



## **ACG and ASGE Issue Updated Quality Indicators for GI Endoscopic Procedures**

**DOWNERS GROVE, Ill., (Dec. 2, 2014)** — The ACG/ASGE Task Force on Quality in Endoscopy, a joint effort of the American College of Gastroenterology (ACG) and the American Society for Gastrointestinal Endoscopy (ASGE), has updated quality indicators common to all gastrointestinal (GI) endoscopic procedures and for the four major endoscopic procedures: colonoscopy, esophagogastroduodenoscopy (EGD, also known as upper endoscopy), endoscopic retrograde cholangiopancreatography (ERCP) and endoscopic ultrasonography (EUS). These documents are published online today in *GIE: Gastrointestinal Endoscopy* and *The American Journal of Gastroenterology*.

The ACG/ASGE Task Force on Quality in Endoscopy, led by co-chairs Jonathan Cohen, MD, FASGE and Irving M. Pike, MD, FACG, FASGE, updated these quality indicators which were originally published in 2006 and which serve as a reference for physicians trained in endoscopy who can use them to assess, measure and improve their performance.

“Major external forces stemming from policy makers, payers, and ultimately patients have generated demand for a way to accurately define and measure the quality of the services endoscopists provide,” said Dr. Jonathan Cohen. “The updated list of quality indicators contained in these articles reflects gastroenterologists’ increased ability to measure their performances as well as public and private payers’ desire for them to report true outcomes. We anticipate that these articles will continue to guide our efforts to measure and benchmark the key components of the procedures we perform. The ultimate purpose of gathering data on these indicators will be to identify performance gaps, which will allow us to focus our improvement efforts and deliver higher quality endoscopy care to our patients.”

The quality indicators are published online in *GIE: Gastrointestinal Endoscopy*, the official peer-reviewed scientific journal of ASGE, and *The American Journal of Gastroenterology*, the official peer-reviewed scientific journal of ACG. The papers will appear in the January 2015 print issues of both publications. The five titles published by the Task Force, under the banner “Quality Indicators for Gastrointestinal Endoscopic Procedures,” include:

- **"Quality indicators common to all GI endoscopic procedures"**
- **"Quality Indicators for EGD"**
- **"Quality Indicators for Colonoscopy"**
- **"Quality Indicators for ERCP"**
- **"Quality Indicators for EUS"**

The quality indicators help to ensure that patients receive an indicated procedure; that correct and clinically relevant diagnoses are made (or excluded); that therapy is properly performed and that all these are accomplished with minimum risk to the patient. For each endoscopic procedure, quality indicators were considered for three time periods: preprocedure, intraprocedure and postprocedure.

“Perhaps the greatest impact of the 2006 articles has been the impetus they provided and the foundation they laid for the development of central data repositories to facilitate widespread benchmarking based on these very indicators. As a result of the 2006 quality indicator documents, the

GI Quality Improvement Consortium, Ltd. (GIQuIC) established a data repository and benchmarking tool," said Dr. Irving Pike, who is also president of the GIQuIC Board. "This registry, a joint initiative of the ACG and ASGE, now has an expanding colonoscopy database that is a resource for the development of new quality measures, quality benchmarking and clinical research. GIQuIC recently added EGD measures and is in the process of adding ERCP and unit-based measures to the registry. Data reports from registries are being used by endoscopists and endoscopy units in continuous quality improvement efforts, which were the primary goal of the initial project to define quality indicators."

#### **About the ACG/ASGE GI Endoscopy Quality Indicators**

As a product of the ACG/ASGE Task Force on Quality in Endoscopy, these documents were reviewed and approved by the Governing Boards of the American Society for Gastrointestinal Endoscopy and the American College of Gastroenterology, and were reviewed and endorsed by the American Gastroenterological Association. The present update integrates new data pertaining to previously proposed quality indicators. For the current report, the Task Force prioritized indicators that had wide-ranging clinical application, were associated with variation in practice and outcomes, and were validated in clinical studies. Clinical studies were identified through a computerized search of Medline followed by review of the bibliographies of all relevant articles. When such studies were absent, indicators were chosen by expert consensus. "Quality Indicators for Gastrointestinal Endoscopic Procedures" can be accessed online at [www.giejournal.org](http://www.giejournal.org) or <http://www.nature.com/ajg/index.html>.

#### **About the ACG/ASGE Task Force on Quality in Endoscopy**

In the early 2000s, physician leaders in gastroenterology started a movement to define aspects of quality for endoscopy. As leaders in promoting excellence in gastrointestinal endoscopy, ACG and ASGE formed a Task Force, comprised of nationally recognized endoscopic experts, to identify objective measures that could be used to define high-quality endoscopic services for the diagnosis and treatment of diseases and conditions of the digestive tract. Published in April 2006, the first set of Gastrointestinal Endoscopic Quality Indicators established the foundation for assessing prevailing patterns of care against best practices, revolutionizing the area of quality in endoscopy. These indicators have guided measure development for use not only in continuous quality improvement activities, but for inclusion in government reporting programs, which will ultimately make performance data publicly available.

#### **About Gastrointestinal Endoscopy**

Gastrointestinal endoscopic procedures allow the gastroenterologist to visually inspect the upper gastrointestinal tract (esophagus, stomach and duodenum) and the lower bowel (colon and rectum) through an endoscope, a thin, flexible device with a lighted end and a powerful lens system. Endoscopy has been a major advance in the treatment of gastrointestinal diseases. For example, the use of endoscopes allows the detection of ulcers, cancers, polyps and sites of internal bleeding. Through endoscopy, tissue samples (biopsies) may be obtained, areas of blockage can be opened and active bleeding can be stopped. Polyps in the colon can be removed, which has been shown to prevent colon cancer.

#### **About the American College of Gastroenterology**

Founded in 1932, the American College of Gastroenterology (ACG) is an organization with an international membership of more than 13,000 individuals from 80 countries. The College is committed to serving the clinically oriented digestive disease specialist through its emphasis on scholarly practice, teaching and research. The mission of the College is to serve the evolving needs of physicians in the delivery of high quality, scientifically sound, humanistic, ethical, and cost-effective health care to gastroenterology patients. [www.gi.org](http://www.gi.org).

### **About the American Society for Gastrointestinal Endoscopy**

Since its founding in 1941, the American Society for Gastrointestinal Endoscopy (ASGE) has been dedicated to advancing patient care and digestive health by promoting excellence and innovation in gastrointestinal endoscopy. ASGE, with more than 13,000 members worldwide, promotes the highest standards for endoscopic training and practice, fosters endoscopic research, recognizes distinguished contributions to endoscopy, and is the foremost resource for endoscopic education. Visit [www.asge.org](http://www.asge.org) and [www.screen4coloncancer.org](http://www.screen4coloncancer.org) for more information and to find a qualified doctor in your area.

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