Session 4 – A focus on concrete initiatives to improve healthcare sustainability in the fields of prevention, citizen empowerment and reorganisation of delivery of care

“An integrated patient care approach”

Improvement of hospital-based IBD care: 2014 report from KPMG

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This study was commissioned and solely funded by AbbVie

AbbVie had no role in the design and conduct of the study, collection, management, analysis and interpretation of data, or preparation, review and approval of this report
The IBD care initiative

• Our initiative: a guide for the improvement of IBD care

• Implications for clinical practice and hospital administration

• Improving efficiency in a stepwise manner

• Improving efficacy without increasing costs

• Improving efficiency in all IBD units, regardless of maturity stage
The current treatment of IBD can be improved

Some frequently encountered challenges for IBD care are:

- Wide variations in quality of care
- Poor symptom control, increasing the risk of relapse
- Late diagnosis and referrals
- Opportunistic surgery
- Wide disparities in organisational structure from small centres with low patient volumes to larger and well-staffed clinics
WHAT ARE WE TRYING TO ACHIEVE?

We are hoping that the findings of our study will have a positive impact on clinical practice as well as hospital administration for better care of IBD patients.

Indeed, some of the findings from our study can easily be implemented and change the current paradigm.
Quality of care can be defined in different ways

Romanticism
Shakespeare

Rationalism
Robert Pirsig

KPMG
KPMG visited eight reference centres to understand what good looks like:

- **UK**: John Radcliffe Hospital, Oxford
- **Netherlands**: Academic Medical Centre, Amsterdam
- **Belgium**: University Hospital CHU of Liège, UZ Leuven
- **Canada**: University of Calgary
- **France**: University Hospital of Nancy
- **Spain**: Hospital Clinic, Barcelona
- **Italy**: Istituto Clinico Humanitas, Milan
- **France**: University Hospital of Nancy

The observed data types include:

- Processes
- Team interaction
- Premises
- Procedures
- Educational material
- Forms from IBD databases
- Patient volumes
We identified key areas relating to best practice IBD care

- Patient-oriented care
- Multidisciplinary approach
- Regional networks
- Educational focus
- Psychological support
- Innovative models
- Technology
- Research and clinical collaboration
- Age-appropriate care
- Team morale and culture
- Forward thinking mindset

For the full list of key areas, please refer to our comprehensive report.
Multidisciplinary approaches are a key lever for improving outcomes

Who could be part of the team?
As a complex disease, the management of patients may require collaboration between different members to ensure the best recommendations are made to improve clinical outcomes

How can the team operate?

PATIENTS
GASTRO-ENTEROLOGISTS
SURGEONS
NURSES
RADIOLOGISTS
PATHOLOGISTS
DIETICIANS & NUTRITIONISTS
PSYCHOLOGIST & SOCIAL CARE
PHARMACISTS
RESEARCHERS
HOSPITAL MANAGEMENT

MULTIDISCIPLINARY TEAM MEETINGS
SPECIALTY OUTREACH
UP-SKILLING
INFORMAL ADVICE
We identified key areas relating to best practice IBD care

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Who might be part of the network?

An active and accessible network of care is essential to provide support to healthcare professionals who may only have a small case load of IBD patients.

How might the network operate?

Flexible model of care delivery

Strong interaction between specialist and community care

Virtual access to specialist knowledge

Regular meetings and events

Diffuse knowledge

Setting up a regional network will harmonise the care given to patients
Need to demonstrate these practices progress from standards to a focus on improving quality of care

- Measure impact of these interventions
- Create toolkits to support implementation
- Demonstrate positive patient outcomes
Regional reports will be initiated in 2015 to ensure global representation and identification of regional variations in care.
Key interventions will be identified

Three areas of further development to devise materials to support adoption and implementation:

- Pathway ‘points of success’
- Evidence based success stories
- Value adding interventions

Taking a more holistic approach to care – beyond specific interventions
Clinic priorities will be identified using a questionnaire app

IBD CLINIC QUESTIONNAIRE

Presence of a specialist team

- No MDT
- MDT in place
- MDT in place, however, limited or no regular interaction
- Complete MDT available, with regular meetings and training

= Customised approach to each clinic
Aligning with Sustainable Healthcare

Three key strategic directions:

- Prevention and Early Intervention
- Citizen and Patient Empowerment
- Redesign of Care Delivery

Outcomes that matter for patients
Guiding Principles and a Toolkit for the Improvement of IBD Care

Autumn 2014

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