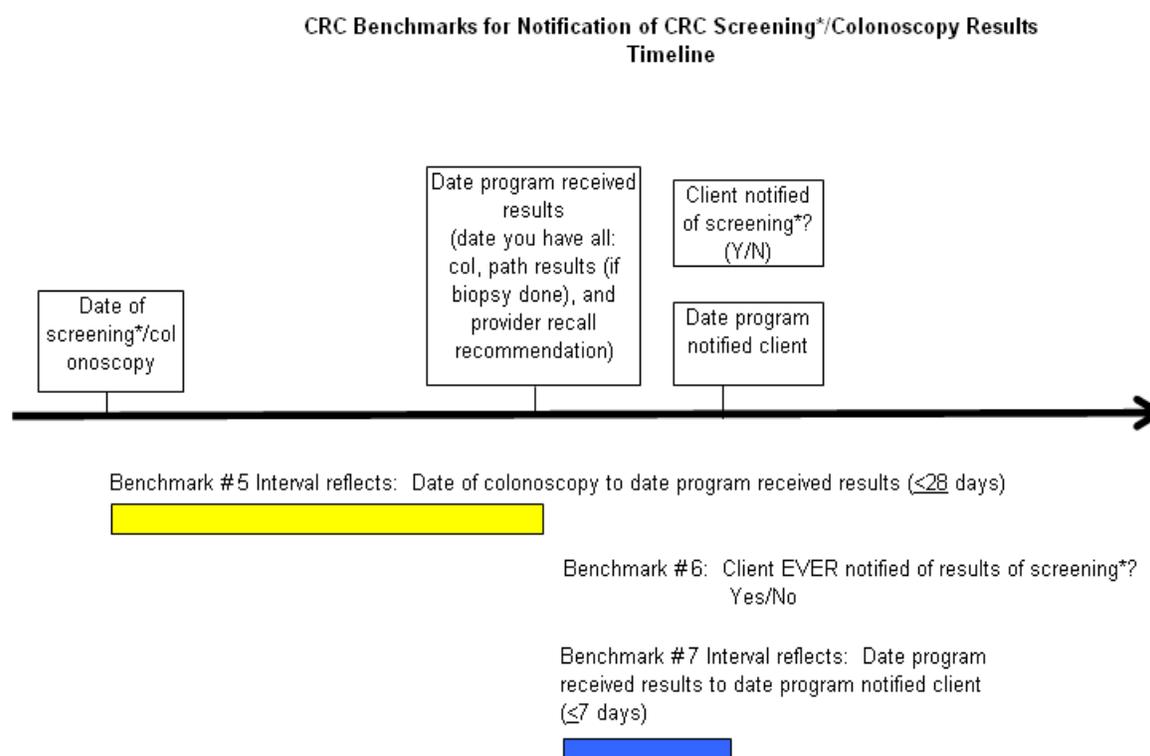


## Client Database (CDB) Benchmarks: Questions and Answers CDB Guidance #49

May 11, 2010

The following information is provided to answer the questions we have received regarding the CDB Benchmarks.

Figure 1.



### **Date Program Received Results**

#### **Question**

What date do I record as "Date Program Received Results?" in the Client Database (CDB)?

#### **Answer**

According to the current CDB forms Guidance, the **Date Program Received Results** is: "the earliest date that the program received the colonoscopy and/or the pathology report (if there is a pathology report)."

In the past, programs have used the field differently, putting in the field one of the following:

- the date that the program received the procedure report;
- the date that the program received the pathology report (if pathology was performed);
- the last date when they had received both;
- the date the program had received the colonoscopy report, the pathology report, AND the recall interval from the provider; or
- the date the program received the final recommendation from the provider following the follow-up office visit (as long as 6-8 weeks after the procedure).

Because the recall interval is an integral part of the results, we will revise the forms Guidance to state that the **Date Program Received Results** should be the date when you have all of the following: the colonoscopy report, pathology (if pathology done), AND the provider recall recommendation. We will also revise the Provider Contract template to include language that the provider gives you the recall interval within 28 days of the procedure.

Benchmarks measure two date intervals as depicted in the attached graphic (Figure 1). The goal is to strive toward the intervals as recommended in the benchmark indicator (**28 days** for CRC benchmark #5 --date of colonoscopy to date results received, and **7 days** for CRC benchmark #7--date colonoscopy results received to date client notified).

In order to improve the Date Program Received Results measured in CRC benchmark #5, we recommend that you work with your providers to improve the flow of communication/information.

### **Client Notified of Screening Results (Yes/No)**

#### **Question**

The client gets the colonoscopy results from the provider at a follow-up visit. I do not notify the client. Is that O.K.?

#### **Answer**

No, **programs should assure that clients are notified of their results, documenting the results for clients who have a colonoscopy, sigmoidoscopy, FOBT, or DCBE.** It is important that the program contact the client to make sure he/she has received the results and understands what he/she has been told.

The provider may tell client of findings immediately after the procedure but the client may not remember the information. If a provider "notifies" the client at the time of the procedure and a biopsy was done, the provider will not know the results, so "notification" on the day of the procedure will not accurately reflect the findings. If a biopsy was done, programs should wait until they have the pathology report or a report from the doctor summarizing the findings from BOTH the procedure and the pathology, and the provider's recall recommendation before the program notifies the client.

The provider may notify the client in a follow-up visit. It remains the program responsibility to contact the patient in person, by phone, or by mail with the CRC screening results.

Per the CDB guidance for the field, Client notified of results?:

"Yes" means you spoke to the client spoke (by telephone or in person), or you sent the client a letter informing him/her of the results, or both.

For positive screening results, "Yes" means that you spoke to the client (by telephone or in person) or, if you were unable to reach the client by phone or in person after three attempts, that you sent the client a non-returned letter or a certified letter and s/he personally signed for receipt of the certified letter. Check "Yes" only if you are sure that **you/your program** notified the client of his/her results and the client is aware of the results.

"No" means the program was unsuccessful in the attempts to notify the client by the above means. Please document any notes in the Notification Comments section.

### **Question**

If a client has normal screening results, and the program did not talk to the patient and the notification letter is returned, has the Client been notified of results?

### **Answer**

No, the client cannot be considered 'notified' if the client never received a letter or phone call. In this case, you should send the client a certified letter to assure receipt of results when receipt of the letter is signed by the client. Otherwise, check No in the CDB, the client was not notified of results by the program.

## **Date Program Notified Client**

### **Question**

What date should the program use for Date Program Notified Client?

Can I enter the date program notified client as the first date I *tried* to contact the client, or does date have to be the actual day I contacted the client? If a program was unable to contact the client by phone and then sent a certified letter, what date should the program enter for the Date Program Notified Client?

### **Answer**

The **Date Program Notified Client** is the date that **your program notified** the client. This is the earliest date that someone in your program first notified the client. For example, the program would enter the date of a phone conversation, even if you later sent a letter. The Date Program Notified Client cannot precede the Date Program Received Results.

Unsuccessful phone *attempts* do not count as notification dates. If unable to contact the client by phone and you sent a letter by regular mail or if you sent a certified letter, use the date of the letter;. You should document any issues or comments associated with notifying the client in the Notification Comments section of the CDB.

## **Stage**

### **Question**

How should we get the tumor stage information when the provider doesn't state it in the report?

### **Answer**

We recommend that you contact the provider and ask for the stage information as set forth in the provider contract. You could remind the provider of the contract requirement. Additionally, you could consider contacting the Certified Tumor Registrar at the hospital where the patient had surgery, if applicable, for the information. Stage information would be part of the tumor board presentation of the case at the hospital.

### **Question**

If the doctor didn't give me stage information, should I enter "unknown" stage in the CDB?

### **Answer**

Yes, if you cannot get stage information after attempting to do so, you should check 'unknown.' The Benchmark will still reflect that the stage of the tumor was unknown.

## **Treatment Date within 60 Days of Diagnosis Date**

### **Question**

There are a number of problems that clients and programs encounter when attempting to get treated for cancer. How can the local program be held to a benchmark standard of clients starting treatment within 60 days of diagnosis?

### **Answer**

CRC benchmark #3 reflects the ability of the client to begin treatment within 60 days of diagnosis, among those who started treatment. DHMH realizes the great effort programs go through to help arrange for treatment and coverage for payment for treatment. Programs have to deal with other agencies and their time lines for getting clients into their programs such as Medical Assistance, Maryland Health Insurance Program, and Maryland Cancer Fund. Programs also have to work with clients and their families to gather the paperwork needed to qualify for coverage. Programs have no control over many of these circumstances and timelines.

This benchmark standard of 60 days is a goal that we should strive to attain for our clients in Maryland for timely treatment. In the CRF program, the Benchmark standard was set to be the same as that in the national CRC screening program: 60 days.

Treatment started beyond 60 days will still be noted as treatment received. DHMH recognizes your efforts to arrange or link to treatment as rapidly after diagnosis as possible. Please document those efforts in the database.