

EXAMPLE OF COLORECTAL CANCER SCREENING POLICY

XYZ HEALTH CENTER

Effective Date:

Last Reviewed:

Last Revised:

Clinic Champion:

Authorization:

Could be signed by Chief Medical Officer, QI team, etc.

I. PURPOSE

Colorectal cancer is the third most common cancer diagnosed and the third leading cause of cancer related deaths in both men and women in the United States. When colorectal cancer is found at an early stage before it has spread, the 5-year relative survival rate is about 90%.

Source: [American Cancer Society](#)

II. REFERENCE

The [USPSTF guidelines](#) were chosen because they were the most appropriate to the target population in the community. According to the CDC, evidence-based interventions (EBIs) are strategies that are proven to work. For colorectal cancer screening, these interventions improve the quality of cancer screening and increase the number of people screened.

III. RESPONSIBILITY

It is the responsibility of all health center staff members to be familiar with the initiative, develop a process for chart review, **data reporting and entry**, and patient outreach/education for colorectal cancer screening.

IV. GUIDELINES (See attachment 1)

V. IMPLEMENTATION OF EBIS (See attachment 1)

VI. DATA AND REPORTING (See attachment 1)

VII. ADDITIONAL DATA FOR MEDICAL REVIEW AND QUALITY AUDIT (See attachment 2)



ATTACHMENT 1

IV. GUIDELINES

1. POPULATION

Asymptomatic adults aged 45-75 who are at average risk of colorectal cancer.

2. SCREENING TESTS

Stool-based tests

- Guaiac-based fecal occult blood test (gFOBT) every year
- Fecal immunochemical test (FIT) every year
- Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) every 1-3 years

Visual tests

- Colonoscopy every 10 years
- Flexible sigmoidoscopy every 5 years
- Computerized tomography (CT) colonography every 5 years

Positive or abnormal findings identified by non-colonoscopy screening require follow-up colonoscopy.

3. GOALS

X by 20XX

4. EXCLUSION

Exclude patients who are:

- Receiving hospice care
- Has a diagnosis or history of total colectomy or colorectal cancer



V. IMPLEMENTATION OF EBIs

- Patient Reminders
 - Please include a detailed description of the process in place, including frequency. If there is an example screenshot, please include it as well.
 - **Example:** Front desk reception will use the LUMA system to remind patients aged 45-75 to complete a colorectal cancer screening every month. Then following up with a mailed postcard reminder.
- Provider Reminders
 - Please include a detailed description of the process in place, including frequency. If there is an example screenshot, please include it as well.
 - **Example:** In addition to the EMR reminder and morning huddles, the MAs will go through a hard copy health maintenance checklist which includes colorectal cancer screening with the provider.
- Provider Assessment and Feedback
 - Please include a detailed description of the process in place, including frequency. If there is an example screenshot, please include it as well.
 - **Example:** Quality team will go through scorecards with the colorectal cancer screening measure with each provider monthly.
- Reducing Structural Barriers
 - Please include a detailed description of the process in place, including frequency. If there is an example screenshot, please include it as well.
 - **Example:** Clinic will begin implementing evening hours for patients who cannot take time off normal working hours.

VI. TRACKING CRC ORDERS

- Please include a detailed description of the process in place, including frequency.
 - **Example:** Provider will enter the order (referral to colonoscopy, FIT kit, Cologuard, etc.) into the EMR. Referral coordinator will scan results of colonoscopy into EMR when received. QI staff will check Cologuard portal for results and conduct outreach as necessary.



VII. DATA AND REPORTING

1. REPORTS

- Report parameters: # of active patients aged 51 through 74
- Exclusions: Patients who have or who have had colorectal cancer
- Reporting Frequency: Quarterly
- Data Calculation: # of active patients aged 51 through 74 who have had gFOBT/FIT <1 yr, flexible sigmoidoscopy <5 yrs, or colonoscopy <10 years / Total # of active patients who were aged 51 through 74

ATTACHMENT 2

VIII. ADDITIONAL DATA FOR MEDICAL REVIEW OR QUALITY AUDIT

An additional data field that includes ICD-9 code risk information may enhance the management of patients whose plan of care includes a higher rate of surveillance or diagnostics.

Key:

Red: Customizable template language

Green: Optional template language

Black: Standard template language

