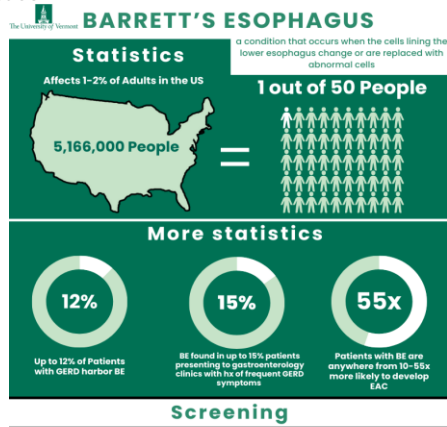


Introduction

Over the past 40 years, the incidence of esophageal adenocarcinoma has risen faster than any other cancer in the Western world.

When **early detection** and management of EC is possible, **outcomes improve significantly**, and **mortality may decrease**.



Methods

Review of Literature:
Current prevalence, risk factors, screening criteria practices, and ACG surveillance guidelines for Barrett's esophagus identified

Data Collection:
Patient data extracted from UVMHN (University of Vermont Health Network) EMR utilizing Epic's Slicer Dicer tool

Inclusion Criteria:
• Adults with a PCP within the UVMHC Health network

Data Points Measured:
• Patients with Barrett's Esophagus on their problem list
• Patients with Endoscopy listed under Health Maintenance Record

Clinical Decision Support (CDS)

Goal: To create and establish a comprehensive upper endoscopy clinical decision supports and quality assurance program that relies on standardized, routine clinical documentation without the need for manual audit.

An infographic for provider education on Barrett's Esophagus was created to aid with clinical best practice

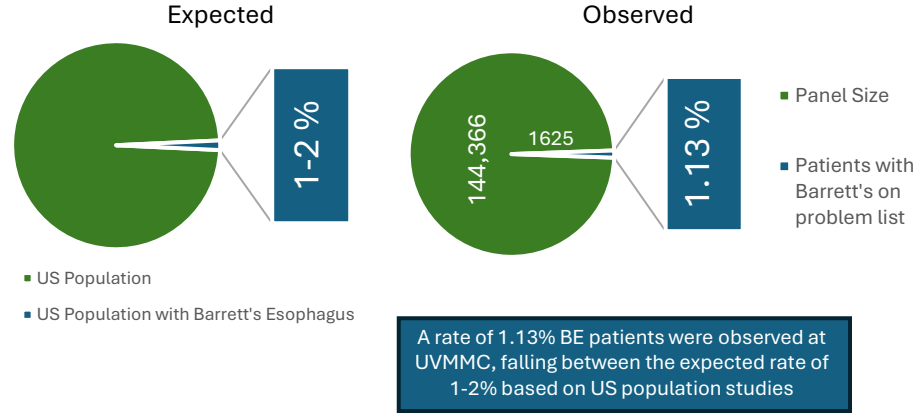
A Health Maintenance reminder was created and identified for tracking upper endoscopies

References:

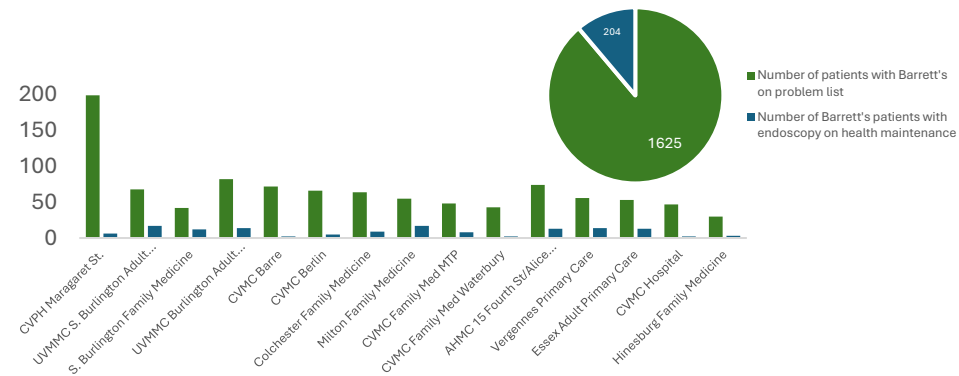
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Baseline Data

Graph 1. Expected BE rate vs Observed BE rate



Graph 2. Rates of Patients with BE vs. Rates of BE Patients with Endoscopy on HM



Discussion

- At UVMHN, 1.13% (1625/144366) of patients with a PCP were observed to have BE
- Health Maintenance is currently a manual add
- Despite good Dx identification, only 12% (204) of patients showed Endoscopy on their Health Maintenance

Limitations

- Data collection methodology limited to Epic Slicer Dicer
- Surveillance Intervals unable to be analyzed
- Follow-up rates for Endoscopy unable to be analyzed

Conclusions and Next Steps

- Primary Care clinicians are good at identifying Barretts
- Primary Care clinicians may need pathway training to increase understanding of best practices in Barrett's and CDS tools
- Build an endoscopy result letter that automatically updates surveillance intervals in Health Maintenance Tab (using Smart Data elements and silent BPAs)
- Continue QA and Chart Review to observe if patients are adhering to surveillance Endoscopies at correct intervals
- Follow data in annual increments to determine improvement of Barrett's Esophagus identification and surveillance
- Design similar workflows for colonoscopy

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