

BENCHMARKING TO EXCELLENCE:

Using Quality Indicators to Improve Performance

BY TOM DEAS, MD, FASGE, FACG AND IRVING PIKE, MD, FACG, FASGE



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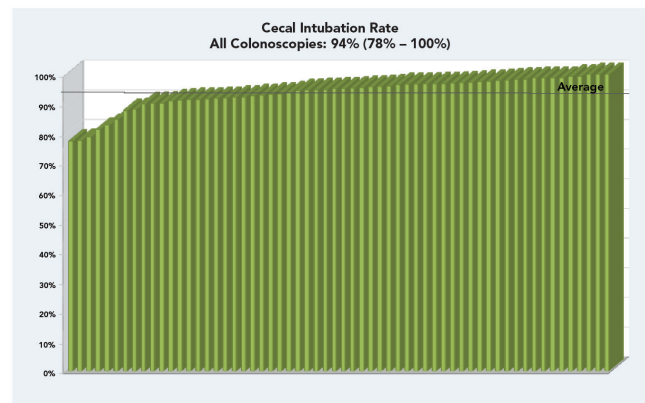
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Now, more than ever before, your practice is being pressured by the expectations of payers, accrediting organizations, licensing bodies, and certifying boards for evidence that you and your practice provide quality patient care. Participation in a quality benchmarking initiative will produce the evidence you need to meet these demands. GI Quality Improvement Consortium, Ltd. (GIQuIC), a non-profit partnership established to meet this need and support gastrointestinal endoscopists' quality improvement efforts, is launching its national benchmarking registry. This initiative to benchmark quality performance in endoscopic practice, previously described in *EndoEconomics* (2007, 2008), was carefully planned and implemented to assure that you receive meaningful information that can be used to improve patient care.

After a successful two-year pilot program including rigorous testing and data auditing, the American College of Gastroenterology (ACG) and the American Society for Gastrointestinal Endoscopy (ASGE), the founders of GIQuIC, are confident that the GIQuIC benchmarking tool establishes measures that are reliable, feasible, and relevant to your practice. Establishing a benchmarking program in your practice is a resource-intensive and expensive effort that may fail to provide the information necessary for quality improvement. For many GI practices, participating in an established benchmarking program offers significant advantages.

The GIQuIC benchmarking registry makes it possible for you to compare your endoscopic performance to your peers on a local, regional, or national scale. Clinical managers can produce benchmarking reports on a monthly, quarterly, or annual basis. Data can be easily submitted using endoscopy report software (endowriter) or may be manually entered online. The benchmark reports may be used to drive internal quality improvement initiatives, as well as to negotiate performance incentives with payers. The GIQuIC

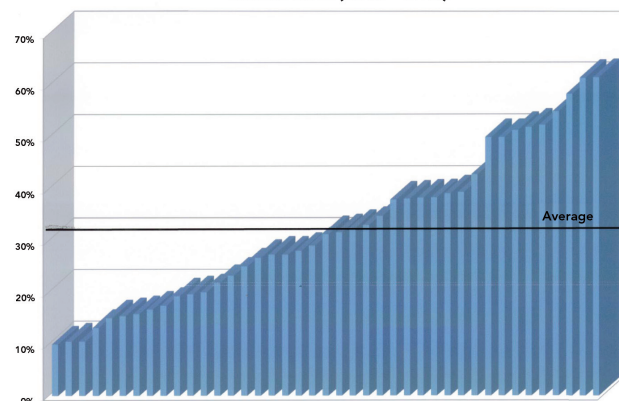
Cecal Intubation Rate



Adenoma Detection Rate

Men Age >50: 35% (10% - 62%)

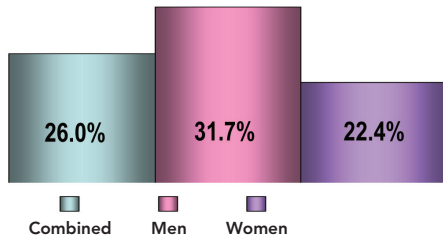
Adenoma Detection Rate
Males: 35% (10% - 62%)



Colonoscopy Quality Indicators Adenoma Detection Rate

Female = 1,045
Male = 650

Percentage of patients age 50 years or older with adenomas identified and documented.



program is designed to collect data following the evidence-based quality indicators and key performance metrics derived from the ACG and ASGE joint report, "Quality Indicators for Gastrointestinal Endoscopic Procedures" (Rex DK, Petrini JL, et al. Quality Indicators for Colonoscopy. *Gastrointest Endosc.* 2006; 63(4) (Suppl):S16 – S28 and Rex DK, Petrini JL, et al. Quality Indicators for Colonoscopy. *Am J Gastroenterol* 2006; 101:873-855). Finally, through the consistent use of this evidence-based benchmarking tool at the point of care, endoscopists will receive timely feedback on their performance and practices will be able to make mean-

ingful quality improvements and achieve cost efficiencies.

The GIQuIC data registry is maintained by Outcome Sciences, which is PQRI-certified, and was selected by the Agency for Healthcare Research and Quality (AHRQ) in 2005 to create the agency's handbook, "Registries for Evaluating Patient Outcomes: A User's Guide." As an early leader in developing patient registries, Outcome Sciences is well-positioned to maintain the GIQuIC data repository.

Because GIQuIC was developed by practicing gastroenterologists like you who are being pressured to work more efficiently, every effort was made to simplify data submission. During the pilot phase, GIQuIC worked closely with the major endowriters Olympus, Provation, CORI, gMed, EndoSoft, EmergeEndo, and MD-Reports to ensure that data could be easily uploaded successfully. This vital interface will make your par-

icipation in GIQuIC almost effortless. GIQuIC is now accepting applications from endoscopy units and will begin training data managers in early July. To assure your participation in GI's leading data registry and benchmarking initiative, register today at www.giquic.org.

Dr. Thomas Deas is board-certified by the American Board of Internal Medicine in both Internal Medicine (1981) and Gastroenterology (1989). While on USAF active duty he received his undergraduate medical degree from Louisiana State University School of Medicine in Shreveport graduating with honors (1978). Postgraduate medical training at Wilford Hall USAF Medical Center in San Antonio included an Internal Medicine Residency (1978-81) and Gastroenterology Fellowship (1986-88). He is a fellow of the American Society for Gastrointestinal Endoscopy (ASGE) and American College of Gastroenterology. He is currently ASGE Treasurer and will serve as President in 2012-13. He also serves as a member of the Advisory Committee for the Quality in Endoscopy Benchmarking Project.

Dr. Irving Pike practices gastroenterology in Virginia Beach, Virginia. Dr. Pike completed his undergraduate degree at Emory University and earned his medical degree at the Medical College of Georgia. His internal medicine training was completed at Parkland Hospital and the Dallas VAMC. He joined his current practice in 1983 on completion of his GI fellowship at the University of Texas Health Science program in Dallas, Texas. Dr. Pike has additional experience as a healthcare executive having served in several positions with Sentara-Health Care an integrated healthcare system in Virginia. Dr. Pike currently is a Trustee of the American College of Gastroenterology and is a member of the ASGE Quality Assurance Committee. Dr. Pike serves GIQuIC as president.

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