Client: HMSA: PQSR 2009

Measure Title: APPROPRIATE FOLLOW UP AFTER INITIAL DIAGNOSIS OF DIVERTICULITIS AND FOLLOWING RESOLUTION OF THE ACUTE EVENT

Disease State: Diverticulitis

Indicator Classification: Disease Management

Strength of Recommendation: C

Organizations Providing Recommendation:
- American College of Gastroenterology
- American Gastroenterological Association
- American Society of Colon and Rectal Surgeons
- American Society for Gastrointestinal Endoscopy

Clinical Intent: To ensure that all eligible members newly diagnosed with diverticulitis receive a barium enema, sigmoidoscopy, or colonoscopy within a clinically appropriate timeframe to confirm the diagnosis of diverticulitis and rule out other diagnoses such as cancer, ischemia and inflammatory bowel disease.

Physician Specialties (suggested):
Refer to PQSR 2009 Clinical Measures by Specialty.

Disease Burden:
- About 10% of Americans over the age of 40 and 50% over the age of 60 have diverticulosis.[1]
- Approximately 10-25% of patients with colonic diverticula will develop diverticulitis in their lifetime.[2]
- Eighty-five percent of all diverticulitis develops in the sigmoid/descending colon.[3]

Reason for Indicated Intervention or Treatment:
- In patients with clinically diagnosed presumptive diverticulitis, it is important to exclude other diagnostic considerations such as colonic neoplasia. This may include the use of colonoscopy after recovery from diverticulitis to exclude neoplasia.[4, 5]

Evidence Supporting Intervention or Treatment:
- In a study of 65 patients with sigmoid diverticular disease seen on double-contrast barium enemas, colonoscopy revealed neoplastic lesions in 31% of these patients. For 35% of the patients, barium enema was inaccurate in diagnosing neoplastic lesions.[6]
- In another study of 105 patients with symptomatic sigmoid diverticular disease, colonoscopy revealed carcinoma in 6.6% of patients and adenomas in 27.6%.

Barium enemas were
inaccurate in 43% of the examinations.[7]

- However, one case-control study suggests that colonoscopy screening (not necessarily performed in the presence of diverticular disease) is associated with lower incidence of colon cancer (odds ratio = 0.47; 95 percent CI, 0.37-0.58) and lower mortality from colorectal cancer (odds ratio = 0.43; 95 percent CI, 0.30-0.63).[8]

- Another case-controlled study found that having a screening sigmoidoscopy was associated with a halving of colorectal cancer risk (OR = 0.52; 95% CI: 0.34, 0.80), having a screening colonoscopy did not significantly reduce colorectal cancer risk (OR = 0.69; 95% CI: 0.44, 1.07), and having had screening endoscopy was associated with a significant reduction in colorectal cancer risk (OR = 0.62; 95% CI: 0.44, 0.87).[9]

- One prospective study on using Computed Tomography Colonography versus colonoscopy after recovery from diverticulitis showed that patients found CTC more favorable than colonoscopy, with 74% preferring CTC.[10]

Clinical Recommendations

- The American College of Gastroenterology, American Gastroenterological Association, and the American Society for Gastrointestinal Endoscopy recommend that patients undergo complete colonic evaluation after resolution of a clinically diagnosed case of presumptive diverticulitis.[4]

- The American Society of Colon and Rectal Surgeons recommends that after recovery from an initial episode of acute diverticulitis, patients should be evaluated by either colonoscopy or and barium enema (with flexible sigmoidoscopy).[11]

- Salzman et al 2005 recommends a colonoscopy during follow-up of patients after an episode of diverticulitis.[5]

Source

Adapted from Health Benchmarks Inc.:

- HMSA modified the age criterion from to be “19 and older by the end of the measurement year”.

<table>
<thead>
<tr>
<th>Denominator</th>
<th>Continuously enrolled members ages 19 and older as of the end of the measurement year with a diagnosis of diverticulitis during the year prior to the measurement year.</th>
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</table>

| Denominator Exclusion Definition | Members with a diagnosis of diverticulitis any time prior to the index date, a colorectal surgery during the year after index date, a colonoscopy during the 0-3 years prior to index date, a barium enema or a sigmoidoscopy during the year prior to the index date, or a diagnosis of colon cancer at any time prior to the index date. |
### Numerator

**Definition**
Members who had either a colonoscopy or a barium enema x-ray with flexible sigmoidoscopy performed during the year after the index date (inclusive of the index date).

### Physician Attribution

**Description**
Score all physicians (in the selected specialties) who diagnosed the member with diverticulitis (as defined in denominator criterion [A]) on the index date or during the year after the index date.

### References


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