



***ABIM Cancer Screening PIM™
Practice Improvement Module
Measures Catalogue***

**Cancer Screening Measures Catalogue
September 2010**

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Introduction:

This catalogue provides information related to the American Board of Internal Medicine's Cancer Screening Practice Improvement Module®. It is written in language that addresses the physician who might choose to complete this module, and it details the specifics of the module. Included is information regarding:

- **Purpose and structuring of the module**
- **Patient inclusion criteria**
- **Detailed description of the measures**

This PIM examines the care you provide to your patients by addressing key processes and outcomes of preventive care based on recommendations of the U.S. Preventive Services Task Force, the National Cancer Institute, the American Cancer Society, and the American College of Radiology.

The PIM is divided into three parts, with multiple sections in each part.

Part 1 -Performance Data

Provide baseline data about your practice's current performance by...

- Surveying your patients
- Reviewing your charts
- Assessing your practice systems

The 17 patient survey measures and 31 chart review measures are summarized below. **ABIM requires a minimum of 25** patient surveys and **a minimum of 25** chart reviews.

The practice systems assessment is comprised of multiple pages of questions covering various aspects of practice structure and protocols.

Patients can be **included** in this module if **all** of the following are true:

1. Patients are age 40 and older;
2. Management decisions regarding their cancer screenings are made primarily by providers in the practice;
3. They have been patients in the practice for at least one year; *AND*
4. They have been seen by the practice within the past 12 months.

Patients should be **excluded** from this module if the following is true:

1. They are unable to complete the patient survey, even with assistance.
OR
2. They have a terminal illness, or cancer screening is not indicated because of limited life expectancy.

Part 2 - Quality Improvement (QI) Plan

Develop a plan for improving one aspect of your practice after reviewing the analysis of your current performance data. The analysis will include many aspects of care you provide to your patients. Ultimately, you will target only one of these to use in this quality improvement (QI) cycle.

Part 3 - Remeasurement

Remeasure your performance data after you have implemented your QI plan to see if you achieved your goal. Then, you will reflect on the process of developing and implementing a QI plan.

You may claim CME credit for completing this activity. The University of Pennsylvania School of Medicine designates this educational activity for a maximum of 20 *AMA PRA Category 1 Credit(s)*[™].

Cancer Screening - PROCESSES OF CARE

Documentation of Family History				
Measure Title	Description	Numerator	Denominator	Rationale
Medical record documents whether or not patient has a family history of breast cancer	Female patients in the sample whose medical record documented whether or not patient has a family history of breast cancer.	Number of female patients in the sample whose medical record documented whether or not patient has a family history of breast cancer.	Number of female patients in the sample.	The risk conferred by a family history of breast cancer has been assessed in both case-control and cohort studies, using volunteer and population-based samples, with generally consistent results. In a pooled analysis of 38 studies, the relative risk (RR) of breast cancer conferred by a first-degree relative with breast cancer was 2.1. Risk increases with the number of affected relatives, and when the affected relatives are of younger age at diagnosis.
Medical record documents whether or not patient has a family history of ovarian cancer	Female patients in the sample whose medical record documented whether or not patient has a family history of ovarian cancer.	Number of female patients in the sample whose medical record documented whether or not patient has a family history of ovarian cancer.	Number of female patients in the sample.	The single greatest ovarian cancer risk factor is a family history of the disease. A large meta-analysis of 15 published studies estimated an odds ratio (OR) of 3.1 for the risk of ovarian cancer associated with at least one first-degree relative with ovarian cancer.
Medical record documents whether or not patient has a family history of prostate cancer	Male patients in the sample whose medical record documented whether or not patient has a family history of prostate cancer.	Number of male patients in the sample whose medical record documented whether or not patient has a family history of prostate cancer.	Number of male patients in the sample.	Men with a family history of prostate cancer are at increased risk for diagnosis of and death from prostate cancer
Medical record documents whether or not patient has a family history of colon cancer or adenomatous polyps	Patients in the sample whose medical record documented whether or not patient has a family history of colon cancer or adenomatous polyps.	Number of patients in the sample whose medical record documented whether or not patient has a family history of colon cancer or adenomatous polyps.	Number of patients in the sample.	Numerous studies that have consistently found that there is a twofold to threefold increased risk of colorectal cancer in people with first-degree relatives affected with the disease. Persons with a family history of adenomatous polyps may also have an increased risk of colorectal cancer.

CANCER SCREENING - PROCESSES OF CARE

Physical Examination				
Measure Title	Description	Numerator	Denominator	Rationale
Height	Patients in the sample with height documented	Number of patients in the sample who have height documented	Number of patients in the sample.	
Weight	Patients in the sample with weight documented.	Number of patients in the sample who have weight documented.	Number of patients in the sample.	

Appropriate Documentation of Habits, Exposures, and Risks				
Measure Title	Description	Numerator	Denominator	Rationale
Medical record documents information about patients' smoking status	Patients in the sample whose current smoking status was documented.	Number of patients in the sample whose current smoking status was documented.	Number of patients in the sample.	The routine and thorough assessment of tobacco use is important as a means of preventing smoking or encouraging cessation.
Medical record documents information about patients' former smoking status	Patients in the sample who are current non-smokers whose former smoking status was documented.	Number of patients in the sample who are current non-smokers whose former smoking status was documented.	Number of patients in the sample who are current non-smokers.	The routine and thorough assessment of tobacco use is important as a means of preventing smoking or encouraging cessation.
Medical record documents information about patients' exposure to second-hand smoke	Patients in the sample who are current non-smokers whose exposure to second-hand smoke was documented.	Number of patients in the sample who are current non-smokers whose exposure to second-hand smoke was documented.	Number of patients in the sample who are current non-smokers.	Secondhand smoke is classified as a "known human carcinogen" (cancer-causing agent) by the U.S. Environmental Protection Agency (EPA), the U.S. National Toxicology Program, and the International Agency for Research on Cancer (IARC).
Medical record documents information about patients' status regarding alcohol use (current, former, or non-user)	Patients in the sample whose status regarding alcohol use (current, former, or non-user) was documented.	Number of patients in the sample whose status regarding alcohol use (current, former, or non-user) was documented.	Number of patients in the sample.	Good evidence has been found that screening regarding alcohol use can accurately identify patients whose levels or patterns of alcohol consumption place them at risk for increased morbidity and mortality.
Medical record documents information	Patients in the sample whose current level of alcohol use was	Number of patients in the sample whose current level of alcohol	Number of patients in the sample,	Higher levels of alcohol consumption have been linked to

Appropriate Documentation of Habits, Exposures, and Risks				
Measure Title	Description	Numerator	Denominator	Rationale
about patients' current level of alcohol use	documented.	use was documented.	excluding patients who do not currently drink or have never consumed alcohol.	increased risk for cancers of the head and neck, digestive tract, liver, and breast, as well as cirrhosis, diseases of the central nervous system, and hypertension.
Medical record documents information about patients' prior history of alcohol use	Patients in the sample whose prior history of level of alcohol use was documented.	Number of patients in the sample whose prior history of level of alcohol use was documented.	Number of patients in the sample, excluding patients who have never consumed alcohol.	Epidemiologic research has shown a dose-dependent association between alcohol consumption and certain types of cancer, as well as other health problems.
Medical record documents information about patients' sexual history	Patients in the sample whose sexual history was documented.	Number of patients in the sample whose sexual history was documented.	Number of patients in the sample.	A sexual history is important for all patients to provide information that identifies those at risk for sexually transmitted diseases, including HIV, and to guide risk-reduction counseling.
Medical record documents information about patients' risk for acquiring a sexually transmitted infection	Patients in the sample whose risk for acquiring a sexually transmitted infection was documented.	Number of patients in the sample whose risk for acquiring a sexually transmitted infection was documented	Number of patients in the sample.	A sexual history is important for all patients to provide information that identifies those at risk for sexually transmitted diseases, including HIV, and to guide risk-reduction counseling.
Medical record documents information about patients' current or prior occupational exposures that could affect health	Patients in the sample whose current or prior occupational exposures that could affect health were documented.	Number of patients in the sample whose current or prior occupational exposures that could affect health were documented.	Number of patients in the sample.	Many epidemiologic studies indicate an association between occupational exposures and specific types of cancer.

Appropriate Counseling and Referrals				
Measure Title	Description	Numerator	Denominator	Rationale
Referral to a multidisciplinary program to address risks of obesity	Obese patients in the sample who were reported as being referred to a multidisciplinary program to address risks of obesity.	Number of obese patients in the sample who were reported as being referred to a multidisciplinary program to address risks of obesity.	Number of patients in the sample who are obese. When height and weight were both available, this was defined as a BMI of ≥ 30 kg/m ² . When height and/or weight were not available, the physician's assessment of body habitus as "obese" was used.	There is fair to good evidence that programs offering intensive counseling and behavioral interventions produce modest but sustained weight loss in obese adults.
Discussion of risks and potential benefits of alcohol use	Patients in the sample, excluding patients who have never consumed alcohol, who were reported as having a discussion of risks and potential benefits of alcohol use.	Number of patients in the sample, excluding patients who have never consumed alcohol, who were reported as having a discussion of risks and potential benefits of alcohol use.	Number of patients in the sample, excluding patients who have never consumed alcohol.	There is good evidence that screening and behavioral counseling for alcohol misuse benefits patients.
Referral for high-intensity behavioral counseling to reduce the risk of sexually transmitted infections	Patients in the sample at high risk for STIs who were reported as having received high-intensity behavioral counseling to reduce the risk of sexually transmitted infections.	Number of patients in the sample at high risk for STIs who were reported as having received high-intensity behavioral counseling to reduce the risk of sexually transmitted infections.	Number of patients in the sample at high risk for STIs.	There is convincing evidence that high-intensity behavioral counseling interventions targeted to sexually active adolescents and adults at increased risk for STIs reduce the incidence of STIs.
Smoking cessation support within the past 12 months	Patients in the sample who are smokers and who received smoking cessation counseling or treatment during the 12 month period prior to the visit date, with a three-month grace period.	Number of patients in the sample who are smokers and who received smoking cessation counseling or treatment during the 12 month period prior to the visit date, with a three-month grace period.	Number of patients in the sample who are smokers.	A number of large randomized clinical trials have demonstrated the efficacy and cost-effectiveness of smoking cessation counseling in changing smoking behavior and reducing tobacco use. The routine and thorough assessment of tobacco use is an important step in smoking cessation counseling.

Screenings, Tests & Evaluations				
Measure Title	Description	Numerator	Denominator	Rationale
Colorectal cancer screening in patients 40 to 75 years old that complies with guidelines	Patients in the sample 40 to 75 years old who were reported as having colorectal cancer screening that complies with guidelines. Patients with a personal history of colorectal cancer or adenomatous polyps are excluded from this measure.	Number of patients in the sample 40 to 75 years old with a family history of colorectal cancer or adenomatous polyps who were reported as having a colonoscopy within 60 months, plus three month grace period OR patients 50 to 75 without a personal or family history of colorectal cancer or adenomatous polyps who were reported as having 1) a colonoscopy within 120 months, plus three month grace period; OR 2) a high sensitivity guaiac-based FOBT within 12 months, plus three month grace period; OR 3) a flexible sigmoidoscopy within 60 months plus three month grace period AND a high sensitivity guaiac-based FOBT or a FIT within 36 months, plus three month grace period; OR 4) a CT colonography within 60 months, plus three month grace period; OR 5) a DCBE within 60 months, plus three month grace period; OR 6) a FIT within 12 months, plus three month grace period; OR 7) a high-sensitivity fecal DNA testing within 60 months, plus three month grace period.	Number of patients in the sample 50 to 75 years old AND patients 40 to 75 years old who have a family history of colorectal cancer or adenomatous polyps, excluding those patients with a personal history of colorectal cancer or adenomatous polyps.	Colorectal cancer is the third most common type of cancer and the second leading cause of cancer death in the United States. The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps and reduces colorectal cancer mortality. The evidence base regarding a mortality benefit for newer screening modalities is still developing.
Pap smear for cervical cancer screening within three years (every year for patients with HIV/AIDS)	Female patients in the sample 40 to 65 years old and female patients age 66 and older at high risk for STIs who were reported as having a pap smear for cervical cancer screening 1)	Number of female patients in the sample 40 to 65 years old and female patients age 66 and older at high risk for STIs without HIV/AIDS who were reported as having a pap smear for cervical	Number of female patients in the sample 40 to 65 years old and female patients age 66 and older at high risk for	Good evidence from multiple observational studies has shown that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer.

Screenings, Tests & Evaluations				
Measure Title	Description	Numerator	Denominator	Rationale
	within 36 months, plus three month grace period for those without HIV/AIDS, OR 2) within 12 months, plus three month grace period for those with HIV/AIDS.	cancer screening 1) within 36 months, plus three month grace period for those without HIV/AIDS, OR 2) within 12 months, plus three month grace period for those with HIV/AIDS, excluding those who were not tested because they have no cervix.	STIs, excluding those who were not tested because they have no cervix.	
Mammography for breast cancer screening within two years: women age 40 to 49	Female patients in the sample 40 to 49 years old without a personal history of breast cancer in the sample who were reported as having a mammography for breast cancer screening within 24 months, plus three month grace period.	Number of female patients in the sample 40 to 49 years old without a personal history of breast cancer in the sample who were reported as having a mammography for breast cancer screening within 24 months, plus three month grace period.	Number of female patients in the sample 40 to 49 years old without personal history of breast cancer.	Breast cancer is the second-leading cause of cancer death among women in the United States. There is convincing evidence that screening with film mammography reduces breast cancer mortality, with a greater absolute reduction for women aged 50 to 74 years than for women aged 40 to 49 years. The strongest evidence for the greatest benefit is among women aged 60 to 69 years. Among younger women, meta-analyses of randomized, controlled trials demonstrate a 7% to 23% reduction in breast cancer mortality rates from screening mammography in women 40 to 49 years of age.
Mammography for breast cancer screening within two years: women age 50 and over	Female patients in the sample age 50 and over without a personal history of breast cancer who were reported as having a mammography for breast cancer screening within 24 months, plus three month grace period.	Number of female patients in the sample age 50 and over without a personal history of breast cancer who were reported as having a mammography for breast cancer screening within 24 months, plus three month grace period.	Number of female patients in the sample age 50 and over without a personal history of breast cancer.	Breast cancer is the second-leading cause of cancer death among women in the United States. There is convincing evidence that screening with film mammography reduces breast cancer mortality, with a greater absolute reduction for women aged 50 to 74 years than for women aged 40 to 49 years. The strongest evidence for the greatest benefit is among women aged 60 to 69 years.

Screenings, Tests & Evaluations				
Measure Title	Description	Numerator	Denominator	Rationale
Prostate cancer testing done for those desiring testing, age 50 to 74 (45 to 74 for African Americans and 40 to 74 with a family history of prostate cancer)	Male patients in the sample 50 to 74 years old OR male African American patients 45 to 74 years old OR male patients 40 to 74 years old with a family history of prostate cancer who were reported as desiring prostate cancer screening and having screening done within 12 months, plus three month grace period.	Number of male patients in the sample 50 to 74 years old OR male African American patients 45 to 74 years old OR male patients 40 to 74 years old with a family history of prostate cancer who were reported as desiring prostate cancer screening and having screening done within 12 months, plus three month grace period.	Number of male patients in the sample 50 to 74 years old OR male African American patients 45 to 74 years old OR male patients 40 to 74 years old with a family history of prostate cancer who were reported as desiring to have screening for prostate cancer.	Prostate cancer is the most common non-skin cancer and the second leading cause of cancer death in men in the United States. Because current evidence is insufficient to determine if the benefits of screening for prostate cancer outweigh the risks, the decision about screening should be shared by an individual patient and his physician.
HIV infection (includes patients who received test and those who were offered but declined testing)	Patients in the sample 40 to 64 years old who were reported as having been tested for HIV infection OR being offered but declined testing, excluding those who were not offered testing because local prevalence is <1:1,000 and those with HIV/AIDS.	Number of patients in the sample 40 to 64 years old who were reported as having been tested for HIV infection OR being offered but declined testing, excluding those who were not offered testing because local prevalence is <1:1,000 and those with HIV/AIDS.	Number of patients in the sample 40 to 64 years old, excluding those who were not offered HIV testing because local prevalence is <1:1,000 and those with HIV/AIDS.	Early identification and treatment for HIV provides substantial health benefit by extending the length of life of the person identified as having HIV.

Patient-Centered Care				
Measure Title	Description	Numerator	Denominator	Rationale
Medical record documents patient preferences concerning prostate cancer screening	Applicable patients in the sample who were reported as having an assessment of preferences regarding prostate cancer screening.	Number of applicable patients in the sample who were reported as having an assessment of preferences regarding prostate cancer screening. Applicable patients are male patients age 50 to 74 OR male African American patients age 45 to 74 OR male patients age 40 to 74 with a family history of prostate cancer, excluding those who have been diagnosed with prostate cancer.	Number of male patients in the sample age 50 to 74 OR male African American patients age 45 to 74 OR male patients age 40 to 74 with a family history of prostate cancer, excluding those who have a personal history of prostate cancer.	Because current evidence is insufficient to determine if the benefits of screening for prostate cancer outweigh the risks, most major U.S. medical organizations recommend that clinicians discuss the potential benefits and known harms of PSA screening with their patients, consider their patients' preferences, and individualize screening decisions.

Potential Overuse				
Measure Title	Description	Numerator	Denominator	Rationale
Colorectal cancer screening in patients 76 to 85	Patients in the sample 76 to 85 years old who were reported as having colorectal cancer screening at a date when patients were age 76 and over, excluding those who have a personal history of colorectal cancer or adenomatous polyps.	Number of patients in the sample 76 to 85 years old who were reported as having colorectal cancer screening at a date when patients were age 76 and over, excluding those who have a personal history of colorectal cancer or adenomatous polyps.	Number of patients in the sample 76 to 85 years old without a personal history of colorectal cancer or adenomatous polyps.	There is adequate evidence that the benefits of detection of colorectal cancer and early intervention decline after age 75 years. The lead time between the detection and treatment of colorectal neoplasia and a mortality benefit is substantial, and competing causes of mortality make it progressively less likely that this benefit will be realized with advancing age.
Colorectal cancer screening in patients 86 and over	Patients in the sample age 86 and over who were reported as having colorectal cancer screening at a date when patients were age 86 and over, excluding those who have a personal history of colorectal cancer or adenomatous polyps.	Number of patients in the sample age 86 years and over who were reported as having colorectal cancer screening at a date when patients were age 86 and over, excluding those who have a personal history of colorectal cancer or adenomatous polyps.	Number of patients in the sample age 86 and over without a personal history of colorectal cancer or adenomatous polyps.	The USPSTF concludes that, for adults older than age 85 years, there is moderate certainty that the benefits of screening do not outweigh the harms, and these patients should not undergo screening.
Cervical cancer screening in women 66 and over	Female patients in the sample age 66 and over who were not at high risk for acquiring STIs and not having HIV/AIDS and who were reported as having cervical cancer screening at a date when patients were age 66 and over. Patients who have no cervix are excluded.	Number of female patients in the sample age 66 and over who were not at high risk for acquiring STIs and not having HIV/AIDS and who were reported as having cervical cancer screening at a date when patients were age 66 and over. Patients who have no cervix are excluded.	Number of female patients in the sample age 66 and older, EXCEPT those at high risk for STI, having HIV/AIDS, and having no cervix.	The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

Potential Overuse				
Measure Title	Description	Numerator	Denominator	Rationale
Prostate cancer screening in men 50 to 74 (45 to 74 for African Americans and 40 to 74 with a family history of prostate cancer) who did not desire screening or in whom preference was not assessed	Male patients in the sample 50 to 74 years old OR male African American patients 45 to 74 years old OR male patients years old 40 to 74 with a family history of prostate cancer who were reported as not desiring prostate cancer screening OR in whom preference were not assessed, but had prostate cancer screening.	Number of male patients in the sample 50 to 74 years old OR male African American patients 45 to 74 years old OR male patients 40 to 74 years old with a family history of prostate cancer who were reported as not desiring prostate cancer screening OR in whom preference were not assessed, but had prostate cancer screening.	Number of male patients in the sample 50 to 74 years old OR male African American patients 45 to 74 years old OR male patients 40 to 74 years old with a family history of prostate cancer who did not desire testing OR in whom preference were not assessed.	Because current evidence is insufficient to determine if the benefits of screening for prostate cancer outweigh the risks, most major U.S. medical organizations recommend that clinicians discuss the potential benefits and known harms of PSA screening with their patients, consider their patients' preferences, and individualize screening decisions. It follows that patients who do not desire prostate cancer screening should not have it done, and that physicians should not act unilaterally prior to assessing patient preferences.
Prostate cancer screening in men 75 and over	Male patients in the sample age 75 and over without a personal history of prostate cancer who had prostate cancer screening at a date when patients were age 75 and over.	Number of male patients in the sample age 75 and over without a personal history of prostate cancer who had prostate cancer screening at a date when patients were age 75 and over.	Number of male patients in the sample age 75 and older without a personal history of prostate cancer.	In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none, and that these patients should not undergo screening.

PATIENT EXPERIENCE: CANCER SCREENING – PROCESSES OF CARE

Appropriate Documentation of Habits, Exposures, and Risks				
Measure Title	Description	Numerator	Denominator	Rationale
Patient recalls being asked about patients' status regarding alcohol use.	Patients in the sample who reported being asked if patient drinks alcohol.	Number of patients in the sample who reported being asked if patient drinks alcohol.	Number of patients in the sample. To be included in the sample, patients need to be 40 and older.	Good evidence has been found that screening regarding alcohol use can accurately identify patients whose levels or patterns of alcohol consumption place them at risk for increased morbidity and mortality.
Patient recalls being asked for information about patients' sexual history	Patients in the sample who reported being asked for information about patients' sexual history in the past 12 months.	Number of patients in the sample who reported being asked for information about patients' sexual history in the past 12 months.	Number of patients in the sample. To be included in the sample, patients need to be 40 and older.	A sexual history is important for all patients to provide information that identifies those at risk for sexually transmitted diseases, including HIV, and to guide risk-reduction counseling.
Patient recalls being asked for information about patients' work history	Patients in the sample who reported being asked for information about patients' work history.	Number of patients in the sample who reported being asked for information about patients' work history.	Number of patients in the sample. To be included in the sample, patients need to be 40 and older.	Many epidemiologic studies indicate an association between occupational exposures and specific types of cancer.

Appropriate Counseling and Referrals				
Measure Title	Description	Numerator	Denominator	Rationale
Patient reports being advised to stop smoking	Patients in the sample who are current smokers who reported that their doctor had advised them more than once to stop smoking cigarettes.	Number of patients in the sample who are current smokers who reported that their doctor had advised them more than once to stop smoking cigarettes	Number of patients in the sample who reported that they currently smoke cigarettes. To be included in the sample, patients need to be 40 and older.	There is convincing evidence that smoking cessation interventions, beginning with advising patients to stop smoking, are effective in increasing the likelihood that smokers successfully quit.
Patient reports being offered smoking cessation assistance/counseling	Patients in the sample who are current smokers who reported that their doctor had offered smoking cessation assistance or	Number of patients in the sample who are current smokers who reported that their doctor had offered smoking cessation	Number of patients in the sample who reported that they currently smoke	There is convincing evidence that smoking cessation interventions, are effective in increasing the likelihood that smokers successfully

Appropriate Counseling and Referrals				
Measure Title	Description	Numerator	Denominator	Rationale
	counseling.	assistance or counseling.	cigarettes. To be included in the sample, patients need to be 40 and older.	quit. The key elements of effective smoking cessation counseling include identifying tobacco users, offering consistent and repeated cessation advice that is of personal medical relevance, adjuncts such as nicotine replacement therapy (NRT), follow-up contact, and advice regarding intensive cessation therapy.

Patient-Centered Care				
Measure Title	Description	Numerator	Denominator	Rationale
Patient reports being shared decision-making about prostate cancer screening	Male patients in the sample age 50 and older who reported that they were shared decision-making about prostate cancer screening, excluding those who have a personal history of prostate cancer.	Number of male patients in the sample age 50 and older who reported that they were shared decision-making about prostate cancer screening, excluding those who have a personal history of prostate cancer.	Number of male patients in the sample who were age 50 and older, excluding those who have a personal history of prostate cancer.	Because current evidence is insufficient to determine if the benefits of screening for prostate cancer outweigh the risks, most major U.S. medical organizations recommend that clinicians discuss the potential benefits and known harms of PSA screening with their patients, consider their patients' preferences, and individualize screening decisions.
Patient reports being shared decision-making about mammography	Female patients in the sample age 40 to 49 who reported that they were shared decision-making about mammography, excluding those who have a personal history of breast cancer.	Number of female patients in the sample age 40 to 49 who reported that they were shared decision-making about mammography, excluding those who have a personal history of breast cancer.	Number of female patients in the sample age 40 to 49, excluding those who have a personal history of breast cancer.	
Patient reports being recommended mammogram to screen for breast cancer	Female patients in the sample age 50 and older who reported that they were recommended mammogram to screen for breast cancer, excluding those who have a personal history of	Number of female patients in the sample age 50 and older who reported that they were recommended mammogram to screen for breast cancer, excluding those who have a	Number of female patients in the sample age 50 and older, excluding those who have a personal history of	

Patient-Centered Care				
Measure Title	Description	Numerator	Denominator	Rationale
	breast cancer.	personal history of breast cancer.	breast cancer.	
Patient reports being recommended pap smear to screen for cervical cancer	Female patients in the sample age 65 and younger who were recommended pap smear to screen for cervical cancer, excluding those who have a personal history of cervical cancer.	Number of female patients in the sample age 65 and younger who were recommended pap smear to screen for cervical cancer, excluding those who have a personal history of cervical cancer.	Number of female patients in the sample age 65 and younger, excluding those who have a personal history of cervical cancer.	
Patient reports being recommended screening test for colorectal cancer	Patients in the sample age 50 and older who were recommended screening test for colorectal cancer, excluding those who have a personal history of colorectal cancer.	Number of patients in the sample age 50 and older who were recommended screening test for colorectal cancer, excluding those who have a personal history of colorectal cancer.	Number of patients in the sample who were age 50 and older, excluding those who have a personal history of colorectal cancer.	

Patient Satisfaction				
Measure Title	Description	Numerator	Denominator	Rationale
Practice is excellent at encouraging questions and answering them clearly	Patients in the sample who reported that practice is excellent at encouraging questions and answering them clearly	Number of patients in the sample who responded "excellent" to the question "How is this practice at encouraging you to ask questions and answering them clearly?"	Number of patients in the sample. To be included in the sample, patients need to be 40 and older.	Care should be patient-centered, respectful of and responsive to individual patient preferences, needs, and values. Patients' overall experiences with doctors are shaped by communication style and content. Both contribute to the likelihood that a patient will understand and be able to follow treatment recommendations.
Patient would recommend practice to others	Patients in the sample who reported that they would recommend the practice to family or friends.	Number of patients in the sample who responded "Yes" to the survey question, "Would you recommend this practice to family or friends?"	Number of patients in the sample. To be included in the sample, patients need to be 40 and older.	Consumer satisfaction with healthcare is recognized as a measure of quality.

Access to the Practice				
Measure Title	Description	Numerator	Denominator	Rationale
Patient reports no problem with scheduling appointments	Patients in the sample who report no problems scheduling appointments with the practice.	Number of patients in the sample who responded "Not a problem" to the survey question, "In the past 12 months, how much of a problem has it been to schedule appointments with this practice?" To be included in the sample, patients need to be between the ages of 40 and 110.	Number of patients in the sample, excluding those who responded "Not applicable" to the survey question, "In the past 12 months, how much of a problem has it been to schedule appointments with this practice?" To be included in the sample, patients need to be between the ages of 40 and 110.	The Institute of Medicine recommends that patients should receive care whenever they need it and in many forms, not just face-to-face visits. This implies that the health care system should be responsive at all times (24 hours a day, every day) and that access to care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits.
Patient reports no problem with reaching someone with a question	Patients in the sample who report no problems reaching the practice with questions or concerns.	Number of patients in the sample who responded "Not a problem" to the survey question, "In the past 12 months, how much of a problem has it been to reach this practice when you have a question or concern?" To be included in the sample, patients need to be between the ages of 40 and 110.	Number of patients in the sample, excluding those who responded "Not applicable" to the survey question, "In the past 12 months, how much of a problem has it been to reach this practice when you have a question or concern?" To be included in the sample, patients need to be between the ages of 40 and 110.	The Institute of Medicine recommends that patients should receive care whenever they need it and in many forms, not just face-to-face visits. This implies that the health care system should be responsive at all times (24 hours a day, every day) and that access to care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits.
Patient reports no problem with obtaining prescription refills	Patients in the sample who report no problems obtaining prescription refills from the practice.	Number of patients in the sample who responded "Not a problem" to the survey question, "In the past 12 months, how much of a	Number of patients in the sample, excluding those who responded "Not	The Institute of Medicine recommends that patients should receive care whenever they need it and in many forms, not just face-to-

Access to the Practice				
Measure Title	Description	Numerator	Denominator	Rationale
		problem has it been to get a prescription refill from this practice?" To be included in the sample, patients need to be between the ages of 40 and 110.	applicable" to the survey question, "In the past 12 months, how much of a problem has it been to get a prescription refill from this practice?" To be included in the sample, patients need to be between the ages of 40 and 110.	face visits. This implies that the health care system should be responsive at all times (24 hours a day, every day) and that access to care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits.
Patient reports no problem with obtaining test results	Patients in the sample who report no problems obtaining test results from the practice.	Number of patients in the sample who responded "Not a problem" to the survey question, "In the past 12 months, how much of a problem has it been to get your laboratory test results from this practice?" To be included in the sample, patients need to be between the ages of 40 and 110.	Number of patients in the sample, excluding those who responded "Not applicable" to the survey question, "In the past 12 months, how much of a problem has it been to get your laboratory test results from this practice?" To be included in the sample, patients need to be between the ages of 40 and 110.	The Institute of Medicine recommends that patients should receive care whenever they need it and in many forms, not just face-to-face visits. This implies that the health care system should be responsive at all times (24 hours a day, every day) and that access to care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits.
Patient reports no problem with obtaining referrals	Patients in the sample who report no problems obtaining referrals from the practice.	Number of patients in the sample who responded "Not a problem" to the survey question, "In the past 12 months, how much of a problem has it been to get a referral from this practice?" To be included in the sample, patients need to be between the	Number of patients in the sample, excluding those who responded "Not applicable" to the survey question, "In the past 12 months, how much of a	The Institute of Medicine recommends that patients should receive care whenever they need it and in many forms, not just face-to-face visits. This implies that the health care system should be responsive at all times (24 hours a day, every day) and that access to

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		ages of 40 and 110.	problem has it been to get a referral from this practice?" To be included in the sample, patients need to be between the ages of 40 and 110.	care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits.

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