

eCQM ID	Colorectal Cancer Screening	eCQM Version Number	14.0.000
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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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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 years and older (Howlander 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 survival rate for people whose colorectal cancer is found in the early stage before it has spread is about 90 percent (SEER, 2022). 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) Higher score indicates better quality Reference Type: CITATION Reference Text: "SEER. (n.d.). Cancer of the Colon and Rectum. https://seer.cancer.gov/statfacts/html/colorect.html" 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., Dousten, C. A., Krist, A. R., Kubik, N., Li, L., Ogedegbe, G., Owens, D. K., Papp, L., Silverstein, M., Stevenson, J., Tseng, C. W., & Wong, J. S. (2021). Screening for Colorectal Cancer in the United States: A Systematic Review. JAMA, 325(19), 1965-1977. https://doi.org/10.1001/jama.2021.12588" None 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 referred 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/gdm) for more information on the QDM. TED Patients 46-75 years of age by the end of the measurement period with a visit during the measurement period Equals Initial Population 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. 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 None None 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 AIFrailITCF."Is Age 66 or Older with Advanced Illness and Frailty" or AIFrailITCF."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": "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 ["Malignant Neoplasm"] where ValidEncounter.relevantPeriod during day of "Measurement Period"

AIFrailITCF.Has Advanced Illness in Year Before or During Measurement Period

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

AIFrailITCF.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."NormalizInterval" (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"))

AIFrailITCF.Has Dementia Medications in Year Before or During Measurement Period

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

AIFrailITCF.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."NormalizInterval" (HousingStatus.relevantDatetime, HousingStatus.relevantPeriod) ends on or before day of end of "Measurement Period") sort by end of Global."NormalizInterval" (relevantDatetime, relevantPeriod)asc) Last(HousingStatus) where LastHousingStatus.result ~ "Lives in nursing home (finding)") is not null

AIFrailITCF.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"] ColonoscopyPerformed where Global."NormalizInterval" (ColonoscopyPerformed.relevantDatetime, ColonoscopyPerformed.relevantPeriod) ends during day of Interval[start of "Measurement Period" - 3 years, end of "Measurement Period"])

CT Colonography Performed

(["Diagnostic Study, Performed": "CT Colonography"] Colonography where Global."NormalizInterval" (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 AIFrailITCF."Is Age 66 or Older with Advanced Illness and Frailty" or AIFrailITCF."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 Interval[start of "Measurement Period"])

Flexible Sigmoidoscopy Performed

(["Procedure, Performed": "Flexible Sigmoidoscopy"] FlexibleSigmoidoscopy where Global."NormalizInterval" (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 (["Assessment, Performed": "Hospice Encounter"] HospiceEncounter where HospiceEncounter.relevantPeriod overlaps day of "Measurement Period") and Global."NormalizInterval" (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."NormalizInterval" (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."NormalizInterval" (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."NormalizInterval" (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": "Federal 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."NormalizInterval" (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 DateTime, period Interval-DateTime))

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 (428371000121007)")
- code "Discharge to home for hospice care (procedure)" ("SNOMEDCT Code (428361000121007)")
- code "Functional Assessment of Chronic Illness Therapy - Palliative Care Questionnaire (FACIT-Pal)" ("LOINC Code (71007-9)")
- code "Assessment, Performed: Hospice care [Minimum Data Set]" using "Hospice care [Minimum Data Set]" (LOINC Code 45755-6)
- code "Assessment, Performed: Housing status" using "Housing status" (LOINC Code 71802-3)
- code "Assessment, Performed: Medical equipment used" using "Medical equipment used" (LOINC Code 98181-1)
- code "Device, Order: Frailty Device" using "Frailty Device" (2.16.840.1.113883.3.464.1003.118.12.1300)
- code "Diagnosis: Advanced Illness" (2.16.840.1.113883.3.464.1003.108.12.1038)
- code "Diagnosis: Frailty Diagnosis" using "Frailty Diagnosis" (2.16.840.1.113883.3.464.1003.113.12.1074)
- code "Diagnosis: Hospice Diagnosis" using "Hospice Diagnosis" (2.16.840.1.113883.3.464.1003.1165)
- code "Diagnosis: Malignant Neoplasm of Colon" ("Malignant Neoplasm of Colon" (2.16.840.1.113883.3.464.1003.108.12.1001))
- code "Diagnosis: Palliative Care Diagnosis" using "Palliative Care Diagnosis" (2.16.840.1.113883.3.464.1003.1167)
- code "Diagnostic Study, Performed: Flexible Sigmoidoscopy" (2.16.840.1.113883.3.464.1003.108.12.1002)
- code "Encounter, Performed: Annual Wellness Visit" using "Annual Wellness Visit" (2.16.840.1.113883.3.464.1003.118.12.1010)
- code "Encounter, Performed: Encounter Inpatient" using "Encounter Inpatient" (2.16.840.1.113883.3.466.5.307)
- code "Encounter, Performed: Frailty Encounter" using "Frailty Encounter" (2.16.840.1.113883.3.464.1003.101.12.1088)
- code "Encounter, Performed: Home Healthcare Services" using "Home Healthcare Services" (2.16.840.1.113883.3.464.1003.101.12.1016)
- code "Encounter, Performed: Hospice Encounter" using "Hospice Encounter" (2.16.840.1.113883.3.464.1003.101.12.1001)
- code "Encounter, Performed: Palliative Care Encounter" using "Palliative Care Encounter" (2.16.840.1.113883.3.464.1003.101.12.1090)
- code "Encounter, Performed: Preventive Care Services Established Office Visit, 18 and Up" using "Preventive Care Services Established Office Visit, 18 and Up" (2.16.840.1.113883.3.464.1003.101.12.1023)
- code "Intervention, Order: Hospice Care Ambulatory" using "Hospice Care Ambulatory" (2.16.840.1.113883.3.526.3.1564)
- code "Intervention, Performed: Hospice Care Ambulatory" using "Hospice Care Ambulatory" (2.16.840.1.113883.3.464.1003.101.12.1090)
- code "Intervention, Performed: Palliative Care Intervention" using "Palliative Care Intervention" (2.16.840.1.113883.3.464.1003.101.12.1089)
- code "Laboratory Test, Performed: Fecal Occult Blood Test (FOBT)" using "Fecal Occult Blood Test (FOBT)" (2.16.840.1.113883.3.464.1003.118.12.1011)
- code "Laboratory Test, Performed: Flexible Sigmoidoscopy" using "Flexible Sigmoidoscopy" (2.16.840.1.113883.3.464.1003.108.12.1002)
- code "Medication, Active: Dementia Medications" using "Dementia Medications" (2.16.840.1.113883.3.464.1003.196.12.1510)
- code "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity" (2.16.840.1.113883.3.464.1003.118.12.1088)
- code "Patient Characteristic Payer: Payer Type" using "Payer Type" (2.16.840.1.113883.3.464.1003.101.12.1089)
- code "Patient Characteristic Race: Race" using "Race" (2.16.840.1.114222.4.11.836)
- code "Patient Characteristic Sex: Federal Administrative Sex" using "Federal Administrative Sex" (2.16.840.1.113762.1.4.1021.121)
- code "Procedure, Performed: Colonoscopy" using "Colonoscopy" (2.16.840.1.113883.3.464.1003.108.12.1020)
- code "Procedure, Performed: Flexible Sigmoidoscopy" using "Flexible Sigmoidoscopy" (2.16.840.1.113883.3.464.1003.196.12.1010)
- code "Procedure, Performed: Total Colectomy" using "Total Colectomy" (2.16.840.1.113883.3.464.1003.108.12.1001)
- code "Symptom: Frailty Symptom" using "Frailty Symptom" (2.16.840.1.113883.3.464.1003.113.12.1075)

Supplemental Data Elements

SDE Ethnicity

("Patient Characteristic Ethnicity": "Ethnicity")

SDE Payer

("Patient Characteristic Payer": "Payer Type")

SDE Race

("Patient Characteristic Race": "Race")

SDE Sex

("Patient Characteristic Sex": "Federal Administrative Sex")

Risk Adjustment Variables

None

