



Complete Summary

TITLE

Preventive care and screening: percentage of patients screened for colorectal cancer during the one-year measurement period.

SOURCE(S)

Physician Consortium for Performance Improvement. Clinical performance measures: preventive care and screening. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2003. 13 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of patients aged greater than or equal to 50 years screened for colorectal cancer during the one-year measurement period.

RATIONALE

According to American Academy of Family Physicians, American Cancer Society, Partnership for Prevention, United States Multisociety Task Force on Colorectal Cancer, and United States Preventive Services Task Force guidelines, annual screening for colorectal cancer is strongly recommended for men and women aged greater than or equal to 50 years:

- Fecal occult blood testing (FOBT) annually
- Flexible sigmoidoscopy every 5 years
- Annual FOBT plus flexible sigmoidoscopy every five years
- Double-contrast barium enema every 5 years
- Colonoscopy every 10 years

PRIMARY CLINICAL COMPONENT

Colorectal cancer; screening

DENOMINATOR DESCRIPTION

All patients aged greater than or equal to 50 years at the beginning of the one-year measurement period

NUMERATOR DESCRIPTION

Patients with any of the recommended colorectal cancer screening test(s) performed

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

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Screening for colorectal cancer: recommendations and rationale.](#)
- [Summary of policy recommendations for periodic health examinations.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Wide variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Colorectal cancer test use among persons aged > or = 50 years -- United States, 2001. MMWR Morb Mortal Wkly Rep 2003 Mar 14;52(10):193-6. [PubMed](#)

State of Use of the Measure

STATE OF USE

Pilot testing

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Community Health Care
Managed Care Plans
Physician Group Practices/Clinics
Rural Health Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 50 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

In 2003, an estimated 148,000 new cases of colorectal cancer will be diagnosed in the United States.

Despite potential risks and established clinical guidelines, recent data suggest that some individuals are not screened for colorectal cancer. It has been reported that:

- In 2001, only 45% of adults aged 50 years or older had ever received a fecal occult blood test (FOBT).
- In 2001, only 47% of adults aged 50 years or older had ever received a colonoscopy or sigmoidoscopy.

EVIDENCE FOR INCIDENCE/PREVALENCE

Colorectal cancer test use among persons aged > or = 50 years -- United States, 2001. MMWR Morb Mortal Wkly Rep 2003 Mar 14;52(10):193-6. [PubMed](#)

Screening for colorectal cancer. [internet]. Bethesda (MD): National Cancer Institute; [updated 2004 Jan 22]; [cited 2003 Mar 01].

What are the key statistics for colon and rectum cancer?. [internet]. Atlanta (GA): American Cancer Society, Inc.; [cited 2003 Mar 01].

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Colorectal cancer is the second leading cause of cancer deaths in the United States and is expected to cause more than 57,000 deaths in 2003.

Screening for colorectal cancer can reduce the mortality rate from this disease by at least 30%.

EVIDENCE FOR BURDEN OF ILLNESS

Screening for colorectal cancer. [internet]. Bethesda (MD): National Cancer Institute; [updated 2004 Jan 22]; [cited 2003 Mar 01].

Screening to prevent cancer deaths. [internet]. Atlanta (GA): National Center for Chronic Disease Prevention and Health Promotion; [cited 2003 Mar 01].

What are the key statistics for colon and rectum cancer?. [internet]. Atlanta (GA): American Cancer Society, Inc.; [cited 2003 Mar 01].

UTILIZATION

Unspecified

COSTS

The total direct and indirect costs of colorectal cancer in the United States are estimated at \$6.5 billion annually.

EVIDENCE FOR COSTS

Screening to prevent cancer deaths. [internet]. Atlanta (GA): National Center for Chronic Disease Prevention and Health Promotion; [cited 2003 Mar 01].

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 patients aged greater than or equal to 50 years at the beginning of the one-year measurement period

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged greater than or equal to 50 years at the beginning of the one-year measurement period

Exclusions

Documentation of medical reason(s)* for not providing colorectal cancer screening; documentation of patient reason(s)** for declining colorectal cancer screening; high risk population***

*Specify medical reasons (e.g., total colectomy, terminal illness) for not providing colorectal cancer screening.

**Specify patient reasons (e.g., economic, social, religious) for declining colorectal cancer screening.

***Those at higher risk require more intensive surveillance.

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients with any of the recommended colorectal cancer screening test(s) performed

Exclusions
None

DENOMINATOR TIME WINDOW

Time window follows index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

None

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by high-risk subgroup (stratification on vulnerable populations)
Analysis by subgroup (stratification on patient factors)
Case-mix adjustment
Paired data at patient level

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Allowance for patient factors includes, medical reasons for not providing colorectal cancer screening, patient reasons (e.g., economic, social, religious) for declining colorectal cancer screening, and identified high risk group requiring more intensive surveillance.

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Colorectal cancer screening.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement Measurement Sets](#)

MEASURE SET NAME

[Physician Consortium for Performance Improvement: Preventive Care and Screening Core Physician Performance Measurement Set](#)

MEASURE SUBSET NAME

[Physician Consortium for Performance Improvement Clinical Performance Measures: Preventive Care and Screening - Colorectal Cancer Screening](#)

SUBMITTER

American Medical Association on behalf of the Physician Consortium for Performance Improvement

DEVELOPER

Physician Consortium for Performance Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Oct

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Physician Consortium for Performance Improvement. Clinical performance measures: preventive care and screening. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2003. 13 p.

MEASURE AVAILABILITY

The individual measure, "Colorectal Cancer Screening," is published in the "Clinical Performance Measures: Preventive Care and Screening." This document is available from the American Medical Association (AMA) Division of Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

COMPANION DOCUMENTS

The following are available:

- Physician Consortium for Performance Improvement. Introduction to physician performance measurement sets. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2001 Oct. 21 p. This document is available from the American Medical Association (AMA) Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.
- Physician Consortium for Performance Improvement. Principles for performance measurement in health care. A consensus statement. [online]. Chicago (IL): American Medical Association (AMA), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); [3 p]. This document is available from the AMA Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.
- Physician Consortium for Performance Improvement. Desirable attributes of performance measures. A consensus statement. [online]. American Medical Association (AMA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); 1999 Apr 19 [cited 2002 Jun 19]. [5 p]. This document is available from the AMA Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI on February 26, 2004. The information was verified by the measure developer on September 13, 2004.

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