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Performance Measure Review

Upper Endoscopy for Gastroesophageal Reflux: Review of the Performance Measures by the Performance Measurement Committee of the American College of Physicians

Writing Committee

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ACP Recommendation

ACP does not support the measure developed by ActiveHealth Management that addresses the percentage of adult patients with gastroesophogeal reflux disease (GERD) with alarm symptoms who have had an upper gastrointestinal study.

Methods

A search was performed of the National Quality Forum (NQF) performance measure directory to identify measures related to upper endoscopy use in patients with GERD. The inclusion criteria for selecting measures were all measures developed in the United States and endorsed by NQF. One measure was identified (NQF 0622) that met the inclusion criteria. The PMC reviewed NQF measure 0622 against the clinical evidence presented in the Best Practice Advice paper developed by the American College of Physicians Clinical Guidelines Committee (2).

Measure Specifications

NQF 0622: GERD - Upper Gastrointestinal Study in Adults with Alarm Symptoms (1)	
Measure Developer:	ActiveHealth Management
Status:	NQF Annual Update on Nov 03, 2011
Description:	The percentage of adult patients with gastroesophogeal reflux disease (GERD) with alarm symptoms who have had an upper gastrointestinal study.
Clinical Topic:	Gastrointestinal
Numerator Statement:	Patients who have had an upper gastrointestinal study.
Denominator Statement:	Patients, 18 years and older, diagnosed with GERD with alarm symptoms (e.g., dysphagia, iron deficiency anemia, weight loss).
Exclusions:	Specific Exclusions: 1. Patients with a documented gastrointestinal malignancy 2. Patients with other causes of the alarm symptoms, including end-stage renal disease, scleroderma, cystic fibrosis, esophageal varices, known Barrett & acute esophagus, or gastric restrictive procedures. General Exclusions: Metastatic malignancy, chemotherapy/radiation therapy, hospice and Skilled Nursing Facility, feedback from physician indicating GI study contraindicated or not applicable.
Risk Adjustment	No
Type of Measure:	Process
Level of Analysis:	Population: National, Regional
Care Setting	Ambulatory Care: Clinician Office/Clinic, Home Health
Data Source:	Administrative claims, Electronic Health Record, Pharmacy, Healthcare Provider Survey, Patient Reported Data/Survey

Rationale

ACP does not support the measure developed by ActiveHealth Management that addresses the percentage of adult patients with gastroesophogeal reflux disease (GERD) with alarm symptoms who have had an upper gastrointestinal study. The PMC concluded that there is a lack of evidence that a substantial quality gap exists. Therefore, this measure may create an unjustified measurement burden and will not improve quality of care. The measure specifications did not align with the clinical evidence, which recommends the use of upper endoscopy in men and women with heartburn and alarm symptoms (dysphagia, bleeding, anemia, weight loss, and recurrent vomiting) (2). The alarm symptoms (bleeding and recurrent vomiting) are not currently included in measure specifications and should be added to the denominator of the measure. The term “gastrointestinal study” in the numerator of the measure should be defined. For example, a barium study for diagnosis of GERD is not an evidence based standard of care.

Gaps in Performance Measurement — Opportunities to Promote High-Value Care

The PMC supports the development of an overuse measure to assess potential overuse of upper endoscopy in patients with GERD without alarm symptoms (dysphagia, bleeding, anemia, weight loss, and recurrent vomiting). Evidence shows that the use of upper endoscopy for GERD indications is rising, suggesting possible inappropriate and unnecessary use in patients with GERD without alarm symptoms (2, 3).

References

1. ActiveHealth Managment. *GERD - Upper gastrointestinal study in adults with alarm symptoms.* Accesssed at http://www.qualityforum.org/QPS/0622 on 26 November 2012.

2. Shaheen NJ, Weinberg D, Denberg TD, Chou R, Qaseem A, Shekelle P. *Upper endoscopy for gastroesophageal reflux: best practice advice from the American College of Physicians.* Ann Intern Med, 2012. (157) 11 in press.

3. Di Giulio E, Hassan C, Marmo R, Zullo A, Annibale B. *Appropriateness of the indication for upper endoscopy: a meta-analysis.* Dig Liver Dis, 2010. 42(2): p. 122-126.

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http://www.acponline.org/clinical_information/performance_measurement/pmc.htm

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