

Quality Quest *for* Health



Individual Physician Colonoscopy Quality Reporting

February 7, 2013

Quality Quest for Health of Illinois *A Regional Health Improvement Collaborative*

- Neutral forum with deep expertise
- Take on the hardest problems
- Independent and unbiased
- Create change that is otherwise not possible
- Goal: better outcomes and higher value
- Result: lower costs and healthier communities



No one and no Body is in charge, incentives are not aligned, little to no transparency or accountability.

Screening Colonoscopy Spending

Each year more than 4 million Americans have colonoscopies hoping to avoid colorectal cancer.

Healthcare Blue Book fair market price = \$1,120

Current spending: 4 million x \$1,120 = \$4.5B

Underuse and Overuse Co-exist

According to the *American Cancer Society*, there remain as many as 40,000 of 55,000 annual preventable deaths.

According to a recent study of 24,071 Medicare patients who had a negative screening colonoscopy (recommended interval 10 years) 46.2% underwent a repeat exam in fewer than 7 years.*

*Goodwin JS, et al. Overuse of screening colonoscopy in the Medicare population. *Arch Intern Med*; 2011;171(15):1335-43.

“Although providing the best possible care is our most important goal, we are poorly equipped to measure our ability to achieve that goal.”

David J. Bjorkman, MD, MSPH, ASGE President
John W. Popp, Jr. MD, FACG, ACG

“Surveillance is largely unregulated and depends on the decision of the doctor.” Dr. Kosinski



The 2007 Colonoscopy Team

Dr. Terry Baldwin – Team Lead	GI
Dr. Rick Luetkemeyer	Caterpillar
Dr. Michael Cashman	GI
Dr. Michael Shekleton	GI
Dr. Michael Hayes	Pathology
Dr. Tom Rossi	General Surgery
Rita Menold	Quality Manager
Jane Brophy	Consumer
Rusty Hewitt	6 Sigma Blackbelt



Team's Colonoscopy Quality Index: *Procedure Meets **ALL** Nine Quality Parameters*

- Appropriate indication
- Complete exam of entire colon
- Photo-documentation of the cecum
- No serious acute complications
 - Bleed requiring transfusion, perforation, admission to hospital, or death
- Bowel preparation assessment
 - excellent/good/fair/poor/unsatisfactory
- Cardiac risk assessment
- Polyp information complete or no polyp
 - #/size, location, morphology, method of removal, completeness of removal
- Withdrawal time recorded
- Appropriate follow-up recommendation



All-or-None Colonoscopy Quality Index

Each of the measure's nine elements is part of the complex process of performing colonoscopy. They ALL have an integral role in high quality colonoscopy.

Taken together, a high Colonoscopy Quality Index score reflects high process reliability.

This is analogous to Atul Gawande and Peter Pronovost's work on surgical checklists to improve the reliability of surgical processes that has demonstrably saved lives and decreased costs.



Learn About Colonoscopy Quality

Doctors in the area have collaborated to determine what is the **Highest Standard of Care for Colonoscopy**.

This report compares doctors in central Illinois who perform colonoscopies. The **Best Care Index (BCI)** is based on meeting nine individual quality measures. We also report the adenoma detection rates by gender for each clinician. You may search by the overall BCI percentage, each BCI measure, and the adenoma detection rates in the drop-down box below. Click the *Resources* button at right for more patient information on colonoscopies.



Report generated for:

Counties:

Measures:

Measure Description:

Best Care

Q3 2012):

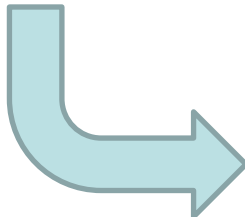
High to Low

High Performer = 96%

- Best Care Index
- Appropriate Indication
- Medical Risk Assessment
- Bowel Preparation Assessment
- Complete Examination
- Photo-documentation of Cecum
- Complete Polyp Information
- No Serious Complications
- Withdrawal Time Recorded
- Appropriate Follow-up Recommendation
- Adenoma detection rate for males
- Adenoma detection rate for females

Physician Name	Address	City	Zip	BCI %
Kenneth Can	Illinois Gastro (1001 Main St)	Peoria	61606	96%
Abdullah Al-	Illinois Gastroenterology Institute (1001 Main St, Ste 500A)	Peoria	61606	96%
Eliathamby Kuganeswaran	Illinois Gastroenterology Institute (1001 Main St, Ste 500A)	Peoria	61606	95%
Michael Treanor, MD	Illinois Gastroenterology Institute (1001 Main St, Ste 500A)	Peoria	61606	93%
Wasim Ellahi, MD	Illinois Gastroenterology Institute (1001 Main St, Ste 500A)	Peoria	61606	93%
Noor Khaiser, MD	Illinois Gastroenterology Institute (1001 Main St, Ste 500A)	Peoria	61606	93%
Terry Baldwin	Illinois Gastroenterology Institute (1001 Main St, Ste 500A)	Peoria	61606	92%
Maureen Lillich	Illinois Gastroenterology Institute (1001 Main St, Ste 500A)	Peoria	61606	92%
Donald Penn, MD	Illinois Gastroenterology Institute (1001 Main St, Ste 500A)	Peoria	61606	91%

Peoria	61606		85%
Peoria	61604		83%
Peoria	61604		83%
Peoria	61604		82%
Decatur	62526		80%
Decatur	62526		79%
Decatur	62526		76%
Peoria	61604		76%
Peoria	61604		73%
Peoria	61602		67%
Peoria	61606		57%
Decatur	62526		50%
Peoria	61606		10%
Peoria	61604	Source data did not provide enough cases to qualify this clinician for reporting.	N/A
Farmington	61531	Source data did not provide enough cases to qualify this clinician for reporting.	N/A
Peoria	61606	Source data did not provide enough cases to qualify this clinician for reporting.	N/A



Peoria Surgical Group (1001 Main St, Ste 300)

Carl Peter Birk Jr, MD (1 Memorial Dr, Ste 200)

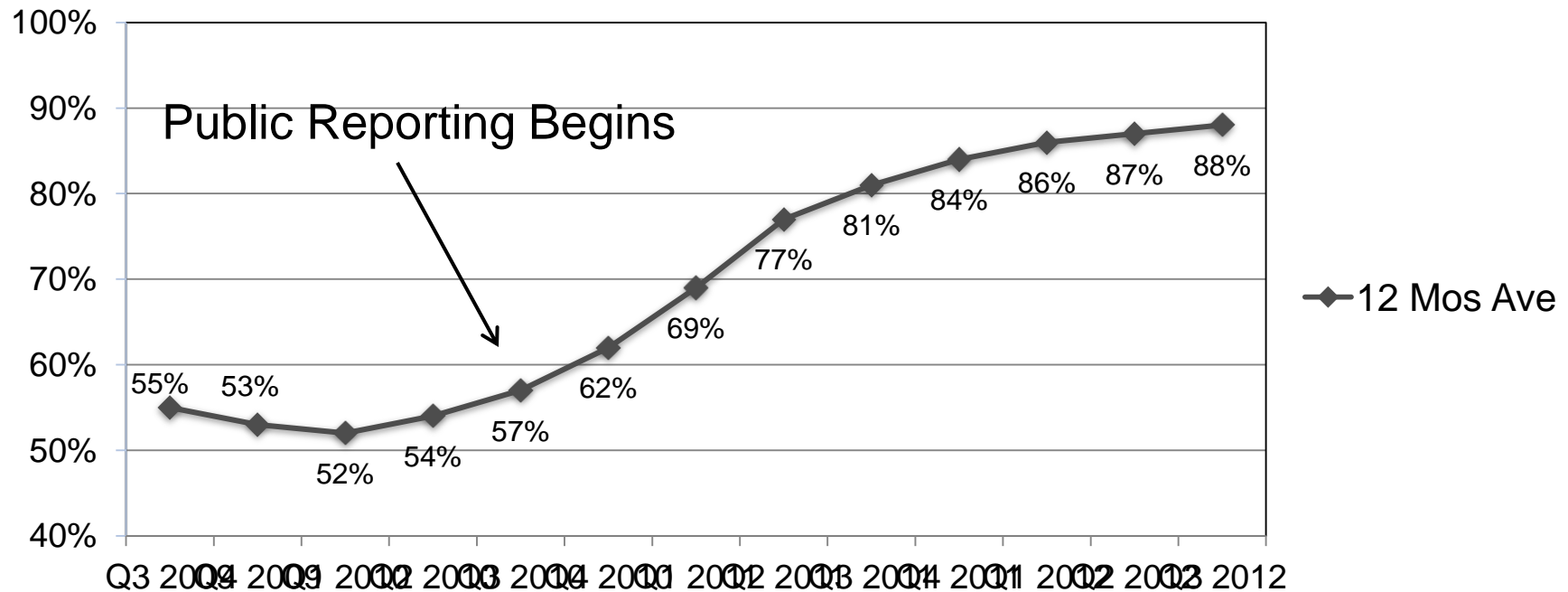
Julius Bonello, MD (1001 Main St, Ste 300)

Frank Adams, MD (2805 N Knoxville Ave, Suite 209)

L. Matthew Deppe, MD (601 East Fort St.)

Samir Gupta, MD (1001 Main St, Ste 300)

Transparency Prompts Action *Colonoscopy Quality Index Trend*



Transparency provides recognition for those doing well and motivation for those who are not.

Patient-level Data Available to Practices

Compare Results: [Colonoscopy Centers](#) [Sites](#) [Clinicians](#) [Patients](#)

			20.0% (Total # of Colonoscopies = 10)								
Patient ID	Procedure Date	Colonoscopy Center	Approp. Indic.	ASA Risk	Bowel Prep	Complete Exam	Cecal Photo	Polyp Info & N/A	No Acute Complication	Withdrawal Time	Approp. F/U
Encrypted			1	1	1	0	1	0	1	1	0
			0	1	1	1	1	1	1	0	0
			0	1	1	1	1	1	1	0	1
			1	1	1	1	1	1	1	1	0
			1	1	1	1	1	1	1	1	0
			1	1	1	1	1	1	1	1	0
			1	1	1	1	1	1	1	1	0
			1	1	1	1	1	1	1	1	0

NOTE: These patients were classified as not being a 100% compliant based on at least one quality element above not being met.

Values above are defined as: Yes = 1 and No = 0

Follow-up was not appropriate for 7 patients. Addressing this single issue improves this composite performance from 20% to 70%.

A Systems Solution

- Strong quality measure (Colonoscopy Quality Index) that incents appropriateness and good process
- Align incentives – public reporting, financial
- GI society registries capture family and personal history needed to determine appropriateness
- EHR vendors update products to capture all needed clinical information
- Save lives, and save money



It Plays in Peoria!



Peoria and Decatur, Illinois are poised to redefine quality benchmarks for screening and surveillance colonoscopy.

