American Board of Internal Medicine®

Gastroenterology Quality Agenda
Themes and Corresponding Society Activities*

ABMS Standard 18, Development of a Quality Agenda: In collaboration with stakeholder organizations, Member Boards must facilitate the process for developing an agenda for improving the quality of care in their specialties. One area of emphasis must involve eliminating healthcare disparities.

- Member Boards are expected to support a quality agenda in alignment with their specialty-at-large.
- Member Boards must collaborate with key organizations, including specialty societies and other quality organizations, to identify areas in which patient care can be improved, review the areas and define strategies to improve care.

Problems	Drivers	Relevant Society Strategies
AIM 1: Increase overall colorectal cancer (CRC) screening and appropriate surveillance when indicated		
• Patients are not receiving the appropriate CRC screenings or surveillance for their age and risk factors. • Initial non-invasive screening can result in financial barriers for invasive screening when indicated for positive results. • Access barriers exist for the various screening modalities (insurance coverage, colonoscopy backlogs, etc.). • Knowledge gaps exist about appropriate screening based on age/benefit/life expectancy and shared decision-making.	• Widely disseminate information about accurate screening and surveillance. • Example: CMS quality measures 113, 185 and 320. • Develop a financially sustainable model that can be replicated across the U.S. to ensure underserved patients who have a positive stool-based colorectal cancer screening test get a timely follow-up colonoscopy. • Deploy patient education campaigns to improve understanding of CRC risk and screening modalities. • Develop education and practical guidance geared toward physicians and their gastroenterology healthcare teams on evolving screening modalities and patient preferences to improve community CRC screening and follow-up, as well as other factors impacting colonoscopy completion (e.g., inadequate bowel preparation, cancellations and no shows). • Provide evidence-based recommendations for age-eligible CRC screening as well as	**General Screenings**: • ASGE Colorectal Cancer Screening Project 2023 • Recommendation: Colorectal Cancer: Screening | United States Preventive Services Taskforce • ASGE Colorectal Cancer Screening Project • ASGE | Know Your Risk • ASGE Masterclass: Colorectal Screening Plus • ASGE: Updates on age to start and stop colorectal cancer screening: recommendations from the U.S. Multi-Society Task Force on Colorectal Cancer • ASGE: Right-Sizing Colorectal Cancer Screening: Innovations in Detection and Outreach • ACG Clinical Guidelines: Colorectal Cancer Screening 2021 • ACG Podcast Clinical Guidelines Colorectal Cancer 2021 • ACG: To Screen or Not to Screen Adults 45-49 Years of Age: That is the Question • ACG: Expending Colorectal Cancer Screening or Promoting Personalized Medicine? One Size Does Not Fit All!

• Knowledge gaps exist about evidence-based surveillance (gastroenterology and internal medicine).	recommendations for follow-up after normal colonoscopy among individuals age-eligible for screening and post-polypectomy among all individuals with polyps. • Provide a means to measure adherence to recommendations for follow-up after normal colonoscopy among individuals age-eligible for screening and post-polypectomy among all individuals with polyps as well as other factors impacting colonoscopy completion. • Advocacy for coverage requirements for surveillance colonoscopies for those with a prior polyp or positive noninvasive test.	• ACG: CRC Screening: When to Start, What Modality to Use, When to Stop • ACG: CRC Screening in 45-49-Year-Olds: How To Get It Done! • ACG: Screening for CRC: Who, What, When, Where and Why? • ACG Advocacy Wins: Surveillance Colonoscopy, Telehealth and More **Risk**: • AGA Clinical Practice Update on Risk Stratification for Colorectal Cancer Screening and Post-Polypectomy Surveillance • ASGE: Recommendations for Follow-Up After Colonoscopy and Polypectomy: A Consensus Update by the U.S. Multi-Society Task Force on Colorectal Cancer - Gastrointestinal Endoscopy • ACG: Recognition and Management of the Patient at Increased CRC Risk **Noninvasive Screening Options**: • AGA Clinical Practice Update on Approach to the Use of Noninvasive Colorectal Cancer Screening Options • AGA Clinical Practice Update on Current Role of Blood Tests for Colorectal Cancer Screening • ACG: Noninvasive CRC Screening: It's Here, Now What? • ACG: It's Time to Make Organized Colorectal Cancer Screening Convenient and Easy for Patients • ACG: The Role of Non-Invasive Modalities in Colorectal Cancer Screening **Quality and Safety**: • ASGE: GI Unit Leadership: EQuIP Your Team For Success Presentation

		• The ASGE GI Unit Leadership Course: Shaping a High-Performing Endoscopy Unit • ASGE: Improving Quality and Safety in Your Endoscopy Unit • Quality indicators for colonoscopy • GIQuIC - GI Quality Improvement Consortium, Ltd. . • Quality Reporting Programs/MIPS - GIQuIC - GI Quality Improvement Consortium, Ltd. • ASGE: Optimizing bowel preparation quality for colonoscopy: consensus recommendations by the U.S. Multi-Society Task Force on Colorectal Cancer • ACG: CRC Screening: How Can We Improve? • ASGE: Transportation barriers and endoscopic procedures: barriers, legal challenges and strategies for GI endoscopy units • The ASGE GI Unit Leadership Course: Optimizing Endoscopy Operations through LEADership • Explore joint activity with internal medicine and oncology to disseminate educational information and increase appropriate screening and surveillance
Problems	**Drivers**	**Relevant Society Strategies**
AIM 2: Address health equity by screening for social drivers of health that impact gastroenterological conditions		
• Gastroenterological conditions can worsen when patients struggle with food insecurity, housing instability, and unmet transportation and utility needs • Screening for social drivers of health for those with gastroenterological conditions also exist and lead to worse patient outcomes.	• Work with patient organizations to widely disseminate information about how and why to screen for unmet social needs and connect patients to community resources. • Ensure patient material is clear and easy to understand in multiple languages. • Improve tracking in electronic medical records of unmet social needs, alcohol consumption and mental health diagnoses. • Improve access to screenings in rural areas, likely with options like FIT or Cologuard.	**SDOH:** • SDOH & Practice Improvement | Agency for Healthcare Research and Quality • AGA: Screening for Social Determinants of Health in Underserved Populations to Promote Better Outcomes in ALD and MASLD • ACG: Social Determinants of Health in Gastroenterology Practice • ACG: The Role of Social Determinants of Health in Gastroenterology Care **Equity:** • AGA: Equity in GI Curated Articles

	• ASGE: Invest in the next generation and enhance diversity through leadership development programs. • ASGE: Develop education and resources geared towards physicians and their gastroenterology healthcare teams to support the delivery of equitable endoscopic care.	• ACG: Providing Culturally Competent Care • ACG: Leadership, Diversity, Ethical Care and Equity • ACG: Racism in Medicine Webinar Series: The Journey to Health Equity in GI • ASGE: Quality measures in the delivery of equitable endoscopic care to traditionally underserved patients in the United States **Diversity in Practice:** • ASGE's Ongoing Commitment to Diversity, Equity and Inclusion in GI • ASGE: Leadership Education and Development Program for Women in GI • ASGE: Elevate Leadership Retreat • ACG: Distrust in Health Care and the Role of Diversity
Problems	**Drivers**	**Relevant Society Strategies**
AIM 3: Increase vaccine recommendations for those suffering from gastrointestinal-related diseases (i.e. IBS, IBD, liver disease)		

• Patients suffering from certain gastrointestinal diseases and on various medications who are at higher risk for developing vaccine-preventable illnesses, such as hepatitis B, are not getting vaccinated as indicated.
• Gastroenterologists and hepatologists have less of a focus on vaccination and have not traditionally carried vaccines in their offices.
	• Vaccines are more widely available at local pharmacies and public health departments
	• Vaccination data is now widely disseminated across electronic medical records, allowing for up-to-date information access in most settings
	• Example quality measures:
	  • CMS QCDR Quality ID: 275 Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy
	• ASGE: Provide a means to measure adherence to vaccine recommendations for patients with digestive diseases.
		• AGA Clinical Practice Update on Noncolorectal Cancer Screening and Vaccinations in Patients With Inflammatory Bowel Disease
		• ASGE: GIQuIC Clinical Benchmarking Registry
		• ASGE: GIQuIC QCDR/MIPS
		• ACG: Clinical Guideline Update: Preventive Care in Inflammatory Bowel Disease:
		  Podcast
		  Summary
		• ACG: Improving Hepatitis B Virus Vaccination Responses in Inflammatory Bowel Disease: Does Greater Dose and Greater Frequency Lead to Greater Protection?
		• ACG: Vaccine Update for Gastroenterologists - IBD and Beyond (2025)
		• ACG: Health Care Maintenance in IBD (2024)

		• ACG: Vaccine Update for Gastroenterologists (2023) • AASLD AST Practice Guideline on adult liver transplantation: Candidate evaluation
Problems	**Drivers**	**Relevant Society Strategies**
AIM 4: Improve screening for risk factors for gastrointestinal conditions such as H. pylori, gastric cancers, HCV and alcohol use for patients with elevated liver enzymes or chronic liver disease		
• Screenings for many gastrointestinal-related conditions do not occur as recommended, leading to delayed diagnoses.	• Implement one-time HCV screening in all adults, with linkage to treatment (via referral to specialist or initiation of antiviral treatment) for individuals who are HCV viremic • Conduct routine use of validated alcohol screening tools (AUDIT-C, Single Alcohol Screening Question) to screen for at-risk alcohol use for patients with elevated liver enzymes or chronic liver disease • Disseminate education and practice tools to reinforce the use of alcohol screening tools with patients with elevated liver enzymes in multiple settings • Encourage regular use of electronic medical record-embedded screening tools when treating at-risk patients	• AGA Clinical Practice Update on Screening and Surveillance in Individuals at Increased Risk for Gastric Cancer in the United States • Recent U.S. Gastric Cancer Prevention Recommendations: Advances, Unanswered Questions and the Need for a Unified Approach • Diagnosis and Treatment of Alcohol-Associated Liver Diseases: 2019 Practice Guidance from the American Association for the Study of Liver Diseases • ACG Clinical Guideline: Alcohol-Associated Liver Disease Recommendation: Hepatitis C Virus Infection in Adolescents and Adults: Screening | United States Preventive Services Taskforce
Problems	**Drivers**	**Relevant Society Strategies**
AIM 5: Improve care of patients with liver disease		
The treatment of many liver-related medical issues, including fibrosis, hepatocellular carcinoma, paracentesis and liver transplants can be improved. For example: • Hepatitis C is now curable with the use of currently available medications, but	• Promote access to online FIB-4 calculators in electronic medical records. • Advocate for routine calculation of FIB-4 when patient lab results are calculated • Disseminate education on the use of imaging for patients at risk of SLD • Advocate for expanding availability of Hep C treatment to appropriate populations. • Advocate for the adoption of non-invasive assessments for steatosis and fibrosis as part of	• Hepatitis C Guidance 2023 Update • AASLD Statements and Guidance on Assessment and Management of MASLD • AASLD Guidance on Management of HCC • AASLD Guidelines on Liver Transplantation • AASLD Guidance on Diagnosis, Evaluation and Management of Ascites • ACG Clinical Guideline: Perioperative Risk Assessment and Management in Patients with Cirrhosis

the treatments are underused. • The prevalence of MASLD and MASH are rising worldwide. Addressing steatotic liver disease (SLD) can prevent the advancement to cirrhosis and improve outcomes for patients with comorbidities. • Primary liver cancer—the sixth most common cancer worldwide and the third leading cause of cancer-related deaths—can be caught earlier with proper screenings. • Transplantation is a lifesaving tool for many patients. However, due to the scarcity of available organs, many eligible patients are not considered despite meeting eligibility criteria. • Early paracentesis is associated with reduced likelihood of adverse outcomes, but limited data exist to show that this recommendation is followed routinely.	routine management of diabetes and other comorbidities associated with SLD. Disseminate information on the value of routine reassessment to monitor disease progression non-invasively. • Pre-liver transplant quality measures • Disseminate information and practice tools to associate orders for paracentesis with admission for patients with cirrhosis • Cirrhosis quality measures • Disseminate information through education and practice tools on the recommended standards to use when determining patient eligibility for transplant • Disseminate information on the role of SDOH on patient access to transplant • Paracentesis quality measures • Promote semi-annual liver cancer screening for patients with cirrhosis (ultrasound every six months), with an emphasis on prioritizing patients of color	

**Please submit any comments or questions you may have to StrategicAlliances@abim.org. Thank you!*