Complete Summary

TITLE

Patient understanding of colonoscopy procedure: percentage of patients answering "yes" to the post-procedure telephone interview question "Did you have an adequate understanding of your procedure?".

SOURCE(S)

AAAHC Institute for Quality Improvement. Procedure specific colonoscopy survey [Colonoscopy CPT-45378-45385]. Wilmette (IL): AAAHC Institute for Quality Improvement; 2003. 2 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of patients answering "yes" to the post-procedure telephone interview question "Did you have an adequate understanding of your procedure?"

RATIONALE

Part of the rationale for studying colonoscopy (Current Procedure Terminology [CPT] codes 45378-45385) is that it is the second most frequently performed procedure in U.S. ambulatory care, with more than 1.1 million of the almost 1.4 million colonoscopies reported as occurring in the ambulatory setting in 1996. Additionally, colonoscopies are a means of detecting colorectal cancer and of preventing deaths from this third leading cancer (not including skin cancer) for American men and women. Further, although there will continue to be disagreement about what the "best" test is for detecting colorectal cancer, colonoscopy allows the endoscopist to remove lesions and polyps at the time of the procedure (unlike a barium enema) and may detect cancer in a substantial proportion (maybe 45%) of people whose colon cancer would otherwise go undetected (as opposed to sigmoidoscopy). Colonoscopy is not without cost; direct costs, risks to patients (such as bowel perforation), potential patient discomfort, and other related costs must be considered in a cost-benefit analysis. Many national organizations have clinical practice guidelines that recommend colorectal cancer screening for select populations and several refer to the use of colonoscopy as the screening process in certain patient populations.

PRIMARY CLINICAL COMPONENT

Colorectal cancer; colonoscopy; patient understanding of procedure

DENOMINATOR DESCRIPTION

Patients undergoing colonoscopy procedure (Current Procedure Terminology [CPT] codes 45378-45385) at the ambulatory health care organization who were reached for the telephone survey and who responded to the question "Did you have an adequate understanding of your procedure?"

NUMERATOR DESCRIPTION

Number of patients from the denominator answering "yes" to the post-procedure telephone interview question "Did you have an adequate understanding of your procedure?"

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Patient Experience

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- Screening for colorectal cancer: recommendations and rationale.
- Colorectal cancer screening and surveillance: clinical guidelines and rationale-update based on new evidence.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

AAAHC Institute for Quality Improvement. Colonoscopy 2003 study. Wilmette (IL): Accreditation Association for Ambulatory Health Care, Inc. (AAAHC); 2003. 21 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Nurses
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Colonoscopy is the second most frequently performed procedure in US ambulatory care, with more than 1.1 million of the almost 1.4 million colonoscopies reported in the ambulatory setting in 1996.

EVIDENCE FOR INCIDENCE/PREVALENCE

Owings MF, Kozak LJ. Ambulatory and inpatient procedures in the United States, 1996. Vital Health Stat 13 1998 Nov;(139):1-119. PubMed

ASSOCIATION WITH VULNERABLE POPULATIONS

Because colonoscopy is generally recommended for those over 50 and those with higher risk or history of cancer, elderly and therefore elderly frail will be disproportionately represented.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

American Cancer Society guidelines on screening and surveillance for the early detection of adenomatous polyps and colorectal cancer-update 2001. CA Cancer J Clin 2001 Jan-Feb;51(1):44-54. [181 references]

Colorectal cancer screening. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2001 Jul. 25 p. [51 references]

Smith RA, Cokkinides V, von Eschenbach AC, Levin B, Cohen C, Runowicz CD, Sener S, Saslow D, Eyre HJ. American Cancer Society guidelines for the early detection of cancer. CA Cancer J Clin 2002 Jan-Feb;52(1):8-22. [61 references] PubMed

U.S. Preventive Services Task Force. Screening for colorectal cancer: recommendations and rationale. Ann Intern Med 2002 Jul 16;137(2):129-31. PubMed

Winawer S, Fletcher R, Rex D, Bond J, Burt R, Ferrucci J, Ganiats T, Levin T, Woolf S, Johnson D, Kirk L, Litin S, Simmang C. Colorectal cancer screening and surveillance: clinical guidelines and rationale-Update based on new evidence. Gastroenterology 2003 Feb;124(2):544-60. [102 references] PubMed

Winawer SJ, Fletcher RH, Miller L, Godlee F, Stolar MH, Mulrow CD, Woolf SH, Glick SN, Ganiats TG, Bond JH, Rosen L, Zapka JG, Olsen SJ, Giardiello FM, Sisk JE, Van Antwerp R, Brown-Davis C, Marciniak DA, Mayer RJ. Colorectal cancer screening: clinical guidelines and rationale [published errata appear in Gastroenterology 1997 Mar;112(3):1060 and 1998 Mar;114(3):625]. Gastroenterology 1997 Feb;112(2):594-642. [220 references] PubMed

BURDEN OF ILLNESS

Colorectal cancer is the fourth most common cancer in the United States and the second leading cause of cancer death. A person at age 50 has about a 5 percent lifetime risk of being diagnosed with colorectal cancer and a 2.5 percent chance of dying from it; the average patient dying of colorectal cancer loses 13 years of life.

EVIDENCE FOR BURDEN OF ILLNESS

U.S. Preventive Services Task Force. Screening for colorectal cancer: recommendations and rationale. Ann Intern Med 2002 Jul 16;137(2):129-31. PubMed

UTILIZATION

Unspecified

COSTS

Colorectal cancer screening is effective in reducing mortality from colorectal cancer. Current data are insufficient to determine the most effective or cost-effective strategy for screening, although all major strategies have favorable cost-effectiveness ratios compared with no screening. Estimates of average cost per year of life saved by having a colonoscopy every 10 years range from approximately $9,000 to $26,000.

EVIDENCE FOR COSTS

Pignone M, Rich M, Teutsch SM, Berg AO, Lohr KN. Screening for colorectal cancer in adults. Systematic Evidence Review No. 7 (prepared by the Research Triangle Institute, University of North Carolina Evidence-based Practice Center under contract No. 290-97-0011). AHRQ Publication No. 02-S003. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2002 Jun 1.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness
Staying Healthy

IOM DOMAIN

Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Procedure specific data are collected in a prospective manner for approximately 3 months for all patients having a colonoscopy (Current Procedure Terminology [CPT] codes 45378-45385).

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Diagnostic Evaluation

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
Patients undergoing colonoscopy procedure (Current Procedure Terminology [CPT] codes 45378-45385) at the ambulatory health care organization who were reached for the telephone survey and who responded to the question "Did you have an adequate understanding of your procedure?"

Exclusions
Cases where patients cannot be contacted for a telephone survey 24-48 hours post-procedure are reported as non-responses and are excluded from the denominators for measures of patient experiences.

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Number of patients from the denominator answering "yes" to the post-procedure telephone interview question "Did you have an adequate understanding of your procedure?"*

* Where no option is chosen by a patient, this is reported also.

Exclusions
Unspecified

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Patient survey

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Limited reliability and validity testing have been completed.

Reliability testing has included comparing information in the surveys to patients' charts and surgical logs - different sources of much the same data.

Validity testing has included examining face validity, content validity, and external validity (generalizability), with survey developers and participating organizations from year-to-year.

Unfortunately, there is little in the way of established measures to test criterion validity.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

AAAHC Institute for Quality Improvement. Colonoscopy 2003 study. Wilmette (IL): Accreditation Association for Ambulatory Health Care, Inc. (AAAHC); 2003. 21 p.

Identifying Information

ORIGINAL TITLE

Patient understanding of colonoscopy procedure.

MEASURE COLLECTION

AAAHC Institute for Quality Improvement Performance Measurement Initiative

MEASURE SET NAME

Colonoscopy

SUBMITTER

Accreditation Association for Ambulatory Health Care Institute for Quality Improvement

DEVELOPER

Accreditation Association for Ambulatory Health Care Institute for Quality Improvement, Performance Measurement Initiative, Colonoscopy Work Group

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2000 Jan

REVISION DATE

2003 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

AAAHC Institute for Quality Improvement. Procedure specific colonoscopy survey [Colonoscopy CPT-45378-45385]. Wilmette (IL): AAAHC Institute for Quality Improvement; 2003. 2 p.

MEASURE AVAILABILITY

The "Patient Understanding of Colonoscopy Procedure" measure was derived from the Accreditation Association for Ambulatory Health Care (AAAHC) Institute for Quality Improvement, "Procedure Specific Colonoscopy Survey."

For more information, please contact the AAAHC Institute for Quality Improvement at info@aaahciqi.org.

COMPANION DOCUMENTS

The following is available:

- Colonoscopy 2003 study. Wilmette (IL): Accreditation Association for Ambulatory Health Care, Inc. (AAAHC); 2003. 21 p. This document can be ordered from the Accreditation Association for Ambulatory Health Care (AAAHC) Web site.

NQMC STATUS

This NQMC summary was completed by ECRI on May 25, 2004. The information was verified by the measure developer on May 27, 2004.

COPYRIGHT STATEMENT

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