June 16, 2006. The updated information was not verified by the measure developer.

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For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to HEDIS Volume 2: Technical Specifications, available from the NCQA Web site at www.ncqa.org.

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