Colorectal Cancer Screening (COL)

HEDIS 2020
Description

- Eligible Population for HEDIS 2020:

The percentage of adults aged 51 – 75 years of age as of 12/31/2019, who had appropriate colorectal cancer screening.
Screening typically start at age 50 and continue to age 75

- **Colonoscopy** – This test is usually done every 10 years.
- **Flexible Sigmoidoscopy** – This test is usually done every 5 years.
- **CT Colonography (Virtual Colonoscopy)** – This test is usually done every 5 years.
- **Fecal occult blood test (FOBT) or fecal immunochemical test (FIT)** – This test is usually done every 12 months.
- **FIT-DNA** – Tests stool for abnormal cells. This test is usually done every 3 years.

*All of the screenings are dependent upon your patients risk factors and results of screenings*
Additional Compliance

• A **pathology report** that indicates the type of screening (e.g., colonoscopy, flexible sigmoidoscopy) and the date when the screening was performed meets criteria.

• For pathology reports that do not indicate the type of screening and for incomplete procedures:
  
  • Evidence that the scope advanced **beyond the splenic flexure** meets criteria for a completed **colonoscopy**.
  
  • Evidence that the scope **advanced into the sigmoid colon** meets criteria for a completed **flexible sigmoidoscopy**.
Documentation in the Medical Record

Colonoscopy during the measurement year or the nine years prior to the measurement year. (Jan 2010-Dec 2019)

Documentation for a Colonoscopy can be located:
THIS CAN BE PATIENT REPORTED.
A result is not needed.

- Office Visit notes
- Progress notes
- Medical History
- Health Maintenance Section
- Preventative Care Section
- Procedure Report from a Gastroenterologist
- Pathology report
Documentation in the Medical Record

Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year. (Jan 2015-Dec 2019)

Documentation for a Flexible sigmoidoscopy can be located:
THIS CAN BE PATIENT REPORTED.
A result is not needed.

✓ Office Visit notes
✓ Progress notes
✓ Medical History
✓ Health Maintenance Section
✓ Preventative Care Section
✓ Procedure Report from a Gastroenterologist
✓ Pathology report
Documentation in the Medical Record

CT colonography during the measurement year or the four years prior to the measurement year. (Jan 2015-Dec 2019)

Documentation for a CT colonography can be located:

THIS CAN BE PATIENT REPORTED.

A result is not needed.

✓ Office Visit notes
✓ Progress notes
✓ Medical History
✓ Health Maintenance Section
✓ Preventative Care Section
✓ Radiology Report
FIT-DNA* (fecal immunochemical testing) during the measurement year or the two years prior to the measurement year. (Jan 2017- Dec 2019)

Documentation for a FIT-DNA can be located:

- Lab report
- Office Visit notes
- Progress notes
- Medical History
- Health Maintenance Section
- Preventative Care Section
Fecal occult blood test (FOBT) during the measurement year (2019)

Documentation for a FOBT can be located:
- Lab report (If the lab report indicates the number of samples given differs from the number of samples returned. The member will be considered noncompliant.)
- Office Visit notes
- Progress notes
- Medical History
- Health Maintenance Section
- Preventative Care Section

Digital rectal exam is NOT considered a compliant screening
Exclusions

• Members with a diagnosis of colorectal cancer or total colectomy.
• The diagnosis must be prior to December 31st of the measurement year.(2019)
• Members found to be in hospice or using hospice services any time during the measurement year are excluded from the measure
Common Chart Deficiencies and Tips

- Offer colorectal cancer screening screenings to all your members aged 50-75 years old, that are noncompliant.
- When a patient declines one screening method, discuss other colorectal cancer screening options.
- Make a follow up call if the member is noncompliant after receiving an order for a colorectal cancer screening.
Common Chart Deficiencies and Tips

• Document the date and type of the last colorectal cancer screening, in a place easily accessible. Ensure you are aware of when the next one is due. Often times we see “colorectal cancer screening due 2020”. It is unclear what type of colorectal cancer screening was last performed and the date in which it was last performed.

• If you do not have access or have been unsuccessful in obtaining past completed colorectal cancer screenings. Document what the patient tells you in regards to their last colorectal screening.

• If your patient filled out questionnaires contain a question asking about the patients last colorectal cancer screening. Be specific, ask the date and the screening type. Ensure this is placed in the members medical records so the provider is aware when the next one is due.
On a yearly basis, beginning in June the following occurs:

• A noncompliant, member specific Fecal Immunochemical Test (FIT) order form is sent to Primary Care Providers. The form is requesting a signature, completion of the order form, and return of the order form.

• Call staff outreaches to members when signed FIT order forms are received. The call staff assists in getting a FIT kit mailed to the members.

• A member educational mailing providing colorectal cancer screening education is sent to noncompliant members.
Colorectal Cancer Screening Member Educational Mailing

• Provides description of 5 different types of screening
• Translated into Spanish
• Provides facts regarding colorectal cancer
• Provides questions to ask their doctor
• Encourages a discussing with their provider regarding screening
FIT Kit Order Forms Mailed to PCP’s

- Review if the member is in need of a Colorectal cancer screening
- If the member is compliant. Fax back documentation from the members chart, where compliance is documented. (Returning the form with handwritten notes, without supportive documentation is not sufficient enough)
- Fax back the order forms by the due date
Together we can achieve our goal of increasing colorectal cancer screening rates.
Thank You

mercy care