



Complete Summary

TITLE

Colon cancer screening: percent of patients receiving timely colorectal cancer screening.

SOURCE(S)

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of patients screened for colorectal cancer in primary care settings.

RATIONALE

Colorectal cancer is the second most common form of cancer in the United States, has the second highest mortality rate, and accounts for about 140,000 new cases and about 55,000 deaths each year.

An individual's lifetime risk of dying of colorectal cancer in the United States has been estimated to be 2.6%. About 60% of patients with colorectal cancer have regional or distant metastases at the time of diagnosis. Estimated 5-year survival is 91% in persons with localized disease, 60% in persons with regional spread, and only 6% in those with distant metastases. The average patient dying of colorectal cancer loses 13 years of life. In addition to the mortality associated with colorectal cancer, this disease and its treatment - surgical resection, colostomies, chemotherapy, and radiotherapy - can produce significant morbidity.

PRIMARY CLINICAL COMPONENT

Colorectal cancer; screening

DENOMINATOR DESCRIPTION

The number of randomly selected patients who are at least 52 years of age seen at least once by a physician (MD or DO), physician assistant (PA), or nurse practitioner (NP) for a primary care visit at a specified clinic. Patients who have a life expectancy that does not lend itself to prevention screening are excluded.

NUMERATOR DESCRIPTION

The number of patients from the denominator receiving timely colorectal cancer screening

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Wide variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than 52 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

From the 'eligible patients' universe, certain patient cohorts, including women, are randomly selected.

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Colorectal cancer is the second most common form of cancer in the United States, has the second highest mortality rate, and accounts for about 140,000 new cases and about 55,000 deaths each year.

EVIDENCE FOR INCIDENCE/PREVALENCE

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. Screening for colorectal cancer. p. 89-103. [113 references]

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

The lifetime risk of dying of colorectal cancer in the United States has been estimated to be 2.6%. About 60% of patients with colorectal cancer have regional or distant metastases at the time of diagnosis. Estimated 5-year survival is 91% in persons with localized disease, 60% in persons with regional spread, and only 6% in those with distant metastases. The average patient dying of colorectal cancer loses 13 years of life. In addition to the mortality associated with colorectal

cancer, this disease and its treatment - surgical resection, colostomies, chemotherapy, and radiotherapy - can produce significant morbidity.

EVIDENCE FOR BURDEN OF ILLNESS

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. Screening for colorectal cancer. p. 89-103. [113 references]

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All individuals not already reviewed during the 12-month period who visited 1 of a specified list of outpatient clinics for primary care

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All "established" patients (see original measure documentation for details) seen at least once during the current fiscal year in any one of the following 8 clinics:

- Primary Care

- General Medicine
- Cardiology
- Endocrinology/Metabolism
- Diabetes
- Hypertension
- Pulmonary/Chest
- Women's Clinic

All patients seen in one of the above clinics and seen by a:

- Physician (MD or DO),
- Physician Assistant (PA), or
- Nurse Practitioner (NP)

All patients having a life expectancy that lends itself to prevention screening

Exclusions

Visits at a tertiary facility for a specialty consult only (no other primary care or general medicine visit at the tertiary center)

Preventive care screening questions are not applied to certain designated groups of patients included in other samples (see original measure documentation for details).

Any of the following exclude the patient from screening for this prevention measure:

- Documented diagnosis of cancer of the esophagus, liver, or pancreas
- Enrolled in a Veterans Health Administration (VHA) or community-based Hospice program
- Documented in the Medical Record a life expectancy less than 6 months

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients receiving timely colorectal cancer screening, defined as any one of the following:

- Fecal occult blood test (FOBT); must be a series of three samples during a 12-month interval. If less than three cards are submitted, if one is positive, it is accepted as adequate for screen. One sample (negative or positive) from digital rectal exam is not accepted as an adequate screen for colorectal cancer for the purposes of this measure.
- Sigmoidoscopy (either rigid or flexible) during a five year interval
- Colonoscopy during a ten year interval

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Fiscal year (FY) 2002 targets for colon cancer screening component:

- Fully successful: 65%
- Exceptional: 71%

EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Colon cancer screening.

MEASURE COLLECTION

[Fiscal Year \(FY\) 2002: Veterans Health Administration \(VHA\) Performance Measurement System](#)

MEASURE SET NAME

[Preventive Care](#)

DEVELOPER

Veterans Health Administration

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2001 Nov

REVISION DATE

2002 Mar

MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

SOURCE(S)

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

MEASURE AVAILABILITY

The individual measure, "Colon Cancer Screening," is published in "FY 2002 VHA Performance Measurement System: Technical Manual."

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NQMC STATUS

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