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CDDW: Rural FP able to provide endoscopic services

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From the Canadian Association of Gastroenterology's annual Canadian Digestive Disease Week meeting held in Banff in February 2007

With extra training in GI medicine, family doctors can perform wide variety of procedures

BANFF, ALTA. | Research presented at the CDDW meeting here shows that rural family physicians with additional skills training in gastrointestinal (GI) medicine can provide safe and competent—not to mention much needed—endoscopic service, requiring a minimal transfer rate of less than 6% to tertiary care physicians.

Given that waiting lists for access to gastroenterologists continue to grow and the ability of rural patients to access these specialists can be limited by geographic distances, these findings have important implications for facilitating improved timely care for the rural GI patient, said study investigator Dr. Mark Kolber, an assistant clinical professor at the University of Alberta in Edmonton.

He and his colleagues performed a retrospective chart review of all the endoscopic procedures performed between 1999 and 2005 by a rural family physician (FP) in Peace River, Alta., a town of 7,000 people (with a catchment of 15,000) five hours north of Edmonton, where the closest gastroenterologist resides.

Through involvement with the additional skills training program department of family medicine at the University of Alberta, this FP (prior to the onset of the study) received six months of gastroenterology training that included consultation and inpatient service. Endoscopies performed in training including 230 gastroscopies, 91 colonoscopies and 16 sigmoidoscopies.

By the end of the study period, the FP had performed 1,513 endoscopic procedures (including 500 gastroscopies, 921 colonoscopies and 91 sigmoidoscopies) in Peace River, clearly demonstrating, Dr. Kolber said, that rural GI consultation and endoscopic services is well used by northwestern Alberta physicians.

Of these procedures, 85 (5.6%) were referred to a gastroenterologist at a tertiary care centre, the majority for surgical correction of a lesion found on endoscopic evaluation. The remaining 1,428 (94.4%) procedures did not require any specialist followup.

A crude cecal intubation rate was achieved in 840 out of the 921 colonoscopies performed, which showed that the FP met the most widely studied standard in achieving technical competence in colonoscopy. When corrected for inadequate preparation, equipment problems and colonic stricturing, the FP's adjusted cecal intubation rate was 94%.

Endoscopic complications experienced by the FP included one perforation that was treated conservatively without complications and one post-polypectomy bleed that required a second endoscopy.

According to Dr. Kolber, these findings showed that rural physicians with adequate gastroenterology training have minimal endoscopic complication and completion rates that are comparable to those performed by gastroenterologists at large, urban centres.

"It's showing that we're able to perform on our own in a remote setting without specialist backup to deal with the majority of our problems."

Moreover, he said his study also showed that rural FPs trained in gastroenterology are seeing a very wide variety of endoscopic indications and findings that are again

comparable to those performed in tertiary care centres (see graphs).

He stressed that rural FPs who want to do endoscopic procedures need to undergo similar gastroenterology training as described in his study. "You can't just go to a weekend course to do a scope. The scope is only one aspect of the problem. You have to know what you're looking for, what you've found and how to deal with it."

With province-wide colorectal cancer screening programs announced this year in Ontario, Manitoba and Alberta, Dr. Kolber said "it now behooves us to try to train other people. . . . We're really starting to figure out that there aren't enough people doing screening colonoscopies for colon cancer. There isn't enough manpower across Canada."

In the future, other measures of competency for FPs with gastroenterology training that Dr. Kolber and his colleagues plan to measure are wait times and time for procedures.

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