

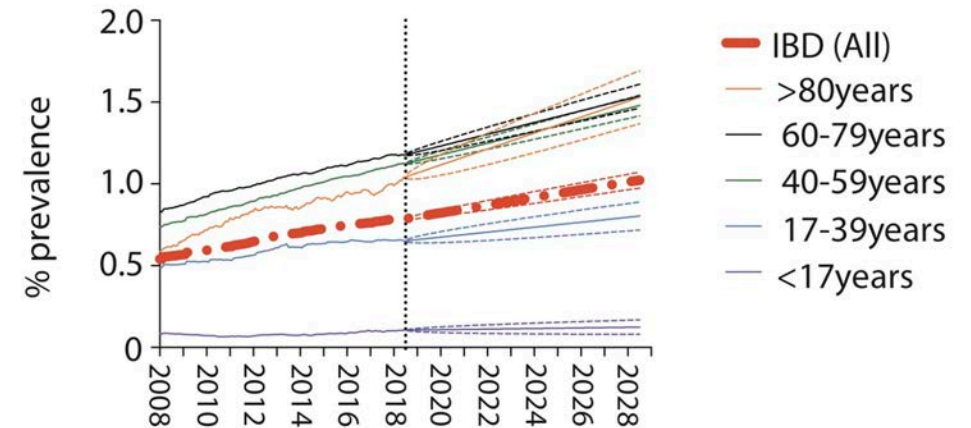
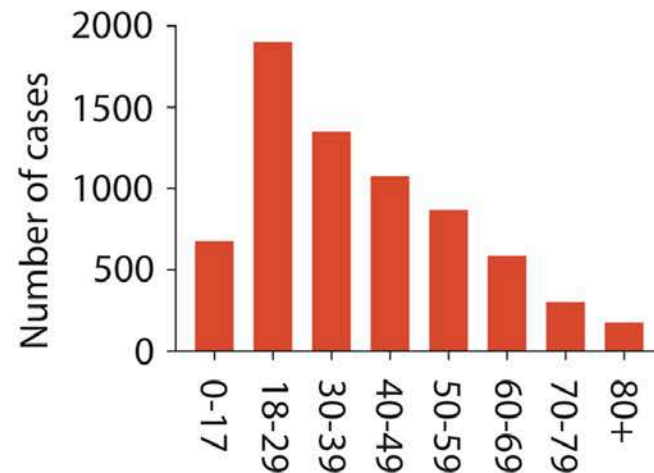
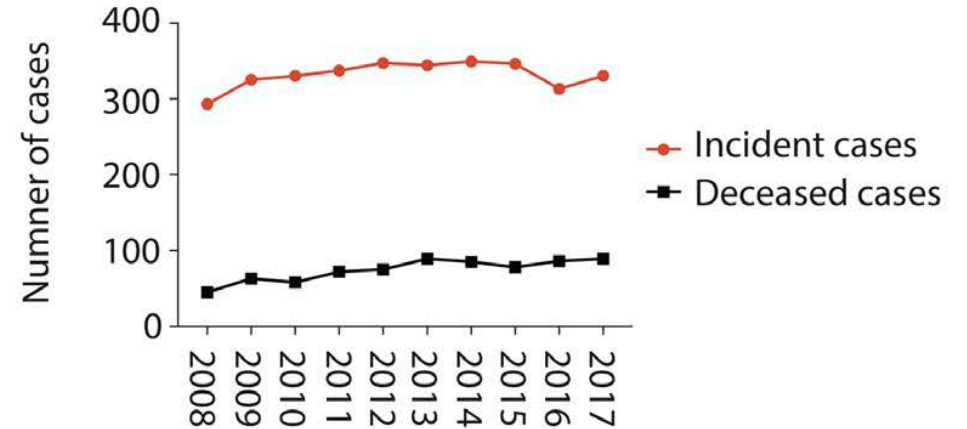
Telemedicine and IBD results of an international survey

Charlie W Lees¹, Sara Lewin², Ailsa Hart³, Miguel Regueiro⁴, Uma Mahadevan²

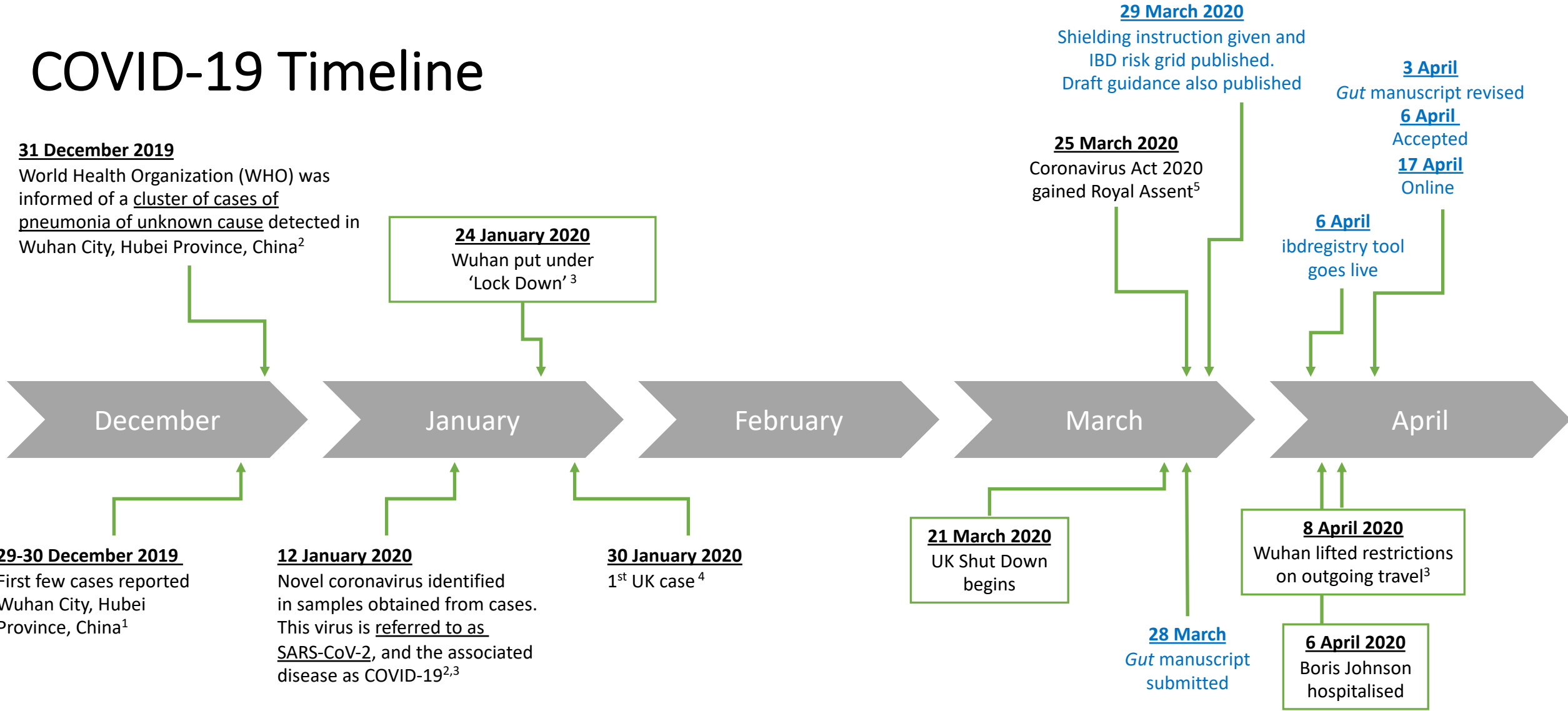
1. The Edinburgh IBD Unit and IGMM, University of Edinburgh
2. Division of Gastroenterology, University of California, San Francisco
3. IBD Unit, St Mark's Hospital, London
4. Department of Gastroenterology, Hepatology & Nutrition, Cleveland Clinic

Epidemiology of IBD: “Why are my clinics getting busier?”

- Prevalence of IBD is 0.78%
- Age at diagnosis is young adult
- Morbidity high but mortality low
- Incidence is stable; 5x higher than mortality
- The population is getting older, with more co-morbidities



COVID-19 Timeline



1. <https://coronavirus.jhu.edu/data/hubei-timeline>. 2. <https://www.who.int/news-room/detail/08-04-2020-who-timeline---covid-19>. 3. <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features>. 4. https://coronavirus.data.gov.uk/?_ga=2.106106883.1059945750.1587645792-2140283630.1587645792. 5. <https://services.parliament.uk/bills/2019-21/coronavirus.html>

COVID-19 and IBD service provision

Maintain IBD team

- ✓ Redeployment & sickness are real threats
- ✓ One or two consultants to lead service
- ✓ Maintain helplines
- ✓ Keep core IBD nursing team
- ✓ Move offsite/remote working

Daily flare clinic (consultant & IBD nurse)

Virtualise working

- ✓ Daily huddles (via Zoom/Teams)
- ✓ Phone & video consultations
- ✓ Use of apps & point of care tests (calprotectin)

Suspend all but essential endoscopy activity

- ✓ Acute severe colitis
- ✓ Selected high risk new patients (suspected IBD)

Infusion suite

- ✓ Move out to clean site if possible
- ✓ Spacing & hand hygiene
- ✓ COVID-19 symptom checks and masks



- Telemedicine Pro's
 - Needed: Social Distancing
 - Social Acceptance: Convenience
 - Technology exists
 - Cost with respect to clinic staff & space
- Telemedicine Con's
 - Human touch; in person assessment
 - Cheapens the brand?
 - Reimbursement
 - Currently in US Medicare pays
 - Security Concerns

IOIBD telemedicine and IBD survey

- Designed in Google Forms
- Survey was piloted amongst IOIBD members with n=46 responses
- Several questions were removed; a few were modified
- New questionnaire takes max. 5 minutes
- Sent via Twitter, LinkedIn and email on 20th April
- Closed Monday 27th April



Who responded?

N=754

82.4% are gastroenterologists

10.1% are IBD specialist nurses

4.1% are surgeons

What sector do you work in?

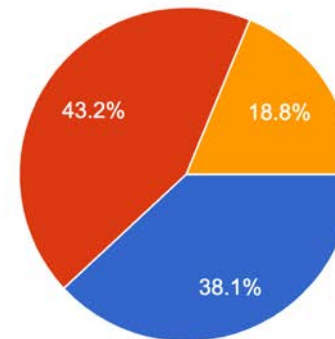
61.9% public

13.8% private

22.2% public and private

Is reimbursement an important factor in the setup of your clinic (face-to-face versus phone versus video consultation)?

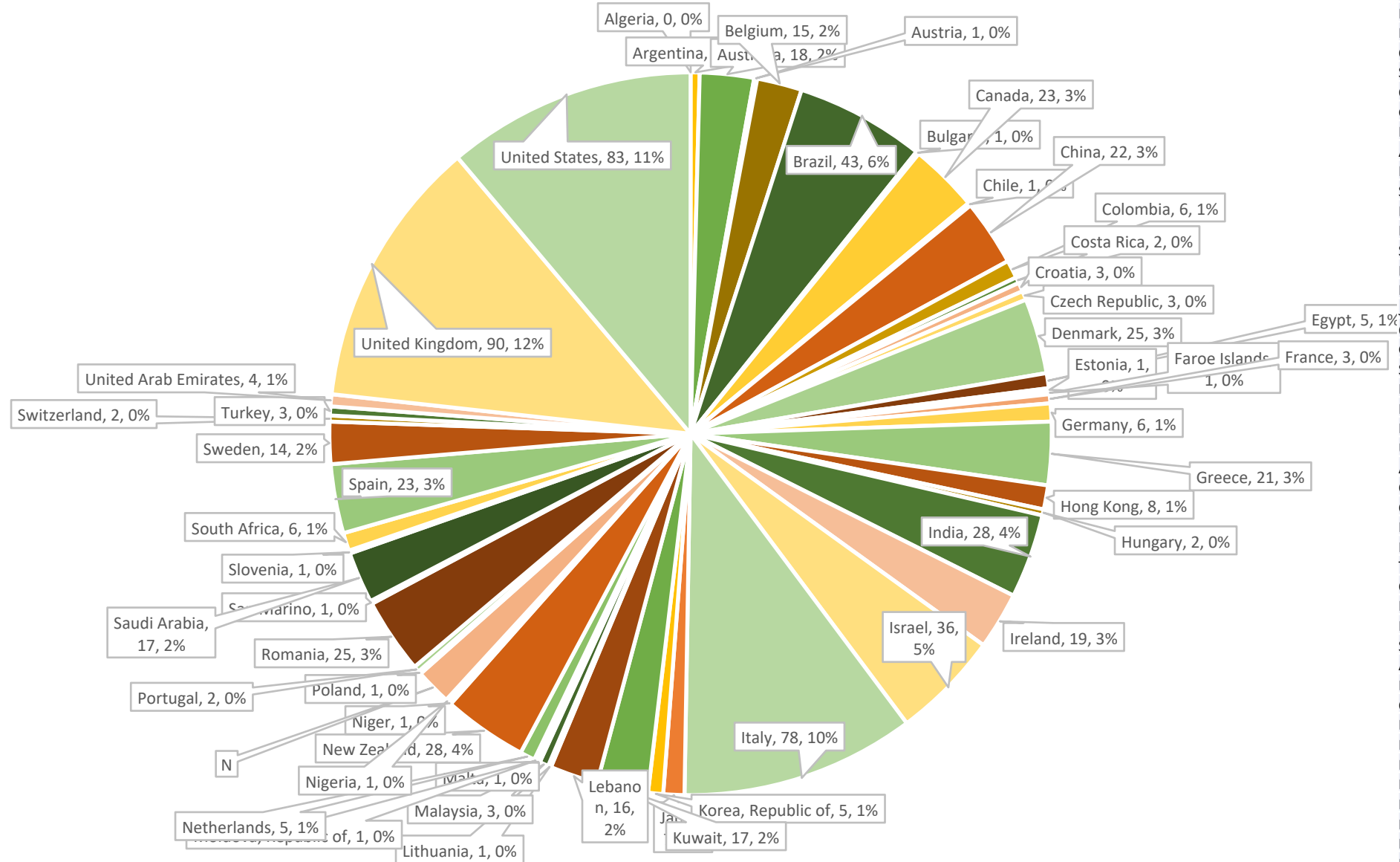
746 responses



● Yes
● No
● Sometimes

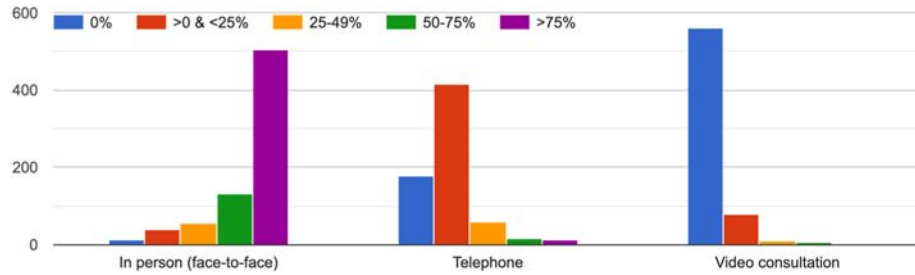


IOIBD telemedicine and IBD survey

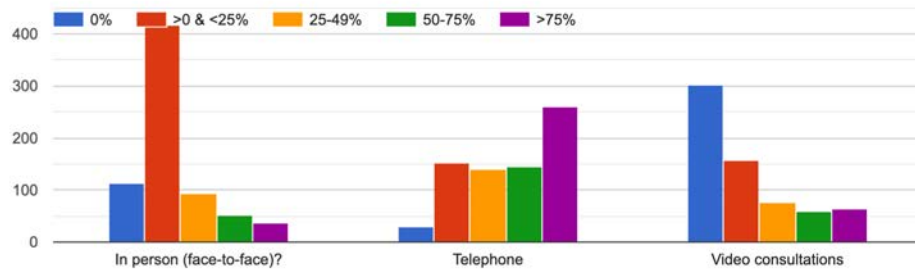


United Kingdom	90
United States	83
Italy	78
Brazil	43
Israel	36
India	28
New Zealand	28
Denmark	25
Romania	25
Canada	23
Spain	23
China	22
Greece	21
Ireland	19
Australia	18
Kuwait	17
Saudi Arabia	17
Lebanon	16
Belgium	15
Sweden	14
Norway	12
Hong Kong	8
Japan	7
Colombia	6
Germany	6
South Africa	6
Egypt	5
Korea, Republic of	5
Netherlands	5
United Arab Emirates	4
Argentina	3
Croatia	3
Czech Republic	3
France	3
Malaysia	3
Turkey	3
Costa Rica	2
Hungary	2
Portugal	2
Switzerland	2
Austria	1
Bulgaria	1
Chile	1
Estonia	1
Faroe Islands	1
Lithuania	1
Malta	1
Moldova, Republic of	1
Niger	1
Nigeria	1
Poland	1
San Marino	1
Slovenia	1

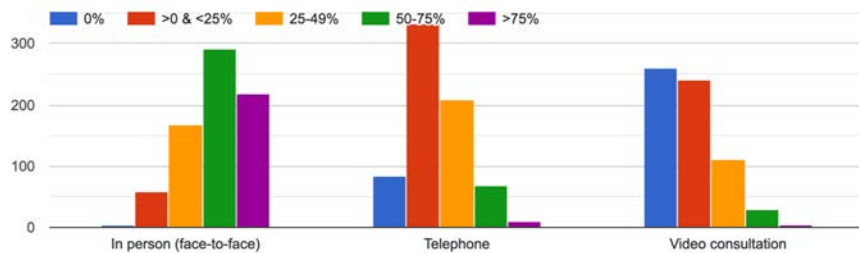
Prior to the COVID-19 pandemic what proportion of your IBD clinic was:



During the COVID-19 pandemic, what proportion of your IBD clinic is / do you plan to be:

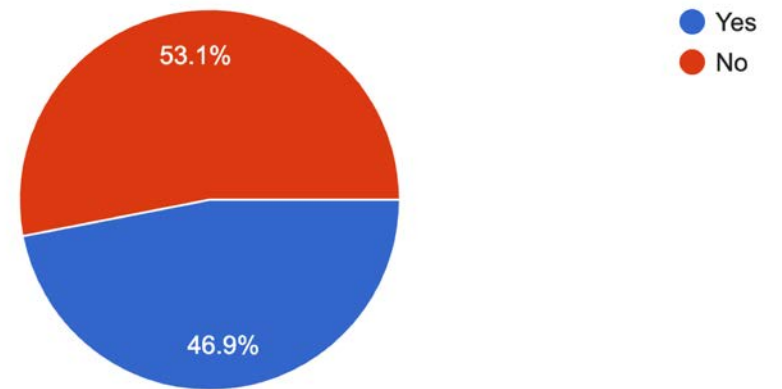


After COVID-19, and when things are back to near normal, what proportion of your IBD clinic do you anticipate or intend to be:



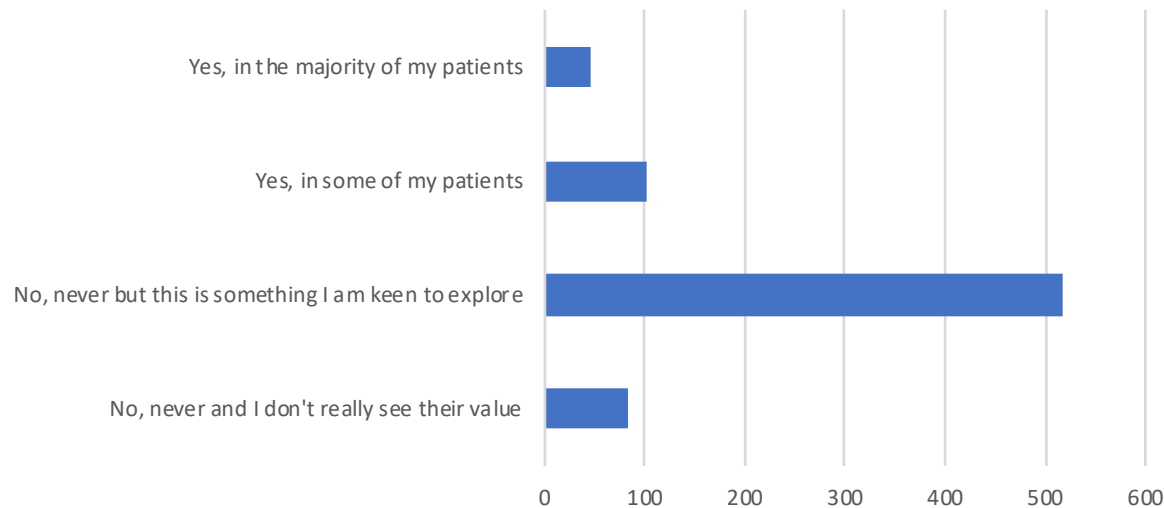
Do you have the option of video consultations for clinics?

750 responses



Only a small proportion use an app to monitor patient reported outcomes

Do you currently use an app to monitor patient reported outcomes and / or to communicate with patients?



Most commonly used Apps?
WhatsApp and WeChat

Laboratory faecal calprotectin testing

88.9% had routine access to prior to COVID-19

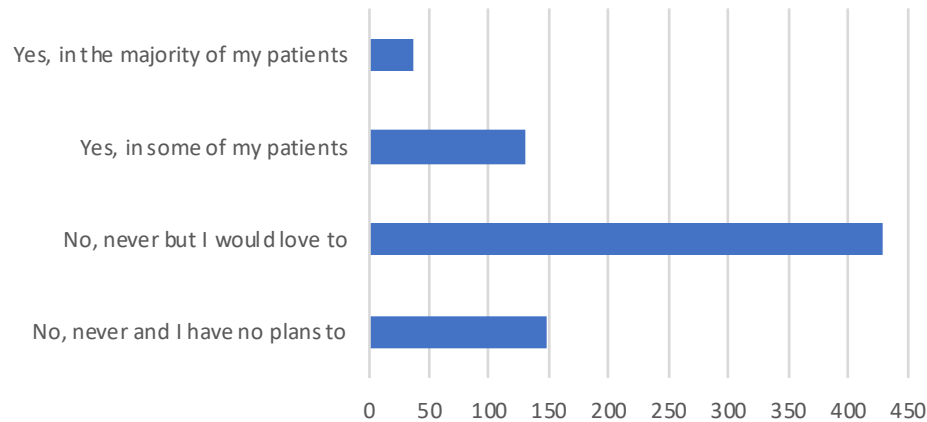
We asked if there had been any change to this service during the COVID-19 pandemic

52.9% reported no change

34.6% reported a reduction in capacity

12.5% had the service completely suspended

Do you currently use a point of care faecal calprotectin test?



Introducing the new



53.3% IBDoc
39.3% Calprosmart
7.4% don't know



IBDoc[®]
Three easy steps to help monitor IBD



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How to open up service again

- Who?
- How?
- What?
- Where?

Balance need with risk

Build resilience – patients and IBD team



Telemedicine Setup

Choose a telemedicine platform that:

- can provide a secure, private connection
- is compliant with local government regulations of telemedicine
- can be easily implemented by both patients and provider



Telemedicine Setup	Choose a telemedicine platform that: <ul style="list-style-type: none">• can provide a secure, private connection• is compliant with local government regulations of telemedicine• can be easily implemented by both patients and provider
Pre-visit Preparation	Prior to a telemedicine visit: <ul style="list-style-type: none">• Develop a workflow to identify patients who are appropriate for telemedicine visit• Provide instructions to patient how to access telemedicine platform, including tips for troubleshooting• Clinic staff may opt to perform a “dress rehearsal” with patient to ensure patient• Utilize electronic tools to collect history and data from patient<ul style="list-style-type: none">--- online questionnaire, eHealth, IBDoc, myIBDcoach• Clinic staff can “pre” chart and input clinical information including IBD scores• Find a space that is quiet, private, and without distractions to conduct visit• Determine if telemedicine visit must be performed by provider in a clinic space (rather than from home)



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During the visit	<ul style="list-style-type: none"> • Medical Assistant may “room” the patient and review insurance, demographics, preferred pharmacy and perform medication reconciliation • Obtain verbal consent to perform video visit • Obtain history and limited physical examination • Complete visit, communicating follow-up plan



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Addressing technology challenges	<ul style="list-style-type: none"> • Can mostly be avoided by pre-visit trial with medical staff and/or providing a tips sheet for troubleshooting ahead of time • Trial of alternate platform (e.g., FaceTime, WhatsApp) • If all else fails, convert to telephone visit



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After the visit	<ul style="list-style-type: none"> • Provide electronic copy of after visit summary • Route prescriptions and laboratory orders electronically. Drive-through pharmacy and delivery options • Instruct staff to contact patient to schedule follow-up care



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Documentation	<ul style="list-style-type: none"> • Use similar note template to in-person documentation • Use a physical exam template appropriate for video visit. • Document that patient provided consent the modality used for the visit

