

Pressures to increase volume of colonoscopies adversely impacts how screenings are performed

March 12 2012

Researchers at Mount Sinai School of Medicine have found that 92 percent of more than 1,000 gastroenterologists responding to a survey believed that pressures to increase the volume of colonoscopies adversely impacted how they performed their procedures, which could potentially affect the quality of colon cancer screening. The findings, based on responses from members of the American Society for Gastrointestinal Endoscopy (ASGE), are published in the March 2012 issue of *Gastrointestinal Endoscopy*.

"The number of colonoscopies has risen dramatically over the past fifteen years, but it is imperative that an increase in volume not occur at the expense of quality and safety," said Lawrence B. Cohen, MD, lead study author and an Associate Clinical Professor of Gastroenterology at Mount Sinai. "Balancing quantity and quality is an issue that needs to be addressed in order to ensure the continued success of [colon cancer prevention programs](#)."

Overall, 92.3 percent of survey respondents indicated that production pressures, such as heightened demand for the procedure, rising overhead or shrinking [reimbursement rates](#), resulted in physicians postponing, aborting or reducing the extent of a colonoscopy procedure. For example, 7.2 percent of participants said production pressures made them reduce the time examining the colon wall, 5.3 percent of participants said these pressures made them abort a difficult

colonoscopy, and 69 percent said they performed a colonoscopy on a patient with an unfavorable risk/benefit ratio.

Mount Sinai researchers sent a 40-question survey to the 5,739 members of the ASGE working in the United States and received 1,073 completed responses. The survey focused on three key areas: the respondent's demographic and practice characteristics, the operational characteristics of their facilities and their observations of colleagues.

Additional results of the survey include:

- 13 percent of respondents indicated that they have insufficient time for a pre-procedure assessment, 7.7 percent believed they routinely had inadequate time to complete an examination and 5.5 percent believed that patients were discharged from the unit prematurely;
- 47.8 percent of respondents had witnessed a colleague alter their usual practice patterns, within the past three years, as a result of production pressure;
- 42 percent identified one or more sources of inefficiency in their practice, such as an inadequate number of procedure rooms, insufficient staff, or too few beds in the recovery unit;
- 77.8 percent believed that their weekly workload was excessive; 97 percent believe the medical care that they provide is equivalent to or better than it was three years ago, but 78.5 percent experienced more work-related stress, compared with three years earlier; and 81 percent indicated they are working harder now to preserve their practice income.

"At Mount Sinai, we have worked diligently to implement continuous quality-improvement programs, offer periodic retraining, and allocate enough time per procedure," said Dr. Cohen. "In fact, we perform

colonoscopies in half-day blocks, and emphasize the importance of the quality of bowel cleansing. Ultimately, we all need to confront the issue of production pressure and create these kinds of solutions in order to ensure the delivery of effective [colonoscopy](#) screenings."

Provided by The Mount Sinai Hospital

Citation: Pressures to increase volume of colonoscopies adversely impacts how screenings are performed (2012, March 12) retrieved 3 May 2024 from <https://medicalxpress.com/news/2012-03-pressures-volume-colonoscopies-adversely-impacts.html>

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