



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
Russell W. Moy, M.D., M.P.H., Director

CCSC HO Memo #11-20

MEMORANDUM

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

From: Diane Dwyer, MD, Medical Director, CCSC

Date: March 14, 2011

Re: **Maryland Colonoscopy Quality Assurance Program,
CRF Program Colonoscopy Feedback Reports, and
New Contract Template for Endoscopy Providers**

I. Maryland Colonoscopy Quality Assurance Program

The Center for Cancer Surveillance and Control is establishing the Maryland Colonoscopy Quality Assurance Program (CQAP) to measure and improve quality of colonoscopy in Maryland. As a start, on January 12, 2011, I presented information at the Health Officers' Roundtable about colonoscopy performed in the Cigarette Restitution Fund (CRF) Program and the variation seen in colonoscopy "indicators" such as adequacy of bowel preparation, intubation of the cecum, biopsy rates, and adenoma detection rates.

CDB Reports: Programs may look at information for their jurisdiction associated with these indicators by running the following reports or downloads in the Client Database:

- Adenoma detection rates—C-CoPD;
- Adequacy of exam, bowel prep, and cecal intubation rates—C-IC (by county)
- List of inadequate colonoscopies—C-LLIC (list of inadequate cols by provider); and
- For your jurisdiction's line list of patient information—Use the Download feature in the Client Database

II. Colonoscopy Feedback Reports

We have prepared the attached materials so that Health Officers may begin to send out letters to contracted colonoscopists to introduce them to the Colonoscopy Quality Assurance Program (CQAP) and invite their application. Attached here are:

- A SAMPLE list of colonoscopists in your jurisdiction who have performed 30+ colonoscopies in the entire CRF program between 7/1/2006 and 12/31/2010 (Attachment 1);
- A template cover letter for you to modify, put on letterhead, and use as a cover letter to providers under your Health Officer's signature (Attachment 2); and
- Attachment 3: A SAMPLE **invitation packet** of information containing:
 - A Dear Colleague Letter from Dr. Stanley Watkins;
 - An information sheet about the CQAP;
 - A Provider Application for a Colonoscopy Feedback Report; and
 - A sample CQAP Feedback Report that a provider would receive if the provider completes the application.

To invite participation of eligible endoscopists, **please do the following:**

- **Take the template cover letter, change to your letterhead, address one to each provider on the list, and have the letters signed by the Health Officer;**
- **Attach the letter to one copy of an invitation packet;**
- **Mail the letter and packet to each provider inviting the provider to apply; and**
- **Please notify us when you have mailed the packets by sending us a copy of the letters that you send to the providers.**

In a hard copy, separate mailing, we will send you the list of providers whom you should invite, and one packet of the invitation materials as a hard copy for each provider on your list.

Some providers have contracts with more than one jurisdiction (55 providers have a contract with only 1 program; 6 have contracts with 2 programs; 4 have contracts with 3 programs; and 1 has a contract with 4 programs). The provider list states the other counties where the provider has contracts. You may work with those counties so that the invitation packet only comes from one Health Officer, or you may work with other counties and decide that each health department will send an invitation packet. The provider, however, only needs to sign one application, and we will generate a **one** report based on **all** of the colonoscopies performed under CRF funding and send that report to the provider and to each Health Officer in the jurisdictions that held a contract.

Providers will send applications directly to me. Our staff will generate the Colonoscopy Feedback Report, which will be sent directly to the colonoscopist with a copy to the Health Officers in the jurisdictions where the colonoscopies are contracted.

III. Endoscopy Provider Contract Template

For your use when generating your 2011 provider contracts, we have prepared a contract template specific for those providers who perform colonoscopy and sigmoidoscopy. This template (Health Officer Memo #11-18) has additional language regarding 1) reporting of colonoscopy findings, and 2) quality assurance of the reporting through colonoscopy feedback reports.

Many thanks to those at DHMH and in the local programs who have helped make these feedback reports a reality, especially Dr. Eileen Steinberger, Annette Hopkins, Barbara Andrews, Carmela Groves, and **all of the local program staff** who enter data into the CDB and who help assure quality data!

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

Attachments e-mailed to Health Officers and CRF program staff, and packets mailed to Health Officers

cc: Russell Moy, M.D., M.P.H.
Donna Gugel, M.H.S.
Courtney Lewis, M.P.H.
Kelly Sage, M.S.

Attachment 1

Here is SAMPLE list of colonoscopists in your jurisdiction who have performed 30+ colonoscopies in the entire CRF program between 7/1/2006 and 12/31/2010. The actual lists will be mailed to each Health Officer along with an invitation packet for each of the providers on the list.

**Colonoscopists who performed 30 or more colonoscopies in the
Cigarette Restitution Fund
Cancer Prevention, Screening, Education, and Treatment Program
between 7/1/2006 and 12/31/2010**

**Please invite each of the providers from your jurisdiction to apply for a Colonoscopy
Feedback Report (see Health Officer Memo #11-20)**

Colonoscopist's Name	Jurisdiction/Program	Other Counties Where Provider Is Contracted under CRF Funding
Test, Doctor Colonoscopist, Daniel	Sample LHD Sample LHD	Sample2

Attachment 2

Health Department Letterhead

March XX, 2011

Dear Dr. _____,

Maryland is beginning a **Colonoscopy Quality Assurance Program**. As a physician contracted by our health department to perform colonoscopies in our Cigarette Restitution Fund Program, you are invited to participate in this Colonoscopy Quality Assurance Program.

Enclosed are the following:

- A Dear Colleague letter from Dr. Stanley Watkins, Chairman of the Colorectal Cancer Medical Advisory Committee at the Maryland Department of Health and Mental Hygiene;
- An information sheet describing the Colonoscopy Quality Assurance Program;
- An **application form to receive a Colonoscopy Feedback Report** on the colonoscopies you have performed under CRFP funding since July 2006; and
- A sample Colonoscopy Feedback Report that includes Maryland data for colonoscopies performed between July 2006 and December 31, 2010.

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

Sincerely,

Health Officer

cc: Diane M. Dwyer, MD, Medical Director
Center for Cancer Surveillance and Control, DHMH



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Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary
Family Health Administration

Russell W. Moy, M.D., M.P.H., Director

March 7, 2011

Dear Colleague,

Maryland is a leader in colorectal cancer (CRC) screening. Maryland is now 5th in the nation, with **72.7% up-to-date with CRC screening** (either FOBT in past year or endoscopy within the past 10 years¹). With your help, Maryland public health programs funded by the Cigarette Restitution Fund (CRF), since 2001, have completed **16,844 colonoscopies** on low income uninsured or under-insured Marylanders and have identified **186 cases of CRC and 73 cases of high grade dysplasia**.

Maryland also wants to be a **leader in the quality of colonoscopy**.

The CRC Medical Advisory Committee has formulated and updated the Minimal Elements for CRC Screening, Diagnosis, Treatment, and Education.² As Chairman of the CRC Medical Advisory Committee, I have written to you about colonoscopy quality improvement: in 2005, regarding adequacy of bowel prep, cecal intubation, and the need to biopsy all lesions; in 2007 regarding the Colonoscopy Reporting and Data System (CO-RADS) that provides national standards for quality assurance activities in colonoscopy and for colonoscopy reporting³; in 2009, providing the latest Minimal Elements and program statistics for bowel prep adequacy in the program; and in 2009, providing data on a review of a sample of Maryland CRF program colonoscopy reports from 2004-2005 using CO-RADS as a benchmark—and showing that not all reports documented the recommended items.⁴

The Maryland CRF Program has now begun a **Colonoscopy Quality Assurance Program (CQAP)**. As a first step, the CQAP is offering a **Colonoscopy Feedback Report** to contracted providers who have performed at least 30 colonoscopies in the program since 2006. Additional details are enclosed. Having this feedback will allow providers to assess their own practice statistics and, if needed, work to improve them. We encourage your application.

Thank you again for your participation as a colonoscopist in the Maryland CRF Program. If you have questions or comments, please call Diane Dwyer, M.D., at 410-767-5088.

Sincerely,



Stanley Watkins, M.D.

Chairman, Medical Advisory Committee

Colorectal Cancer Screening—United States, 2002, 2004, 2006, 2008. MMWR Supplement 60(01); 42-46

² http://fha.maryland.gov/pdf/cancer/ccsc09-19_att_crc_min_el.pdf

³ Lieberman, et al. Standards for colonoscopy reporting and data system: Report of the Quality Assurance Task Group of the national Colorectal Cancer Roundtable. *Gastrointestinal Endoscopy* 2007;65:757-766.

⁴ Li, et al. Quality assessment of colonoscopy reporting: Results from a statewide cancer screening program. *Diag and Thera Endoscopy* 2010, Article ID 419796.

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Web Site: www.dhmh.state.md.us

**Maryland Department of Health and Mental Hygiene (DHMH)
Center for Cancer Surveillance and Control
Cancer Mortality Prevention Initiative
March 2011**

Maryland Colonoscopy Quality Assurance Program

Description

The Maryland Colonoscopy Quality Assurance Program (CQAP) seeks to assure consistent, high quality colonoscopy in Maryland.

It will initially provide feedback to providers on indicators of the colonoscopies performed in the Cigarette Restitution Fund Program (CRFP). With feedback, providers can ensure a high level of quality by assessing their colonoscopy indicators and, if needed, making practice improvements.

As a first step, we are offering a **Colonoscopy Feedback Report** to providers who are contracted by the local programs to perform colonoscopy. The DHMH Center for Cancer Surveillance and Control will summarize the computerized information in the records of the patients on whom the provider has performed colonoscopy and will send the Report to the provider and to the local Health Officer(s) under whose contract(s) the colonoscopies were performed. This report includes information on the number of colonoscopies performed between July 1, 2006 and December 31, 2010, the number and percentage performed on women, the percent that had adequate bowel preparation, whether the cecum was reached, and the adenoma detection rate. See sample Feedback Report included in this packet.

Any provider who performed ≥ 30 colonoscopies in the CRFP CRC screening program is eligible to apply. If you have questions or comments, please call Diane Dwyer, M.D., Medical Director, Center for Cancer Surveillance and Control at 410-767-5088.

We hope that this program will be of interest to providers and will help them evaluate their colonoscopies.

Application (next page)

To apply for a Colonoscopy Feedback Report on the colonoscopies performed in the CRF Program between July 1, 2006 and December 31, 2010, please complete the application on the next page and fax, or e-mail the application to:

**Diane M. Dwyer, M.D., Medical Director
DHMH, Center for Cancer Surveillance and Control
Maryland Colonoscopy QA Program
201 West Preston Street, Room 406
Baltimore, MD 21201**

fax: 410-333-5210

telephone: 410-767-5088

e-mail: ddwyer@dnhm.state.md.us

**Application for the Maryland Department of Health and Mental Hygiene
Cigarette Restitution Fund Program
Colonoscopy Feedback Report**

Application Date: _____

1. Name of Applicant _____

2. Name of Practice or Group: _____

3. Type of endoscopy unit(s) where colonoscopy performed (check all that apply):

- a. ____ Office-based
- b. ____ Ambulatory Endoscopy Center
- c. ____ Ambulatory Surgery Center
- d. ____ Hospital-based

4. E-mail address _____

5. Main practice office address

(Number, street) _____

(City, State, Zip Code) _____

6. Office telephone _____ 7. Mobile telephone (optional) _____

8. Fax number (optional) _____

I am a physician who participates under contract with a local public health colorectal cancer screening program in Maryland. I understand that clinical information on the colonoscopies I perform is collected by the local health program who reports the data to the Maryland Department of Health and Mental Hygiene, Cigarette Restitution Fund Program. I hereby request that the Maryland Department of Health and Mental Hygiene summarizes the information from the colonoscopies I have performed in the program between July 1, 2006 and December 31, 2010, and provides my **Colonoscopy Feedback Report** to me and to the Health Officer for the program(s) with whom I have a contract.

I understand that the **Colonoscopy Feedback Report** will be mailed to my attention at the address above or to the alternate address provided below:

Alternate address for Colonoscopy Feedback Report (optional):

Name: _____

Address: _____

City, State, Zip _____

Signature

Date

Send to:

Diane M. Dwyer, M.D.; Maryland Colonoscopy QA Program;
DHMH, Center for Cancer Surveillance and Control; 201 West Preston Street, Room 406;
Baltimore, MD 21201

Fax: 410-333-5210

e-mail: ddwyer@dnhm.state.md.us

**Maryland Cigarette Restitution Fund Program
Colonoscopy Quality Assurance Program
Colonoscopy Feedback Report
July 1, 2006--December 31, 2010**

The report below is derived from data that Dr. X submitted to the local health department colorectal cancer screening program on colonoscopies performed between July 1, 2006 and December 31, 2010. Data on each colonoscopy and pathology report are entered into the Client Database by the local health department and have been summarized by the Maryland Department of Health and Mental Hygiene, Center for Cancer Surveillance and Control, Cigarette Restitution Fund Program staff. This summary Colonoscopy Feedback Report is provided in response to Dr. X's request for this report. Data from the all colonoscopies in the CRF Program for this period are presented for comparison.

Please contact _____ if there are questions about this report

	Dr. X		CRF Program			National Standards or Expected Number~
	N	%	N	%	Range##	
Total Number of Colonoscopies			7650			
Number (%) with Adequate Exam*			6960	91.0%	77.1-100%	
Number (%) with Adequate Bowel Preparation [#]			7109	92.9%	77.1-100%	
Number (%) with Cecum Reached			7393	96.6%	88.1-100%	
Number (%) with Cecum Reached among those with adequate bowel prep			6960	97.9%	91.0-100%	90-95%
Number of first colonoscopies**			6036			
Number of first colonoscopies in people 50+ years of age without bleeding symptoms (at average OR increased risk)			4534			
Biopsy rate on this group (regardless of adequacy of colonoscopy)			2307	50.9%	8.3-97.3%	
Findings on Adequate Colonoscopies on patients 50+ who did NOT have bleeding symptoms						
Total			4103			
Any Cancer detected (adenocarcinoma, carcinoid, lymphoma, rectal or anal squamous cancer)			17	0.4%		
Adenocarcinoma			12	0.3%		
Suspected cancer			7	0.2%		
High grade dysplasia			20	0.5%		
Any adenoma			997	24.3%	8.9-68.6%	
Advanced adenomas (>=1cm, or any villous histology)			261	6.4%	1.3-20.3%	
Other adenomas, not advanced			736	17.9%	2.2-60%	
Other findings or normal			3062	74.6%		
Neoplasia detection rate on first colonoscopies [^]				25.3%	4.4-68.6%	
Neoplasia detection rate-men [^]				31.8%		>=25%
Neoplasia detection rate-women [^]				22.1%		>=15%
Mean size of largest adenoma (mm) on colonoscopies where any adenoma was found and size was documented			8.3			

* **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 patient with no findings. If the provider's recall interval was **less than 10 years for an average risk patient with no findings and the prep was "fair," the CRF Program coded the prep as NOT adequate.**

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

[^] **Neoplasia detection rate** include adenocarcinomas, suspected cancer, high grade dysplasia, and adenomas of any size or histology in first colonoscopies on people 50+ without bleeding symptoms.

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

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