

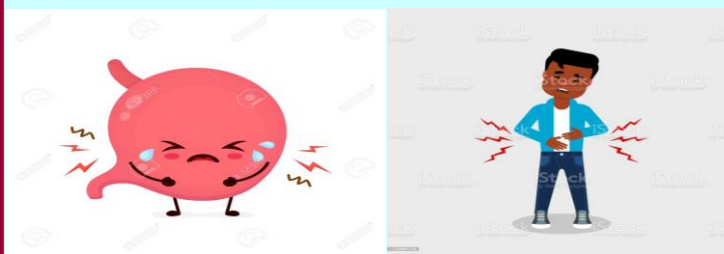
Utilizing Telehealth Model of Practice to Improve Collaboration Between Primary Care Physicians and Specialists for Digestive Disease Outcomes

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Background and Significance

- Acute and chronic digestive diseases are major public health problems and important causes of mortality and morbidity in the United States. (NIDDK,2017)
- Poor communication can lead to conflicting diagnosis and poor digestive disease outcomes.
- Studies have demonstrated that interactive communication between Primary care Physician (PCP) and specialists is associated with improved patient outcomes and quality of care.(Greer et al.,2019)
- Utilizing effective collaborative models of practice will improve digestive disease outcomes, thus reducing patient burden.(Thomas&Thomas,2020)



Purpose

- To describe gap in interactive communication between primary care physician and specialists that led to poor digestive disease outcomes in a patient.
- To discuss how telehealth model of collaboration will open up opportunities to improve interactive communication between PCP/specialists, and thus quality digestive outcomes.



Purpose 1: Case Report

Alizia, 52/female, presents with chronic digestive issues for over 2 years.

- PCP (1):**
 - Stool PCR – Normal
 - Blood work – Elevation in TAG and Cholesterol
 - Mildly elevated Alanine Transaminase
 - Recommendations: Fluids, high fiber diet, CT abdomen and pelvis (mild hepatic steatosis)
- PCP (2) :**
 - Possibility of lactose intolerance explored
 - Recommendations: Lactaid and avoid dairy
- 2nd visit to PCP (2):**
 - U/S Abdomen – Biliary Sludge
 - Recommendation: Refer to Surgeon and Gastroenterologist
- Surgeon:** Hepatobiliary imaging recommended, and gallbladder removal discussed
- Gastroenterologist (1):**
 - Upper GI endoscopy – normal
 - Recommendation: Refer to Hepatologist
- Hepatologist:**
 - Anti-HbC – Negative
 - Fibroscan – Normal liver function
- PCP (1):**
 - Advices against gallbladder surgery
 - Recommendation: Colonoscopy – Normal
- Gastroenterologist (2):**
 - SIBO test
 - Pancreatic elastase – Normal
 - Abdominal X Ray – Normal
 - Recommendation: Peppermint oil
 - Gut Directed Hypnotherapy



Conclusion: No definite diagnosis and treatment plan

Purpose 2: Collaborative Models of Practice

Search Strategy

- The search for peer-reviewed articles between 2015-2020 were conducted.
- Searched PubMed, CINAHL, PsycINFO, Web of Science, Google Scholar
- The search terms :” primary care physician and specialist collaboration”, “collaborative models”, “interactive communication”, and “digestive diseases.”
- The search yielded 7 studies(on collaborative models of care between PCP and specialists). 4 articles focused on using telehealth model.

Synthesis of Evidence

- The telehealth model that were employed by the primary care physician and specialist during the covid-19 pandemic:(Foy et al.2010 ; Dobrusin et al.2020)
- reduced the wait time for appointments
 - improved provider consultation, interdisciplinary collaboration, patient education, and follow up phone calls.
 - improved quality of care as evidenced by increased patient satisfaction, reduced cost for care, and the patient progressing toward recovery.

Implication for Practice and Conclusion

- Collaboration between PCPs and digestive disease specialists is considered crucial to provide high quality health care.
 - The burden of chronic diseases such as digestive diseases could be lessened by utilizing telehealth resources.
 - Telehealth model** might improve current models of care by increasing communication among clinicians, resulting in more efficient, higher quality, and less expensive care.
- Conclusion:** It is recommended to integrate telehealth model in clinical practice as:
- It will allow the patient in this case report, and in general, to access the providers
 - It will assist the PCPs to access the specialists and interprofessional health care providers.



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