

Enhancing Patient Selection for Open Access Endoscopy

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Description

In the current cost-conscious environment, the ability to determine appropriateness of care is essential to maintain or enhance the quality of healthcare delivery. Moreover, in an open access endoscopy (OAE) system, there is a possibility of inappropriate referrals resulting in a lower diagnostic yield

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Results: 88.6% of patients underwent endoscopy that was considered appropriate based on at least one ASGE criterion, while it was considered inappropriate for 11.3% of patients. The diagnostic yield was higher for appropriate endoscopies (63.9%, $p < 0.01$) than for inappropriate colonoscopies (47.5%). More importantly, 30.8% of endoscopies performed failed to identify a pathological cause even though the procedure was deemed appropriate by ASGE guidelines.

Conclusion: The exclusive use of these consensus-based international guidelines (ASGE) for appropriate referral of gastrointestinal endoscopic procedures fails to achieve satisfactory diagnostic yields. This mandates the development of national guidelines to assist primary care physicians in appropriately selecting patients for OAE and in addition, prevent misuse of resources.

Objectives

Objective: The objective of this study was to assess the appropriateness of GP referrals to an Open Access Endoscopy system and to determine the diagnostic yield of these procedures when compared to international guidelines (ASGE), American Society for Gastrointestinal Endoscopy.

Method: A total of 150 consecutive patients (82 men and 68 women; mean age 51.8 +/- 5 years) referred to an open-access endoscopy unit were evaluated according to ASGE guidelines for appropriateness of performing the procedure. Diagnostic yield was determined as the percentage of relevant pathologies of the total number of endoscopies performed.

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Description	In the current cost-conscious environment, the ability to determine appropriateness of care is essential to maintain or enhance the quality of healthcare delivery. Moreover, in an open access endoscopy (OAE) system, there is a possibility of inappropriate referrals resulting in a lower diagnostic yield
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