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NEWS TODAY

COLORECTAL CANCER SCREENING NEWS AND BEST PRACTICES

Issue
#10

Colorectal Cancer Screening HEDIS/QARR Measure

Description: The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer. Any of the following screening tests are acceptable:

- Fecal occult blood test during the measurement year.
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.
- CT colonography during the measurement year or the four years prior to the measurement year.
- FIT-DNA test during the measurement year or the two years prior to the measurement year.

Exclusions:

- Members with history of Colorectal Cancer or Total Colectomy.
- Members receiving palliative care.



Photo: Medical Procedure Referral/Colonoscopy

Best Practices

1. Prioritize those patients at high risk due to abnormal stool-based cancer screens, family history of adenomas or cancer, patient with inflammatory bowel disease and or patient with a genetic syndrome.
2. Prioritize reaching out to high-risk race/ethnicity groups.
3. Offer non-invasive stool test screening options to those patients refusing a colonoscopy procedure.
4. Document in detail in the medical record past colorectal cancer screening history for those new or current patients.
5. Use outreach tools like calls or text to remind and follow up with your patients about colorectal cancer screening.
6. Follow-up with your patients after referring or providing them with a colorectal cancer screening test.
7. Utilize the MetroPlusHealth Gaps in Care Report (GIC) for a list of all MetroplusHealth members still in need of screening.
8. Consider the use of a medical record flagging system to alert you that screenings are overdue.

