Friday, July 16, 2021

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.

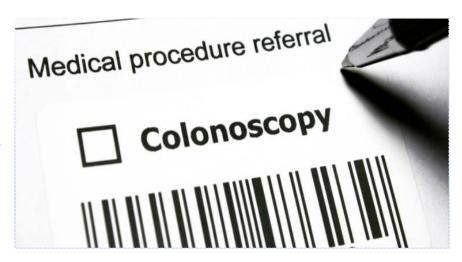


Photo: Medical Procedure Referral/Colonoscopy

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.

