Gastroesophageal reflux disease (GERD) is the most common gastrointestinal disorder diagnosed in the outpatient setting in the United States, with a prevalence of 18.1%-27.8%.1

Older data suggest differences in diagnostic and treatment patterns for GERD across varying specialties2-4.

This study examined differences in diagnostic practices for new patients with GERD in ambulatory surgical specialist settings.

OBJECTIVE

- Gastroesophageal reflux disease (GERD) is the most common gastrointestinal disorder diagnosed in the outpatient setting in the United States, with a prevalence of 18.1%-27.8%.
- Older data suggest differences in diagnostic and treatment patterns for GERD across varying specialties.
- This study examined differences in diagnostic practices for new patients with GERD in ambulatory surgical specialist settings.

METHODS

- Retrospective cohort study of the 2006-2010 National Ambulatory Medical Care Survey (NAMCS).
- Study cohort comprised new patients diagnosed with GERD in US otolaryngology and general surgery outpatient clinics.
- International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnostic codes 530.11, 530.81, and 787.1.
- Descriptive analysis of baseline demographic and medical characteristics of eligible patients.
- Patient age, sex, race, insurance status, and number of chronic conditions.
- Geographic area of visit.
- Surgeon specialty.
- Nationally representative estimates obtained by survey weights.
- Comparison of practice patterns within each clinical setting using chi-squared tests.
- Use of diagnostic upper gastrointestinal endoscopy: esophagoscopy or esophagogastroduodenoscopy (EGD), identified using ICD-9-CM procedure codes 42.23, 42.24, 45.13, 45.14, and 45.16.
- Lifestyle modification counseling: diet/nutrition, stress management, tobacco use/exposure, and weight reduction.
- New prescriptions for proton pump inhibitors (PPI) and H2-receptor antagonists (H2RA), identified using Multum Lexicon Plus® (Cerner Multum, Inc., Denver, CO) codes.
- Stata 12.1 (StataCorp LP; College Station, TX) for all analyses.

RESULTS

- 100 patients unweighted; 1,582,391 weighted.
- All adult patients.
- Typical patient was middle-aged white female.
- Two-thirds of patients were seen by otolaryngologists.
- Nearly one-third of patients received some sort of lifestyle modification intervention, most commonly diet/nutrition counseling.
- Slightly more than 10% underwent upper gastrointestinal endoscopy.
- One-third received a new prescription for GERD (PPI or H2RA).
- Significant differences in practices were found between otolaryngologists and general surgeons across several interventions.
- Otolaryngologists prescribed new GERD medications (47.8% vs. 2.7%, p<.001), including PPIs (41.8% vs. 0.9%, p<.001), more frequently.
- General surgeons provided health education more frequently (56.0% vs. 16.4%, p<.048).
- General surgeons also conducted upper gastrointestinal endoscopy more often (25.4% vs. 3.2%, p=.0015).

CONCLUSIONS

- Otolaryngologists accounted for nearly two-thirds of new GERD patient visits to US surgeons.
- Significant differences in GERD diagnostic practices exist between otolaryngologists and general surgeons.

POLICY IMPLICATIONS

- Diagnostic practice variation may reflect underlying differences in surgical training and scope of practice, as well as differing expectations for patients visiting a given specialty.
- Further research is required to explore these issues, as well as potential differences in treatment patterns outside of the ambulatory clinic setting.

KEY REFERENCES


This poster was presented at the 2014 AcademyHealth Annual Research Meeting, June 10, 2014, San Diego, CA, USA.