

State of GI 2025 – Part 2: Advancing Quality in Colonoscopy



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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 Colonoscopy¹, emphasizing the importance of standardized, high-quality documentation. As GI practices adapt to these evolving standards, Provation's analysis of millions of anonymized colonoscopy notes² offers a unique lens into how the field is progressing—and where opportunities remain.

Cold Snare Resection: Closing the Gap to 90%

In their 2024 update¹, the US Multi-Society Task Force on Colorectal Cancer and the ACG/ASGE Quality Task Force highlighted cold snare polypectomy for 4–9 mm polyps as a process quality indicator, recognizing its role in minimizing thermal injury and improving patient outcomes. Analysis of anonymized, HIPAA-compliant GI procedure data from Provation indicates continued progress toward the ASGE target of cold snare polypectomy being used for 90% of polyps in this range.²

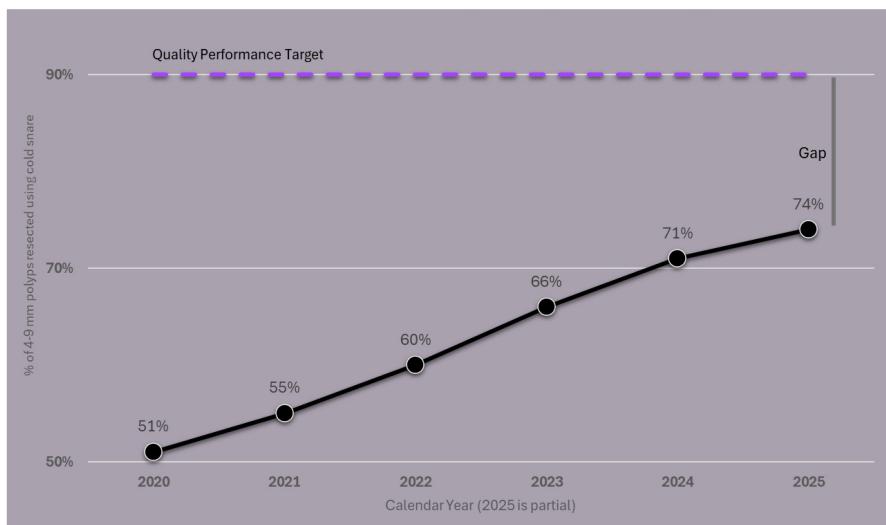


Chart 1: Cold Snare Polypectomy of 4-9mm Polyps (2020–2025) based on Provation Data²

Our analysis was confined to procedure notes describing polyps which are all 4 – 9 mm, and excluded Endoscopic Submucosal Dissections (ESDs) and Mucosal Resections (EMRs). Any procedure that employs a cold snare—regardless of how complete resection is with that device—is credited as ‘resection with cold snare’.

Key Findings

- Steadily increasing from 50% in 2020 to 74% in 2025, clinicians are making strides toward achieving the performance target of 90%.
- While the data suggests continued progress, a 16-point gap remains—highlighting the need for ongoing education and workflow optimization.



Takeaway:

The upward trend reflects growing alignment with evidence-based best practices, but closing the remaining gap offers a clear opportunity for institutions to improve quality.

Provation's Approach

With Provation Apex, clinicians are prompted to document the resection method, creating structured data that GI leaders can readily report on to assess progress toward performance targets.

Comprehensive Polyp Documentation: Near-Perfect Compliance

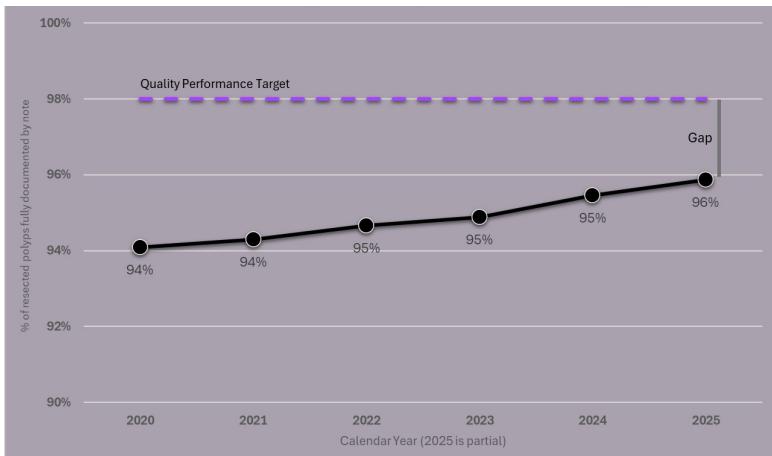


Chart 2: Rate of Complete Four-Attribute Polyp Documentation in Provation Colonoscopic Polypectomy Reports (2020-2025)

The updated Quality Indicators recommend that a high-quality colonoscopy report should document four key attributes for every resected polyp: size, pedicle (shape), location, and resection method. The performance target specifies that 98% of resected polyps should include complete documentation across all four elements.

Provation analyzed more than 3 million colonoscopic polypectomy reports. The findings demonstrate consistently strong compliance with this quality indicator among Provation users, with the proportion of polyps fully documented across all four attributes increasing year over year—showing progress toward achieving the ASGE performance goal.

Key Findings

- Incomplete documentation of resected polyps notes generated with Provation is rare.
- Collectively, physicians' notes fall short of the ASGE performance target by only two percentage points.
- A comparison of the notes written with Provation Apex to those with Provation MD suggests that Provation Apex's AI guidance reduce errors of omission about polyp pedicle and shape even further.



Takeaway:

Physicians using Provation software demonstrate high compliance with polyp documentation standards, with overall performance at 96%.

Provation's Approach

Provation Apex leverages adaptive, artificial intelligence to surface the most clinically relevant choices to prevent documentation omissions—particularly for polyp pedicle—supporting more complete and guideline-aligned notes.

Rectal Retroflexion: A Growing Trend in Visualization

Rectal retroflexion—the maneuver that bends the colonoscope into a U-turn in the distal rectum—provides a backward view of the proximal anal canal and rectal mucosa. This technique improves visualization of lesions, including hemorrhoids, which are often missed in forward view.³

Provation's analysis of 6 million colonoscopy notes shows a significant rise in retroflexion documentation over the past five years.

Key Findings

- The use of rectal retroflexion is steadily increasing.
- So far in 2025, 1-in-2 colonoscopy notes describe rectal retroflexion, whereas in 2021, incidence of this maneuver was closer to 1-in-3 colonoscopy notes.
- Hemorrhoids are almost always documented when retroflexion is performed.



Takeaway:

The upward trend reflects growing alignment with evidence-based best practices, but closing the remaining gap offers a clear opportunity for institutions to improve quality.

Provation's Approach

Physicians can efficiently document rectal retroflexion in Provation Apex using the Findings menu, or by configuring a note template when the maneuver is performed routinely.

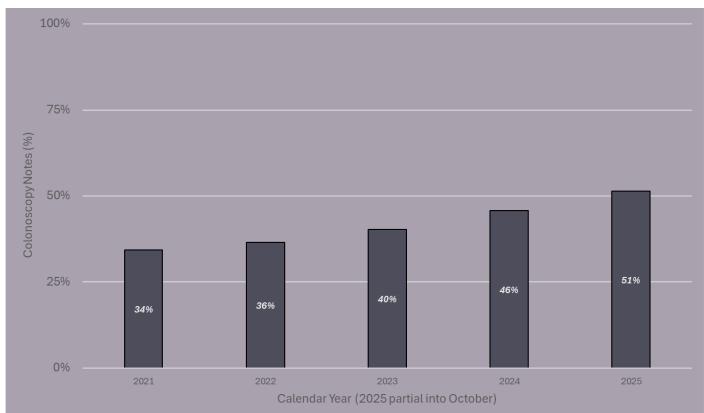


Chart 3: Colonoscopy Notes with Rectal Retroflexion (2021–2025) based on Provation Data²

The evidence points to very strong association between rectal retroflexion and the presence of hemorrhoids, without implying cause-and-effect or a reason to perform the maneuver. Chart 4 displays the increasing rate of rectal retroflexion since 2023 (bars) alongside the proportion of those maneuvers that included documented hemorrhoids (line). In 2025, the interpretation is clear: rectal retroflexion is performed in roughly half of all colonoscopies, and 98% of those procedures include documentation of hemorrhoids.

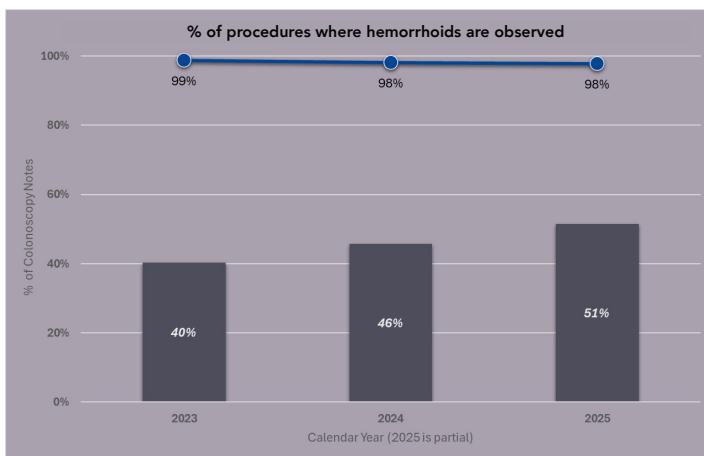


Chart 4: Rectal Retroflexion where Hemorrhoids are Observed based on Provation Data² (2023–2025)

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. 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.

2. 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.

3. Rex, D.K., Vemulapalli, K. C. Retroflexion in Colonoscopy: Why? Where? When? How? What Value? *GASTROENTEROLOGY* 2013;144:882– 883

Product Capabilities: Descriptions of Provation Apex functionality reflect current product features as of November 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.