Mammography Medical Outcomes Audit

FORM 30

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Audit Period Start or End: _____ **Analysis or Review Date:** _____

Physician Name or Facility Aggregate: _____

Complete separately for each interpreting physician and for the facility aggregate.

Measure	Numerator or Supporting Count	Denominator or Supporting Count	Calculated Result
Positive predictive value	Positive patients diagnosed with cancer within 1 year: _____	Patients with positive mammograms: _____	_____ %
Cancer detection rate	Qualifying screening patients diagnosed with cancer within 1 year: _____	Patients initially screened: _____	_____ per 1,000
Recall rate	Screenings assessed as incomplete: additional imaging needed: _____	Screening examinations: _____	_____ %

Apply current MQSA definitions, audit scope, and timing requirements, plus applicable state requirements. Attach the case outcomes, counts, analysis method, and supporting records. This summary does not replace the complete medical outcomes audit.

Analysis or Findings or Follow-Up Actions And Supporting Records:

_____

_____

Interpreting Physicians Notified: Date or Method or Evidence: _____

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Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Record supporting references, review, and applicable requirements below.

Note(s) or Supporting Record(s):

Reviewing Physician Signature or Date: _____

State or Jurisdiction: _____

Regulatory Requirement Reference(s): _____

Required Interval(s) or Deadline(s): _____

Retention(s) or Trigger(s): _____