Access GI Expertise, Educational Resources and Support for You and Your Patients

A Free ACG Member Benefit Designed to Help You and Your Patients!
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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
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.

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.
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.

ACG Virtual Grand Rounds

Join us for upcoming Virtual Grand Rounds!

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
Disclosures

Megan E. Riehl, PsyD
Consultant - GI OnDEMAND

David T. Rubin, MD, FACC
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*
Technology-Enabled Solutions Elevate GI Patient Care

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

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.
Virtual Grand Rounds

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

Let’s talk

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

Lay of the land in mHealth

165,000 grew to 350,000 mHealth apps (2016 to 2020)

- Fitness
- Wellness
- Medical reference
- Nutrition

Less than 10% of mHealth apps (2018)

- Diagnostic tools
- Remote consultation
- Chronic disease management

Even fewer

- Real-time transmission of data
- Interaction between pt and provider

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.

References:

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.
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.

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

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.


Patients are using apps and technology

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

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

What is available: A scoping review

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

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
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]

Supporting physical, mental and social well-being.

Various models for supporting patients through technology
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

Thank you!
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

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
**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**
### Medical Treatment Options for IBD 2023

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Induction</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietary treatment (PEN/EEN)</td>
<td>CD</td>
<td>CD</td>
</tr>
<tr>
<td>5-ASA</td>
<td>UC</td>
<td>UC</td>
</tr>
<tr>
<td>Steroids (budesonide and prednisone equivalents)</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td>Antibiotics</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td>Thiopurines</td>
<td>X</td>
<td>✓</td>
</tr>
<tr>
<td>Methotrexate</td>
<td>CD</td>
<td>CD</td>
</tr>
<tr>
<td>Anti-integrin (natalizumab, vedolizumab)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Anti-p40 (ustekinumab)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Anti-p19 (risankizumab)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Anti-TNF (adalimumab, certolizumab pegol, golimumab, infliximab)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>JAKinibs (tofacitinib, upadacitinib)</td>
<td>UC</td>
<td>UC</td>
</tr>
<tr>
<td>S1P receptor mod (ozanimod)</td>
<td>UC</td>
<td>UC</td>
</tr>
</tbody>
</table>

#### How IBD is Currently Managed: Delays and Disease Progression

- **Digestive Damage**
  - Disease onset
  - Diagnosis
  - Early disease
  - Stricture
  - Fistula/abscess
  - Surgery

- **Inflammatory Activity**
  - No Symptoms
  - Symptoms -> Complications
How IBD is Currently Managed: Delays and Disease Progression

Onset of Symptoms
Patient calls Doctor
Disease onset
Insurrence Contacted
Insurance Contacted

Onset of Inflammation
Patient Notifying
Patient Notifying

Doctor sees patient and prescribes medication

Diagnosis
Early disease

Symptoms -> Complications
No Symptoms

Surgery
Stricture
Fistula/abscess

Inflammatory Activity
How IBD is Currently Managed: Delays and Disease Progression

- Onset of Symptoms
- Doctor sees patient
- Patient calls Doctor
- Patient waiting
- Diagnosis
- Early disease
- No Symptoms
- Symptoms -> Complications

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

• 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 1. Predictors of rates of emergency department visits

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Model 1 Incidence Rate (95% CI)</th>
<th>Model 2 Incidence Rate (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional access to gastroenterologists</td>
<td>Low 0.78 [0.70-0.82]</td>
<td>ref</td>
</tr>
<tr>
<td></td>
<td>Moderate 0.78 [0.70-0.82]</td>
<td>ref</td>
</tr>
<tr>
<td></td>
<td>High 0.78 [0.70-0.82]</td>
<td>ref</td>
</tr>
<tr>
<td>Region-wide implementation of NICE</td>
<td>ref</td>
<td>ref</td>
</tr>
<tr>
<td></td>
<td>Low 0.78 [0.70-0.82]</td>
<td>ref</td>
</tr>
<tr>
<td></td>
<td>Moderate 0.78 [0.70-0.82]</td>
<td>ref</td>
</tr>
<tr>
<td></td>
<td>High 0.78 [0.70-0.82]</td>
<td>ref</td>
</tr>
<tr>
<td>Mean estimated age (ISO)</td>
<td>0.96 [0.94-0.97]</td>
<td>0.95 [0.94-0.97]</td>
</tr>
<tr>
<td>Sex</td>
<td>Female 0.92 [0.90-0.93]</td>
<td>0.92 [0.90-0.93]</td>
</tr>
<tr>
<td></td>
<td>Male ref</td>
<td>ref</td>
</tr>
<tr>
<td>IBD diagnosis</td>
<td>Cohen's d 1.03 [0.93-1.12]</td>
<td>1.02 [0.93-1.12]</td>
</tr>
<tr>
<td></td>
<td>Ulcerative colitis 0.95 [0.94-0.96]</td>
<td>0.95 [0.94-0.96]</td>
</tr>
<tr>
<td></td>
<td>Non-sclerosing ref</td>
<td>ref</td>
</tr>
<tr>
<td>Neighboured income</td>
<td>ref</td>
<td>ref</td>
</tr>
<tr>
<td>1st quartile</td>
<td>1.29 [1.20-1.38]</td>
<td>1.29 [1.20-1.38]</td>
</tr>
<tr>
<td>2nd quartile</td>
<td>1.08 [1.01-1.15]</td>
<td>1.09 [1.01-1.15]</td>
</tr>
<tr>
<td>3rd quartile</td>
<td>0.98 [0.95-1.01]</td>
<td>0.98 [0.95-1.01]</td>
</tr>
<tr>
<td>4th quartile</td>
<td>0.91 [0.88-0.94]</td>
<td>0.90 [0.88-0.94]</td>
</tr>
<tr>
<td>Unemployment</td>
<td>ref</td>
<td>ref</td>
</tr>
<tr>
<td>0-5</td>
<td>0.90 [0.84-0.99]</td>
<td>0.90 [0.84-0.99]</td>
</tr>
<tr>
<td>6-9</td>
<td>0.92 [0.86-1.00]</td>
<td>0.92 [0.86-1.00]</td>
</tr>
<tr>
<td>10+</td>
<td>ref</td>
<td>ref</td>
</tr>
</tbody>
</table>


---

**Virtual Grand Rounds**

**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**

**Step Therapy ("Fail First")**

**IBD Patients and Step Therapy Protocol**

**In a survey of 2,600 IBD patients:**

- 40% indicated they had been subject to step therapy
- 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

---

Days from Initial Request to Receiving Determination From Insurance

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


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

David T. Rubin¹
Sarah R. Goeppinger¹
Sandra Kim²
Joel Margolese⁴
Dylan M. Rodriguez¹
Joel Rosh³
Michele Rubin¹
Amy Kornbluth⁴

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.


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

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

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

<table>
<thead>
<tr>
<th>Way to Save Money</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skipped medication</td>
<td>337 (26.1)</td>
</tr>
<tr>
<td>Took less medicine</td>
<td>375 (28.8)</td>
</tr>
<tr>
<td>Delayed filling a prescription</td>
<td>354 (26.9)</td>
</tr>
<tr>
<td>Asked your doctor for a lower cost medication</td>
<td>524 (40.6)</td>
</tr>
<tr>
<td>Purchased prescription drugs from another country</td>
<td>81 (6.1)</td>
</tr>
<tr>
<td>Used alternative therapies (other than those prescribed)</td>
<td>177 (13.5)</td>
</tr>
<tr>
<td>Delayed an appointment with health care provider</td>
<td>596 (45.8)</td>
</tr>
<tr>
<td>Declined/delayed medical test</td>
<td>440 (34.0)</td>
</tr>
</tbody>
</table>

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

David T Rubin, MD,1,2 Charles Sninsky, MD,1 Britta Sieg mund, MD,1 Miquel Sans, MD,1 Alisa Hart, PhD,1 Brian Bressler, MD,1 Yoram Bouhnik, PhD,2 Alessandro Arruozzi, PhD,3,4 and Anita Akzai, MD1

1Inflammatory Bowel Disease, 2021, 97:1862–1863
2DOI: 10.1093/infd/202101
3Advance access publication 25 January 2021
4Original Research Articles - Clinical
Virtual Grand Rounds

Health Care Provider/Patient Communication
GAPPS Study

To what extent do you agree with the following statements in regard to you/your patients’ IBD?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Patients (n=2279)</th>
<th>HCPs (n=554)</th>
<th>Net difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPs/Patients have enough time during routine appointment</td>
<td>53%</td>
<td>32%</td>
<td>21%</td>
</tr>
<tr>
<td>HCPs are aware of patients’ concerns about treatments</td>
<td>55%</td>
<td>56%</td>
<td>1%</td>
</tr>
<tr>
<td>Patients are satisfied with their involvement in managing their disease</td>
<td>55%</td>
<td>51%</td>
<td>0%</td>
</tr>
<tr>
<td>Patients are involved in setting treatment goals</td>
<td>51%</td>
<td>54%</td>
<td>3%</td>
</tr>
<tr>
<td>Patients feel comfortable discussing symptoms with HCPs</td>
<td>61%</td>
<td>62%</td>
<td>1%</td>
</tr>
<tr>
<td>Patients are well informed about new treatment options</td>
<td>40%</td>
<td>50%</td>
<td>4%</td>
</tr>
<tr>
<td>Patients are asked about symptoms at very appointment</td>
<td>67%</td>
<td>72%</td>
<td>5%</td>
</tr>
<tr>
<td>HCPs understand how much IBD affects patients’ lives</td>
<td>50%</td>
<td>59%</td>
<td>9%</td>
</tr>
</tbody>
</table>

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

Virtual Grand Rounds

Provider’s Time Allocation During Office Hours and Clinic Visits

Comparison of Provider’s Time Allocation During Office Hours

Gottschalk et al 2005

- EHR: 13.9%
- Face time with staff coordinating care: 15.8%
- Admin. and other tasks: 27.6%
- Personal time: 54.9%

Sinsky et al 2016

- EHR: 16.4%
- Face time with patient: 16.4%
- Face time with staff coordinating care: 4.6%
- Admin. and other tasks: 27.7%

Provider’s time allocation in the exam room (in a 15 minute encounter)

- EHR: 8.8 min
- Face to face care: 5.5 min
- 0.7 min, Administrative and other

MyChart Messages from Patients Steadily Increased Throughout the Pandemic

Average MyChart Messages Per Month at the University of Chicago

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

Adherence to IBD Therapies

GAPPS Study

To the best of your knowledge have you ever chosen not to take your prescribed medication?

CD (n=1812)

- Yes 67%
- No 28%
- Unsure 5%

UC (n=977)

- Yes 75%
- No 21%
- Unsure 4%

What proportion of your IBD patients do the following?

- Take their medications as instructed 70%
- Occasionally miss doses of their medication 17%
- Frequently miss doses of their medication 6%

When do you discuss the importance of adherence?

- Side effects of treatment 42%
- Cost of treatment 40%
- Method of administration 35%
- Disease flare due to non-compliance 30%
- Improvement in disease control 27%
- Disease progression 23%
- Improvement in quality of life 23%

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.
**Virtual Grand Rounds**

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

**Acceptance** → **Adherence** → **Improved outcomes**

- **Education & self-management via** [http://www.constantcare.dk](http://www.constantcare.dk)
- **Adherence to treatment increased by 30–40%**

**333 UC on 5-ASA**

- **Control**
- **Web**

<table>
<thead>
<tr>
<th>Days</th>
<th>Control</th>
<th>Web</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>28</td>
<td>80</td>
<td>90</td>
</tr>
<tr>
<td>56</td>
<td>60</td>
<td>70</td>
</tr>
<tr>
<td>84</td>
<td>40</td>
<td>50</td>
</tr>
</tbody>
</table>

![Graph](image)


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**Virtual Grand Rounds**

**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
Virtual Grand Rounds

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

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#IBDBillofRights
Questions:

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