

Colorectal Cancer Screening

STRATEGIC MEASURE PROFILE

Why This Measure Matters

Colorectal cancer is a leading cause of cancer-related death in the United States. Screening can identify and remove dangerous polyps before they become cancerous or detect cancer at an earlier stage, when treatment is most effective.

Rural Northern California communities face important disparities in colorectal cancer outcomes. The age-adjusted death rate ranges from 17.9 per 100,000 in Lake County to 9.7 per 100,000 in Lassen County, compared with 12.1 per 100,000 statewide. Low-income adults are also less likely to be up to date with screening, and patients diagnosed with cancer may face substantial barriers to specialty care.

Improving colorectal cancer screening is an opportunity to prevent cancer, reduce avoidable deaths, and advance preventive care and health equity—particularly when health centers make screening options and follow-up pathways easier to access.

Measure Alignment

MEASUREMENT SYSTEMS	CLINICAL PORTFOLIO	ALIGNMENT LEVEL
✓ HEDIS ✓ QIP ✓ UDS ✓ PHMI	Primary Prevention	HIGH

Colorectal Cancer Screening is a high-leverage quality measure that aligns across multiple quality measurement systems. Improvement efforts can simultaneously support federal reporting, managed care quality performance, provider incentive programs, and population health initiatives.

Understanding the Improvement Strategy

HEDIS & QIP	UDS
POPULATION HEALTH PERSPECTIVE	CARE DELIVERY PERSPECTIVE
Key question: Which assigned eligible patients have an open colorectal cancer screening care gap?	Key question: When eligible patients are seen, are we consistently offering and completing an appropriate screening option?
COMMON STRATEGIES • Patient outreach and reminders • Registry and care gap management • Mailed FIT/FOBT kits • Flu/FIT and community campaigns	COMMON STRATEGIES • Pre-visit planning and reminders • Offer appropriate screening options • Clear test instructions and teach-back • Track results and diagnostic follow-up

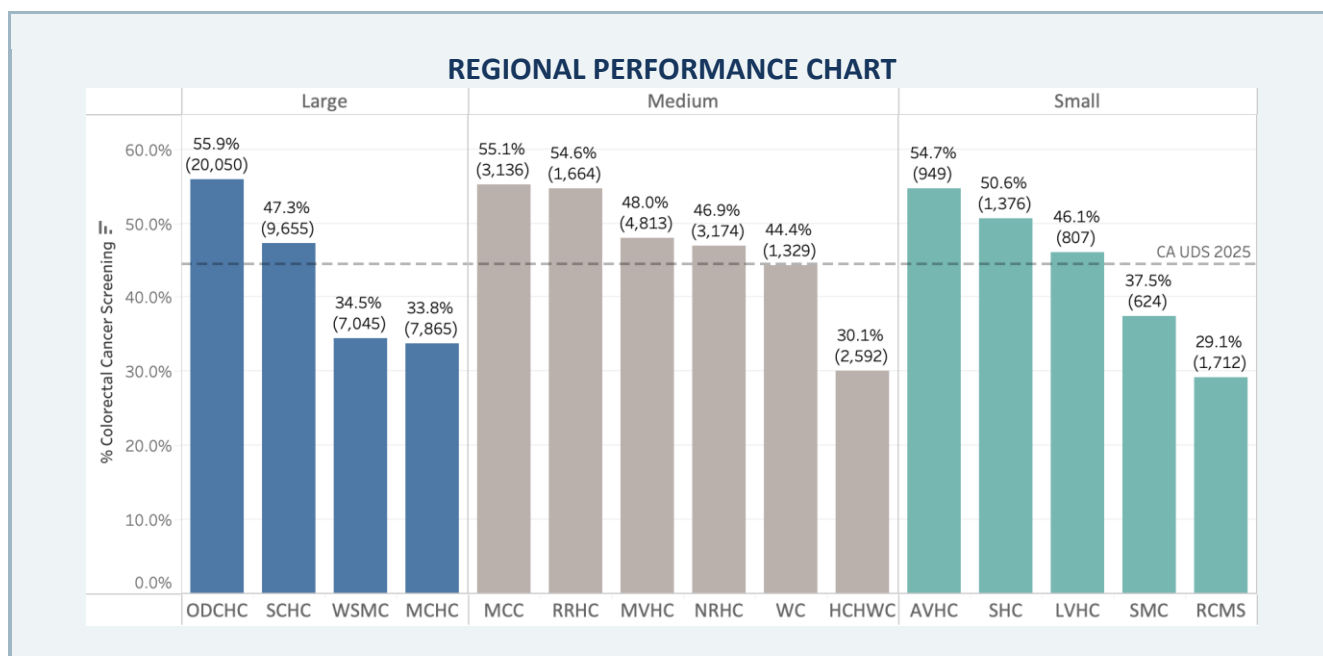
Strategic takeaway: Strong performance requires proactive outreach, accessible screening choices, reliable test completion, and closed-loop follow-up after abnormal results.

Rural Northern California Performance

Regional Insights

- Communities with more retirees and older adults may be more receptive to colorectal cancer screening, while local demographics can influence screening rates.
- Cost and access remain significant barriers. FIT-DNA/FOBT offers a less invasive option, and plain-language instructions, mailed kits, and timely reminders can support completion.
- Limited access to specialists for diagnostic follow-up and treatment can weaken the screening pathway even when lower-cost tests are available.

2025 REGIONAL PERFORMANCE



Performance Reflection

- How does our performance compare with regional peers?
- Which screening options are most accessible and acceptable to our patients?
- Are positive stool-based tests consistently tracked through diagnostic colonoscopy?
- Should Colorectal Cancer Screening be considered an enterprise quality improvement priority?

Quality Measure Definition (UDS)

Percentage of adults age 45–75 who had appropriate colorectal cancer screening: FOBT within 1 year; FIT-DNA within 3 years; flexible sigmoidoscopy within 5 years; CT colonography within 5 years; or colonoscopy within 10 years.

National and State Quality Benchmarks

BENCHMARK	REFERENCE VALUE / INTERPRETATION
QIP partial-points threshold	75th percentile nationally for Medicaid health plans, as reported by NCQA HEDIS in the year prior to the QIP measurement year.
California and U.S. UDS	CA UDS 2025: 44.4% US UDS 2025: 44.9%

Use this profile to connect measure alignment, regional performance, and improvement strategy during annual quality planning.