# IT-12.3: Colorectal Cancer Screening

| **Measure Title** | **IT-12.3 Colorectal Cancer Screening (COL)** |
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| **Description** | The percentage of patients 50–75 years of age who had appropriate screening for colorectal cancer. |
| **NQF Number** | 0034 |
| **Measure Steward** | National Committee for Quality Assurance (NCQA) |
| **Link to measure citation** | <https://www.qualityforum.org/QPS/0034>http://www.qualitymeasures.ahrq.gov/content.aspx?id=47144 |
| **Measure type** | Non Stand-Alone (NSA) |
| **Performance and Achievement Type** | Pay for Performance (P4P) - QSMIC

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|  | Baseline | DY4 | DY5 |
| Achievement Level Calculations | Baseline below MPL | MPL | MPL + 10%\* (HPL-MPL) |
| Baseline above MPL | Baseline + 10%\*(HPL - Baseline) | Baseline + 20%\*(HPL - Baseline) |

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| **Benchmark Description** |

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| NCQA Accreditation Benchmarks and Thresholds |
| HPL (90th Percentile) | 74% |
| MPL (25th Percentile) or 10th if applicable | 51% |

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| **DSRIP-specific modifications to Measure Steward’s specification** | The Measure Steward’s specification has been modified as follows:* Replaced term "member" with "patient"
* Removed reference to December 31
* Replaced health plan-specific language requiring continuous member enrollment and inserted a requirement that the patient must have at least one outpatient encounter in the prior year
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| **Denominator Description**  | Patients 51–75 years of age as of the end of the measurement year. |
| **Denominator Inclusions** | Patients must have had at least one (1) outpatient encounter in the prior 12-month period.  |
| **Denominator Exclusions** | Exclude patients with a diagnosis of colorectal cancer or total colectomy. Exclusionary evidence in the medical record must include a note indicating a diagnosis of colorectal cancer or total colectomy, which must have occurred by the end of the measurement year. |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed.
* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases.
* For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases.
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| **Numerator Description**  | One or more screenings for colorectal cancer. Any of the following meet the criteria: * Fecal occult blood test (FOBT) during the measurement year. For administrative data, assume the required number of samples were returned regardless of FOBT type.
* Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
* Colonoscopy during the measurement year or the nine years prior to the measurement year.
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| **Numerator Inclusions** | The Measure Steward does not identify specific numerator inclusions beyond what is described in the numerator description. |
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| **Setting** | Ambulatory |
| **Data Source** | Administrative/Clinical data sources  |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome  |