2021 Quality Measure Highlight
Colorectal Cancer Screening

MEASURE DESCRIPTION

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

Denominator: Members 51 - 75 years of by 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)

Coding

ICD9PCS Colonoscopy: 45.42
CPT Colonoscopy: 44388-44392; 44394; 44401 44408; 45378-45382; 45384-45386; 45388-45393; 45398
LOINC CT Colonography: 79101-2
CPT FIT-DNA: 81528
HCPCS FIT-DNA: 81528
CPT Flexible Sigmoidoscopy: 45330-45335; 45337-45342; 45345-45347; 45349-45350
CPT FOBT: 82270; 82274
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

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 and guide their removal or detect colorectal cancer in its early stages, when treatment is most effective.[1,2]

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[1] American Cancer Society. 2020. “Colorectal Cancer Facts & Figures 2020 2020.” http://www.cancer.org/acs/groups/content/documents/document/acspc-042280.pdf
[2] American Cancer Society. 2020. “Colorectal Cancer Early Detection, Diagnosis, and Staging.” http://www.cancer.org/acs/groups/cid/documents/webcontent/003170-pdf.pdf

PCP QIP 2021	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine Internal Medicine	6 points 12.5 points	41.84%	50th*
Partial Points	Family Medicine Internal Medicine	5 Points 9 Points	32.24%	25%

Relative Improvement

- A site's performance on a measure must meet the 50th percentile target in order to be eligible for RI points on the measure **AND**
- Have an RI score of 10% or higher, ending up thereby achieving performance equal to or exceeding between the 50th percentile and not exceeding the 75th percentile, to earn full points.

Please Note

- *Colorectal Cancer Screening in the PCP QIP does not have an NCQA threshold equivalent for PHC. The threshold is the 50th percentile across the entire plan based on the PCP QIP participants' performance in 2019 measurement year.
- For more information, please refer to the PCP QIP Specifications, or contact the QIP Team at QIP@partnershiphp.org.

Exclusions

- Patients who at any time during their history through December 31, 2021 had the following:
  - Colorectal Cancer
  - Total colectomy
  - Members in hospice or receiving Palliative Care during the measurement year.
  - Members 66 years of age and older with frailty **and** advanced illness

Best and Promising Practices

- Establish a practice commitment to cancer screening
- Ensure information is consistent, member preference, plain and person-centered, language and culturally appropriate, and delivered in traditional and electronic applications (based on patient's preference).
- Establish a 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 colorectal cancer screening 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.
- Identify and outreach to remind patients to complete FIT kit through phone call or text reminders in two-week and one-week intervals.
- Use approved tailored, targeted education that is an on-going process for patients due for the screening.
- Conduct outreach efforts that rely on several communication/touch points. Combined with physician recommendations, these can have a significant cumulative effect.
- 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.