

LETTER FROM THE EDITOR



In last month's issue, we looked at our potential to "raise the bar" in all aspects of endoscopy and also reviewed strategies available to help assess performance and standardize performance measures. We continue to explore measures of quality in this issue. Quality care and accountability measures have become a high priority of the American Gastroenterological Association (AGA). The AGA has been collaborating with the Centers for Medicare & Medicaid Services (CMS) in relation to the CMS's Physician Quality Reporting System (PQRS). The PQRS is a Medicare Part B program that uses incentives and penalties to promote quality healthcare reporting. Pressure is building for mandatory participation among gastroenterology specialists. The AGA has resources in place to make compliance with accountability reporting easier. Salient information on how to be better informed and comply with efforts to standardize and capture quality-of-care measures can be accessed through the AGA's online publication *AGA Quarterly: Quality* at <http://www.gastro.org/journals-publications/quarterly-quality-newsletter>.

In a review on quality measures in inflammatory bowel disease (IBD), Dr. Gil Y. Melmed, of Cedars-Sinai Medical Center in Los Angeles, California, and Dr. Corey A. Siegel, of Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire, discuss evidence from the literature that highlights the contention that care for patients with IBD is suboptimal and that underuse, overuse, and misuse of resources are too common. Part of the problem regarding suboptimal care is variation of care among practitioners and across treatment settings. Quality measures for IBD need to be well defined. The AGA and the Crohn's & Colitis Foundation of America (CCFA) have made efforts to define quality care and institute measures of quality, but those measures still need to be widely adopted by practitioners.

In addition to the AGA's efforts in conjunction with the CMS, the CCFA has issued a list of top 10 recommended processes and outcomes of measurement for high-quality care of patients with IBD, which is reviewed in the article by Dr. Melmed and Dr. Siegel, along with a number of other current quality measure initiatives.

Our second feature for the issue describes an initiative to promote screening for hepatitis B and C virus infection. Results of the 2-year initiative, led by a team from the Schiff Center for Liver Diseases at the University of Miami Miller School of Medicine in Florida, raise serious questions about how best to encourage high-risk populations to participate in screening initiatives and,

further, how to encourage those persons who screen positive for hepatitis infection to seek appropriate medical care.

Again on the topic of measures, we follow up a column on measuring structural damage in Crohn's disease, which appeared in the February 2013 issue of *Gastroenterology & Hepatology*, with a column by Dr. Jean-Frédéric Colombel, currently at the Icahn School of Medicine at Mount Sinai in New York City, on measuring disability in IBD. Although the measurement tools being developed are applicable to the research setting, awareness about how to appropriately assess disability in the clinical setting will raise the bar on care and perhaps increase patient satisfaction with care, according to Dr. Colombel.

Additional columns in this month's issue include an overview of gastroesophageal reflux disease-related chronic cough by Dr. Ryan D. Madanick of the University of North Carolina School of Medicine in Chapel Hill; clinical pearls on the prevention and management of ribavirin-associated anemia in patients receiving triple therapy for hepatitis C virus infection by Dr. A. Sidney Barritt IV, of the University of North Carolina at Chapel Hill; and insights on the resect-and-discard strategy for management of small and diminutive colonic polyps by Dr. Franco Radaelli, of Valduce Hospital in Como, Italy. A case study of a rare presentation of an inflammatory fibroid polyp of the esophagus is presented as well as a literature review of the ULTRA 2 trial results. This trial led to the recent US Food and Drug Administration approval of adalimumab for the treatment of ulcerative colitis. A brief commentary on the trial findings is given by Dr. Asher A. Kornbluth of the Icahn School of Medicine at Mount Sinai in New York City.

Also note that the website for *Gastroenterology & Hepatology* has been updated and can be accessed at <http://www.gastroenterologyandhepatology.net>. Full access to each issue is provided. Access is free, but login is required.

May the information and insights provided herein help you advance the specialties of gastroenterology and hepatology.

Sincerely,

A handwritten signature in black ink that reads "Gary R. Lichtenstein". The signature is fluid and cursive, with the first name being the most prominent.

Gary R. Lichtenstein, MD, AGAF, FACP, FACG