STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor -- Joshua M. Sharfstein, M.D., Secretary

Family Health Administration
Donna Gugel, Acting Director

CCSC HO Memo #12-23

MEMORANDUM

To: Health Officers
CRF/CPEST Program Directors, Coordinators, and Staff
SAHC Program Directors, Coordinators, and Staff

From: Diane Dwyer, MD, Medical Director
Center for Cancer Surveillance and Control

Date: June 18, 2012

Re: **Local CRF Program Colonoscopy Feedback Reports--**
Maryland Colonoscopy Quality Assurance Program

As discussed during the last teleconference, we will be mailing to each program coordinator two updated colonoscopy feedback reports for each provider that contain ***provider-specific colonoscopy data***:

- for procedures performed from July 1, 2006 through March 31, 2012; and
- for procedures performed from January 1, 2011 through March 31, 2012.

These provider-specific reports are being sent to each individual Cigarette Restitution Fund (CRF), Cancer Prevention, Screening, Education, and Treatment (CPEST) Program, via interdepartmental mail, on colonoscopists who have performed colonoscopies for the jurisdiction. The data are derived from the Client Database information that local staff enter. If a colonoscopist has contracted with more than one program, we will produce ONE report for that provider (all the colonoscopies in all of the jurisdictions, i.e., the multi-jurisdiction report), and we will **share it** with **each local program** that holds a contract with that provider. Please work with your neighboring jurisdictions to coordinate your plan for sharing the feedback report for colonoscopist who contracted with multiple programs.

We are also sending, contained in this one PDF file, the following:

1. The statewide All Provider Report with numbers and results for colonoscopies performed from **July 1, 2006 through March 31, 2012** (Attachment 1);

2. The statewide All Provider Report with numbers and results for the more recent colonoscopies performed from **January 1, 2011 through March 31, 2012** (Attachment 1); and
3. A **graph** depicting results for providers who performed at least 30 adequate colonoscopies (defined by cecum reached and adequate prep) among clients age 50 years or older, without bleeding (Attachment 2). The graphic has **one bar for each provider**. On the X axis is the number of colonoscopies that the specific provider performed in the CRF program during the period.
    - 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.
        - 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); and
        - 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 for *all colonoscopies combined* are shown in one bar, where it says 5,598 colonoscopies on the X axis: 51% of the colonoscopies had one or more biopsy (which is the sum of the black, checkered, and white bars--25% with neoplasia detected, plus 15% with hyperplastic polyps but without neoplasia, plus 11% with no neoplasia and no hyperplastic findings, respectively).
4. A description that explains the report and the graph (Attachment 3).
5. A 'Dear Colleague' letter signed by Dr. Stanley Watkins (for your use when you give the reports to your providers). In it is given the Medical Advisory Committee recommendation that the providers assess their practices of biopsy – either too few or too many. (Attachment 4).
6. A template letter from your Health Officer to accompany the reports you send to providers (for your optional use) (Attachment 5); this is also sent in Microsoft Word for editing.

In accordance with provider contracts for 2012, which stipulated that colonoscopy quality would be reviewed and reports generated, each of the local programs **should share this information with their providers**.

Note the Medical Advisory Committee's recommendation:

- The providers who are doing **very few biopsies** are finding very few adenomas. They may need to assess reasons that that may be the case. The expected percent of colonoscopies with neoplasia findings is about 20%.
- Some providers are taking **one or more biopsies on almost every client**. These providers need to assess their practices to determine whether this frequency of biopsy is clinically necessary and indicated.

Please recognize that this is potentially sensitive information since it is provided by individual colonoscopist, and handle appropriately.

We are asking, upon receipt of the colonoscopy feedback reports, that you:

- Review the Colonoscopy Feedback Report **for each provider** who has performed one or more colonoscopies in the period.
- Give each provider:
    1. A copy of the Dear Colleague letter and/or a letter from your Health Officer or your program explaining the information;

2. A copy of the statewide reports;
3. A copy of the graph of the findings among the colonoscopist who performed 30 or more colonoscopies and the description; and
4. A copy of his/her Colonoscopy Feedback Report(s).

- For providers who serve more than one jurisdiction, decide which program will contact the provider with the results—or whether each program will contact the provider.

Please let me know when your jurisdiction has notified the provider(s) and whether there is any feedback on these reports. We will also touch base with you on future teleconferences.

If you have any questions, please e-mail me at ddwyer@dhmh.state.md.us or call 410-767-5088.

Attachments (e-mailed to Health Officers and CRF program staff; packets of quality assurance reports mailed to CRF/CPEST Coordinators)

cc: Donna Gugel, M.H.S.
Courtney Lewis, M.P.H.
Kelly Sage, M.S.
Sarah Conolly-Hokenmaier, M.P.A.

Maryland Department of Health and Mental Hygiene
Center for Cancer Surveillance 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 Surveillance and Control on **colonoscopies performed between July 1, 2006 and March 31, 2012.**

All Providers	**CRF Program**			**National Standards or Expected Number~**
	N	**%**	**Range##**	
Number of first colonoscopies in a cycle^	10,279			
Number (%) with adequate exam*	9,279	90.3 %	69.4-100%	
Number (%) with adequate bowel preparation #	9,475	92.1 %	70.3-100%	
Number (%) with cecum reached	9,945	96.8 %	81.1-100%	
Number (%) with cecum reached among those with adequate bowel prep	9,279	98.0 %	86.6-100%	90-95%
Number of first colonoscopies**	8,223			
Number of first colonoscopies in clients age 50+ years without bleeding symptoms (at average OR increased risk)	6,217			
Biopsy rate on this group (regardless of adequacy of colonoscopy)	3,180	51.2 %	8.3-100%	
Total adequate colonoscopies on clients age 50+ years who did NOT have bleeding symptoms	5,598			
Biopsy Done	2,866	51.2 %	6.8-100%	
Findings:				
Any cancer detected (adenocarcinoma, carcinoid, lymphoma, rectal or anal squamous cancer)	22	0.4 %		
Adenocarcinoma	15	0.3 %		
Suspected cancer	11	0.2 %		
Adenoma with high grade dysplasia	26	0.5 %		
Other adenoma	1,352	24.2 %		
Advanced adenomas (>=1cm, or any villous histology)	351	6.3 %		
Adenomas, not advanced	1,001	17.9 %		
Hyperplastic Polyps	846	15.1 %	0.0-48.9%	
Other Polyps	407	7.3 %		
Other & Normal	2,934	52.4 %		
Neoplasia detection rate on first colonoscopies^^		25.1 %	6.8-61.5%	
Neoplasia detection rate-men^^		31.8 %		>=25%
Neoplasia detection rate-women^^		22 %		>=15%
Neoplasia and hyperplastic polyp detection rate		40.2 %	6.8-84.6%	
Male		47.9 %		
Female		36.4 %		

^ **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. The range for Adequate Exam and Adequate Bowel Prep omits a single outlier provider with a very low value.

~ 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 May 14, 2012

Maryland Department of Health and Mental Hygiene
Center for Cancer Surveillance 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 Surveillance and Control on **colonoscopies performed between January 1, 2011 and March 31, 2012.**

All Providers	**CRF Program**			**National Standards or Expected Number~**
	N	**%**	**Range##**	
Number of first colonoscopies in a cycle^	2,624			
Number (%) with adequate exam*	2,331	88.8 %	63.6-100%	
Number (%) with adequate bowel preparation#	2,373	90.4 %	71.0-100%	
Number (%) with cecum reached	2,546	97.0 %	66.7-100%	
Number (%) with cecum reached among those with adequate bowel prep	2,331	98.2 %	75.0-100%	90-95%
Number of first colonoscopies**	2,182			
Number of first colonoscopies in clients age 50+ years without bleeding symptoms (at average OR increased risk)	1,660			
Biopsy rate on this group (regardless of adequacy of colonoscopy)	865	52.1 %	33.3-100%	
Total adequate colonoscopies on clients age 50+ years who did NOT have bleeding symptoms	1,481			
Biopsy Done	764	51.6 %	30.0-90.0%	
Findings:				
Any cancer detected (adenocarcinoma, carcinoid, lymphoma, rectal or anal squamous cancer)	6	0.4 %		
Adenocarcinoma	4	0.3 %		
Suspected cancer	4	0.3 %		
Adenoma with high grade dysplasia	6	0.4 %		
Other adenoma	354	23.9 %		
Advanced adenomas (>=1cm, or any villous histology)	83	5.6 %		
Adenomas, not advanced	271	18.3 %		
Hyperplastic Polyps	249	16.8 %	4.1-40.0%	
Other Polyps	94	6.4 %		
Other & Normal	768	51.9 %		
Neoplasia detection rate on first colonoscopies^^		24.8 %	22.2-41.2%	
Neoplasia detection rate-men^^		32.4 %		>=25%
Neoplasia detection rate-women^^		21 %		>=15%
Neoplasia and hyperplastic polyp detection rate		41.7 %	30.0-76.7%	
Male		50.4 %		
Female		37.2 %		

^ **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.

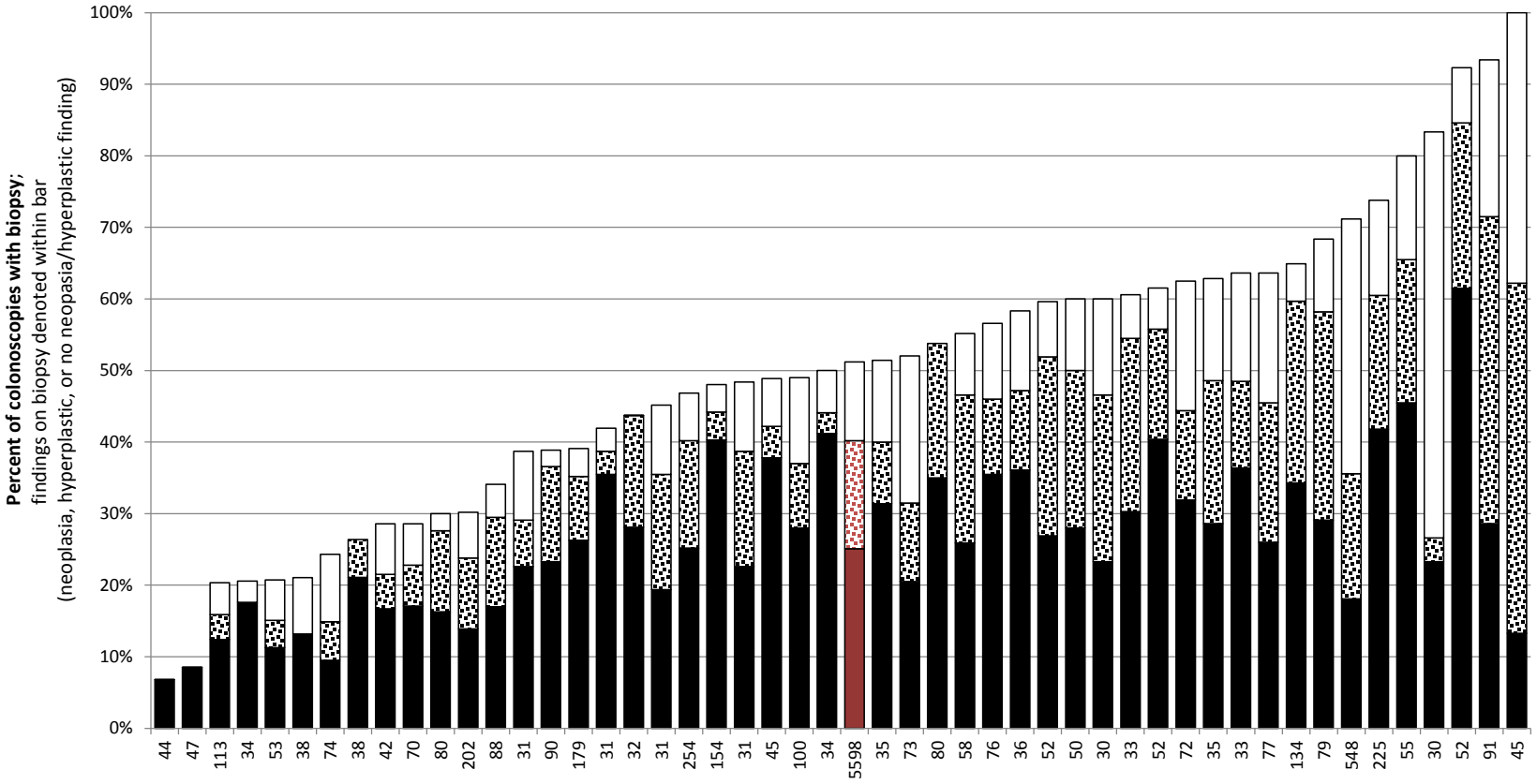
^^ **Neoplasia detection rate** includes adenocarcinoma, suspected cancer, adenoma with high grade dysplasia, and adenoma of any size or histology found on the first colonoscopy on clients age 50+ years without bleeding symptoms.

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 May 14, 2012

Percent of Colonoscopies where Biopsy Was Taken (and Findings on Biopsy) for Colonoscopists Who Performed ≥30 Colonoscopies between 7/1/2006--3/31/2012, Maryland in Average Risk Clients 50+ Years of Age Who Reported No Bleeding in the CRF CRC Screening Program



The **number** on the X axis represents the number of colonoscopies performed by the endoscopist from which these results were derived.
(5,598 were done statewide and the bar represents the statewide percentages for Maryland)

■ Neoplasia (adenocarcinoma, suspected cancer, or adenoma) ⊠ Hyperplastic polyp □ Biopsy with no neoplasia/hyperplastic finding

Center for Cancer Surveillance and Control
Cigarette Restitution Fund Program
Cancer Prevention, Education, Screening, and Treatment Program
June 2012

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, 2012 and the second report covers the period from January 1, 2011 to March 31, 2012 (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 (7/1/2006-3/31/2012 and 1/1/11-3/31/2012). 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 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.

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 5,598 colonoscopies that were done program-wide for this evaluation: 51% of the colonoscopies had one or more biopsy (which is the sum of 25% with neoplasia detected, plus 15% with hyperplastic polyps but without neoplasia, plus 11% with no neoplasia and no hyperplastic findings).

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Family Health Administration
Donna Gugel, M.H.S., Acting Director

June 15, 2012

Dear Colleague,

Maryland continues as a national leader in colorectal cancer (CRC) screening. With your help, Maryland public health programs funded by the Cigarette Restitution Fund (CRF) have screened 16,901 low-income and uninsured or under-insured adults with colonoscopy since 2001. In that time, 201 cases of CRC and 107 cases of adenomas with high grade dysplasia have been diagnosed.

We are pleased that an article describing our statewide colorectal cancer screening program funded by the CRF has been published in the May/June 2012 issue of the journal *Public Health Reports*![1] The article focuses on program development, client enrollment, case management, and data collection. It then describes our clients and provides the outcomes of the first screening cycle for FOBT, sigmoidoscopy, double contrast barium enema, and colonoscopy screening during the first 8 ½ years of the CRC program.

The results described in this article (the number of adults screened for CRC, the number of minority participants, the number of cancers found, AND the estimated number of cancers PREVENTED) **could not have been achieved without your commitment, dedication, and hard work.**

Maryland is also leading the way in **evaluating quality of colonoscopy** 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 the information 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 several colonoscopies in the CRF program because the measures will be more representative of your greater practice. **The reports** will enable you to compare your quality measures to the data from the entire program and to national standards. **The graph** will allow you to compare your biopsy rate and neoplasia detection rate to other providers in Maryland who have performed at least 30 colonoscopies in the program.

[1] Dwyer DM, Groves C, Hopkins A, et al. Experience of a Public Health Colorectal Cancer Testing Program in Maryland. Public Health Reports. 2012;127:330-339

Of Note:

- Providers who are doing **very few biopsies** are finding very few adenomas. The Maryland CRC Medical Advisory Committee thought that they need to assess why their biopsy rate and neoplasia detection rates are so low. Nationally, the expected percent of colonoscopies with a neoplasia finding is about 20%.
- Some providers are taking **one or more biopsies during almost every colonoscopy**. These providers need to assess their practices to determine whether this frequency of biopsy is clinically necessary and indicated.

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 esteinberger@dhmh.state.md.us.

Sincerely,

Stanley Watkins, M.D.
Chairman, Medical Advisory Committee

CCSC HO Memo #12-23--Attachment 5--Template Letter to Providers

Colonoscopy Feedback Reports and Graph

(Use is optional – edit text in brackets)

[Health Department Letterhead]

[Date]

Dear Dr. **[_____],**

The Maryland Department of Health and Mental Hygiene is continuing its efforts to improve the quality of colonoscopies provided to its clients in Maryland's Cigarette Restitution Fund Program (CRFP) colorectal cancer screening program. As specified in your contract to provide endoscopy services in Fiscal Year 2012, we are providing Colonoscopy Feedback Reports of important clinical indicators for your review.

Included in this packet are:

- Dear Colleague Letter from Dr. Watkins, Chairman of the Colorectal Cancer Medical Advisory Committee at the Maryland Department of Health and Mental Hygiene;
- Provider-specific report(s) of colonoscopy quality assurance (QA) **[specify time frame(s): 7/1/2006 – 3/31/2012 AND/OR 1/1/2011- 3/31/2012];**
- State-specific reports of colonoscopy QA: 7/1/2006 – 3/31/2012 and 1/1/2011-3/31/2012;
- Graphic showing percent of screening colonoscopies with biopsy (showing neoplasia, hyperplastic polyps, and other findings on biopsy) in average risk clients without bleeding, for providers who performed 30 or more colonoscopies from 7/1/2006-3/31/2012; and
- Description of Reports and Graph.

Thank you again for your help in Maryland's CRFP colorectal cancer screening program. We are committed to quality in our colorectal cancer screening program and we are pleased to offer this feedback to you and your practice.

Sincerely,

Health Officer

Enclosures
cc: