

Maryland Department of Health and Mental Hygiene
Center for Cancer Prevention and Control
Maryland Cigarette Restitution Fund Program
Colonoscopy Quality Assurance Program
Colonoscopy Feedback Report

The report below is derived from data submitted by the local health department colorectal cancer screening program to the Maryland Department of Health and Mental Hygiene, Center for Cancer Prevention and Control on **colonoscopies performed between 07/01/2006 and 03/31/2013**.

All Providers	CRF Program			National Standards or Expected Number~
	N	%	Range##	
Number of first colonoscopies in a cycle^	12,730			
Number (%) with adequate exam*	11,454	90.0 %	36.6, 62.5-100%	
Number (%) with adequate bowel preparation#	11,674	91.7 %	36.6, 65.6-100%	
Number (%) with cecum reached	12,332	96.9 %	82.1-100%	
Number (%) with cecum reached among those with adequate bowel prep	11,454	98.1 %	88.0-100%	90-95%
Number of first colonoscopies**	10,162			
Number of first colonoscopies in clients age 50+ years without bleeding symptoms (at average OR increased risk)	7,694			
Biopsy rate on this group (regardless of adequacy of colonoscopy)	3,981	51.7 %	8.2-100%	
Total adequate colonoscopies on clients age 50+ years who did NOT have bleeding symptoms	6,906			
Biopsy Done	3,572	51.72 %	8.3-100%	
Findings:				
Any cancer detected (adenocarcinoma, carcinoid, lymphoma, rectal or anal squamous cancer)	24	0.3 %		
Adenocarcinoma	15	0.2 %		
Suspected cancer	15	0.2 %		
Adenoma with high grade dysplasia	29	0.4 %		
Other adenoma	1,754	25.4 %		
Advanced adenomas (>=1cm, or any villous histology)	435	6.3 %		
Adenomas, not advanced	1,319	19.1 %		
Hyperplastic Polyps	1,019	14.76 %	0.0-52.9%	
Other Polyps	495	7.17 %		
Other & Normal	3,570	51.69 %		
Neoplasia detection rate on first colonoscopies^^		26.3 %	8.3-57.1%	
Neoplasia detection rate-men^^		32.9 %		>=25%
Neoplasia detection rate-women^^		23 %		>=15%
Neoplasia and hyperplastic polyp detection rate		41.0 %	8.3-81.9%	
Male		48.5 %		
Female		37.3 %		

^ **Number of first colonoscopies in a cycle** is the first screening colonoscopy in a cycle. If a client had more than one screening colonoscopy in a screening "cycle" or had a colonoscopy for diagnosis or treatment, these are not included in this count; only the first screening colonoscopy is counted. A client can have more than one cycle in this time period.

* **Adequate exam** is defined as a colonoscopy in which the bowel prep was adequate and the cecum was reached.

Bowel preparation is considered **Adequate** if the terms such as "excellent," "good," "very good," or "fair" were used in the colonoscopy report to describe the bowel preparation AND the recall interval was 10 years for an average risk client with no findings. If the provider's recall interval was less than 10 years for an average risk client with no findings and the prep was "fair," the CRF Program coded the prep as NOT adequate.

** **Number of first colonoscopies** is the first screening colonoscopy in the CRF Program on an individual client. This number excludes repeat colonoscopies performed as followup to inadequate colonoscopy, findings on the first colonoscopy, or for recall surveillance colonoscopy.

^^ **Neoplasia detection rate** includes adenocarcinoma, suspected cancer, adenoma with high grade dysplasia, and adenoma of any size or histology found on the first colonoscopy on clients age 50+ years without bleeding symptoms.

Range is the minimum and maximum value among providers in the CRF Program who did >=30 colonoscopies during this period.

~ Rex DK, Petrini JL, Baron TH, et al. ASGE/ACG Taskforce on Quality in Endoscopy. Am J Gastroenterol 2006;101:873-885.

For questions, call Dr. Eileen Steinberger at 410-767-0789
Data Source: Client Database as of June 12, 2013

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The report below is derived from data submitted by the local health department colorectal cancer screening program to the Maryland Department of Health and Mental Hygiene, Center for Cancer Prevention and Control on **colonoscopies performed between 01/01/2011 and 03/31/2013**.

All Providers	CRF Program			National Standards or Expected Number~
	N	%	Range##	
Number of first colonoscopies in a cycle^	5,079			
Number (%) with adequate exam*	4,511	88.8 %	53.3-100%	
Number (%) with adequate bowel preparation#	4,580	90.2 %	53.3-100%	
Number (%) with cecum reached	4,937	97.2 %	72.7-100%	
Number (%) with cecum reached among those with adequate bowel prep	4,511	98.5 %	81.6-100%	90-95%
Number of first colonoscopies**	4,123			
Number of first colonoscopies in clients age 50+ years without bleeding symptoms (at average OR increased risk)	3,139			
Biopsy rate on this group (regardless of adequacy of colonoscopy)	1,671	53.2 %	17.1-100%	
Total adequate colonoscopies on clients age 50+ years who did NOT have bleeding symptoms	2,792			
Biopsy Done	1,475	52.83 %	17.6-92.7%	
Findings:				
Any cancer detected (adenocarcinoma, carcinoid, lymphoma, rectal or anal squamous cancer)	8	0.3 %		
Adenocarcinoma	4	0.1 %		
Suspected cancer	8	0.3 %		
Adenoma with high grade dysplasia	9	0.3 %		
Other adenoma	755	27.0 %		
Advanced adenomas (>=1cm, or any villous histology)	167	6.0 %		
Adenomas, not advanced	588	21.1 %		
Hyperplastic Polyps	425	15.22 %	2.9-39.0%	
Other Polyps	181	6.48 %		
Other & Normal	1,406	50.36 %		
Neoplasia detection rate on first colonoscopies^^		27.8 %	11.8-42.0%	
Neoplasia detection rate-men^^		34.5 %		>=25%
Neoplasia detection rate-women^^		24 %		>=15%
Neoplasia and hyperplastic polyp detection rate		43.0 %	14.7-80.5%	
Male		50.6 %		
Female		39.1 %		

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Bowel preparation is considered **Adequate** if the terms such as "excellent," "good," "very good," or "fair" were used in the colonoscopy report to describe the bowel preparation AND the recall interval was 10 years for an average risk client with no findings. If the provider's recall interval was less than 10 years for an average risk client with no findings and the prep was "fair," the CRF Program coded the prep as NOT adequate.

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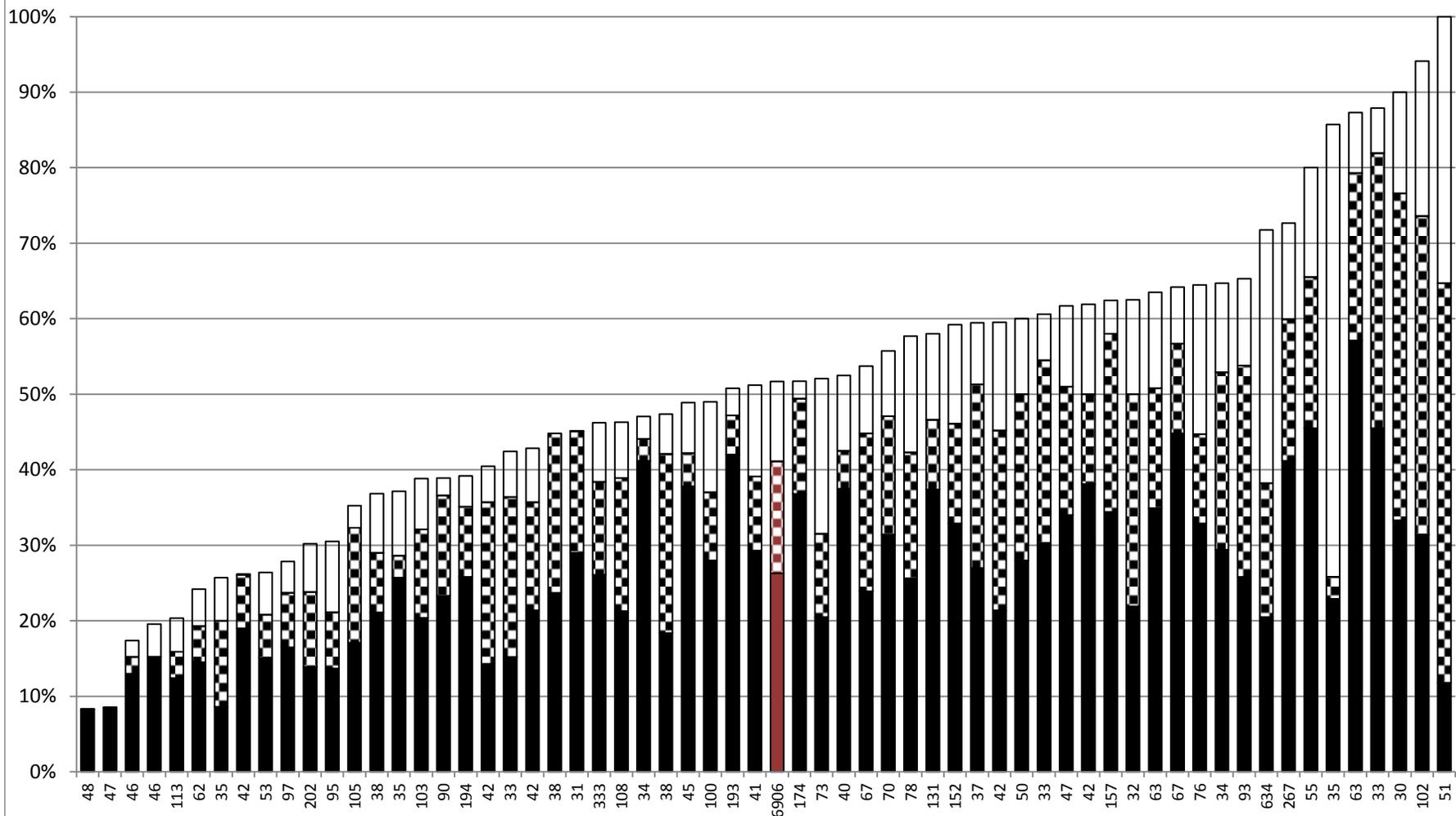
^^ **Neoplasia detection rate** includes adenocarcinoma, suspected cancer, adenoma with high grade dysplasia, and adenoma of any size or histology found on the first colonoscopy on clients age 50+ years without bleeding symptoms.

Range is the minimum and maximum value among providers in the CRF Program who did >=30 colonoscopies during this period.

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Percent Diagnoses of Neoplasia, Hyperplastic Polyp, or No Polyp Diagnosis following Biopsy in Average Risk Clients Age 50 years or Older who Reported No Bleeding, by Endoscopists who Performed Thirty or More Colonoscopies from 7/1/2006-3/31/2013 Maryland



Percent of colonoscopies with biopsy and results. The number on the x axis represents the number of colonoscopies for each endoscopist from which these results were derived. (6,906 were done statewide)

■ Neoplasia (adenocarcinoma, suspected cancer, or adenoma) ▣ Hyperplastic polyp □ Biopsy without polyp diagnosis

**Maryland Department of Health and Mental Hygiene
Center for Cancer Prevention and Control
Cigarette Restitution Fund Program
Cancer Prevention, Education, Screening, and Treatment Program
July 2013**

Description of Colonoscopy Feedback Reports and Graph

All Provider Report

A statewide All Provider Report for two different time periods is furnished for this year's quality review of screening colonoscopies performed in the Cigarette Restitution Fund's Colorectal Cancer Screening Program. One report covers the period from July 1, 2006 to March 31, 2013 and the second report covers the period from January 1, 2011 to March 31, 2013 (including the time interval since the first feedback report submitted last year).

The **first section** looks at the first colonoscopy performed in a screening cycle. If a client had more than one colonoscopy in a cycle, only the first colonoscopy was evaluated. If a client had two or more screening cycles in this period, the first colonoscopy in each screening cycle was evaluated. This section reports on the percent of adequate exams (a combination of adequate bowel preparations and reaching the cecum), the percent of colonoscopies with adequate bowel preparation, percent of exams where the cecum was reached, and the percent of exams where the cecum was reached AMONG those with an adequate bowel preparation.

The **second section** reports on the biopsy rate in the first screening colonoscopy performed on clients, age 50 years or older who did not report bleeding.

The **third section** reports on the findings of ADEQUATE first screening colonoscopies performed on clients, age 50 years or older who did not report bleeding. Included in this section is the percent of colonoscopies in which neoplasia was detected as the most advanced lesion(s), the percent of colonoscopies where hyperplastic polyp(s) were the most advanced lesion, and the percent of colonoscopies with hyperplastic polyps or neoplasia.

Ranges noted in the All Provider Report are the minimum and maximum value among providers in the CRF program who did 30 or more colonoscopies during this period unless noted otherwise.

Individual Provider Reports

The format for the individual provider reports is similar, except that it does not include the ranges for the various measures. A report is generated for each endoscopist for each period in which he/she performed only one or more colonoscopy procedure for that specific jurisdiction unless Multi-Jurisdiction (see next section). A provider may receive two individual reports if colonoscopies were performed in both time periods (7/1/2006-3/31/2013 and 1/1/11-3/31/2013). The later report highlights the measures on the most recent colonoscopies performed.

Multi-Jurisdiction Reports

Some endoscopists provide services in more than one jurisdiction. Each program will receive the Multi-Jurisdiction Report of all colonoscopies performed in that time period by that endoscopist for all jurisdictions. Reports are furnished for both time periods.

Graph

The graphic is a stacked bar chart where each bar represents information on an endoscopist who performed 30 or more adequate screening colonoscopies among clients age 50 years or older, who did not report bleeding. The graphic has **one bar for each provider**. On the X axis is the number of colonoscopies that the provider performed in the CRF program during the period on which the percentages is based.

Each bar is a stacked bar where the top of the bar represents the percent of the colonoscopies in which at least one biopsy was performed, stratified as follows:

- The black portion represents the percent of colonoscopies with neoplasia (adenocarcinoma, suspected cancer, or adenoma) detected.
- The checkered section represents the percent with hyperplastic polyps found (but without neoplasia).
- The white section represents colonoscopies in which a biopsy was performed but there was no finding of neoplasia or a hyperplastic polyp.
 - For example, the Maryland data as a whole are shown on the X axis with the 6,906 colonoscopies that were done program-wide for this evaluation: 52% of the colonoscopies had one or more biopsy (which is the sum of 26% with neoplasia detected, plus 15% with hyperplastic polyps but without neoplasia, plus 11% with no neoplasia and no hyperplastic findings).



STATE OF MARYLAND
DHMH

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July 8, 2013

Dear Colleague,

Maryland has seen another year of improvements in CRC screening. With your help, Maryland public health programs funded by the Cigarette Restitution Fund (CRF) screened 19,129 low-income and uninsured or under-insured clients with 22,622 colonoscopies since 2001; 56% of the CRF clients were minorities and 32% were men. The continued CRC screening of the medically underserved in Maryland would not be possible without your commitment, dedication, and hard work.

Maryland is **evaluating quality of colonoscopy** again this year by examining the percent of colonoscopies with adequate bowel prep, ability to reach the cecum, biopsy rates, and neoplasia detection rates for endoscopists who provide services in our program. In accordance with your most recent contracts, your local health department is providing you with **reports** on the colonoscopies you have performed in the CRF Program over *two periods of time*. This information will be especially valuable to those of you who have performed many colonoscopies in the CRF Program because the measures will be more representative of your greater practice. Your individual reports will enable you to compare your quality measures to the quality measures from providers in Maryland who have performed at least 30 colonoscopies in the program and to national biopsy rate and neoplasia detection rate ranges.

We hope you find this information interesting and helpful. Many thanks again for your role in Maryland's success. If we can be of assistance, please contact your local health department program, or contact Eileen Steinberger, MD, MS, at 410-767-0789 or eileen.steinberger@maryland.gov.

Sincerely,

Stanley Watkins, M.D.

Chairman, Medical Advisory Committee