Quality Management Partnership

Colonoscopy Quality Management Program (QMP) Physician Report

December 2018

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Ontario
Cancer Care Ontario
Action Cancer Ontario

Welcome and Introduction

AGENDA

- Overview of Colonoscopy QMP physician report
- Data sources and limitations
- Report interpretation
- Report discussions and facilitated feedback
- Summary
- Question and Answer

2018 PHYSICIAN REPORTS

- QMP physician reports were disseminated to all endoscopists in Ontario
  - Reports include specific measures of quality and comparisons to peers and to targets (where applicable)
- 2018 report objectives:
  - Provide useful physician-level reports and recommended resources to support physician learning
  - Evaluate reports and associated follow-up activities to inform future learning strategies and quality assurance processes

Access to physician reports

- Physicians have access to their own reports
- Provincial lead will have access to all physician reports
- Regional leads will have access to physician reports in their region
- Reports will not be shared with the CPSO unless it is through existing assessment or investigation channels

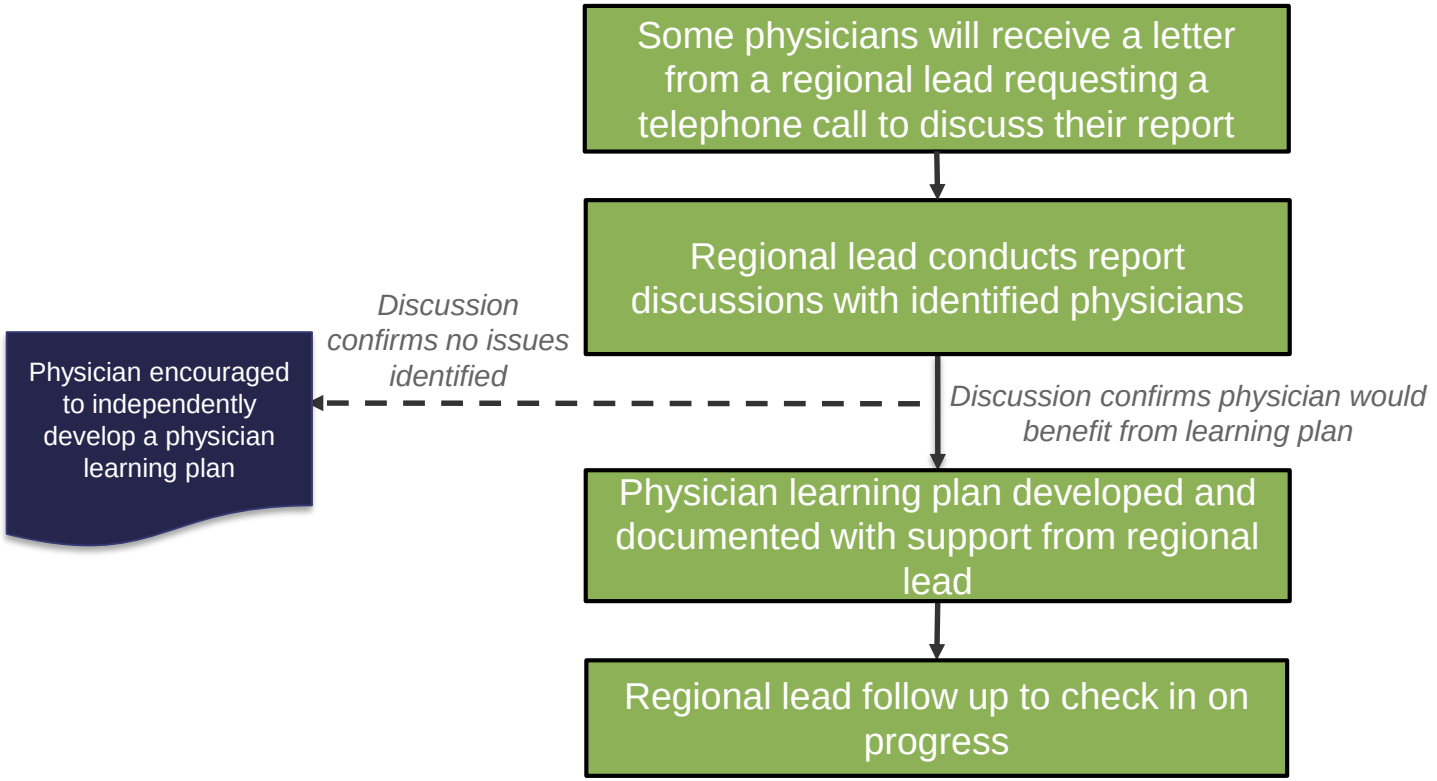
PHYSICIAN REPORT ACTIVITIES

- All physicians will receive an individualized report and resources linked with each indicator
- Physicians are asked to independently review their report and develop a personal learning plan
- Some physicians will be engaged by the regional leads where reports indicate a physician may benefit from discussion

REGIONAL LEAD ENGAGEMENT

- Regional leads are available to support all physicians
- Regional leads will offer additional support where a report indicates a physician may benefit from further discussion
  - Physicians who receive a ‘thumbs down’ on outpatient cecal intubation, outpatient polypectomy, AND inadequate bowel preparation
  - Physicians who are outliers for post-polypectomy bleeding, outpatient perforation and post-colonoscopy colorectal cancer

WHAT WILL HAPPEN IF A PHYSICIAN IS CONTACTED BY A REGIONAL LEAD?



Additional support from local facility leadership (Facility Lead) or the QMP Provincial Lead may be sought if physicians cannot be reached.

Report contents

- 10 quality indicators measured using Ontario health administrative data:

- Total colonoscopy volume
- Inadequate bowel preparation
- Outpatient polypectomy (female)
- Colorectal cancer (CRC) detection
- Post-colonoscopy CRC
- Colonoscopies with recent normal findings
- Outpatient cecal intubation
- Outpatient polypectomy (male)
- Post-polypectomy bleeding
- Outpatient perforation

Data sources and limitations: colonoscopy performance indicators

Sources: Multiple administrative databases

Data Limitations:

- Data suppressed where indicator denominator is less than 6 (reported as n.d. = No Data)

Colonoscopy QMP Report for Dr. [redacted]

CPSO: [redacted] (Release Year: 2017)

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Total colonoscopy volume (target ≥ 200)

Your rank: 

269

Men + Women
(ages ≥ 18)

This report presents ten measures on the quality of your endoscopy practice in comparison to your peers and to targets (where applicable).

Legend:

- *Your practice*
- *All provincial colonoscopies*
- *Hospital-based colonoscopies*
- *Out-of-Hospital Premises (OHP) colonoscopies*

n.d. - *No data*
*** - *Rank not applicable*

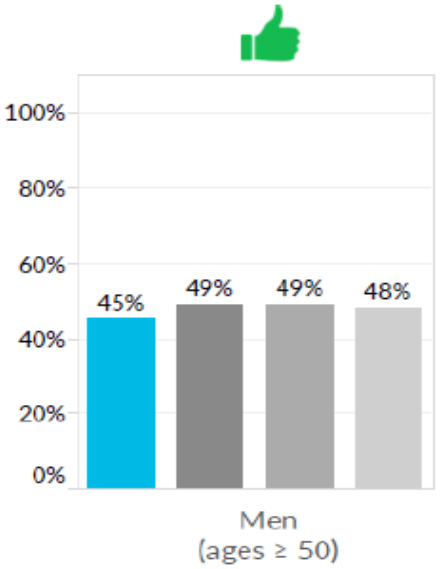
Performance Rankings:

 *Top Tier – You are a top performer among your peers. Keep up the good work.*

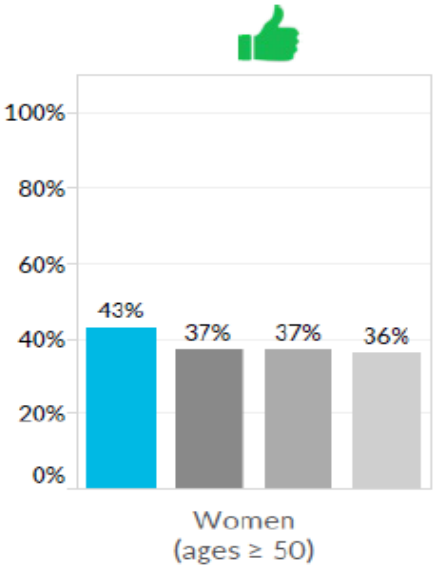
 *Middle Tier – You are meeting expectations, but there is still room for improvement.*

 *Bottom Tier – You have some work to do to bring the quality of your practice to where it needs to be.*

Outpatient polypectomy

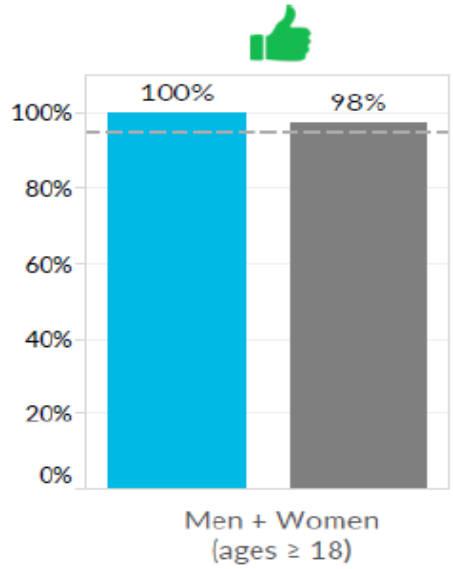


Men
(ages ≥ 50)



Women
(ages ≥ 50)

Outpatient cecal intubation (target ≥ 95%)



Men + Women
(ages ≥ 18)

Colonoscopy Adverse Events	Your Practice Events	Your Practice # of c-scopes	Ontario	Your Rank
Post-polypectomy bleeding (target < 1 / 100)	0	94	0.3%	n/a
Outpatient perforation (target < 1 / 1,000)	0		0.04%	n/a
Colonoscopy Quality Measures				
Colorectal cancer detection	3	170	1.2%	n/a
Post-colonoscopy colorectal cancer	0	123	0.1%	n/a
Inadequate bowel preparation	1.9%		3.0%	
Percentage of colonoscopies with recent normal findings	1.1%		3.3%	

n/a - Not applicable; these indicators are not ranked for anyone because they are rare events.

SOURCE OF EVIDENCE FOR COLONOSCOPY QMP PERFORMANCE INDICATORS

- Performance indicators and targets have been endorsed by the Colonoscopy QMP Expert Advisory Panel. The performance indicators and targets were based on Program in Evidence-Based Care (PEBC) evidence.

- For a detailed description of the supporting evidence, refer to **Appendix H** of the report: ***Provincial Quality Management Programs for Colonoscopy, Mammography and Pathology in Ontario***, (March 2015) www.qmpontario.ca/

PHYSICIAN REPORT RESULTS

- Some indicators include both a result and a rank
  - Colonoscopy volume
  - Outpatient polypectomy (male/female)
  - Outpatient cecal intubation
  - Inadequate bowel preparation
  - Percentage of colonoscopies with recent normal findings
- Some indicators include a result only (rare events)
  - Post-polypectomy bleeding
  - Outpatient perforation
  - Colorectal cancer detection
  - Post-colonoscopy colorectal cancer
- Provincial and facility-based comparators (i.e., OHP, hospital) are provided, where available

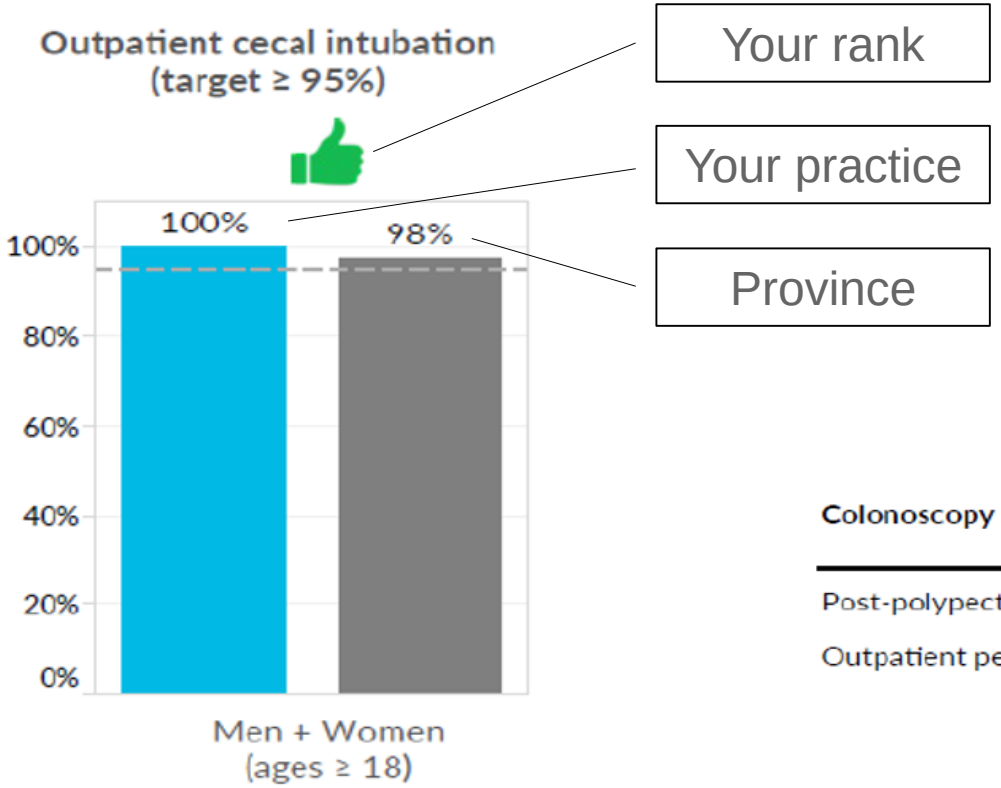
How is performance rank determined? (1)

- Rank is based on physician performance in relation to all Ontario endoscopists in 2014 (first year RCT reports were disseminated)
- **Colonoscopy Volume and Outpatient Cecal Intubation:** top tier indicates above target and bottom tier is below target
- **Outpatient Polypectomy:** top tier indicates performance above the bottom quartile and polypectomy of less than or equal to 60%, bottom tier is the bottom quartile
- **Inadequate Bowel Preparation and Colonoscopies with Recent Normal Findings:** top tier indicates the top quartile, bottom tier is the bottom quartile and middle tier captures the interquartile range

How is performance rank determined? (2)

Indicator	Rank / Tier	
Colonoscopy Volume	Top tier >=200 Bottom tier <200	
Outpatient Cecal Intubation	Top tier: >=95% Bottom tier: <95%	
Outpatient Polypectomy	*Men* Top tier: >33 to ≤60% Bottom tier: ≤33% No rank: >60%	*Women* Top tier: >22 to ≤60% Bottom tier: ≤22% No rank: >60%
Inadequate Bowel Preparation	Top tier: ≤1.6% Middle tier: >1.6 to <5.3% Bottom tier: ≥5.3%	
Colonoscopies with Recent Normal Findings	Top tier: ≤2.8% Middle tier: >2.8 to <6.5% Bottom tier: ≥6.5%	

How to read your physician report



Province

Your practice

Colonoscopy Adverse Events	Your Practice Events	Your Practice # of c-scopes	Ontario	Your Rank
Post-polypectomy bleeding (target < 1 / 100)	0	94	0.3%	n/a
Outpatient perforation (target < 1 / 1,000)	0		0.04%	n/a

Questions about your results should be directed to info@qmpontario.ca.

EXPECTATIONS OF ENDOSCOPISTS

- Review and understand your Colonoscopy QMP physician report
- Discuss report findings and opportunities for learning with regional lead (if contacted by regional lead or if you choose to reach out for further support)
- Develop a physician learning plan (independently or jointly with regional lead)

Physician Learning Plan

This learning plan is an optional resource for you to record your learning objectives and a plan for achieving your goal(s).

Physician name:_____
Regional lead name (if plan jointly developed)**:**_____
Date plan was developed:_____

Identify one or more aspects of your colonoscopy practice that you consider a target for change/ learning (insert additional tables if needed). A sample learning plan is provided on the following page.

Learning Plan 1	
Identify Learning / Change Target *What aspect of your colonoscopy practice do you consider a target for change/learning?*	
Assess your Practice *How do you know that change is needed?* *(e.g. self-assessment, discussion)*	
Develop your Plan *What action will you take and by when?*	
Identify Barriers and Enablers *What factors may impede or enable your success? What strategies could be used to overcome barriers?*	
Identify Success Measures *How will you measure success?*	
Assess Plan Completion *Was the plan successfully completed? When was the plan completed?*	
Document Revisions/Updates *Was the plan revised? If so, what was revised and why?*	

For a copy of the learning plan template, visit:
http://www.qmpontario.ca/resources (“Colonoscopy Resources” tab)

Consider these resources to help improve your colonoscopy performance.

Area of Improvement	Resources
Colonoscopy Technique ***(Indicator(s): outpatient polypectomy and/or outpatient cecal intubation)***	American Society for Gastrointestinal Endoscopy education videos Specifically (enter video title in Search field): • Colonoscopy Technique: Basic and Advanced 2nd Edition (DV055) (full video strongly recommended) • Colonoscopic Polypectomy 2nd Edition (DV056) Part 1: Polypectomy Fundamentals (recommended: first 1hr 32min) Part 2: Section on clipping, tattooing and retrieval (recommended: 53min to 1hr 14min) https://bit.ly/2Rf0H7L
	Canadian Association of Gastroenterology (CAG) Skills Enhancement for Endoscopy (SEE™) program cag-acg.org/skills-enhancement-for-endoscopy
	CAG SEE™ program – Hands-On Polypectomy Course https://www.cag-acg.org/see-polypectomy-registration
	CAG SEE™ program – Colonoscopy Skills Improvement Vignettes: https://www.cag-acg.org/quality/see-program (scroll to bottom of page)
	CAG Polyp Detection Module: Evidence-based Practice to Improve Adenoma Detection - an EndoED module by C.M. Walsh, S.C. Grover and M.A. Scaffidi: cag-acg.org/publications/tools-promotional-materials (scroll to Other Tools & Materials)
	Practical Gastrointestinal Endoscopy: The Fundamentals (2008) by P. Cotton and C. Williams amzn.to/1PVWO0Y (Chapter 6: Colonoscopy)
Bowel Preparation ***(Indicator(s): inadequate bowel preparation)***	Bowel Preparation Patient Information Sheet https://www.qmpontario.ca/resources/ (click on 'Colonoscopy Resources') This information sheet was developed based on the *Bowel Preparation Selection Best Practice Guidelines* (see below). It is meant to support physicians in providing information to patients about bowel preparation.

For a copy of the QI resources, visit:
http://www.qmpontario.ca/resources ("Colonoscopy Resources" tab)

SUMMARY: USING REPORTS FOR PERSONAL LEARNING

- Read and understand your report
- Use the report to identify opportunities for learning independently and/or with the regional lead
- Prioritize what to work on, develop and implement your learning plan
- Check-back to see if your practice change had the desired effect
- Claim your CPD Credits
  - CPD credits can be claimed under **Section 3: Practice Assessment**
  - 3 credits per hour, including time spent receiving and reflecting on feedback
  - For more information visit: http://www.royalcollege.ca/rcsite/cpd/maintenance-of-certification-program-e

Questions and Answers

PLEASE DIRECT ANY ADDITIONAL QUESTIONS TO

info@qmpontario.ca

APPENDIX

Methodology: Outpatient cecal intubation

Definition: Percentage of outpatient colonoscopy procedures performed during which the cecum or terminal ileum was reached

- **Denominator**: Number of outpatient colonoscopies performed in the reporting period
- **Numerator**: Number of outpatient colonoscopies performed during which the cecum or terminal ileum was reached
- **Data year**: 2017 calendar year
- **Target**: ≥95%

Methodology: Outpatient polypectomy

Definition: Percentage of outpatient colonoscopies during which ≥1 polyp(s) were removed

- **Denominator**: Number of outpatient colonoscopies performed in the reporting period
- **Numerator**: Number of outpatient colonoscopies during which ≥1 polyp(s) were removed
- **Data year**: 2017 calendar year

Methodology: Outpatient perforation

Definition: Number of outpatient colonoscopies followed by hospital admissions for perforation within 7 days of procedure, per 1,000 colonoscopies

- **Denominator**: Number of outpatient colonoscopies performed in the reporting period
- **Numerator**: Number of outpatient colonoscopies followed by hospital admissions for perforation within 7 days of colonoscopy
- **Data year**: 2017 calendar year
- **Target**: <1/1,000

METHODOLOGY: POST-POLYPECTOMY BLEEDING

Definition: Percentage of outpatient colonoscopies with polypectomy followed by hospital admissions for lower gastrointestinal bleeding within 14 days of colonoscopy

- **Denominator**: Number of outpatient colonoscopies where ≥1 polyp(s) were removed in the reporting period
- **Numerator**: Number of outpatient colonoscopies with polypectomy followed by hospital admissions for lower gastrointestinal bleeding within 14 days of colonoscopy
- **Data year**: 2017 calendar year
- **Target**: <1/100

Methodology: Colonoscopies with recent normal findings

Definition: Percentage of Ontario individuals, 53 years old or older, who had a normal and complete outpatient colonoscopy in the 36 months prior to the index colonoscopy

- **Denominator**: Number of individuals, 53 years old or older, who had an outpatient colonoscopy in the reporting period
- **Numerator**: Number of individuals who had a normal and complete outpatient colonoscopy in the 36 months prior to the index colonoscopy
- **Data year**: 2017 calendar year

Methodology: Colorectal Cancer Detection

Definition: Percentage of outpatient colonoscopies followed by colorectal cancer detection within 6 months of colonoscopy

- **Denominator**: Number of outpatient colonoscopies performed on individual age 50 and older in the reporting period
- **Numerator**: Number of outpatient colonoscopies performed on individuals age 50 and older followed by colorectal cancer detection within 6 months of colonoscopy
- **Data year**: 2016 calendar year

Methodology: Post-Colonoscopy Colorectal Cancer

Definition: Percentage of outpatient colonoscopies negative for colorectal cancer followed by colorectal cancer diagnosis within 6 to 36 months of colonoscopy

- **Denominator**: Number of outpatient colonoscopies negative for colorectal cancer in the reporting period
- **Numerator**: Number of outpatient colonoscopies negative for colorectal cancer followed by colorectal cancer diagnosis within 6 to 36 months of colonoscopies
- **Data year**: 2014 calendar year

Methodology: Inadequate Bowel Preparation

Definition: Percentage of outpatient colonoscopies with poor bowel preparation

- **Denominator**: Number of outpatient colonoscopies performed during the reporting period
- **Numerator**: Number of outpatient colonoscopies with poor bowel preparation
- **Data year**: 2017 calendar year

Methodology: Total Colonoscopy Volume

Definition: Total number of colonoscopies performed in the reporting period

- **Denominator**: Number of inpatient and outpatient colonoscopies performed in the reporting period
- **Numerator**: N/A
- **Data year**: 2017 calendar year