BHE Requested Data

BRFSS Data
- Most Recent Data Available- 2018
- 2 Age Groups (50-74 & 40+)
- Race/Ethnicity

- EHR Data that aligns with CMS 125
  - 2020 Calendar Year
  - Women 50-74 with 1+ Medical Visit in last 12 months
  - Age eligible women with 1+ mammograms in last 27 months

Diagnostic Follow-Up- from EHR
- 2020 Calendar Year
- First diagnostic test after abnormal mammogram- days
- First diagnostic test after abnormal mammogram- patients
- First appointment with specialist after cancer diagnosis- days
- First appointment with specialist after cancer diagnosis- patients

BRFSS Data by Location: (State or MMSA) If MMSA-level, identify to MMSA used

	BRFSS		CMS 125 - Participating Sites			
	BRFSS - Women aged 50-74 who have had a mammogram within the past two years	BRFSS - Women aged 40+ who have had a mammogram within the past two years	Women aged 50-74 with 1+ reportable medical visit within last 12 months (eligible patients)	Women with 1+ mammograms in the last 27 months (eligible patients with appropriate screening)	Screening Rate	Goal Screening Rate
White, non-Hispanic	45.00%	24.00%	400	12	3%	75%
Black, Non-Hispanic	13.00%	14.00%	200	10	5%	
American Indian or Alaskan Native, non-Hispanic	20.00%	20.00%	50	5	10%	
Asian, non-Hispanic	25.00%	12.00%	35	3	9%	
Other, non-Hispanic	10.00%	13.00%	20	12	60%	
Multiracial, non-Hispanic	11.00%	14.00%	40	4	10%	
Hispanic	12.00%	15.00%	125	12	10%	
All Races	25.00%	16.00%	1000	100	10%	

DIAGNOSTIC FOLLOW-UP

Document the average ime for diagnostic follow-up, by race/ethnicity, over the past 12 months. Report data on the female patients of any age in the table below.

	First diagnostic test after abnormal mammogram - Average calendar days	First diagnostic test after abnormal mammogram - Unique patients	First appointment with specialist after cancer diagnosis - Average calendar days	First appointment with specialist after cancer diagnosis - Unique patients
White, non-Hispanic	100	25		
Black, Non-Hispanic				
American Indian or Alaskan Native, non-Hispanic				
Asian, non-Hispanic				
Other, non-Hispanic				
Multiracial, non-Hispanic	100	56		
Hispanic				
All Races	100	56		

BHE Requested Data- Additional Detail

BRFSS Data

Document the most recent state- or MMSA-level screening rates, by race/ethnicity, from the Behavioral Risk Factor

- Surveillance System (BRFSS). As of August 2020, the most recent state-level information available is from 2018 and the most recent
- MMSA-level information is from 2016.

How to access BRFSS data

1. Navigate to BRFSS Prevalence & Trends Data page
2. Below the Explore BRFSS Data By Location header, select the state in which the health system is located
3. On the Explore by Location page, choose either States or MMSAs, and, if applicable, select the appropriate MMSA
4. Under Class, choose "Women's Health" and "Mammogram" for Topic
5. Under View By, select "Race/Ethnicity"

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BHE Requested Data- Additional Detail

EHR Data that aligns with CMS-125 definition

Document the percentage of women 50-74 years of age who had a mammogram to screen for breast cancer. The definitions below mirror CMS 125, one of the most commonly-used, nationally-recognized quality measures. Click here for more information on CMS 125. If the health system cannot easily pull a breast cancer screening rate based on CMS 125, feel free to use another performance measure.

SUGGESTED DENOMINATOR: ELIGIBLE PATIENTS

Eligible patients are defined as women who were aged 50 through 74 with at least one reportable medical visit within the last 12 months.

- • 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 who were in hospice care during the project period.

SUGGESTED NUMERATOR: ELIGIBLE PATIENTS WITH APPROPRIATE SCREENING

- Include women with one or more mammograms in the last 27 months. (This includes a three month grace period.)

Please note the American Cancer Society recommends that women with an average risk of breast cancer should undergo regular screening mammography starting at 45. Click here and here for more information about the American Cancer Society's breast cancer screening guidelines.

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BHE Requested Data- Additional Detail

Diagnostic Follow-Up

FIRST DIAGNOSTIC TEST AFTER ABNORMAL MAMMOGRAM

- Document the time to the first diagnostic test after an abnormal mammogram, by race/ethnicity, over the past 12 months. For this section, report data on female patients of any age. Include combined results for all sites participating in the project.

- Document the average, maximum, and minimum number of calendar days between an incomplete or abnormal mammogram (BI-RADS 0, 3, 4, 5, or 6) and the first diagnostic test, by race/ethnicity, below. The initial diagnostic test may include ultrasound, diagnostic mammogram, MRI, or biopsy. Track the most immediate diagnostic test to which a patient is referred after the abnormal mammogram.

- Calculate calendar days between by subtracting the date of the abnormal mammogram - not the date results were learned - from the initial diagnostic follow-up date. For example, if the abnormal mammogram occurred on August 1, 2020 and the initial diagnostic follow-up was on August 30, 2020, the result would be 29 calendar days.

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BHE Requested Data- Additional Detail

Diagnostic Follow-Up

FIRST APPOINTMENT WITH SPECIALIST AFTER CANCER DIAGNOSIS

- Document the time to the first appointment with a specialist after a cancer diagnosis, by race/ethnicity, over the past 12 months. For this section, report data on female patients of any age. Include combined results for all sites participating in the project.

- Document the average, maximum, and minimum number of calendar days between a breast cancer diagnosis and the first appointment with a specialist. This may include a consultative session or a session where treatment is initiated with medical oncology, radiation oncology, breast surgeon, or other applicable cancer specialist.

- Calculate calendar days between by subtracting the date of the cancer diagnosis from the date of the first appointment with a specialist after cancer diagnosis. For example, if the cancer diagnosis occurred on September 1, 2020 and the first appointment with a specialist for cancer treatment was on September 15, 2020, the result would be 14 calendar days.

BHE Data- Items of Note

- You may want to engage your cancer registrar when pulling this information

- To identify your target population, you may be looking beyond just screening data

- Having reliable data will be critical to this project to ensure you are addressing the correct issue

- Consider how your local public health data and hospital system data are similar/differ. What might that tell you about opportunities?
  - i.e.- if your patient population if not reflective of your community, you may want to addresses a screening disparity.
  - But- if your patient population is reflective- are indicators like time to treatment, time to specialist, mortality rates consistent?

- In addition to this spreadsheet, you will have the opportunity to complete a systems and strategies inventory that will ask targeted questions to understand additional data you may want to consider as you develop your Collaborative Action Plan

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CRC Requested Data

EHR Data- 2019 CY for test pull 2020 for baseline- Required

Broken out by target sites/population vs total sites/population

- Total eligible patients aged 50-75
- Eligible patients with appropriate screening

- gFOBT/FIT tests completed
- Abnormal/Positive gFOBT/FIT
- Screening colonoscopies completed

- FIT-DNA tests completed
- Abnormal/Positive FIT-DNA tests

- Colorectal cancer diagnoses (regardless of screening test utilized)

Follow-up Colonoscopy Completion

Broken out by target sites/population vs total sites/population

- Abnormal/Positive gFOBT or FIT
- Follow-up colonoscopy within 3 months
- Follow-up colonoscopy within 6 months

	Total Eligible patients aged 50-75 yrs	Eligible patients with appropriate screening	Screening Rate	Goal Screening Rate	gFOBT/FIT tests completed	Abnormal/ Positive gFOBT/FIT	Screening colonoscopies completed	Colonoscopies with adenomas detected (optional)	FIT-DNA tests completed	Abnormal/ Positive FIT-DNA tests	CT colonographies completed (optional)	Colorectal cancer diagnoses (Regardless of screening test utilized)
Participating Hospital System Sites / Target Population			#N/A									
All Non-Participating Hospital System Sites / General Population			#N/A									

How many patients with a positive stool test (gFOBT, FIT, FIT-DNA) completed the needed follow-up colonoscopy?

	Abnormal/ Positive gFOBT or FIT	Follow-up colonoscopy within 3 months	Percentage	Follow-up colonoscopy within 6 months	Percentage
Participating Hospital System Sites / Target Population	75	3	4%	12	16%
All Non-Participating Hospital System Sites / General Population	25	3	12%	14	56%

EHR Data- 2019 CY- Recommended

Broken out by target sites/population vs total sites/population

- Colonoscopies with adenomas detected
- CT colonographies completed

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CRC Data- Items of Note

- Having reliable data will be critical to this project to ensure you are addressing the correct issue

- You may want to engage your cancer registrar when pulling this information- related to cancer's diagnosed and the screening timeline

- If you are utilizing stool testing for colorectal cancer, knowing the follow-up colonoscopy completion rates will be critical data for you to explore

- Consider how your local public health data and hospital system data are similar/differ. What might that tell you about opportunities?

In addition to this spreadsheet, you will have the opportunity to complete a systems and strategies inventory that will ask targeted questions to understand additional data you may want to consider as you develop your Collaborative Action Plan

HPV Requested Data

EHR Data

- Calculate **baseline** vaccination rates as the number of active medical patents ages 9-13 who were up-to-date with HPV, Tdap, and Meningococcal vaccines in 2019.

Separate vaccine rates by (if possible)

- Vaccine
- Age
- Sex

If unable to separate by sex, use the Combined column. Overall vaccination rates will be calculated for ages 9-13 as one group.

29.Baseline	Females					Males					Combined				
2019 Vaccination Rates	Total Number Active Medical	HPV Vaccine		Other vaccines		Total Number Active Medical	HPV Vaccine		Other vaccines		Total Number Active Medical	HPV Vaccine		Other vaccines	
		≥1 Dose	2 Doses	Mening ococcal	Tdap		≥1 Dose	2 Doses	Mening ococcal	Tdap		≥1 Dose	2 Doses	Mening ococcal	Tdap
Ages 9-10															
Ages 11-12															
Age 13															
Vaccination Rates (auto-calc)	0	0%	0%			0	0%	0%			0	0%	0%		

HPV Requested Data- Additional Detail

- Active medical patients are defined as those who had at least one reportable medical visit during the previous 12, 18 or 24 months.

- HPV vaccine initiation number should include patients who have ever received 1 dose of the HPV vaccine AND those who have received a 2nd dose.

- HPV vaccine series completion includes patients who have received 2 doses of HPV vaccine separated by at least 5 months. Completion rates should not exceed initiation rates.

Use the following table to identify up-to-date patients in 2019:

Ages	Born	Ever received the following vaccines:
9-10	2009-2010	At least 1 dose of HPV; 2 doses of HPV
11-12	2007-2008	
13	2006	At least 1 dose of HPV; 2 doses of HPV; Meningococcal; Tdap

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HPV Data- Items of Note

- Having reliable data will be critical to this project to ensure you are addressing the correct issue

- Consider how your local public health data and hospital system data are similar/differ. What might that tell you about opportunities?

- In addition to this spreadsheet, you will have the opportunity to complete a systems and strategies inventory that will ask targeted questions to understand additional data you may want to consider as you develop your Collaborative Action Plan