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Quality Improvement in IBD Care: The Influence of a QI Specific Conference for Fellows

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Given the complexity of management of inflammatory bowel disease (IBD), medical societies such as the American Gastroenterological Association (AGA) and Crohn's and Colitis Foundation of America (CCFA) have established measures aimed at defining quality of care. In 2011, the AGA proposed 10 quality metrics for IBD, eight of these measures relate to outpatient management and two focus on inpatient management. Our objective was to evaluate compliance with these measures in our own general GI practice and determine whether a GI conference discussing quality improvement (QI) in 2017 was effective.

Methods

The 8 AGA IBD core measures related to the outpatient management of IBD were assessed.

From a list of patients with ICD-9 codes for IBD, We identified 104 patients with well documented Crohn's disease (CD) or ulcerative colitis (UC) and multiple visits through 2018. For this quality assessment, we used the most recent GI visit and. The patients were divided into two groups (most recent visit prior (Pre) or after (Post) a GI conference in 2017. Significant differences were defined using student's t-test or Pierson Chi-square.

Results

There were 40 patients in the pre group and 64 patients in the post group. The gender and racial distribution were not significantly different between pre and post (70% pre vs 61% post female; 75% vs 73% AA). There were more CD patients in the post group (48% vs 70% $p<0.05$) and more patients were on an anti-TNF biologics (18% vs 41%).

Table 1 details the results of the quality measures before and after the QI conference.

Prior to the QI conference in 2017, there were areas for improvement (i.e<75% compliance) in 4 of the categories Bone density screening, screening for Vit D deficiency, documenting disease severity, vaccinations and tobacco cessation counseling (table). Following the QI conference discussion in 2017, there was good improvement seen several areas. Although, there were small improvements in vaccinations, the numbers are still very low.

Conclusion

We demonstrated improved compliance with the AGA IBD quality metrics after the QI conference, though there are still areas of improvement for documenting immunizations and tobacco cessation counselling. To help improve compliance with core measures, we propose advocating for our current EMR systems to have the ability to trigger alerts regarding specific measures and improve compliance as well as educating new fellows on proper documentation and standardization of the AGA IBD quality metrics.

Table 1

Quality Measures Comparing Patients Pre and Post QI Conference Discussion			
	Pre (n) %	Post (n) %	P (Pearson)
Anatomic Location Documented	(30/40) 75%	(54/64) 84%	0.23
Disease Severity Documented	(25/40) 63%	(52/64) 81%	0.034
% Steroid Sparing	(38/40) 95%	(64/64) 100%	0.071
Dexa Screening	(1/4) 25%	(5/5) 100%	0.018
TB Test before anti-TNF	(8/9) 89%	(28/28) 100%	0.07
HBV screen prior to anti-TNF	(8/9) 89%	(28/28) 100%	0.07
TPMT before Imuran	(6/6) 100%	(17/21) 81%	0.25
Vit D Checked	(16/40) 40%	(46/64) 72%	0.002
Taking Vit D	(10/40) 25%	(26/64) 41%	0.17
PNA Vaccine Confirmed	(40) 10%	(19/64) 30%	0.02
Flu Vaccine Confirmed	(10/40) 25%	(22/64) 35%	0.13
Tobacco cessation	(9/12) 75%	5/9(55%)	0.33