

## 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

April, 2011

Dear Colleague,

Maryland is a leader in colorectal cancer (CRC) screening. Maryland is now 5<sup>th</sup> in the nation, with **72.7% of our residents up-to-date with CRC screening** (50+ years with either FOBT in past year or endoscopy within the past 10 years). With your help, Maryland public health programs funded by the Cigarette Restitution Fund (CRF), since 2001, have completed **17,314 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.<sup>2</sup> 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 reporting<sup>3</sup>; 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.<sup>4</sup>

The Maryland CRF Program has now begun a **Colonoscopy Quality Assurance Program (CQAP).** As a first step, the DHMH had generated a **Colonoscopy Feedback Report** for each colonoscopist. The Feedback Report will be sent to the local Health Officer in the local health department who contracted with the endoscopist to provide colonoscopies for the program on or after July 1, 2006. These reports enable one to compare the quality measurement data to the data from the entire program (2006-2010) and to national standards.

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

Sincerely.

Chairman, Medical Advisory Committee

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

<sup>&</sup>lt;sup>2</sup> http://fha.maryland.gov/pdf/cancer/ccsc09-19\_att\_crc\_min\_el.pdf.

<sup>&</sup>lt;sup>3</sup> 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.

<sup>&</sup>lt;sup>4</sup> Li, et al. Quality assessment of colonoscopy reporting: Results from a statewide cancer screening program. Diag and Thera Endoscopy 2010, Article ID 419796.