

State of GI: Advancing Quality in Colonoscopy Documentation (2025)

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Overview

In 2024, the US Multi-Society Task Force on Colorectal Cancer (US MSTF on CRC) and the ACG/ASGE Quality Task Force released updated Quality Indicators for Colonoscopy, emphasizing the importance of standardized, high-quality documentation. As GI practices adapt to these evolving standards, Provation's analysis of nearly five million anonymized colonoscopy notes¹ offers a unique lens into how the field is progressing—and where opportunities remain.

Bowel Prep Adequacy: BBPS Adoption on the Rise

A New Benchmark for Bowel Prep

Adequate bowel preparation is essential for effective visualization during colonoscopy. In 2024, the U.S. Multi-Society Task Force on colorectal cancer (the US MSTF on CRC) and the ACG/ASGE Quality Task Force published updated Quality Indicators² for colonoscopies. The 2024 guidelines recommend the Boston Bowel Prep Scale (BBPS) as the preferred method for assessing prep adequacy.

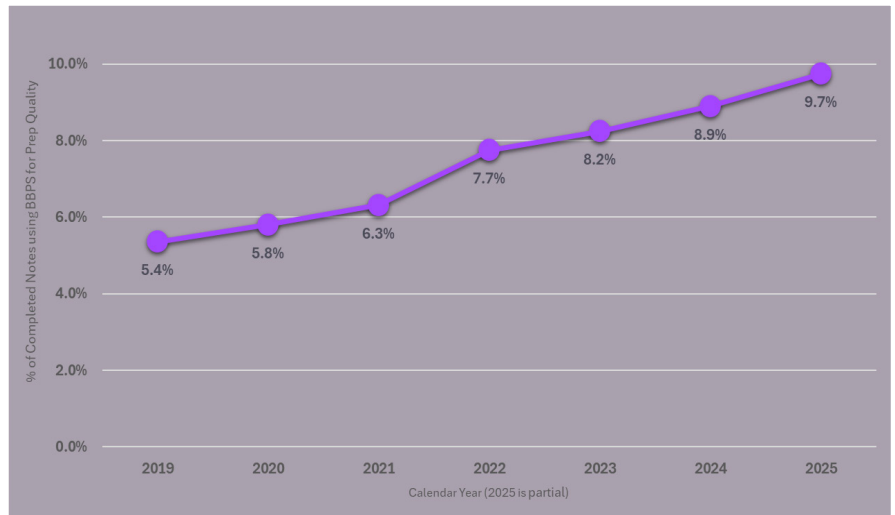


Chart 1: BBPS Usage Trend (2019–2025) based on Provation Data¹

Key Findings

- The year-over-year increasing popularity of BBPS is a positive trend; the rate in which GI procedure notes rely upon BBPS for prep adequacy has doubled from 2019 to 2025.
- Despite this growth, BBPS usage has only risen from 5% to 10% over the last five years.
- This means that 9-out-of-10 colonoscopy procedure notes still rely on qualitative assessments such as “adequate” or “poor,” which are more subjective and lack standardization.



Takeaway:

The slow but steady adoption of BBPS reflects a broader shift toward measurable quality. Increasing BBPS usage elevates documentation and could improve reporting and patient outcomes.

Provation's Approach

With Provation Apex, clinicians can configure workflows to require BBPS scoring, promoting consistency and alignment with national standards.

■ Indication Documentation: High Compliance, Emerging Gaps

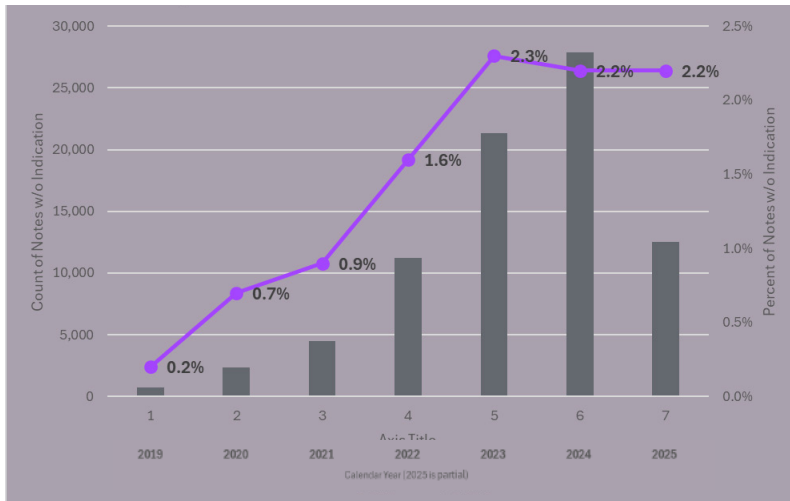


Chart 2: Trend of colonoscopy procedure notes without indications documented (2019-2025) based on Provation Data¹

Tracking the 'Why' Behind Procedures

Documenting the indication for a colonoscopy ensures the procedure is clinically justified and aligns with best practices. The 2024 updated Quality Indicators² for colonoscopies, published by the U.S. MSTF on CRC and the ACG/ASGE Quality Task Force, highlight the importance of documenting the indication for each procedure. The guidelines specifically call for tracking the 'frequency with which colonoscopy is performed for an appropriate indication, and that the indication is documented.'

In the above dual-axis chart, the bars count colonoscopy notes that did not include an indication (y-axis, left). The line charts the proportion of colonoscopy notes each year that these counts represent (y-axis, right). The upward trend in this proportion is evident, and represents a 10-fold increase.

Key Findings

- The fact that over 95% of colonoscopy notes analyzed include a documented indication reflects strong adherence to documentation standards.
- However, indication omissions have increased from 0.2% in 2019 to over 2% since 2023—a tenfold rise.
- This trend suggests a growing documentation gap that could impact quality reporting and reimbursement.



Takeaway:

Despite strong adherence historically, even small lapses in documentation can have outsized effects on quality metrics. Automated workflows are key to maintaining compliance.

Provation's Approach

To ensure an indication is always documented, clinicians using Provation Apex are able to configure the software to require it as part of the procedure note workflow.

Cecal Intubation & Landmark Photography: Room for Improvement



Takeaway:

97% of colonoscopies reach the cecum, yet only 73% include photographic evidence. This gap represents a missed opportunity to reinforce quality, reduce variability, and build trust with patients and payers alike.

Provation's Approach

Clinicians using Provation Apex can configure templates to require landmark photography based on scope advancement, ensuring thorough documentation.

Cecal Landmarks in Focus

Cecal intubation confirms a complete colonoscopy. The 2024 guidelines² recommend photographic documentation of cecal landmarks as a priority intraprocedure quality indicator.

Key Findings

Our examination of nearly two million anonymized colonoscopy notes¹ offers evidence that procedure notes for completed colonoscopies report at least one cecal landmark is photographed. For our analysis, 'cecal landmark' means one of: the terminal ileum, the ileocecal valve, or the appendiceal orifice. Consistent with anatomy of the colon, how many landmarks are photographed depends on how far into/beyond the cecum the endoscope advanced.

Since 2024, 97% of colonoscopy notes analyzed report that the endoscope advanced at least as far as the cecum and/or at least one of the cecal landmarks. A high-quality procedure note would also include photographic evidence of that maneuver. In this regard, however, **only 3 in 4 (73%)** of those procedure notes report photographing any cecal landmarks.

It is less common for a colonoscopy note to claim all three cecal landmarks are photographed. The proportions that do are consistent with how far the scope is advanced.

Of the colonoscopy notes analyzed:

- When the scope is advanced to the terminal ileum, **58%** photograph all three cecal landmarks;
- When the scope is advanced to the ileocecal valve, **8%** photograph all three cecal landmarks;
- When the scope is advanced to the cecum, **3%** photograph all three cecal landmarks.

Conclusion: A Clear Path to Quality

The GI field is making measurable progress toward higher-quality colonoscopy documentation. However, gaps remain in standardization and adherence to best practices, particularly as guidelines change.

With Provation Apex, GI practices are armed with the means to easily:

- Align with national quality indicators
- Automate compliance through configurable workflows
- Leverage data-driven insights to improve outcomes

Provation is committed to supporting GI practices in delivering high-quality, guideline-aligned care—one procedure note at a time.

About Provation

Best known as the global gold standard for gastroenterology procedure documentation, Provation is a leading provider of healthcare software and SaaS solutions for clinical procedure reports, anesthesia documentation, quality reporting, and more. Our purpose is to empower providers to deliver quality healthcare for all. Provation's comprehensive portfolio spans the entire patient encounter with solutions for physician and nursing documentation (Provation® Apex, Provation® MD), anesthesia documentation and billing capture (Provation® iPro), and order set and care plan management (Provation® Order Set Advisor™ and Provation® Care Plans). Provation has a loyal customer base, serving more than 5,000 hospitals, surgery centers, and medical offices, and 700 physician groups globally, including 18 of the top 20 U.S. hospitals. In 2021, Provation was acquired by Fortive Corporation, a Fortune 1000 company that builds essential technology and accelerates transformation in high-impact fields like workplace safety, engineering, and healthcare.

This report is intended for informational and educational purposes only. It does not constitute medical advice, clinical guidance, or regulatory compliance recommendations. Readers should consult relevant professional bodies and regulatory authorities for official standards and requirements.

1. Data Privacy Notice: All data referenced in this report is derived from anonymized procedure notes collected with client permission and in full compliance with HIPAA regulations. No identifiable patient information was used in the creation of this report.

2. Guideline Reference: References to the 2024 Quality Indicators for Colonoscopy are based on publicly available publications from the U.S. Multi-Society Task Force on Colorectal Cancer and the ACG/ASGE Quality Task Force. Provation does not represent or speak on behalf of these organizations.

Product Capabilities: Descriptions of Provation Apex functionality reflect current product features as of August 2025 and are subject to change. Configuration options may vary based on system setup and user permissions.

Data Interpretation: Insights and interpretations presented in this report are based on aggregated analytics and should not be used to assess individual provider performance or clinical outcomes.