2025 Best Practices
Colorectal Cancer Screening

Partnership Tools, Programs, and Promising Practices:

- Partnership partners with Exact Sciences, a colorectal cancer screening vendor, to support **bulk ordering of Cologuard (FIT-DNA) screening kits** for direct shipment to members/patients. Provider organizations must have at least 100 members/patients due for colon cancer screenings to participate. Email ImprovementAcademy@partnershiphp.org if you are interested in learning more.
- Attend or view Partnership's **Improving Measure Outcomes training** on *Chronic Disease Management* to learn about best practices to implement in your clinic.
- Partnership members can access transportation for non-emergency medical services for assistance in traveling to and from appointments, including colonoscopies. Members can access services by calling **Partnership Transportation Services** at (866) 828-2303, Monday – Friday, 7 a.m. – 7 p.m.

Patient Care:

- Make sure your EMR/EHR system flags and population health system are set to the appropriate 2025 Colorectal Cancer QIP Screening age range (45 – 75 years).
- Utilize "flag" alerts in the EMR/EHR system or pre-visit planning tools that everyone on the care team/staff can use to identify and communicate to patients who are due for their screening services at every patient encounter.
- Use standing orders for the care team/staff to implement.
- Conduct chart scrubbing prior to the visit to determine if screening/preventive services are due.
- Offer risk-appropriate options for screening. Emphasize personal choice – studies have shown this can increase screening completion.
- For FIT compliant patients (one year valid), conversion to Cologuard (FIT-DNA) (three year valid) may be considered.
- The provider's strong recommendation is the most influential factor in whether a person decides to get screened.
- Although it may be your practice to refer for colonoscopy, if the service is difficult to obtain or complete, consider other screening options.
- For patients who are referred for a colonoscopy, streamline referral workflows to ensure timely scheduling of appointment. Address transportation barriers for colonoscopy appointment as part of referral process.
- Provide patients with health education on colorectal cancer screening as part of any visit and order a home screening kit if appropriate (FIT Kit or Cologuard).

- Follow up with outreach on distributed home screening kits that have not been returned after four to six weeks. Be aware of the timelines and expiration dates of kits which have been previously distributed.
- Add home screening kit health education and distribution to events within the community, such as mobile clinics, cancer awareness events, health fairs, shower clinics for people experiencing homelessness, community events, or patient groups.

Outreach:

- Implement new outreach cycles and revise scripts and messages to align with the expanded age recommendations for colorectal cancer screening. The 45- to 49-year-old population may not be aware of the newly expanded age recommendations.
- Complete outreach calls to patients due for colorectal cancer screening and offer to ship home testing kit to patients.
- Train outreach team in cancer screening health education talking points and motivational interviewing to build capacity to answer patient questions during outreach calls.
- Create scripts that all care team/staff can use to simplify the message that encourages colorectal cancer screening.
- Include colorectal cancer screening appointment reminders and confirmation messages in practice's text messaging campaigns.
- Be persistent with reminders. You may need to remind patients several times before they schedule and complete a service.

Equity Approaches:

- Consider using an equity approach to increase screening rates for targeted communities. By looking at Colorectal Cancer Screening completion rates by such factors as race, ethnicity, gender, location (i.e., zip code), and preferred language, it is possible to identify barriers that affect specific communities, and plan interventions to address these barriers. The Disparity Analysis Dashboard in eReports provides a comparison of screening rates by race/ethnicity. This view can help you identify inequities.
- Additionally, the **Drilldown Clinical tab** in the Partnership Quality Dashboard section of eReports shows race/ethnicity information for each patient included in the measure. Export this dashboard to look at Colorectal Cancer Screening compliance rates by race and ethnicity to learn more about inequities within your patient community.
- Ensure patient information is consistent, welcoming, plain, and person-centered, language appropriate, and delivered in traditional and electronic applications, considering the patient's preference.
- Discussion of colorectal cancer screening should include a conversation with the patient to confirm that health information, an understanding of the screening, and next steps are mutually

understood; member/patient agrees with any plans made; and they have the opportunity to ask questions.
- Consider cultural beliefs and appropriate language about cancer screening when discussing preventative cancer screening services.
- Use approaches and partnerships that align with your practice's demographics (partner with local schools, faith-based organizations).
- Identify and address barriers to care (transportation, hours of operation).

Data and Coding:

- Submit claims and encounter data within 90 days of service.
- Document any exclusions.
- Compare EMR/EHR or lab requisition forms with HEDIS codes to ensure lab order is aligned with measure requirements.

Helpful Links:

2025 PCP QIP Technical Specifications:

- Measure Description
- Exclusions
- PCP QIP Full Points, Partial Points, Relative Improvement Definitions
- Notes for eReports and PQD

QIP eReports Portal:

- Measure Reports
- Diagnosis Code Crosswalk Report
- QIP Member Report