

Are You Ahead of the GI QI Curve?

Nearly nine in ten (88 percent) gastroenterologists either currently capture quality indicator data or plan to do so in the next two years, according to a January 2008 independent, national survey of gastroenterologists commissioned by ProVation Medical and Caris Diagnostics. Of those surveyed who collect QI data, majorities cited scope withdrawal time (62 percent) and rate of adenomatous polyp detection (52 percent) as indicators they capture most frequently.

“Scope withdrawal time and adenoma detection are the two biggest indicators, but there’s a little bit of subtlety when looking at those data,” says Sean Benson, the vice president of consulting and co-founder of ProVation Medical. “Scope withdrawal is a poor proxy for what physicians really want, which is adenoma detection rate, but you kind of have to look at them together to really get a good understanding. Rate of reaching the cecum, patients’ ASA classifications, and quality of prep for colonoscopy, are also discussed as important factors to track.”

Here are a few more key points from the QI study on what gets tracked, where, by whom, and how the data is used by gastroenterology facilities:

- More than eight in 10 of the gastroenterologists surveyed capture intraprocedure and post-

procedure QI data (84 percent and 83 percent, respectively), compared to 61 percent who capture pre-procedure data.

- While 64 percent of these gastroenterologists use QI data for comparison purposes, only 4 percent provide QI data to their patients.

- Eighty percent of those who use QI data for comparison purposes are comparing their practice to national benchmarks, and 64 percent use the data to compare physicians within the facility.

- Of those who currently capture QI data, other uses include research (24 percent), marketing (14 percent), negotiation of payor contracts (12 percent), pay-for-performance reimbursement (9 percent), and sharing with referring physicians (9 percent).

- The typical gastroenterologist surveyed is most likely to work in a group practice (49 percent); use a combination of hospitals and physician-owned ASCs/endoscopy centers to perform procedures; make use of hospital-based pathology labs (69 percent) and offer open-access endoscopy (63 percent), in which patients are scheduled without prior consultation.

- On average, gastroenterologists in this study perform 45 percent of their procedures in a hospital, 34 percent in a physician-owned or partially physician-owned ASC or endoscopy center, and 8 percent in an office setting.

- Though 43 percent of gastroenterologists who collect QI data use procedure-based software to do so,

82 percent overall consider it the preferred method to capture the data.

“To give you an idea of how important QI is becoming, CMS issued the PQRI — about 75 different data elements across all specialties — in July, offering to increase reimbursement by 1.5 percent in return for facilities that capture, report and meet quality benchmarks,” notes Mr. Benson. “A lot of those data are focused on general practitioners, but there has been a lot of talk in the ASC space about CMS’s coming out with new data elements to report on for an extra 2 percent in reimbursement. It could happen as soon as 2009, but even if it’s delayed, this is what the future holds.”

ProVation Medical provides procedure documentation software that tracks QI and supports several medical facilities currently participating in a national QI tracking study currently led by two major gastroenterological societies. Caris Diagnostics is a national, GI sub-specialized anatomic pathology laboratory that has developed the capability to capture and report discrete pathology diagnoses, such as the number of adenomatous polyps, with procedure documentation systems like ProVation MD. The two organizations combined their competencies to support this research effort. The survey was conducted by Renaissance Research from Jan. 8 to 16; it was completed by 182 gastroenterologists.

— Stephanie Wasek

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