

CLOSING THE GAP IN PREVENTATIVE CARE IN IBD PATIENTS: A SYSTEMS BASED APPROACH

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INTRODUCTION

- Despite being at higher risk for developing many preventable diseases, patients with IBD do not receive preventative care at same rate as general population
- American College of Gastroenterology's 2017 *Guidelines on Preventative Care in IBD* identified specific measures to guide appropriate preventative care in IBD
- However, this care gap continues
- Barriers include determining who should provide the preventative services such as vaccinations, cancer screenings, smoking cessation:
 - The gastroenterologist?
 - The primary care physician?

MISSION/VISION STATEMENT

- **AURORA:** To assure that our clinical learning environments are inclusive, respectful, & psychologically safe—a place where everyone feels they belong

AIM

- Identify patients with IBD in our outpatient IBD clinic with a clear lack in preventative care
- Offer preventative interventions during clinic visit to tackle disparity gap: Goal 90% completion rate in 1 yr

METHODS: INTERVENTIONS/CHANGES

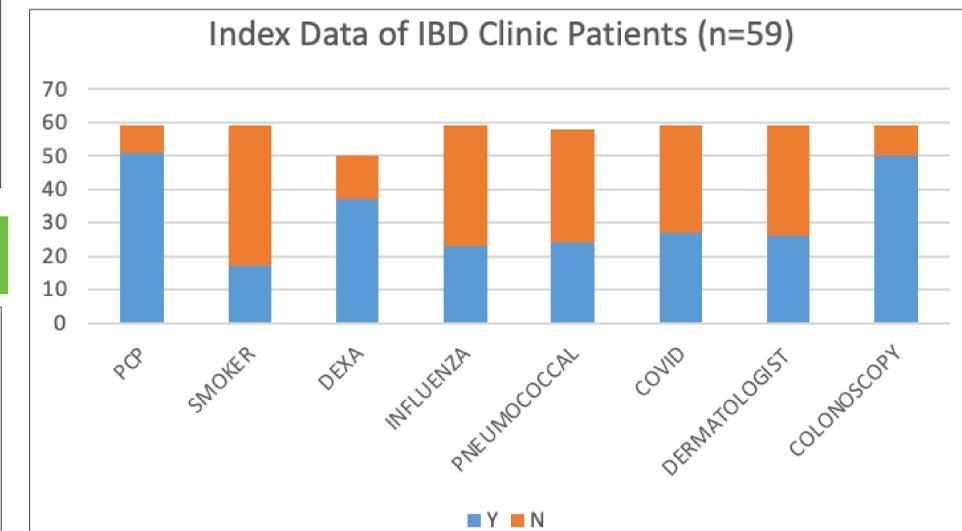
- For each IBD clinic patient lacking in previously defined quality measures:
 - Provide actionable counseling (for smoking cessation)
 - Appropriate referrals to primary care physician (PCP), dermatologist, etc.
 - Adequate orders for completion of certain measures (DEXA scan, colonoscopy, vaccination against influenza virus and pneumococcal pneumonia)
- Complete prior to patient leaving the clinic visit
- Utilize metrics to identify successes and gaps in preventative care
- Initiate new PDSA cycle as needed

METHODS: MEASURES/METRICS

- Raw data collection through manual EHR chart review
- Identify baseline and then periodically status of current IBD clinic patient population specific to
 - Presence of established primary care physician
 - Tobacco use
 - Prior evaluation of bone health with DEXA scan in appropriate population
 - Influenza vaccination
 - Pneumococcal vaccination in appropriate population
 - Evaluation by dermatologist
 - Up to date screening of colon with colonoscopy
- Plot IBD clinic data longitudinally x preventative target

BARRIERS – STRATEGIES

- CHALLENGE:** Patients that had either transfer of care or were dismissed from clinic during project period
 - **STRATEGY:** Exclude said patients from data analysis
- CHALLENGE:** Not all objective data points readily available through EHR
 - **STRATEGY:** Review accuracy of objective data during each clinic encounter



DISCUSSION: NEXT STEPS

- CRITICAL NEXT STEP:** Sustain preventative interventions at clinic visits
- AREAS SEEKING INPUT:** 1) Electronic EHR data abstraction; 2) Enhancing clinician's efficiencies in preventative care

Group Feedback