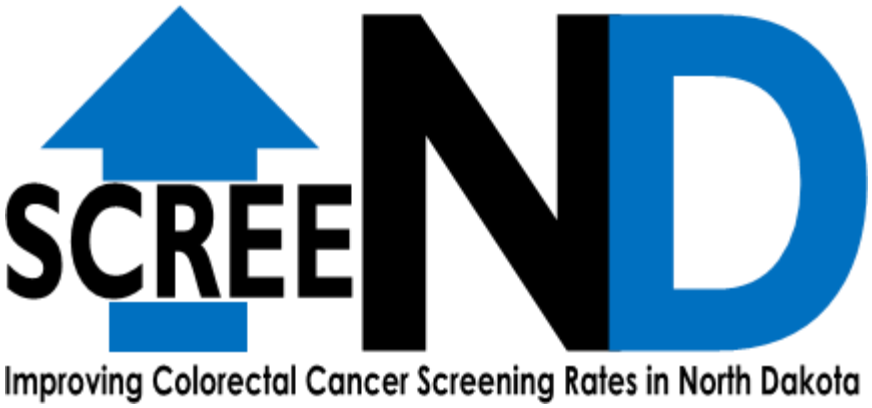

Encyclopedia of Measures and Data Collection Guide

Revision v2.0

March 15, 2024

Contents

Measures

Colorectal Cancer Screening Rate (Overall)

Initial Patient Population: Active Clinical Patients with one clinical visit in the 12 month reporting period

Standard	Numerator	Denominator
Government Performance and Results Act (GPRA) **https://www.ihs.gov/crs/software/fy24/**	Patients who have had any Colorectal Cancer (CRC) screening, defined as any of the following: Fecal Occult Blood Test (FOBT) or FIT during the Report Period; Flexible sigmoidoscopy or CT colonography in the past five years; Colonoscopy in the past 10 years; FIT-DNA in the past three years	Patients ages 45 through 75 without a documented history of colorectal cancer or total colectomy. Must have been seen at least once in the three years prior to the end of the Report Period, regardless of clinic type, and the visit must be either ambulatory, a hospitalization or telemedicine visit; the rest of the service categories are excluded. Must be alive on the last day of the Report Period. Must be AI/AN; defined as Beneficiary 01. Must reside in a community specified in the site's GPRA community taxonomy, defined as all communities of residence in the defined PRC catchment area.
eCQM Measure CMS130v12 **https://ecqi.healthit.gov/ecqm/ec/2024/cms0130v12**	Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: - Fecal occult blood test (FOBT) during the measurement period - Stool DNA (sDNA) with FIT test during the measurement period or the two years prior to the measurement period - Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period - CT Colonography during the measurement period or the four years prior to the measurement period - Colonoscopy during the measurement period or the nine years prior to the measurement period	Patients 46-75 years of age by the end of the measurement period with a visit during the measurement period. Exclude patients who are in hospice care for any part of the measurement period. Exclude patients with a diagnosis or past history of total colectomy or colorectal cancer. Exclude patients 66 and older by the end of the measurement period who are living long term in a nursing home any time on or before the end of the measurement period. Exclude patients 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria: Advanced illness with two outpatient encounters during the measurement period or the year prior; OR advanced illness with one inpatient encounter during the measurement period or the year prior; OR taking dementia medications during the measurement period or the year prior. Exclude patients receiving palliative care for any part of the measurement period.

Fecal Kit Return Rate

Performance Measure	Numerator	Denominator	Measure Definition
Proportion of patients 45 through 75 years who return supplied fecal kits	Number of patients returning fecal test kits, at home or in the outpatient settings.	Number of patients given fecal test kits, taken home or in the outpatient setting.	FIT, iFOBT, or FIT-DNA tests returned by patients during the measurement period.

Colonoscopy Completion Rate

Performance Measure	Numerator	Denominator	Measure Definition
Proportion of patients completing colonoscopies referred by primary care physician	Number of patients completing colonoscopy	Number of patients referred for colonoscopy	Proportion of patients aged 45-74 completing colonoscopies referred by primary care physician
Proportion of patients completing follow-up colonoscopies referred by primary care physician	Number of patients completing follow-up colonoscopy	Number of patients referred for follow-up colonoscopy	Proportion of patients aged 45-74 completing follow-up colonoscopies referred by primary care physician

Colorectal Cancer Chart Review Algorithm

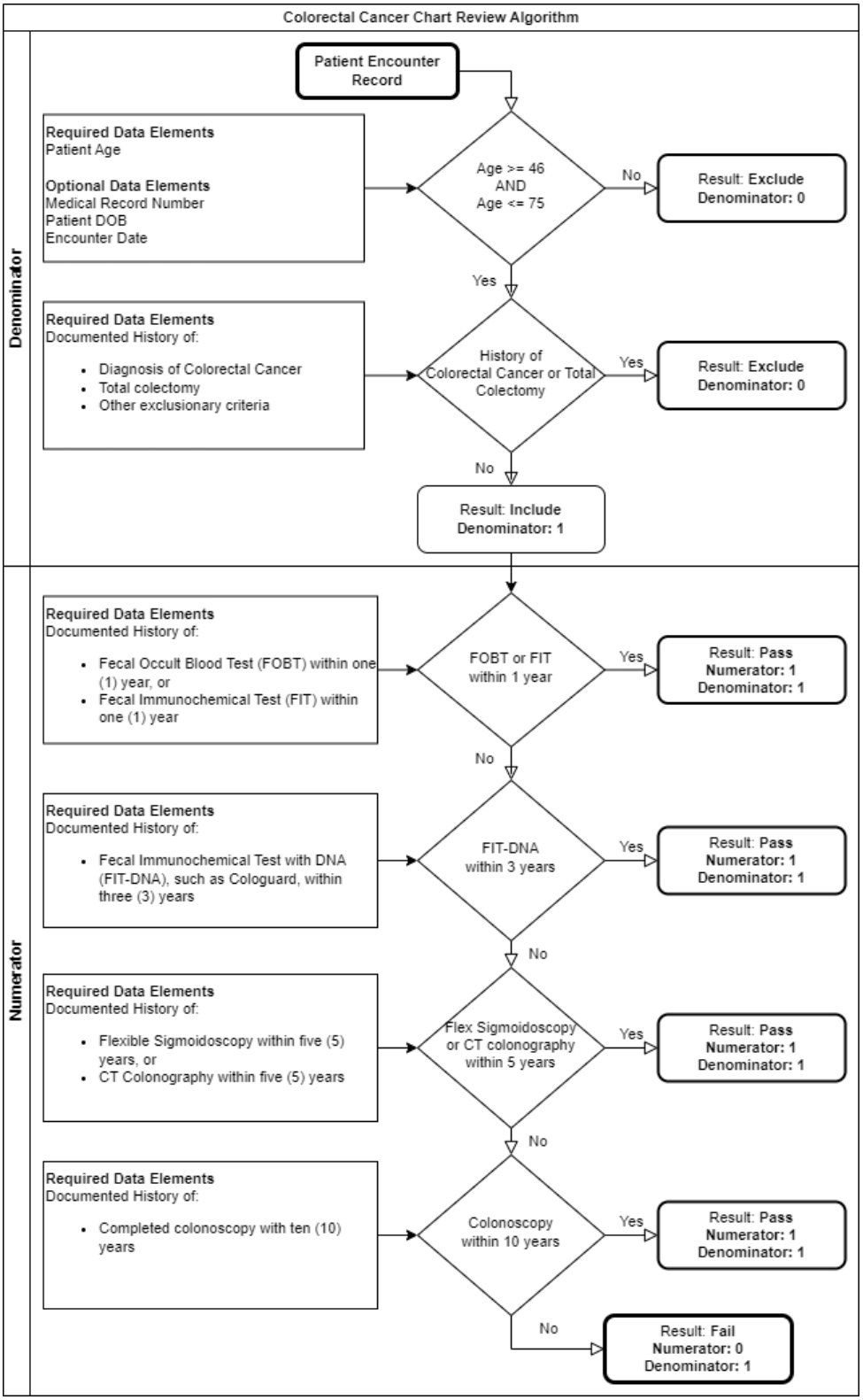

Chart Review Worksheet

Medical Record Number _____ Encounter Date _____

Date of Birth _____ Age at Encounter _____

Denominator

Is patient age 46 through 75?

☐ Yes (continue)

☐ No (stop; patient record is excluded)

Documentation indicates that the patient has been diagnosed with colorectal cancer at any time.

☐ Yes (stop; patient record is excluded)

☐ No (continue)

Documentation indicates that the patient has had a total colectomy.

☐ Yes (stop; patient record is excluded)

☐ No (continue)

Documentation indicates other criteria that exclude this patient from colorectal cancer screening.

☐ Yes (stop; patient record is excluded)

☐ No (continue)

If **all** answers are **No**, the patient record is included in the denominator (**Denominator = 1**), otherwise the patient record is not in the denominator.

Numerator

Patient documentation indicates a completed Fecal Occult Blood Test (iFOBT), or Fecal Immunochemical Test (FIT) within one (1) year.

☐ Yes (stop)

☐ No (continue)

Patient documentation indicates a completed FIT-DNA test (such as Cologuard) within three (3) years.

☐ Yes (stop)

☐ No (continue)

Patient documentation indicates a completed flexible sigmoidoscopy or CT colonography within five (5) years.

☐ Yes (stop)

☐ No (continue)

Patient documentation indicates a completed colonoscopy within ten (10) years.

☐ Yes (stop)

☐ No (continue)

If **any** answers are **Yes**, the patient record is included in the numerator (**Numerator = 1**), otherwise the patient record is not in the numerator (**Numerator = 0**)

Numerator _____ **Denominator** _____

Data Collection

Step 1: Determine Baseline Time Frame

All baselines must be for a time frame of **one year** and should include unique patients with a visit during the year.

Ideally, the baseline measurement year should represent the most recent 12-month measurement year that precedes any intervention activities. Pay attention also to the timeframe of current data submissions, such as UDS or GPRA. For example, if your annual GPRA submission reports January through December, your baseline timeframe should also measure January through December.

Your Baseline Time Frame will also determine your annual data collection for the remainder of the program.

Step 2: Select a Measure

The measure used for your baseline and monitoring data should remain the same throughout the program. Select one of the nationally identified measures that aligns with your Electronic Health Record or define your own. That definition must be used for calculating your baseline and monthly rates throughout the program. If the health system or clinic does not currently report an existing CRC screening measure or prefers to use a measure other than what is normally reported, we recommend following the eCQM CMS130v12 measure definition.

Step 3: Collect Monthly Data

Log in to Quality Health Associates' REDCap instance for all data collection related to this program: https://redcap.qualityhealthnd.org. If you have forgotten your password or do not know your username, please use the appropriate contact information or link that appears on the front page.

The project used for collecting Monthly or Quarterly screening rates is called **ScreeND Monthly Data and Chart Reviews** and can be found on the **My Projects** tab after logging in.

If you are reporting monthly, enter the **Reporting Month** and **Reporting Year** that represents the month of data being reported. If you are reporting quarterly, select any one **month** in the respective quarter and enter aggregate data for all three months in the quarter.

Monthly data measures include:

- **Colorectal Cancer Screening Rate (Overall)**
  Use your Electronic Health Record to collect this rate. This measure should be the same as your baseline measure identified in **Step 2** and will cover one year (12 months) of patient visits. Every month or quarter should use the same measure definition. For example, a reporting month of January 2024 should count patient visits in February 2023 through January 2024 (inclusive).
- **Fecal Kit Return Rate**
  When possible, use your Electronic Health Record to collect these values. First, identify the total number of unique patients provided fecal kits during the month or quarter. In some cases, this may be collected manually. Then, identify the number of fecal kits returned by the patients or processed by the lab. Because kits may not always be returned in the same reporting period, this measure may appear "upside-down"; i.e., more kits returned than given.

- **Screening Colonoscopy Completion Rate**
  When possible, use your Electronic Health Record to collect this information. Count the number of patients referred for a screening colonoscopy during the reporting period. Exclude those referred for follow-up colonoscopies due to positive or abnormal fecal kit results. Separately, count the number of patients who have completed a referred screening colonoscopy. Like the Fecal Kit Return Rate, the number of completions may be higher than the number of referrals because of the short reporting timeframe.

- **Follow-up Colonoscopy Completion Rate**
  When possible, use your Electronic Health Record to collect this information. Identify the number of patients referred for follow-up colonoscopies after a positive or abnormal fecal screening test, and the number of patients completing follow-up colonoscopies.

Step 4: Chart Review

Electronic Health Record (EHR) systems may often present a challenge in collecting this data. Some of the potential problems that could lead to an inaccurate screening rate include:

- EHR is not optimized for screening tracking, such as a lack of discrete data fields, insufficient reporting tools, or reporting exclusions not correctly identified
- Incomplete documentation of screening received outside of the health system
- Lack of ongoing training for staff, or inconsistent manual data entry
- Family history not easily accessible

Due to some of these issues, your Electronic Health Record may be underreporting the actual screening rate. To identify these problems and to validate your screening rates, we ask that you perform a nominal number of chart reviews.

The project used for collecting chart reviews is called **ScreeND Monthly Data and Chart Reviews** and can be found on the **My Projects** tab after logging in. You should use the same data record for both Monthly Data and the chart reviews within the reporting month. After saving the monthly data record, a Chart Review section will appear at the bottom of the record.

The Chart Review form in REDCap follows the Colorectal Cancer Screening Chart Review Algorithm and Worksheet. You may choose to use the paper worksheet first, and then enter the data into the data collection form later.

Chart Selection and Sampling

To select charts for chart review, first identify all patients aged 46-75 who had a visit during the reporting month (or quarter if applicable). Randomly select *at least 10 patients per reporting month* on which to perform chart review. No other selection criteria should be utilized besides the patient's age or visit date.

For each patient, follow the worksheet or REDCap data entry to determine whether colorectal cancer screening is documented appropriately in the patient's electronic health record, and whether the patient has or has not been appropriately screened for colorectal cancer.

Frequently Asked Questions

1. When should I start collecting monthly data?

Your monthly data collection should start in the first year of program participation and after your baseline time frame. For example, if you began participation in 2021, and your baseline rate is calculated from January 2020 through December 2020, you should start monthly data collection from January 2021.

2. When should monthly data be reported?

Ideally, you would report monthly data within the 30-day period following the reporting month. For example, report March 2021 data no later than April 30, 2021. If you are reporting quarterly, the due date should be 30 days after the last day of the quarter. For example, report 2nd Quarter 2021 (ending June 30) data no later than July 31, 2021.