eCQM Title	**Colorectal Cancer Screening**		
eCQM Identifier (Measure Authoring Tool)	130	**eCQM Version Number**	13.0.000
CBE Number	Not Applicable	**GUID**	aa2a4bbc-864f-45ee-b17a-7ebcc62e6aac
Measurement Period	January 1, 20XX through December 31, 20XX		
Measure Steward	National Committee for Quality Assurance		
Measure Developer	National Committee for Quality Assurance		
Endorsed By	None		
Description	Percentage of adults 45-75 years of age who had appropriate screening for colorectal cancer		
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Measure Scoring	Proportion		
Measure Type	Process		
Stratification	Report a total rate, and each of the following age strata: Stratum 1: Patients age 46-49 by the end of the measurement period Stratum 2: Patients age 50-75 by the end of the measurement period		
Risk Adjustment	None		
Rate Aggregation	None		
Rationale	Colorectal cancer represents eight percent of all new cancer cases in the United States. In 2020, there were an estimated 147,950 new cases of colorectal cancer and an estimated 53,200 deaths attributed to it. According to the National Cancer Institute, about 4.2 percent of men and women will be diagnosed with colorectal cancer at some point during their lifetimes. For most adults, older age is the most important risk factor for colorectal cancer, although being male and black are also associated with higher incidence and mortality. Colorectal cancer is most frequently diagnosed among people 65 to 74 years old (Howlader et al., 2020). Screening can be effective for finding precancerous lesions (polyps) that could later become malignant, and for detecting early cancers that can be more easily and effectively treated. Precancerous polyps usually take about 10 to 15 years to develop into colorectal cancer, and most can be found and removed before turning into cancer. The five-year relative survival rate for people whose colorectal cancer is found in the early stage before it has spread is about 90 percent (SEER, 2022).		
Clinical Recommendation Statement	The U.S. Preventive Services Task Force (2021) recommends screening for colorectal cancer in adults aged 45 to 49 years. This is a Grade B recommendation (U.S. Preventive Services Task Force, 2021). The U.S. Preventive Services Task Force (2021) recommends screening for colorectal cancer in adults aged 50 to 75 years. This is a Grade A recommendation (U.S. Preventive Services Task Force, 2021). Appropriate screenings are defined by any one of the following: - Fecal occult blood test (annually) - Stool DNA (sDNA) with FIT test (every 3 years) - Flexible sigmoidoscopy (every 5 years) - Computed tomographic (CT) colonography (every 5 years) - Colonoscopy (every 10 years)		
Improvement Notation	Higher score indicates better quality		
Reference	Reference Type: CITATION Reference Text: 'Howlader N, Noone AM, Krapcho M, Miller D, Brest A, Yu M, Ruhl J, Tatalovich Z, Mariotto A, Lewis DR, Chen HS, Feuer EJ, Cronin KA (2020). SEER Cancer Statistics Review, 195-2017. Retrieved September 22, 2020, https://seer.cancer.gov/csr/1975_2017/'		
Reference	Reference Type: CITATION Reference Text: 'SEER. (n.d.). Cancer of the Colon and Rectum. https://seer.cancer.gov/statfacts/html/colorect.html'		
Reference	Reference Type: CITATION Reference Text: 'US Preventive Services Task Force, Davidson, K. W., Barry, M. J., Mangione, C. M., Cabana, M., Caughey, A. B., Davis, E. M., Donahue, K. E., Doubeni, C. A., Krist, A. H., Kubik, M., Li, L., Ogedegbe, G., Owens, D. K., Pbert, L., Silverstein, M., Stevermer, J., Tseng, C. W., & Wong, J. B. (2021). Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement. JAMA, 325(19), 1965–1977. https://doi.org/10.1001/jama.2021.6238'		
Definition	None		
Guidance	Do not count digital rectal exams (DRE), fecal occult blood tests (FOBTs) performed in an office setting or performed on a sample collected via DRE. Please note the measure may include screenings performed outside the age range of patients referenced in the initial population. Screenings that occur prior to the measurement period are valid to meet measure criteria. This eCQM is a patient-based measure. This version of the eCQM uses QDM version 5.6. Please refer to the eCQI resource center (https://ecqi.healthit.gov/qdm) for more information on the QDM.		
Transmission Format	TBD		
Initial Population	Patients 46-75 years of age by the end of the measurement period with a visit during the measurement period		
Denominator	Equals Initial Population		
Denominator Exclusions	Exclude patients who are in hospice care for any part of the measurement period. Exclude patients with a diagnosis or past history of total colectomy or colorectal cancer. Exclude patients 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria: - Advanced illness diagnosis during the measurement period or the year prior - OR taking dementia medications during the measurement period or the year prior Exclude patients 66 and older by the end of the measurement period who are living long term in a nursing home any time on or before the end of the measurement period. Exclude patients receiving palliative care for any part of the measurement period.		
Numerator	Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: - Fecal occult blood test (FOBT) during the measurement period - Stool DNA (sDNA) with FIT test during the measurement period or the two years prior to the measurement period - Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period - CT Colonography during the measurement period or the four years prior to the measurement period - Colonoscopy during the measurement period or the nine years prior to the measurement period		
Numerator Exclusions	Not Applicable		
Denominator Exceptions	None		
Supplemental Data Elements	For every patient evaluated by this measure also identify payer, race, ethnicity and sex		

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Population Criteria

◢ Initial Population

```
AgeInYearsAt(date from
  end of "Measurement Period"
) in Interval[46, 75]
  and exists AdultOutpatientEncounters."Qualifying Encounters"
```

◢ Denominator

```
"Initial Population"
```

◢ Denominator Exclusions

```
Hospice."Has Hospice Services"
  or exists "Malignant Neoplasm"
  or exists "Total Colectomy Performed"
  or AIFrailLTCF."Is Age 66 or Older with Advanced Illness and Frailty"
  or AIFrailLTCF."Is Age 66 or Older Living Long Term in a Nursing Home"
  or PalliativeCare."Has Palliative Care in the Measurement Period"
```

◢ Numerator

```
exists "Fecal Occult Blood Test Performed"
  or exists "Stool DNA with FIT Test Performed"
  or exists "Flexible Sigmoidoscopy Performed"
  or exists "CT Colonography Performed"
  or exists "Colonoscopy Performed"
```

◢ Numerator Exclusions

None

◢ Denominator Exceptions

None

◢ Stratification 1

```
AgeInYearsAt(date from
  end of "Measurement Period"
) in Interval[46, 49]
```

◢ Stratification 2

```
AgeInYearsAt(date from
  end of "Measurement Period"
) in Interval[50, 75]
```

Definitions

◢ AdultOutpatientEncounters.Qualifying Encounters

```
( ["Encounter, Performed": "Office Visit"]
  union ["Encounter, Performed": "Annual Wellness Visit"]
  union ["Encounter, Performed": "Preventive Care Services Established Office Visit, 18 and Up"]
  union ["Encounter, Performed": "Preventive Care Services Initial Office Visit, 18 and Up"]
  union ["Encounter, Performed": "Home Healthcare Services"]
  union ["Encounter, Performed": "Virtual Encounter"]
  union ["Encounter, Performed": "Telephone Visits"] ) ValidEncounter
  where ValidEncounter.relevantPeriod during day of "Measurement Period"
```

◢ AIFrailLTCF.Has Advanced Illness in Year Before or During Measurement Period

```
exists ( ["Diagnosis": "Advanced Illness"] AdvancedIllnessDiagnosis
    where AdvancedIllnessDiagnosis.prevalencePeriod starts during day of Interval[start of "Measurement Period" - 1 year, end of "Measurement Period"]
)
```

◢ AIFrailLTCF.Has Criteria Indicating Frailty

```
exists ( ["Device, Order": "Frailty Device"] FrailtyDeviceOrder
    where FrailtyDeviceOrder.authorDatetime during day of "Measurement Period"
)
  or exists ( ["Assessment, Performed": "Medical equipment used"] EquipmentUsed
      where EquipmentUsed.result in "Frailty Device"
        and Global."NormalizeInterval" ( EquipmentUsed.relevantDatetime, EquipmentUsed.relevantPeriod ) ends during day of "Measurement Period"
  )
  or exists ( ["Diagnosis": "Frailty Diagnosis"] FrailtyDiagnosis
      where FrailtyDiagnosis.prevalencePeriod overlaps day of "Measurement Period"
  )
  or exists ( ["Encounter, Performed": "Frailty Encounter"] FrailtyEncounter
      where FrailtyEncounter.relevantPeriod overlaps day of "Measurement Period"
  )
  or exists ( ["Symptom": "Frailty Symptom"] FrailtySymptom
      where FrailtySymptom.prevalencePeriod overlaps day of "Measurement Period"
  )
```

◢ AIFrailLTCF.Has Dementia Medications in Year Before or During Measurement Period

```
exists (["Medication, Active": "Dementia Medications"] DementiaMedication
  where Global."NormalizeInterval" ( DementiaMedication.relevantDatetime, DementiaMedication.relevantPeriod ) overlaps day of Interval[start of "Measurement Period" - 1 year,
  end of "Measurement Period"])
```

◢ AIFrailLTCF.Is Age 66 or Older Living Long Term in a Nursing Home

```
( AgeInYearsAt(date from
    end of "Measurement Period"
  )>= 66
)
  and ( ( Last(["Assessment, Performed": "Housing status"] HousingStatus
        where Global."NormalizeInterval"(HousingStatus.relevantDatetime, HousingStatus.relevantPeriod) ends on or before day of
        end of "Measurement Period"
        sort by
        end of Global."NormalizeInterval"(relevantDatetime, relevantPeriod)asc
    )) LastHousingStatus
      where LastHousingStatus.result ~ "Lives in nursing home (finding)"
  ) is not null
```

◢ AIFrailLTCF.Is Age 66 or Older with Advanced Illness and Frailty

```
( AgeInYearsAt(date from
    end of "Measurement Period"
  ) >= 66
    and "Has Criteria Indicating Frailty"
    and ( "Has Advanced Illness in Year Before or During Measurement Period"
        or "Has Dementia Medications in Year Before or During Measurement Period"
    )
)
```

◢ Colonoscopy Performed

```
["Procedure, Performed": "Colonoscopy"] Colonoscopy
  where Global."NormalizeInterval" ( Colonoscopy.relevantDatetime, Colonoscopy.relevantPeriod ) ends during day of Interval[start of "Measurement Period" - 9 years, end of "Measurement Period"]
```

◢ CT Colonography Performed

```
["Diagnostic Study, Performed": "CT Colonography"] Colonography
  where Global."NormalizeInterval" ( Colonography.relevantDatetime, Colonography.relevantPeriod ) ends during day of Interval[start of "Measurement Period" - 4 years, end of "Measurement Period"]
```

◢ Denominator

```
"Initial Population"
```

◢ Denominator Exclusions

```
Hospice."Has Hospice Services"
  or exists "Malignant Neoplasm"
  or exists "Total Colectomy Performed"
  or AIFrailLTCF."Is Age 66 or Older with Advanced Illness and Frailty"
  or AIFrailLTCF."Is Age 66 or Older Living Long Term in a Nursing Home"
  or PalliativeCare."Has Palliative Care in the Measurement Period"
```

◢ Fecal Occult Blood Test Performed

```
["Laboratory Test, Performed": "Fecal Occult Blood Test (FOBT)"] FecalOccultResult
  where FecalOccultResult.result is not null
    and Global."LatestOf" ( FecalOccultResult.relevantDatetime, FecalOccultResult.relevantPeriod ) during day of "Measurement Period"
```

◢ Flexible Sigmoidoscopy Performed

```
["Procedure, Performed": "Flexible Sigmoidoscopy"] FlexibleSigmoidoscopy
  where Global."NormalizeInterval" ( FlexibleSigmoidoscopy.relevantDatetime, FlexibleSigmoidoscopy.relevantPeriod ) ends during day of Interval[start of "Measurement Period" - 4 years, end of "Measurement Period"]
```

◢ Hospice.Has Hospice Services

```
exists ( ["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter
    where ( InpatientEncounter.dischargeDisposition ~ "Discharge to home for hospice care (procedure)"
        or InpatientEncounter.dischargeDisposition ~ "Discharge to healthcare facility for hospice care (procedure)"
    )
      and InpatientEncounter.relevantPeriod ends during day of "Measurement Period"
)
  or exists ( ["Encounter, Performed": "Hospice Encounter"] HospiceEncounter
      where HospiceEncounter.relevantPeriod overlaps day of "Measurement Period"
  )
  or exists ( ["Assessment, Performed": "Hospice care [Minimum Data Set]"] HospiceAssessment
      where HospiceAssessment.result ~ "Yes (qualifier value)"
        and Global."NormalizeInterval" ( HospiceAssessment.relevantDatetime, HospiceAssessment.relevantPeriod ) overlaps day of "Measurement Period"
  )
  or exists ( ["Intervention, Order": "Hospice Care Ambulatory"] HospiceOrder
      where HospiceOrder.authorDatetime during day of "Measurement Period"
  )
  or exists ( ["Intervention, Performed": "Hospice Care Ambulatory"] HospicePerformed
      where Global."NormalizeInterval" ( HospicePerformed.relevantDatetime, HospicePerformed.relevantPeriod ) overlaps day of "Measurement Period"
  )
or exists ( ["Diagnosis": "Hospice Diagnosis"] HospiceCareDiagnosis
      where HospiceCareDiagnosis.prevalencePeriod overlaps day of "Measurement Period"
  )
```

◢ Initial Population

```
AgeInYearsAt(date from
  end of "Measurement Period"
) in Interval[46, 75]
  and exists AdultOutpatientEncounters."Qualifying Encounters"
```

◢ Malignant Neoplasm

```
["Diagnosis": "Malignant Neoplasm of Colon"] ColorectalCancer
  where ColorectalCancer.prevalencePeriod starts on or before day of end of "Measurement Period"
```

◢ Numerator

```
exists "Fecal Occult Blood Test Performed"
  or exists "Stool DNA with FIT Test Performed"
  or exists "Flexible Sigmoidoscopy Performed"
  or exists "CT Colonography Performed"
  or exists "Colonoscopy Performed"
```

◢ PalliativeCare.Has Palliative Care in the Measurement Period

```
exists ( ["Assessment, Performed": "Functional Assessment of Chronic Illness Therapy - Palliative Care Questionnaire (FACIT-Pal)"] PalliativeAssessment
    where Global."NormalizeInterval" ( PalliativeAssessment.relevantDatetime, PalliativeAssessment.relevantPeriod ) overlaps day of "Measurement Period"
)
  or exists ( ["Diagnosis": "Palliative Care Diagnosis"] PalliativeDiagnosis
      where PalliativeDiagnosis.prevalencePeriod overlaps day of "Measurement Period"
  )
  or exists ( ["Encounter, Performed": "Palliative Care Encounter"] PalliativeEncounter
      where PalliativeEncounter.relevantPeriod overlaps day of "Measurement Period"
  )
  or exists ( ["Intervention, Performed": "Palliative Care Intervention"] PalliativeIntervention
      where Global."NormalizeInterval" ( PalliativeIntervention.relevantDatetime, PalliativeIntervention.relevantPeriod ) overlaps day of "Measurement Period"
  )
```

◢ SDE Ethnicity

```
["Patient Characteristic Ethnicity": "Ethnicity"]
```

◢ SDE Payer

```
["Patient Characteristic Payer": "Payer Type"]
```

◢ SDE Race

```
["Patient Characteristic Race": "Race"]
```

◢ SDE Sex

```
["Patient Characteristic Sex": "ONC Administrative Sex"]
```

◢ Stool DNA with FIT Test Performed

```
["Laboratory Test, Performed": "sDNA FIT Test"] sDNATest
  where sDNATest.result is not null
    and Global."LatestOf" ( sDNATest.relevantDatetime, sDNATest.relevantPeriod ) during day of Interval[start of "Measurement Period" - 2 years, end of "Measurement Period"]
```

◢ Stratification 1

```
AgeInYearsAt(date from
  end of "Measurement Period"
) in Interval[46, 49]
```

◢ Stratification 2

```
AgeInYearsAt(date from
  end of "Measurement Period"
) in Interval[50, 75]
```

◢ Total Colectomy Performed

```
["Procedure, Performed": "Total Colectomy"] Colectomy
  where Global."NormalizeInterval" ( Colectomy.relevantDatetime, Colectomy.relevantPeriod ) ends on or before day of end of "Measurement Period"
```

Functions

◢ Global.HasEnd(period Interval<DateTime>)

```
not (
  end of period is null
    or
    end of period = maximum DateTime
)
```

◢ Global.Latest(period Interval<DateTime>)

```
if ( HasEnd(period)) then
end of period
  else start of period
```

◢ Global.LatestOf(pointInTime DateTime, period Interval<DateTime>)

```
Latest(NormalizeInterval(pointInTime, period))
```

◢ Global.NormalizeInterval(pointInTime DateTime, period Interval<DateTime>)

```
if pointInTime is not null then Interval[pointInTime, pointInTime]
  else if period is not null then period
  else null as Interval<DateTime>
```

Terminology

- code "Discharge to healthcare facility for hospice care (procedure)" ("SNOMEDCT Code (428371000124100)")
- code "Discharge to home for hospice care (procedure)" ("SNOMEDCT Code (428361000124107)")
- code "Functional Assessment of Chronic Illness Therapy - Palliative Care Questionnaire (FACIT-Pal)" ("LOINC Code (71007-9)")
- code "Hospice care [Minimum Data Set]" ("LOINC Code (45755-6)")
- code "Housing status" ("LOINC Code (71802-3)")
- code "Lives in nursing home (finding)" ("SNOMEDCT Code (160734000)")
- code "Medical equipment used" ("LOINC Code (98181-1)")
- code "Yes (qualifier value)" ("SNOMEDCT Code (373066001)")
- valueset "Advanced Illness" (2.16.840.1.113883.3.464.1003.110.12.1082)
- valueset "Annual Wellness Visit" (2.16.840.1.113883.3.526.3.1240)
- valueset "Colonoscopy" (2.16.840.1.113883.3.464.1003.108.12.1020)
- valueset "CT Colonography" (2.16.840.1.113883.3.464.1003.108.12.1038)
- valueset "Dementia Medications" (2.16.840.1.113883.3.464.1003.196.12.1510)
- valueset "Encounter Inpatient" (2.16.840.1.113883.3.666.5.307)
- valueset "Ethnicity" (2.16.840.1.114222.4.11.837)
- valueset "Fecal Occult Blood Test (FOBT)" (2.16.840.1.113883.3.464.1003.198.12.1011)
- valueset "Flexible Sigmoidoscopy" (2.16.840.1.113883.3.464.1003.198.12.1010)
- valueset "Frailty Device" (2.16.840.1.113883.3.464.1003.118.12.1300)
- valueset "Frailty Diagnosis" (2.16.840.1.113883.3.464.1003.113.12.1074)
- valueset "Frailty Encounter" (2.16.840.1.113883.3.464.1003.101.12.1088)
- valueset "Frailty Symptom" (2.16.840.1.113883.3.464.1003.113.12.1075)
- valueset "Home Healthcare Services" (2.16.840.1.113883.3.464.1003.101.12.1016)
- valueset "Hospice Care Ambulatory" (2.16.840.1.113883.3.526.3.1584)
- valueset "Hospice Diagnosis" (2.16.840.1.113883.3.464.1003.1165)
- valueset "Hospice Encounter" (2.16.840.1.113883.3.464.1003.1003)
- valueset "Malignant Neoplasm of Colon" (2.16.840.1.113883.3.464.1003.108.12.1001)
- valueset "Office Visit" (2.16.840.1.113883.3.464.1003.101.12.1001)
- valueset "ONC Administrative Sex" (2.16.840.1.113762.1.4.1)
- valueset "Palliative Care Diagnosis" (2.16.840.1.113883.3.464.1003.1167)
- valueset "Palliative Care Encounter" (2.16.840.1.113883.3.464.1003.101.12.1090)
- valueset "Palliative Care Intervention" (2.16.840.1.113883.3.464.1003.198.12.1135)
- valueset "Payer Type" (2.16.840.1.114222.4.11.3591)
- valueset "Preventive Care Services Established Office Visit, 18 and Up" (2.16.840.1.113883.3.464.1003.101.12.1025)
- valueset "Preventive Care Services Initial Office Visit, 18 and Up" (2.16.840.1.113883.3.464.1003.101.12.1023)
- valueset "Race" (2.16.840.1.114222.4.11.836)
- valueset "sDNA FIT Test" (2.16.840.1.113883.3.464.1003.108.12.1039)
- valueset "Telephone Visits" (2.16.840.1.113883.3.464.1003.101.12.1080)
- valueset "Total Colectomy" (2.16.840.1.113883.3.464.1003.198.12.1019)
- valueset "Virtual Encounter" (2.16.840.1.113883.3.464.1003.101.12.1089)

Data Criteria (QDM Data Elements)

- "Assessment, Performed: Functional Assessment of Chronic Illness Therapy - Palliative Care Questionnaire (FACIT-Pal)" using "Functional Assessment of Chronic Illness Therapy - Palliative Care Questionnaire (FACIT-Pal) (LOINC Code 71007-9)"
- "Assessment, Performed: Hospice care [Minimum Data Set]" using "Hospice care [Minimum Data Set] (LOINC Code 45755-6)"
- "Assessment, Performed: Housing status" using "Housing status (LOINC Code 71802-3)"
- "Assessment, Performed: Medical equipment used" using "Medical equipment used (LOINC Code 98181-1)"
- "Device, Order: Frailty Device" using "Frailty Device (2.16.840.1.113883.3.464.1003.118.12.1300)"
- "Diagnosis: Advanced Illness" using "Advanced Illness (2.16.840.1.113883.3.464.1003.110.12.1082)"
- "Diagnosis: Frailty Diagnosis" using "Frailty Diagnosis (2.16.840.1.113883.3.464.1003.113.12.1074)"
- "Diagnosis: Hospice Diagnosis" using "Hospice Diagnosis (2.16.840.1.113883.3.464.1003.1165)"
- "Diagnosis: Malignant Neoplasm of Colon" using "Malignant Neoplasm of Colon (2.16.840.1.113883.3.464.1003.108.12.1001)"
- "Diagnosis: Palliative Care Diagnosis" using "Palliative Care Diagnosis (2.16.840.1.113883.3.464.1003.1167)"
- "Diagnostic Study, Performed: CT Colonography" using "CT Colonography (2.16.840.1.113883.3.464.1003.108.12.1038)"
- "Encounter, Performed: Annual Wellness Visit" using "Annual Wellness Visit (2.16.840.1.113883.3.526.3.1240)"
- "Encounter, Performed: Encounter Inpatient" using "Encounter Inpatient (2.16.840.1.113883.3.666.5.307)"
- "Encounter, Performed: Frailty Encounter" using "Frailty Encounter (2.16.840.1.113883.3.464.1003.101.12.1088)"
- "Encounter, Performed: Home Healthcare Services" using "Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)"
- "Encounter, Performed: Hospice Encounter" using "Hospice Encounter (2.16.840.1.113883.3.464.1003.1003)"
- "Encounter, Performed: Office Visit" using "Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)"
- "Encounter, Performed: Palliative Care Encounter" using "Palliative Care Encounter (2.16.840.1.113883.3.464.1003.101.12.1090)"
- "Encounter, Performed: Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1025)"
- "Encounter, Performed: Preventive Care Services Initial Office Visit, 18 and Up" using "Preventive Care Services Initial Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1023)"
- "Encounter, Performed: Telephone Visits" using "Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080)"
- "Encounter, Performed: Virtual Encounter" using "Virtual Encounter (2.16.840.1.113883.3.464.1003.101.12.1089)"
- "Intervention, Order: Hospice Care Ambulatory" using "Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584)"
- "Intervention, Performed: Hospice Care Ambulatory" using "Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584)"
- "Intervention, Performed: Palliative Care Intervention" using "Palliative Care Intervention (2.16.840.1.113883.3.464.1003.198.12.1135)"
- "Laboratory Test, Performed: Fecal Occult Blood Test (FOBT)" using "Fecal Occult Blood Test (FOBT) (2.16.840.1.113883.3.464.1003.198.12.1011)"
- "Laboratory Test, Performed: sDNA FIT Test" using "sDNA FIT Test (2.16.840.1.113883.3.464.1003.108.12.1039)"
- "Medication, Active: Dementia Medications" using "Dementia Medications (2.16.840.1.113883.3.464.1003.196.12.1510)"
- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Payer: Payer Type" using "Payer Type (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex (2.16.840.1.113762.1.4.1)"
- "Procedure, Performed: Colonoscopy" using "Colonoscopy (2.16.840.1.113883.3.464.1003.108.12.1020)"
- "Procedure, Performed: Flexible Sigmoidoscopy" using "Flexible Sigmoidoscopy (2.16.840.1.113883.3.464.1003.198.12.1010)"
- "Procedure, Performed: Total Colectomy" using "Total Colectomy (2.16.840.1.113883.3.464.1003.198.12.1019)"
- "Symptom: Frailty Symptom" using "Frailty Symptom (2.16.840.1.113883.3.464.1003.113.12.1075)"

Supplemental Data Elements

◢ SDE Ethnicity

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["Patient Characteristic Ethnicity": "Ethnicity"]
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◢ SDE Payer

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["Patient Characteristic Payer": "Payer Type"]
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◢ SDE Race

```
["Patient Characteristic Race": "Race"]
```

◢ SDE Sex

```
["Patient Characteristic Sex": "ONC Administrative Sex"]
```

Risk Adjustment Variables

None

Measure Set	None