Assessing Adherence to Recommending 10-year Intervals After Normal Screening Colonoscopy in Average-risk Individuals Based on Specialty and Practice Status

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INTRODUCTION

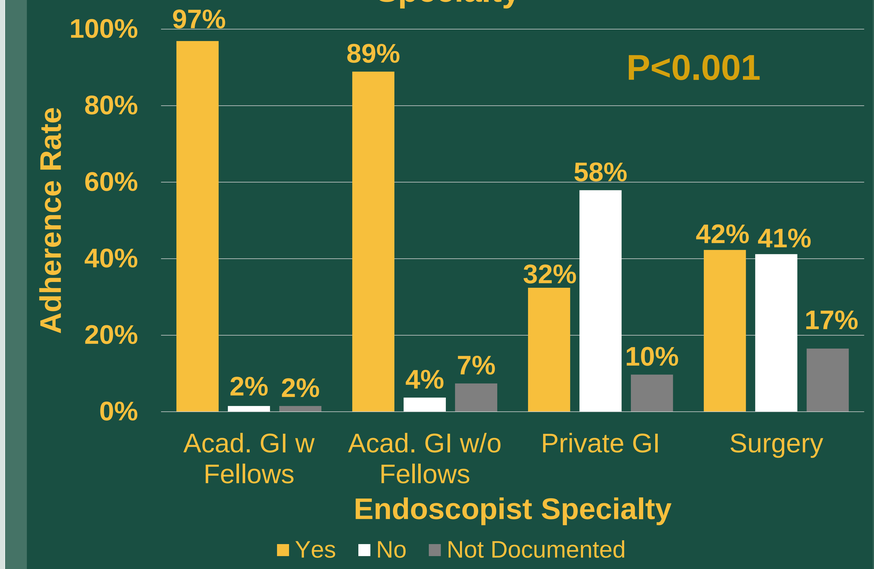
- Endoscopists should recommend repeat screening in 10 years after a normal average-risk CRC screening colonoscopy
- Target: 90% adherence per guidelines; priority quality indicator for CMS Medical Incentive Payment System and the ACPs Choosing Wisely Program
- Our 2017 quality improvement (QI) project showed poor adherence (less than 40%) among private gastroenterologists and academic surgeons
- Prior to new QI initiative, this project assessed frequency of adherence in 2021 at a single site

METHODS

- Inclusion criteria: (a) average-risk, 50-82 year old; (b) colonoscopy performed in 2021; (c) sole indication of CRC screening; (d) no biopsy, polypectomy, or reference to abnormal findings on procedure report
- Study Setting: Hospital-based "open" endoscopy suite (i.e., utilized by academic/private gastroenterologists and academic surgeons) at an academic tertiary care center
- Primary Outcome: Adherence to guideline intervals defined as repeat colonoscopy in 10 years, discontinuation of CRC screening due to patient's age when bowel preparation is adequate or repeat colonoscopy within 1 year if bowel preparation is poor/inadequate.
- Adherence rates stratified by specialty and type of practice: academic gastroenterologist (n = 7), academic surgeon (n = 3), or private gastroenterologist (n = 6). Differences in adherence between groups assessed using chi-square analysis.

RESULTS

Adherence to Guidelines per Endoscopic Specialty



Bowel Preparation	Adherence to Recommended Intervals*	P-value
No Documentation[1]	42.9% (9/21)	<0.001
Poor/Inadequate[2]	62.2% (28/45)	
Fair	19.5% (8/41)	
Good/Excellent[3]	71.8% (257/358)	

*Adherence to recommended intervals by guidelines defined as a 10-year repeat colonoscopy recommendation if colonoscopy was normal in an average-risk individual, < 1 year was recommended if the bowel preparation was inadequate, or repeat colonoscopy not recommended if patient was ≥66 years at time of normal colonoscopy.

RESULTS

- Among 465 eligible patients, mean age was 60.1 +/- 8.2 years, 38.5% male, and 76.8% African American
- Adherence surpassed target of 90% adherence for academic gastroenterologists (total=96.0%) with (96.9%) or without GI fellows (88.9%) and was superior to adherence by private gastroenterologists or academic general surgeons (p <0.001)
- Private gastroenterologists or academic general surgeons were adherent in 32.4% and 42.3%, respectively (Figure 1).
- Adherence was significantly better with good/excellent bowel preps (71.8%) compared to other bowel prep categories (p< 0.001), and patients with poor, fair, or no documentation of prep were adherent in 42.1% (Table 1).

CONCLUSIONS

- Adherence among academic gastroenterologist met guideline-specified target of 90% when a gastroenterology fellow participated in the procedure
- In all other groups, adherence did not meet the recommended threshold
- These data are similar to our 2017 QI project and identify an excellent opportunity for a quality intervention educational and monitoring project to improve performance

REFERENCES

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