

**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**



**Professor Hilary Thomas**

# Disclaimer



- **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

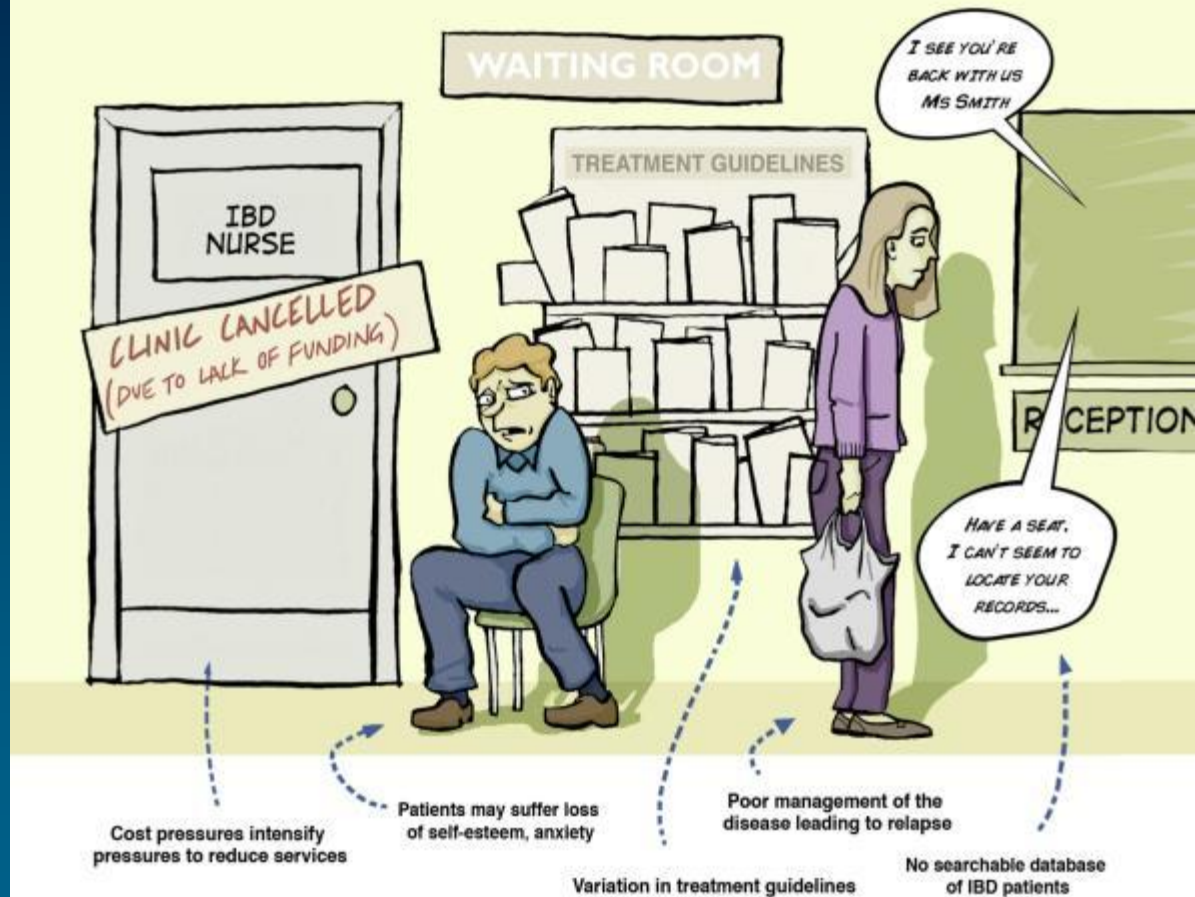


- **Our initiative: a guide for the improvement of IBD care**
- **Implications for clinical practice and hospital administration**
- **Improving efficiency in a stepwise manner**
- **Improving efficacy without increasing costs**
- **Improving efficiency in all IBD units, regardless of maturity stage**

# WHY THIS INITIATIVE?

The current treatment of IBD can be improved  
Some frequently encountered challenges for IBD care are:

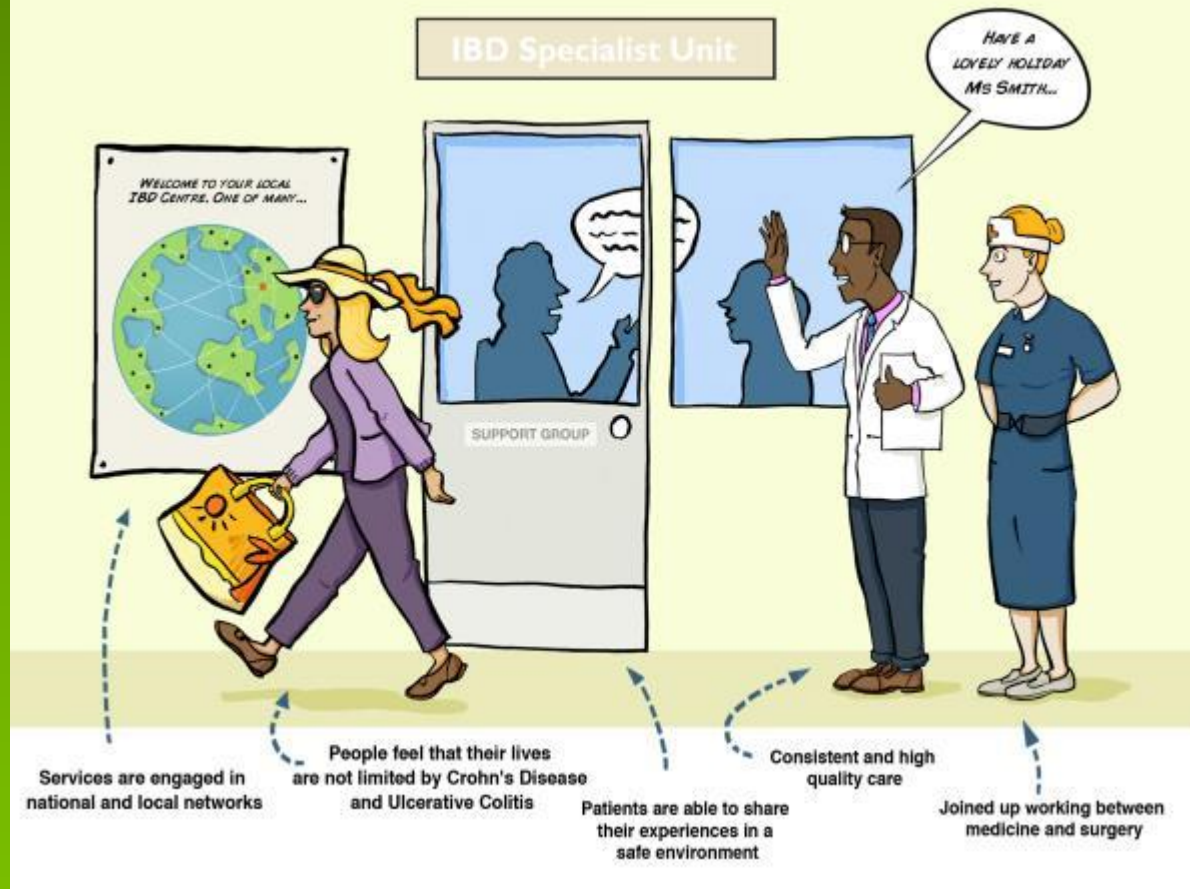
- Wide variations in quality of care
- Poor symptom control, increasing the risk of relapse
- Late diagnosis and referrals
- Opportunistic surgery
- Wide disparities in organisational structure from small centres with low patient volumes to larger and well-staffed clinics



# 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

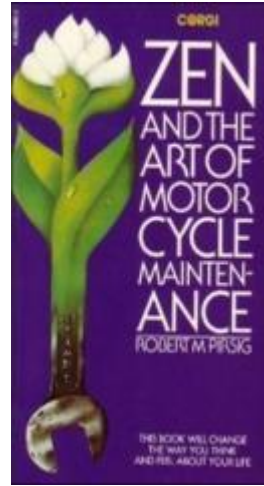


Romanticism



Shakespeare

Rationalism



Robert Pirsig

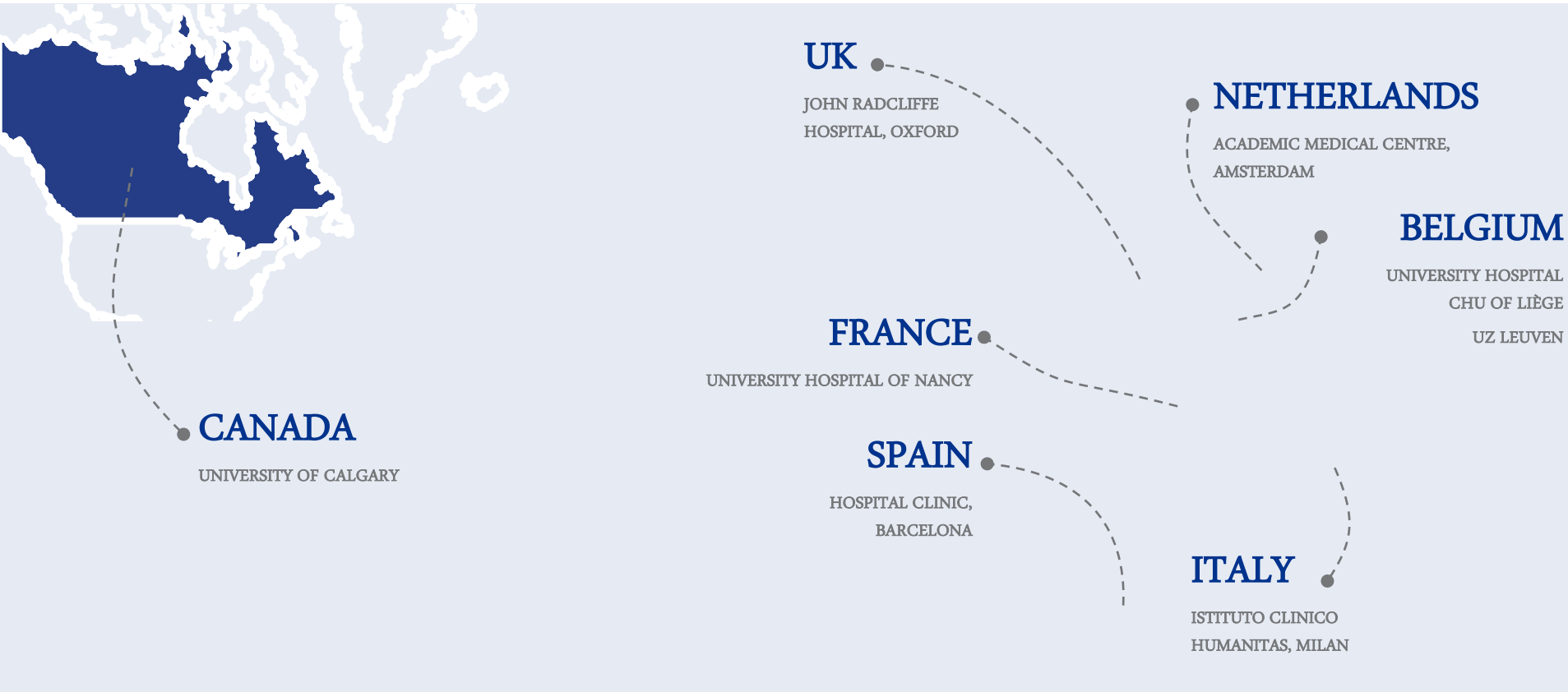
KPMG



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



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



INTEGRATION OF CARE



PATIENT CENTRICITY



AGE APPROPRIATE CARE



PSYCHOLOGICAL SUPPORT

## COLLABORATIVE APPROACH



MULTIDISCIPLINARY APPROACH



REGIONAL NETWORKS



EDUCATIONAL FOCUS



TEAM MORALE AND CULTURE

## FORWARD THINKING MINDSET



RESEARCH AND CLINICAL COLLABORATION



INNOVATIVE MODELS



TECHNOLOGY

# 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



PATIENTS



GASTRO-  
ENTEROLOGISTS



SURGEONS



NURSES



RADIOLOGISTS



PATHOLOGISTS



DIETICIANS &  
NUTRITIONISTS



PSYCHOLOGIST  
& SOCIAL CARE



PHARMACISTS



RESEARCHERS



HOSPITAL  
MANAGEMENT

## How can the team operate?



MULTIDISCIPLINARY  
TEAM MEETINGS



SPECIALTY  
OUTREACH



UP-SKILLING



INFORMAL  
ADVICE

# We identified key areas relating to best practice IBD care



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REGIONAL  
NETWORKS

# Setting up a regional network will harmonise the care given to patients



## 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



TERTIARY  
CENTRE



PRIMARY CARE  
DOCTORS



SMALLER  
HOSPITALS



COMMUNITY  
TEAMS



PATIENT  
GROUPS

## 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

# 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



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Demonstrate positive patient outcomes



QoC

SoC

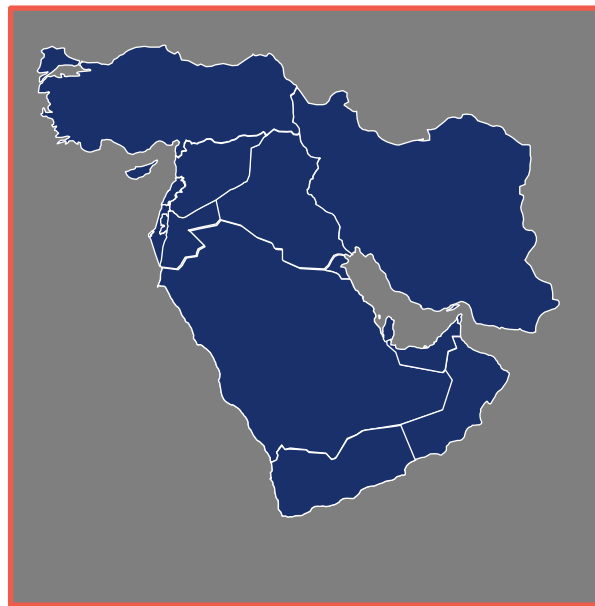
Regional reports will be initiated in 2015 to ensure global representation and identification of regional variations in care



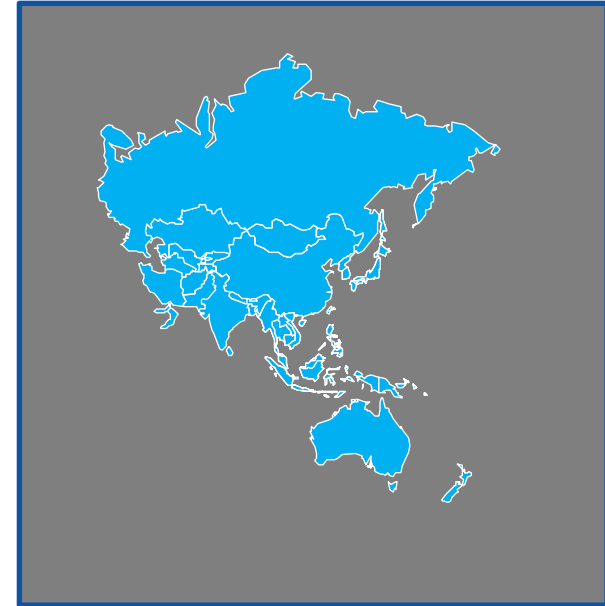
### LATIN AMERICA



### MIDDLE EAST



### JAPAN – ASIA PACIFIC



# Key interventions will be identified



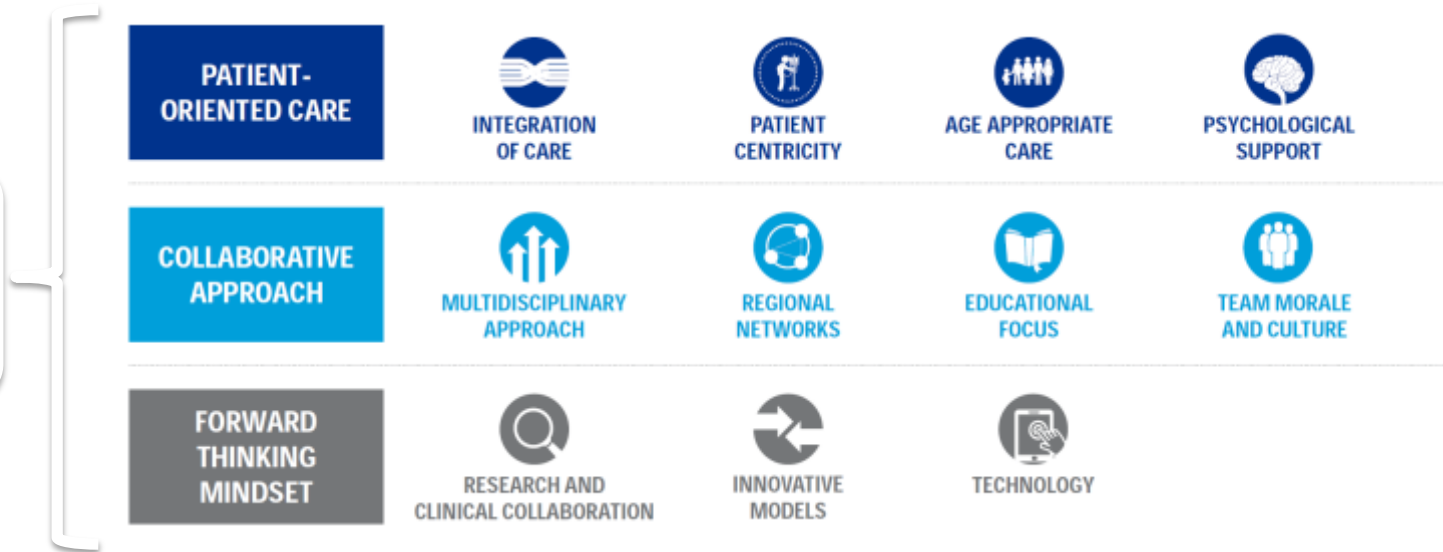
Three areas of further development to devise materials to support adoption and implementation:

Pathway 'points of success'

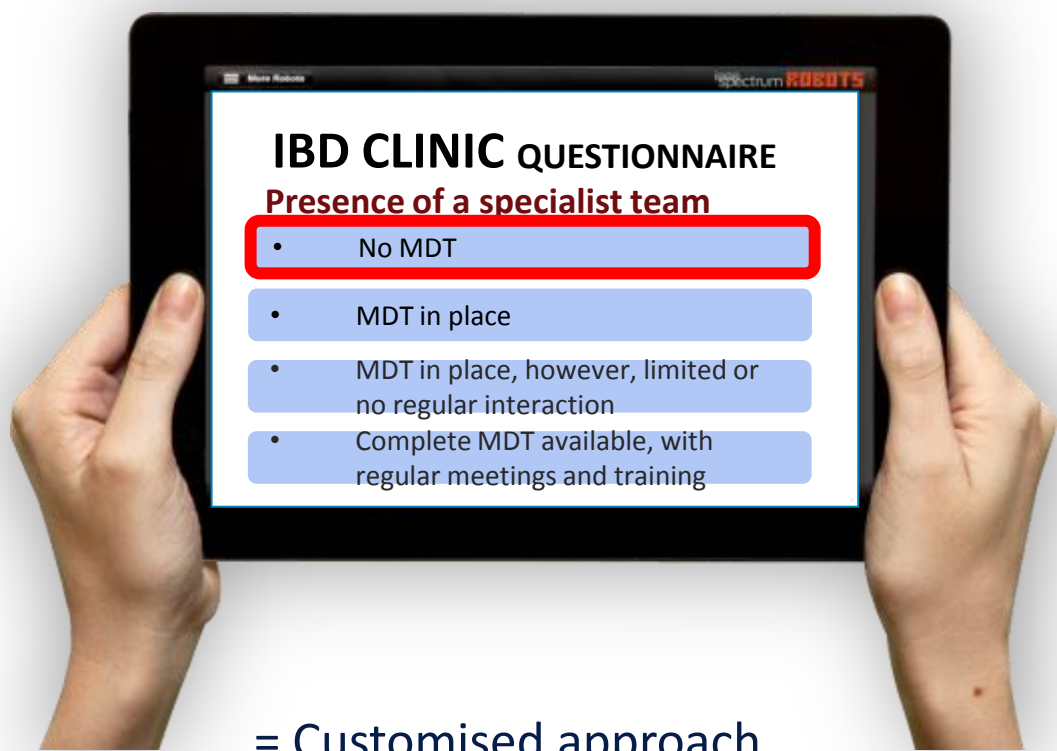
Evidence based success stories

Value adding interventions

Taking a more holistic approach to care – beyond specific interventions



# Clinic priorities will be identified using a questionnaire app



= Customised approach to each clinic



**Three key strategic directions:**

**Prevention and Early Intervention**

**Citizen and Patient Empowerment**

**Redesign of Care Delivery**

**Outcomes that matter for patients**





*cutting through complexity*



## **Guiding Principles and a Toolkit for the Improvement of IBD Care**

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