

# Boston Bowel Prep Score: Standardizing Quality in Colonoscopy Documentation



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is Growing

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more Closely about  
Excellent Patient Prep

## Introduction

The US Multi-Society Task Force on Colorectal Cancer (US MSTF on CRC) and the ACG/ASGE Quality Task Force published updated Quality Indicators for Colonoscopy in 2024. The preferred measure of bowel preparation adequacy is the Boston Bowel Preparation Scale (BBPS) score.

# ■ BBPS Adoption is Growing

The US Multi-Society Task Force on colorectal cancer (the US MSTF on CRC) and the ACG/ASGE Quality Task Force published updated Quality Indicators for Colonoscopy in 2024. The preferred measure of patient’s bowel preparation adequacy is the Boston Bowel Preparation Scale (BBPS) score. The ASGE defines ‘Priority Quality Indicator’ as (emphasis added) [1]:

*“Percentage of patients undergoing colonoscopy with adequate bowel preparation, preferably defined as Boston Bowel Preparation Scale score at least 2 in each of 3 colon segments, or, by description of the preparation as excellent, good, or adequate.”*

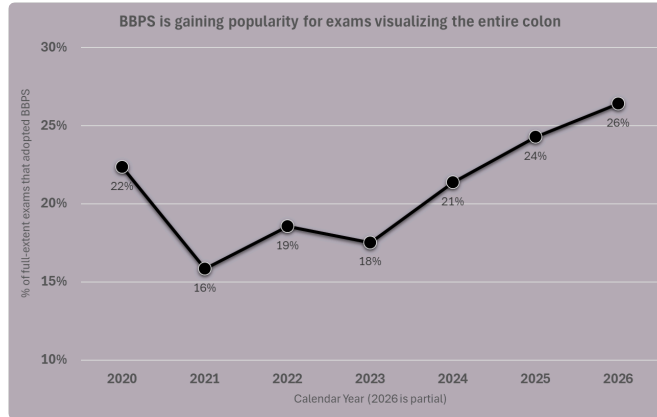


Chart 1: BBPS Adoption in Full-Extent Colonoscopy Exams (2020-2026)<sup>[3]</sup>

# ■ BBPS Adopters Agree more Closely about Excellent Patient Prep

The BBPS is a systematic evaluation of bowel preparation endorsed by ASGE with score definitions developed from the consensus of experts. Hence, there is greater agreement about preparation outcomes among clinicians adopting it compared with qualitative assessments. Our analysis assesses how common the best possible BBPS outcome — a total score of ‘9’ — is, compared with the best possible qualitative assessment of ‘Excellent’. The next chart illustrates how, despite the smaller proportion of full-extent exams documented with BBPS, the number of them that agree on a perfect ‘9’ BBPS score (blue line) has overtaken the number of ‘Excellent’ qualitative assessments (black line) each year since 2024 and so far in 2026.

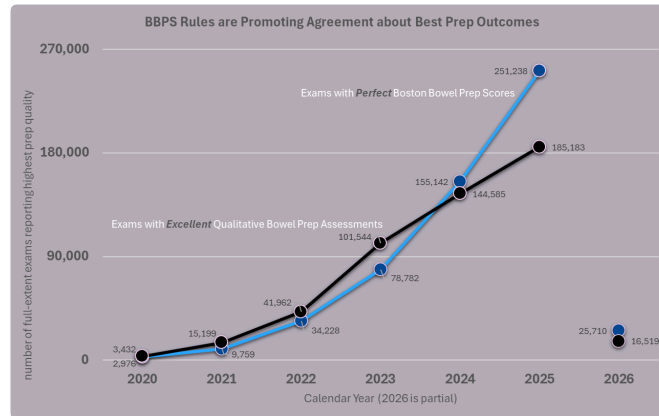


Chart 2: Perfect BBPS ‘9’ Count vs. ‘Excellent’ Qualitative Count

Far more full-extent colonoscopy notes document bowel preparation qualitatively than with BBPS. Yet, the previous trend extends to the rate of agreement between the two ways of documenting bowel preparation. The next chart shows that for several years — and with no change in this statistic — only 1-out-of-6 (about 17% of) full-extent colonoscopy notes documented with qualitative assessment (black line) cite the “Excellent” outcome.

By contrast, the count data translates into agreement among 4-out-of-6 (67% of) full-extent colonoscopy notes documented with BBPS (blue line) about a ‘perfect 9’ preparation; this rate of agreement is four times higher, and also seems to have risen since 2021.

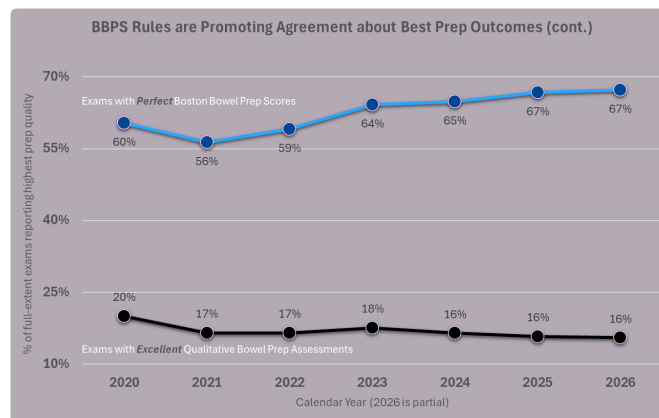


Chart 3: Rate of Agreement — BBPS vs. Qualitative Assessment

## ✓ Takeaway:

Using Provation Apex, clinicians can configure workflows to require BBPS scoring, promoting consistency and alignment with national guidelines. The clinician’s assessment agrees with rigorous and defensible ASGE recommendations, as opposed to a subjective or qualitative judgment.

## Conclusion:

### Standardization Drives Quality



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] "Quality Indicators for GI Endoscopic Procedures. Quality Indicators for Colonoscopy." Douglas K. Rex et al., GASTROINTESTINAL ENDOSCOPY Volume 100, No. 3 : 2024.

[2] The endoscope was advanced to the cecum, ileocecal valve, or the terminal ileum.

[3] BBPS scoring is performed based on colon intubation and inspection (or after intraprocedural lavage, if performed).

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.