Improving screening quality in Ontario, Canada

Dr. Catherine Dubé
Presenter disclosure

Presenter:
Dr. Catherine Dubé, MD, MSc, FRCPC
Clinical Lead, ColonCancerCheck
Associate Professor, Department of Medicine, Division of Gastroenterology, University of Ottawa

Relationships with commercial interests:
Not Applicable
Framework for assessing quality of care

Structure
- Equipment
- Human resources
- Organizational structure
- Funding

Process
- Patient behavior
- Providers’ interventions
- Clinical policies

Outcomes
- Complications
- PCCRC
- Patient satisfaction
Screening and cancer care in Ontario

Delivery of colonoscopy services

Primary care refers for colonoscopy
n = >10,000

Endoscopist
n = 940

Hospitals
n=100

Out-of-hospital premises
n=57

ColonCancerCheck Program

13 Regional Cancer Programs

CHALLENGE: Create a shared vision of quality screening and colonoscopy care
Towards a shared vision of quality

Funding

Quality reporting

Quality improvement

Evidence and data collection
Governance structure
Evidence and Data collection

• Provincial and national body of evidence on colonoscopy quality*

• Launch of ColonCancerCheck in 2008
  • Provincial clinical and scientific leadership structure
  • Funding for CCC-related procedures
    ➢ Implementation of tools to support colonoscopy data collection
  • Development of colonoscopy quality assurance guidelines

*Rabeneck L et al. Gastroenterol 2008;135
Tinmouth et al. Can J Gastroenterol Hepatol 2014
Monthly Integrated GI endoscopy/screening reports
- FIT+ volumes
- Wait times
- Colonoscopy volume by indication
- Backlog management tool

Annual Physician Colonoscopy Quality report and Facility report

Screening Activity Report for primary care providers

Program performance reports
• Health System Funding Reform leading to Quality-based (QBP) funding for GI endoscopy in large hospitals (2015)

• GI endoscopy funding is carved out of global hospital budget and CCO/OH administers QBP funding allocations

  ✓ Promotes standardization of care/reduces practice variation
  ✓ Improves accountability for providing high-quality services
  ✓ Impetus to collect data from hospitals
Colonoscopy quality management program

**Standards and Guidelines:**
- Articulate quality standards for facilities
- Align and integrate standards

**Quality Reporting:**
- Monthly regional GI endoscopy reports
- Annual facility survey and quality report
- Annual colonoscopy quality physician reports

**Clinical Leadership:**
- Provincial, regional and facility leadership roles

**Quality Improvement Resources:**
- Develop QI tools and resources
- Lead facilitated feedback QI discussions
Facility-level quality reporting

### Volumes and demographics, 2019

<table>
<thead>
<tr>
<th>Total colonoscopy volume</th>
<th>1,541</th>
</tr>
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<tbody>
<tr>
<td>Your region: 30,070</td>
<td></td>
</tr>
<tr>
<td>Province: 479,631</td>
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### Performance indicators

#### Outpatient cecal intubation, 2019
- **Target**: > 55%
- **Your facility**: 97.7%
- **Your region**: 98.1%
- **Province**: 98.6%

#### Inadequate bowel preparation, 2019
- **Your facility**: 2.4%
- **Your region**: 2.6%
- **Province**: 2.5%

#### Post-polypectomy bleeding, 2019
- **Target**: < 1/100
- **Your facility**: 0.39/100
- **Your region**: 0.35/100
- **Province**: 0.26/100

#### Outpatient perforation, 2019
- **Target**: < 1/1,000
- **Your facility**: 0.00/1,000
- **Your region**: 0.00/1,000
- **Province**: 0.00/1,000

#### Colonscopy colorectal cancer detection rate, 2018
- **Your facility**: 0.5%
- **Your region**: 1.2%
- **Province**: 1.2%

#### Post-colonoscopy colorectal cancer, 2016
- **Your facility**: 0.11%
- **Your region**: 0.10%
- **Province**: 0.10%

#### Percentage of colonoscopies performed by endoscopists meeting volume standard, 2019
- **Your facility**: 94.8%
- **Your region**: 89.3%
- **Province**: 94.9%

#### Percentage of colonoscopies with recent normal findings, 2019
- **Your facility**: 2.3%
- **Your region**: 2.6%
- **Province**: 2.9%
Physician-level quality reporting

Design features:
- Clear communication
- Data comparisons

Continue to build on report contents and design:
1. Introduced physician ADR in 2020
2. Added case-level data in 2020 and 2021

References:
Facilitated Feedback

Model for coaching and facilitating performance feedback:

✓ Address cognitive dissonance
✓ Reinforce non-punitive intent
✓ Develop an action plan

✗ Resource and time intensive

Sargeant J. et al. Acad Med; 2015, 90(12), 1698-1706
Evaluation of the colonoscopy quality program

- RCT of >900 endoscopists (report with/without A/F)*:
  - significant PDR improvement in poor performers
- Physician reports were useful for providing performance information and to identify areas of improvement
- Regional leads were able to implement the facilitated feedback process without difficulty and endoscopists were receptive

*Tinmouth J, et al. GIE 2018;87 (6 suppl): AB133-AB134
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<tbody>
<tr>
<td>PCCRC* (%)</td>
<td>0.13</td>
<td>0.13</td>
<td>0.1</td>
<td>0.11</td>
<td>0.1</td>
<td></td>
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<tr>
<td>Perfs (/1000)</td>
<td>0.3</td>
<td>0.4</td>
<td>0.4</td>
<td>0.36</td>
<td>0.29</td>
<td>0.3</td>
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<tr>
<td>Bleeds** (%)</td>
<td>0.3</td>
<td>0.31</td>
<td>0.29</td>
<td>0.3</td>
<td>0.28</td>
<td>0.26</td>
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<tr>
<td>PDR, male (%)</td>
<td></td>
<td></td>
<td>48.6</td>
<td>51.2</td>
<td>53.6</td>
<td>54.8</td>
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<td>ADR (%)</td>
<td></td>
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<td></td>
<td></td>
<td>33.1</td>
<td>33.6</td>
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<tr>
<td>Cecal Int (%)</td>
<td></td>
<td></td>
<td>97.8</td>
<td>98</td>
<td>98.2</td>
<td>98.3</td>
<td>98.4</td>
<td>98.6</td>
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<tr>
<td>Poor prep (%)</td>
<td></td>
<td></td>
<td>3.5</td>
<td>3.3</td>
<td>3</td>
<td>3.1</td>
<td>2.7</td>
<td>2.5</td>
</tr>
<tr>
<td>&gt;200/yr (%)</td>
<td></td>
<td></td>
<td>95</td>
<td>95.3</td>
<td>94.7</td>
<td>95</td>
<td>95</td>
<td>94.9</td>
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Future goals for colonoscopy quality

• Updates to report indicators, quality standards and indicator methodology in response to new evidence and priorities for quality
• Enhancing ancillary activities (e.g., SEE™ Program, c-GRS)
• Further define the role of the facility lead
• Strengthen endoscopists’ engagement
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