

Breast Cancer Screening

STRATEGIC MEASURE PROFILE

Why This Measure Matters

Breast cancer is the second most common cancer among women in the United States and remains one of the leading causes of cancer-related death. Regular mammography screening allows breast cancer to be detected earlier, when treatment is more effective and survival rates are highest. Women at increased risk may benefit from earlier or more frequent screening based on clinical recommendations.

Women living in rural Northern California often face additional barriers to breast cancer screening, including limited access to mammography services, transportation challenges, workforce shortages, and long travel distances to imaging facilities. These barriers contribute to lower screening rates and may delay diagnosis and treatment.

Improving breast cancer screening is an important opportunity to reduce preventable cancer deaths while advancing preventive care, health equity, and population health goals.

Measure Alignment

MEASUREMENT SYSTEMS	CLINICAL PORTFOLIO	ALIGNMENT LEVEL
✓ HEDIS ✓ QIP ✓ UDS ✓ PHMI	Primary Prevention	HIGH

Breast Cancer Screening is a high-leverage quality measure that aligns across multiple quality measurement systems. Improvement efforts can simultaneously support federal reporting, managed care quality performance, provider incentive programs, and population health initiatives.

Understanding the Improvement Strategy

HEDIS & QIP	UDS
POPULATION HEALTH PERSPECTIVE	CARE DELIVERY PERSPECTIVE
Key question: Which assigned patients have an open breast cancer screening care gap?	Key question: When eligible patients are seen in the clinic, are we consistently addressing breast cancer screening?
COMMON STRATEGIES • Patient outreach and reminders • Care gap reports and registries • Recall systems • Mobile mammography outreach	COMMON STRATEGIES • Pre-visit planning • Clinical reminders • Standing orders and team-based workflows • Documentation of mammograms completed outside the health center

Strategic takeaway: Strong performance requires both proactive outreach to patients who are overdue and reliable clinical processes that reduce missed opportunities during visits.

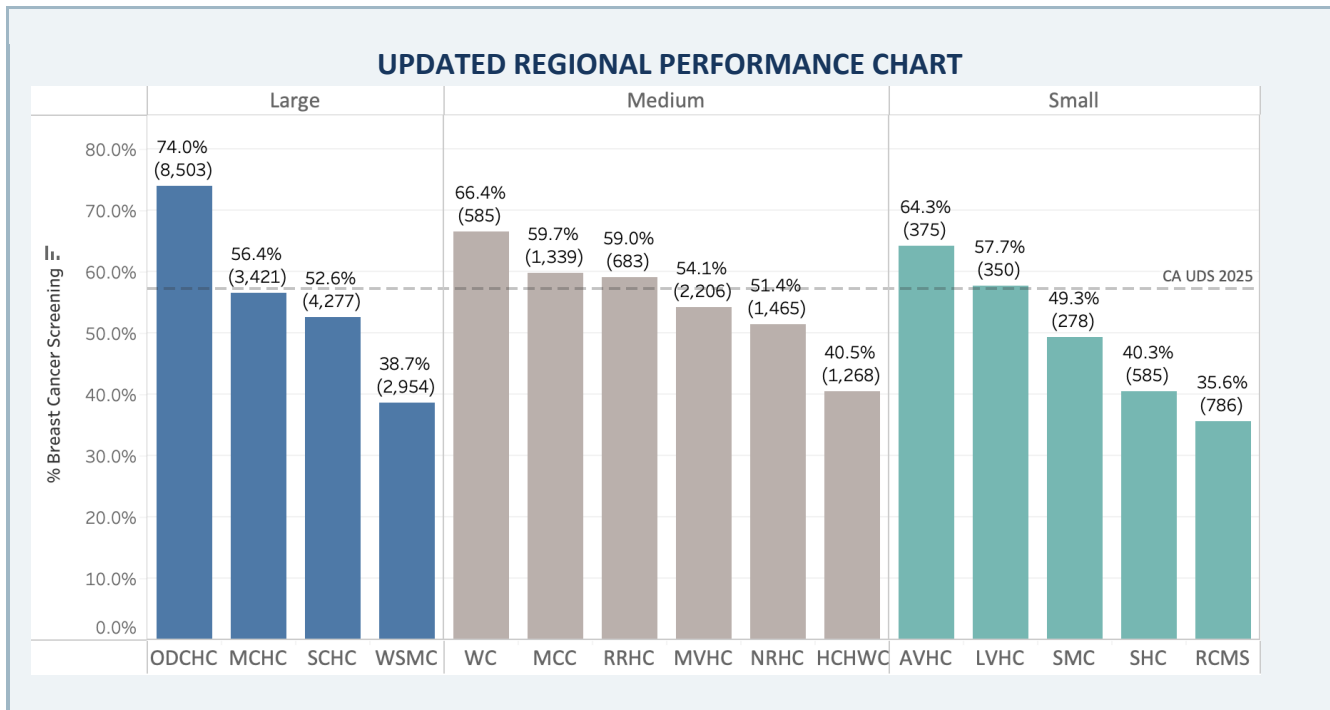
Rural Northern California Performance



Regional Insights

- Access to mammography remains a significant challenge for many rural and frontier communities because of travel distance and limited availability of imaging services.
- Mobile mammography services and coordinated referral partnerships can improve access for patients living in remote areas.
- Mammography appointments often have higher no-show rates than other preventive services, making patient reminder systems and navigation particularly important.

2025 REGIONAL PERFORMANCE



Performance Reflection

- How does our performance compare with regional peers?
- Are differences in performance driven primarily by access barriers or care delivery processes?
- Are patients completing mammograms that are not being documented in the EHR?
- Should Breast Cancer Screening be considered an enterprise quality improvement priority?

Quality Measure Definition (UDS)

Percentage of women 50–74 years of age who had a mammogram to screen for breast cancer during the 27 months prior to the end of the measurement period.

National and State Quality Benchmarks

BENCHMARK	REFERENCE VALUE / INTERPRETATION
QIP partial-points threshold	75th percentile nationally for Medicaid health plans, as reported by NCQA HEDIS in the year prior to the QIP measurement year.
California and US UDS average	CA UDS 2025: 59.4% US UDS 2025: 56.0%

Use this profile to connect measure alignment, regional performance, and improvement strategy during annual quality planning.