COLORECTAL CANCER SCREENING QUALITY MEASURES



Colorectal Cancer (CRC) Screening Can Help Health Systems Achieve Quality Goals¹⁻³

- CRC screening is included in the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®),* which is widely reported in many government and commercial plans.† Health systems may have performance-based contracts with payers specifically related to HEDIS and other quality measurement systems
- □ Various value-based payment models report CRC screening as a quality measure, including:
 - Medicare Advantage Star Ratings
 - Centers for Medicare & Medicaid Services accountable care organization (ACO) Medicare Shared Savings Program (MSSP)



CRC Screening May Also Help With Patient Experience Measures¹⁻⁴

- Carrying out a patient-centric, choice-based screening program for CRC can help health systems align with additional patient experience-based measures, including:
 - Consumer Assessment of Healthcare Providers and Systems (CAHPS $^{\scriptsize @}$) $^{\scriptsize \ddagger}$
 - Health Outcomes Survey measures
 - Provider's quality performance within federally qualified health centers is subject to quality ratings inclusive of CAHPS measures



- *HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
- [†] Use of stool DNA is one of the methods permitted as part of the HEDIS quality measures for CRC screening, part of the NCQA. Third-party quality measures do not specifically endorse commercial products, and inclusion in the same does not imply otherwise.
- [‡]CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

CRC Screening Is Applicable to Quality Measures Across Multiple Channels and Organizations^{1-3,5,6}



Shared Decision-Making (Indirect measure endorsed by the National Quality Forum†)



- * MIPS, Merit-based Incentive Payment System.
- [†]The National Quality Forum does not develop performance measures, require the reporting of performance measures, or provide technical assistance to practices or health systems as they use performance measures to guide improvement efforts.

References:

- Centers for Medicare & Medicaid Services. Part C and D Star Ratings. 2020. Accessed June 29, 2022. https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/Downloads/2020-Star-Ratings-Fact-Sheet-.pdf
- 2. Centers for Medicare & Medicaid Services. *Medicare Shared Savings Program. Quality Measurement Methodology and Resources.* May 2019. Accessed June 29, 2022. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/quality-measurement-methodology-and-resources.pdf
- 3. National Committee for Quality Assurance. Appendix 1: summary table of measures, product lines and changes. Accessed June 29, 2022. https://www.ncqa.org/wp-content/uploads/2019/07/20190701_HEDIS_2020_Measures_Summary_of_Changes.pdf
- **4.** Hospital Outpatient Quality Reporting Program. Centers for Medicare & Medicaid Services. Updated June 24, 2022. Accessed June 29, 2022. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram
- **5.** Explore measures & activities. Quality Payment Program. Accessed June 29, 2022. https://qpp.cms.gov/mips/explore-measures/quality-measures?py=2019&inList=true#measures
- **6.** Health Resources and Services Administration, Bureau of Primary Health Care. *Uniform Data System Reporting Instructions for 2019 Health Center Data*. Accessed June 29, 2022. http://www.bphcdata.net/docs/uds_rep_instr.pdf

