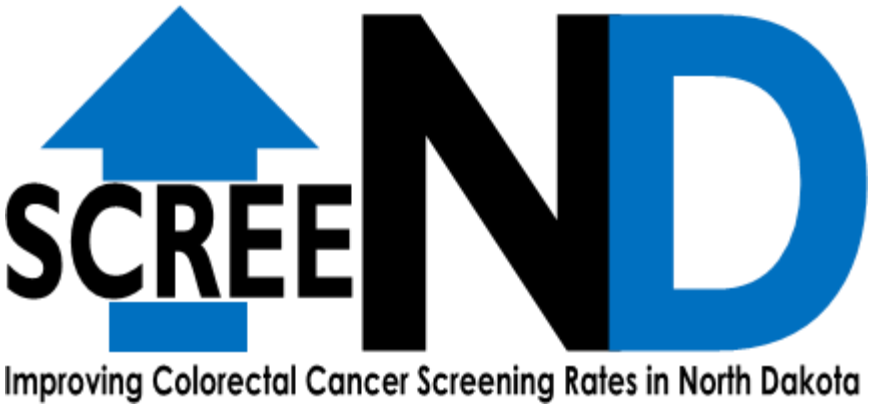

Encyclopedia of Measures and Data Collection Guide

Revision v1.0

May 11, 2021

Contents

Measures

Colorectal Cancer Screening Rate (Overall)

Standard	Performance Measure	Numerator	Denominator	Measure Definition
Government Performance and Results Act (GPRA)	Proportion of clinically appropriate patients 50 through 75 years of age who have received colorectal screening.	Patients who have had ANY CRC screening.	Active clinical patients 50–75 years of age without a documented history of colorectal cancer or total colectomy.	Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) during report period, flexible sigmoidoscopy in past 5 years, or colonoscopy in past 10 years.[1]
Health Care Effectiveness Data and Information Set (HEDIS)	Percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer.	Patients in the denominator who received one or more screenings for colorectal cancer.	All patients 51–75 years of age during the measurement year. Exclusions: Colorectal cancer, total colectomy.	Guaiac or immunochemical (FIT) FOBT during the measurement year, flexible sigmoidoscopy during the measurement year or the 4 years before the measurement year, FIT-DNA test during the measurement year or the 2 years before the measurement year, CT colonography during the measurement year or the 4 years before the measurement year or colonoscopy during the measurement year or the 9 years before the measurement year.
Uniform Data System (UDS)	Percentage of patients 50–75 years of age who had appropriate screening for colorectal cancer.	Number of active patients 51–74 years of age who have received appropriate colorectal cancer screening.	Number of patients who were 51–74 years of age at some point during the measurement year, who had at least 1 medical visit during the reporting year. Exclusions: Have or have had colorectal cancer.	Guaiac-based FOBT, or FIT, during the measurement year, flexible sigmoidoscopy during measurement year or previous 4 years, or colonoscopy during measurement year or previous 9 years.[1]
National Quality Forum (NQF)	Percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer.	Number of active patients 51–74 years of age who have received appropriate colorectal cancer screening.	Number of patients 51–75 years of age with a visit during the measurement year. Exclusions: Colorectal cancer, total colectomy	FOBT—including FIT—during the measurement year, flexible sigmoidoscopy during the measurement year or the 4 years prior to the measurement year, or colonoscopy during the measurement year or the nine years before the measurement year.[1]

[1] FIT-DNA tests, such as Cologuard, are also acceptable for screening if completed in the measurement year or 2 years prior to the measurement year.

Fecal Kit Return Rate

Performance Measure	Numerator	Denominator	Measure Definition
Proportion of patients 50 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 50-74 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 50-74 completing follow-up colonoscopies referred by primary care physician

Colorectal Cancer Chart Review Algorithm

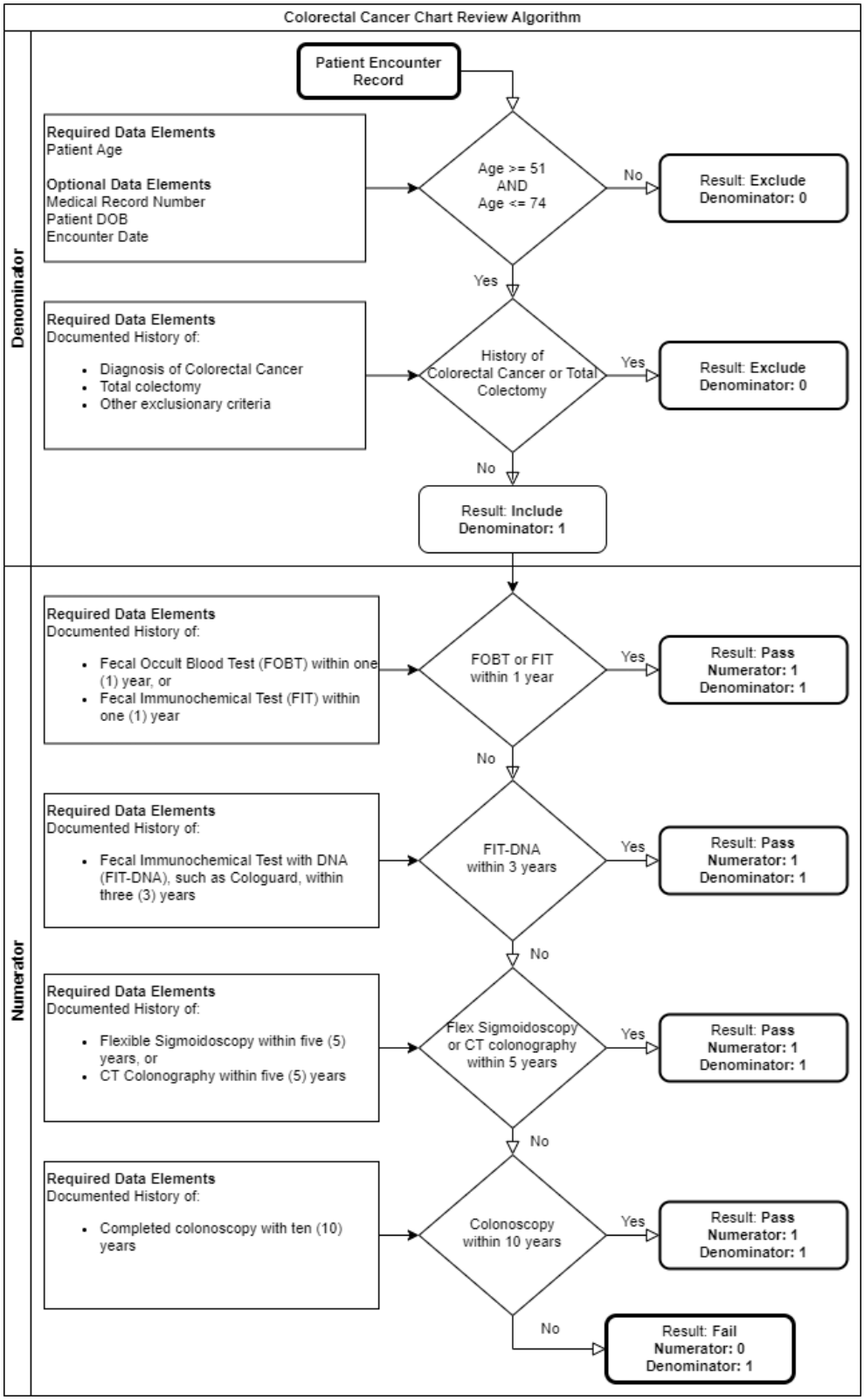

Chart Review Worksheet

Medical Record Number _____ Encounter Date _____

Date of Birth _____ Age at Encounter _____

Denominator

Is patient age 51 through 74?

☐ 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 NQF endorsed 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** but will cover only a month (or quarter) of patient visits. Every month or quarter should use the same measure definition.
- **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 51-74 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. If reporting quarterly, randomly select at least 30 patients.

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.