Measuring the Value of Colonoscopists’ Performance

Dear Editor:

The article by Gohel et al., not only addresses the relevant relationship between polypectomy rate (PR) and adenoma detection rate (ADR) but also provides important clinical insights into the value of colonoscopy performance among a large cohort of endoscopists. With the growing emphasis on value-based payment, the value of clinicians’ performance is now subject to greater scrutiny. In healthcare, value is defined as quality of care adjusted for cost. In the context of colonoscopy practice, one approach to expressing value is the ratio of adenoma detection rate (ADR) to polypectomy rate (PR) can be used to estimate the value of a colonoscopist’s performance, ie, quality/cost.

In the article by Gohel et al., the overall mean ADR/PR ratio for the 65 colonoscopists studied was 58%, with a broad variation from 0% to 97% and standard deviation of 20%. The coefficient of variation (ratio of the standard deviation to the mean) was 34%; by convention, a coefficient of variation >15% represents broad spread, thereby indicating a higher level of variation in value of endoscopists’ performances. Figure 1 illustrates the relationship between ADR and PR for the author’s study group. The horizontal line separates endoscopists with ADR above and below the mean (25%). As shown, the cohort of endoscopists who achieve an acceptable level of quality (ADR >25%) can be further classified as higher value or lower value performers on the basis of whether they have high PR (thereby incurring high pathology charges) or low PR (incurring lesser pathology charges).

Although there are many measures of colonoscopy quality other than ADR and many contributors to cost other than pathology charges, the data provided by Gohel et al. illustrate one approach to numerically quantifying the value of colonoscopy performance. With the introduction of the Affordable Care Act and the shift toward value-based reimbursement in place of a fee-for-service model of payment, value measurement, not just in endoscopy but in all aspects of clinical care, will assume increasing importance.

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References

Conflicts of interest
The author discloses no conflicts.

Reply. We would like to thank Dr Harewood for his interest in our study and interpretation of our results. He raises an important point in this era of cost-conscious health care delivery. He makes an interesting assumption that ratio of adenoma detection rate (ADR) to polypectomy rate (PR) can be used to estimate the value of a colonoscopists’ performance ie, higher value performers have high ADR and lower PR thereby incurring lower pathology charges as opposed to lower value performers who have low ADR and high PR. In other words, high value performers are better at differentiating neoplastic versus non-neoplastic polyps on inspection and they preferentially remove neoplastic appearing polyps. There is considerable interest in this area as evidenced by the resect and discard approach to treat diminutive polyps. In this method, the histology of a diminutive polyp is assessed during endoscopy, a high-resolution photograph is taken, and the polyp is then...