

Clinical Decision Support (CDS) Content and Health Level 7 (HL7)-Compliant Knowledge Artifacts (KNARTs)

Gastroenterology: Colorectal Cancer Risk Clinical Content White Paper

Department of Veterans Affairs (VA)



**Knowledge Based Systems (KBS)
Office of Informatics and Information Governance (OIIG)
Clinical Decision Support (CDS)**

Clinical Decision Support (CDS) Content and Health Level 7 (HL7)-Compliant Knowledge Artifacts (KNARTs): Gastroenterology: Colorectal Cancer Risk Clinical Content White Paper

by Department of Veterans Affairs (VA), , , , and

Publication date May 2018

Copyright © 2018 B3 Group, Inc.

Copyright © 2018 Cognitive Medical Systems, Inc.

Contract: VA118-16-D-1008, Task Order (TO): VA-118-16-F-1008-0007

Table 1. Relevant KNART Information: Gastroenterology: Colorectal Cancer Risk KNARTs

Gastroenterology KNART	Associated CLIN
Colorectal Cancer Risk: Colorectal Cancer Screening, Diagnostics, and Surveillance – Event Condition Action (ECA) Rule	CLIN0003AB
Colorectal Cancer Risk: Colorectal Cancer Risk – Documentation Template/Consult Request	CLIN0005AB
Colorectal Cancer Risk: Personal History of Colon Cancer or Polyp – Order Set	CLIN0004AB
Colorectal Cancer Risk: Family History of Colon Cancer, Colon Cancer Syndrome, or Advanced Adenoma – Order Set	CLIN0004AB
Colorectal Cancer Risk: Inflammatory Bowel Disease – Order Set	CLIN0004AB
Colorectal Cancer Risk: Iron Deficiency – Order Set	CLIN0004AB
Colorectal Cancer Risk: Rectal Bleeding, Positive Screening Test - Order Set	CLIN0004AB
Colorectal Cancer Risk: Average Risk Screening – Order Set	CLIN0004AB
Colorectal Cancer Risk: Fecal Immunochemical Test (FIT) – Order Set	CLIN0004AB
Colorectal Cancer Risk: Other Issues – Order Set	CLIN0004AB
Colorectal Cancer Risk - Composite/Consult Request	N/A

B3 Group, Inc.

NOTICE OF GOVERNMENT COPYRIGHT LICENSE AND UNLIMITED RIGHTS LICENSE

Licensed under the Apache License, Version 2.0 (the "License"); you may not use this file except in compliance with the License.

You may obtain a copy of the License at <http://www.apache.org/licenses/LICENSE-2.0>

Unless required by applicable law or agreed to in writing, software distributed under the License is distributed on an "AS IS" BASIS, WITHOUT WARRANTIES OR CONDITIONS OF ANY KIND, either express or implied. See the License for the specific language governing permissions and limitations under the License.

Portions of this content are derivative works from content produced by Cognitive Medical Systems, Inc. licensed under the Apache License, Version 2.0.

Additional portions of this content are derivative works from content contributed by Motive Medical Intelligence Inc., under Creative Commons Attribution-ShareAlike 4.0.

Contributions from 2013-2018 were performed either by US Government employees, or under US Veterans Health Administration contracts.

US Veterans Health Administration contributions by government employees are work of the U.S. Government and are not subject to copyright protection in the United States. Portions contributed by government employees are USGovWork (17USC §105). Not subject to copyright.

See: <https://www.usa.gov/government-works>

Contribution by contractors to the US Veterans Health Administration during this period are contractually contributed under the Apache License, Version 2.0 and US Government sponsorship is acknowledged under Contract VA118-16-D-1008, Task Order VA11817F10080007.

Cognitive Medical Systems, Inc.

Licensed under the Apache License, Version 2.0 (the "License"); you may not use this file except in compliance with the License.

You may obtain a copy of the License at <http://www.apache.org/licenses/LICENSE-2.0>

Unless required by applicable law or agreed to in writing, software distributed under the License is distributed on an "AS IS" BASIS, WITHOUT WARRANTIES OR CONDITIONS OF ANY KIND, either express or implied. See the License for the specific language governing permissions and limitations under the License.

This and related content produced by Cognitive Medical Systems, Inc. licensed under the Apache License, Version 2.0 is available at: <https://bitbucket.org/cogmedsys/hl7-kas-examples>

Additional portions of this content are derivative works from content contributed by Motive Medical Intelligence Inc., under Creative Commons Attribution-ShareAlike 4.0. <https://bitbucket.org/cogmedsys/kas-source-material>

Contributions from 2013-2018 were performed either by US Government employees, or under US Veterans Health Administration contracts.

US Veterans Health Administration contributions by government employees are work of the U.S. Government and are not subject to copyright protection in the United States. Portions contributed by government employees are USGovWork (17USC §105). Not subject to copyright. See: <https://www.usa.gov/government-works>

Contribution by contractors to the US Veterans Health Administration during this period are contractually contributed under the Apache License, Version 2.0 and US Government sponsorship is acknowledged under Contract VA118-16-D-1008-0007.

Table of Contents

VA Subject Matter Expert (SME) Panel	viii
Introduction	ix
Conventions Used	x
1. Gastroenterology: Colorectal Cancer Risk	1
1.1. Clinical Context	1
1.2. Knowledge Artifacts	1
2. Composite/Consult Request: Colorectal Cancer Risk	3
2.1. Knowledge Narrative	3
2.2. Consult Request	3
3. Event Condition Action (ECA) Rule: Colorectal Cancer Risk	4
3.1. Knowledge Narrative	4
3.2. Event Condition Action (ECA) Rule: Colorectal Cancer Screening, Diagnostics and Surveillance – General	4
3.3. Colorectal Cancer Screening: Average Risk	5
3.4. Colorectal Cancer Screening: Colorectal Cancer or Advanced Adenoma Diagnosed in Multiple First-Degree Relatives or in One First-Degree Relative before Age 60 Years, Familial Colorectal Cancer Syndrome Type X, or Lynch Syndrome	6
3.5. Colorectal Cancer Screening: One First-Degree Relative Diagnosed with Colorectal Cancer or Advanced Adenoma at Age 60 Years or Older	7
3.6. Colorectal Cancer Screening: Repeat Colonoscopy Indicated	9
3.7. Colorectal Cancer Diagnosis: Positive Imaging or Endoscopy Screening Test	9
3.8. Colorectal Cancer Diagnosis: Positive Colorectal Cancer Screening Stool Test	10
3.9. Colorectal Cancer Surveillance: Personal History of Colon Cancer or Polyp	11
3.10. Colorectal Cancer Surveillance: Inflammatory Bowel Disease	12
4. Documentation Template/Consult Request: Colorectal Cancer Risk	14
4.1. Knowledge Narrative	14
4.2. Reason for Presentation	14
4.3. Reason for Consult	14
4.4. Colorectal Cancer Screening History: Average Risk Patients	15
4.5. Colorectal Cancer Diagnostics History: Positive Stool Test	16
4.6. Colorectal Cancer Diagnostics History: Positive Imaging Screening Test	16
4.7. Colorectal Cancer Evaluation History: Abnormal Flexible Sigmoidoscopy	17
4.8. Colorectal Cancer Evaluation History: Abnormal Colonoscopy	17
4.9. Personal History of Colorectal Polyp	18
4.10. Personal History of Colorectal Cancer	19
4.11. - Family History of Colon Cancer, Colon Cancer Syndrome or Advanced Adenoma	21
4.12. Inflammatory Bowel Disease	22
4.13. Additional Pertinent History	23
4.13.1. Signs and Symptoms	23
4.13.2. Diagnostic Procedures	24
4.13.3. Medical History	24
4.13.4. Surgical History	24
4.13.5. Medications	25
4.13.6. Laboratory Test Results	25
4.14 Plan	25
5. Screening Order Sets: Colorectal Risk	27
5.1. Knowledge Narrative	27
5.2. Order Set: Colorectal Cancer Risk – Average Risk Screening	27
5.2.1. Knowledge Narrative	27
5.2.2. Consults and Referrals	27
5.2.3. Patient and Caregiver Education	27
5.3. Order Set: Colorectal Cancer Risk - Family History of Colon Cancer, Colon Cancer Syndrome, or Advanced Adenoma	27
5.3.1. Knowledge Narrative	28
5.3.2. Consults and Referrals	28

Clinical Decision Support (CDS) Content and Health Level 7 (HL7)-Compliant Knowledge Artifacts (KNARTs).....	28
5.3.3. Patient and Caregiver Knowledge Artifacts (KNARTs).....	28
6. Diagnostic Order Sets: Colorectal Cancer Risk	29
6.1. Knowledge Narrative	29
6.2. Order Set: Colorectal Cancer Risk – Iron Deficiency	29
6.2.1. Knowledge Narrative	29
6.2.2. Laboratory Tests	29
6.2.3. Consults and Referrals	29
6.2.4. Patient and Caregiver Education	29
6.3. Order Set: Colorectal Cancer Risk – Rectal Bleeding or Positive Screening Test	30
6.3.1 Knowledge Narrative	30
6.3.2 Consults and Referrals	30
6.3.3. Patient and Caregiver Education	30
6.4. Order Set: Colorectal Cancer Risk – Fecal Immunochemical Test (FIT)	30
6.4.1. Knowledge Narrative	30
6.4.2. Laboratory Tests	30
6.4.3. Consults and Referrals	31
6.4.4. Patient and Caregiver Education	31
7. Surveillance Order Sets: Colorectal Cancer Risk	32
7.1. Knowledge Narrative	32
7.2. Order Set: Colorectal Cancer Risk – Personal History of Colon Cancer or Polyp	32
7.2.1 Knowledge Narrative	32
7.2.2. Consults and Referrals	32
7.2.3. Patient and Caregiver Education	32
7.3. Order Set: Colorectal Cancer Risk – Inflammatory Bowel Disease	32
7.3.1. Knowledge Narrative	33
7.3.2. Consults and Referrals	33
7.3.3. Patient and Caregiver Education	33
7.4. Order Set: Colorectal Cancer Risk – Other Issues	33
7.4.1. Knowledge Narrative	33
7.4.2. Consults and Referrals	33
7.4.3. Patient and Caregiver Education	33
Bibliography/Evidence	35
A. Existing Sample VA Artifacts	36
B. Acronyms/Abbreviations	58

List of Figures

A.1. Colorectal Cancer Screening - ECA Rule	36
A.2. GI Colonoscopy Request Menu	37
A.3. Reason for Request: GI Clinic – Colonoscopy Outpt	38
A.4. Order a Consult	39
A.5. Colonoscopy Screening for Family Hx	40
A.6. GI Clinic - Colonoscopy Outpt	41
A.7. Order a Consult	42
A.8. GI Clinic - Colonoscopy Outpt	43
A.9. Order a Consult	44
A.10. Reason for Request: GI Clinic - Colonoscopy Outpt	45
A.11. Order a Consult	46
A.12. GI Clinic - Colonoscopy Outpt	47
A.13. Order a Consult	48
A.14. Reason for Request: GI Clinic - Colonoscopy Output	49
A.15. Reason for Request GI Clinic - Colonoscopy Output	50
A.16. Order a Consult	51
A.17. GI Colonoscopy Request Menu	52
A.18. Template CHOICE-FIRST screening colonoscopy	53
A.19. CHOICE-FIRST screening colonoscopy	54
A.20. CHOICE-FIRST screening colonoscopy	55
A.21. Order a Consult	56
A.22. Order a Lab Test	57

List of Tables

1. Relevant KNART Information: Gastroenterology: Colorectal Cancer Risk KNARTs ii

2. VA Subject Matter Expert (SME) Panel viii

1.1. Clinical Context Domains 1

VA Subject Matter Expert (SME) Panel

Table 2. VA Subject Matter Expert (SME) Panel

Name	Title	Project Role
Jason A. Dominitz, MD, MHS	National Gastroenterology Program Director Department of Veteran Affairs (VA) Puget Sound Health Care System Seattle, WA	Primary, SME
Lyn Sue Kahng, MD	Section Chief, GI Jesse Brown VA Medical Center (VAMC) Chicago, IL 60612	Secondary, SME
David Kaplan, MD, MSc	GI Staff Physician Philadelphia, PA 19104	SME
Brian Hertz, MD	Senior Medical Advisor Office of Veterans Access to Care Hines VAMC Hines, IL	SME
Aasma Shaukat, MD	GI Section Chief Minneapolis VAMC Minneapolis, MN	SME

Introduction

The VA is committed to improving the ability of clinicians to provide care for patients while increasing quality, safety, and efficiency. Recognizing the importance of standardizing clinical knowledge in support of this goal, VA is implementing the Health Level 7 (HL7) Knowledge Artifact Specification for a wide range of VA clinical use cases. Knowledge Artifacts, referred to as (KNARTs), enable the structuring and encoding of clinical knowledge so the knowledge can be integrated with electronic health records to enable clinical decision support.

The purpose of this Clinical Content White Paper (CCWP) is to capture the clinical context and intent of KNART use cases in sufficient detail to provide the KNART authoring team with the clinical source material to construct the corresponding knowledge artifacts using the HL7 Knowledge Artifact Specification. This paper has been developed using material from a variety of sources: VA artifacts, clinical practice guidelines, evidence in the body of medical literature, and clinical expertise. After reviewing these sources, the material has been synthesized and harmonized under the guidance of VA subject matter experts to reflect clinical intent for this use case.

Unless otherwise noted, items within this white paper (e.g., documentation template fields, orderable items, etc.) are chosen to reflect the clinical intent at the time of creation. To provide an exhaustive list of all possible items and their variations is beyond the scope of this work. Note that clinical decision support tools do not substitute for clinical judgement, evaluation, and decision making.

Conventions Used

Conventions used within the knowledge artifact descriptions include:

<obtain>: Indicates a prompt to obtain the information listed

- If possible, the requested information should be obtained from the underlying system(s). Otherwise, prompting the user for information may be required
- Default Values: Unless otherwise noted, <obtain> indicates to obtain the most recent observation. It is recognized that this default time-frame value may be altered by future implementations

[...]: Square brackets enclose explanatory text that indicates some action on the part of the clinical user, or general guidance to the clinical or technical teams. Examples include, but are not limited to:

[Begin ...], [End ...]: Indicates the start and end of specific areas to clearly delineate them for technical purposes.

[Activate ...]: Initiates another knowledge artifact or knowledge artifact section.

[Section Prompt: ...]: If this section is applicable, then the following prompt should be displayed to the user.

[Section Selection Behavior: ...]: Indicates technical constraints or considerations for the selection of items within the section.

[Attach: ...]: Indicates that the specified item should be attached to the documentation template if available.

[Link: ...]: Indicates that rather than attaching an item, a link should be included in the documentation template.

[Clinical Comment: ...]: Indicates clinical rationale or guidance.

[Technical Note: ...]: Indicates technical considerations or notes.

[If ...]: Indicates the beginning of a conditional section.

[Else, ...]: Indicates the beginning of the alternative branch of a conditional section.

[End if ...]: Indicates the end of a conditional section.

#: Indicates items that should be selected based upon the section selection behavior.

Chapter 1. Gastroenterology: Colorectal Cancer Risk

1.1. Clinical Context

[Begin Clinical Context.]

Screening techniques have greatly decreased the incidence of colon cancer (Shaukat, 2013). Assisting clinicians in ordering the appropriate screening modality and screening interval requires authoritative, evidence-based decision support. Implementing such decision support across the VA could save lives, decrease morbidity, and manage constrained resources in a cost-effective manner. Although surveillance colonoscopy may be warranted based on numerous potential indications, emphasis should be placed on identifying veterans for whom screening colonoscopy is recommended based on age or for whom surveillance is recommended based on personal or family history of neoplasia or the most significant risk factors for colorectal cancer (Rex, 2017).

[Clinical Comments: Intended to identify patients for whom colorectal cancer screening, diagnostic evaluation, or surveillance is recommended, facilitate discussion between the primary care provider and the patient regarding risk factors and screening preferences, support decision-making and documentation related to the screening discussion, and promote appropriate ordering based on patient-specific risk factors and preferences.]

Table 1.1. Clinical Context Domains

Target User	Primary Care Provider
Patient	Adult
Priority	Routine unless otherwise identified
Specialty	Primary Care
Location	Outpatient

[End Clinical Context.]

1.2. Knowledge Artifacts

[Begin Knowledge Artifacts.]

This section describes the CDS knowledge artifacts that are part of the Gastroenterology: Colorectal Cancer Risk group, and include:

A Composite/Consult Request: Gastroenterology: Colorectal Cancer Risk KNART

- High-level, encompassing artifact
- Relies upon the documentation template and order set artifacts

An Event-Condition-Action (ECA) Rule: Gastroenterology: Colorectal Cancer Screening, Diagnostics, and Surveillance KNART

- Rule logic that describes the behavior of the consult
- Actions may include activating documentation templates or order sets

A Documentation Template Consult Request: Gastroenterology: Colorectal Cancer Risk KNART

- Documents the information provided by the referring provider
- Includes logic for appropriate display of documentation sections

Gastroenterology:
Colorectal Cancer Risk

Order Sets: Gastroenterology: Colorectal Cancer Risk – Average Risk Screening, Family History of Colon Cancer, Colon Cancer Syndrome or Advanced Adenoma, Iron Deficiency, Rectal Bleeding or Positive Screening Test, Fecal Immunochemical Test (FIT), Personal History of Colon Cancer or Polyp, Inflammatory Bowel Disease, Other Issues KNARTs

- Orderable items associated with a consult request
- Includes logic for appropriate display of the order set

[End Knowledge Artifacts.]

Chapter 2. Composite/Consult Request: Colorectal Cancer Risk

[Begin Composite/Consult Request: Colorectal Cancer Risk.]

2.1. Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

2.2. Consult Request

[Begin Consult Request.]

[Section Selection Prompt: Only applicable for consult order to an outside facility.]

[Section Selection Prompt: To determine appropriate Gastroenterology Colorectal Cancer Risk, please provide the following information.]

Reason for Consult: Colorectal Cancer Risk Assessment

Consult Specialty: Gastroenterology

[Section Prompt: Goal of Consult.]

[Section Selection Behavior: Required. Select one.]

Return to primary care provider (PCP) for therapy

Start treatment and return to PCP for follow up and maintenance

Start treatment, monitor for effect and when on stable therapy return to PCP

Treat as long as necessary (or indefinitely)

Priority: Routine unless otherwise specified

<obtain> Referring Physician

<obtain> Referring Physician Contact Information

[Technical Note: Activate Documentation Template.]

[End Consult Request.]

[End Composite/Consult Request: Colorectal Cancer Risk.]

Chapter 3. Event Condition Action (ECA) Rule: Colorectal Cancer Risk

[Begin Event Condition Action (ECA) Rule: Colorectal Cancer Risk.]

3.1. Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

3.2. Event Condition Action (ECA) Rule: Colorectal Cancer Screening, Diagnostics and Surveillance – General

[Begin Event Condition Action (ECA) Rule: Colorectal Cancer Screening, Diagnostics and Surveillance – General.]

Event

[Begin Event.]

1. Any access of the patient record
2. System run on routine frequency

[Technical Note: These events apply to all subbranches.]

[End Event.]

Conditions

[Begin Conditions.]

Include adult outpatients who meet any of the following criteria:

1. Have a first-degree family member with a history of colorectal cancer or advanced adenoma
2. Have a family or personal history of Lynch Syndrome or familial colorectal cancer syndrome type X
3. Have a personal history of colorectal cancer or advanced adenoma
4. Are age ≥ 50 .

Exclude patients who meet any of the following criteria:

1. Who have had a total colectomy
2. Are receiving hospice or end-of-life care
3. Have a documented decision to stop colorectal cancer screening

4. Are age \geq 85 years.

[Technical Note: The decision to stop screening can be documented in the documentation template-consult request.]

[Technical Note: Additional criteria are included in the specific sub-branches.]

[End Conditions.]

Actions

[Begin Actions.]

[Technical note: The actions are determined in the subbranches.]

[End Actions.]

[End Event Condition Action (ECA) Rule: Colorectal Cancer Screening, Diagnostics and Surveillance – General.]

3.3. Colorectal Cancer Screening: Average Risk

[Begin Colorectal Cancer Screening: Average Risk.]

Events

[Begin Events.]

[Technical Note: Events are addressed in the main branch of the rule.]

[End Events.]

Conditions

[Begin Conditions.]

Include adult outpatients aged \geq 50 years who have not had any of the following:

1. Flexible sigmoidoscopy within 5 years
2. Colonoscopy within 10 years
3. Computed tomography colonography within 5 years
4. Guaiac-based fecal occult blood test with high test sensitivity for cancer within 1 year
5. Fecal immunochemical test (FIT) with high test sensitivity for cancer within 1 year
6. FIT-Stool Deoxyribonucleic Acid (DNA) testing within 3 years

Exclude patients who meet any of the following criteria:

1. Have any first-degree relative diagnosed with colorectal cancer or advanced adenoma
2. Have a personal history of colorectal cancer or other colorectal neoplasia
3. Are known to have Lynch syndrome or have a first-degree relative with Lynch Syndrome
4. Have a family history of familial colorectal cancer syndrome type X

5. Have a personal history of inflammatory bowel disease
6. Had a positive result on the most recent imaging colorectal cancer screening test (double-contrast barium enema or computed tomography colonography) and have not had a follow-up colonoscopy
7. Had an abnormal result on the most recent flexible colonoscopy colorectal cancer screening and have not had a follow-up colonoscopy
8. Had a positive result on the most recent stool-based colorectal cancer screening test (guaiac-based fecal occult blood test, fecal immunochemical test, or stool DNA test) and have not had a follow-up colonoscopy
9. Had a finding of inadequate bowel prep on most recent colonoscopy.

[End Conditions.]

Actions

[Begin Actions.]

1. Identify the patient as a colorectal cancer screening candidate
2. Open Documentation Template/Consult Request: Gastroenterology: Colorectal Cancer Risk KNART
3. Open Order Set: Gastroenterology: Colorectal Cancer Risk - Average Risk Screening KNART
4. Make sure guideline recommendations are available to care team

[End Actions.]

[End Colorectal Cancer Screening: Average Risk.]

3.4. Colorectal Cancer Screening: Colorectal Cancer or Advanced Adenoma Diagnosed in Multiple First-Degree Relatives or in One First-Degree Relative before Age 60 Years, Familial Colorectal Cancer Syndrome Type X, or Lynch Syndrome

[Begin Colorectal Cancer Screening: Colorectal Cancer or Advanced Adenoma Diagnosed in Multiple First-Degree Relatives or in One First-Degree Relative before Age 60 Years, Familial Colorectal Cancer Syndrome type X, or Lynch Syndrome.]

Events

[Begin Events.]

[Technical Note: Events are addressed in the main branch of the rule.]

[End Events.]

Conditions

[Begin Conditions.]

[Technical Notes: Include adult outpatients who have never had a colonoscopy, who did not receive a colonoscopy within the timeframe specified for re-scoping, or do not have a set timeframe for re-scoping who meet at least one of the following criteria]:

1. Have a family history of familial colorectal cancer syndrome type X and are at or older than the age 10 years younger than the age at diagnosis of the youngest diagnosed relative.
2. Have Lynch Syndrome or have a first-degree relative with Lynch Syndrome and are at or older than the patient's documented screening start age; if the screening start ages is not documented, use the age 5 years younger than the age at diagnosis of the youngest diagnosed relative or age 20 years whichever is youngest.
3. Have two or more first-degree relatives diagnosed with colorectal cancer or advanced adenomas and are at or older than the age 10 years younger than the age at diagnosis of the youngest diagnosed relative or age ≥ 40 years, whichever is youngest.
4. Have one first-degree relative diagnosed with colorectal cancer or advanced adenoma at age < 60 years and are at or older than the age 10 years younger than the age at diagnosis of the affected relative or are ≥ 40 years, whichever is youngest.

[Technical Note: Providers have the option of documenting the screening start age for patients with a personal or family history of Lynch Syndrome in the documentation template-consult request form.]

[End Conditions.]

Actions

[Begin Actions.]

1. Identify the patient as a colonoscopy candidate
2. Open Documentation Template—Consult Request: Gastroenterology: Colorectal Cancer Risk KNART
3. Open Order Set: Gastroenterology: Colorectal Cancer Risk – Family History of Colon Cancer, Colon Cancer Syndrome or Advanced Adenoma KNART
4. Make sure guideline recommendations are available to care team.

[End Actions.]

[End Colorectal Cancer Screening: Colorectal Cancer or Advanced Adenoma Diagnosed in Multiple First-Degree Relatives or in One First-Degree Relative before Age 60 Years, Family Colon Cancer Syndrome X, or Lynch Syndrome.]

3.5. Colorectal Cancer Screening: One First-Degree Relative Diagnosed with Colorectal Cancer or Advanced Adenoma at Age 60 Years or Older

[Begin Colorectal Cancer Screening: One First-Degree Relative Diagnosed with Colorectal Cancer or Advanced Adenoma at Age 60 Years or Older.]

Events

[Begin Events.]

[Technical Note: Events are addressed in the main branch of the rule.]

[End Events.]

Conditions

[Begin Conditions.]

[Technical Note: Include adult outpatients aged ≥ 40 years with exactly one first-degree relative diagnosed with colorectal cancer or advanced adenoma if the affected relative was diagnosed at age ≥ 60 years and the patient has not had any of the following:]

1. Flexible sigmoidoscopy within 5 years
2. Colonoscopy within 10 years
3. Computed tomography colonography within 5 years
4. Guaiac-based fecal occult blood test with high test sensitivity for cancer within 1 year
5. Fecal immunochemical test (FIT) with high test sensitivity for cancer within 1 year
6. FIT-Stool DNA testing within 3 years.

Exclude patients who meet any of the following criteria:

1. Have multiple first-degree relatives diagnosed with colorectal cancer or advanced adenoma
2. Have one first-degree relative diagnosed with colorectal cancer or advanced adenoma at age < 60 years
3. Have a personal history of colorectal cancer or other colorectal neoplasia
4. Are known to have Lynch syndrome or have a first-degree relative with Lynch Syndrome
5. Have a family history of familial colorectal cancer syndrome type X
6. Have a personal history of inflammatory bowel disease
7. Had an abnormal result on the most recent imaging colorectal cancer screening test (double-contrast barium enema or computed tomography colonography) and have not had a follow-up colonoscopy
8. Had a positive result on the most recent flexible colonoscopy colorectal cancer screening and have not had a follow-up colonoscopy
9. Had a positive result on the most recent stool colorectal cancer screening test (guaiac-based fecal occult blood test, fecal immunochemical test, or stool DNA test) and have not had a follow-up colonoscopy
10. Had a finding of inadequate bowel prep on most recent colonoscopy.

[End Conditions.]

Actions

[Begin Actions.]

1. Identify the patient as a colorectal cancer screening candidate
2. Open Documentation Template—Consult Request: Gastroenterology: Colorectal Cancer Risk KNART
3. Open Order Set: Family History of Colon Cancer, Colon Cancer Syndrome or Advanced Adenoma KNART
4. Open Order Set: Fecal Immunochemical Test (FIT)

5. Make sure guideline recommendations are available to care team.

[End Actions.]

[End One First-Degree Relative Diagnosed with Colorectal Cancer or Advanced Adenoma at Age 60 Years or Older.]

3.6. Colorectal Cancer Screening: Repeat Colonoscopy Indicated

[Begin Colorectal Cancer Screening: Repeat Colonoscopy Indicated.]

Events

[Begin Events.]

[Technical Note: Events are addressed in the main branch of the rule.]

[End Events.]

Conditions

[Begins Conditions.]

[Technical Note: Include adult outpatients whose most recent colorectal cancer screening colonoscopy results indicated that the bowel prep was inadequate where either the timeframe specified for rescoping the patient has been exceeded or no timeframe for rescoping the patient was indicated.]

[End Conditions.]

Actions

[Begin Actions.]

1. Identify the patient as a colonoscopy candidate
2. Open Documentation Template—Consult Request: Gastroenterology: Colorectal Cancer Risk KNART
3. Open Order Set: Gastroenterology: Colorectal Cancer Risk – Other Issues
4. Make sure guideline recommendations are available to care team.

[End Actions.]

[End Colorectal Cancer Screening: Repeat Colonoscopy Indicated.]

3.7. Colorectal Cancer Diagnosis: Positive Imaging or Endoscopy Screening Test

[Begin Colorectal Cancer Diagnosis: Positive Imaging or Endoscopy Screening Test.]

Events

[Begin Events.]

[Technical Note: Events are addressed in the main branch of the rule.]

[End Events.]

Conditions

[Begin Conditions.]

[Technical Note: Include adult outpatients who meet the following criteria:]

1. Most recent colorectal cancer screening imaging tests (double-contrast barium enema or computed tomography colonography) were positive and no follow-up colonoscopy completed
2. Most recent flexible sigmoidoscopy colorectal cancer screening tests were positive, and no follow-up colonoscopy completed

[End Conditions.]

Actions

[Begin Actions.]

1. Identify the patient as a colonoscopy candidate
2. Open Documentation Template—Consult Request: Gastroenterology: Colorectal Cancer Risk KNART
3. Open Order Set: Gastroenterology: Colorectal Cancer Risk – Rectal Bleeding or Positive Screening Test
4. Make sure guideline recommendations are available to care team.

[End Actions.]

[End Colorectal Cancer Diagnosis: Positive Imaging or Endoscopy Screening Test.]

3.8. Colorectal Cancer Diagnosis: Positive Colorectal Cancer Screening Stool Test

[Begin Colorectal Cancer Diagnosis: Positive Colorectal Cancer Screening Stool Test.]

Events

[Begin Events.]

[Technical Note: Events are addressed in the main branch of the rule.]

[End Events.]

Conditions

[Begin Conditions.]

[Technical Note: Include adult outpatients who meet the following criteria:]

1. Most recent colorectal cancer screening stool-based tests (guaiac-based fecal occult blood test, fecal immunochemical test, or stool DNA test) were positive who have not yet had a follow-up colonoscopy
2. Significant lower gastrointestinal bleeding with a procedure request for colonoscopy per provider documentation with the requested colonoscopy not yet received.

[End Conditions.]

Actions

[Begin Actions.]

1. Identify the patient as a colonoscopy candidate
2. Open Documentation Template—Consult Request: Gastroenterology: Colorectal Cancer Risk KNART
3. Open Order Set: Gastroenterology: Colorectal Cancer – Rectal Bleeding or Positive Screening Test
4. Make sure guideline recommendations are available to care team.

[End Colorectal Cancer Diagnosis: Positive Colorectal Cancer Screening Stool Test.]

3.9. Colorectal Cancer Surveillance: Personal History of Colon Cancer or Polyp

[Begin Colorectal Cancer Surveillance: Personal History of Colon Cancer or Polyp.]

Events

[Begin Events.]

[Technical Note: Events are addressed in the main branch of the rule.]

[End Events.]

Conditions

[Begin Conditions.]

[Technical Note: Include adult outpatients who meet the following criteria and either the timeframe specified for rescoping the patient has been exceeded or no timeframe for rescoping the patient was set:]

1. No repeat colonoscopy after piecemeal removal of a polyp > 15 mm in size where the polyp is either flat or sessile and either serrated or adenomatous
2. No repeat colonoscopy after recent colonoscopy with findings of colorectal neoplasia:

[Technical Note: Include the following in a table with the appropriate timeframes.]

- | | |
|----|-----------------------------------------------------------------------------------------------|
| a. | > 10 adenomas |
| b. | 3–10 adenomas < 10 mm in size |
| c. | ≥ 1 adenoma with villous features |
| d. | ≥ 1 adenoma with high-grade dysplasia |
| e. | no adenomas on first surveillance colonoscopy follow-up of prior finding of high-risk adenoma |
| f. | no adenomas on first surveillance colonoscopy follow-up of prior finding of low-risk adenoma |
| g. | ≥ 1 tubular adenoma ≥ 10 mm in size |

- h. 1–2 tubular adenomas < 10 mm in size with inadequate bowel preparation
- i. 1–2 tubular adenomas < 10 mm in size with no cecal intubation
- j. 1–2 tubular adenomas < 10 mm in size on first surveillance colonoscopy follow-up of prior finding of adenomas
- k. no polyps \geq 10 mm with 1–2 tubular adenomas with low-grade dysplasia and/or \geq 1 serrated polyp without cytological dysplasia
- l. \geq 1 sessile serrated polyp that either is \geq 10 mm in size or has cytological dysplasia
- m. distal hyperplastic polyps < 10 mm in size

3. No 1-Year Follow-Up Colonoscopy after Colorectal Cancer Resection Clearing

4. No 3-Year Surveillance Colonoscopy after First Follow-Up for Colorectal Cancer Resection

5. No 5-Year Surveillance Colonoscopy after Second Follow-Up for Colorectal Cancer Resection

6. No repeat colonoscopy within 5 years of most recent ongoing colorectal cancer surveillance colonoscopy, providing the patient record does not indicate that surveillance colonoscopy should be discontinued.

[Technical Note: Providers have the option of indicating that post-resection surveillance should be discontinued in the documentation template—consult request.]

[End Conditions.]

Actions

[Begin Actions.]

1. Identify the patient as a colonoscopy candidate
2. Open Documentation Template—Consult Request: Gastroenterology: Colorectal Cancer Risk KNART
3. Open Order Set: Gastroenterology: Colorectal Cancer Risk– Personal history of colon cancer or polyp KNART
4. Make sure guideline recommendations are available to care team.

[End Actions.]

[End Colorectal Cancer Surveillance: Personal History of Colon Cancer or Polyp.]

3.10. Colorectal Cancer Surveillance: Inflammatory Bowel Disease

[Begin Colorectal Cancer Surveillance: Inflammatory Bowel Disease.]

Events

[Begin Events.]

[Technical Note: Events are addressed in the main branch of the rule.]

[End Events.]

Conditions

[Begin Conditions.]

[Technical Note: Include adult outpatients diagnosed with inflammatory bowel disease who have never had a colonoscopy and are at or older than the documented surveillance start age (see section 4.14 of the documentation template) or who did not receive a colonoscopy within the timeframe specified for rescoping or did not have a timeframe for rescoping set. If a surveillance start age has not been set, use the age at diagnosis plus 8 years as the surveillance start age.]

[Technical Note: Providers have the option of setting the surveillance start age in the documentation template-consult request form.]

[End Conditions.]

Actions

[Begin Actions.]

1. Identify the patient as a colonoscopy candidate
2. Open Documentation Template—Consult Request: Gastroenterology: Colorectal Cancer Risk KNART
3. Open Order Set: Gastroenterology: Colorectal Cancer Risk Inflammatory Bowel Disease Surveillance KNART
4. Make sure guideline recommendations are available to care team.

[End Actions.]

[End Colorectal Cancer Surveillance: Inflammatory Bowel Disease]

[End Event Condition Action (ECA) Rule: Colorectal Cancer Risk]

Chapter 4. Documentation Template/ Consult Request: Colorectal Cancer Risk

[Begin Documentation Template: Colorectal Cancer Risk.]

[Technical Note: This documentation template/consult request should be made available for clinical providers caring for patients meeting the criteria for any branch of ECA Rule KNART and at provider request.]

4.1. Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

4.2. Reason for Presentation

[Begin Reason for Presentation.]

[Section Prompt: Reason for Presentation.]

[Technical Note: This section should be made available for all clinical users of this documentation template/consult request.]

<obtain> Chief Complaint

<obtain> Additional Details

[End Reason for Presentation.]

4.3. Reason for Consult

[Begin Reason for Consult.]

[Section Prompt: Reason for Consult.]

[Section Selection Behavior: Any or none. Optional.]

[Technical Note: This section should be made available for all clinical users of this documentation template/consult request.]

<obtain> Age (Years)

Positive Finding on Most Recent Stool Test

Abnormal Finding on Most Recent Colorectal Imaging

Abnormal Finding on Most Recent Flexible Sigmoidoscopy

Abnormal Finding on Most Recent Colonoscopy

Personal History of Colorectal Polyp

Personal History of Colorectal Cancer

Family History of Colon Cancer, Colon Cancer Syndrome or Advanced Adenoma

Inflammatory Bowel Disease

Gastrointestinal Bleeding

Iron Deficiency Anemia

<obtain> Additional Details

[Technical Note: Although iron deficiency anemia has been intentionally omitted from ECA Rule: Gastroenterology: Colorectal Cancer Risk, it may be a symptom of colon cancer. It must be considered in combination with other clinical factors, such as unintentional weight loss, changes in bowel habits, visible blood in the stool, and recent hemoglobin lab test results.]

[Section Prompt: Iron deficiency anemia may be a symptom of colon cancer. It must be considered in combination with other clinical factors, such as unintentional weight loss, changes in bowel habits, visible blood in the stool, and recent hemoglobin lab test results.]

[End Reason for Consult.]

4.4. Colorectal Cancer Screening History: Average Risk Patients

[Begin Colorectal Cancer Screening: Average Risk.]

[Technical Note: This section should be made available for clinical providers caring for patients without any risk factors selected in Section 4.3 - Reason for Consult and for clinical providers caring for patients meeting criteria for the Average Risk Screening branch of the ECA Rule Gastroenterology: Colorectal Cancer Screening, Diagnostics, and Surveillance KNART.]

[Section Prompt: Test Results]

Guaiac-Based Fecal Occult Blood Test

<obtain> Date

Fecal Immunochemical Test

<obtain> Date

Stool DNA Test

<obtain> Date

Double-Contrast Barium Enema

<obtain> Date

Computed Tomography (CT) Colonography

<obtain> Date

Flexible Sigmoidoscopy

<obtain> Date

Colonoscopy

<obtain> Date

No Prior Screening

<obtain> Additional Details

[End Colorectal Cancer Screening: Average Risk.]

4.5. Colorectal Cancer Diagnostics History: Positive Stool Test

[Begin Colorectal Cancer Screening Diagnostics: Follow-up Positive Stool Test.]

[Technical Note: This section should be made available only if Positive Finding on Most Recent Stool Test was selected in Section 4.3 - Reason for Consult or if the patient meets criteria for the Positive Colorectal Cancer Screening Stool Tests branch of ECA Rule: Gastroenterology: Colorectal Cancer Screening, Diagnostics, and Surveillance KNART.]

[Section Prompt: Stool Screening Test Results]

Guaiac-Based Fecal Occult Blood Test

<obtain> Date

Fecal Immunochemical Test

<obtain> Date

Stool DNA Test

<obtain> Date

<obtain> Additional Details

[End Colorectal Cancer Screening Diagnostics: Follow-up Positive Stool Test.]

4.6. Colorectal Cancer Diagnostics History: Positive Imaging Screening Test

[Begin Colorectal Cancer Diagnostics: Positive Imaging Screening Test.]

[Section Prompt: Positive Imaging Screening Test Results]

[Technical Note: This section should be made available only if Abnormal Finding on Most Recent Colorectal Imaging was selected in Section 4.3 - Reason for Consult or if the patient meets criteria for the Positive Imaging or Endoscopy Screening Test branch of ECA Rule: Gastroenterology: Colorectal Cancer Screening, Diagnostics, and Surveillance KNART.]

[Link: Links should be attached automatically.]

[Section Selection Behavior: Any or none. Optional]

Double-Contrast Barium Enema

<obtain> Date

<obtain> Adequacy of Bowel Preparation

Adequate

Inadequate

[Link: Link to Full Report and Images.]

Computed Tomography

<obtain> Date

<obtain> Adequacy of Bowel Preparation

Adequate

Inadequate

[Link to Full Report and Images.]

<obtain> Additional Details

[End Colorectal Cancer Diagnostics: Positive Imaging Screening Test.]

4.7. Colorectal Cancer Evaluation History: Abnormal Flexible Sigmoidoscopy

[Begin Follow-up Abnormal Flexible Sigmoidoscopy.]

[Section Prompt: Follow-up Abnormal Flexible Sigmoidoscopy.]

[Technical Note: This section should be made available only if Abnormal Finding on Most Recent Flexible Sigmoidoscopy was selected in Section 4.3 - Reason for Consult or if the patient meets criteria for the Colorectal Cancer Diagnosis: Positive Imaging or Endoscopy Screening Test branch of ECA Rule: Gastroenterology: Colorectal Cancer Screening, Diagnostics, and Surveillance KNART.]

[Link: Links should be attached automatically.]

Flexible Sigmoidoscopy

<obtain> Date

<obtain> Adequacy of Bowel Preparation

Adequate

Inadequate

[Link to Full Report and Images.]

<obtain> Additional Details

[End Follow-up Abnormal Flexible Sigmoidoscopy.]

4.8. Colorectal Cancer Evaluation History: Abnormal Colonoscopy

[Begin Follow-up Abnormal Colonoscopy.]

[Section Prompt: Follow-up Abnormal Colonoscopy]

[Technical Note: This section should be made available only if Abnormal Finding on Most Recent Colonoscopy was selected in the Section 4.3 - Reason for Consult or if the patient meets criteria for the Colorectal Cancer Diagnosis: Positive Imaging or Endoscopy Screening Test branch of ECA Rule: Gastroenterology: Colorectal Cancer Screening, Diagnostics, and Surveillance KNART.]

Most Recent Colonoscopy

<obtain> Date

[Link: Link to Full Report and Images.]

[Section Prompt: If the Colonoscopy Report Is Not Available, please provide as much Information as possible regarding key findings, including: Adequacy of Bowel Preparation, Depth of Insertion, Any Abnormalities (e.g., Polyps or Masses), and Any Sedation Requirements for Patient.]

<obtain> Additional Details

[End Follow-up Abnormal Colonoscopy.]

4.9. Personal History of Colorectal Polyp

[Begin Personal History of Colorectal Polyp.]

[Section Prompt: Personal History of Colorectal Polyp.]

[Technical Note: This section should be made available only if Personal History of Colorectal Polyp was selected in Section 4.3 - Reason for Consult or if the patient meets criteria for the: Personal History of Cancer or Polyp branch of ECA Rule: Gastroenterology: Colorectal Cancer Screening, Diagnostics, and Surveillance KNART.]

[Link: Links should be attached automatically.]

[Technical Note: The following form components should be provided as auto populated information for all exams in this section, to be displayed only if the information is available and can be used to auto populate these fields for the given exam:]

1. No Polyps
2. Hyperplastic Polyps < 10 mm in Rectum or Sigmoid
3. ≥ 1 and ≤ 2 Tubular Adenomas < 10 mm
4. ≥ 1 and ≤ 10 Tubular Adenomas
5. > 10 Adenomas
6. ≥ 1 Tubular Adenomas ≥ 10 mm
7. ≥ 1 Villous Adenomas
8. Adenoma with High-Grade Dysplasia
9. Serrated Lesions
 - a. ≥ 1 Sessile Serrated Polyp < 10 mm without Dysplasia
 - b. ≥ 1 Sessile Serrated Polyp ≥ 10 mm
 - c. Sessile Serrated Polyp with Dysplasia
 - d. Traditional Serrated Adenoma
10. Serrated Polyposis Syndrome.

[Technical Note: Users should not be prompted to complete these form components manually; they should appear only if they are auto populated with existing information. These form components are derived from Table 1 in Lieberman 2012, which should be cited if the form components are displayed.]

[Section Prompt: Baseline Pathology.]

<obtain> Date

[Link: Link to Full Report and Images.]

<obtain> Additional Details

[Section Prompt: Baseline Polypectomy.]

<obtain> Date

<obtain> Additional Details

[Section Prompt: Baseline Colonoscopy.]

<obtain> Date

[Link: Link to Full Report and Images.]

[Section Prompt: First Surveillance Colonoscopy Performed?]

Yes

<obtain> Date

[Link: Link to Full Report and Images.]

No

[Section Prompt: Second Surveillance Colonoscopy Preformed?]

[Technical Note: Second Surveillance Colonoscopy question should be displayed only if the answer to the First Surveillance Colonoscopy Performed is yes.]

Yes

<obtain> Date

[Link: Link to Full Report and Images.]

No

[Section Prompt: Surveillance Completed?]

[Technical Note: Surveillance Completed question should be displayed only if the answer to Second Surveillance Colonoscopy Performed is yes.]

Yes

<obtain> Additional Details

No

[End Personal History of Colorectal Polyp.]

4.10. Personal History of Colorectal Cancer

[Begin Personal History of Colorectal Cancer.]

[Section Prompt: Follow-up Personal History of Colorectal Cancer.]

[Technical Note: This section should be made available only if Personal History of Colorectal Cancer is selected in Section 4.3 - Reason for Consult or if the patient meets criteria for the Colorectal Cancer Screening: Personal History of Cancer or Polyp branch of ECA Rule: Gastroenterology: Colorectal Cancer Screening, Diagnostics, and Surveillance KNART.]

<obtain> Diagnosis

<obtain> Date of Diagnosis

[Section Prompt: Colorectal Cancer Resection Performed?]

Yes

<obtain> Date

No

[Section Prompt: Colorectal Cancer Resection Clearing Colonoscopy Performed?]

Yes

<obtain> Date

[Link: Link to Full Report and Images.]

No

[Section Prompt: First Follow-up Colonoscopy Performed?]

[Section Prompt: Recommended surveillance interval: Follow-Up Colonoscopy at 1 Year after Colorectal Cancer Resection Clearing.]

[Technical Note: First Follow-up Colonoscopy question should be displayed only if the answer to Colorectal Cancer Resection Clearing Colonoscopy Performed is yes.]

Yes

<obtain> Date

[Link: Link to Full Report and Images.]

No

[Section Prompt: Second Surveillance Colonoscopy Performed?]

[Section Prompt: Recommended surveillance interval: Follow-up Colonoscopy at 3 Years after First Surveillance Colonoscopy for Colorectal Cancer Resection.]

[Technical Note: Second Surveillance Colonoscopy question should be displayed only if the answer to First Follow-up Colonoscopy Performed is yes.]

Yes

<obtain> Date

[Link: Link to Full Report and Images.]

No

[Section Prompt: Third Surveillance Colonoscopy Performed?]

[Section Prompt: Recommended surveillance interval: Follow-up Colonoscopy at 5 Years after Second Surveillance Colonoscopy for Colorectal Cancer Resection.]

[Technical Note: Third Surveillance Completed question should be displayed only if the answer to Second Year Surveillance Colonoscopy Performed is yes.]

Yes

<obtain> Date

[Link: Link to Full Report and Images.]

No

[Section Prompt: Subsequent Surveillance Completed?]

[Section Prompt: Recommended surveillance interval: Follow-Up Colonoscopy at 5 Years after Third Surveillance Colonoscopy for Colorectal Cancer Resection.]

[Technical Note: Subsequent Surveillance Completed question should be displayed only if the answer to Third Surveillance Colonoscopy Performed is yes.]

Yes

<obtain> date

[Link: Link to Full Report and Images]

[Technical Note: include date and links for all subsequent surveillance colonoscopies.]

No

[Section Prompt: Surveillance Completed?]

[Technical Note: Surveillance Completed question should be displayed only if the answer to Third Surveillance Colonoscopy Performed? is Yes.]

Yes

No

<obtain> Additional Details

[End Personal History of Colorectal Cancer.]

4.11. - Family History of Colon Cancer, Colon Cancer Syndrome or Advanced Adenoma

[Begin Family History of Colon Cancer, Colon Cancer Syndrome or Advanced Adenoma.]

[Technical Note: This section should be made available only if Family History of Colon Cancer, Colon Cancer Syndrome or Advanced Adenoma is selected in Section 4.3 - Reason for Consult Risk Assessment section or if the patient meets criteria for the Colorectal Cancer Screening: Colorectal Cancer or Advanced Adenoma Diagnosed in Multiple First-Degree Relatives or in One First-Degree Relative before Age 60 Years, Family Colon Cancer Syndrome X, or Lynch Syndrome branch or the Colorectal Cancer Screening: One First-Degree Relative Diagnosed with Colorectal Cancer or Advanced Adenoma at Age 60 Years or Older branch of the ECA Rule: Gastroenterology: Colorectal Cancer Risk KNART.]

[Technical Note: Please include a citation for Table 5 in Rex 2017 and for Table 10 in Giardiello 2014, which are the sources of the form components in this section.]

[Section Prompt: Family History of Colon Cancer, Colon Cancer Syndrome or Advanced Adenoma?]

Patient Personal or Family History of Lynch Syndrome?

<obtain> Youngest Age at Diagnosis of Youngest Affected individual (Years)

<obtain> Screening Start Age (Years) for this patient.

[Technical Note: Display “Screening Start Age (Years)” if “Youngest Age at Diagnosis (Years)” is ≥ 25 .]

Family History of Colon Cancer Syndrome Type X?

<obtain> Youngest Age at Diagnosis of Youngest Affected Individual (Years)

[Section Prompt: One First-Degree Relative Diagnosed with Colorectal Cancer or Advanced Adenoma?]

<obtain> Age at Diagnosis (Years)

Multiple First-Degree Relatives Diagnosed with Colorectal Cancer or Advanced Adenoma

<obtain> Youngest Age at Diagnosis of Youngest Affected Individual (Years)

<obtain> Additional Details

[End Family History of Colon Cancer, Colon Cancer Syndrome or Advanced Adenoma.]

4.12. Inflammatory Bowel Disease

[Begin Inflammatory Bowel Disease.]

[Technical Note: This section should be made available only if Inflammatory Bowel Disease was selected in Section 4.3 - Reason for Consult or if the patient meets criteria for the Colorectal Cancer Screening: Inflammatory Bowel Disease branch of ECA Rule: Gastroenterology: Colorectal Cancer Risk KNART.]

[Link: Links should be attached automatically.]

[Technical Note: The Diagnosis field below should be auto populated with either “ulcerative colitis” or “Crohn’s disease” if that information is available for the patient.]

<obtain> Diagnosis

<obtain> Date of Diagnosis

<obtain> Date of most recent colonoscopy

[Link: Link to Full Report and Images.]

[Technical Note: The following form components should be provided as auto populated information, to be displayed only if the information is available and can be used to auto populate these fields:

[Section Prompt: Was Inflammatory Bowel Disease (IBD) dysplasia found on colonoscopy?]

No dysplasia

Low grade dysplasia

High grade dysplasia

[Section Prompt: Were polyps found on the most recent colonoscopy?]

No Polyps

Hyperplastic Polyps < 10 mm in Rectum or Sigmoid

>= 1 and <= 2 Tubular Adenomas < 10 mm

>= 1 and <= 10 Tubular Adenomas

> 10 Adenomas

>= 1 Tubular Adenomas >= 10 mm

>= 1 Villous Adenoma

Adenoma with High-Grade Dysplasia

Serrated Lesions

>= 1 Sessile Serrated Polyp < 10 mm without Dysplasia

>= 1 Sessile Serrated Polyp >= 10 mm

Sessile Serrated Polyp with Dysplasia

Traditional Serrated Adenoma

Serrated Polyposis Syndrome.

[Technical Note: Users should not be prompted to complete the form components above manually; they should appear only if they are auto populated with existing information. These form components are derived from Table 1 in Lieberman 2012, which should be cited if the form components are displayed.]

[Section Prompt: Surveillance Start Age]

<obtain> Surveillance Start Age (Years)

<obtain> Additional Details

[End Inflammatory Bowel Disease.]

4.13. Additional Pertinent History

[Begin Pertinent History]

4.13.1. Signs and Symptoms

[Begin Signs and Symptoms.]

[Section Prompt: Signs and Symptoms.]

[Section Selection Behavior: Any or None. Optional.]

Unintentional Weight Loss

Change in Bowel Habits

Visible Blood in Stool

Significant Lower Tract Bleeding

Minor Lower Tract Bleeding

Occult Blood

Abdominal Pain

Anemia

<obtain> Additional Details

[End Signs and Symptoms.]

4.13.2. Diagnostic Procedures

[Begin Diagnostic Procedures]

[Section Prompt: Prior Colonoscopies?]

[Technical Note: All prior colonoscopies should be provided automatically, with the date and a link for each colonoscopy.]

<obtain> Date

[Link: Link to Full Report and Images]

[Section Prompt: Prior Esophagogastroduodenoscopies?]

[Technical Note: All prior esophagogastroduodenoscopies should be provided automatically, with the date and a link for each esophagogastroduodenoscopy.]

<obtain> Date

[Link: Link to Full Report and Images]

Other Diagnostic Procedures

<obtain> Additional Details

[End Diagnostic Procedures.]

4.13.3. Medical History

[Begin Medical History.]

[Link: Links should be attached automatically.]

[Technical Note: This section should be auto populated if the information is available for the patient.]

<obtain> Relevant Medical History

[Link: Link to Full Detail in Patient Record]

[End Medical History.]

4.13.4. Surgical History

[Begin Surgical History.]

[Link: Links should be attached automatically.]

[Technical Note: This section should be auto populated if the information is available for the patient.]

<obtain> Relevant Surgical History

[Link: Link to Full Detail in Patient Record]

[End Surgical History.]

4.13.5. Medications

[Begin Medications.]

[Link: Links should be attached automatically.]

[Technical Note: This section should be auto populated if the information is available for the patient.]

<obtain> Current Medication List

[Link: Link to Full Detail in Patient Record]

[End Medications.]

4.13.6. Laboratory Test Results

[Begin Laboratory Test Results]

[Technical Note: The most recent lab results should be auto populated for the tests below.]

<obtain> Complete Blood Count

<obtain> Date

<obtain> Iron

<obtain> Date

<obtain> Ferritin

<obtain> Date

<obtain> Total Iron Binding Capacity

<obtain> Date

[Link: Links should be attached automatically.]

[Link: Link to Full Detail in Patient Record for each lab test result above]

[End Laboratory Test Results.]

[End Pertinent History.]

4.14 Plan

[Begin Plan.]

[Section Prompt: Plan, including tests, referrals, screening intervals, and screening start and discontinuation age as applicable, discussed with and agreed to by patient.]

Refer for Colonoscopy

<obtain> Screening Interval (Years)

[Technical Note: Screening Interval should be displayed for all patients who have started screening, except those who have stopped screening, are of average risk, or with exactly one first-degree relative diagnosed with colorectal cancer or advanced adenoma at age ≥ 60 years.]

[Technical Note: Screening interval may be set or updated during the consult.]

<obtain> Surveillance Start Age (Years)

[Technical Note: Surveillance Start Age should only be available for those who have inflammatory bowel disease who have not had their first colonoscopy. If a Surveillance Start Age has already been determined, it should be auto populated, and the provider should be able to edit the field.]

Stop Screening for patients aged ≥ 75 years

[Technical Note: Show Stop Screening option only for patients aged ≥ 75 years.]

Gastroenterology Consult

<obtain> Details

Other

<obtain> Description

Plan discussed with and agreed to by the patient

<obtain>Date

<obtain>Other pertinent plan details

[End Plan.]

[End Documentation Template: Colorectal Cancer Risk.]

Chapter 5. Screening Order Sets: Colorectal Risk

[Begin Screening Order Sets: Gastroenterology: Colorectal Risk.]

5.1. Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

5.2. Order Set: Colorectal Cancer Risk – Average Risk Screening

[Begin Order Set: Average Risk Screening.]

5.2.1. Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

5.2.2. Consults and Referrals

[Begin Consults and Referrals.]

Referral Gastroenterology evaluate for colonoscopy (routine)

[End Consults and Referrals.]

5.2.3. Patient and Caregiver Education

[Begin Patient and Caregiver Education.]

Colonoscopy screening education (routine)

Bowel prep for colonoscopy screening education (routine)

[End Patient and Caregiver Education.]

[End Order Set: Average Risk Screening.]

5.3. Order Set: Colorectal Cancer Risk - Family History of Colon Cancer, Colon Cancer Syndrome, or Advanced Adenoma

[Begin Order Set: Family History of Colon Cancer, Colon Cancer Syndrome or Advanced Adenoma.]

5.3.1. Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

5.3.2. Consults and Referrals

[Begin Consults and Referrals.]

[Technical Note: This section should be available for all patients.]

Referral Gastroenterology evaluate colorectal cancer risk (routine)

[End Consults and Referrals.]

5.3.3. Patient and Caregiver Education

[Begin Patient and Caregiver Education.]

[Technical Note: This section should be available for all patients.]

Colorectal cancer screening and surveillance education (routine)

Bowel prep for colonoscopy education (routine)

[End Patient and Caregiver Education.]

[End Order Set: Family History of Colon Cancer, Colon Cancer Syndrome or Advanced Adenoma.]

[End Screening Order Sets: Gastroenterology: Colorectal Risk.]

Chapter 6. Diagnostic Order Sets: Colorectal Cancer Risk

[Begin Diagnostic Order Set: Gastroenterology: Colorectal Risk.]

6.1. Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

6.2. Order Set: Colorectal Cancer Risk – Iron Deficiency

[Begin Order Set: Colorectal Cancer Risk – Iron Deficiency.]

6.2.1. Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

6.2.2. Laboratory Tests

[Begin Laboratory Tests.]

[Technical Note: Display only if no lab results for these tests are seen within the system for the last two months.]

Complete blood count 1 time (routine)

Iron 1 time (routine)

Ferritin 1 time (routine)

Total iron binding capacity 1 time (routine)

[End Laboratory Tests.]

6.2.3. Consults and Referrals

[Begin Consults and Referrals.]

Referral Gastroenterology evaluate iron deficiency (routine)

[End Consults and Referrals.]

6.2.4. Patient and Caregiver Education

[Begin Patient and Caregiver Education.]

Colorectal cancer testing education (routine)

Bowel prep for colonoscopy education (routine)

[End Patient and Caregiver Education.]

[End Order Set: Gastroenterology: Colorectal Cancer Risk – Iron Deficiency.]

6.3. Order Set: Colorectal Cancer Risk – Rectal Bleeding or Positive Screening Test

[Begin Order Set: Colorectal Cancer Risk – Rectal Bleeding or Positive Screening Test.]

6.3.1 Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

6.3.2 Consults and Referrals

[Begin Consults and Referrals.]

Referral Gastroenterology evaluate for colonoscopy (routine)

[End Consults and Referrals.]

6.3.3. Patient and Caregiver Education

[Begin Patient and Caregiver Education.]

Diagnostic Colonoscopy education (routine)

Bowel prep for colonoscopy education (routine)

[End Patient and Caregiver Education.]

[End Order Set: Colorectal Cancer Risk – Rectal Bleeding or Positive Screening Test.]

6.4. Order Set: Colorectal Cancer Risk – Fecal Immunochemical Test (FIT)

[Begin Order Set: Colorectal Cancer Risk – Fecal Immunochemical Test (FIT).]

6.4.1. Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

6.4.2. Laboratory Tests

[Begin Laboratory Tests.]

Fecal immunochemical test 1 time (routine)

[End Laboratory Tests.]

6.4.3. Consults and Referrals

[Begin Consults and Referrals.]

Referral to gastroenterology to evaluate colorectal cancer risk (routine)

[End Consults and Referrals.]

6.4.4. Patient and Caregiver Education

[Begin Patient and Caregiver Education.]

Colorectal cancer screening education (routine)

[End Patient and Caregiver Education.]

[End Order Set: Colorectal Cancer Risk – Fecal Immunochemical Test (FIT).]

[End Diagnostic Order Set: Colorectal Risk.]

Chapter 7. Surveillance Order Sets: Colorectal Cancer Risk

[Begin Surveillance Order Sets: Colorectal Risk.]

7.1. Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

7.2. Order Set: Colorectal Cancer Risk – Personal History of Colon Cancer or Polyp

[Begin Order Set: Colorectal Cancer Risk – Personal History of Colon Cancer or Polyp.]

7.2.1 Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

7.2.2. Consults and Referrals

[Begin Consults and Referrals.]

[Technical Note: This section should be available for all patients.]

Referral gastroenterology evaluate for colonoscopy and treatment (routine)

[End Consults and Referrals.]

7.2.3. Patient and Caregiver Education

[Begin Patient and Caregiver Education.]

[Technical Note: This section should be available for all patients.]

Colorectal cancer surveillance education (routine)

Bowel prep for colonoscopy education (routine)

[End Patient and Caregiver Education.]

[End Order Set: Gastroenterology: Colorectal Cancer Risk – Personal History of Colon Cancer or Polyp.]

7.3. Order Set: Colorectal Cancer Risk – Inflammatory Bowel Disease

[Begin Order Set: Colorectal Cancer Risk – Inflammatory Bowel Disease.]

7.3.1. Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

7.3.2. Consults and Referrals

[Begin Consults and Referrals.]

[Technical Note: This section should be available for all patients.]

Referral gastroenterology evaluate for colonoscopy and treatment (routine)

[End Consults and Referrals.]

7.3.3. Patient and Caregiver Education

[Begin Patient and Caregiver Education.]

[Technical Note: This section should be available for all patients.]

Colonoscopy education (routine)

Bowel prep for colonoscopy education (routine)

[End Patient and Caregiver Education.]

[End Order Set: Colorectal Cancer Risk – Inflammatory Bowel Disease.]

7.4. Order Set: Colorectal Cancer Risk – Other Issues

[Begin Order Set: Colorectal Cancer Risk – Other Issues.]

7.4.1. Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

7.4.2. Consults and Referrals

[Begin Consults and Referrals.]

[Technical Note: This section should be available for all patients.]

Referral gastroenterology evaluate for colonoscopy and treatment (routine)

[End Consults and Referrals.]

7.4.3. Patient and Caregiver Education

[Begin Patient and Caregiver Education.]

[Technical Note: This section should be available for all patients.]

Colonoscopy education (routine)

Bowel prep for colonoscopy education (routine)

[End Patient and Caregiver Education.]

[End Order Set: Colorectal Cancer Risk – Other Issues.]

[End Surveillance Order Sets: Colorectal Risk.]

Bibliography/Evidence

- FM Giardiello, JI Allen, and JE et al Axilbund. "Guidelines on genetic evaluation and management of Lynch syndrome: a consensus statement by the US Multi-Society Task Force on colorectal cancer". *Am J Gastroenterol*. August 2014. 109. 8. 1159-79.
- DA Johnson, AN Barkun, and LB et al Cohen. "US Multi-Society Task Force on Colorectal Cancer. Optimizing adequacy of bowel cleansing for colonoscopy: recommendations from the US multi-society task force on colorectal cancer". *Gastroenterology*. 2014. 147. 4. 903-924.
- B Levin, DA Lieberman, and B et al McFarland. "American Cancer Society Colorectal Cancer Advisory Group; US Multi-Society Task Force; American College of Radiology Colon Cancer Committee. Screening and surveillance for the early detection of colorectal cancer and adenomatous polyps, 2008: a joint guideline from the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology". *CA Cancer J Clin*. 2008. 58. 3. 130-160.
- DA Lieberman, DK Rex, SJ Winawer, FM Giardiello, DA Johnson, and TR Levin. "Guidelines for colonoscopy surveillance after screening and polypectomy: a consensus update by the US Multi-Society Task Force on Colorectal Cancer". *Gastroenterology*. 2012. 143. 3. 844-857.
- "National Center for Health Promotion and Disease Prevention. Get Recommended Screening Tests and Immunizations for Men". *National Center for Health Promotion and Disease Prevention website*. Accessed August 25, 2017. https://www.prevention.va.gov/Healthy_Living/Get_Recommended_Screening_Tests_and_Immunizations_for_Men.asp.
- "National Center for Health Promotion and Disease Prevention. Get Recommended Screening Tests and Immunizations for Women". *National Center for Health Promotion and Disease Prevention website*. . Accessed August 25, 2017. https://www.prevention.va.gov/Healthy_Living/Get_Recommended_Screening_Tests_and_Immunizations_for_Women.asp.
- DK Rex, CR Boland, and JA et al Dominitz. "Colorectal cancer screening: recommendations for physicians and patients from the U.S. Multi-Society Task Force on Colorectal Cancer". *Gastroenterology*. 2017. 153. 1. 307-323.
- A Shaukat, SJ Mongin, and MS et al Geisser. "Long-term mortality after screening for colorectal cancer". *N Engl J Med*. 2013. 369. 12. 1106-1114.
- U.S. Department of Veterans Affairs. *Colorectal cancer screening/surveillance (CRCS/S): reminder system*. Jason Dominitz, MD, email communication, November 2, 2017. PowerPoint. CRCS-S CR F2F 20171018 KGALPIN.pptx.
- "U.S. Preventive Services Task Force. Final Recommendation Statement: Colorectal Cancer". *U.S. Preventive Services Task Force website*. Reviewed June 2016. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/colorectal-cancer-screening2>.

```

----- Begin: 691 CRS NEEDS SURV COLONOSCOPY (FI(34)=RT(636)) -----
      Finding Type: REMINDER TERM
      Use in Resolution Logic: OR
      Beginning Date/Time: T-10Y
      Found Text: Colorectal Screening reminder is turned
                  off.Pt's 'surveillance' reminder has been
                  turned on
Appendix A. Existing Sample VA
Artifacts
      Mapped Findings: HF.CRS-NEEDS COLONOSCOPY IN 3YRS
      Health Factor Category: COLON CA-SCREENING HF

```

```

      Mapped Findings: HF.CRS-NEEDS COLONOSCOPY IN 1YR
      Health Factor Category: COLON CA-SCREENING HF

```

```

      Mapped Findings: HF.CRS-NEEDS COLONOSCOPY IN 2YRS
      Health Factor Category: COLON CA-SCREENING HF

```

```

      Mapped Findings: HF.CRS-NEEDS COLONOSCOPY IN 5YRS
      Health Factor Category: COLON CA-SCREENING HF

```

```

----- End: 691 CRS NEEDS SURV COLONOSCOPY -----

```

Function Findings:

```

----- Begin: FF(1)-----
      Function String: MRD(29)>MRD(5,12,34,14,11,30,2)
      Expanded Function String:
      MRD(691 CRS DECLINED)>MRD(691 CRS COLONOSCOPY PREV DONE,
      691 CRS GI CONSULT PENDING,691 CRS NEEDS SURV COLONOSCOPY,
      691 CRS OCCULT BLOOD TEST ORDERS,691 CRS SCREENING DONE,
      691 TR CRS FLEXSIG/SIGMOID/BARIUM/V.COLO PREV DONE,
      691 TR CRS RESOLVING HFs)
      Match Frequency/Age: 6 months for all ages
      Rank Frequency: 5
      Found Text: Patient previously declined, freq changed to
                  q6 months
----- End: FF(1) -----

```

```

----- Begin: FF(2)-----
      Function String: MRD(1)>MRD(4)
      Expanded Function String:
      MRD(VA-PROGRESS NOTE)>MRD(XYZ 691 CSP 577 CONFIRM - CRS RE-ENABLE)
      Match Frequency/Age: 10 years for all ages
      Use in Resolution Logic: OR
----- End: FF(2) -----

```

Default PATIENT COHORT LOGIC to see if the Reminder applies to a patient:
(SEX)&(AGE)&'FI(3)

Expanded Patient Cohort Logic:
(SEX)&(AGE)&'FI(691 CRS EXCLUSION-HX OF CA)

Customized RESOLUTION LOGIC defines findings that resolve the Reminder:
FI(8)!FI(5)!FI(14)!FI(30)!FI(2)!(FI(1)&FF(2))

Expanded Resolution Logic:
FI(FIT)!FI(691 CRS COLONOSCOPY PREV DONE)!
FI(691 CRS OCCULT BLOOD TEST ORDERS)!
FI(691 TR CRS FLEXSIG/SIGMOID/BARIUM/V.COLO PREV DONE)!
FI(691 TR CRS RESOLVING HFs)!(FI(VA-PROGRESS NOTE)&FF(2))

Figures 2-4 for the GI Colorectal Cancer Risk – Personal history of colon cancer or polyp – Order Sets are from the Portland VAMC

Figure A.2. GI Colonoscopy Request Menu

The screenshot shows a software window titled "GI Colonoscopy Request Menu" with a "Done" button in the top right corner. The window contains the following text:

- + Select indication for colonoscopy from list below
- + All SCREENING COLONOSCOPIES are OUTSOURCED to community practitioners
- SYMPTOMATIC PATIENTS:**
 - << Rectal bleeding / FOBT + / FIT + >>
 - << Iron deficiency anemia >>
 - << Other issues or symptoms >> (describe in consult order)
- CASE FINDING (above avg risk patients):**
 - << Personal history of colon cancer >>
 - << History of adenomatous polyp >>
 - << Family history of colon cancer or polyp... >>
 - << Inflammatory bowel disease surveillance >>
- SCREENING (avg risk patients):**
 - << Fecal immunochemical test (FIT) >> (Annual FIT is preferred screening method)
 - << Screening colonoscopy >> (criteria and referral information below)
 - All SCREENING STUDIES will be OUTSOURCED to community GI
 - No active GI complaints. Age > 55.
 - No diarrhea / abdominal pain / weight loss / change in bowel habits
 - No prior history of polyps / no family history of polyps or cancer

Figure A.3. Reason for Request: GI Clinic – Colonoscopy Outpt

Reason for Request: GI Clinic - Colonoscopy Outpt

Consult requested: GI - Colonoscopy
Primary Diagnosis: Personal history of colon cancer.
Additional symptoms: * ☐ Yes ☒ No
(If yes, give details below)

1) Year of colon surgery: *

2) Last colonoscopy performed at a VA: *

☐ YES. Last colonoscopy performed at Portland VA.
☐ YES. Last colonoscopy performed at other VA facility. (Vista Web)
☐ NO. Colonoscopy results and pathology reports scanned into Vista Imaging.
☐ NO. Colonoscopy results and pathology reports faxed to GI at 503-402-2808.

3) Family history of colon ca: * ☐ Yes ☒ No

4) Contraindications to study: * ☐ Yes ☒ No (If yes, give details below)

5) Patient on Coumadin: * ☐ Yes ☒ No

6) Is patient on plavix: *

☐ N/A. PATIENT IS NOT ON PLAVIX.
☐ Yes. Patient can stop PLAVIX for 7 days. Patient can remain on ASA.
☐ NO. Patient must remain on PLAVIX.

7) Is patient on Dabigatran: *

☐ N/A. PATIENT IS NOT ON DABIGATRAN.
☐ Yes. Patient is on DABIGATRAN and can stop for 2 days. Patient can remain on ASA.
☐ NO. Patient must remain on DABIGATRAN.

Please enter any additional comments or information below:

No FERRITIN in the last 1Y No HCT in the last 1Y

* Indicates a Required Field Preview OK Cancel

Figure A.4. Order a Consult

The screenshot shows a software window titled "Order a Consult" with a standard Windows-style title bar (minimize, maximize, close buttons). The window is divided into several sections:

- Consult to Service/Specialty:** A list box containing "GI Clinic - Colonoscopy Outpt", which is selected and highlighted in blue.
- Urgency:** A dropdown menu set to "ROUTINE".
- Attention:** An empty dropdown menu.
- Clinically indicated date:** A text input field with a calendar icon (three dots).
- Patient will be seen as an:** Two radio buttons: "Inpatient" (unselected) and "Outpatient" (selected).
- Place of Consultation:** A dropdown menu set to "CONSULTANT'S CHOICE".
- Provisional Diagnosis:** A text input field with a "Lexicon" button to its right.
- Reason for Request:** A large text area containing the following text:
Consult requested: GI - Colonoscopy
Primary Diagnosis: Personal history of colon cancer.
Additional symptoms: Yes
test

1) Year of colon surgery: test
2) Last colonoscopy performed at a VA:
YES. Last colonoscopy performed at Portland VA.
3) Family history of colon ca: Yes
4) Contraindications to study: No
- Bottom Section:** A yellow-highlighted area containing the text "GI Clinic - Colonoscopy Outpt Cons CONSULTANT'S CHOICE". To the right of this area are two buttons: "Accept Order" and "Quit".

Figures 5-7 for the GI Colorectal Cancer Risk – Family history of colon cancer, colon cancer syndrome, or advanced adenoma – Order Sets are from the Portland VAMC

Figure A.5. Colonoscopy Screening for Family Hx

Colonoscopy Screening for Family Hx Done

Family history of colon cancer or adenomatous polyps:

Providers Note:
Place family history consult for patients that meet the following criteria. If patients does not meet the criteria below please refer to the Screening Colonoscopy consult.

1) CRC or adenomatous polyps in 1st degree relative less than 60 yrs of age, screen with colonoscopy at age 40 or 10yrs prior to age of relative.

2) Greater than or equal to two 1st degree relatives (mother, father, brother, sister) with colorectal cancer at any age, screen w/ colonoscopy at age 40 or 10yrs prior to age of relative.

NOTE: Need to confirm that 1st degree relative had "adenomatous polyps. 1st degree relatives with "hyperplastic polyps" does not place patient at a higher risk.

<< Order Consult - Screening due to Family Hx >>

Figure A.6. GI Clinic - Colonoscopy Outpt

Reason for Request: GI Clinic - Colonoscopy Outpt

Consult requested: GI - Colonoscopy
Primary Diagnosis: FAMILY HISTORY OF COLON CANCER OR ADENOMATOUS POLYPS.
Additional symptoms: * ☐ Yes ☒ No
(If yes, give details below)

1) I have read the GI Guidelines. * ☐ Yes ☒ No
2) List 1st degree relatives: *

Age of time of diagnosis: *

3) Contraindications to study: * ☐ Yes ☒ No (If yes, give details below)

4) Patient on Coumadin: * ☐ Yes ☒ No
5) Is patient on plavix:
*
☐ N/A. PATIENT IS NOT ON PLAVIX.
☐ Yes. Patient can stop PLAVIX for 7 days. Patient can remain on ASA.
☐ NO. Patient must remain on PLAVIX.
6) Is patient on Dabigatran:
*
☐ N/A. PATIENT IS NOT ON DABIGATRAN.
☐ Yes. Patient is on DABIGATRAN and can stop for 2 days. Patient can remain on ASA.
☐ NO. Patient must remain on DABIGATRAN.

Please enter any additional comments or information below:

No FERRITIN in the last 1Y No HCT in the last 1Y

* Indicates a Required Field Preview OK Cancel

Figure A.7. Order a Consult

The screenshot shows a software window titled "Order a Consult" with a close button (X) in the top right corner. The window is divided into several sections:

- Consult to Service/Specialty:** A list box containing "GI Clinic - Colonoscopy Outpt", which is currently selected and highlighted in blue.
- Urgency:** A dropdown menu set to "ROUTINE".
- Attention:** An empty dropdown menu.
- Clinically indicated date:** A text field with a calendar icon (three dots).
- Patient will be seen as an:** Two radio buttons: "Inpatient" (unselected) and "Outpatient" (selected).
- Place of Consultation:** A dropdown menu set to "CONSULTANT'S CHOICE".
- Provisional Diagnosis:** A text field with a "Lexicon" button to its right.
- Reason for Request:** A large text area containing the following text:
 - Consult requested: GI - Colonoscopy
 - Primary Diagnosis: FAMILY HISTORY OF COLON CANCER OR ADENOMATOUS POLYPS.
 - Additional symptoms: Yes
 - test
 - 1) I have read the GI Guidelines. Yes
 - 2) List 1st degree relatives: test
 - Age of time of diagnosis: tes
 - 3) Contraindications to study: No
- Bottom Section:** A yellow-highlighted area containing the text "GI Clinic - Colonoscopy Outpt Cons CONSULTANT'S CHOICE". To the right of this area are two buttons: "Accept Order" and "Quit".

Figures 8-9 for the GI Colorectal Cancer Risk – Inflammatory bowel disease – Order Sets are from the Portland VAMC

Figure A.8. GI Clinic - Colonoscopy Outpt

Reason for Request: GI Clinic - Colonoscopy Outpt

Consult requested: GI - Colonoscopy

Primary Diagnosis: INFLAMMATORY BOWEL DISEASE SURVEILLANCE

Primary Issue:

☒ Crohn's

☐ Ulcerative Colitis

Additional symptoms: * ☐ Yes ☒ No

(If yes, give details below)

1) Year diagnosed: *

2) Year of last colonoscopy: *

☐ YES. Last colonoscopy performed at Portland VA.

☐ YES. Last colonoscopy performed at other VA facility. (Vista Web)

☐ NO. Colonoscopy results and pathology reports scanned into Vista Imaging.

☐ NO. Colonoscopy results and pathology reports faxed to GI at 503-402-2808.

3) Current IBD medications listed on VA medication profile: * ☐ Yes ☒ No

IF NO, please list meds below:

4) Family history of colon ca: * ☐ Yes ☒ No

Please enter any additional comments or information below:

No FERRITIN in the last 1Y No HCT in the last 1Y

* Indicates a Required Field

Preview OK Cancel

Figure A.9. Order a Consult

The screenshot shows a software window titled "Order a Consult" with a standard Windows-style title bar (minimize, maximize, close buttons). The window is divided into several sections:

- Consult to Service/Specialty:** A list box containing "GI Clinic - Colonoscopy Outpt", which is currently selected and highlighted in blue.
- Urgency:** A dropdown menu set to "ROUTINE".
- Attention:** An empty dropdown menu.
- Clinically indicated date:** A text input field with a calendar icon (three dots) to its right.
- Patient will be seen as an:** Two radio buttons: "Inpatient" (unselected) and "Outpatient" (selected).
- Place of Consultation:** A dropdown menu set to "CONSULTANT'S CHOICE".
- Provisional Diagnosis:** A text input field with a "Lexicon" button to its right.
- Reason for Request:** A large text area containing the following text:
Consult requested: GI - Colonoscopy
Primary Diagnosis: INFLAMMATORY BOWEL DISEASE SURVEILLANCE
Primary Issue: Crohn's
Additional symptoms: No

1) Year diagnosed: 154
2) Year of last colonoscopy: 1q45v
YES. Last colonoscopy performed at Portland VA.
3) Current IBD medications listed on VA medication profile: Yes
- Summary:** A yellow-highlighted text box at the bottom left containing "GI Clinic - Colonoscopy Outpt Cons CONSULTANT'S CHOICE".
- Buttons:** "Accept Order" and "Quit" buttons are located at the bottom right.

Figures 10-11 for the GI Colorectal Cancer Risk – Iron deficiency – Order Sets are from the Portland VAMC

Figure A.10. Reason for Request: GI Clinic - Colonoscopy Outpt

Reason for Request: GI Clinic - Colonoscopy Outpt

Consult requested: GI - Colonoscopy
Primary Diagnosis: IRON DEFICIENCY ANEMIA
Additional symptoms: * ☐ Yes ☒ No
(If yes, give details below)

1) Contraindications to study: * ☐ Yes ☒ No (If yes, give details below)

2) Has patient had a previous colonoscopy?
*
☐ Patient HAS NOT HAD a previous colonoscopy.
☐ YES. Last colonoscopy performed at Portland VA.
☐ YES. Last colonoscopy performed at other VA facility. (Vista Web)
☐ YES. Colonoscopy results and pathology reports scanned into Vista Imaging.
☐ YES. Colonoscopy results and pathology reports faxed to GI at 503-402-2808.

3) Has patient had an EGD: *
☐ NO. Patient has not had a previous EGD.
☐ YES. Last EGD performed at Portland VA.
☐ YES. Last EGD performed at other VA facility. (Vista Web)
☐ YES. EGD results and pathology reports scanned into Vista Imaging.
☐ YES. EGD results and pathology reports faxed to GI at 503-402-2808.

4) Is patient on plavix:
*
☐ N/A. PATIENT IS NOT ON PLAVIX.
☐ Yes. Patient can stop PLAVIX for 7 days. Patient can remain on ASA.
☐ NO. Patient must remain on PLAVIX.

5) Patient on Coumadin: * ☐ Yes ☒ No

6) Is patient on Dabigatran:
*
☐ N/A. PATIENT IS NOT ON DABIGATRAN.
☐ Yes. Patient is on DABIGATRAN and can stop for 2 days. Patient can remain on ASA.
☐ NO. Patient must remain on DABIGATRAN.

Please enter any additional comments or information below:

* Indicates a Required Field Preview OK Cancel

Figure A.11. Order a Consult

The screenshot shows a software window titled "Order a Consult" with a close button in the top right corner. The window is divided into several sections:

- Consult to Service/Specialty:** A list box containing "GI Clinic - Colonoscopy Outpt", which is currently selected and highlighted in blue.
- Urgency:** A dropdown menu set to "ROUTINE".
- Attention:** An empty dropdown menu.
- Clinically indicated date:** A text field with a calendar icon (three dots) to its right.
- Patient will be seen as an:** Two radio buttons: "Inpatient" (unselected) and "Outpatient" (selected).
- Place of Consultation:** A dropdown menu set to "CONSULTANT'S CHOICE".
- Provisional Diagnosis:** A text field with a "Lexicon" button to its right.
- Reason for Request:** A large text area containing the following text:
Consult requested: GI - Colonoscopy
Primary Diagnosis: IRON DEFICIENCY ANEMIA
Additional symptoms: No

1) Contraindications to study: No

2) Has patient had a previous colonoscopy?
YES. Last colonoscopy performed at other VA facility. (Vista Web)
3) Has patient had an EGD: YES. Last EGD performed at Portland VA.
4) Is patient on plavix:

At the bottom of this section is a small list box containing "GI Clinic - Colonoscopy Outpt Cons CONSULTANT'S CHOICE".
- Buttons:** "Accept Order" and "Quit" buttons are located at the bottom right of the window.

Figures 12-13 for the GI Colorectal Cancer Risk – Rectal bleeding, or positive screening test– Order Sets are from the Portland VAMC

Figure A.12. GI Clinic - Colonoscopy Outpt

Reason for Request: GI Clinic - Colonoscopy Outpt

Consult requested: GI - Colonoscopy
Primary Diagnosis: RECTAL BLEEDING
Additional symptoms: * ☐ Yes ☒ No
(If yes, give details below)

1) Previous colonoscopy: * ☐ Yes ☒ No (If yes, please explain)

☐ YES. Last colonoscopy performed at Portland VA.
☐ YES. Last colonoscopy performed at other VA facility. (Vista Web)
☐ YES. Colonoscopy results and pathology reports scanned into Vista Imaging.
☐ YES. Colonoscopy results and pathology reports faxed to GI at 503-402-2808.

2) H/o polyps * ☐ Yes ☒ No - Pathology results:

3) Family history of colon ca: * ☐ Yes ☒ No

4) Contraindications to study: * ☐ Yes ☒ No (If yes, give details below)

5) Patient on Coumadin: * ☐ Yes ☒ No

6) Is patient on plavix:
*
☐ N/A. PATIENT IS NOT ON PLAVIX.
☐ Yes. Patient can stop PLAVIX for 7 days. Patient can remain on ASA.
☐ NO. Patient must remain on PLAVIX.

7) Is patient on Dabigatran:
*
☐ N/A. PATIENT IS NOT ON DABIGATRAN.
☐ Yes. Patient is on DABIGATRAN and can stop for 2 days. Patient can remain on ASA.
☐ NO. Patient must remain on DABIGATRAN.

Please enter any additional comments or information below:

No FERRITIN in the last 1Y No HCT in the last 1Y

* Indicates a Required Field Preview OK Cancel

Figure A.13. Order a Consult

Order a Consult

Consult to Service/Specialty
GI Clinic - Colonoscopy Outpt
GI Clinic - Colonoscopy Outpt

Urgency
ROUTINE

Attention

Clinically indicated date:

Patient will be seen as an:
☐ Inpatient ☒ Outpatient

Place of Consultation
CONSULTANT'S CHOICE

Provisional Diagnosis

Lexicon

Reason for Request

Consult requested: GI - Colonoscopy
Primary Diagnosis: RECTAL BLEEDING
Additional symptoms: No

1) Previous colonoscopy: Yes
YES. Last colonoscopy performed at other VA facility. (Vista Web)

2) H/o polyps No - Pathology results:
3) Family history of colon ca: Yes
4) Contraindications to study: No

GI Clinic - Colonoscopy Outpt Cons CONSULTANT'S CHOICE

Accept Order Quit

Figures 14-16 for the GI Colorectal Cancer Risk – Other Issues– Order Sets are from the Portland VAMC

Figure A.14. Reason for Request: GI Clinic - Colonoscopy Output

The screenshot shows a web form titled "Reason for Request: GI Clinic - Colonoscopy Outpt". The form contains the following fields and options:

- Consult requested: GI - Colonoscopy
- Primary Diagnosis: OTHER - *
- Additional symptoms: *☐ Yes ☐ No
(If yes, give details below)
- 1) Abnormal imaging study: *☐ Yes ☐ No (If yes, give details below)
- 2) Contraindications to study: *☐ Yes ☐ No (If yes, give details below)
- 3) Patient on Coumadin: *☐ Yes ☐ No
- 4) Last colonoscopy performed at a VA:
*
☐ Patient HAS NOT HAD a previous colonoscopy.
☐ YES. Last colonoscopy performed at Portland VA.
☐ YES. Last colonoscopy performed at other VA facility. (Vista Web)
☐ NO. Colonoscopy results and pathology reports scanned into Vista Imaging.
☐ NO. Colonoscopy results and pathology reports faxed to GI at 503-402-2808.
- 5) Patient on Coumadin: *☐ Yes ☐ No
- 6) Is patient on plavix:
*
☐ N/A. PATIENT IS NOT ON PLAVIX.
☐ Yes. Patient can stop PLAVIX for 7 days. Patient can remain on ASA.
☐ NO. Patient must remain on PLAVIX.
- 7) Is patient on Dabigatran:
*
☐ N/A. PATIENT IS NOT ON DABIGATRAN.
☐ Yes. Patient is on DABIGATRAN and can stop for 2 days. Patient can remain on ASA.
☐ NO. Patient must remain on DABIGATRAN.
- Please enter any additional comments or information below:

At the bottom of the form, there is a legend: "* Indicates a Required Field". To the right of the legend are three buttons: "Preview", "OK", and "Cancel".

Figure A.15. Reason for Request GI Clinic - Colonoscopy Output

Reason for Request: GI Clinic - Colonoscopy Outpt

Consult requested: GI - Colonoscopy

Primary Diagnosis: OTHER - *

test

Additional symptoms: * ☐ Yes ☒ No

(If yes, give details below)

1) Abnormal imaging study: * ☐ Yes ☒ No (If yes, give details below)

2) Contraindications to study: * ☐ Yes ☒ No (If yes, give details below)

3) Patient on Coumadin: * ☐ Yes ☒ No

4) Last colonoscopy performed at a VA:

- ☐ Patient HAS NOT HAD a previous colonoscopy.
- ☒ YES. Last colonoscopy performed at Portland VA.
- ☐ YES. Last colonoscopy performed at other VA facility. (Vista Web)
- ☐ NO. Colonoscopy results and pathology reports scanned into Vista Imaging.
- ☐ NO. Colonoscopy results and pathology reports faxed to GI at 503-402-2808.

5) Patient on Coumadin: * ☒ Yes ☐ No

6) Is patient on plavix:

- ☐ N/A. PATIENT IS NOT ON PLAVIX.
- ☒ Yes. Patient can stop PLAVIX for 7 days. Patient can remain on ASA.
- ☐ NO. Patient must remain on PLAVIX.

7) Is patient on Dabigatran:

- ☐ N/A. PATIENT IS NOT ON DABIGATRAN.
- ☒ Yes. Patient is on DABIGATRAN and can stop for 2 days. Patient can remain on ASA.
- ☐ NO. Patient must remain on DABIGATRAN.

Please enter any additional comments or information below:

No FERRITIN in the last 1Y No HCT in the last 1Y

* Indicates a Required Field

Preview OK Cancel

Figure A.16. Order a Consult

The screenshot shows a software window titled "Order a Consult" with a standard Windows-style title bar (minimize, maximize, close buttons). The window is divided into several sections:

- Consult to Service/Specialty:** A list box containing "GI Clinic - Colonoscopy Outpt", which is currently selected and highlighted in blue.
- Urgency:** A dropdown menu set to "ROUTINE".
- Attention:** An empty dropdown menu.
- Clinically indicated date:** A text input field with a calendar icon (three dots) to its right.
- Patient will be seen as an:** Two radio buttons: "Inpatient" (unselected) and "Outpatient" (selected).
- Place of Consultation:** A dropdown menu set to "CONSULTANT'S CHOICE".
- Provisional Diagnosis:** A text input field with a "Lexicon" button to its right.
- Reason for Request:** A large text area containing the following text:
Consult requested: GI - Colonoscopy
Primary Diagnosis: OTHER - test
Additional symptoms: No

1) Abnormal imaging study: No
2) Contraindications to study: No
3) Patient on Coumadin: No
4) Last colonoscopy performed at a VA:
YES. Last colonoscopy performed at Portland VA.
- Bottom Section:** A text field containing "GI Clinic - Colonoscopy Outpt Cons CONSULTANT'S CHOICE", followed by "Accept Order" and "Quit" buttons.

Figures 17-21 for the GI Colorectal Cancer Risk – Average risk screening– Order Sets are from the Portland VAMC

Figure A.17. GI Colonoscopy Request Menu

The screenshot shows a software window titled "GI Colonoscopy Request Menu" with a "Done" button in the top right corner. The window contains the following text:

+ Select indication for colonoscopy from list below
+ All SCREENING COLONOSCOPIES are OUTSOURCED to community practitioners

SYMPTOMATIC PATIENTS:
[<< Rectal bleeding / FOBT + / FIT +>>](#)

<< Iron deficiency anemia >>

[<< Other issues or symptoms >> \(describe in consult order\)](#)

CASE FINDING (above avg risk patients):
<< Personal history of colon cancer >>

<< History of adenomatous polyp >>

<< Family history of colon cancer or polyp... >>

<< Inflammatory bowel disease surveillance >>

SCREENING (avg risk patients):
[<< Fecal immunochemical test \(FIT\)>> \(Annual FIT is preferred screening method\)](#)

<< Screening colonoscopy >> (criteria and referral information below)
All SCREENING STUDIES will be OUTSOURCED to community GI
No active GI complaints. Age > 55.
No diarrhea / abdominal pain / weight loss / change in bowel habits
No prior history of polyps / no family history of polyps or cancer

Figure A.18. Template CHOICE-FIRST screening colonoscopy

Template: CHOICE-FIRST SCREENING COLONOSCOPY

☐ (Click to activate)

Justification for Non VA Care:
*VA facility does not provide the required service

Type of Service: *Diagnostic
(If diagnostic or treatment option is selected a procedure entry is required)
Screening colonoscopy by community GI practitioner

Chief Complaint: Screening - average risk patient

Patient History / Clinical Findings / Diagnosis (Co-Morbidities):
(Include Relevant Dx Test and Treatment to Date)
*

Third Party Liability: (Examples: Motor Vehicle Accident, Work Related Injury, Other)
☒ No ☐ Yes

I ACKNOWLEDGE THAT PATIENT WILL BE REFERRED TO CHOICE
FOR SCREENING COLONOSCOPY. *☐ Yes

Positive Hemoccult: ☐ Yes ☒ No

Frank Bleeding: ☐ Yes ☒ No

Decreased Hct/Hgb: ☐ Yes ☒ No

Family Hx of Colon CA? ☐ Yes ☒ No ☐ Unknown If YES, specify:

Hx of Colon Polyps? ☐ Yes ☒ No ☐ Unknown If YES, specify:

Hx of Abdominal Surgery? ☐ Yes ☒ No If YES, specify:

I have read the GI Guidelines. *☒ Yes ☐ No

All None * Indicates a Required Field Preview OK Cancel

Figure A.19. CHOICE-FIRST screening colonoscopy

Template: CHOICE-FIRST SCREENING COLONOSCOPY

I have read the GI Guidelines. * ☒ Yes ☐ No

I have discussed with the patient options for colon cancer screen and the patient has agreed to a colon cancer screening: * ☒ Yes ☐ No

I have verified that the patient has a responsible adult to bring them to and from their colonoscopy appointment: * ☒ Yes ☐ No

Patient may be contacted regarding CONFIRM study: * ☒ Yes ☐ No
(IF NO, PLEASE EXPLAIN)

Is patient on Coumadin?: * ☒ Yes ☐ No

Is patient on Plavix?: *

☒ N/A. PATIENT IS NOT ON PLAVIX.
☐ Yes. Patient can stop PLAVIX for 7 days. Patient can remain on ASA.
☐ NO. Patient must remain on PLAVIX.

Is patient on Dabigatran?: *

☒ N/A. PATIENT IS NOT ON DABIGATRAN.
☐ Yes. Patient is on DABIGATRAN and can stop for 2 days. Patient can remain on ASA.
☐ NO. Patient must remain on DABIGATRAN.

Allergies and medication:

LATEX, INSULIN, PEANUTS, SOY, CIPROFLOXACIN, ASPIRIN, MILK, BEE VENOM
LOBSTER, STRAWBERRIES, BEE STINGS, CATGUT, SOAPS, AMINO ACIDS, CEPHALEXIN
MORPHINE, ERYTHROMYCIN, MONOSODIUM GLUTAMATE, ALBUMIN, HEPARIN
RADIOLOGICAL/CONTRAST MEDIA, SULFA DRUGS, LISINOPRIL, MARSHMALLOW, FISH
CLINDAMYCIN, APAP WITH CODEINE, ATROVENT, ATROVENT HFA, GINSENG, PAMIDRONATE
GLUTENS, SCALLOPS, SQUASH, GOLDENROD, CATSUP, CASHEWS, EPINEPHRINE
DUST MITES, ASPIRIN RELATED MEDICATIONS

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
All	None

* Indicates a Required Field

Preview OK Cancel

Figure A.20. CHOICE-FIRST screening colonoscopy

Template: CHOICE-FIRST SCREENING COLONOSCOPY

MORPHINE, ERYTHROMYCIN, MONOSODIUM GLUTAMATE, ALBUMIN, HEPARIN
RADIOLOGICAL/CONTRAST MEDIA, SULFA DRUGS, LISINOPRIL, MARSHMALLOWS, FISH
CLINDAMYCIN, APAP WITH CODEINE, ATROVENT, ATROVENT HFA, GINSENG, PAMIDRONATE
GLUTENS, SCALLOPS, SQUASH, GOLDENROD, CATSUP, CASHEWS, EPINEPHRINE
DUST MITES, ASPIRIN RELATED MEDICATIONS

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ACETAMINOPHEN 325MG TAB TAKE ONE TABLET BY MOUTH EVERY 4 TO 6 HOURS AS NEEDED *PATIENTS WITHOUT LIVER DISEASE, MAXIMUM DOSE IS 4000 MG/DAY OF ACETAMINOPHEN.	ACTIVE (S)
2) NICOTINE 4MG GUM CHEW 1 PIECE IN MOUTH EVERY HOUR AS NEEDED AS DIRECTED ON PACKAGE. CHEW SLOWLY UNTIL TINGLE FELT, THEN PARK BETWEEN CHEEK AND GUM. WHEN TINGLE FADES, REPEAT UNTIL TINGLE GONE. DO NOT USE MORE THAN 24 PIECES/DAY. FOR BREAKTHROUGH CRAVINGS.	ACTIVE (S)

Active Non-VA Medications	Status
1) Non-VA ASPIRIN 81MG (BABY CHEWABLE) 81MG MOUTH EVERY DAY	ACTIVE
2) Non-VA BARRIER, OSTOMY, NEW IMAGE H#15603 BARRIER ITEM AS NEEDED	ACTIVE
3) Non-VA FLUTICASONE/SALMETEROL INHL, ORAL BY MOUTH TWICE A DAY	ACTIVE
4) Non-VA HYDROPHILIC (EQV AQUAPHOR) TOP OINT THIN FILM TOPICALLY TO AFFECTED AREA AT NOON AS NEEDED	ACTIVE
5) Non-VA LISINOPRIL 20MG TAB 20MG MOUTH EVERY DAY	ACTIVE

7 Total Medications

No FERRITIN in the last 1Y No HCT in the last 1Y

Please enter any additional comments or information below:

All None * Indicates a Required Field Preview OK Cancel

Figure A.21. Order a Consult

The screenshot shows a software window titled "Order a Consult" with a standard Windows-style title bar (minimize, maximize, close buttons). The window is divided into several sections:

- Consult to Service/Specialty:** A list box containing "CHOICE-FIRST SCREENING COLONOSCOPY", which is currently selected and highlighted in blue.
- Urgency:** A dropdown menu set to "ROUTINE".
- Attention:** An empty dropdown menu.
- Clinically indicated date:** A text input field with a calendar icon (three dots) to its right.
- Patient will be seen as an:** Two radio buttons: "Inpatient" (unselected) and "Outpatient" (selected).
- Place of Consultation:** A dropdown menu set to "CONSULTANT'S CHOICE".
- Provisional Diagnosis:** A text input field with a "Lexicon" button to its right.
- Reason for Request:** A large text area containing the following text:
 - Justification for Non VA Care:
VA facility does not provide the required service
 - Type of Service: Diagnostic
 - Screening colonoscopy by community GI practitioner
 - Chief Complaint: Screening - average risk patient
 - Patient History / Clinical Findings / Diagnosis (Co-Morbidities):
- Summary:** A yellow-highlighted area at the bottom containing the text "CHOICE-FIRST SCREENING COLONOSCOPY Cons CONSULTANT'S CHOICE".
- Buttons:** "Accept Order" and "Quit" buttons are located at the bottom right.

Figure 22 is for the GI Colorectal Cancer Risk – Fecal Immunochemical Test (FIT)– Order Sets are from the Portland VAMC

Figure A.22. Order a Lab Test

The screenshot shows a software window titled "Order a Lab Test". On the left, a list of "Available Lab Tests" includes "COLON CANCER IMMUNOLOGIC SCREEN (FIT)". The right side of the window is titled "COLON CANCER IMMUNOLOGIC SCREEN (FIT)" and contains several dropdown menus: "Collect Sample" (STOOL, RANDO), "Specimen" (FECES), and "Urgency" (ROUTINE). Below these are fields for "Collection Type" (Send Patient to Lab), "Collection Date/Time" (TODAY), "How Often?" (ONE TIME), and "How Long?". At the bottom, there is a yellow information box with an "i" icon containing the text: "TEST METHOD IS IA", "**USE OC-Auto Personal Use Kit for FIT FOBT**", and "No special drug or dietary restriction. This test is intended". To the right of this box are "Accept Order" and "Quit" buttons.

TEST METHOD IS IA **USE OC-Auto Personal Use Kit for FIT FOBT** No special drug or dietary restriction. This test is intended only for the detection of hemoglobin in feces. Patients with the following conditions should not be considered for testing, as these conditions may interfere with test results: Bleeding hemorrhoids Menstrual bleeding Constipation bleeding Urinary bleeding Once the bleeding has ceased, collection may occur and testing can be performed. Testing will be routinely performed Monday through Friday 8am to 3:30 pm. If fecal occult blood testing is needed outside of these hours, submit guaiac occult blood card or send fresh

Appendix B. Acronyms/Abbreviations

CCWP	Clinical Content White Paper
CCWP	Clinical Content White Paper
CDS	Clinical Decision Support
CT	Computed Tomography
DNA	Deoxyribonucleic Acid
ECA	Event Condition Action
FIT	Fecal Immunochemical Test
GI	Gastroenterology
HL7	Health Level 7
IBD	Inflammatory Bowel Disease
KBS	Knowledge Based Systems
KNART	Knowledge Artifact
OIIG	Office of Informatics and Information Governance
PCP	Primary Care Provider
SME	Subject Matter Expert
TO	Task Order
VA	Department of Veterans Affairs
VAMC	VA Medical Center