



Colorectal Cancer Screening (COL)

HEDIS 2024
Measurement Year (MY) 2023
Robin Watts, RN

1

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Welcome everyone. Thank you for joining the webinar. My name is Robin, and I am a Project Manager for the Colorectal Cancer Screening Measure on the HEDIS Team. I will be using this opportunity to provide you with information on the colorectal cancer screening measure, for any that are new to this measure. I would like to provide some clarification on the information above; HEDIS 2024 is the reporting year (when the data is collected and reported) and the Measurement Year (MY 2023) includes the timeframe when the service is rendered (this varies for specific measures). For the colorectal cancer screening measure, this timeframe can be up to 9 years prior to the Measurement Year, and we will review this in the following slides.

Agenda

We will discuss:

- Description of measure and eligible population
- Appropriate types of screenings
- Ways to meet compliance (reports vs. medical record documentation)
- Exclusions for the measure
- Tips for meeting compliance
- Mercy Care support and efforts to increase compliance

Today we will be discussing – see agenda

Eligible population for HEDIS 2024

Description:

The percentage of adults aged 45-75 years of age as of 12/31/2023, who had appropriate screening for colorectal cancer.



Please note the age range has been revised this year to 45-75 years of age from 50-75 years.

Appropriate screening defined

Screenings typically start at age 45 and continue to age 75.

Compliant Procedures:

- **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.

Compliant Lab:

- **Stool DNA (sDNA) with FIT test** – Test's stool for hemoglobin and abnormal cells. This test is usually done every 3 years.
- **Fecal occult blood test (FOBT) – gFOBT (guaic) or iFOBT/fecal immunochemical test (FIT)** – Test for hemoglobin in stool. This test is usually done every 12 months.

*The determination of screenings are dependent upon your patient's risk factors and results of screenings.

Colorectal Screenings can be completed by having a procedure or ordering a lab test.

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 to the cecum meets criteria for a completed **colonoscopy**.
 - Evidence that the scope advanced into the sigmoid colon meets criteria for a completed **flexible sigmoidoscopy**.

Additional compliance includes a pathology report that indicates both the type of screening as well as the date of the screening. Occasionally, a pathology reports doesn't include the type of screening (colonoscopy or flex-sig) or the procedure may be noted to be an incomplete procedure. There can still be compliance; if it is noted in the report that the scope advanced to the cecum that would meet compliance for a colonoscopy, or if there is evidence that the scope advanced into the sigmoid colon then that screening would meet compliance for a flexible sigmoidoscopy. Keep in mind the flexible sigmoidoscopy has a shorter compliance timeframe, total of 5 years, versus the colonoscopy which includes a 10-year time frame.

Documentation in the medical record

Colonoscopy during the measurement year or the nine years prior to the measurement year is compliant (**Jan. 2014 – Dec. 2023**).

Documentation for a Colonoscopy can be located:

- ✓ Office visit notes
- ✓ Progress notes
- ✓ Medical history
- ✓ Health maintenance section
- ✓ Preventative care section
- ✓ Procedure report from a Gastroenterologist
- ✓ Pathology report

Remember this can be patient reported and a result is not needed.

If you have a questionnaire form that ask the patient about having a colonoscopy or it is mentioned in your progress note/ medical history that the patient stated they had the screening done - this is considered patient reported and is compliant as long as the type/date of screening is available. The date can be a year, month and year, or the full date.

Documentation in the medical record

Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year is compliant (**Jan. 2019 – Dec. 2023**).

Documentation for a Flexible sigmoidoscopy can be located:

- ✓ Office visit notes
- ✓ Progress notes
- ✓ Medical history
- ✓ Health maintenance section
- ✓ Preventative care section
- ✓ Procedure report from a Gastroenterologist
- ✓ Pathology report

Remember this can be patient reported and result is not needed.

Documentation in the medical record

CT colonography during the measurement year or the four years prior to the measurement year is compliant (**Jan. 2019 – Dec. 2023**).

Documentation for a CT colonography can be located:

- ✓ Office visit notes
- ✓ Progress notes
- ✓ Medical History
- ✓ Health maintenance section
- ✓ Preventative care section
- ✓ Radiology report

Remember this can be patient reported and result is not needed.

Documentation in the medical record

Stool DNA (sDNA) with FIT test (fecal immunochemical testing) during the measurement year or the two years prior to the measurement year is compliant. **(Jan. 2021 – Dec. 2023)**

Documentation for a Stool DNA with FIT test can be located:

- ✓ Lab report
- ✓ Office visit notes
- ✓ Progress notes
- ✓ Medical history
- ✓ Health maintenance section
- ✓ Preventative care section

Remember this can be patient reported and result is not needed.

Now we will discuss the lab tests included in this measure for compliant screening.

Documentation in the medical record

Fecal occult blood test (FOBT) during the measurement year (2023)

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

Reminder: Digital rectal exam is NOT considered a compliant screening.

10

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The Fecal occult blood test, also known as the FOBT is a yearly test and for compliance must have occurred sometime during the year 2023.

The documentation can be found in the same locations as the previous slide for the sDNA with Fit Kit.

Also, for those who may be new to this measure, the FOBT test performed in an office setting along with a digital rectal exam does not meet compliance for this measure. And, just a reminder, for compliance the iFOBT requires one sample whereas the guaiac test requires 3 samples.

Exclusions

Required:

- Members found to be under the care of **palliative** or **hospice** services any time during the measurement year (2023) are excluded from the measure.
- **New as of 2023:** Members with a diagnosis of **colorectal cancer** or **total colectomy** are also included in this Exclusion. The diagnosis must be prior to December 31st of the measurement year. (2023)

Exclusions for the COL Measure for (MY) 2023 still includes members found to be under the care of palliative or hospice services anytime during the measurement year.

We have two additional exclusions starting in 2023 which includes members with a diagnosis of colorectal cancer or total colectomy with either diagnosis needing to be coded prior to December 31st of the (MY) 2023.

Documentation of an Assessment/Palliative scale/admit/clinical note OP/IP or Daycare or a mention of medication for this type of care meets compliance for exclusion during the (MY) 2023.

Chart tips for compliance

- Offer colorectal cancer screening to all your members aged 45-75 years old, that are non-compliant.
- When a patient declines one screening method (colonoscopy), discuss other colorectal cancer screening options (stool DNA (sDNA) with FIT test or iFOBT).
- Make a follow up call if the member is non-compliant after receiving an order for a colorectal cancer screening.
- Be sure not to document C-Scope this does not meet compliance.
- Always remember to document ***type of screening and date.***



12

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Bullet 1-The age range for colorectal cancer screening is now 45-75 years of age. Please offer screening to all of your patients that are non-compliant.

Bullet 2-If patient declines an invasive screening offer a least invasive method (i.e., colonoscopy is declined then offer the stool DNA (sDNA) with FIT test or an iFOBT).

Bullet 3-Follow up with your patient when they have received an order for the screening with no completion of the procedure/lab test.

Bullet 4- Be sure not to document C-Scope as this doesn't meet compliance. C-scope can be cystoscope so this is unclear.

Bullet 5-Always remember to document "type of screening and date". We receive several notes or medical history stating "colorectal cancer screening 2015"- if this is a colonoscopy it is compliant, if it is any other test, it is not - but since it doesn't state which specific test was performed, we can't use it for compliance. Same goes for documenting Colonoscopy UTD (up to date) - we need to have at least the year of completion to meet compliance. Having both, the type of screening and a date are very important.

Examples of documentation and tips

1. Colorectal cancer screening due 2025 – Non-compliant (doesn't state type of screening and date completed):
 - Flex Sigmoid completed 2019 – **Compliant**
2. Patient states never had Colonoscopy and refuses – Non-compliant:
 - Offer a noninvasive type of screening and follow up on completion of order
3. Colorectal Cancer Screening ordered 1.3.2023 – Non-compliant
 - FOBT completed 1.3.2023 and result negative – **Compliant**
4. Office Questionnaire:
 - Have you had the following:
 - Answer: Colon Cancer screening: 2018 – Non-compliant (type of screening not provided)
 - Have you had the following:
 - Answer: Colon Cancer Screening type: Colonoscopy Date completed: 2018 – **Compliant**

13

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1. If it is unclear what type of colorectal cancer screening was last performed and the date in which it was last performed, this will be non-compliant. 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, but always provide the completion date, this is the only date we can use, we can't use a "due" date for compliancy. If you do not have access or have been unsuccessful in obtaining past completed colorectal cancer screenings, document what the patient tells you regarding their last colorectal screening-this is considered patient reported and is compliant.
2. Having a discussion with the member does not meet compliance they must do a screening and be up to date on this.
3. Ordering a colorectal screening does not meet compliance. The screening must be ordered and completed, using the type of procedure and date/result of screening/lab will clarify that it was completed.
4. If you ask your patients to fill out a questionnaire, please be sure to include a question asking about the patient's last colorectal cancer screening. Be specific, ask

the **date and the screening type**. Ensure this information is placed in the member's medical records so the provider is aware when the next one is due.

We are here to help!

We are offering Mercy Care Advantage (MCA) members a \$30 gift card for any colorectal cancer screening completed by December 31, 2023

On an annual basis, beginning in June, Mercy Care outreaches members to encourage them to complete colorectal cancer screening, utilizing a FIT kit at home whenever possible.

This outreach includes:

- Beginning in June, a member specific Fecal Immunochemical Test (FIT) order form is sent to the Primary Care Providers for all members that have not had a screening done. The form has a place for the PCP's signature and information on how to return the form.
- Next, our call staff make outreach calls to members when the signed FIT order forms are received. The call staff assists in getting a FIT Kit mailed to the members.
- Member educational brochure about colorectal cancer and screening options is sent to all non-compliant members and includes: 5 types of screenings, provides facts regarding colorectal cancer, encourages discussion with provider regarding screening and is translated into Spanish.

14

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We at Mercy Care Advantage are here to help.

This year we are offering a \$30 gift card for those Mercy Care Advantage members who complete any colorectal cancer screening by December 31st.

Mercy Care does a yearly outreach to members to encourage them to complete colorectal cancer screening, utilizing a FIT Kit at home whenever possible. This outreach begins in June when a member specific Fecal Immunochemical Test (FIT) order form is sent to the Primary Care Providers for all members that haven't been screened. The form has a place for the PCP's signature and information on how to return the form. Next, our call staff make outreach calls to members after the signed FIT order forms are received. The call staff assist in getting a FIT Kit mailed to the members.

Also, we send out a Member Educational Brochure about colorectal cancer and the screening options that is sent to all non-compliant members and includes: the 5 types of screenings, provides facts regarding colorectal cancer, encourages a discussion with their PCP regarding screening and is also translated into Spanish.

FIT Kit Order Forms mailed to PCPs

- Please determine if the member needs a colorectal screening done.
- If so, **sign the form** and fax this form to the number provided.
- If the member is already **compliant**:
 - Fax back documentation from the members chart, where compliance was found.
 - Or place the date next to the appropriate screening and sign the bottom of the form.

Be sure to fax the order forms to us by the due date.

Example

Here is an example of the Providers order form. If the member needs a colorectal screening done, then you would sign the form and fax it back to the number provided.

If by chance the member is already compliant, then please fax back documentation from the members chart where the compliance was found. Also, at the bottom of the form are the five types of screenings in which you can place the completed date next to the appropriate screening and sign the bottom of the form.

The bottom of the form has the return fax due date listed.

Together we can achieve our goal of increasing colorectal cancer screening rates and saving lives.



Thank you for all that you do!

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This concludes the presentation on Colorectal Cancer Screenings. I want to thank you for all that you do each and every day. Please feel free to contact me if you have any questions or further needs in the future - my information is provided here. Thank you again and have a great day.

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Thank you

