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2023
ACG/LGS REGIONAL
POSTGRADUATE COURSE
FEBRUARY 24-26, 2023
HILTON RIVERSIDE HOTEL
NEW ORLEANS, LOUISIANA
Register online: meetings.gi.org
ACG

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2023
ACG / FGS ANNUAL
SPRING SYMPOSIUM
MARCH 10-12, 2023
HYATT REGENCY COCONUT POINT
NAPLES, FLORIDA
Register online: meetings.gi.org

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ACG
2023
OCTOBER
20–25, 2023
VANCOUVER, CANADA
VANCOUVER
Save the Date!
Be sure your passport is up to date!

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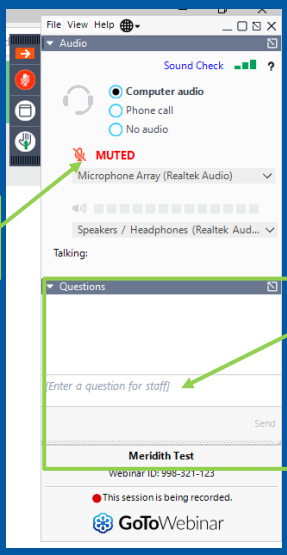
Participating in the Webinar

All attendees will be muted and will remain in Listen Only Mode.



Type your questions here so that the moderator can see them. Not all questions will be answered but we will get to as many as possible.

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How to Receive CME and MOC Points

LIVE VIRTUAL GRAND ROUNDS WEBINAR

ACG will send a link to a CME & MOC evaluation to all attendees on the live webinar.

ABIM Board Certified physicians need to complete their MOC activities by December 31, 2023 in order for the MOC points to count toward any MOC requirements that are due by the end of the year. No MOC credit may be awarded after March 1, 2024 for this activity.

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MOC QUESTION

If you plan to claim MOC Points for this activity, you will be asked to: Please list specific changes you will make in your practice as a result of the information you received from this activity.

Include specific strategies or changes that you plan to implement.
THESE ANSWERS WILL BE REVIEWED.

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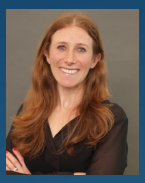

Week 5 –Thursday, February 2, 2023
Exploring Gender Diversity in GI
Faculty: Asmeen Bhatt, MD, PhD, FACG;
Millie D. Long, MD, MPH, FACG; And Allison R. Schulman, MD, MPH
At Noon and 8pm Eastern


Week 5 – Thursday, February 9, 2023
Liver Cancer Update and Review for the Gastroenterologist
Faculty: Ayse Aytaman, MD, FACG
Moderator: Janice Jou, MD
At Noon and 8pm Eastern

Visit **gi.org/ACGVGR** to Register

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Disclosures

Megan E. Riehl, PsyD
Consultant - GI OnDEMAND

David T. Rubin, MD, FACG
Consultant/Advisor: Abbvie, Altrubio, Aslan Pharmaceuticals, Athos Therapeutics, Bellatrix Pharmaceuticals, Boehringer Ingelheim, Ltd., Bristol-Myers Squibb, Celgene, Chronicles, Syneos, ClostraBio, Connect BioPharma, Eco R1, Genentech/Roche, Gilead Sciences, Iterative Health, Janssen Pharmaceuticals, Kaleido Biosciences, Lilly, Pfizer, Prometheus Biosciences, Reistone, Seres Therapeutics, Takeda, Target RWE, Trellus Health
Grant support: Takeda, Helmsley Charitable Trust, GastroIntestinal Research Foundation
Board of Trustees: Crohn's & Colitis Foundation, Cornerstones Health, Inc
Stock Options: Alike Health, Altrubio, Datos Health, Iterative Health

Moderator:
Laurie A. Keefer, PhD
Co-founder and equity owner: Trellus Health, Inc.
Consultant: AbbVie

**All of the relevant financial relationships listed for these individuals have been mitigated*

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Technology-Enabled Solutions Elevate GI Patient Care

Megan E. Riehl, PsyD
Assistant Professor of Medicine
University of Michigan

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Objectives

- Provide a brief overview of the growth of technology-enabled solutions in the treatment of chronic GI conditions.
- Review what patients want out of their GI care and how resilience can determine disease self-management behavior.
- Review the significance of not using technology as a single point solution (e.g. prescribing an “app”) but leveraging technology/technology-enabled solutions to ensure patients receive truly integrated care.

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Let's talk

Terminology

- mHealth = mobile health
- eHealth = health care provided electronically, via the internet
- ePRO = electronic patient reported outcome
- DTx = digital therapeutics
  - "evidence-based behavioral treatments delivered online that can increase accessibility and effectiveness of healthcare."
  - Expected to have a $7.1 billion (USD) global value by 2025
- Digital Health = all technologies that engage a patient in their health and well-being
  - mHealth, telehealth (i.e. telehealth), smart devices, sensors and wearables, DTx, health information technology, certain virtual reality (VR), certain artificial intelligence (AI) products and personalized medicine

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Evolving health care with technology

- Patients who use apps to monitor their medical conditions
  - Felt more secure about their condition
  - Participated in their health more
  - Felt like they were well taken care of outside of the clinical setting
- Use of mobile health apps were associated with
  - Decreases in costs
  - Increases in convenience, productivity and efficiency

Wang J, Wang Y, Wei C, Yao NA, Yuan A, Shan Y, et al. Smartphone interventions for long-term health management of chronic diseases: an integrative review. Telemed J E Health. 2014;20(6):570-83.
Ventola CL. Mobile devices and apps for health care professionals: uses and benefits. P t. 2014;39(5):356-64.

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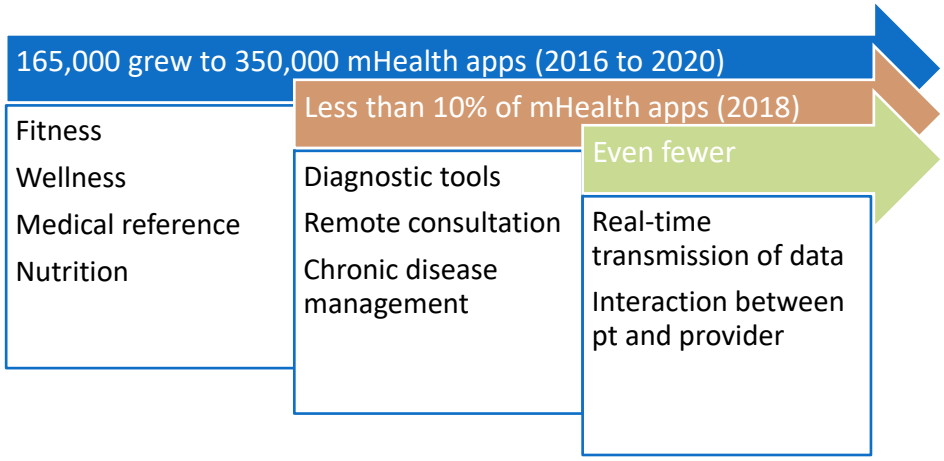
Lay of the land in mHealth



Yin AL, Hachuel D, Pollak JP, Scherl EJ, Estrin D. Digital Health Apps in the Clinical Care of Inflammatory Bowel Disease: Scoping Review. J Med Internet Res. 2019 Aug 19;21(8):e14630.
Michael Kelso, MD, Linda A Feagins, MD, Can Smartphones Help Deliver Smarter Care for Patients With Inflammatory Bowel Disease?, *Inflammatory Bowel Diseases*, 24(7), 2018, 1453–1459.

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The cautions of fast-moving products

- The majority of mHealth apps commercially available
  - Not evidence-based
  - Lack clinical validation
  - Have limited professional medical involvement
- 16% (9 of 56) were developed by GI or IBD patients alone.

Michael Kelso, MD, Linda A Feagins, MD, Can Smartphones Help Deliver Smarter Care for Patients With Inflammatory Bowel Disease?, *Inflammatory Bowel Diseases*, 24(7), 2018, 1453–1459.

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Potential benefits of smartphone use in the care of IBD patients

Patient education on disease and management
Remote disease monitoring
Symptom tracking
Medication adherence tracking
Dietary logs
Earlier interventions based on tracked data
Alerts to medical team if symptoms not on track
Improved adherence (alarms/reminders)
Improved self-management/patient empowerment
Online support network

Michael Kelso, MD, Linda A Feagins, MD, Can Smartphones Help Deliver Smarter Care for Patients With Inflammatory Bowel Disease?, *Inflammatory Bowel Diseases*, 24(7), 2018, 1453–1459.

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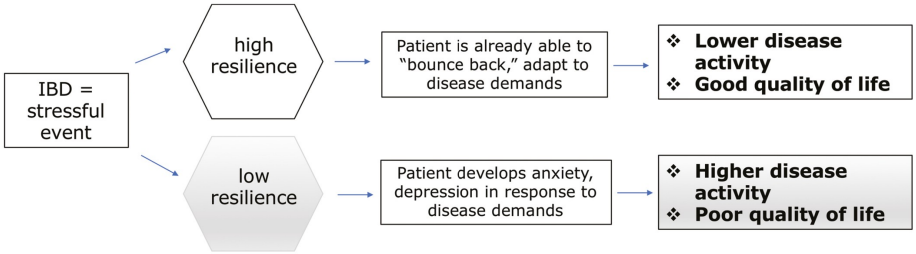
Psychological factors in IBD

- Stress and mood disorders negatively impact disease course
  - Flares
  - Surgeries
  - Poor QoL
  - High health care costs
- Psychological resilience is a protective factor



Sehgal P, Ungaro RC, Foltz C, Iacoviello B, Dubinsky MC, Keefer L. High Levels of Psychological Resilience Associated With Less Disease Activity, Better Quality of Life, and Fewer Surgeries in Inflammatory Bowel Disease. Inflamm Bowel Dis. 2021 May 17;27(6):791-796.

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Empowering through resilience

Resilience is a modifiable trait that is responsive to behavioral interventions, with resilience-building therapies associated with improved physical health and well-being.

Perception is key to resilience: Do you conceptualize an event as traumatic, or as a chance to learn and grow? Illustration by Gizem Vural

Chmitorz A, Kunzler A, Helmreich I, Tüscher O, Kalisch R, Kubiak T, Wessa M, Lieb K. Intervention studies to foster resilience - A systematic review and proposal for a resilience framework in future intervention studies. Clin Psychol Rev. 2018 Feb;59:78-100.

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Patients are using apps and technology

4 Apps I Use to Help Manage My Crohn's Disease

By thedancingcrohnie • July 8, 2021

Last updated: July 2021

2 4

It's no secret that nowadays there is an app for everything! And boy is it so true. So what applications are out there for Crohn's disease? Well, actually there are a few.

caracare

Quest Diagnostics™

Google Play

Low FODMAP diet A to Z - Ap...

https://inflammatoryboweldisease.net/living/apps-crohns

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Considerations for the patient and provider

- What are you hoping to accomplish with use of digital health?
- Is this a safe and quality product?
- Will the patient and provider share information?

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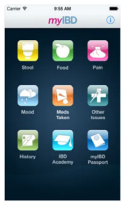
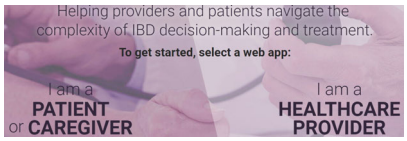


myIBD SickKids



ibd.care

OSHI HEALTH

What is available: A scoping review

Yin AL, Hachuel D, Pollak JP, Scherl EJ, Estrin D. Digital Health Apps in the Clinical Care of Inflammatory Bowel Disease: Scoping Review. J Med Internet Res. 2019 Aug 19;21(8):e14630.

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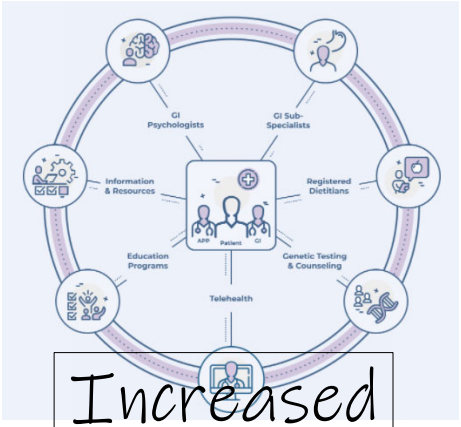
Brain-gut behavioral therapies

- Self-management programs
- GI cognitive behavioral therapy (GI-CBT)
- Gut-directed hypnotherapy
- Mindfulness-based interventions
- Psychodynamic interpersonal therapy

Scalable solutions for integrative care



Increased Access

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Self management and education

- Webinars delivered by expert GI psychologists on a variety of topics and GI conditions for patients.
- A free benefit for ACG members: GIONDEMAND.com
- Appropriate for GI patients who:
  - Want to learn more about their GI condition
  - Are waiting for access to a GI mental health provider
  - Want to work with a vetted GI Dietitian
  - Are not yet appropriate for BGBTs but will benefit from educational support
  - Are interested in high quality, digital therapeutics

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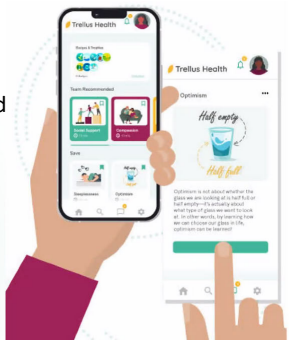
Trellus Health for IBD and IBS

- Customized patient centric resilience training, dedicated coaching, nutritional counseling and self- management programs targeting brain and gut.
- Partner with a dedicated team of resilience coaches, educators and dietitians trained to work with your patients to navigate their personalized resilience roadmap.
- Aid in facilitating effective self-management in support of your plan of care.

trellushealth.com/giondemand




Build Your Resilience


Reduce Your Stress


Support Your Nutrition


Prevent And Manage Your Symptoms


Track Your Medications And Labs


Up-To-Date Health Maintenance Reminders

Supporting
physical, mental and social well-being.

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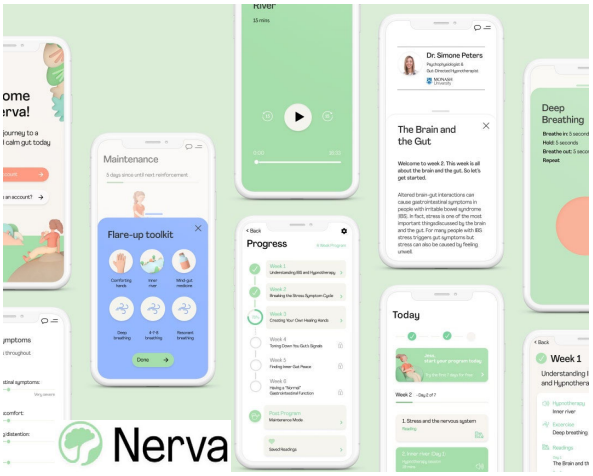
Various models for supporting patients through technology



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Key Take Aways

- IBD (and IBS) care is complex and often most beneficial to the patient when approached from an integrative perspective.
- Access to evidence-based behavioral health care is limited.
- Technology enabled solutions can support patients and providers!
  - Learn more about resilience-based behavioral health program, Trellus Health here: trellushealth.com/giondemand

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Thank you!

@DrRiehl

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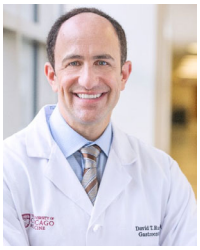
Common Barriers To the Implementation of Optimal Disease Outcomes in Inflammatory Bowel Disease: The Challenges to Moving Forward



David T. Rubin, MD, FACG
Joseph B. Kirsner Professor of Medicine
Professor of Pathology
Chief, Section of Gastroenterology, Hepatology and Nutrition
University of Chicago

@IBDMD
RubinLab.uchicago.edu

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Inflammatory Bowel Disease

- Crohn's disease and ulcerative colitis
- Chronic intestinal inflammation
- No medical cure
- 3.1 million Americans
- Incidence and prevalence rising
- Co-existing mental health disorders
- Treatments have evolved considerably
- Surgery and hospitalization is frequently needed
- Disability occurs

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Goals and Preferred Outcomes in IBD

- Sustained remission
- No hospitalization or ER visits
- Avoidance of corticosteroids
- Avoidance of surgery or repeat surgery
- High level/unencumbered personal and professional functioning
- Affordable healthcare

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Changes in IBD Care Over Time

THEN

Crisis Care
Symptom-based
Limited Treatment options

NOW

Advances in science
Chronic care model
Multiple treatment options
Prevention strategies
Multi-disciplinary care
Quality of care Initiatives
Patient satisfaction measures
Dramatic rise in costs of care
Growth of insurance companies/third party payors

TIME

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Medical Treatment Options for IBD 2023

Treatment	Induction	Maintenance	
Dietary treatment (PEN/EEN)	CD	CD	Conventional Therapies (traditional)
5-ASA	UC	UC	
Steroids (budesonide and prednisone equivalents)	✓	X	
Antibiotics	?	?	
Thiopurines	X	✓	Conventional Therapies (Immunomodulators)
Methotrexate	CD	CD	
Anti-integrin (natalizumab, vedolizumab)	✓	✓	Biological Therapies
Anti-p40 (ustekinumab) Anti-p19 (risankizumab)	✓	✓	
Anti-TNF (adalimumab, certolizumab pegol, golimumab, infliximab)	✓	✓	
JAKinibs (tofacitinib, upadacitinib)	UC	UC	Targeted synthetic Small molecules
S1P receptor mod (ozanimod)	UC	UC	

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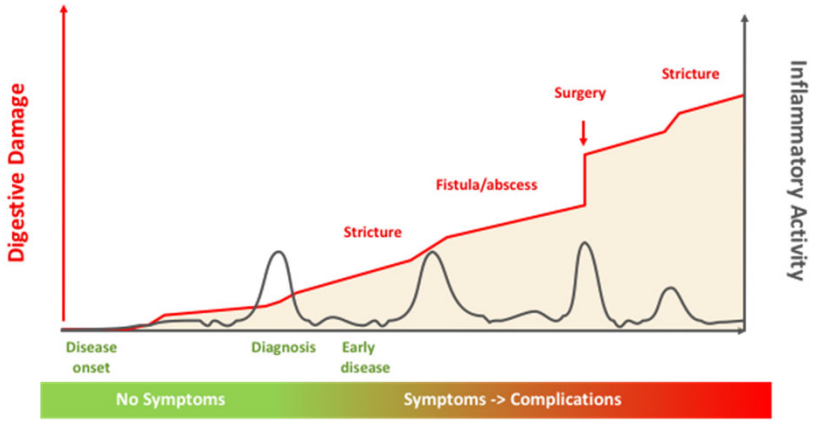
How IBD is Currently Managed: Delays and Disease Progression



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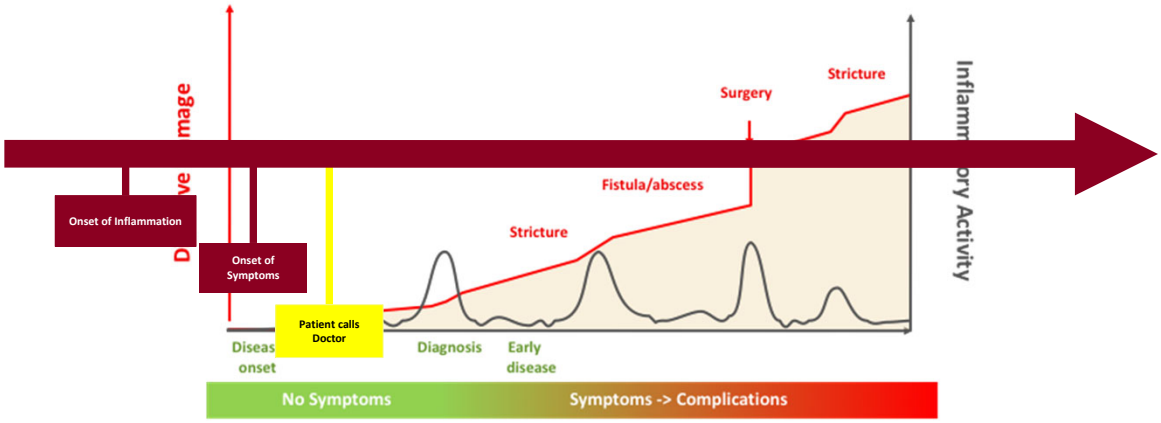

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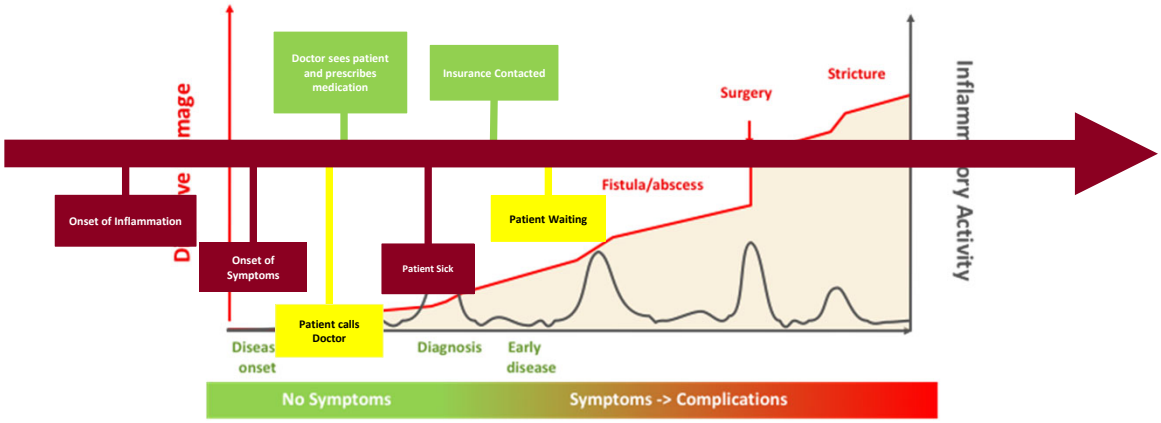
How IBD is Currently Managed: Delays and Disease Progression



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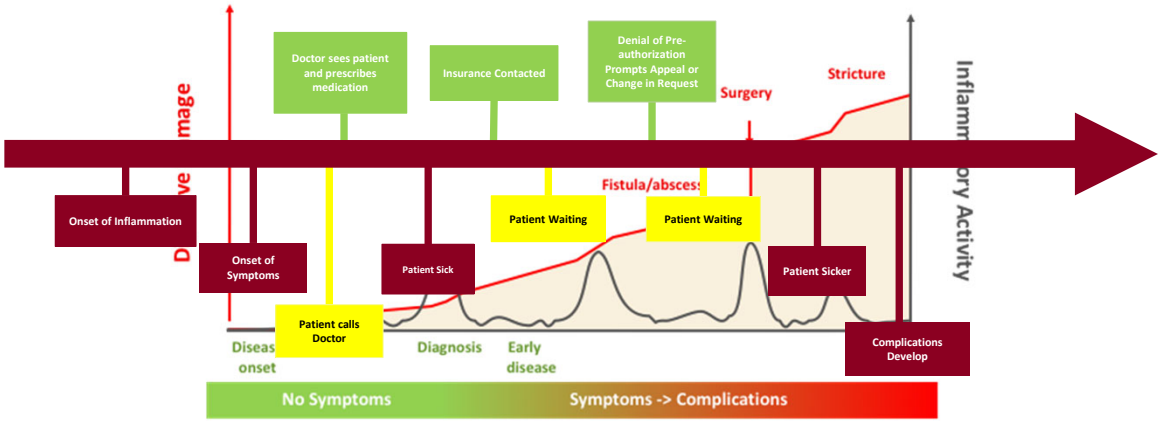
How IBD is Currently Managed: Delays and Disease Progression



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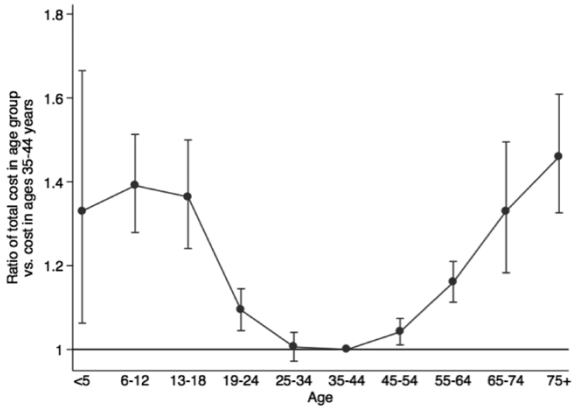
Key Drivers for Costs in IBD Patients

- Age
- Treatment with Specific therapeutics (biologics, opioids or steroids)
- ED use
- Healthcare services associated with relapse, anemia, mental health comorbidities



Park KT, et al. *Inflamm Bowel Dis. 2020;*26(1): 1–10.

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Access to Specialists and Emergency Room Visits in IBD in Canada: a Population Based Study

Promoting Access and Care through Centres of Excellence (PACE) Network

- Poor access to outpatient IBD specialists contributes to IBD-related emergency department visits
- Greater access to gastroenterologists was associated with lower risks of visits to the ER

Table 3. Predictors of rates of emergency department visits

	Predictors of emergency department visits Multivariable Poisson regression	
	Model 1 Incidence rate ratio [95% CI]	Model 2 Incidence Rate Ratio [95% CI]
Regional access to gastroenterologists		
Low	ref	n/a
Moderate	0.78 [0.75–0.82]	n/a
High	0.74 [0.69–0.80]	n/a
Region-wide implementation of NICS		
Low	n/a	ref
Not Low	n/a	0.78 [0.75–0.81]
Mean attained age [SD]	0.96 [0.96–0.97]	0.96 [0.96–0.97]
Sex		
Female	0.92 [0.90–0.93]	0.92 [0.90–0.93]
Male	ref	ref
IBD diagnosis		
Crohn's disease	2.12 [2.03–2.22]	2.12 [2.03–2.22]
Ulcerative colitis	0.90 [0.86–0.94]	0.90 [0.86–0.94]
IBD-inclassified	ref	ref
Neighborhood income		
Bottom quintile	1.24 [1.20–1.28]	1.24 [1.20–1.28]
2nd quintile	1.14 [1.11–1.18]	1.14 [1.11–1.18]
3rd quintile	0.98 [0.95–1.01]	0.98 [0.95–1.01]
4th quintile	0.91 [0.88–0.94]	0.91 [0.88–0.94]
Top quintile	ref	ref
Comorbidity [ADG] score		
0–5	0.50 [0.49–0.51]	0.50 [0.49–0.51]
6–9	0.92 [0.90–0.95]	0.92 [0.90–0.95]
10+	ref	ref

Nguyen GC et al. *J Crohns Colitis.* 2019;13(3):330-336.

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Step Therapy ("Fail First")

IBD Patients and Step Therapy Protocol

In a survey[1] of 2,600 IBD patients:

40% indicated they had been subject to step therapy

Of those:

58% of patients were required to fail two or more drugs before having access to the originally prescribed drug

60% were unable to have a doctor intervene to stop the step therapy process on their behalf

59% were delayed from their optimal treatment plan for over three months

32% were delayed for over seven months

94% believe step therapy to be a barrier to timely and appropriate care

[1] National survey performed by the Crohn's & Colitis Foundation. 2,602 respondents were surveyed in December 2016.

Accessed December 8, 2022. https://www.crohnscolitisfoundation.org/sites/default/files/2020-06/infographic2%20%281%29.pdf

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Days from Initial Request to Receiving Determination From Insurance

	Total (n=1693)	Not Approved (n=53)	Approved (n=1640)	p-value
Prior Authorization, median (IQR)	11 (6-20)	28 (16-48)	9 (5-16)	<0.001
First Level Appeal, median (IQR)	29 (17-48)	44 (27-79)	27 (15-43)	<0.001
Second Level Appeal, median (IQR)	51 (27-84)	45 (26-83)	59 (29-93)	0.564
External Review Request, median (IQR)	73 (28-98)	107 (86-127)	64 (26-79)	0.027

Choi D, et al. *Inflamm Bowel Dis. In press.*

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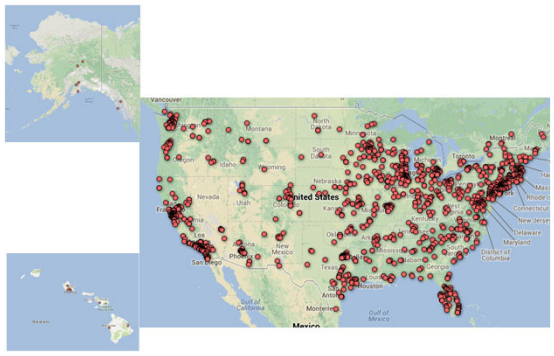
Crohn's and Colitis Foundation of America National Survey of Healthcare Access in Inflammatory Bowel Disease

David T. Rubin[1]
Sarah R. Goeppinger[1]
Sandra Kim[2]
Joel Margolese[4]
Dylan M. Rodriquez[1]
Joel Rosh[3]
Michele Rubin[1]
Amy Kornbluth[4]

1. Inflammatory Bowel Disease Center, University of Chicago Medicine, Chicago, IL.
2. Nationwide Children's Hospital, Columbus, OH.
3. Goryeb Children's Hospital, Morristown, NJ.
4. Crohn's and Colitis Foundation of America, New York City, NY.



Rubin DT, et al. *Inflamm Bowel Dis.* 2017;23(2):224-232.

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TABLE 2. Reasons Identified for Delaying Health Care (Total n = 3646)

	% (n)
Delaying care	
Reported delaying care (of those who answered)	25.4 (897)
Rationale patient identified (were able to select more than one)	
Cost	48.0 (431)
Unable to get an appointment soon enough	31.7 (284)
Not enough time due to scheduling priorities	31.8 (285)
The doctor's office/clinic was not open when you could get there	8.2 (74)
Unable to get through on the telephone	7.4 (66)
On arrival, you have to wait too long to see the doctor	6.8 (61)
No transportation available	4.7 (42)

TABLE 3. How Patients with IBD Save Money and Delay Care (n = 1305); Number of Respondents Who Identified Each Reason

Way to Save Money	N (%)
Skipped medication	317 (25.2)
Took less medicine	375 (29.8)
Delayed filling a prescription	445 (35.3)
Asked your doctor for a lower cost medication	524 (41.6)
Purchased prescription drugs from another country	81 (6.4)
Used alternative therapies (other than those prescribed)	177 (14.0)
Delayed an appointment with health care provider	596 (47.3)
Declined/delayed medical test	440 (34.9)

Rubin DT, et al. *Inflamm Bowel Dis.* 2017;23(2):224-232.

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Inflammatory Bowel Diseases, 2021, **27**, 1942–1953
DOI: 10.1093/ibd/izab006
Advance access publication 29 January 2021
Original Research Articles - Clinical

CROHN'S & COLITIS FOUNDATION

International Perspectives on Management of Inflammatory Bowel Disease: Opinion Differences and Similarities Between Patients and Physicians From the IBD GAPPS Survey

David T Rubin, MD,[*] Charles Sninsky, MD,[†] Britta Siegmund, MD,[‡,] Miquel Sans, MD,[§] Ailsa Hart, PhD,[¶] Brian Bressler, MD,[‖] Yoram Bouhnik, PhD,[**] Alessandro Armuzzi, PhD,[††] and Anita Afzali, MD[‡‡]

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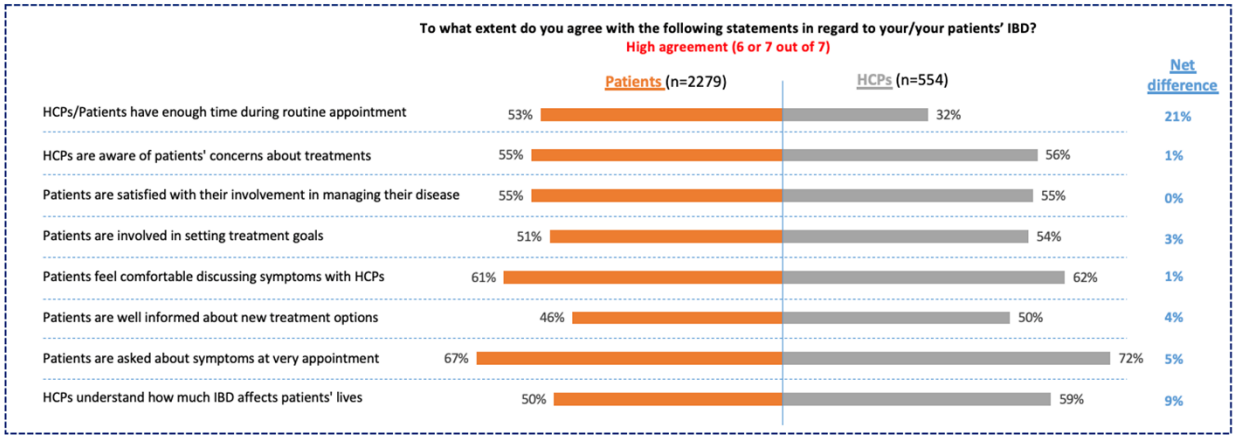
Health Care Provider/Patient Communication

GAPPS Study



Rubin DT et al., *Inflamm Bowel Dis.* 2021 15;27(12): 1942-1953.

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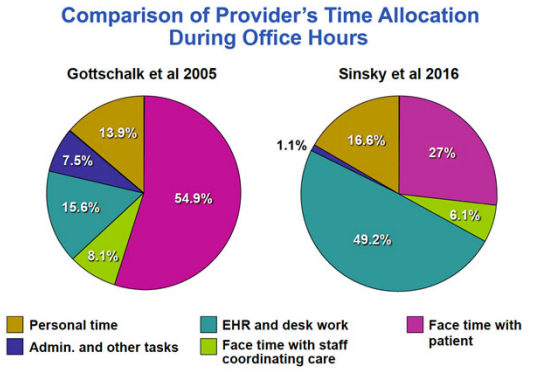
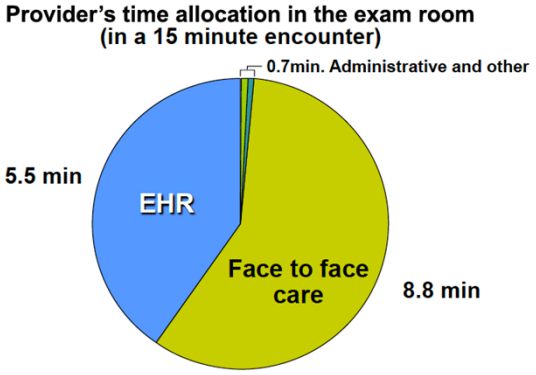
Provider's Time Allocation During Office Hours and Clinic Visits





Drossman DA et al., *Gastroenterology.* 2021;161(5):1670-1688.

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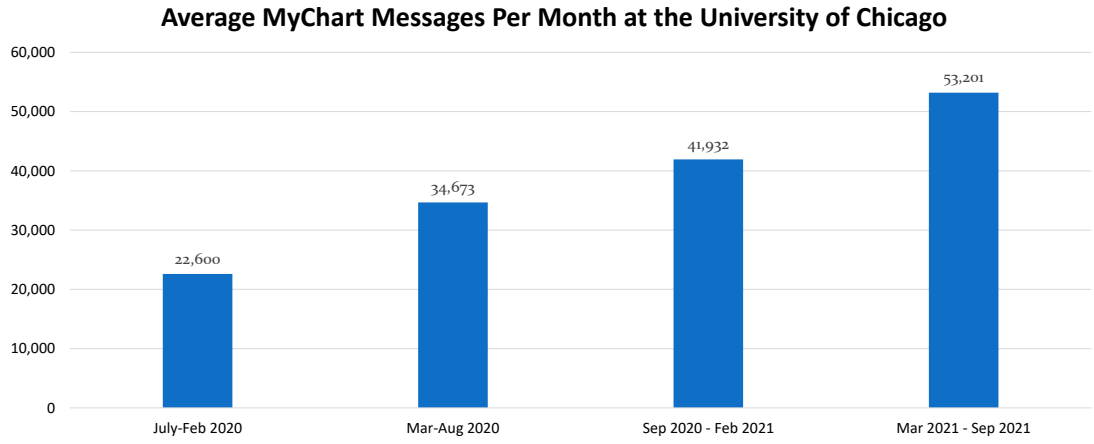
MyChart Messages from Patients Steadily Increased Throughout the Pandemic



Source: Sachin Shah, MD, Internal Data, University of Chicago Medicine.

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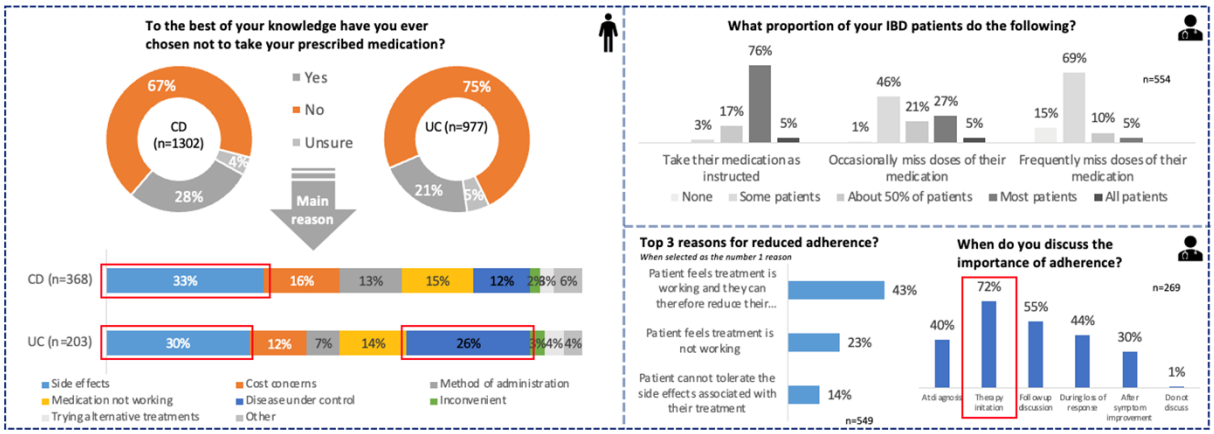
Adherence to IBD Therapies

GAPPS Study



Approximately a quarter of patients report reduced adherence, which aligns with the HCP perspective. While patients report this primarily being due to side effects, HCPs believe this is a result of patients believing their treatment is working

Rubin DT et al., *Inflamm Bowel Dis.* 2021 15;27(12):1942-1953.

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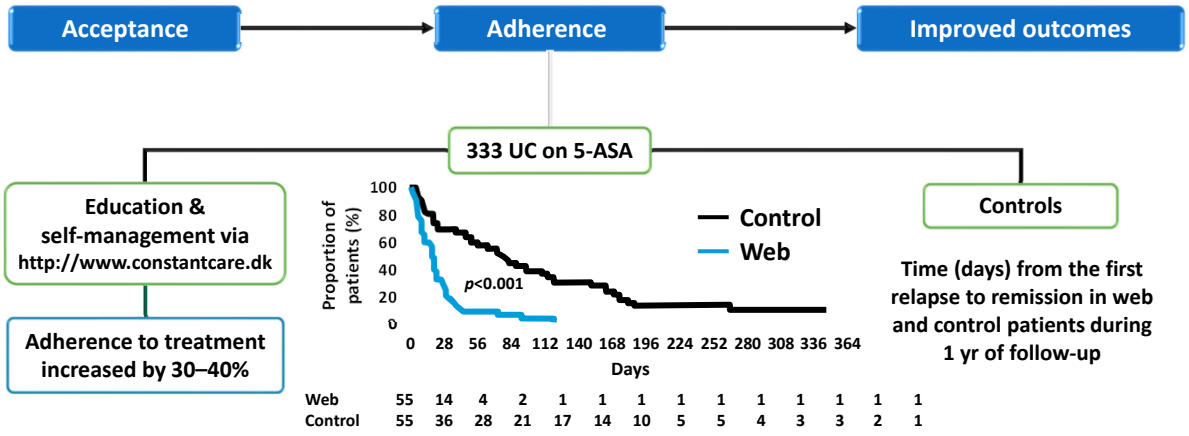
Education: Improving Patient Adherence to The Disease Management Plan Through Patient Empowerment



Elkjaer M *et al. Gut* 2010;59:1652–61

WHO 2003. Adherence to long-term therapies. http://www.who.int/chp/knowledge/publications/adherence_report/en/ (Last accessed Oct 2012)

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Barrier in Delivery of Care: Problems to Solve

Problems

- Delays in diagnosis
- Delays in scheduling
- Insurance company delays in pre-authorizations and re-authorizations
- Uncertain timing of assessment of therapy efficacy
- Patient:Provider disconnects

Potential Solutions

- Education of doctors and nurses: TODAY!
- Talk to your patients about goals and expectations
- Ask about affordability of therapy
- Reimbursement for appropriate services and multi-disciplinary high value care
- Specialty pharmacies, public advocacy, legislation against Step Care
- Point of care testing, remote monitoring
- Digital solutions

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The IBD Care Bill of Rights: Update 2023

1. Patients should have informed providers who make the diagnosis quickly
2. Patients should have access to expert care and second opinions
3. Patients and providers should understand the goals of management and a systematic, thoughtful approach to relapse or loss of response
4. There must be adequate support for an engaged and collaborative multidisciplinary team
5. There must be appropriate education of available treatment options and shared decision making between patients and their primary IBD providers
6. The care of IBD must be affordable for the individual and for our society
7. Patients and providers must have access to needed therapies in a timely manner
8. There must be an appropriate, transparent and expedited appeals process for decisions by payers
9. Patients should have appropriate accommodation for their condition at school, at work and in public spaces
10. Patients and providers must have ample support for meaningful research into better treatments and cures of IBD

RubinLab@uchicago.edu

#IBDBillofRights

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RubinLab@uchicago.edu

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Questions:

Megan E. Riehl, PsyD

David T. Rubin MD, FACG

Laurie A. Keefer, PhD

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ACG & CCF IBD Circle

ACG Hepatology Circle

ACG GI Circle

Connect and collaborate within GI

ACG Functional GI Health and Nutrition Circle

ACG Women in GI Circle

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