

CBE 3510: Screening/Surveillance Colonoscopy Episode-Based Cost Measure
Logic Model (Section 2.1)
Spring 2026 Maintenance of Endorsement

Inputs	Activities	Outputs	Outcomes	Impacts
Data & Claims Medicare Parts A/B claims, standardized payment amounts Quality Improvement Resources QPP website (measure specifications, performance feedback), clinical guidelines CMS/QPP Processes Annual measure maintenance, measure calculation, technical assistance	Pre-Procedure Bowel preparation optimization (patient education, appropriate regimen) Intra-Procedure Appropriate polypectomy, anticoagulation risk management Post-Procedure Protocol-based discharge instructions Practice-Level QI Review MIPS feedback, implement QI activities	Measure Score Observed (O) and risk-adjusted (E) episode costs, clinician and group O/E ratio and dollar value score, MIPS achievement points and final score Feedback MIPS feedback reports, supplemental cost reports, and patient-level data reports	Short-Term (1-5 years) Entities implement targeted practice changes to improve cost efficiency (measure focus) and quality actions that drive cost (e.g., adequate bowel prep) Long-Term (5+ years) Overall improvements in delivery of efficient, high-value colonoscopy, sustained improvement on quality actions that drive cost	Reduced Unnecessary Medicare Expenditures Decreased costs due to reduced occurrence of preventable repeat procedure and avoidable complications Population Health Contribution Support detection of colorectal cancer and precancerous lesions, reducing morbidity and mortality
Feedback Mechanisms				
<p align="center">Loop 1: Clinician/Group Performance Feedback</p> <p align="center">CMS produces measure scores and feedback, clinicians and groups review and implement changes, changes are reflected in future scores and feedback</p> <p align="center">Loop 2: Input on/Maintenance of Specifications</p> <p align="center">CMS/developer conduct annual maintenance and monitoring review, CMS/developer publish updated specifications and scoring decisions, interested parties can review and submit feedback ; similar loop exists for comprehensive reevaluation</p>				
Assumptions				
<p align="center">Value-Based Payment Programs</p> <p align="center">Program and payment incentives lead to performance improvement efforts</p> <p align="center">Data & Claims</p> <p align="center">Standardized payment amounts reflect relative resource use, claims accurately capture information for measure calculation</p>				
External Factors				
<p align="center">Clinical Practice & Guidelines</p> <p align="center">Colonoscopy guidelines changes, adoption of new colorectal cancer screening tests</p> <p align="center">Medicare Payment and Other Policies</p> <p align="center">Impact of public health emergencies, changes to payment policy or coding/billing requirements</p>				