Colorectal Cancer Screening (COL)

HEDIS 2022/Measurement Year (MY) 2021
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We will be discussing:

- 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
Eligible Population for HEDIS 2022:

Description:

The percentage of adults aged 50-75 years of age as of 12/31/2021, who had appropriate colorectal cancer screening.
Screenings typically start at age 50 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:**

- **FIT-DNA (Cologuard)** – Test's stool for hemoglobin and abnormal cells. This test is usually done every 3 years.
- **Fecal occult blood test (FOBT)- gFOBT (guiac) 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*
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 beyond the splenic flexure meets criteria for a completed colonoscopy.
  
  • Evidence that the scope advanced into the sigmoid colon meets criteria for a completed flexible sigmoidoscopy.
**Documentation in the Medical Record- Colonoscopy**

**Colonoscopy** during the measurement year or the nine years prior to the measurement year is compliant *(Jan 2012-Dec 2021)*.

**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 result is not needed.*
Documentation in the Medical Record - Flexible Sigmoidoscopy

Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year is compliant (Jan 2017- Dec 2021).

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*
CT colonography during the measurement year or the four years prior to the measurement year is compliant (Jan 2017-Dec 2021).

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-FIT DNA (Cologuard)

FIT-DNA* (fecal immunochemical testing) during the measurement year or the two years prior to the measurement year is compliant. (Jan 2019- Dec 2021)

Documentation for a FIT-DNA 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
Documentation in the Medical Record-Fecal Occult Blood Test (FOBT, iFOBT or gFOBT)

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

Digital rectal exam is NOT considered a compliant screening

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

Optional:
Members with a diagnosis of colorectal cancer or total colectomy. The diagnosis must be prior to December 31st of the measurement year. (2021)

Required:
Members found to be under the care of **palliative** or hospice services any time during the measurement year (2021) are excluded from the measure.
Chart Tips for Compliance

- Offer colorectal cancer screening to all your members aged 50-75 years old, that are non-compliant.
- When a patient declines one screening method (colonoscopy), discuss other colorectal cancer screening options (FIT-DNA or iFOBT).
- Make a follow up call if the member is noncompliant 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 it was completed.
Examples of documentation and tips:

- Colorectal cancer screening due 2023- noncompliant (doesn’t state type of screening and date completed)
  - Flex Sigmoid completed 2019- compliant

- Pt states never had Colonoscopy and refuses– noncompliant
  - Offer a noninvasive type of screening and follow up on completion

- Colorectal Cancer Screening ordered 1.3.2021- noncompliant
  - FOBT completed 1.3.2021 and result negative –compliant

- Office Questionnaire:
  Have you had the following:
  - Colon Cancer screening: 2017- Noncompliant (type of screening not provided)

  Have you had the following:
  - Colon Cancer Screening type : Colonoscopy  Date completed: 2017- compliant
We are here to help!

For our Mercy Care Advantage (MCA) members, we are offering a $50 gift card for any colorectal cancer screening completed by December 31st.

On a yearly basis, beginning in June, Mercy Care does an outreach to encourage our members to get a colorectal cancer screening and this year, we are planning on partnering with Sonora Quest Lab.

This outreach includes:

- Member educational brochure about colorectal cancer and screening options
- Coordination with Sonora Quest Laboratories to utilize the SQL Ordering Portal and FOBT Program
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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Thank you

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