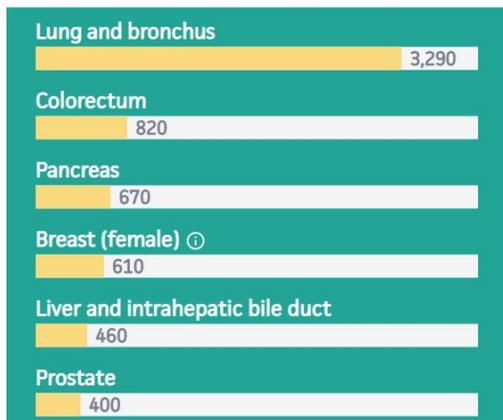


March 2019

Topic: Colorectal Cancer & Screening

Estimated deaths, 2019

Kentucky, by cancer type



Colorectal Cancer

- 1 in 3 adults 50 years of age and older are not current for their recommended colorectal cancer screening, about 22 million people.
- Colon cancer is the 2nd leading cause of cancer-related deaths in Kentucky and the U.S., and the 3rd most common cancer in men and women.
- Colorectal cancer can be prevented or detected early through screenings. Screening should start at age 50 for most men and women.

Kentucky Law

Colorectal cancer screenings are covered by insurance in Kentucky and law allows the screening procedures to be performed at no shared cost to the insured – no copay, no deductible and no co-insurance.

5 Screening Tests & Guidelines: FBOT, FIT, Flexible Sigmoid, Colonoscopy and Cologuard®

Fecal Occult Blood Tests (FOBT) – Yearly FIT (Fecal Immunochemical Test)

Sigmoidoscopy – Once every five years or every 10 years with FOBT and FIT every 3 years

Colonoscopy – Every 10 years or as indicated by history, screening, and diagnostic tests. **Patients who have a positive stool test need a follow-up colonoscopy.*

Stool DNA Test – Combination of a stool DNA test and a FIT test, every 3 years.

CT Colonography (virtual colonoscopy) — Every 5 years

Documentation

CMS requires one of the 5 types of screenings for colorectal screening within the determined intervals. It is up to you, as the provider, to educate your patients on the importance of getting one of these required screenings. If the patient declines a colonoscopy, it is important that you offer alternative screenings – and that you document the recommended alternatives.

CMS holds the provider accountable for getting your patients to have this valuable screening. **Permanently deferring a colorectal screening in the patient record does not remove the patient from the denominator,** according to CMS and other payers.

This segment was brought to you by CHI Saint Joseph Health Partners and CHI Saint Joseph Health Medical Group in partnership for quality.

For More Information

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QUALITY Matters



March 2019

Can we have an impact on Colorectal Cancer screenings?

Evidence-based Medicine (EBM) tells us that "Prevention is the best medicine." Prevention includes no smoking, increased physical activity, a healthy diet, a healthy weight and regular screenings. Research tells us that diseases of the colon are controllable in some cases with lifestyle changes and regular screening. With colorectal disease, once again we can help our providers care for our patients. Payers, both commercial and government, offer incentives to keep our colon cancer patients healthier and to decrease the amount of money spent on care and complications.

Impact on CIN Network Providers

Payers offer quality incentives for managing their patients' health according to national standards set by CMS, CDC and Healthcare Effectiveness Data and Information Set (HEDIS) which is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Please see the websites listed below for more information about actual HEDIS measures and ACO/MSP measures or call Kitty Grider, RN, System Quality Manager at 502.489.3042.

www.CMS.gov

www.ncqa.org/HEDIS/QualityMeasurement

Most of the CHI Saint Joseph Health Partners contracts include colon cancer screening measures in order to earn quality incentives. Providers are encouraged to document the information needed in order to be sure your quality and value reports represent your clinical efforts. Robust documentation also enables the CHI Saint Joseph Health Partners RN Health Coaches to serve providers and patients more efficiently.

Quality Improvement Project

How can you help your provider with taking care of the patients who might have colorectal disease?

When speaking to patients about colorectal cancer screenings be sure to offer a variety of choices, Colonoscopy, FOBT, and stool DNA test.

Be sure to share any information with your provider that the patient might share with you. Sometimes the patients forget or choose not to tell the provider about symptoms such as:

1. Blood in the bowel movement
2. A change in bowel habits
3. Stools that are narrower than usual
4. General, unexplained stomach discomfort
5. Frequent gas, pain or indigestion
6. Unexplained weight loss
7. Chronic fatigue

Most important: Stress that colorectal screenings save lives! Many eligible patients are not being screened. Make sure that your patients are provided with colorectal screening awareness.

Helpful Resources: *Centers for Disease Control and Prevention and Centers for Medicare and Medicaid Services (CMS), Kentucky.gov, American Cancer Society, CDC Colon Cancer Program, Colon Cancer Prevention Project, Healthier US, Kentucky Cancer Consortium, Kentucky Cancer Program, Kentucky Cancer Registry, Kentucky Medical Association, Kentucky Women's Cancer Screening Program, National Cancer Institute, Patient Advocate Foundation Colorectal Care Line, Partnership for a Fit Kentucky, Prevent Cancer Foundation*

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