Colorectal Cancer Screening (CRC)

Performance Measure Set: ☐CCO Incentive Metric ☒CCO Non-Incentive Medicaid Metric ☒Medicare Star Measure

Quality Measurement Type: ☐Structure ☒Process ☐Outcome ☐Patient Experience

Data Type: ☒Claims ☒Chart Documentation ☐eCQM ☐Survey ☐Other

Medicare HEDIS Benchmark National Percentile: 79.57% (75th), 83.94% (90th)

CCO 2019 Benchmark: 61.1%, 2018 national commercial 50th percentile

Who: All members aged 51–75 years old as of December 31 of the measurement year.

Why: Screening saves lives, but only if people get tested. Routine colorectal cancer screening can save lives through early diagnosis and depending on screening type detect and remove pre-cancerous polyps.

What: Percentage of patients who have received at least one of the following colorectal cancer screenings in the specified timeframes:

- Fecal occult blood test (FOBT) in 2021
- FIT-DNA test in 2019 – 2021
- Flexible sigmoidoscopy in 2017 – 2021
- CT Colonography in 2017 - 2021
- Colonoscopy in 2012 - 2021

Please note: do not count digital rectal exam (DRE), in-office FOBT tests or test performed on a sample collected via DRE. In office FOBT is not a USPSTF recommended procedure.

How: Some ideas to improve Colorectal Cancer Screening rates:

1. Participate in **CareOregon's BeneFIT Program** (CareOregon Members Only). CareOregon will mail FIT kits directly to members on behalf of your primary care clinic. Clinic staff will work directly with the CareOregon program administrator to determine program initiation and planning. Activities include determination of timing of the mailing, creation of member mailing list, and development of materials. For more information, please email Kelly Coates, Program Administrator(coatesk@careoregon.org).
2. Implement the **STOP CRC Program** (Entire Clinic Population) in your clinic. Refer to the STOP CRC Implementation Guide to determine your capacity and required technical resources. STOP CRC Guideline.
3. Other Clinic Activities.
   - Distribute FIT kits to patients during their annual wellness exam.
   - Have culturally appropriate decision guides readily available for your patients.
   - Offer FOBT when patients refuse other screening procedures.
   - Use health maintenance alerts or chart scrubbing prior to scheduled visits to identify members that are due for a screen and address during visit

Exclusions: Patients aged 66 or older who are living long-term in an institution or are enrolled in an I-SNP; members with colorectal cancer, or who have had a total colectomy; patients 66 or older with frailty and advanced illness, patients with advanced illness who had telephone, e-visits, or virtual check-ins; patients in palliative care, and patients in hospice or using hospice services during the measurement year.

Coding: Colorectal Cancer Screenings are identified through claims with at least one of the following codes, or through chart review (see documentation on next page).

CPT: 82270, 82274, 44388-44394, 44397, 44401-44408, 45330-45335, 45337-45342, 45345-45347, 45349, 45350, 45355, 45378-45393, 45398, 74261, 74262,74263, 81528

HCPCS: G0328, G0104, G0105, G0121, G0464

Colorectal Cancer Screening (CRC) FAQs

Q: What is the difference between the BeneFIT program and the STOP CRC program?

A: Both programs are designed for mailed FIT kit outreach to eligible patients in a clinic. The BeneFit program is only for CareOregon members and the STOP CRC program is for the entire clinic population. The BeneFIT program is administered completely by CareOregon staff; they manage all correspondence with the print vendor, pull the eligibility lists, and track on program performance. Clinic staff help by reviewing and approving mailed materials, scrubbing the mailing list of CareOregon members who are eligible for the screening, and conducting follow-up calls to patients after the mailing has gone out. The STOP CRC program is administered internally by clinic staff.

Q: What should we think about if we are interested in using the BeneFIT program in our clinic?

A: To succeed, clinic leadership needs to be committed to Colorectal Cancer Screening and clinics should have a clinician champion who is experienced with this topic and influential. Beyond that foundation, the following questions can help you check your clinic's readiness to implement BeneFIT. You don't necessarily need to have answers to these questions, but it is helpful to be thinking about these things.

- What is the size of your eligible population?
- Are you already using a FIT kit?
- Are FIT processes standardized and are staff trained?
- Is your staff trained to provide FIT kits opportunistically in clinic and answer questions?
- How will completed kits arrive at the lab you're using for testing? How are the lab orders placed and who puts in the orders?

Q: What documentation is needed in the medical record for a colorectal cancer screening?

A: Documentation in the medical record must include a note indicating the date and type of screening performed. A result is not required if the documentation is clearly part of the "medical history" section of the record; if this is not clear, the result or finding must also be present (this ensures that the screening was performed and not merely ordered).

Q: Why are FIT tests an acceptable screening?

A: Screening by Fecal Immunochemical Test (FIT) every year has a comparable mortality reduction rate to screening by colonoscopy every 10 years. FIT screening also helps reduce the capacity burden of screening by colonoscopy-only which allows for greater screening access. (Source: Microsimulation Screening Analysis; Ann Intern Med 2008; 149:659-669).

Q: How do I know which members are due for screening?

A: A list of members assigned to your clinic, and which metric related screenings they are due for, can be found on the Metrics Dashboard in CareOregon's FIDO Portal. If you do not have access, please email your Provider Relations Specialist to set it up.

Q: What if patients are showing as due for screening on the FIDO gap lists but I know they have had appropriate screening?

A: Member/patient lists on COBI are based on claims data; if a patient had a screening before their CareOregon coverage began it is likely that they will still show as due for screening as the claim was paid by another payer. But don't fret! Simply send (via secure email) the chart documentation to your Quality Improvement Analyst and we can upload a historical claim for the screening so the patient will correctly reflect on your member list. Please email your Provider Relations Specialist if you have any questions about this process.

Q: What if a patient declines colorectal cancer screening?

A: Members who decline screening will fall into the gap for this measure (i.e. remain in the denominator and will not be numerator compliant). We understand that this will happen with some members and the OHA benchmark is determined accordingly. FOBT should be offered and screening should be discussed in the following measurement year.