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 the same rate as the 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?

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

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.

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