

PACE Turns 4: Highlights and Accomplishments



Dr. Geoffrey Nguyen, MD, PhD, FRCP(C)

ADVANCING PATIENT CARE BY CROHN'S AND COLITIS CANADA



INITIATIVE PACE PRÉSENTÉE PAR CROHN ET COLITE CANADA
POUR FAIRE PROGRESSER LE SECTEUR DES SOINS AUX PATIENTS

Promoting Access and Care Through Centres of Excellence (PACE) brings together leading inflammatory bowel disease (IBD) centres to collectively advance best practices and elevate the standard of care for patients.

What is the Promoting Access and Care Through Centres of Excellence (PACE) Program?

- Launched in 2016.
- PACE is the collaboration of IBD Centres in Canada.
- Formed to improve IBD patient outcomes, address gaps in IBD care, and provide evidence to create changes in the Canadian public healthcare system.
- PACE is a priority-driven research program, four gaps in care have been targeted.

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Monitoring Patient Health Using Innovative Technology

Lead Institution: McMaster University



Lead Investigators: Dr. Neeraj Narula, Dr. John Marshall



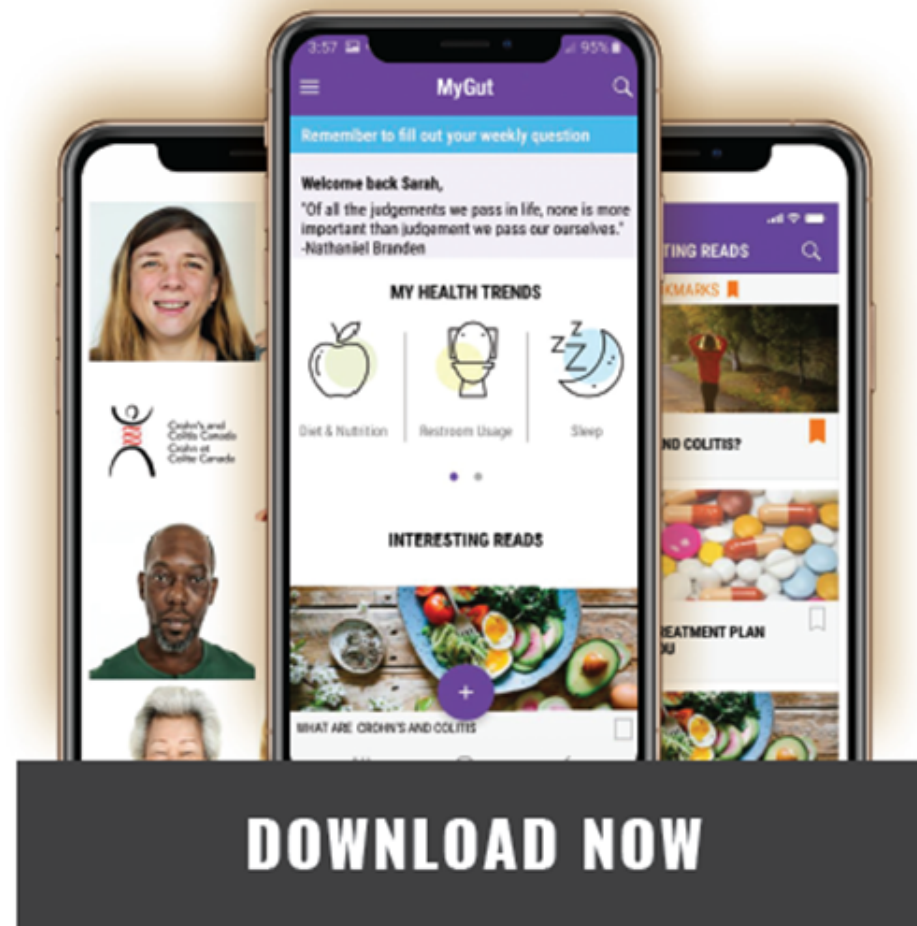
Gap: Monitoring patient-reported outcomes between clinic visits, and empowering patients to be actively involved in their IBD care.

Goal: IBD patients are able to use technology to assist patients in staying connected to their IBD healthcare providers between clinic visits.

MyGut Mobile App

Features include:

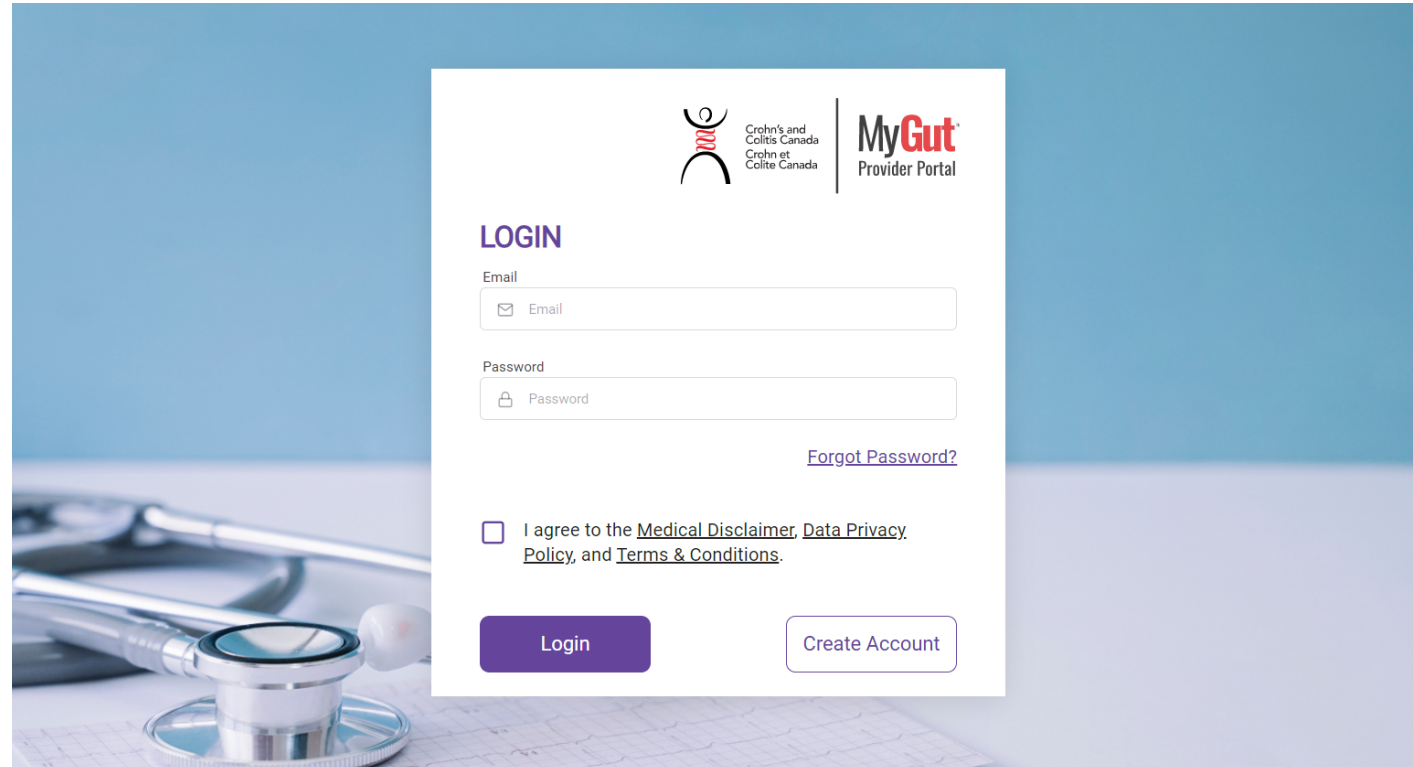
- Daily activity tracking.
- Quality of life questionnaires.
- Health assessment questionnaires.
- Personalized dashboard including educational content.
- Share health summary or daily tracking reports with health care providers.
- Connect with your healthcare provider through referral codes.



MyGut Provider Portal

Features include:

- Notifications to healthcare providers when change in health status.
- Communication tool.
- Source of articles and guidelines.
- Clinic visit summary forms.



For more information on the MyGut program contact: MyGut@crohnsandcolitis.ca or visit MyGut.ca

Impact on IBD Care Delivery

- The number of IBD-related ER visits/hospitalizations in the year of use compared to the prior year demonstrated a significant decrease from 25% of patients (8/32) to 3% (1/32) ($p=0.03$).
- Patients also reported an increase in their understanding of the nature/causes of their condition after using the application ($p=0.026$).
- No significant changes were observed in the number of quality indicators met ($p = 0.67$) or in SIBDQ scores ($p=0.48$).

Servicing Remote Communities Through Telemedicine

Lead Institution: Mount Sinai Hospital (Toronto)

Lead Investigator: Dr. Geoffrey Nguyen

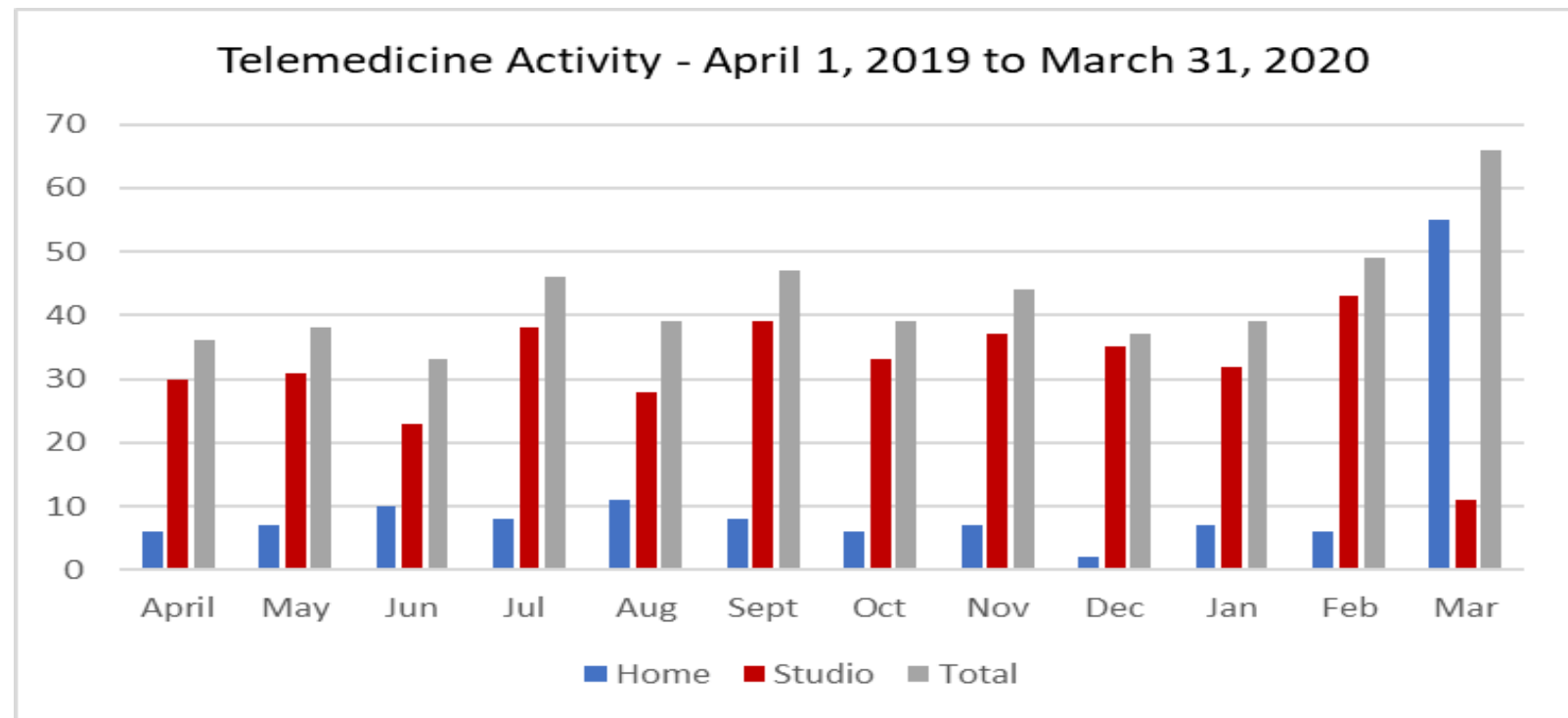
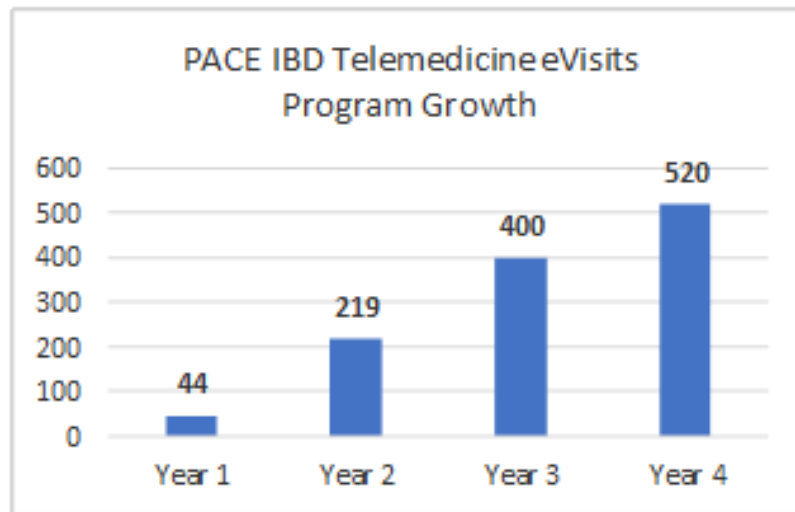


Gap: Timely access to IBD specialist in remote areas that are underserved by gastroenterology care.

Goal: IBD patients residing in rural and remote regions of Ontario are able to receive consultative services from IBD specialists at Mount Sinai Hospital through videoconferencing technology.

Telemedicine Program Growth

- Our team of eight gastroenterologists, four colorectal surgeons, and a dietitian have conducted over a thousand virtual visits since the program's inception.



Impact on IBD Care Delivery



- Changing patients' lives by reducing average wait times to 14 days to see an IBD medical specialist.
- Minimizing the disruption, stress and cost that can be associated with travel to Toronto for IBD-related medical appointments.



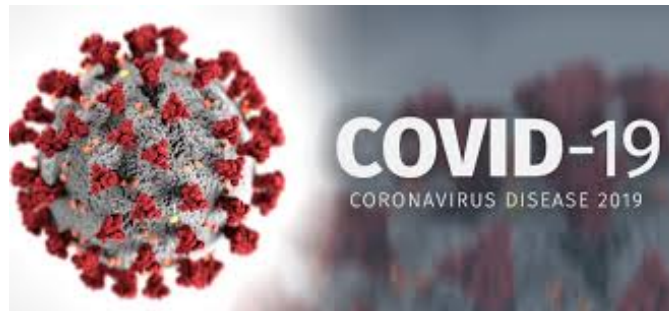
- Virtual care is lessening our collective environmental footprint by reducing or eliminating the need for air/land travel, and enables patients to avoid taking significant time off work or school to attend medical visits.
- Patients in under-serviced areas of Ontario get an early IBD diagnosis and commence treatment in a timely manner, thus altering their disease outcome.



- Saves the healthcare system \$800 per visit from patients that would have been eligible for the Northern Ontario Travel Grant.

COVID-19

- Virtual care has been shown to be effective and safer means of providing health care to our IBD patients.
- Seamlessly transitioned to secure in-home video visits with patients.
- Patients expressed their appreciation that their IBD care continued uninterrupted.
- Identified a need to standardize virtual care delivery.



Measuring Benchmarks in Care Delivery

Lead Institution: McGill University Health Centre

Lead Investigator: Dr. Alain Bitton, Dr. Waqqas Afif



Gap: Evidence-based measures to evaluate quality improvement interventions and healthcare delivery in IBD.

Goal: IBD clinics across Canada have the ability to measure their own performance, and engage in quality improvement.

Activity to Date

Quality Indicators

- 45 quality indicators to help standardize IBD care across Canada.

IBD Global Rating Scale

- Pilot tested by the 5 PACE centres, 2 non-PACE academic centres, and 2 non-academic centres.
- Many of the QIs informed the statements in the Global Rating Scale.
- Feedback from the pilot test was used to improve the online platform.



Welcome to IBD-GRS

Demo Site

Data Entry Open

Complete the IBD-GRS Quality Evaluations for the Current Term

Charts and Reporting

View Historical and Comparative Reports for Your Clinic's Results

Resources

View and Download Resources from the Endopedia Library

For further information regarding quality programs from the Canadian Association of Gastroenterology (CAG) please visit:
<https://www.cag-acg.org/quality/quality-programs/c-grs>

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Impact on IBD Care Delivery

- Published a **comprehensive set of QIs** to improve the quality of IBD care provided in clinical practice.
- First **IBD global rating scale** that will be implemented at IBD clinics and centres across Canada:
 - identify gaps in care
 - change the focus to patient-centred care
 - standardize care
 - encourages action plans

Clinical Care Pathways

Reducing Chronic Steroid Use

Lead Institution: Universities of Alberta and Calgary

Lead Investigators: Dr. Karen Kroeker, Dr. Remo Panaccione, Dr. Cynthia Seow



Gaps: Lack of Standardized Care for IBD Patients
Overuse of and complications related to steroids in the management of IBD.

Goal: For all Canadians living with IBD to receive standardized care and minimized exposure to systemic corticosteroids.

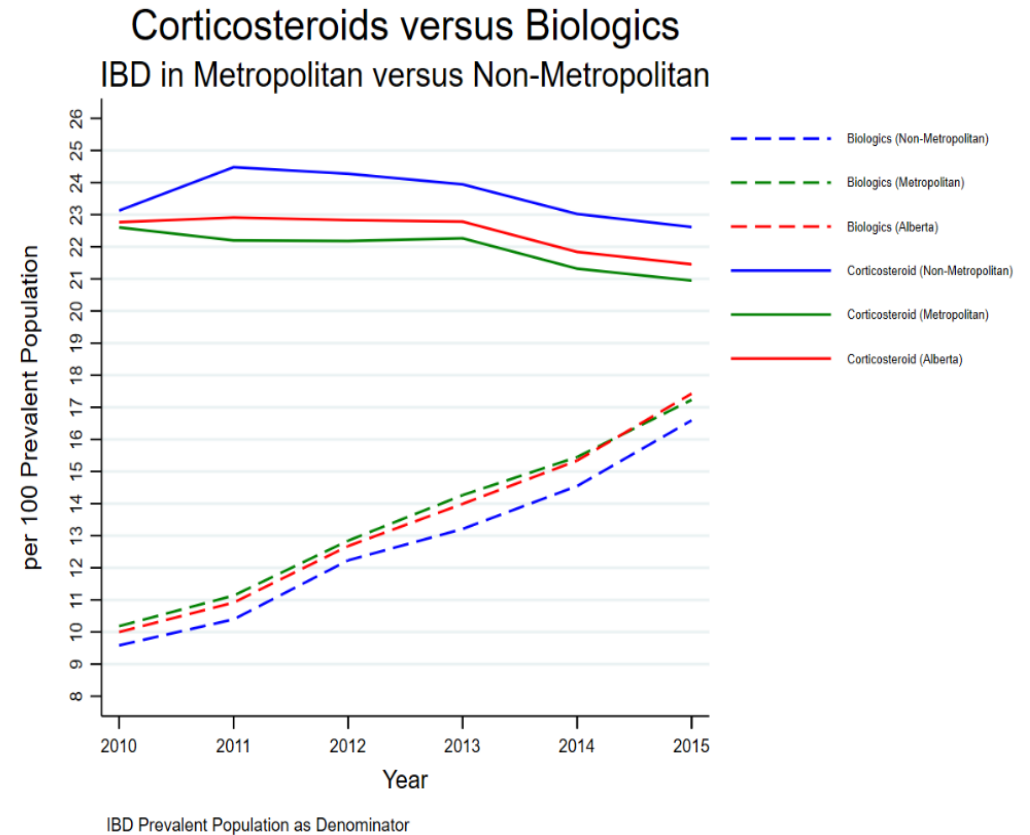
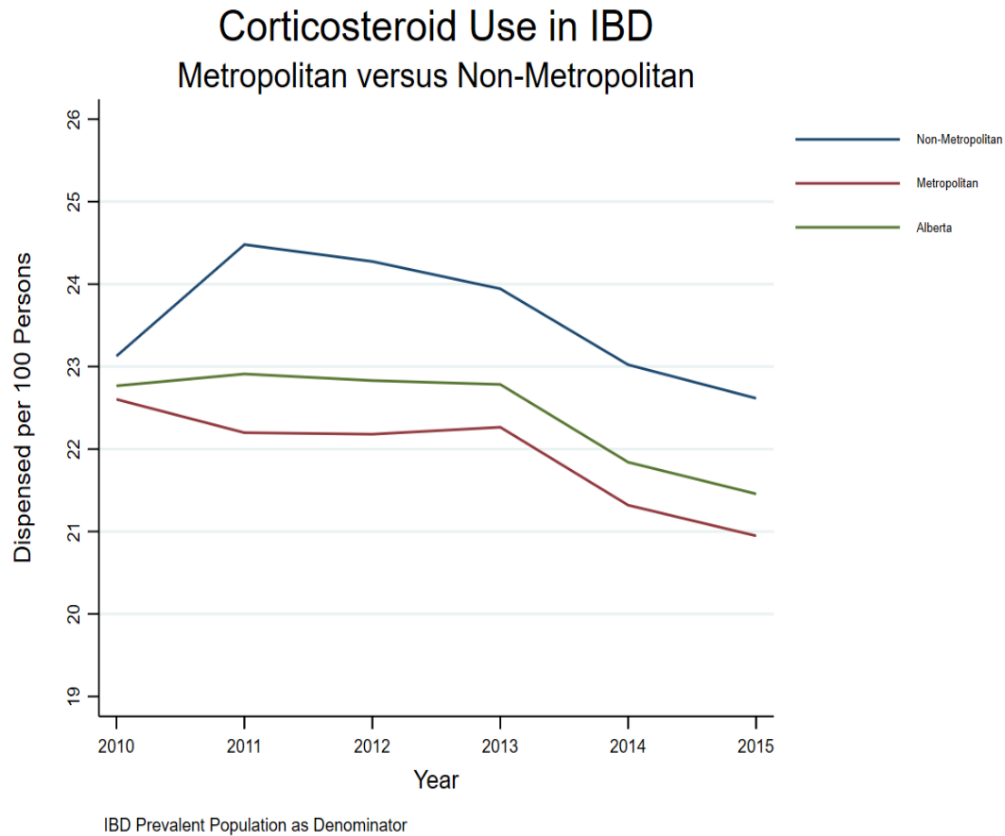
Clinical Care Pathways Update Process

- Clinical care pathways require consistent and periodic review to ensure they reflect current literature.
- Consensus Workshop Dec 3, 2019.
 - Review and update pathways.
 - Establish a process for keeping pathways current.
- Representatives: Digestive Health Strategic Clinical Network (DHSCN) leadership, IBD specialists (pediatric & adults), colorectal surgeons, IBD nurses and pharmacists (25 attendees).

Post Clinical Care Pathway Workshop

- Literature review and final voting via online poll.
- Current version of CCPs is June 2020 and a tracker was developed to indicate next review date.
- New CCPs.
- All CCPs available on IBD Clinic Website with downloadable PDFs.
 - ibdclinic.ca

Corticosteroid Use for Inflammatory Bowel Disease Across Alberta: Start of the Decline but a Long Way to Decay



Impact on IBD Care Delivery

- Better clinical care for IBD patients, including reduced use of harmful corticosteroids.
- Increased adoption at IBD centres and community clinics of evidence-based best practices.
- A process to ensure that these evidence-based clinical care pathways are always up-to-date.
- Clinical care pathways integrated into the provincial electronic health record system in Alberta.
- Downloadable on the ibdclinic.ca webpage

What's Next: Adoption and Sustainability Plan

- **National dissemination** of PACE projects
 - MyGut
 - Clinical Care Pathways
 - Telemedicine
 - IBD Global Rating Scale
- Seeking government **funding**
- **Evaluate the impact** on patient quality of life, quality of care, and the healthcare system in Canada.

For more information

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