

WASHINGTON GASTROENTEROLOGY

Colonoscopy Quality Data 2018



Introduction

Colorectal cancer is the second leading cause of cancer related deaths in the United States, in men and women combined. According to the American Cancer Society, in 2019, it is estimated that there will be 145,600 new cases of colon and rectal cancer diagnosed. One in 22 men and one in 24 women will be diagnosed with colorectal cancer in their lifetime.

The third most common cancer diagnosed in men and women combined, the death rate from colorectal cancer has been dropping over the last 20 years, in part because of early screening. The most common and effective screening for colorectal cancer is colonoscopy and for most patients, when detected early, colon cancer is curable.

However, not all colonoscopies are the same. This common, relatively painless procedure should be performed by an experienced, well-trained physician who has expertise in gastroenterological conditions and disorders. Through screening colonoscopy, colon cancer can be detected early and precancerous polyps can be removed before they can become cancer.

Please continue reading for our group's Colonoscopy Quality Data from 2018.



Jason Sugar, MD
Board Certified Gastroenterologist
Chair, Quality Committee



Ralph Katsman, MD
Board Certified Gastroenterologist
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Colonoscopy Performance Data

	WAGI	Benchmark
Adenoma Detection Rate*		
Men	52.7%	30%
Women	42.4%	20%
Average Withdrawal Time**	11:34 (minutes)	6:00 (minutes)
Cecal Intubation Rate***	96.0%	> 90%
Surveillance Compliance §	99.1%	90%
Complications ∞		
Perforations	0.02%	< 0.1%
Bleeds	0.10%	< 1%
Total Procedures	37,678	

* The percentage of patients 50 years or older, undergoing first time screening colonoscopy who have one or more conventional adenomas detected and removed.

** Length of time doctor is spent examining a normal colon with no pathology.

*** The percentage of total colonoscopies that are completed.

§ The percentage of time the practice adheres to current recommendations for follow up based on national GI society guidelines.

∞ Perforations and post-polypectomy bleeds are based on all colonoscopy procedures done by the physicians, at all locations, for the year.

Colonoscopy

Total number of outpatient colonoscopies performed at Washington Gastroenterology.

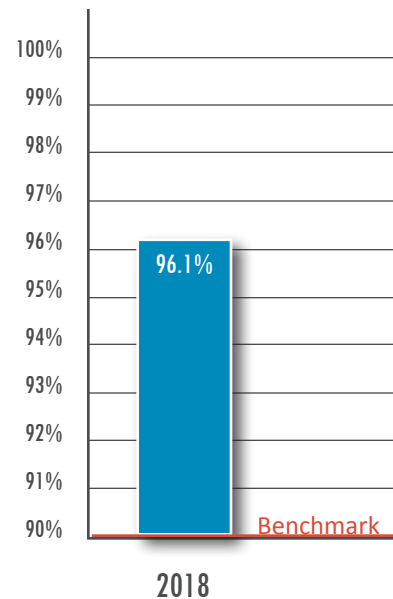
2018	Average per Provider
37,678	992

Performing more than 200 procedures annually is associated with increased completion rates and decreased procedure complications.

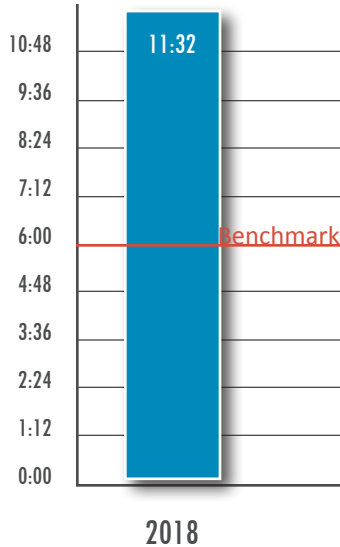
Cecal Intubation Rate

Cecal Intubation Rate is the percentage of colonoscopies in which the doctors successfully reach the cecum, the beginning of the colon. It is a measurement of the doctor's competency and an important quality indicator.

Nationally, the recommended rate for reaching the cecum is 90-95%. At Washington Gastroenterology, we exceed that benchmark.



Colonoscopy Withdrawal Time

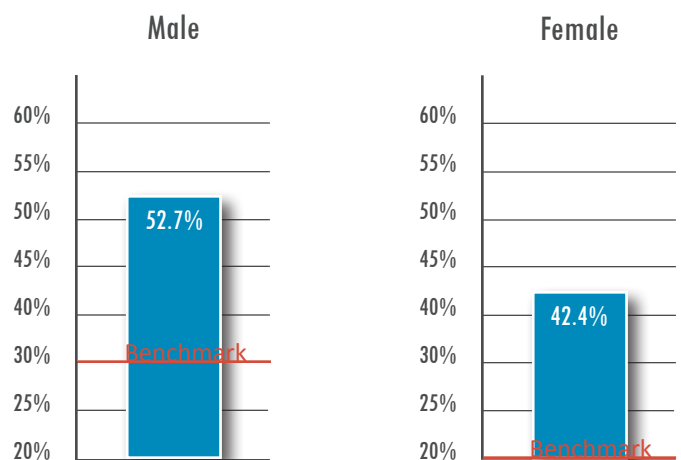


Colonoscopy Withdrawal Time is the amount of time the doctor views the inside of the colon looking for polyps, cancers or other abnormalities. Withdrawal time has become one of the standards for the quality of the exam.

Doctors who spend, on average, longer than six minutes (6:00) of withdrawal time have a significantly increased detection rate of polyps compared with those who spend less than six minutes. In 2018, all of our physicians exceeded the national benchmark of six minutes.

Adenoma Detection Rate

Detection and removal of adenomatous polyps (benign premalignant tumors) is most critical for colon cancer prevention. Finding and removing these before they become cancerous decreases the risk. It is expected that well-trained doctors should detect these types of polyps in 30% of screening exams done on males and 20% of those done on females who are 50 years and older, with no other risk factors for colon cancer. In 2018, all of our physicians exceeded this important benchmark.



2018

Complications of Colonoscopy

With colonoscopy, there are some risks. The risk of bleeding or perforation being the most frequent. National benchmark states that the risk is less than 1% for bleeding and less than 0.1% for perforation for all colonoscopies done.

Washington Gastroenterology physicians consistently have less complications than the national standard.

	2018	Benchmark
Bleeding	0.10%	< 1%
Perforation	0.02%	< 0.1%

Facts About Colon Cancer

Colon cancer is the second leading cause of cancer death in women and men combined.

Most patients with colon cancer are over 50 years of age, however colon cancer can be diagnosed at any age.

Patients often have no symptoms in the earliest stages of colon cancer.

Most colorectal cancers occur in people who do not have a family history.

Colon cancer affects all races.

Colon Cancer is Preventable!