

## Data Collection Guide

### Step 1: Baseline

Before beginning any intervention activities, identify a **12-month** baseline period and rate measurement. Your baseline year may align with other quality data reporting requirements and does not need to be a calendar year.

### Step 2: Define Measures

Use a measure definition such as the one shown on this page. The measure definition you use may be linked with other data quality reporting requirements, such as UDS or HEDIS. Some Electronic Health Record (EHR) Systems may have built-in colorectal cancer screening measures. Besides the overall Colorectal Cancer Screening, you should also define some process measures, such as rates of fecal kit returns, screening colonoscopy completions, follow-on colonoscopy completions, and colorectal cancer diagnoses.

### Step 3: Collect Data

Collecting this data from your EHR may not be as simple as running a report or viewing a dashboard. Consider alternative data sources or modules such as Billing and Claims, Schedules or Pre-visit Prep, Population Health or Health Maintenance, and Orders or Laboratory. You may need to request additional permissions or tools to access these modules.

As you implement interventions, monitor your measure reports regularly, such as on a **quarterly** or **monthly** basis. This will help you identify whether your interventions are successful.

### Step 4: Chart Review

Electronic Health Record (EHR) systems will often present a challenge in collecting this data. Some of the potential problems that could lead to an inaccurate screening rate may include: a lack of discrete data fields; insufficient reporting tools; reporting exclusions not correctly identified; incomplete documentation of screening received outside of the health system; lack of ongoing training for staff; inconsistent manual data entry; or family history not easily accessible. Due to some of these issues, your EHR may be underreporting the actual screening rate. To identify these problems and to validate your screening rates, use periodic chart reviews.

## Measure: CMS130v11

Percentage of adults 45-75 years of age who had appropriate screening for colorectal cancer. See the complete specifications here: <https://ecqi.healthit.gov/ecqm/ec/2023/cms130v11>

### Numerator

Patients with one or more screenings:

- **FIT / FOBT** with one (1) year
- **FIT-DNA** within three (3) years
- **CT Colonography** or **Flexible Sigmoidoscopy** within five (5) years
- **Colonoscopy** within ten (10) years

### Denominator

Patients 46-75 years of age by the end of the measurement period with a visit during the measurement period, excluding patients with colorectal cancer, patients taking dementia medications, and patients receiving palliative or hospice care.

## EHR Vendor Support

You may need access to additional tools or modules within or connected with your EHR. Contact your IT Department or EHR Vendor to request access to the tools you may need.

#### Altru Epic

<https://altru.service-now.com>  
(701) 780-5774

#### Sanford Epic

<https://sanford.service-now.com>  
(877) 243-1372

#### Cerner

<https://www.cerner.com/support>  
(866) 221-8877

#### Evident Thrive/Centriq

<https://www.mycpsi.com>  
(800) 711-2774