



Colorectal Cancer Screening: Tips to Help Improve Your Rates

Colorectal cancer is the second-leading cause of cancer death in the United States among men and women combined, yet it's one of the most preventable, according to the American Cancer Society. The USPSTF recommends screening for colorectal cancer starting at age 50 and continuing until age 75.

Surveys show that 90 percent of people who reported a physician recommendation for colon cancer testing were screened versus 17 percent who did not have a provider recommendation, according to the American Cancer Society.

To assist you with process improvement, CDPHP® has gathered resources to help elevate your colorectal cancer screening rates, including educational tools you can share with your patients.

For Your Reference:

- Review USPSTF [guidelines for colorectal cancer screening](http://www.uspreventiveservicestaskforce.org) for the current recommendations (www.uspreventiveservicestaskforce.org, search for “colorectal cancer screening”).
- To achieve a high level of consistency in recommending colorectal screening to patients, develop an office culture that will promote staff and patient compliance.
Review [How to Increase Colorectal Cancer Screening Rates in Practice: An Action Plan for Implementing a Primary Care Clinician's Evidenced-Based Toolbox and Guide](http://www.cancer.org/acs/groups/content/documents/document/acspc-024588.pdf):
(www.cancer.org/acs/groups/content/documents/document/acspc-024588.pdf)
The *Guide* contains evidenced-based tools, sample templates and strategies that can help practices improve their screening performance.

Tips for Success:

- Review HEDIS Colorectal Cancer Screening (COL) criteria: Members 50-75 years of age who had appropriate screening for colorectal cancer.
Medical record documentation must include evidence of one of the following:
 - Colonoscopy (within 10 years of the measurement year)
 - Fecal occult blood immunoassay test (iFOBT), e.g., FIT-KIT*, or guaiac fecal occult blood test (gFOBT) (in the measurement year)
 - FIT-DNA test, e.g., Cologuard* (within three years of the measurement year)
 - Flexible sigmoidoscopy (within five years of the measurement year)
 - CT colonography (within five years of the measurement year)
- Providers should review/confirm all preventive health screenings at each visit.
- Dates and results need to be consistently documented for measure compliance.
- When colorectal screening is member-reported, obtain a record of the result from the specialist or lab to ensure the medical record is complete.
- To permanently exclude a member from this measure, proper documentation and/or coding for the following must be evident:
 - History of colorectal cancer or total colectomy any time in the member's history through 12/31 of the measurement year.
 - Hospice services any time during the measurement year.

If you have any questions about this or other HEDIS measures, please contact the CDPHP quality management department at quality1@cdphp.com.

*Use of trade names is for identification only and does not imply endorsement by CDPHP.