

# Colorectal Cancer Screening (COL)



# Overview

- Colorectal cancer, sometimes called colon cancer, starts when cells that line the colon or rectum grow out of control
- Most colorectal cancers develop from polyps in the glandular tissue of intestinal lining
- The colon is also called the large intestine, which is part of the digestive system
- Most colorectal cancers are "silent" tumors. They grow slowly, and a person may not notice any symptoms until tumors enlarge

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## WHY IS IT IMPORTANT

- Colorectal cancer is the second leading cause of cancer death for men and women combined
- Based on sites of onset, rectal cancer accounts for 49.66%, colon cancer accounts for 49.09%
  - ✓ Among colon cancers, the most common sites are the sigmoid colon (55%), followed by the ascending colon (23.3%)
- Screening tests can find:
  - ✓ Precancerous polyps, so that they can be removed before they turn into cancer
  - ✓ Colorectal cancer early, in which treatment works best
  - ✓ Cancer when there is no symptom “silent” tumors

# Understanding the Measure

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- How is someone identified for the measure:
  - Men and Women 45 -75 years of age are eligible for colorectal cancer screening
- How is it measured:
  - **Colonoscopy** during the current year or the 9 years before the current year
  - Fecal occult blood test (**FOBT**) in the current year
  - **Flexible sigmoidoscopy** during the current year or the 4 years before the current year
  - **CT colonography** during the current year or the 4 years before the current year
  - **Stool DNA with FIT** test during the current year or the 2 years before the current year

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## TALKING POINTS WITH PROVIDER GROUPS

- Discuss with provider groups that the purpose of getting colorectal cancer screening in patients ages 45-75 is to identify those that may have polyps or early stage of colorectal cancer so that they can receive treatment early
- Discuss with provider groups the different types of colorectal screening and appropriate documentation needed for each screening
- Share the quality care gaps report showing
  - Noncompliant eligible members for this measure
  - Members with no annual wellness visit or no visit at all (MWOV) in the current year
- Advise provider groups to review these members' medical records to confirm if a colorectal cancer screening test was completed and test result is in the chart for any test that meets the time frame
  - If multiple members had COL test done from previous years, discuss the option of submitting supplemental data file to capture the completed service to close the care gap in our system
  - If member(s) had a visit in current year but no evidence that COL test was completed (no claim) or no documentation in medical record that COL test was completed, recommend calling these members and assist with scheduling their colonoscopy test or offer other screening test, if patient declines colonoscopy
  - For members without visit (MWOV) in the current year, recommend provider groups to call these members and schedule annual wellness visit (AWV)
    - Assist with scheduling their colonoscopy test or offer another test that will close the care gap for the current year

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## PROVIDER GROUP'S KEYS TO SUCCESS

- Encourage provider groups to use the quality care gaps report that shows members without visit (MWOV) or no annual wellness visit (AWV)
- Encourage provider groups to assign a staff to complete patient teaching on the importance of getting COL test done - to identify members with polyps or early stage of colorectal cancer because early detection leads to successful treatment
- Identify any barriers that is preventing member from getting the test. For example, transportation or does not know which facility to go to
- Encourage provider groups to assist members with scheduling their colonoscopy test and to remind members to complete Release of Information (ROI), if needed so PCP can get the COL test result
- Encourage providers and clinic staff to complete and document all screenings for patients within their practice
- Encourage provider groups to submit supplemental data file to close care gaps in our system – beneficial for members new to Centene who had screening done from prior years that are good for multiple years

# Resources

- [HEDIS Quick Reference Guide \(page 16\)](#)
- [Adult Pocket Guide](#)

