

# The NYC Colonoscopy Quality Benchmarking Group (NYC CQBG)

Join NYC CQBG and Improve the Quality of Colonoscopy Screening in New York City

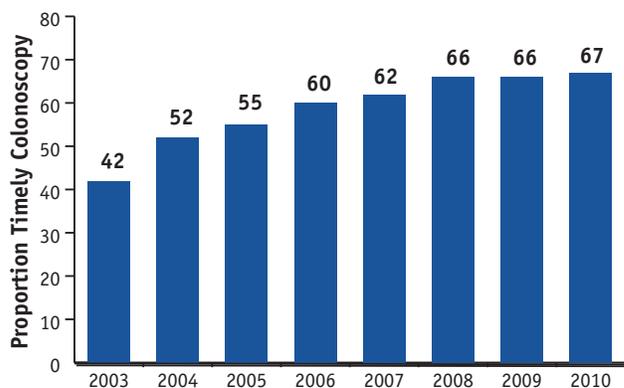
## Colonoscopy in New York City

Since 2003, the Department of Health and Mental Hygiene (DOHMH) has recommended colonoscopy as the preferred method for colorectal cancer screening. Over the past 7 years, colonoscopy rates among NYC adults 50 years and older have increased by more than 60%.

In addition, the gap in colonoscopy rates among the major racial and ethnic groups in NYC has been eliminated with colonoscopy prevalences of 68%, 67%, 65%, and 67% among white, black, Hispanic, and Asian New Yorkers, respectively, in 2010 (DOHMH CHS, 2010)

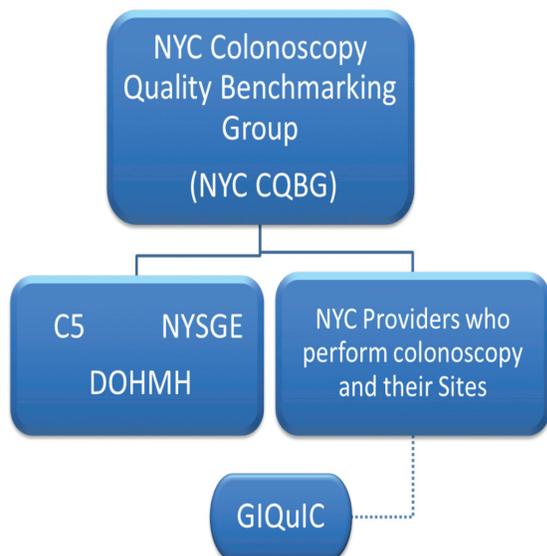
As the number of screening colonoscopies among adults 50 years and older continues to increase, it is critical to ensure that these procedures are of high quality and that all New Yorkers have access to equally highly-effective CRC screening.

Proportion of New Yorkers ≥ 50 years old who have obtained colonoscopy in past 10 years, 2003-2010



Source: DOHMH Community Health Survey (CHS), 2003-2010

## Who are the members of NYC CQBG?



All sites in New York City where screening colonoscopies are performed—hospitals, ambulatory surgery centers, and office-based practices—are invited to join CQBG. DOHMH, C5, and NYSGE have partnered to form CQBG. In addition, CQBG has collaborated with the Gastrointestinal Quality Improvement Consortium (GIQuIC), a non-profit organization created by ASGE and ACG whose aim is to provide endoscopists with a powerful quality improvement benchmarking tool, the GIQuIC registry.

CQBG aspires to include all NYC sites where screening colonoscopies are performed in order to create a representative citywide database on colonoscopy quality indicators.

With your agreement, DOHMH will serve as a citywide 'Super Data Manager' and will use the data to develop a rigorous NYC database to assist your practice in continuous quality improvement through benchmarking reports that will allow you to compare your performance with that of your citywide peers.



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A Focus on Quality to Improve Colonoscopy Screening in New York City

## What are the Colonoscopy Quality Indicators?

The American Society for Gastrointestinal Endoscopy (ASGE)/American College of Gastroenterology (ACG) Taskforce on Quality in Endoscopy has developed standard colonoscopy quality indicators based on a systematic review of the literature and expert consensus (Rex et al, Am J Gastroenterology 2006;101:873-885).

In consultation with the New York Citywide Colon Cancer Control Coalition (C5) and the New York Society for Gastrointestinal Endoscopy (NYSGE), the NYC CQBG will focus on eight quality indicators stratified by patient demographics (age, gender, race/ethnicity, neighborhood, insurance status) as the basis for developing citywide benchmarks on colonoscopy quality.

Colonoscopy Quality Indicators
<b>Pre-procedure Indicators</b>
Informed consent obtained
ASA category assessed
<b>Intra-procedure Indicators</b>
Bowel prep quality documented
Cecal intubation rate (CIR) with photodocumentation
Adenoma detection rate (ADR) during screening colonoscopy
Mean withdrawal time
<b>Post-procedure Indicators</b>
Same-day complications documented
Written discharge instructions provided

## Why Focus on Colonoscopy Quality?

### Adenoma Miss Rate and Detection Rate

A 2006 meta-analysis of six studies which used 'back-to-back' colonoscopies as their research method found that adenomas are missed at a rate ranging from 2% to 26% (van Rijn et al, Am J of Gastroenterology 2006; 101: 343-350).

A recent multivariable analysis has shown that a provider's adenoma detection rate (ADR) is a significant predictor for the development of colorectal cancer (Kaminsky et al, NEJM 2010; 364:1795-1803).

### Accreditation and Reimbursement

Participation in a colonoscopy quality initiative may meet quality improvement requirements for site accreditation review as well as for Maintenance of Certification (MOC).

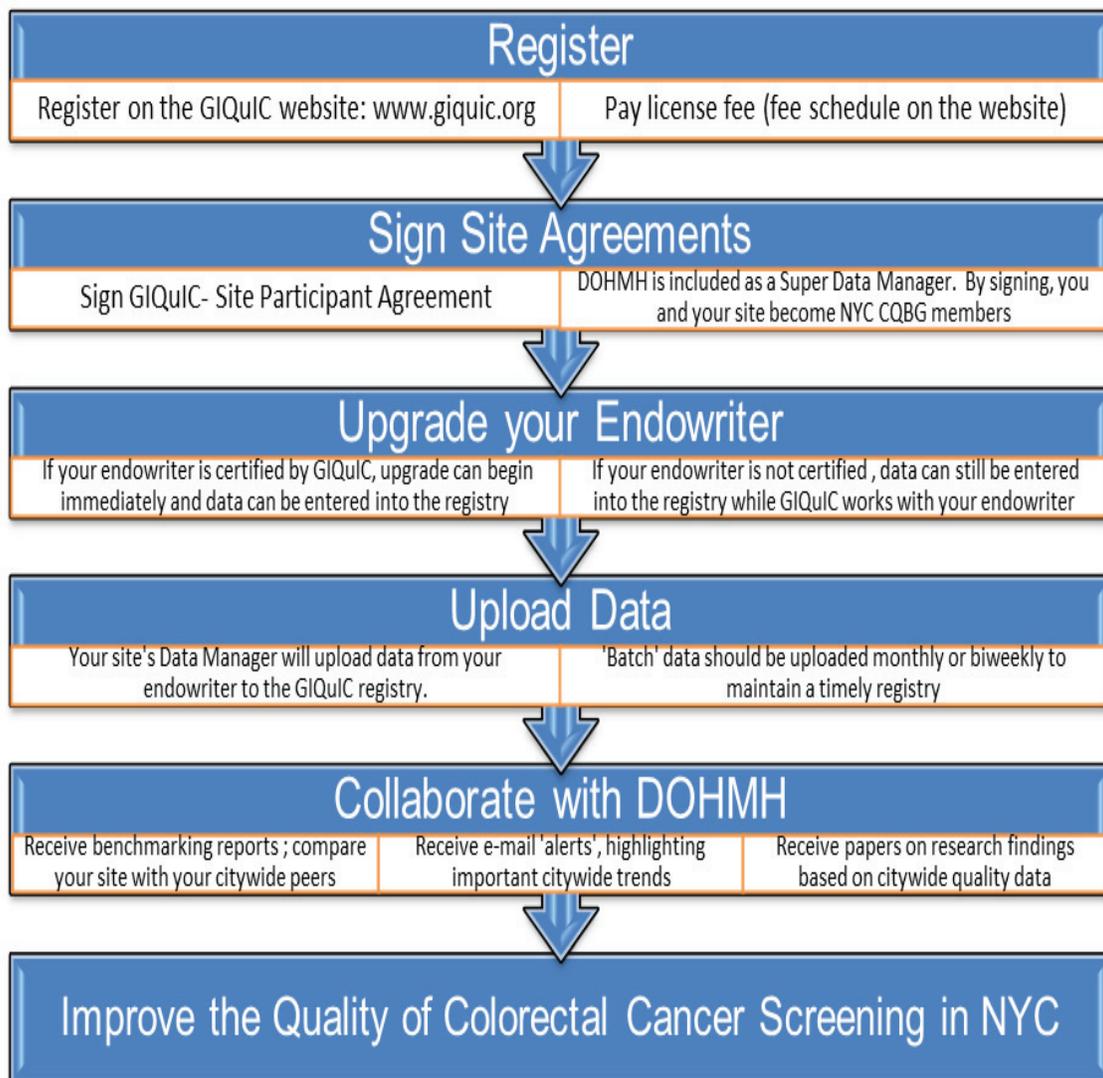
Colonoscopy has been found to be a viable procedure for use in value-based payment programs, such as the Centers for Medicare and Medicaid 'Physician Quality Reporting System' (PQRS) and the Electronic Health Record 'Meaningful Use' programs (Hewett et al, Am J of Gastroenterology 2010; 105:1925-1933).



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## How to become an NYC CQBG member



For more information about NYC CQBG, contact Josephine Tsai, MD MPH, Program Manager of the NYC Colonoscopy Quality Initiative, at [jtsai1@health.nyc.gov](mailto:jtsai1@health.nyc.gov) or 347-396-2842.



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## Frequently Asked Questions

### Which sites can be members of NYC CQBG?

- All sites in NYC where colonoscopies are performed—hospitals, Ambulatory Surgery Centers (ASC), and office-based practices—can join NYC CQBG. To join, sites must register with GIQuIC and agree to collaborate with DOHMH, which will serve as a citywide 'Super Data Manager'.

### What data will be collected for the NYC CQBG database?

- All patient and physician data will be de-identified. DOHMH will be responsible for collecting and storing de-identified and encrypted patient and physician data under the strictest confidentiality and security requirements that meet HIPPA standards. Site identification will be available ONLY to the individual site for which benchmarking reports are created and sent.
- Initially, reports will benchmark against all NYC sites. As more sites participate and as more data are accumulated, reports will become more detailed in comparing geographic sites, but NEVER at the risk of site identification.

### How often will we need to report?

- Your site's Data Manager will upload data from your integrated endowriter to the GIQuIC registry at least once a month in order to maintain a timely registry. DOHMH will then have automatic access to de-identified data through the same GIQuIC registry and send tailored benchmarking reports to sites at least quarterly or more frequently as requested.

### What are the benefits to joining NYC CQBG?

- NYC CQBG members will receive: benchmarking reports comparing their site performance against all NYC participating sites for the eight colonoscopy quality indicators; e-mail 'alerts' highlighting important citywide quality trends; special 'white papers' reporting on original citywide colonoscopy quality research; and an invitation to participate in tailored training programs based on quality trends and sponsored by the NYSGE.
- NYC CQBG participants will have an opportunity to collaborate with colleagues on a nationally recognized quality improvement initiative which will satisfy quality assurance requirements of your payors; allow you to take advantage of programs which reimburse quality initiatives; improve your endoscopic performance, and above all, improve the effectiveness of colonoscopy screening for your patients and for all New Yorkers.