



NCQA Quality Measure Development: Lung Cancer Screening and Follow-up


Grace Glennon, MS, RD

Senior Research Associate, National Committee for Quality Assurance (NCQA)


NCQA's HEDIS®

Healthcare Effectiveness Data and Information Set


*Measurement set used by more than 90 percent of America's health plans
Allows for comparison of health plans across important dimensions of care and service*



Receive
preventive services



Manage chronic
conditions



Address
behavioral health



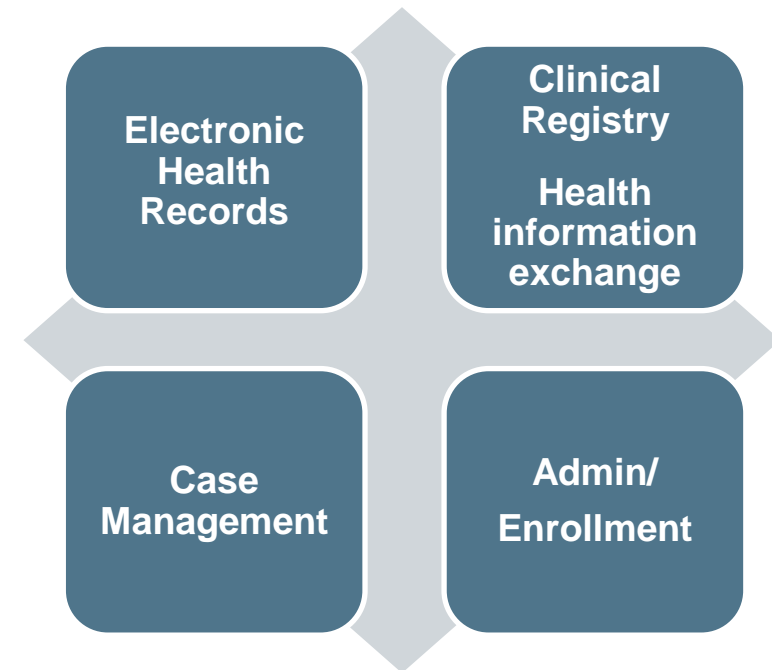
Coordinate
Care

Electronic Clinical Data Systems (ECDS)

Reporting method using electronic data

A **structured method** to collect and report **electronic clinical data** for HEDIS[®] quality **measurement** and for quality **improvement**

Data used to report measure elements come from *electronic sources*, documented in *structured fields* using *standardized terminology*



Lung Cancer Screening Project Background

Project Goals



Lung cancer is the leading cause of cancer death and the second most diagnosed cancer in the U.S. Despite the availability of an effective screening method, only 5.8% of those at high risk were screened in 2021.

Goal:

Develop evidence-based, reliable, and valid measures of Lung Cancer Screening, suitable for use at multiple levels of the health care system.

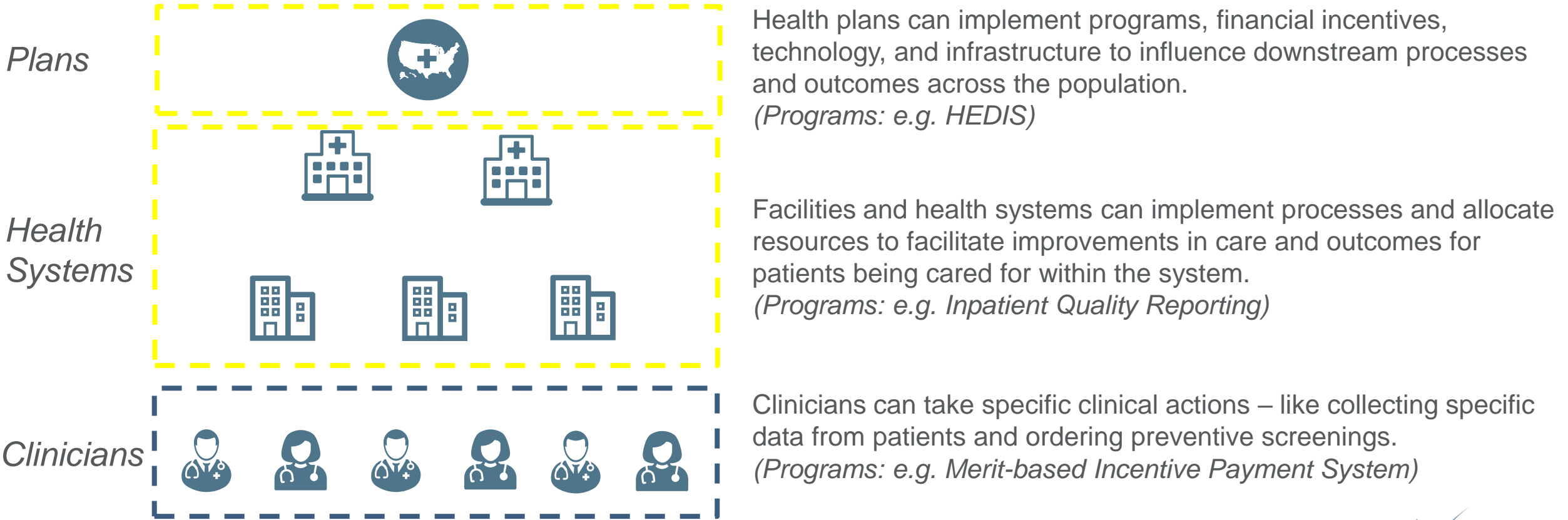
Project funded jointly by American Cancer Society and American Lung Association



Level of Accountability

Who can influence change?

Measures should be *actionable* by entity being held accountable.



State of Smoking & Tobacco Use Data

COMPLETENESS



- Evidence indicates *Smoking Status* is moderately well documented (60-90% complete).
- **Additional tobacco-related data such as pack-years, quit date, product type are not consistently collected or well documented at this point.**

Smoking Status
Former



Quit Date
Missing



Pack-years
Missing



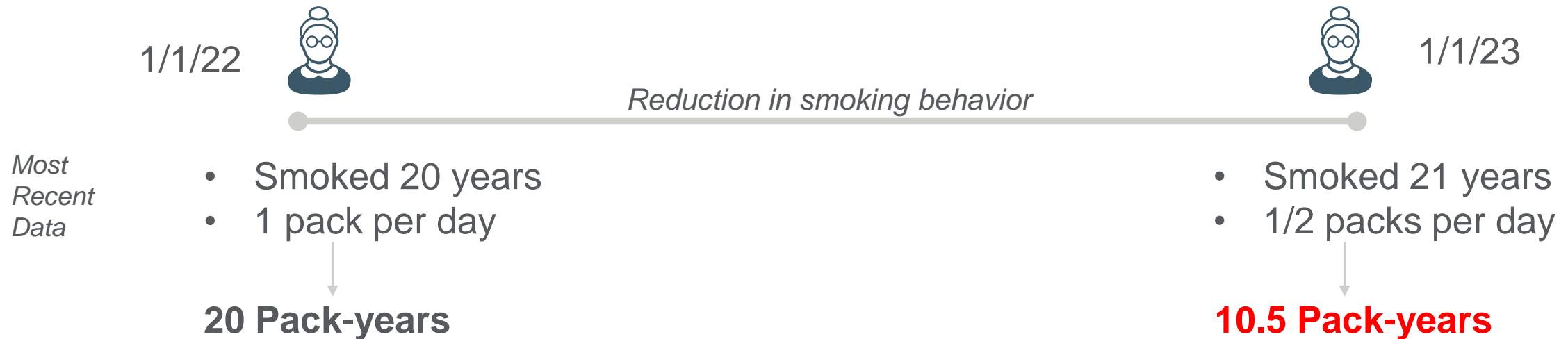
**Unknown Lung Cancer
Screening Eligibility**

State of Smoking & Tobacco Use Data

ACCURACY



- Data quality issues are abundant—notably, pack-years are frequently under-estimated.
- Up to 85 percent of patients may have pack-years underestimated, leading to a high percent of patients being missed for screening.
- **Underestimation frequently due to reliance on most recent data.**



Measurement Goal

Improving completeness and accuracy

Measurement Gap

Lack of complete and accurate smoking and tobacco use data hinders efforts to reduce smoking and tobacco use and is a barrier to identifying patients for lung cancer screening.

Measurement Goal

*Incentivize and improve **completeness and accuracy** of structured smoking and tobacco use data to support improving rates of lung cancer screening*

Measure Concept

Draft measure concept

Population: Adults 50-80 years of age

- Who currently smoke or formerly smoked who received a lung cancer screening using low-dose computed tomography (LDCT) if identified as recommended for routine lung cancer screening, and
- Who received follow-up based on results of the scan

Product Line

- Medicare
- Medicaid
- Commercial

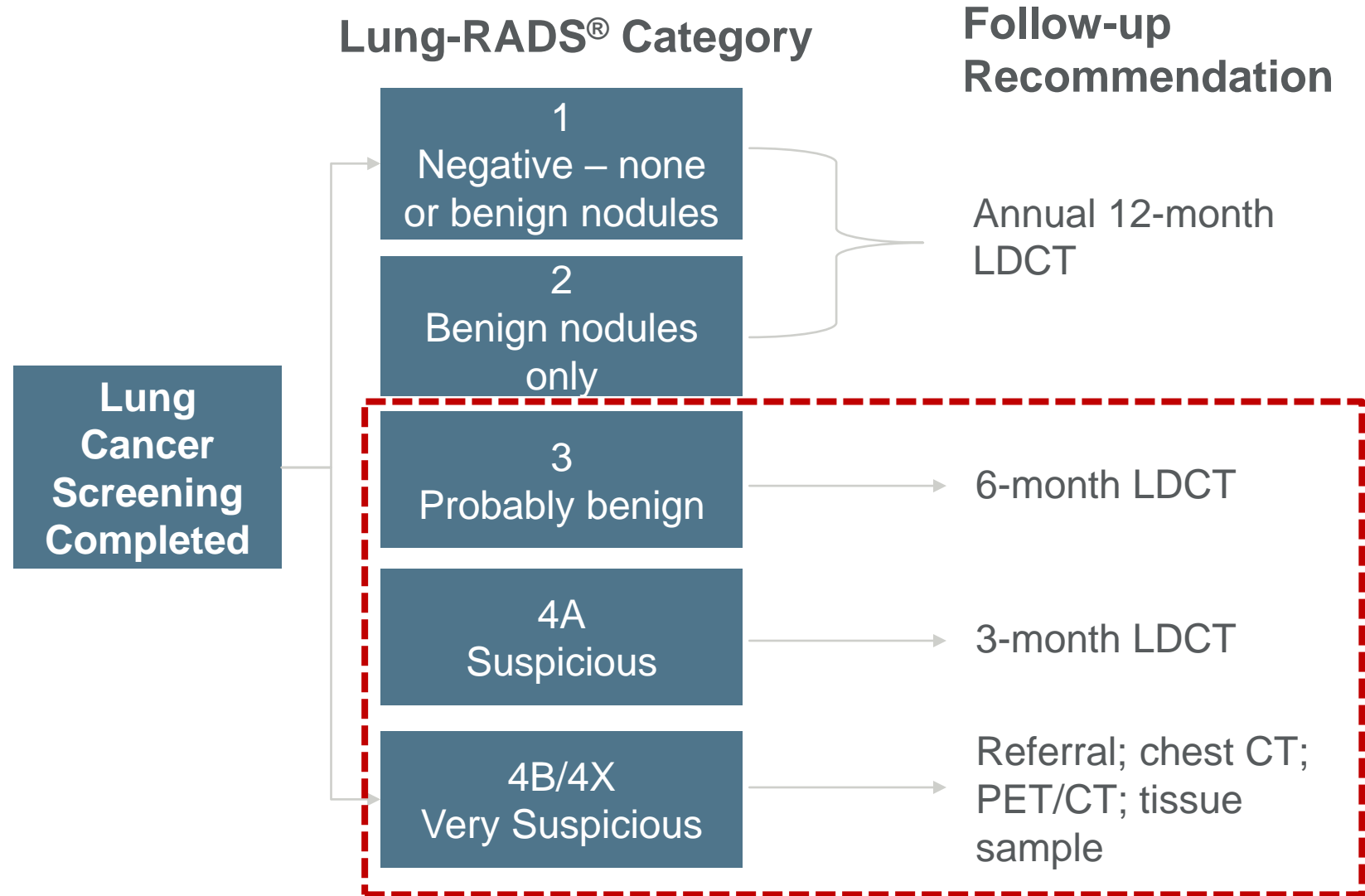
Data Source

Administrative claims, EHR, case management, Health Information Exchanges

Measure Key Considerations

Follow-up concept

- In order to measure follow-up, LDCT scan results are necessary
- Scan results must be available in structured fields, not just in a narrative report, to be successfully leveraged for digital measurement



Measure Testing Objectives

Testing involves collecting both quantitative and qualitative data in health systems and health plans

1

Assess smoking data completeness, availability and standardization

2

Evaluate feasibility of identifying a valid and reliable measure denominator using electronic clinical data

3

Investigate measure design decisions, including appropriate exclusions

4

Learn about how health plans and health systems could use this measure to improve tobacco use and lung cancer screening and follow-up rates

Next Steps

Measure development and testing

