Best Practices for HEDIS Cancer Screening Measures

The National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) puts forth several quality metrics that measure performance around cancer screenings. Some of these screening metrics include: Colorectal Cancer Screening, Breast Cancer Screening, and Cervical Cancer Screening.

Hesitancy around screening is due to a variety of factors, such as limited health literacy and an overall lack of understanding of how each screening test is performed. To relieve patient anxiety, it is important to explain the procedures, benefits, and potential harms using simple language. [1] Rather than directing patients, simply listening and expressing support can often elicit positive change. Additionally, patient navigation tools can inform patients about screening practices and follow-up requirements after receiving results. For those with limited English proficiency, healthcare professionals can connect patients with community health workers, patient advocates, peer support groups, or other professionals to reassure and answer questions in their preferred language. [1] Through collaboration with social work and community health teams, care providers can better address patient anxieties and help ensure that marginalized populations get screened at higher rates. [1]

Colorectal Cancer Screening

Measure Description

Patients between the ages of 45 and 75 who had an appropriate screening for colorectal cancer.

Required Tests

Any <u>one</u> of the following:

- **Colonoscopy** - *every 10 years*
- **Flexible Sigmoidoscopy** - *every 5 years*
- **CT Colonography** - *every 5 years*
- **sDNA** (i.e., Cologuard)- *every 3 years*
- **FOBT/FIT** - *annually*

Best Practice

- Chart prep before the appointment; know when the patient's next screening is due and prepare to talk with the patient about options.
- Encourage screenings for early detection and offer support using simple language.
- Answer questions and ensure the patient has accurate information about screenings/tests.
- Document the specific test type and the date performed in the medical record.
- A total colectomy or colon cancer should be documented in the medical record as it meets exclusion criteria.

Clinical Importance and Health Disparities

- If a patient has had a partial colectomy, the remaining colon should be screened routinely for cancer.
- ~90% of people diagnosed with early-stage colorectal cancer live for 5+ years, compared to only 16% when diagnosed at a late stage. [3]
- Hispanic adults with limited English proficiency experienced lower rates of colorectal cancer screening compared to non-Hispanic White adults. [2]
- Rates of colorectal cancer screening have increased since 2008, however, this increase has been disproportionate among different ethnic and racial groups. [2]

Breast Cancer Screening

Best Practice

- Chart prep before the appointment and review the previous mammogram.
- Offer support and educate patients on the importance of early detection, openly discuss any concerns, and encourage regular screening.
- Screen patients even if they have had a unilateral mastectomy as it is not an eligible exclusion.
- A MRI is not a recommended ***screening*** test as it may miss some cancers a mammogram would find.

Measure Description

Women between the ages of 40 and 74 years who were recommended for routine breast cancer screening and had a mammogram.

Clinical Importance and Health Disparities

- Breast cancer is the second leading cause of death from cancer among women in the United States. [1]
- Although the breast cancer screening rate is similar for women who are Black and White, 9% of women who are Black are diagnosed with breast cancer at an advanced disease stage compared to 5% of women who are White. [1]
- This leads to disproportionate breast cancer mortality rates, with a difference of ~7 per 100,000 higher for patients who are Black. [1]

Cervical Cancer Screening

Measure Description

Women between the ages of 21 and 64 years who were recommended for routine cervical cancer screening and were screened

Required Tests

- For women 21-29 years of age**: Cervical cytology testing** - *every 3 years*
- For women 30-64 years of age: Cervical cytology testing - every 3 years and/or **HPV testing** - *every 5 years*

Best Practice

- Chart prep before appointment and review for cervical cancer screening.
- Educate patients about the importance of screening.
- If PAPs are not performed in your office, ensure to code and bill for the services; order and send a referral to GYN for scheduling.
- Use of HPV under the age of 30 is not recommended.
- Note the specific type of screening as time frames vary.

Clinical Importance and Health Disparities

- Early detection has reduced cervical cancer mortality by 50% over the past 30 years.[1]
- The American Association for Cancer Research reports that women of different racial backgrounds have similar screening rates, but patients who are Black have a higher cervical cancer incidence rate and are more likely to be diagnosed with more advanced cervical cancer. [1]
- There are also lower rates of screening among Hispanic women, contributing to higher cervical cancer incidence among this population as well. [1]

Additional Resources	Link
HEDIS	https://www.commonwealthcarealliance.org/provider-news/provider-resource-guides/
CMS Stars	https://www.cms.gov/medicare/health-drug-plans/part-c-d-performance-data

References

1. American Association for Cancer Research. (2024, May 16). Disparities in Cancer Screening for Early Detection - DISP20. AACR Cancer Disparities Progress Report. https://cancerprogressreport.aacr.org/disparities/chd20-contents/chd20-disparities-in-cancer-screening-for-early-detection/#:~:text=Disparities%20in%20colorectal%20cancer%20screening%20rates%20contribute%20substantially,death%20rates%20for%20African%20Americans%20and%20whites%20%2819%29.
2. Carethers, J. M. (2021). Racial and ethnic disparities in colorectal cancer incidence and mortality. Advances in Cancer Research, 197–229. https://doi.org/10.1016/bs.acr.2021.02.007
3. Health and Economic Benefits of Colorectal Cancer Interventions. (2024, July 11). Centers for Disease Control and Prevention; National Center for Chronic Disease Prevention and Health Promotion. https://www.cdc.gov/nccdphp/priorities/colorectal-cancer.html