

# Colorectal Cancer Screening

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# Colorectal Cancer Screening

- GPRA Indicator
- #3 cause of Cause of Death Nationally
- Hitting Close to Home
  - Co-worker, patient of the clinic, diagnosed and treated for Colon Cancer.
- We needed to improve our systems for Colorectal Cancer Screenings



# Systems

- Staffing involvement
- Understand the process
- From check-in to check out, labs, specimens, referrals and results –  
Ultimately to RPMS (data entry) for GPRA  
Audits



# What did we do?

- Look at our current process for colorectal cancer screen
- Identify problems with current process
- Identify how technology can assist with improvement- RPMS Technology
- Create a NEW process
- PDSA- Plan, Do, Study, Action



# Occult blood test

- Patient seen
- Provider or Staff gives occult test kit to pt
- Pt mails/brings in occult test
- Specimen tested and recorded on PCC
- DATA Entry enters Occult Test results



# Procedure Screens

- Provider discusses Colon Cancer Screening with patient
- Refers patient to GI for Colonoscopy
- GI sends Colonoscopy Procedure Report to our office
- Provider Reviews and signs off on report
- \*\*\* NEW Process
  - Provider Enters result into PCC- HOW?



# Entering Procedures into PCC

- Provider Logs into RPMS
- Type PCC
- Type DEM
- Type ENT
- Type LOG
- Type CPT
- Type Location for your clinic
  - Ask your RPMS manager if you don't know
  - It should be an Undesignated Location



# Entering CPT Code

- Type Location
- Type Program Type
- Category: Type E for Event (Historical)
- Enter patient name
- Enter CPT Code 45378
- Enter 1 for Quantity
- THAT'S IT!





# Health Summary

- Make sure the Health Summary, PCC Plus or E.H.R shows Colorectal Cancer Screening status

