Increase Imaging Capabilities for Patients Presenting with Small Bowel Abnormalities

Pennsylvania Hospital Gastrointestinal Associates, Ltd. (PHGI) in Philadelphia, PA, is a private physician-owned group serving patients throughout the Greater Philadelphia region. The practice was founded in 1978 and has since grown to a six-physician team specializing in outpatient gastroenterology and endoscopy procedures. Physicians see patients in two locations. The four-room Washington Square Endoscopy Center performs more than 9,000 upper and lower endoscopic procedures per year, while the nine-room PHGI office sees more than 9,500 visits annually, as well as also performing more than 100 capsule endoscopies per year.

Capsule endoscopy is used to evaluate obscure gastrointestinal bleeding, as well as to help physicians diagnose Crohn’s, celiac disease, and other small bowel conditions. The procedure is typically ordered after a patient’s upper GI endoscopy and colonoscopy return negative and is intended to check for small bowel disease that may cause pain, low blood count and blood in bowel movements.

In November 2007, PHGI management made the decision to bring capsule endoscopy into the practice.
Keeping Patients Close to Home

The introduction of capsule endoscopy was a strategic move for PHGI. Although it was only a relatively small percentage of their patient base that presented with indications necessitating the capsule procedure, the facility’s management knew they were missing an opportunity by not offering it. By adding capsule endoscopy to their portfolio, PHGI doctors no longer needed to refer patients outside of the office.

Maximizing Productivity

Capsule endoscopy has also proven to be valuable in maximizing the office’s daily productivity. Because of the way the procedure is timed, capsules are administered early in the morning before the facility gets busy, with patients returning eight hours later at the end of the day for follow-up.

“Before we offered capsule endoscopy, we were sending patients to other practices for the procedure. It didn’t take us long to realize that we were sending patients out for something that we could potentially offer as well,” notes Stephanie Diem, RN, Clinical Director for PHGI. “You want to keep your patients in your office. The most important thing for an office is to keep its patient base strong.”

For PHGI, receiving high patient satisfaction numbers is a critical metric that drives the facility to maintain the highest quality of care. Adding capsule endoscopy to the list of services offered was one more way the practice could create value for the patients it serves.

“When you’re able to offer more services to your patients, they get more attached to their physician,” said Anne Stever, RN, Staff Nurse for PHGI. “If they can stay with the same doctor for as many procedures as possible, they’re much happier with their overall care experience. It’s about the comfort you can provide for them.”

Value Matters

In addition to the clinical advantages that Diem saw in the Endo Capsule solution, she also found value in the purchasing options presented by Olympus.

After careful evaluation, the facility chose Olympus’ Cost Per Capsule (CPC) program to finance their capsule endoscopy investment. The CPC program enabled PHGI to bypass any up-front capital investment, and the office pays only when a capsule procedure is performed.

“With the CPC program, there was no up-front cash outlay like we had to do with our previous vendor. I really prefer paying for equipment per procedure because technology changes too quickly, and I don’t like the idea of getting stuck with old technology,” said Diem.

The CPC program provides customers with a flexible financing solution so that they are better able to control cash flow, cap costs and more accurately identify margin levels.

“CPC is an option that should be considered because it makes technology affordable and accessible. For an office, it’s great because we know that if Olympus changes the technology at any time, we can change along with them without having to worry about budgeting for new capital.”

Image Matters

PHGI has used Olympus endoscopes in its facility since opening in December 2002. When the group’s physicians decided to add capsule endoscopy to their portfolio of services, the only available option was to install a non-Olympus product.

Shortly after Olympus brought the Endo Capsule solution to market in early October 2007, Diem asked her local Olympus sales representative to demonstrate it. After noticing a visible difference in the quality of the Olympus and competitive images, Diem decided to employ a creative method to see if the doctors’ opinions matched her own.

“At that point, there was only one doctor in the group that had been working with the existing product, so I knew I had the opportunity to conduct an unbiased evaluation. None of the other physicians were familiar with either the existing or Olympus capsule endoscopy images,” said Diem.

Before the office opened one morning, Diem set up two laptops in the conference room. One laptop had the Olympus software on it; the other had the competitor’s. Neither computer was marked so as not to reveal which product was which. As doctors and nurses walked past the conference room, Diem asked them to come in and pick the better image.

“Every person that came into that room chose the Olympus image, hands down,” recalled Diem. “It was a no-brainer. 25 people, doctors and nurses, looked at both images and all of them said that the Olympus image was clearly the best one.”

After finding consensus amongst all of the facility’s physician and nursing staff, Diem replaced the competitive product with the Olympus Endo Capsule solution.

“Clinically speaking, image is everything,” said Stever. “We’d been doing capsule for a little while before switching to Olympus, and nothing changed in terms of how the procedure was performed or how the report was read. The only thing that changed was what the doctor was seeing, and that’s what made the difference.”

“The quality of the Olympus image is excellent,” concurred Dr. Carrasquillo. “And image really does matter. The better the image, the more accurate the diagnosis.”

Maximizing Productivity

“Before we offered capsule endoscopy, we were sending patients to other practices for the procedure. It didn’t take us long to realize that we were sending patients out for something that we could potentially offer as well,” notes Dr. Jose Carrasquillo. “I’m able to read the capsule reports during downtime and also at home, which leaves me free to focus on other procedures during the day.”