

Optimizing the Use of Endoscopy for Young, Otherwise Healthy Patients with Dyspepsia

Jennifer Halasz¹, Brenna Murray², Sampson Law², Shawn Dowling^{1,2}, Kelly Burak^{1,2,4}, Mark Swain^{1,4}, Gill Kaplan^{1,4}, Tarun Misra^{1,4}, Jennifer Williams^{1,4}, Linda Slocombe^{1,3}, Kerri Novak^{1,4}
¹University of Calgary, Department of Medicine ²University of Calgary, Physician Learning Program ³Primary Care Networks ⁴Calgary Division of Gastroenterology and Hepatology

Aim

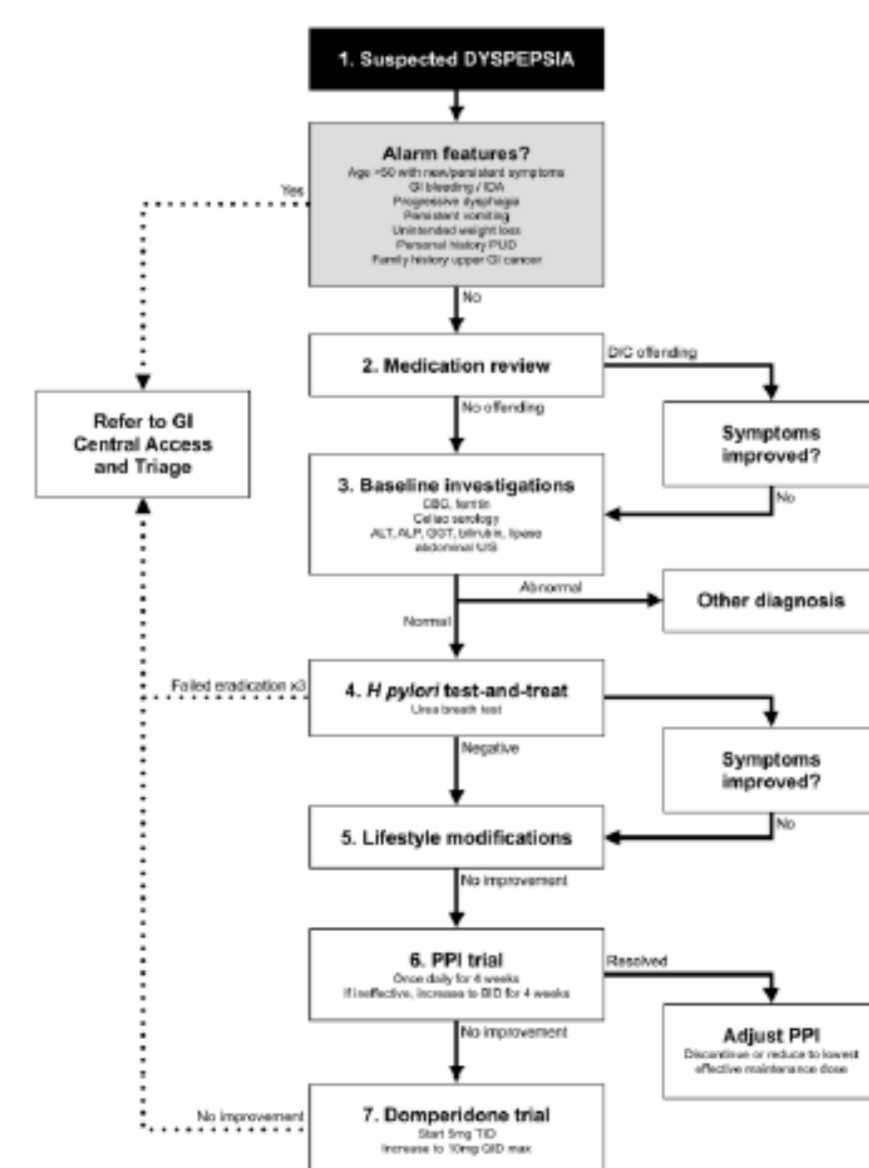
- To measure adherence to the CWC recommendation for dyspepsia

Methods

- Ethics approval obtained
- Procedure reports and pathology reviewed for esophagogastroduodenoscopy (EGD) done to investigate dyspepsia in Calgary between April 1 - June 30 in 2015, 2016, and 2017
- Laboratory and prescribing data used to further refine the cohort (other indications)
- Physicians consented to receive individual reports with peer comparators at a facilitated audit & feedback (A&F) session in March 2018

Background

- Dyspepsia affects 20% of the population
- Use of EGD is often low yield and findings in patients < 55 years without alarm symptoms are rare
- In 2015, Calgary Gastroenterologists partnered with Calgary Primary Care Networks to develop a Dyspepsia Pathway (www.specialistlink.ca)



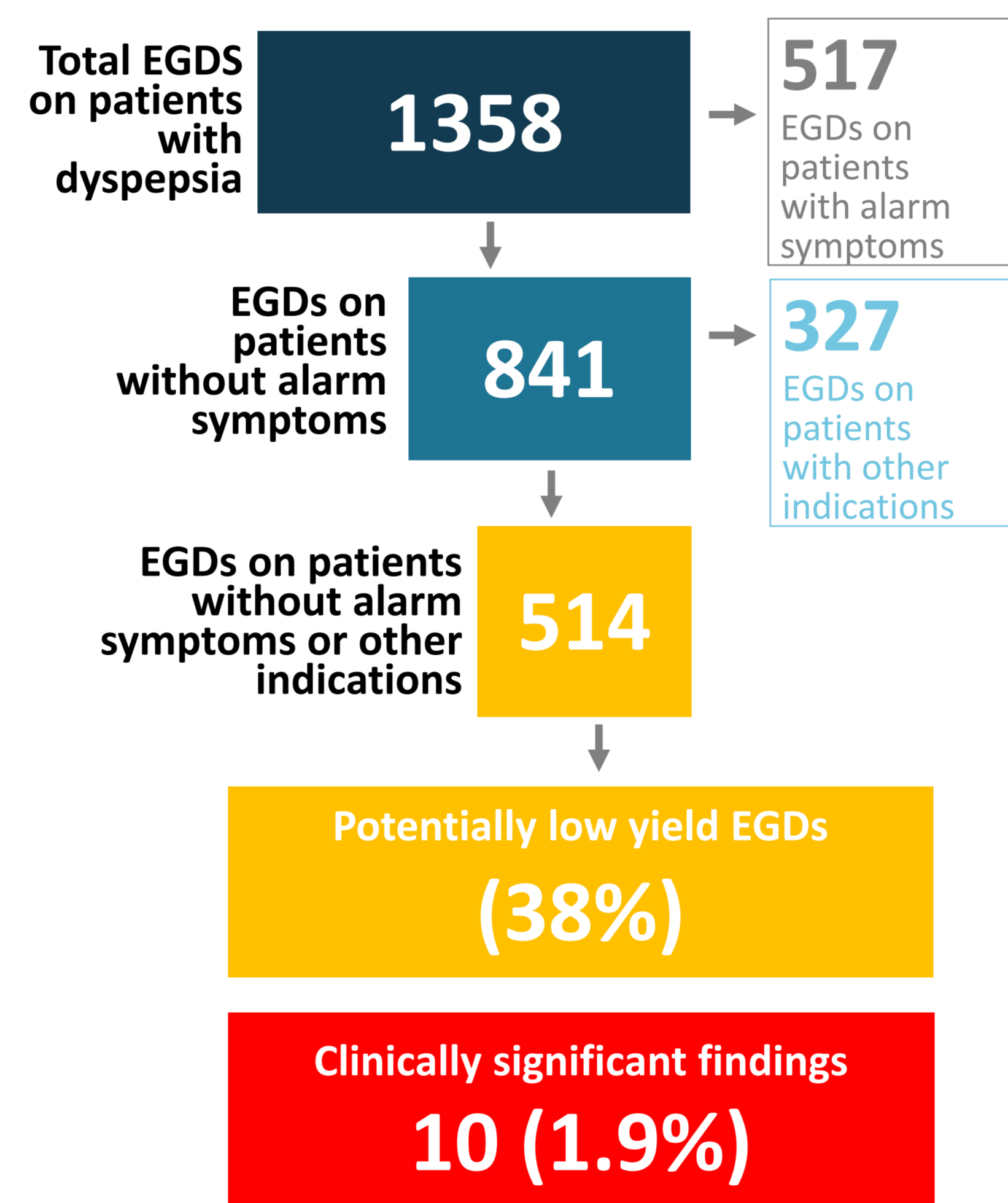
- Despite this pathway, many EGDs are still done to investigate dyspepsia



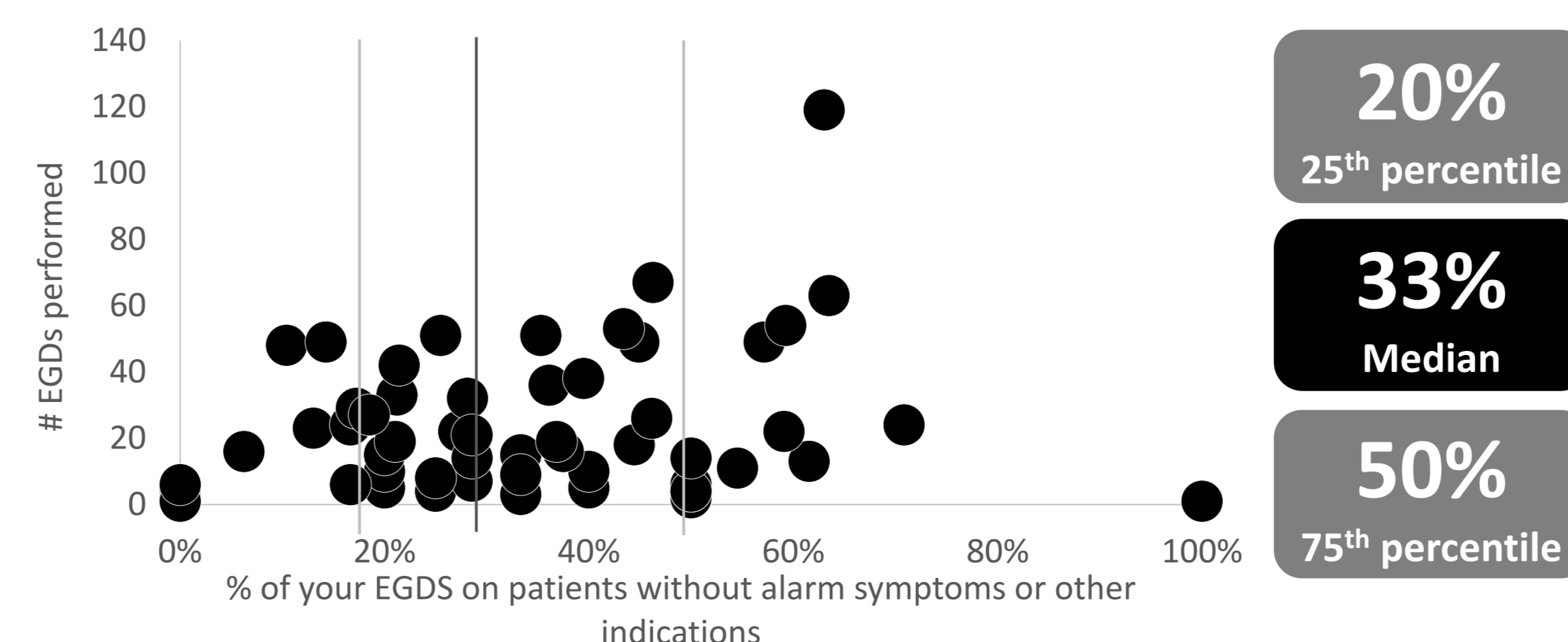
Avoid performing an endoscopy for dyspepsia without alarm symptoms for patients under the age of 55 years

Results

EGDs on dyspepsia patients <55 years in Calgary hospitals



EGDs performed on patients <55 years of age with dyspepsia & % low yield procedures per physician



Conclusions

- Approximately 685 low yield EGDs are performed annually in Calgary to investigate dyspepsia in young patients without alarm symptoms
- Significant practice variation exists amongst physicians in the Calgary Division
- Facilitated A&F helped identify strategies to improve the appropriate use of endoscopy
- Repeat measurement is planned for later in 2018
- Ongoing partnerships with specialists, primary care physicians and patients are needed to ensure the appropriate investigation and management of this common problem

Acknowledgements

- Christopher Rice, Digital Specialist (PLP)
- Charlene Feuffel and Brock Setchell, DIMR analysts (AHS)
- Funding sources: the Chief Medical Officer and the Digestive Health SCN

