Background

Several studies have shown that patients with inflammatory bowel disease (IBD) do not receive preventive services at the same rate as general medical patients.

Therefore the American College of Gastroenterology (ACG) released guidelines in 2017 for improved preventive care in patients with IBD designed to assist gastroenterologists in informing primary care providers (PCP) of the needs of this unique patient population.

These guidelines included appropriate administration and use of vaccinations, osteoporosis screening, cervical cancer screening, melanoma and non-melanoma skin cancer screening, and smoking cessation counseling.

Baseline data collected from a random and comparable sampling of TJUH Gastroenterology (GI) provider notes has shown a need for improvement in documenting and relaying our preventive care recommendations.

Study Aims

- Improve communication to referring PCP of the preventive care screening needs for IBD patients seen in the ambulatory setting.
- Implement system wide change through the use of a progressively modified EPIC based smart tool integrated directly into our provider notes.
- Increase adherence to guidelines for immunization, cancer screening, infectious screening, osteoporosis screening (DEXA scans), and smoking cessation counseling.

Methods

- EPIC smart tool checklist was developed for each preventive care category using a combination of selected responses and free text responses.
- A selection of GI providers were given access to this smart tool and educated on its use.
- GI fellows will then review provider notes in 4 week study period intervals for frequency of smart tool utilization and also collect direct provider feedback.
- Modifications will then be made on this smart tool every 4 weeks with learned improvements from the previous study periods.
- The study will continue until we reached a goal of at least 60% smart tool utilization or 6 months from start of study (Nov 1, 2019), whichever comes first.

Baseline IBD Preventive Care Data

<table>
<thead>
<tr>
<th>IBD Preventive Care Checklist</th>
<th>Dermatology Follow-Up</th>
<th>Pap</th>
<th>VZV/Zostavax/Shingrex</th>
<th>HPV</th>
<th>Hepatitis A</th>
<th>Hepatitis B</th>
<th>Prevnar13, Pneumovax23</th>
<th>Influenza Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uptodate</td>
<td>42%</td>
<td>12%</td>
<td>42%</td>
<td>7%</td>
<td>12%</td>
<td>0%</td>
<td>0%</td>
<td>21%</td>
</tr>
<tr>
<td>Not Uptodate</td>
<td>26%</td>
<td>14%</td>
<td>12%</td>
<td>0%</td>
<td>18%</td>
<td>0%</td>
<td>0%</td>
<td>24%</td>
</tr>
<tr>
<td>Not Documented</td>
<td>32%</td>
<td>74%</td>
<td>50%</td>
<td>91%</td>
<td>86%</td>
<td>100%</td>
<td>100%</td>
<td>57%</td>
</tr>
</tbody>
</table>

Early Impressions

- Based on our clinical practice experience, this data likely represents an underrepresentation of the GI division’s preventive care screening but does show a need for improved clarity in documenting these preventive care recommendations.
- Implementation of this study has also identified inconsistent usage of preexisting EPIC vaccination schedule records throughout the Jefferson system.
- While there is a need to increase universal usage of preexisting EPIC preventive care tools, this smart tool checklist will help us improve communication to PCP both here at TJUH and in the community.
- Over the next 6 months, we will to continue to refine our tool in order to concentrate on our efforts at closing these widespread healthcare gaps.