

2016 Clinical quality corner



One of a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures

Colorectal cancer screening

This measure examines the percentage of adults, ages 50-75, who had appropriate screening for colorectal cancer.

Improving HEDIS® scores

- Begin colorectal screening at age 50. For high-risk patients, begin screenings sooner.
- Following are the appropriate timeframes for three types of colorectal cancer screening:
 - **Colonoscopy — every 10 years**
 - **Sigmoidoscopy — every five years**
 - **Stool occult blood test* — every year**
- Make sure to document test results in chart.
- You only get credit for completed tests. Develop a callback system to ensure patients have completed testing.

Exclusions

Patients with a history of colorectal cancer or those who have had a total colectomy are excluded from this measure.

**Encourage stool tests in patients resistant to receiving a colonoscopy (NOTE: Fecal occult blood test (FOBT) performed in an office setting or on a sample collected during digital rectal exam, does NOT meet criteria. These tests are compliant:*

*Guaiac (g FOBT) — must have 3 samples for compliance
Immunochemical (i FOBT) - compliant with 1 or more samples)*

Did you know?

- **Colorectal cancer is the third leading cause of cancer-related deaths in the U.S.**
- **The overall lifetime risk of developing colorectal cancer is about 1 in 20, or 5 percent.**
- **Regular screenings have been proven to save lives by detecting polyps at an early, more treatable stage.**
- **Under health care reform, the preventive screenings described at left are fully covered without cost sharing when provided by an in-network health care provider.**

Tip:

To get credit for meeting this measure, you must submit a claim for one of the appropriate screenings or provide documentation in the medical record of: **1)** Procedure date and name of test, or **2)** Colonoscopy report, sigmoidoscopy report or stool test laboratory results.

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