



Overall Performance for Breast Cancer Screening Measure 2018 to 2019

Data Source

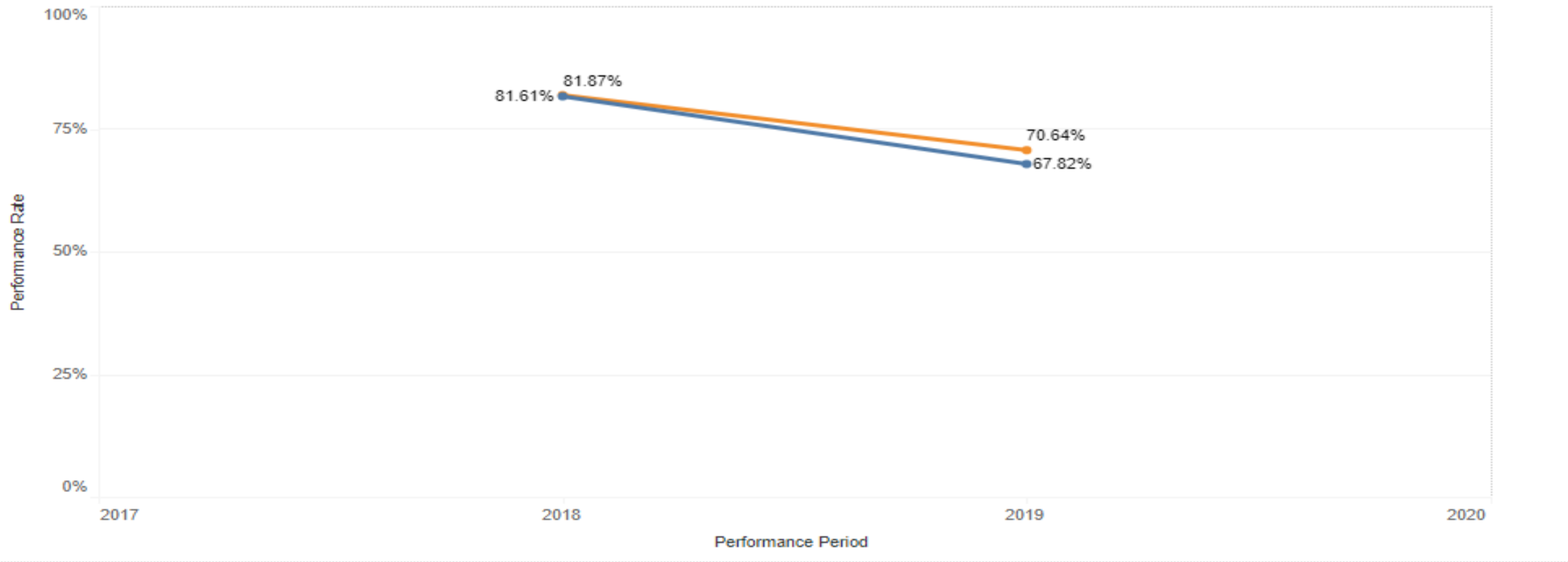
(All)

Performance Period



Clinical Data only
Claims & Clinical Data

Graph illustrates comparison between 2018 and 2019 overall Performance rates based on Clinical Data only and Claims and Clinical Data (81.61% to 81.87% in 2018) and (67.82% and 70.64% in 2019)



Measure	Performance Period	Clinical Data only			Claims & Clinical Data		
		Denominator	Numerator	Performance Rate	Denominator	Numerator	Performance Rate
Breast Cancer Screening	1/1/2018	1,941	1,584	81.61%	1,941	1,589	81.87%
	1/1/2019	1,417	961	67.82%	1,417	1,001	70.64%



Overall Performance for Breast Cancer Screening Measure 2018 to 2019

Data Source

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Performance Period

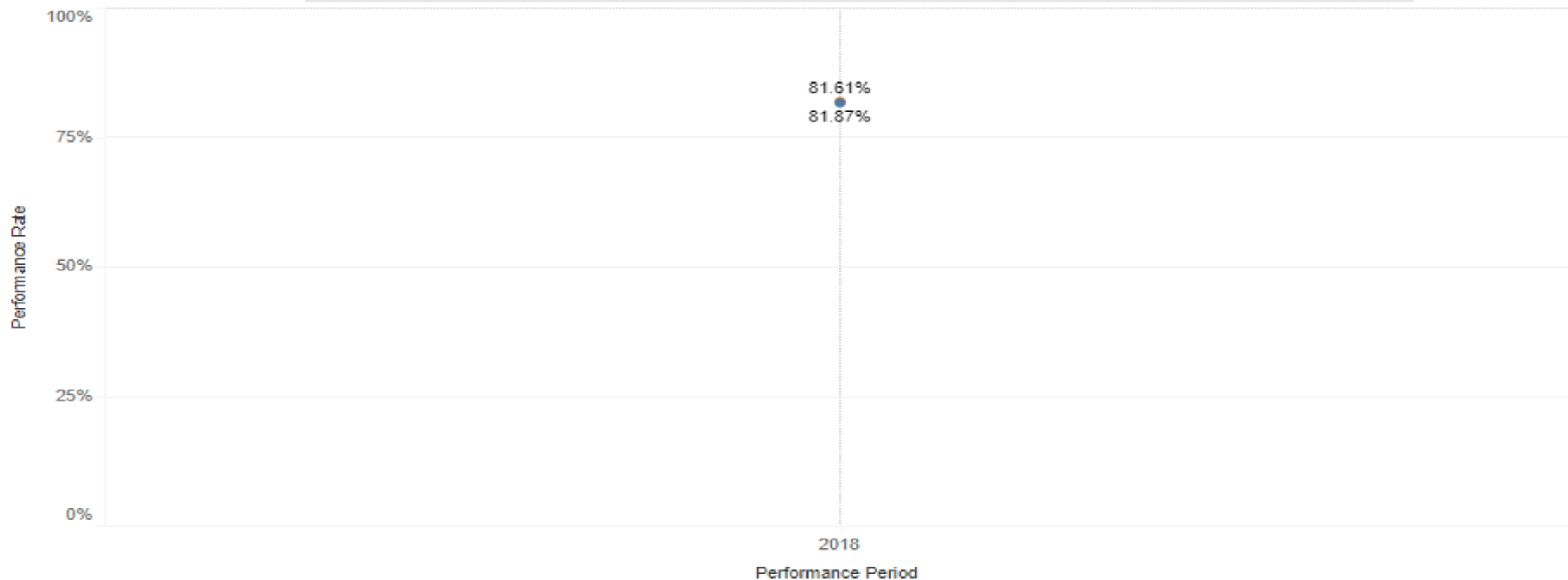
2018

2018

Clinical Data only

Claims & Clinical Data

Graph illustrates 2018 overall Performance rates based on clinical data only (81.61%) and based on Claims and Clinical data (81.87%)



Measure	Performance Period	Clinical Data only			Claims & Clinical Data		
		Denominator	Numerator	Performance Rate	Denominator	Numerator	Performance Rate
Breast Cancer Screening	1/1/2018	1,941	1,584	81.61%	1,941	1,589	81.87%
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Data Source

(All) ▼

Performance Period

2019

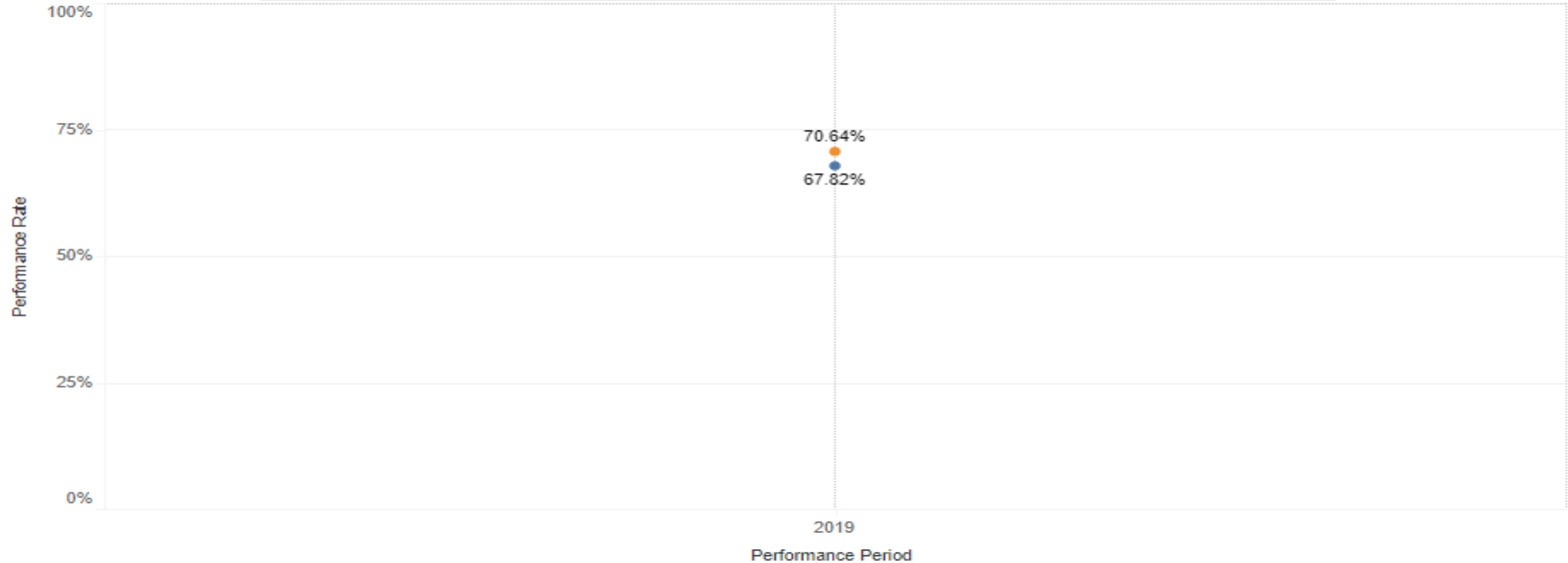
2019



Clinical Data only

Claims & Clinical Data

Graph illustrates 2019 overall Performance rates based on clinical data only (67.82%) and based on Claims and Clinical data (70.64%)



Measure	Performance Period	Clinical Data only			Claims & Clinical Data		
		Denominator	Numerator	Performance Rate	Denominator	Numerator	Performance Rate
Breast Cancer Screening	1/1/2018	1,941	1,584	81.61%	1,941	1,589	81.87%
	1/1/2019	1,417	961	67.82%	1,417	1,001	70.64%



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Data Source

Claims & Clinical Data

☐ (All)

☒ Claims & Clinical Data

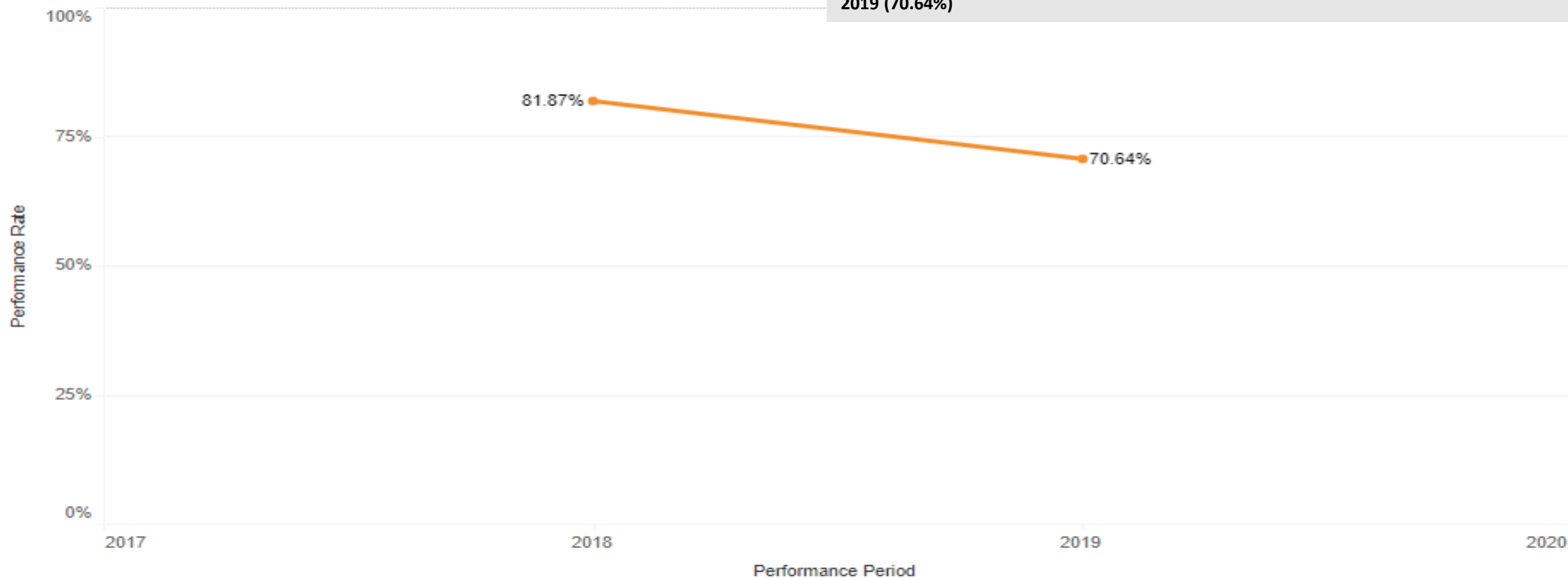
☐ Clinical Data only

Performance Period

2018 2019

Claims & Clinical Data

Graph illustrates overall Performance rates based on Claims and Clinical data in 2018 (81.87%) and 2019 (70.64%)



Measure	Performance Period	Clinical Data only			Claims & Clinical Data		
		Denominator	Numerator	Performance Rate	Denominator	Numerator	Performance Rate
Breast Cancer Screening	1/1/2018	1,941	1,584	81.61%	1,941	1,589	81.87%
	1/1/2019	1,417	961	67.82%	1,417	1,001	70.64%



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Data Source

Clinical Data only

☐ (All)

☐ Claims & Clinical Data

☒ Clinical Data only

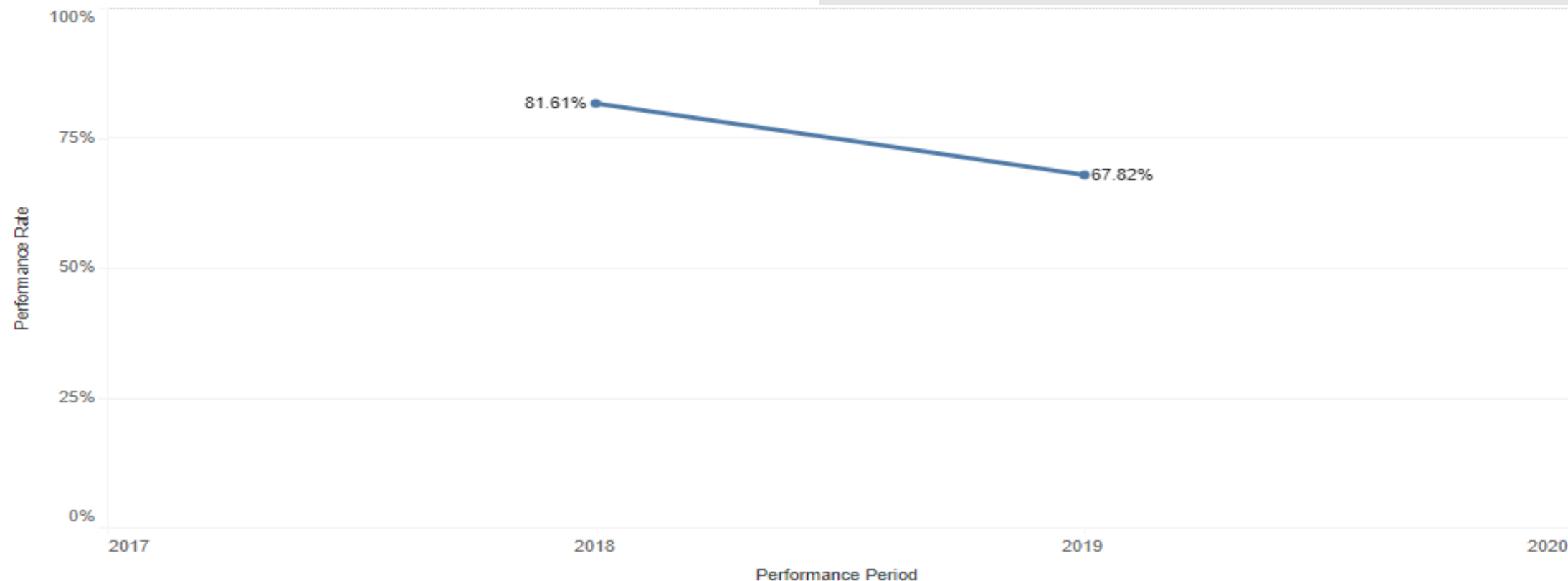
Performance Period

2018

2019

☒ Clinical Data only

Graph illustrates overall Performance Rates based on Clinical data only in 2018 (81.61%) and 2019 (67.82%)



Measure	Performance Period	Clinical Data only			Claims & Clinical Data		
		Denominator	Numerator	Performance Rate	Denominator	Numerator	Performance Rate
Breast Cancer Screening	1/1/2018	1,941	1,584	81.61%	1,941	1,589	81.87%
	1/1/2019	1,417	961	67.82%	1,417	1,001	70.64%

About CyncHealth

NEHII, Inc. (d.b.a CyncHealth) is a 501(c)3 non-profit organization with a public/private governance model that includes health care providers, payers, and the State of Nebraska. CyncHealth is a statewide Health Information Exchange designed to share clinical and administrative data among providers in Nebraska and neighboring states. CyncHealth's purpose is to achieve health care transformation through community betterment collaboration while protecting the security and privacy of medical information.

Our mission is to bring trust and value to health information technology by creating solution for moving health data forward.

The Qualified Entity Program

To further our purpose and mission CyncHealth became a "qualified entity" in the Medicare Data Sharing for Performance Measure Program (QE Program). Being selected by the Centers for Medicare & Medicaid Services (CMS) as a QE allows CyncHealth to receive standardized extracts of Medicare Claims data under parts A, B and D. As a QE CyncHealth can combine that claims data with other claims data sources and clinical data to generate reports that give insights to the how our regions providers and health systems are performing.

Measure Collection Rationale

What is Measured

Measurement was completed following the specifications of National Quality Forum (NQF) Measure 2372 and Quality ID #112 (Appendix A) for MIPS reporting-Women aged 50-74 years of age who had a mammogram to screen for breast cancer. The denominator looks to determine if an eligible woman had a mammogram within the performance period (calendar year) or in the 27 months prior to the end of the year.

Why it's Important

According to the American Cancer Society and as published in the journal *Radiology* in March of 2021, the results of a study including over half million women found that those that attended screening mammograms had a 50% reduction in their breast cancer becoming fatal within 10 years ⁽¹⁾.

The U.S. Preventative Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50-74 years.

What Data Was Utilized

The CyncHealth Qualified Entity public report utilized the eligibility and clinical information from the participating providers combined with Medicare medical claims data to determine the

percentage of women screened for breast cancer aggregated to the participating providers' practice.

How the Measure Calculated

The calculations were done following the Quality ID #112 specifications. The denominator was determined from all women eligible in the medical practice to be of age to need a screening mammogram with removal of those that met the exclusion criteria of having had a bilateral mastectomy or being in hospice services. The numerator was then found from all the eligible women who did have a mammogram in the timeframe (met) and those that did not (unmet). The percentage rate successful (met) was then calculated.

Results

What the Data Revealed

Data was collected and reported for 2018 and 2019, and showed both performance for clinical data, as well as clinical and claims data for comparison. In 2018, the numerator was 1584 for the clinical data, and 1,589 for the claims and clinical data. The denominator was 1,941 for both sets of data. Performance rates in 2018 were reported at 81.61% for the claims only data, and 81.87% for the claims and clinical data.

In 2019 the numerator was 961 for the clinical data, and 1,001 for the claims and clinical data. The denominator was 1,417 for both sets of data. Performance rates in 2019 were reported at 67.82% for the claims only data, and 70.64% for the claims and clinical data.

Discussion of Findings and Supporting Evidence

The providers and designees for the participating group were provisioned access to the data dashboards with drill down abilities on 9/7/2021. Their review period continued for 60 days until November 8th 2021. The data was the data they had participated in during the application process and had been reviewed by them previously. Regular email or call touch points occurred weekly with the team. No data quality issues were identified. Initial public reporting was posted to CyncHealth.org on 11/15/2021.

⁽¹⁾"Beneficial Effect of Consecutive Screening Mammography Examinations on Mortality from Breast Cancer: A Prospective Study." Collaborating with Dr. Tabár and Professor Duffy were Amy Ming-Fang Yen, Ph.D., Peter B. Dean, M.D., Robert A. Smith, Ph.D., Håkan Jonsson, Ph.D., Sven Törnberg, M.D., Sherry Yueh-Hsia Chiu, Ph.D., Sam Li-Sheng Chen, Ph.D., Grace Hsiao-Hsuan Jen, Ph.D., May Mei-Sheng Ku, Ph.D., Chen-Yang Hsu, Ph.D., Johan Ahlgren, M.D., Roberta Maroni, M.Sc., Lars Holmberg, M.D., and Tony Hsiu-Hsi Chen, Ph.D.

URL: <https://bit.ly/3kCn32E>

Explanation of CyncHealth Qualified Entity (QE) Public Reporting Format

NEHII, Inc. (d.b.a. CyncHealth) chose to report ongoing performance to providers and designees of the participating group in an interactive dashboard format. This format was not amenable to public posting due to website constraints. Because of this, CyncHealth has obtained CMS consent to publicly present performance in a PDF format.