TRIARQ HEALTH | Quick Guide

Colorectal Cancer Screening (CMS130)

https://ecqi.healthit.gov/ecqm/ep/2022/cms130v10

Measure Details

Measure Description: Percentage of patients 50 to 75 years of age with a visit during 2022.

Initial Population: Patients 50-75 years of age with a visit during 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
- Flexible sigmoidoscopy 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
- FIT-DNA during the measurement period or the two years prior to the measurement period
- CT Colonography during the measurement period or the four years prior to the measurement period

Denominator: Equals Initial Population.

Exclusions:

- Patients who are in hospice care for any part of the measurement period.
- Patients with a diagnosis or past history of total colectomy or colorectal cancer.
- Patients 66 and older who are living long term in an institution for more than 90 consecutive days during the measurement period.
- Patients 66 and older with an indication of frailty for any part of the measurement period who meet any of the following criteria:
    - Advanced illness with two outpatient encounters during the measurement period or the year prior
    - OR advanced illness with one inpatient encounter during the measurement period or the year prior
    - OR taking dementia medications during the measurement period or the year prior
- Exclude patients receiving palliative care during the measurement period.

Documentation Overview

What is Documented	When is it Documented	Where in QMER
Colonoscopy	During 2022 or 9 years prior	History Module
CT Colonography	During 2022 or 4 years prior	History Module
Flexible Sigmoidoscopy	During 2022 or 4 years prior	History Module
FIT-DNA	During 2022 or 2 years prior	Orders & Results
FOBT	During 2022	Orders & Results

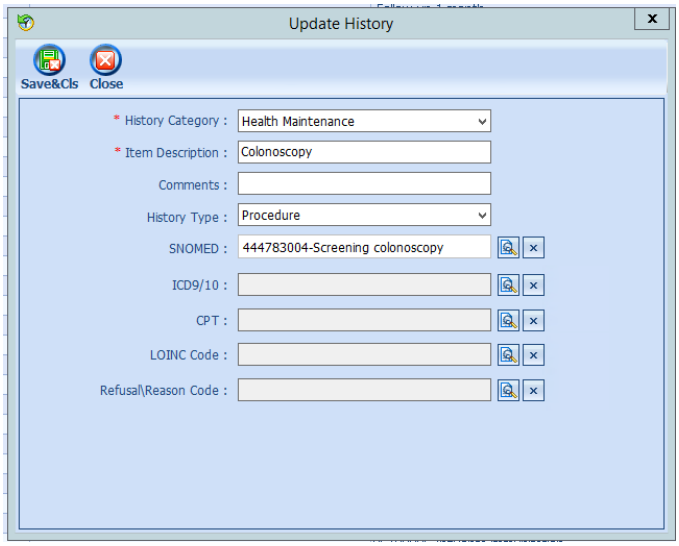
Exclusions/Exceptions	Where in QEMR
History of Total Colectomy	History Module
History of Colorectal Cancer	History Module
Hospice/Palliative Care	History Module
Advanced Illness	History Module
Taking Dementia Medication	RxMed Module

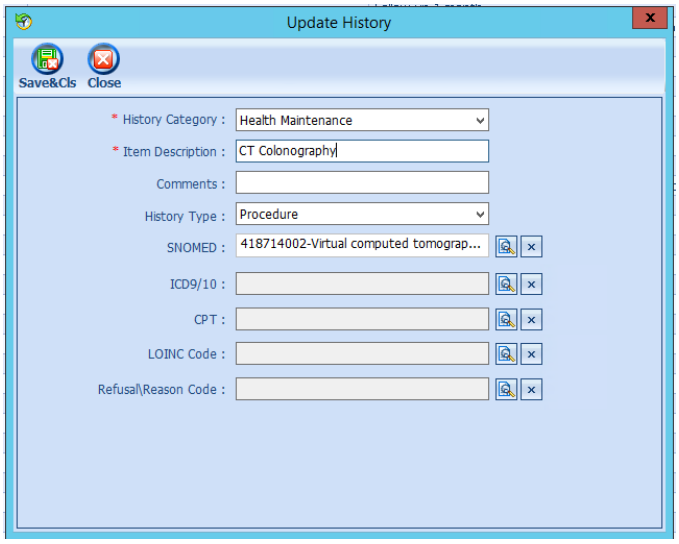
Set Up

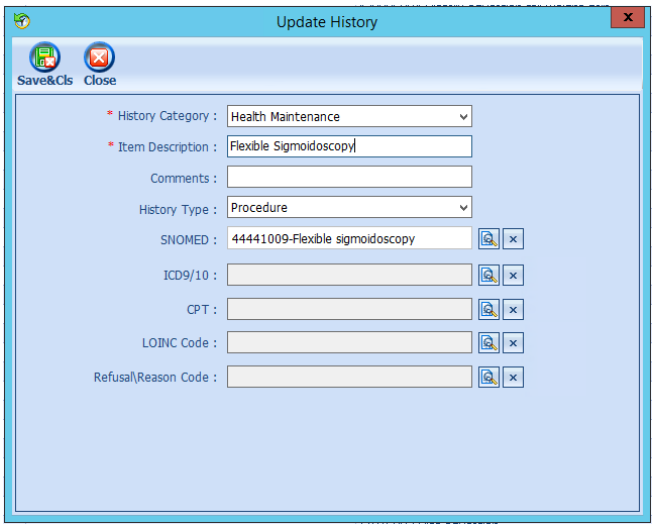
Building History Items

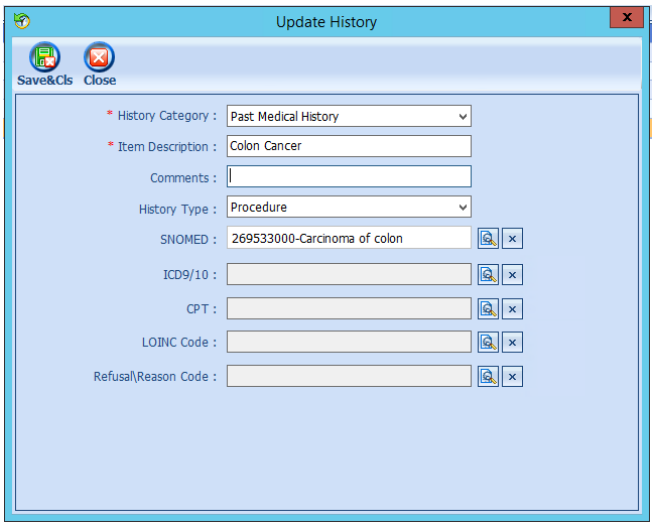
Build the history items below:

1. Log into **QEMR** > Navigate to **Edit** > **History**
2. Highlight **appropriate** category History Category list on left side bar
3. Click **New** hot button
4. **Complete the Update History** Screen as seen below
5. Click **Save & Close** hot button









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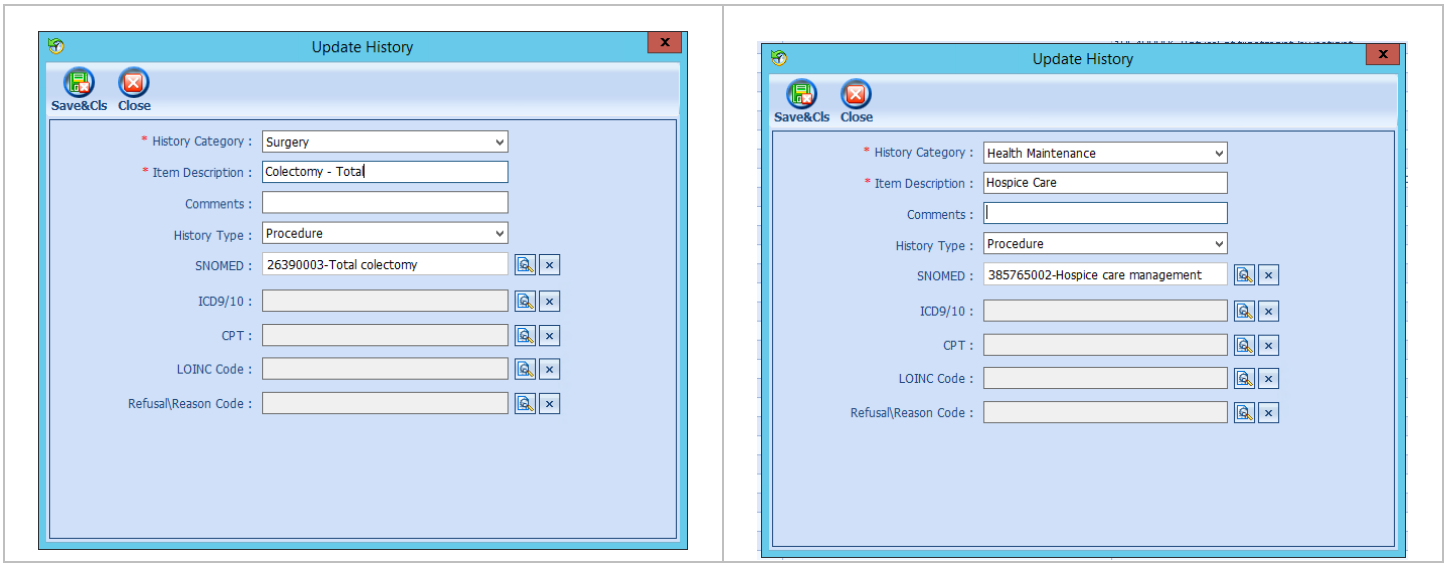
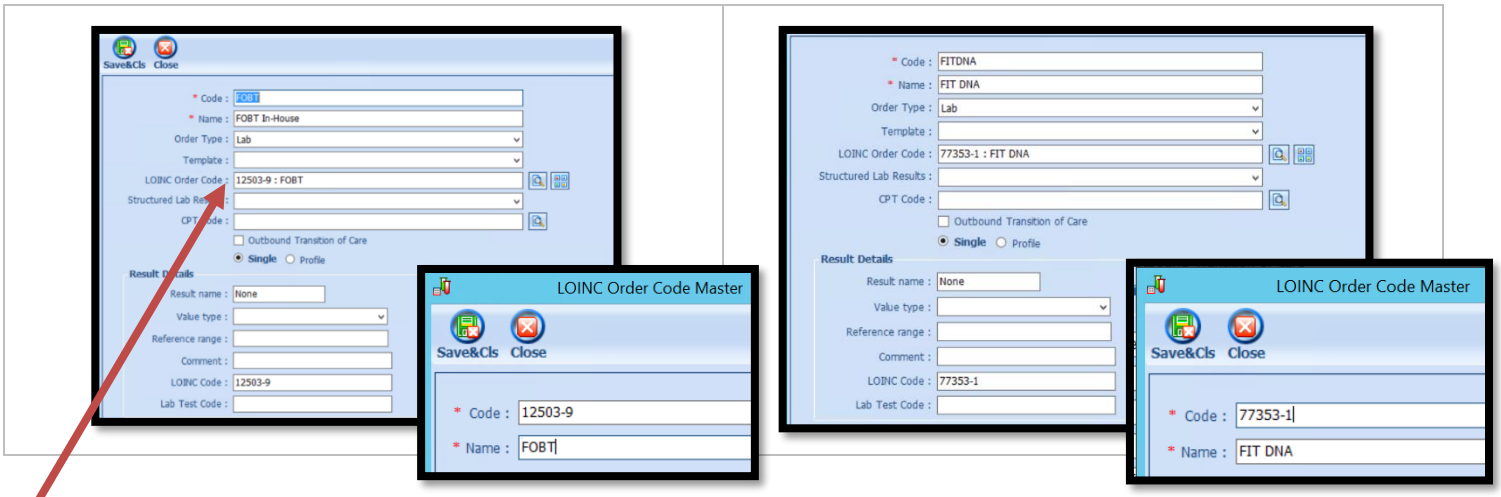


Building Internal Order & Results

If the test is ordered via Lab Interface, the resulting lab should be sending LOINC in the HL7 message. If resulted internally (in office lab test), build the appropriate result profile in **Edit > Orders & Results**, adding appropriate LOINC (from lab test kit).

1. Log into **QEMR** > Navigate to **Edit** > **Order & Results Setup > New** hot button
2. Complete the Test Master screen as shown below using appropriate LOINC
3. Click Save & Close



When searching for the LOINC Order Code if it is not there you will need to create by following the steps listed here:

1. Click the **Add LOINC Order Code** icon
2. Complete the LOINC Order Code Master as shown above
3. Click **Save & Close** button

Workflow

Adding History Items

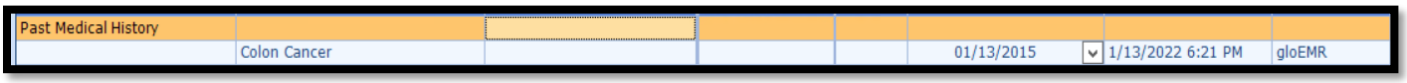
The items shown below either increment the numerator or the exclusion, follow the steps listed below to document appropriate items pertinent to patients' history.

1. Navigate to **History** Module > Select **Appropriate** category
    a. Double-click **Applicable** history item
    b. Enter **Occur Date**

Category	Item	Comments	Smoking Status	Active	Occur Date	Date Entered	Source
ealth Maintenance Screening							
	Colonoscopy				05/10/2021	1/13/2022 6:18 PM	gloEMR

Category	Item	Comments	Smoking Status	Active	Occur Date	Date Entered	Source
Health Maintenance Screening							
	CT Colonography				10/11/2021	1/13/2022 6:20 PM	gloEMR

Category	Item	Comments	Smoking Status	Active	Occur Date	Date Entered	Source
Health Maintenance Screening							
	Flexible Sigmoidoscopy				01/13/2018	1/13/2022 6:20 PM	gloEMR



Past Medical History							
	Colon Cancer				01/13/2015	1/13/2022 6:21 PM	gloEMR

Category	Item	Comments	Smoking Status	Active	Occur Date	Date Entered	Source
Surgical History							
	Colectomy - Total				01/13/2010	1/13/2022 6:22 PM	gloEMR

Category	Item	Comments	Smoking Status	Active	Occur Date	Date Entered	Source
Health Maintenance Screening							
	Hospice Care				01/04/2022	1/13/2022 6:24 PM	gloEMR

Ordering Tests

For those who order or perform the testing without a lab interface order and results must be done via the **Orders & Results > Order Entry**

1. Navigate to **Orders & Results > Order Entry** hot button
1. Double-click
    a. **FOBT OR**
    b. **FIT DNA**
2. To modify and/or print the prescription for the patient click the ellipsis icon for templates
    a. **Modify** Template if necessary > **Print** > **Save & Close**
3. **Save & Close** the order Entry Screen > **Save & Close** the View Orders and Results Screen

Test	Diagnosis	Treatments	Templates	Instruction	Precaution	Comments	Scheduled
FOBT In-House							

est	Diagnosis	Treatments	Templates	Instruction	Precaution	Comments	Scheduled
FIT DNA							

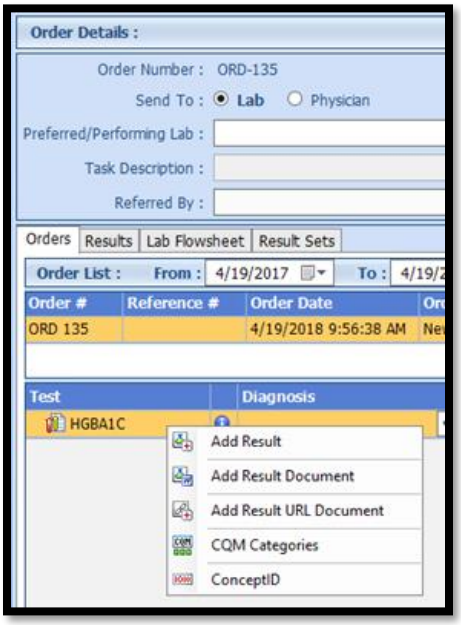
Adding Test Results

After receiving the test results via scanned documents or received fax you must associate it with the order or manually enter the numerical results if testing was done in-house.

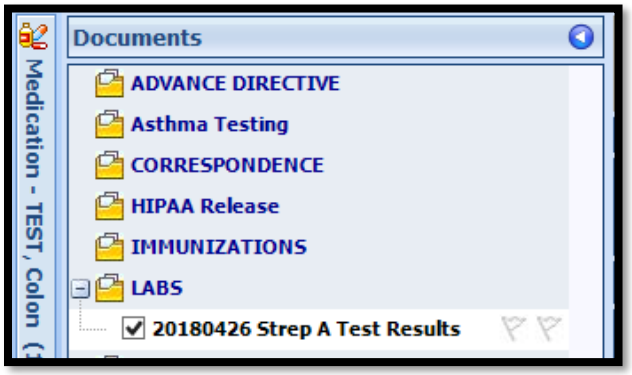
Adding Scanned Results

To associate a document to the test results:

1. Navigate to **Orders & Results > Orders Tab**
2. Right-click on the test you would like to add the results to
3. Click **Add Results Document**



4. You will be brought to the **Scan Documents** screen
    a. Place a **check box** in the document you would like to associate
    b. Click **Save** hot button



Adding Value Results to Order

To manually document the test results:

1. Navigate to **Orders & Results > Orders Tab**
2. Right-click on the test you would like to add the results to
3. Click **Add Results**
4. Enter test results in **Value** field **>** Click **Save & Close** hot button

Incrementing Details

Occur Dates

To increment ANY measure using the History Module the Occur Dater MUST be completed.

Exam Coding

If exam notes (Past Exams) are not coded with Diagnosis Code and CPT code measures will not increment.

Measure Specific Codes

Some of the SnoMed, LOINC, ICD10 and CPT Codes list are one of many available for some measures, if you practice would like to use an alternate code than what is listed in the set up section, please reach out to support for additional options.