

Project Title:	Improving Quality in Cancer Screening: The Excellence Report for Colonoscopy
Principal Investigator:	Logan, Judith, M.D.
Organization:	Oregon Health and Science University
Mechanism:	RFA: HS07-002: Ambulatory and Safety Quality Program: Enabling Quality Measurement through Health IT (EQM)
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Summary Status as of:	December 2008

Strategic Goal: Develop and disseminate health IT evidence and evidence-based tools to improve health care decisionmaking through the use of integrated data and knowledge management.

Business Goal: Synthesis and Dissemination

Summary: This project was initiated in August 2007 and has completed the first half of the grant period. This initiative is designed to evaluate and improve the quality of screening and diagnostic colonoscopies in ambulatory care settings. Using the Clinical Outcomes Research Initiative (CORI) software application and the National Endoscopic Database (NED), the project is developing and testing the Excellence Report, a quality report card for gastrointestinal (GI) endoscopy, focusing on nationally recognized quality process measures for colonoscopy. Using a clustered randomized trial design, CORI-affiliated clinicians working in ambulatory care centers or offices are receiving monthly reports through a secure Web site of their quality measures along with comparisons to other CORI clinicians and national benchmarks. The effects on reporting of quality measures data, adherence to the quality recommendations, and durability of changes upon ceasing the reports are being measured. Concurrently, field observations and interviews are performed with a representative sample of clinicians who are receiving the Excellence Report. Based on these observations and interviews, a survey will be created and administered to all participating clinicians. The objectives of the project are: 1) to understand clinician perceptions of reliability and validity of the data presented, 2) to understand clinician acceptance of the quality initiative, and 3) to look for effects on workflow and any unintended consequences of the Excellence Report. Concurrently, this project is coordinating a series of four Webcasts with representatives from GI reporting software vendors, imaging system vendors, and GI pathology laboratories, along with the GI specialty societies, on the development of a sustainable and standards-based architecture that will allow the Excellence Report to expand beyond CORI.

Specific Aims

- Create the Excellence Report, a quality report card of individual performance on quality measures recommended by the U.S. Multisociety Task Force on Colorectal Cancer and the American Society of Gastroenterologic Endoscopy (ASGE)/American College of Gastroenterology (ACG) Task Force on Quality in Endoscopy, and present this as monthly feedback to the ambulatory care providers of CORI. **(Ongoing)**
- Measure the effect of the quality report card on individual performance in adherence to the recommended quality measures for colonoscopy. **(Upcoming)**
- Perform a qualitative assessment of the effect of the report card on providers. We will study the acceptance of the individual quality report card and effects on workflow, and will search for unintended consequences. **(Ongoing)**

- Lead an industry consortium including endoscopy reporting software vendors, pathology laboratories, and endoscopy imaging vendors to develop industry-wide standards for the exchange of data on colonoscopy quality measures. **(Upcoming)**

2008 Activities: The project completed the design and implementation of the Excellence Report. The report currently includes 12 GI endoscopy measures with three additions expected to be added in early 2009. The Excellence Report was officially launched in September 2008 as a database-driven Web site. Forty-six percent of providers included in the project have logged into the site, created an account, and are using the reports. Bimonthly e-mails are sent to clinicians and clinic managers to update them on the project. Benchmark data on compliance with the quality measures were collected during the period of January–June 2008 for the 142 clinicians included in the program, with analysis occurring in 2009.

In order to perform a qualitative assessment of the effect of the report card on providers, four sites have been selected for visits by the project team. The first site visit occurred in December 2008. During the visit, the project team observed endoscopy procedures to understand workflow for documentation within the CORI system. The project team also conducted interviews with clinicians on their opinions of quality measures, who should be able to access performance data, and whether these data lead to changes in their practice.

An initial series of teleconferences and meetings with vendors and GI specialty societies occurred in the first half of 2008, and Dr. Logan attended work group meetings for various industry efforts such as Health Information Technology Standards Panel (HITSP).

Preliminary Impact and Findings: Publicly available findings will be made available closer to the end of the project.

Selected Outputs

A set of Frequently Asked Questions to support clinicians' use of The Excellence Report was developed.

A clinician interview guide for use during the site visits was also created.

Grantee's Most Recent Self-Reported Quarterly Status: The project is slightly delayed in convening an industry consortium to develop industry-wide standards for the exchange of data on colonoscopy measures. To advance this aim, the project has proposed conducting four Webcasts with appropriate GI clinicians, standards experts, and quality measure experts. The outcomes of these discussions will inform whether an in-person meeting at the ACG conference in October 2009 is necessary. As a result of the delays in convening an industry consortium, the project is somewhat under spent by 5 to 20 percent of its budget. Full use of the budget is anticipated given the upcoming Webcasts.

Milestones: Progress is on track in some respects but not others.

Budget: Somewhat under spent, approximately 5 to 20 percent.