Quality In Colonoscopy: Why Should I Care?

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Quality Matters in Endoscopy...
Quality Matters in Everything…

Low Quality Driving in New York…
Always Aim for a High Quality Experience…

The Public Eye….

“Colonoscopies Miss Many Cancers, Study Finds”

For many years doctors and patients thought colonoscopies, the popular screening test for colorectal cancer, were all but infallible. Have a colonoscopy, get any precancerous polyps removed, and you should almost never get colon cancer. And now a Canadian study, published Tuesday in journal Annals, found the test much less accurate than anyone expected.

Why Care About Quality?

- Clinical desire to improve quality
- Requests by external groups
  - Government
  - Insurance companies
  - Community
- Financial incentives and disincentives
  - Pay for performance (P4P)

Quality and Regulatory Bodies

Physician Compare Website
  - By Jan 2013
  - CMS must develop plan for publishing quality measures on website including publishing PQRS participation
Quality and Regulatory Bodies

- Beginning in 2014, physicians will be able to report via registries to adhere to PQRS (Physician Quality Reporting System) and other federal quality programs

Quality Data Reporting: Money and Target Dates

Jan 2015

- Medicare reimbursement reduced by 1.5% for those providers not participating in PQRS
- 2% cut looming in 2016 and 2017
- Significant revenue implications for practices
Quality Data Reporting: Money and Target Dates

Jan 2015
- 1% cut for those not participating in meaningful use reporting
- 2016 and beyond: 3% cut
- MU has a quality measurement component

Quality Data Reporting: Why Should I Care?

Beginning in 2013
- Gastroenterologists participating in BCBS North Carolina required to submit quality data from a GI specialty registry in order to be in the network for one of their largest clients (120,000 covered lives)
- Initial participation in some measures will be allowed
- One year “ramp up” to full participation

Personal communication from Dr. Genie Komvies, VP, Sr. Medical Director BCBS N.C. to Irving Pike, MD
Quality vs. Quantity

- Increase volume in response to decreased reimbursement
- Production pressure can adversely impact outcomes
- Be flexible in scheduling
- Document quality and benchmark

Cohen, L. Production Pressure in Endoscopy: Balancing Quantity and Quality
Gastroenterology 2008;135:1842-1844

Benchmarking

- Present participle of *benchmark* (verb)
- As a verb:
  - Evaluate or check (something) by comparison with a standard
    - "We are benchmarking our performance against external criteria"
  - Evaluate or check something in this way:
    - "We continue to benchmark against the competition"
Hawthorne Effect

- The tendency of some people to work harder and perform better when they are participants in an experiment.
- Individuals may change their behavior due to the attention they are receiving rather than because of any manipulation of independent variables.

...Simply measuring quality improves quality.....
### Measuring Quality: Impact of Video Recording Colonoscopists

<table>
<thead>
<tr>
<th></th>
<th>Pre-awareness Score Mean (SD)</th>
<th>Post-awareness Score Mean (SD)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall quality index (1-5)</td>
<td>2.9 (0.9)</td>
<td>3.8 (0.9)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Fold examination (1-5)</td>
<td>2.5 (1.0)</td>
<td>3.5 (0.8)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Luminal distention (1-5)</td>
<td>3.4 (1.0)</td>
<td>4.2 (0.7)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Clean-up (1-5)</td>
<td>3.0 (0.8)</td>
<td>3.9 (0.7)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Adequacy of inspection (1-5)</td>
<td>2.6 (1.0)</td>
<td>3.7 (0.8)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Measured inspection time (min)</td>
<td>4.9 (2.2)</td>
<td>7.3 (1.8)</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>


### Measuring Quality in Gastrointestinal Endoscopy

[Image of The American Journal of Gastroenterology and GIE Magazine]

ACG Regional Postgraduate Course - Los Angeles, CA
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ACG-ASGE
Joint Task Force for Developing
Quality Indicators for
Gastrointestinal Endoscopy

- Quality Indicators for Gastrointestinal Endoscopic Procedures: An introduction
- Quality Indicators for EGD
- Quality Indicators for Colonoscopy
- Quality Indicators for ERCP
- Quality Indicators for EUS

ACG-ASGE National Benchmarking Group for Quality in Endoscopy

- New York University
- MUSC
- Rockford Gastroenterology
- Gastroenterology Associates, Knoxville, Tenn.
- Medical Center Endoscopy, LLP Houston, Tx.
- Digestive Health Assoc, Charlotte, N.C.
- OHSU
- Physicians Endoscopy
- Greater Cincinnati Gastro Assoc
- Gastrointestinal and Liver Specialists of Tidewater, PLLC, SE Va.
- Digestive Health Specialists, Tacoma, Wa.
- Gastroenterology Assoc. of North Texas
- Sentara Health Care
- Gmed
- GI Pathology
- Olympus of America
- ProVation Medical
- CORI
- EndoSoft
Colonoscopy Quality Indicators: Cecal Intubation Rates

Percentage of patients with either the ileocecal valve, appendiceal orifice, or terminal ileum photographed.

Target = 95%

- All Procedures: 95%
- Cancer Screening: 96%
- Surveillance: 95%
- Diagnostic: 94%

n=14,526
Cecal Intubation Rate

Colonoscopy Quality Indicators:
Adenoma Detection Rate

Percentage of patients age 50 years or older with adenomas identified & documented

Female = 1,045
Male = 650
Adenoma Detection Rate for Women 50 Years and Older

Overall detection rate 23%
Range 6%–48%

AGA Digestive Health Outcomes Registry

The AGA Registry has been designed to include direct submission from electronic medical records (EMR). The AGA Registry offers a unique opportunity for clinics to capture patient outcomes from diagnostic and therapeutic procedures in a comprehensive, validated format. With the AGA Registry, you can document and report outcomes on GI procedures to the AGA, the medical community, and the public. The AGA Registry is easy to use, secure, and free. It allows you to capture outcomes from all types of GI procedures, from routine screening to complex procedures like endoscopy and surgery. The AGA Registry is a valuable tool for improving patient care and tracking outcomes. It is available to all AGA members, and non-members are encouraged to use it as well. To learn more about the AGA Registry, visit www.agaregistry.org.
Digestive Health Outcomes Registry

- Sampling of cases
- Measures for
  - Colorectal cancer prevention data
    - (Six measures with additional data fields)
  - Hepatitis C
  - IBD
- Electronic data entry possible
  - Users of gMed version 4
  - Others via interfacing with FIGMD at additional cost

Digestive Health Outcomes Registry
Colon Cancer Prevention Data

- Documentation of CRC risk assessment prior to procedure
- % patients with appropriate follow-up interval based on post-procedure CRC risk assessment
- % of patients receiving a colonoscopy with ASA Class 1 or 2 where an anesthesia professional was used
Digestive Health Outcomes Registry
Colon Cancer Prevention Data

- % of colonoscopy patients with an adverse event within 2 days of the procedure
- % patients who received a complete colonoscopy (i.e. cecal intubation and all polyps removed)
- Adenoma detection rate

GIQuIC:
GI Quality Improvement Consortium

- 501(c)3 status letter received [GI Quality Improvement Consortium, Ltd (GIQuIC)]
  - Partnership of the ASGE and ACG

- Data validated by audit

- Registry housed with Outcome Sciences
  www.giquic.org
GIQuIC

- Direct endowriter to database upload
- Manual data entry available
- Benchmarking monthly, quarterly, annually
- Benchmarking reports customized by data manager at each participating facility
- On line registration available

GIQuIC Measures

1. History and physical documentation
2. Informed consent documentation including potential adverse events
3. Adequacy of bowel prep
4. Written discharge instructions for outpatients
5. ASA risk stratification
GIQuIC Measures

6. Indication documentation
7. Cecal intubation with photo documentation (screening, surveillance, diagnostic, cumulative)
8. Adenoma detection rate (male and female)
9. Polyp morphology and size documented
10. Immediate complications

GIQuIC

Vendors now GIQuIC certified
- gMed
- EndoSoft
- MDReports
- ProVation Medical
- eMergeEndoscopy
- CORI
- EndoWorks (Olympus)
- Pentax
- Amkai
Pending certification

- Summit
- GE
- Greenway Medical

Using Electronic Report Generators

ProVation’s Structured Clinical Data Supports ACC/ASGE Quality Indicators Program
Portal Page

Uploader Interface
Time Period and Filters

- Time period can be chosen with daily, monthly, quarterly, and annual intervals
- Data can also be aggregated
- Filters can be placed on that data based on completeness of forms or specific fields on the form
Measure and Display Options

- Numerous reports can be run simultaneously
- Each can be run with separate formats and with different comparison groups
- Each set of measures can be run with display options

 GIQuIC Custom Reports

[Diagram showing ASA Risk Stratification and GIQuIC Custom Reports]
GIQuIC

- 84 data points
- 10 measures
- Submit PQRS measures via Outcome Sciences PQRS certified registry

2013 Call For Measures ACG-ASGE

- Appropriate follow-up interval for normal colonoscopy in average risk patients
- Comprehensive colonoscopy documentation
- Adenoma detection rate
  - AGA has adenoma detection rate measure in development for submission
- Cecal intubation
- Pre-procedure assessment
GIQuIC

2013 Measure additions

- EGD measures
- ERCP measures
- Endoscopy Unit measures

Reporting and Benchmarking Quality in Your Endoscopy Unit

- Keep it simple by focusing on some key measures
- Monthly or quarterly feedback
- When you have reached your goals change your measures or add new ones
- Periodically return to earlier measures to see if you are maintaining goal
- Use your own group/AEC/HOPD as a benchmarking group
- Join a benchmarking program
Currently Envisioned Uses of Registries

- Improving GI quality (starting with endoscopy)
- Maintaining autonomy as a specialty with respect to the quality agenda
- CMS and private sector P4P
- Fulfilling accreditation requirements (JC, AAAHC, OPPE, etc.)

Currently Envisioned Uses of Registries

- Recertification personal QI project
- Monitoring training of fellows
- Clinical research
Using the Measures to Improve Quality

- Measure
- Report
- Improve

You improve what you measure

Physicians Perspective: Lessons Learned

- Paper data collection tool efficient
- Endowriters surprisingly different initially
- Process of measuring changes focus to quality

Worth it? Unanimous Response: It is Worth It!
Quality In Endoscopy: The Bottom Line Today

Barrier
- Lack of EMR
- Understanding what is at stake
- Avoidance of Change

Keys to Success
- Physician leadership
- Frequent feedback
- Practice-wide focus
- Make it simple as possible

Quality Matters...
Quality Matters…

Quality Parenting…. (not)
It's all about high quality views into the GI tract...

That's All Folks!!!