
# Data Expectations & Definitions

## 2023 Cancer Screening and Prevention Quality Improvement Projects

**Quality improvement projects** are based on previous structured intervention projects done through shared learning. Healthcare systems and health plans will have the opportunity to engage with nationwide partners to share best practices, challenges, and celebrations. Projects can improve health equity by focusing efforts among specific populations or communities where cancer disparities are more prevalent.

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# Examples of Screening Data Collected

Healthcare systems will be asked to report data at three intervals: baseline, midpoint, and end of project. Following are examples of data that were requested as part of previous screening projects. Data requested may include yes/no, check-all-that-apply, and free text responses. We encourage you to engage your IT/population health staff when assessing the ability to pull sample suggested data. *Please note that this list is not exhaustive, and questions may differ in final tool.*

## Cancer screening

- Number of patients eligible for cancer screening (denominator; see Data Definitions)
- Number of eligible patients with appropriate screening (numerator; see Data Definitions)
- Number of orders issued for cancer screening, by screening type
- Number of completed cancer screenings, by screening type
- Number of cancer diagnoses
- Can your EHR provide a report of cancer screening rates by patient sex, race/ethnicity, geographic status (e.g., rural, urban), disability status, insurance status, gender identity, and sexual orientation?

## Health system details

- Total patient population served in 2022 at all clinic sites participating in the 2023 project
- Number of clinic sites in the health system participating in this project
- Among the total patient population at all participating clinic sites, indicate the percentage of patients served within each race/ethnicity and insurance category

## Current system processes and quality improvement (QI) efforts

- What cancer screening options are available to your patients?
- Does your health system offer free or reduced-cost cancer screening?
- What types of patient reminders does your health system use for cancer screening?
- How does your health system prompt providers that a patient is due or past due for cancer screening?
- What is the average wait time for your patients referred for a cancer screening?
- Does your health system have care coordination agreements (MOUs or other official agreements) in place for cancer screening and/or diagnoses?
- Can your health system track the time between an abnormal cancer screening and the first diagnostic test?

## Quality improvement program plan

- Does your health system have a QI team in place for this project?
- Identify the QI activities you will conduct to understand and improve gaps in processes
- Identify the evidence-based/informed interventions your health system will put in place to reach the project goals
- Establish a screening rate goal and action plan

# 2023 Breast Cancer Data Definitions

Healthcare systems will be required to submit updates to the appropriate quality measure(s) below at three intervals throughout the project (baseline, midpoint, end of project), **paying careful attention to the reporting and measurement periods specified in the data reporting tool**. Healthcare systems will report combined results for all clinics participating in the project. Please note these data definitions are subject to change.

## BREAST CANCER SCREENING QUALITY MEASURE DESCRIPTION (BASED ON CMS125)

Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the last 27 months. For more information on the breast cancer screening electronic clinical quality measure (eCQM), click here.

### DENOMINATOR: ELIGIBLE PATIENTS

Include women who were aged 50 through 74 with at least one reportable medical visit during the 12-month measurement period. See exclusions below.

Exclusions

- Exclude patients who had a bilateral mastectomy or who have a history of bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy.
- Exclude patients whose hospice care overlaps the measurement period.
- Exclude patients 66 and older who are living long term in an institution for more than 90 consecutive days during the measurement period.
- Exclude patients 66 and older with an indication of frailty for any part of the measurement period who meet any of the following criteria:
    - Advanced illness with two outpatient encounters during the measurement period or the year prior, OR
    - Advanced illness with one inpatient encounter during the measurement period or the year prior, OR
    - Taking dementia medications during the measurement period or the year prior.
- Exclude patients receiving palliative care during the measurement period.
- Exclude patients who were screened, tested, or vaccinated for COVID-19 without an accompanying medical exam or treatment. A COVID-19 test, screening, or vaccination alone does not count as a reportable medical visit.

### NUMERATOR: ELIGIBLE PATIENTS WITH APPROPRIATE SCREENING

Include eligible patients with one or more mammograms in the last 27 months prior to the end of the measurement period.

### ADDITIONAL GUIDANCE

- Eligible patients are considered up to date for breast cancer screening if they have had a mammogram within the last 27 months. While the measurement period for the denominator is 12 months, the numerator is looking back 27 months, or 15 months prior to the beginning of the measurement period.
- Only eligible patients included in the denominator should be included in the numerator.
- Include eligible patients according to assigned sex at birth.
- Only include information for clinics participating in the project.
- This information should be accessed via a EHR or population healthcare system. For information on manual chart audits, contact your ACS staff partner.

# 2023 Cervical Cancer Data Definitions

Healthcare systems will be required to submit updates to the appropriate quality measure(s) below at three intervals throughout the project (baseline, midpoint, end of project), **paying careful attention to the reporting and measurement periods specified in the data reporting tool**. Healthcare systems will report combined results for all clinics participating in the project. Please note these data definitions are subject to change.

## CERVICAL CANCER SCREENING QUALITY MEASURE DESCRIPTION (BASED ON CMS124)

Percentage of women 21-64 years of age who had the appropriate screening for cervical cancer. For more information on the cervical cancer screening electronic clinical quality measure (eCQM), click here.

### DENOMINATOR: ELIGIBLE PATIENTS

Include women who were aged 21 through 64 with at least one reportable medical visit during the 12-month measurement period. See exclusions below.

Exclusions

- Exclude patients who had a hysterectomy with no residual cervix or a congenital absence of cervix.
- Exclude patients who are in hospice care for any part of the measurement period.
- Exclude patients receiving palliative care during the measurement period.
- Exclude patients who were screened, tested, or vaccinated for COVID-19 without an accompanying medical exam or treatment. A COVID-19 test, screening, or vaccination alone does not count as a reportable medical visit.

### NUMERATOR: ELIGIBLE PATIENTS WITH APPROPRIATE SCREENING

Include eligible patients with one or more appropriate screenings, including:

- Cervical cytology performed in the last three years for patients who are at least 21 years old at the time of the test.
- Cervical human papillomavirus (HPV) testing performed in the last five years for patients who are at least 30 years old at the time of the test.

### ADDITIONAL GUIDANCE

- Eligible patients are considered up to date for cervical cancer screening if they have had an appropriate screening within the last three to five years, depending on the screening test used and the age of the patient. While the measurement period for the denominator is 12 months, the numerator is looking back up to 60 months, or 48 months prior to the beginning of the measurement period.
- Only eligible patients included in the denominator should be included in the numerator.
- Include eligible patients of all genders who have a cervix.
- Only include information for clinics participating in the project.
- This information should be accessed via a EHR or population healthcare system. For information on manual chart audits, contact your ACS staff partner.

# 2023 Colorectal Cancer Data Definitions

Healthcare systems will be required to submit updates to the appropriate quality measure(s) below at three intervals throughout the project (baseline, midpoint, end of project), **paying careful attention to the reporting and measurement periods specified in the data reporting tool**. Healthcare systems will report combined results for all clinics participating in the project. Please note these data definitions are subject to change.

## COLORECTAL CANCER SCREENING QUALITY MEASURE DESCRIPTION (BASED ON CMS130)

In 2023, the electronic clinical quality measure (eCQM) for CRC screening is changing patient populations, from ages 50-75 years to 45-75 years. We know that some EHRs will automatically update in January to allow reporting for patients ages 45-75, whereas other systems will not be able to pull data based on this change. Our baseline instrument will ask you to report data that you're able to access.

For more information on the colorectal cancer screening eCQM, click here.

### DENOMINATOR: ELIGIBLE PATIENTS

Include patients who were aged 50 through 75 (or 45 through 75) with at least one reportable medical visit during the 12-month measurement period. See exclusions below.

Exclusions

- Exclude patients who are in hospice care for any part of the measurement period.
- Exclude patients with a diagnosis or past history of total colectomy or colorectal cancer.
- Exclude patients 66 and older who are living long term in an institution for more than 90 days during the measurement period.
- Exclude patients 66 and older with an indication of frailty for any part of the measurement period who meet any of the following criteria:
    - Advanced illness with two outpatient encounters during the measurement period or the year prior, OR
    - Advanced illness with one inpatient encounter during the measurement period or the year prior, OR
    - Taking dementia medications during the measurement period or the year prior.
- Exclude patients receiving palliative care during the measurement period.
- Exclude patients who were screened, tested, or vaccinated for COVID-19 without an accompanying medical exam or treatment. A COVID-19 test, screening, or vaccination alone does not count as a reportable medical visit.

### NUMERATOR: ELIGIBLE PATIENTS WITH APPROPRIATE SCREENING

Include eligible patients with one or more appropriate screenings, including:

- Fecal occult blood test (gFOBT or iFOBT) or FIT in the last 12 months.
- Colonoscopy in the last 10 years.
- FIT-DNA during the last three years.
- CT colonography in the last five years.
- Flexible sigmoidoscopy in the last five years.

### ADDITIONAL GUIDANCE

- Eligible patients are considered up to date for colorectal cancer screening if they have had an appropriate screening within the last 10 years depending on the screening test used. While the measurement period for the denominator is 12 months, the numerator is looking back up to 120 months, or 108 months prior to the beginning of the measurement period.
- Only eligible patients included in the denominator should be included in the numerator.
- Only include information for clinics participating in the project.
- This information should be accessed via a EHR or population health system. For information on manual chart audits, contact your ACS staff partner.

# 2023 Lung Cancer Data Definitions

Healthcare systems will be required to submit updates to the appropriate quality measure(s) below at three intervals throughout the project (baseline, midpoint, end of project), **paying careful attention to the reporting and measurement periods specified in the data reporting tool**. Healthcare systems will report combined results for all clinics participating in the project. Please note these data definitions are subject to change.

## LUNG CANCER SCREENING QUALITY MEASURE DESCRIPTION

Percentage of adults 50-80 years of age who had a LDCT screening to screen for lung cancer within the last 12 months.

### DENOMINATOR: ELIGIBLE PATIENTS

Include patients who were aged 50 through 80 who currently smoke or have quit within the past 15 years and have a smoking history equivalent to a pack a day for 20 years with at least one reportable medical visit within the 12-month measurement period.

Exclusions

- Exclude patients who were screened, tested, or vaccinated for COVID-19 without an accompanying medical exam or treatment. A COVID-19 test, screening, or vaccination alone does not count as a reportable medical visit.

### NUMERATOR: ELIGIBLE PATIENTS WITH APPROPRIATE SCREENING

Include eligible patients with one or more LDCT screenings in the last 12 months.

### ADDITIONAL GUIDANCE

- Only eligible patients included in the denominator should be included in the numerator.
- Only include information for clinics participating in the project.
- This information should be accessed via a EHR or population healthcare system. For information on manual chart audits, contact your ACS staff partner.

# Examples of Vaccination Data Collected

Healthcare systems will be asked to report data at three intervals: baseline, midpoint, and end of project. Following are examples of data that were requested as part of previous HPV vaccination projects. Data requested may include yes/no, check-all-that-apply, and free text responses. We encourage you to engage your IT/population health staff when assessing the ability to pull sample suggested data. *Please note that this list is not exhaustive, and questions may differ for 2023 projects.*

## Adolescent and HPV vaccinations

- Number of patients eligible for HPV vaccination (denominator; see Data Definitions)
- Number of eligible patients with appropriate vaccinations (numerator; see Data Definitions)
- Report by sex and age groupings (9-10, 11-12, 13)
- Report separate numerators for eligible patients with at least 1 HPV dose, 2 HPV doses, meningococcal, and tdap

## Health system details

- Total patient population served in 2022 at all clinic sites participating in the 2023 project
- Number of clinic sites in the health system participating in this project
- Among the total patient population at all participating clinic sites, indicate the percentage of patients served within each race/ethnicity and insurance category

## Current system processes and quality improvement efforts

- Has your health system used quality improvement to increase HPV vaccination rates in the past?
- Select from a list the types of provider assessment and feedback done for HPV vaccination
- Select from a list the types of training and education activities your system has already conducted with providers to increase HPV vaccination rates
- Select from a list the types of reminders patients receive about the HPV vaccine
- We currently have the following interface with our state Immunization Information System (IIS): bidirectional; unidirectional; no interface (please select the most accurate interface)
- Our state Immunization Information Systems (IIS): has current and accurate data; is used daily to verify patient vaccination status; provides data we use to track HPV vaccination rates; is not useful to our HPV vaccination work; may have functions we could use but have not explored

## Quality improvement program plan

- Does your health system have a QI team in place for this project?
- Identify the QI activities you will conduct to understand and improve gaps in processes
- Identify the evidence-informed interventions your health system will put in place to reach the project goals
- Establish a vaccination rate goal and action plan

# 2023 HPV Vaccination Data Definitions

Healthcare systems will be required to submit updates to the appropriate quality measure(s) below at three intervals throughout the project, paying careful attention to the reporting and measurement periods. Healthcare systems will report combined results for all clinics participating in the project. Please note these data definitions are subject to change.

## HPV VACCINATION QUALITY MEASURE DESCRIPTION

### ELIGIBLE PATIENTS (DENOMINATOR)

Include adolescents aged 9-13 with at least one reportable medical visit during the trailing 12-month measurement period. Group eligible patients using the following age ranges: 9-10, 11-12, and 13. You may separate by sex or report combined. See exclusions below. This denominator will be used for all HPV, meningococcal, and tdap measures.

Exclusions

- Exclude dental or other non-medical visits. Medical visits *do* include well-child visits and sick visits.
- Exclude patients who were screened, tested, or vaccinated for COVID-19 without an accompanying medical exam or treatment. A COVID-19 test or screening alone does not count as a reportable medical visit.

## HPV VACCINATION INITIATION QUALITY MEASURE DESCRIPTION

Percentage of adolescents 9-13 years of age who started the HPV vaccine series. You may separate by sex or report combined. Group eligible patients using the following age ranges: 9-10, 11-12, and 13.

### NUMERATOR: ELIGIBLE PATIENTS WHO STARTED THE HPV VACCINE SERIES (≥1 dose)

- Include eligible patients who have *ever received* at least one dose of the HPV vaccine.
- Include eligible patients who have *also received their 2nd dose.*
- Include eligible patients who have received doses of the vaccine *even if it was before the project period.*

## HPV VACCINATION COMPLETION QUALITY MEASURE DESCRIPTION

Percentage of adolescents ages 9-13 who completed the HPV vaccine series. You may separate by sex or report combined. Group eligible patients using the following age ranges: 9-10, 11-12, and 13.

### NUMERATOR: ELIGIBLE PATIENTS WHO COMPLETED THE HPV VACCINE SERIES (2 doses)

- Include eligible patients who have *ever received* two doses of the HPV vaccine separated by at least 5 months.
- Include eligible patients who have received doses of the vaccine *even if it was before the project period.*

### ADDITIONAL GUIDANCE

- Only eligible patients included in the denominator should be included in the numerator.
- If reporting sex separately, group patients according to assigned sex at birth.
- Only eligible patients included in the denominator should be included in the numerator.
- Only include information for clinics participating in the project.
- This information should be accessed via a EHR or population health system. For information on manual chart audits, please contact your American Cancer Society staff partner.

## MENINGOCOCCAL CONJUGATE QUALITY MEASURE DESCRIPTION

Percentage of adolescents ages 11-13 who have received the meningococcal conjugate (MenACWY) vaccine. You may separate by sex or report combined. Group eligible patients using the following age ranges: 11-12, and 13.

### NUMERATOR: ELIGIBLE PATIENTS WHO HAVE RECEIVED THE MENINGOCOCCAL VACCINE

- Include eligible patients who have ever received the meningococcal conjugate vaccine. See exclusions below.

Exclusions

- Exclude Meningococcal B vaccines from calculation.

## TDAP QUALITY MEASURE DESCRIPTION

Percentage of adolescents ages 11-13 who received the Tdap vaccine. You may separate by sex or report combined. Group eligible patients using the following age ranges: 11-12, and 13.

### NUMERATOR: ELIGIBLE PATIENTS WHO HAVE RECEIVED THE TDAP VACCINE

- Include eligible patients who have *ever received* the Tdap vaccine.

### ADDITIONAL GUIDANCE

- Only eligible patients included in the denominator should be included in the numerator.
- If reporting sex separately, group patients according to assigned sex at birth.
- Only eligible patients included in the denominator should be included in the numerator.
- Only include information for clinics participating in the project.
- This information should be accessed via a EHR or population health system. For information on manual chart audits, please contact your American Cancer Society staff partner.

# Examples of Health Plan Data Collected

Health plans will be asked to report data at three intervals throughout the project. Following are examples of data that were requested as part of previous screening projects. Data requested may include yes/no, check-all-that-apply, and free text responses. *Please note that this list is not exhaustive, and questions may differ for 2023 projects.*

## Baseline adolescent and HPV vaccinations

- Number of eligible members (denominator; see data definitions appendix)
- Number of eligible members with appropriate vaccinations (numerator; see data definitions appendix)
- Report by participating product line and state
- Report separate numerators for eligible members with at least 1 HPV dose, 2 HPV doses, meningococcal, Tdap, and those compliant with all four doses

## Health plan details

- Total member population served in 2022 at product lines participating in the 2023 project
- Number of providers in your network
- List names of team members and departments involved in the project
- Select business designation; affiliations to an integrated delivery network (IDN) or national plan

## Current system processes and quality improvement efforts

- Has your health plan used quality improvement to increase HPV vaccination rates in the past?
- Select from a list the types of provider assessment and feedback done for HPV vaccination
- Select from a list the types of training and education activities your plan already conducted with providers to increase HPV vaccination rates
- Select from a list the types of communications members receive about adolescent /the HPV vaccine
- Identify the interface functions of state Immunization Information Systems (IIS): bidirectional; unidirectional; no interface
- Identify if the IMA is included in quality metrics programs with health systems/ provider networks

## Quality improvement program plan

- Does your health system have a QI team in place for this project?
- Identify the QI activities you will conduct to understand and improve gaps in processes
- Identify the evidence-informed interventions your plan will put in place to reach the project goals
- Establish a vaccination rate goal and action plan

# 2023 Health Plan Data Definitions

Health plans will be required to submit updates to the appropriate quality measure(s) below at three intervals throughout the project, paying careful attention to the reporting and measurement periods. Plans will report results for all product lines participating in the project. Please note these data definitions are subject to change.

## HPV VACCINATION QUALITY MEASURES FOR HEALTH PLANS

### MEASURE DESCRIPTION

The percentage of children who turned 13 years of age during the measurement year and had the following vaccinations on or by their 13th birthday:

- HPV ≥1: One or more doses of the human papillomavirus (HPV) vaccine
- HPV 2: Two doses of the HPV vaccine
- Mening: One dose of meningococcal vaccine
- Tdap: One tetanus, diphtheria, and pertussis vaccine
- IMA: All four of the above vaccine doses

### DENOMINATOR: ELIGIBLE MEMBERS

The number of enrolled members that turned 13 during the measurement year.

### NUMERATORS: ELIGIBLE MEMBERS WITH APPROPRIATE VACCINATION

The number of enrolled members who turned 13 during the specified calendar year who have received the appropriate adolescent vaccination dose(s) by their 13th birthday. HPV ≥1 dose includes adolescents who received at least a single dose of the human papillomavirus vaccine (this will include members that have received only a single dose AND those who received both doses). IMA Combination includes adolescents who have received meningococcal, Tdap, and both doses of HPV.

- Include eligible members who received vaccine doses between the member's 9th and 13th birthdays.
- There must be at least 146 days between the first and second dose of the HPV vaccine OR at least three HPV vaccines, with different dates of service on or between the member's 9th and 13th birthdays.

| | Numerators | | | | |
|---|---|---|---|---|---|
| **Denominator** (eligible members) | HPV ≥1 dose | HPV 2 doses | Meningococcal | Tdap/TD | IMA Combination |
| | | | | | |
| **Vaccination Rates** | | | | | |

### ADDITIONAL GUIDANCE

- Please base reporting on the HEDIS IMA measure and disaggregated for each vaccine dose. You will need to include members who are non-compliant for the full IMA measure in the numerators for individual vaccine doses.
- This data does not need to be your final HEDIS submission; we prefer "proactive" or progress HEDIS data.
- Please use similar data sources for each data submission.
- Please report by product line. You can report up to four product lines. Include only those product lines you are targeting for the 12-month project. You can select Medicaid, Commercial, Exchange, or Other.