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Colorectal Cancer Screening: A Closer Look at Quality Measures for ACOs and Other Insurance Payers

Adam Hemminger MS2
USF MCOM- LVHN Campus

Mark Wendling MD
Lehigh Valley Health Network, Mark.Wendling@lvhn.org

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Colorectal Cancer Screening:

A Closer Look at Quality Measures for ACOs and Other Insurance Payers

Adam Hemminger and Dr. Mark Wendling
Lehigh Valley Health Network and Morsani College of Medicine SELECT Program

Introduction:

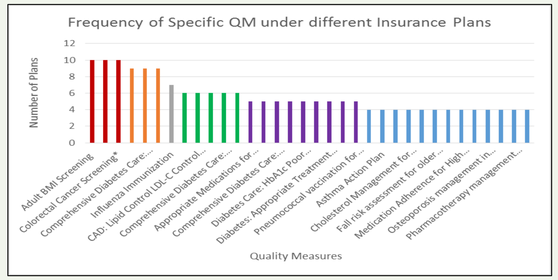
Many insurance payers are starting to use quality incentive programs that utilize quality measures (QMs) instead of a fee for service model. The goal of this new model and many ACOs is to improve quality of care while decreasing cost and overutilization. Screenings and other preventative medicine are a big part of this patient centered care (PCC) approach.

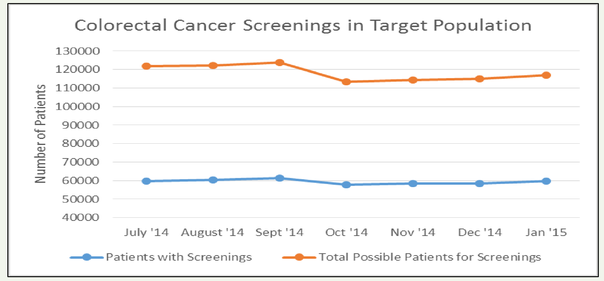
Background:

Colorectal Cancer (CRC) Screening is one of the most common QMs. The survival rates for CRC are higher if the disease is caught earlier.[1] Yet current screening rates are not ideal. There are several different screening techniques for CRC: stool tests (FOBT and FIT), flexible sigmoidoscopy, and colonoscopy. The test are good for one, five, and ten years respectively.

Research and Analysis:

Colorectal Cancer Screening is a good choice for a quality measure because physicians can improve the population health by increasing screening and finding the disease sooner to improve outcomes. There are two successful aspects of CRC screening QM:
Standardization – The definition of appropriate screening techniques and target population is consistent across all of the LVHN payers.
Evidence Based – The target population and screening techniques, which are utilized by this quality measure, are supported by clinical evidence and research.[2]





Areas for Improvement:

Data Extraction – Payers can obtain screening data from claims, clinical, or survey data. The method is not standardized and each has its own problems with accuracy.[3]
Type of Measure – Screening is a process measure in healthcare, and thus does not provide the most accurate reflection of population health.
Data Capture – There are barriers within electronic medical records for collecting QMs especially if claims data extraction is utilized.

Conclusions:

As insurers move toward quality incentives it is important to make sure the QMs accurately reflect the health of a population. The QM of Colorectal Cancer Screening can be improved in several ways:

Improve Data Exchange – Utilizing clinical data for QM would increase accuracy and make analysis faster. Patient survey data would also increase accuracy and empower patients in a PCC model.

Outcome Measure – Tracking an outcome measure, not a process such as screening, would reflect the health of a population more accurately. Insurers could track deaths from CR cancer or age of diagnosis.

Improve the System – Offer different types of screenings, make data capturing simple and intuitive, and implement new ideas such as pre-appointment QM surveys.

Literature cited:

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Further information

Implementing these changes could help improve quality incentive programs and population health. More research is needed into quality measures and insurance programs.