

Preventive Care Bonus Colorectal Cancer Screening

OntarioMD i4C Dashboard Indicator

For more information regarding OntarioMD Indicators or the EMR i4C Dashboard Specification, please refer to:

<https://www.ontariomd.ca/emr-certification/emr-specification/ontariomd-indicator-library>

1. VERSION HISTORY

| INDICATOR VERSION | PUBLICATION DATE | REMARKS |
|-------------------|------------------|--|
| 1.0 | 2019-02-18 | <ul style="list-style-type: none"> Initial release |
| 2.0 | 2019-07-09 | <ul style="list-style-type: none"> Indicator Segment Query Criteria changed to reflect new colorectal cancer screening guidelines as of June 2019 (transition from FOBT to FIT as a primary screening test) Added Indicator ID, Indicator Segment ID and Display Indicator Segment properties Changed format and content of Indicator User Help Changed format of Source property Indicator Segment IDs re-sequenced to provide consistency across indicators Indicator Segment Query Criteria clarifies that query result from a segment should produce a count of patients |

2. INDICATOR DEFINITION

2.1 Indicator Properties

| PROPERTY | VALUE |
|-------------------|--|
| Indicator ID | CARE-BNS-003 |
| Indicator Name | Preventive Care Bonus Colorectal Cancer Screening |
| Indicator Version | 2.0 |
| Date Published | 2019-07-09 |
| Description | <p>Purpose:</p> <p>This indicator is used to review the percentage of patients meeting the criteria for the preventive care bonus.</p> <p>Base Population:</p> <p>All rostered patients who are between ages 50 and 74, inclusive, as of March 31 of the fiscal year for which the bonus is being claimed and who are not excluded from screening.</p> <p>Indicator Segments:</p> <p>Indicator segments provide counts of patients who are up to date for screening as of March 31 of the relevant fiscal year and counts of patients who are overdue for screening as of March 31.</p> <p>Suggested Indicator Use:</p> <p>Physician or practice use of this indicator is to determine the preventive care bonus for which the physician is eligible to claim. This indicator should not be used for patient care or to identify patients overdue for screening.</p> |

| PROPERTY | VALUE |
|-------------------------|--|
| | Measurements of Interest: Percentage of patients with screening up to date out of the base population. |
| Source | MOHLTC |
| Source Description | Cumulative Preventive Care Enhancement Codes |
| Status | Active |
| Category | Care Bonus |
| Subcategory | Care Bonus |
| Indicator Order | 3 |
| Indicator Graphic Type | Pie Chart, Bar Chart |
| Indicator Graphic Notes | |
| Indicator User Help | Preventive Care Bonus: Colorectal Cancer Screening Purpose: This indicator is used to review the percentage of patients meeting the criteria for the preventive care bonus. Base Population: All rostered patients who are between ages 50 and 74, inclusive, as of March 31 of the fiscal year for which the bonus is being claimed and who are not excluded from screening. |

| PROPERTY | VALUE |
|----------|--|
| | <p>Indicator Segments:</p> <p>Indicator segments provide counts of patients who are up to date for screening as of March 31 of the relevant fiscal year and counts of patients who are overdue for screening as of March 31.</p> <p>Suggested Indicator Use:</p> <p>Physician or practice use of this indicator is to determine the preventive care bonus for which the physician is eligible to claim. This indicator should not be used for patient care or to identify patients overdue for screening.</p> <p>Measurements of Interest:</p> <p>Percentage of patients with screening up to date out of the base population.</p> <p>Excluded Patients:</p> <p>Patients with a Q142A service code billed</p> <p>OR WITH a Colonoscopy report documented in the past 10 years</p> <p>OR WITH any of the following diagnoses documented as text:</p> <ul style="list-style-type: none"> • Colon ca • colorectal ca • bowel ca • Crohn • Colitis • Inflammatory Bowel Disease • IBD • Colectomy <p>OR WITH any of the following diagnoses coded:</p> <ul style="list-style-type: none"> • 154: Malignant neoplasm of rectum rectosigmoid junction and anus (ICD-9) • 153: Malignant neoplasm of the colon (ICD-9) • 555: Regional enteritis (ICD-9) |

| PROPERTY | VALUE |
|----------|--|
| | <ul style="list-style-type: none"> • 556: Ulcerative enterocolitis (ICD-9) • V10.05: Personal history of malignant neoplasm of the large intestine (ICD-9) <p>Metric Criteria:</p> <p><u>Screening overdue¹</u>: Patients that are NOT excluded, WITHOUT a Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) documented in the past 30 months, and WITHOUT a tracking code Q133A billed in the last 30 months.</p> <p><u>Screening up to date²</u>: Patients that are NOT excluded, WITH an FOBT or FIT documented in the past 30 months, OR WITH a tracking code Q133A billed in the last 30 months.</p> |

¹ Optional: Implementers may include EMR-specific information on the workflow for documenting FOBT.

² Optional: Implementers may include EMR-specific information on the workflow for documenting FOBT.

2.2 Indicator Segment Properties

| PROPERTY | VALUE | VALUE |
|----------------------------------|--|--|
| Indicator Segment ID | 1 | 2 |
| Indicator Segment Label | Screening up to date | Screening Overdue |
| Display Indicator Segment | Yes | Yes |
| Indicator Segment Query Criteria | <p>COUNT OF:</p> <p>Active, rostered patients, age 50-74 inclusive as of March 31 of the current fiscal year</p> <p>AND WITHOUT a documented <i>Colorectal Cancer Screening Exclusion</i></p> <p>AND WITH a documented FOBT or FIT in the last 30 months inclusive prior to March 31 of the current fiscal year.</p> | <p>COUNT OF:</p> <p>Active, rostered patients, age 50-74 inclusive as of March 31 of the current fiscal year</p> <p>AND WITHOUT a documented <i>Colorectal Cancer Screening Exclusion</i></p> <p>AND WITHOUT a documented FOBT or FIT in the last 30 months inclusive prior to March 31 of the current fiscal year.</p> |
| Indicator Segment Query Notes | <p>Active Patients are patients identified as 'Active' in the <i>Patient Status data</i> element (DE01.016) within <i>Patient Demographics</i>.</p> <p>Rostered Patients are patients identified as 'Enrolled' in the <i>Enrollment Status data</i> element (DE01.019) within <i>Patient Demographics</i>.</p> <p>Female Patients are patients identified as 'F' or 'Female' in the <i>Gender</i> data element (DE01.006) within <i>Patient Demographics</i>.</p> <p>Patient Age can be calculated based on the difference between March 31 of the <i>current fiscal year</i> and the patient's date of birth captured in the <i>Date of Birth</i> data element (DE01.007) within <i>Patient Demographics</i>.</p> | |

| PROPERTY | VALUE | VALUE |
|----------|--|-------|
| | <p>Current Fiscal Year:</p> <p>IF current date <= March 31, THEN the fiscal year starts April 1 of the previous calendar year and ends March 31 of the current calendar year</p> <p>ELSE fiscal year starts April 1 of the current calendar year and ends March 31 of the next calendar year</p> <p>Colonoscopy can be documented as:</p> <p>A report received from a sending facility identifying a colonoscopy has been completed either by report name, report categorization or report content.</p> <p>OR</p> <p>A colonoscopy captured in the <i>Procedure</i> data element (<i>DE07.006</i>) within <i>Past Medical & Surgical</i></p> <p>OR</p> <p>Any additional documentation method representing best practice workflow(s) identified and supported across practices within a specific EMR</p> <p>Colorectal Cancer Screening Exclusion can be documented as:</p> <p>A Q142A Service Code that has been billed for the patient</p> <p>OR</p> <p>A colonoscopy documented in the past 10 years prior to March 31 of the current fiscal year</p> <p>OR</p> <p>Any of the following coded diagnoses captured in the <i>Diagnosis/Problem</i> data element (<i>DE06.004</i>) within <i>Ongoing Health</i>: 154, 153, 555, 556, or V10.05 (<i>ICD-9 Coding System</i>)</p> <p>OR</p> <p>Any of the following text diagnoses or problems captured in the <i>Diagnosis/Problem</i> data element within <i>Ongoing Health</i> (<i>DE06.004</i>) or <i>Past Medical & Surgical</i> (<i>DE07.004</i>): "Colon ca", "colorectal ca", "bowel ca", "Crohn," "Colitis," "Inflammatory Bowel Disease," "IBD" or "colectomy."</p> <p>OR</p> | |

| PROPERTY | VALUE | VALUE |
|-----------------------|---|---|
| | <p>Any additional documentation method representing best practice workflow(s) identified and supported across practices within a specific EMR.</p> <p>FOBT can be documented as:</p> <p>A Q133A Tracking Code that has been billed for the patient</p> <p>OR</p> <p>A Result captured within <i>Laboratory Test Results (DE10)</i> for an FOBT. Test names may be identified using EMR's proprietary test names, laboratory proprietary test codes or test names, or LOINC codes which cross-reference test names across different EMR and laboratory test names.</p> <p>OR</p> <p>A report received from a sending facility identifying an FOBT has been completed either by report name, report categorization or report content</p> <p>OR</p> <p>An FOBT captured in the <i>Procedure</i> data element (<i>DE07.006</i>) within <i>Past Medical & Surgical</i></p> <p>OR</p> <p>Any additional documentation method representing best practice workflow(s) identified and supported across practices within a specific EMR</p> <p>FIT can be documented as a Result captured within <i>Laboratory Test Results (DE10)</i> for a FIT.</p> <p>Test names may be identified using EMR's proprietary test names, laboratory proprietary test codes or test names, or LOINC codes which cross-reference test names across different EMR and laboratory test names.</p> <p><i>Note: As of 2019/06/23, FIT will replace FOBT in screening guidelines. Queries should only search for FOBT screenings prior to this date but search for either FIT or FOBT screenings starting on this date.</i></p> | |
| Patient List Criteria | <p>Mandatory</p> <p>Patient Name</p> | <p>Mandatory</p> <p>Patient Name</p> |

| PROPERTY | VALUE | VALUE |
|--------------------|--|---|
| | Unique Patient Identifier Optional Patient Date of Birth Patient Age (as of March 31) Patient Phone Number Latest FOBT or FIT | Unique Patient Identifier Optional Patient Date of Birth Patient Age (as of March 31) Patient Phone Number Latest FOBT or FIT |
| Patient List Notes | <p>Patient Name is a combination of First Name (<i>DE01.003</i>) and Last Name (<i>DE01.002</i>) data items from <i>Patient Demographics</i>. Names may be displayed either as separate columns or concatenated into one column.</p> <p>Unique Patient Identifier is any data item from <i>Patient Demographics</i> that can be used by a physician or clinic to uniquely identify a patient when displayed. Examples include Health Card Number (<i>DE01.008</i>) or Chart Number (<i>DE01.012</i>).</p> <p>Patient Date of Birth is captured into <i>Patient Demographics</i> as <i>Date of Birth</i> (<i>DE01.007</i>).</p> <p>Patient Age as of March 31 is a calculated data item representing the difference between March 31 of the current fiscal year and <i>Date of Birth</i> (<i>DE01.007</i>) from <i>Patient Demographics</i>. Age should be displayed in years.</p> <p>Patient Phone Number is the preferred phone number for contacting a patient and may include Residence Phone (<i>DE02.007</i>), Cell Phone (<i>DE02.008</i>) or Work Phone (<i>DE02.009</i>) from <i>Patient Address</i>.</p> <p>Latest FOBT or FIT represents the result and/or date from the latest documented FOBT or FIT. This may also include a column displaying how the test was documented (e.g., tracking code, screening report, lab result, past medical history procedure, etc.).</p> | |