

# 2020 Quality Measure Highlight

## Colorectal Cancer Screening (COL)

### MEASURE DESCRIPTION

The percentage of members 51 - 75 years of age who had appropriate screening for colorectal cancer.

**Denominator:** Eligible population, members 51 - 75 years of age as of December 31 of the measurement year.

**Numerator:** Members ages 51 - 75 years of age who had one or more screenings for colorectal cancer. Any of the following meet the criteria:

- Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) during the measurement year.
- Flexible sigmoidoscopy during the measurement year or the four years prior.
- Colonoscopy during the measurement year or the nine years prior.
- CT colonography during the measurement year or the four years prior.
- FIT-DNA test during the measurement year or the two years prior.

**Measure Type:** Hybrid (medical record/ claims/ lab data)

**Intent / Importance:** Treatment for colorectal cancer in its earliest stage can lead to a 64% survival rate five years following diagnosis and 58% at ten years. However, screening rates for colorectal cancer lag behind other cancer screening rates – only about half of people age 50 or older, for whom screening is recommended, have been screened. Colorectal cancer screening in asymptomatic adults between the ages of 51 and 75 can catch polyps before they become cancerous or detect colorectal cancer in its early stages, when treatment is most effective.<sup>1,2</sup>

### Coding

**ICD9PCS Colonoscopy:** 45.22; 45.23; 45.25; 45.42; 45.43  
**CPT Colonoscopy:** 44388-44394; 44397; 44401, 44408; 45355; 45378-45393; 45398  
**HCPCS Colonoscopy:** G0105; G0121  
**CPT CT Colonography:** 74261; 74262; 74263  
**LOINC CT Colonography:** 60515-4; 72531-7; 79069-1; 79071-7; 79101-2; 82688-3  
**CPT FIT-DNA:** 81528  
**HCPCS FIT-DNA:** G0464  
**LOINC FIT-DNA:** 77353-1; 77354-9  
**CPT Flexible Sigmoidoscopy:** 45330-45335; 45337-45342; 45345-45347; 45349-45350  
**HCPCS Flexible Sigmoidoscopy:** G0104  
**CPT FOBT:** 82270; 82274  
**HCPCS FOBT:** G0328  
**LOINC FOBT:** 12503-9; 12504-7; 14563-1; 14564-9; 14565-6; 2335-8; 27396-1; 27401-9; 27925-7; 27926-5; 29771-3; 56490-6; 56491-4; 57905-2; 58453-2; 80372-6

<sup>1</sup> American Cancer Society. 2020. "Colorectal Cancer Facts & Figures 2020 2020." <http://www.cancer.org/acs/groups/content/documents/document/acspc-042280.pdf>

<sup>2</sup> American Cancer Society. 2020. "Colorectal Cancer Early Detection, Diagnosis, and Staging." <http://www.cancer.org/acs/groups/cid/documents/webcontent/003170-pdf.pdf>

**Please Note**

<a href="#">PCP QIP 2020</a>	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine Internal Medicine	12.5 points 20 points	32.24%	25 <sup>th</sup> *

- \*COL in the PCP QIP does not have an NCQA threshold equivalent for PHC. The threshold is the 25<sup>th</sup> percentile across the entire plan based on the PCP QIP participants' performance in 2019 measurement year.
- Only full points are available, no points will be earned through relative improvement.
- For more information, please refer to the [PCP QIP Specifications](#), or contact the QIP Team at [QIP@partnershiphp.org](mailto:QIP@partnershiphp.org).

**Exclusions**

- Patients who at any time during their history through December 31, 2020 had the following:
  - Colorectal Cancer
  - Total colectomy
  - Members in hospice and those with terminal illnesses

**Best and Promising Practices**

- Use person-centered plain language and educational information to members in appropriate language.
- Standard practice to assess preventive services. Conduct chart scrubbing prior to the visit to determine if colorectal cancer screening is due.
- Utilize alerts in the EMR/EHR system that each staff member can use to identify and communicate to patients who are due for their COL at every member encounter.
- Explore possible barriers that may impact screening services, such as access to care, cultural diversity, or anxiety. Offer choices of provider gender and spoken language.
- Identification and outreach to remind patients to complete FIT kit through phone call or text reminders in two-week and one-week intervals.
- Hand FIT kit out at end of visit, coupled with brief health coaching.
- Mail FIT kit to patients who are due (and do not need to be seen for another reason).
- Submit claims and encounter data within 90 days of service.