Bridge the GHAPP

Gastroenterology & Hepatology
Advanced Practice Providers

NEWSLETTER

VOLUME 11

LETTER FROM THE COMMUNICATIONS COMMITTEE

Dear Readers,

Happy New Year! Another year, another chapter begins. Looking back over 2024, it was another great one for the books. Our National Conference in September was an incredible success, and our engaging regional meetings wrapped up beautifully. Now as we enjoy the wintry weather (or at least some of us are), we take a moment to celebrate the journey.

This issue spotlights some of the most memorable moments from our National Conference, from the insights of our seasoned attendees to the fresh perspectives of researchers and new members. We are so grateful for our members of all standings: none of this is possible without you.

Thinking forward to this new year elicits excitement for further developments not only in our newsletter but also in our evolving and growing committees. Each year we strive to do better than the last, and your feedback is key to helping us do that. So don't be shy! Please share your ideas and suggestions for GHAPP, so we can continue building the best APP organization possible.

Here's hoping all your New Year's resolutions come to fruition. Let's manifest a great 2025 together.

In Health,
Allysa Saggese, NP

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Congratulations to Amy L. Stewart, CRNP

Amy was recently recognized at the National ACG Conference for the following:

APP Outstanding Research Award (Best Abstract by an NP/PA Lead Author),
Presidential Poster Award
Outstanding Poster Presentation Award

From Amy:

As the clinical manager of our in-office infusion center, overseeing both the prior authorization and clinical teams, I see firsthand how hard my team works to get patients in quickly for their IBD therapies. I had a list of patients from our 'prior authorization board' for all new starts in 2023, which was a good starting point for my study. I looked at many factors to see what made a difference in prior authorization and drug initiation times.

Future data can be based on patient outcomes. I did not capture steroid use or hospitalizations, for example, but the hope is that getting patients on their advanced therapy sooner without delays will improve patient outcomes.

Abstract

Time is of the Essence: An Analysis of IBD Advanced Therapy Initiation in a Large Community Practice

INTRODUCTION
Current guidelines recommend initiation of advanced therapies in patients with moderate to severe Inflammatory Bowel Disease. The insurance approval process carries a very high administrative burden that puts strain on medical practices and affects patient outcomes. We sought to determine the factors that affected mean approval time as well as time to drug start (first dose).

METHODS
We conducted a retrospective review of all new biologic starts in 2023 within a 28-provider division of a community based practice. We collected data regarding patient demographics, disease history, insurance carrier, and appeals process. We used descriptive statistics to calculate the mean number of days to insurance approval and drug start. Kaplan Meir and log rank test was used to identify differences in mean times between those requiring an insurance appeal.

RESULTS
A total of 233 patients were included in the analysis. Eighty six percent were Caucasian and 63.4% were female. The mean time to insurance approval was 4.03 days and mean time to drug initiation was 14.17 days. Diagnosis, line of therapy, buy/bill versus specialty, age/race/sex, or commercial vs federal insurance not associated with statistically significant time to approval. Time to approval for patients who required an insurance appeal (mean 19.31 days) was significantly greater than those who did not (3.09 days), $p<0.001$. Of these, the appeals were eventually approved. For infusion patients who received their medication through buy & bill, the mean approval time to first infusion was 11.65 days, while specialty pharmacy infusions had a mean of 17.56 days from approval to first infusion. Patients in the chronic care management medical home had a faster new start to drug start time (8.6 days versus 14.85.)

DISCUSSION
Our overall approval times and drug start times are relatively fast, suggesting that having dedicated and trained prior authorization coordinators plays a role in getting patients on advanced therapy sooner, though increases overhead for our practice. Patients who required an insurance appeal had significantly longer approval times (though were eventually approved) and these unnecessary insurance requirements are delaying therapy for our IBD patients. Insurance companies requiring drug through specialty pharmacies also delay infusion start times. Participation in chronic care management home led to faster drug start time as we have dedicated clinicians involved in the process.

Time is of the Essence: An Analysis of IBD Advanced Therapy Initiation in a Large Community Practice

Amy Stewart, NP, Kristin Attiogbe, NP, Jessica Gandhi, PA, Jennifer Lang, NP, Elizabeth Thomas, NP, Erica Cohen, MD
Capital Digestive Care – Washington, DC and Chevy Chase, MD

Background

- Current guidelines recommend early initiation of advanced therapies in patients with moderate to severe IBD.
- The insurance approval process carries a very high administrative burden that puts strain on medical practices and affects patient outcomes.
- We sought to determine the factors that affected mean approval time as well as time to drug start (first dose) in a large private GI practice.

Methods

- We conducted a retrospective review of all new biologic starts in 2023 within a 28-provider division of a community-based practice.
- The practice employs 4 dedicated IBD advanced therapy prior authorization specialists.
- Data was collected including:
  - Patient demographics
  - Disease phenotype and medication history
  - Insurance carrier
  - Participation in chronic care management program
  - Medication dose and frequency requested
  - Acceptance to assistance program / buy and bill or specialty pharmacy approved
- Descriptive statistics were used to calculate the mean number of days to insurance approval and drug start.
- Kaplan Meir and the log rank test were used to identify differences in mean times between those requiring an insurance appeal and those who did not.

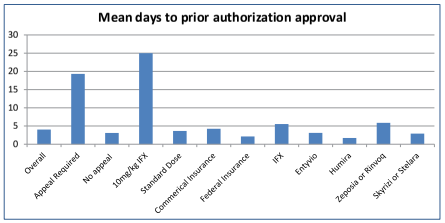
Baseline Characteristics

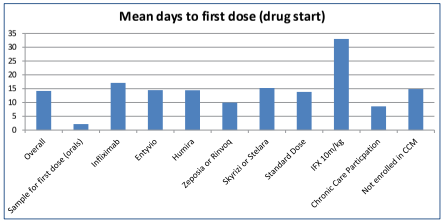
Characteristics	n (%)
RACE	
WHITE	194 (87)
NON-WHITE	29 (13)
SEX	
FEMALE	141 (63.23)
MALE	82 (36.77)
DISEASE STATE	
CROHN'S DISEASE	135 (57.94)
ULCERATIVE COLITIS	98 (42.06)
MEDICATION PRESCRIBED	
INFLIXIMAB (AVSOLA, REMICADE, INFLECTRA)	48 (21.52)
ENTYVIO	36 (16.14)
HUMIRA	17 (7.62)
ZEPOSIA OR RINVOQ	46 (20.63)
SKYRIZI OR STELARA	76 (34.08)
APPEAL REQUIRED	
YES	23 (10.32)
NO	200 (89.68)
# OF PREVIOUS THERAPIES	
0 OR FIRST ADVANCED	77 (34.53)
SECOND ADVANCED	65 (29.15)
THIRD LINE OR HIGHER	81 (36.32)
CHRONIC CARE MGMT	
YES	24 (10.76)
NO	199 (89.24)
PHARMACY	
SPECIALTY	73 (32.74)
BUY & BILL	150 (67.26)
MANUFACTURER BRIDGE PROGRAM	
YES	10 (4.29)
NO	223 (95.61)
NON-STANDARD DOSE (IFX 10mg/kg)	
YES	4 (1.71)
NO	229 (98.29)
SAMPLES AS FIRST DOSE	
YES	27 (11.59)
NO	206 (88.41)

Results

Mean **days** to approval
Overall – **4.03**
Appeal required – **19.31**
No appeal required – **3.09**

Mean **days** to first dose of medication
Overall – **14.17**
Non-standard dosing (10mg/kg) – **33**
Infusion med through buy & bill – **11.65**
Infusion med through specialty pharmacy – **17.56**





Discussion & Conclusions

- We have 4 full time prior auth specialists, who each are responsible for certain drugs. As a result, they often know which insurance companies prefer certain biosimilars – and can request one that is on formulary to start with. This likely saves time in denials and appeals.
- Non-standard dosing (IFX 10mg/kg) as an initial order resulted in delays to drug start time. One may consider applying for standard dosing to get drug started sooner and then dose escalating as indicated or addition of an immune modulator (increasing overall risk to the patient).
- For practices with limited infusion capacity, oral agents with samples available may allow for a faster drug start time.
- Patients in the chronic care management program benefited from a faster drug start time.
- Patients who required an insurance appeal had significantly longer approval times (though were eventually approved) and these unnecessary insurance requirements are delaying therapy for our IBD patients.
- Insurance companies requiring infusion medication through specialty pharmacy rather than buy & bill resulted in a delay to first infusion.
- Prior authorization requirements continue to place significant administrative and financial burden on practices, lack transparency and ultimately delay patient care.
- Our large community practice has found that our overall advanced therapy initiation times are faster than previously published data [1, 2], which may be in part to our dedicated prior authorization team – though this comes at a cost!

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2. Loeb, L., Nasir, A., Picco, M. F., Kinnucan, J., Hashash, J. G., & Farraye, F. A. (2022). S1018 prior authorization of inflammatory bowel disease prescriptions: A single system review of current practices and adverse events associated with delays. *American Journal of Gastroenterology*, *117*(10S). https://doi.org/10.14309/01.ajg.0000860712.52682.7d

NATIONAL CONFERENCE HIGHLIGHTS

Another successful conference!

OUR 2024 CONFERENCE HAD...

1200
attendees

Originating from
46 states

Including NPs/PAs/Students specializing in

930
Gastroenterology

245
Hepatology

25
Primary Care

SEE WHAT OUR ATTENDEES HAD TO SAY...

"So pleasant to attend and so supportive of all APPs no matter experience or field. Truly one of my favorite conferences to attend."

"I give you all my sincere congratulations for such an incredible, well planned conference."

"This was my first conference. I am impressed and love that the presenters are my peers!"

Inpatient Management of IBD Patients

Alizabeth Van Wieren, PA and Amar Naik, MD

The Inpatient GI Bootcamp at GHAPP 2024 included a lecture by Heather Rosario PA-C on the inpatient management of IBD patients. The expert education was informative and relevant to inpatient advanced practice providers as well as a great overview for outpatient APPs who work with IBD patients.

The lecture began with the importance of a comprehensive work up in this population focusing on blood work AND stool studies. Imaging is also very important considering the many complications associated with IBD.

IBD Work Up

Blood Work	Stool Studies	Imaging
CBC, CMP, HCG, ESR, CRP Consider nutrition status evaluation (prealbumin, vitamin D25, OH, B12, MMA, Folate, and iron studies). *TB Quantiferon *Blood cultures (if active infection is present)*	Clostridium difficile (Cdiff) ***Fecal calprotectin* ****Stool cultures and Ova/parasites*	CT Abdomen/Pelvis CT Enterography MR Enterography (less radiation for younger patients) Pelvic MRI (best for peri-anal fistulizing disease)

**In the setting of severe IBD colitis to potentially consider salvage therapy with anti-TNF medications.*
***Unlikely to result in time to impact treatment decisions acutely.*
****Rarely indicated, should not be done routinely.*

The medical workup is initiated by the emergency department and the GI consultant should make sure that the workup is thorough and complete in order to appropriately rule out other medical conditions and properly identify an IBD flare and associated complications. It is also critical for the GI consultant to be involved daily while the patient is hospitalized to ensure proper management, response to treatment, and coordination of outpatient care.

Endoscopic intervention is only indicated if the procedure would be safe to perform and will impact management such as establishing a diagnosis, reassessing the severity of the disease, or for a therapeutic intervention such as a stricture dilation. Endoscopy is relatively contraindicated in a patient with a recent resection, an active C. Diff infection, known abscess, a bowel obstruction, or significant electrolyte derangements.

This presentation focused on appropriate testing for C. diff as these patients are high risk for C. diff regardless of other risk factors. We need to distinguish C. diff infection versus C. diff colonization without infection.

If an active infection, current treatment guidelines include fidaxomicin 200mg BID for 10 days or vancomycin. If improvement is not seen after two days, it is important to consider immunosuppression. This presentation

included a great reminder that fulminant C. diff can be life threatening and may include shock, ileus, and megacolon. Also remember to consider CMV co-infection in steroid refractory colitis. Diagnosis of CMV requires a biopsy. CMV is more common in immunocompromised patients or immunomodulating disease however can be found in immunocompetent patients with critical illness.

Key take aways for IBD Flare treatment include

I. Reminder that anticoagulation is essential! IBD patients are at six times higher risk of venous thrombus embolism (VTE). Mortality is also higher for IBD patients with VTE than without IBD.
II. Limit opiates and anticholinergic use as able while inpatient.
III. The mainstay of treatment remains steroids with IV Methylprednisolone 40-60mg/day. There is no known benefit for high doses or divided dosing. And remember that even in the presence of C. diff or CMV infections (suspected or confirmed) steroids are to be continued.
IV. When transitioning to oral steroids, clearly define the steroid taper to the patient and entire care team.
V. If not improving in 3-5 days, these patients may need rescue therapy (infliximab, upadacitinib, cyclosporine). If the patient is already on anti-TNF therapy, the next step is to check drug level and antibodies, however results can take a week to come back and clinical decisions on escalating therapy may be made before these results are obtained.
VI. In severe flares without any improvement with appropriate workup and treatment in 3-5 days on IV steroids, obtain an early surgical evaluation.

Of note, if an advanced therapy such as an anti-TNF is initiated as salvage therapy in a hospitalized patient, it is recommended to repeat the entire infusion load upon discharge.

Complications associated with Crohn's Disease include intra-abdominal abscesses which occur in up to 39% of patients over the course of the disease and fistulas which occur in up to 15-50% of patients over the course of the disease. Management should include a multidisciplinary approach with GI, colorectal surgery and infectious disease. Treatment includes antibiotics and drainage (percutaneous or surgical). If surgery is required, consider nutrition support with TPN if going to be without nutrition for more than 7 days because this can improve surgical outcomes and avoid stomas. Another complication is fibrostenosis which can lead to obstruction possibly requiring a nasogastric decompression tube.

Discharge criteria has not been standardized, but may be considered when a patient is having less than four bowel movements per day, minimal or resolved hematochezia, a sustainable nutrition plan (nutrition support if needed), a clear medication plan including explicit taper instructions of steroids, resolved sepsis and psychosocial support needed to ensure compliance. A clinic follow up with an IBD specialist within 7-10 days of discharge is ideal.

This lecture highlighted the importance of the gastroenterology specialty in caring for these complex IBD patients in the hospital and how we can improve inpatient care and patient outcomes for this population.

Advanced Therapeutics
Megan Morsi, PA

A session covering advanced therapeutics including endoscopic ultrasound (EUS) and endoscopic retrograde cholangiopancreatography (ERCP) was presented by Megan Morsi PA.

This session was a great overview of this subspecialty both helping to introduce general GI providers to how to utilize this speciality and also giving details to improve the practice of our advanced therapeutics APPs. First, she covered that it is important to understand that advanced procedures have different equipment including various types of endoscopes including the radial, linear, and over the wire esophagoprobe. Understanding this equipment is not available at all centers and requires advanced fellowship training to use these to perform these procedures.

EUS can be used for diagnostic purposes. It can help stage esophageal cancer, mediastinal staging for NSCLC, gastric cancer and rectal cancer providing accurate measurements and the ability to obtain fine need biopsies. It can also evaluate and screen pancreatic lesions, masses and cancer as well as bile duct evaluation often with brushings to obtain pathology.

EUS can also used for interventions such as draining peripancreatic fluid from pancreatitis or for celiac plexus blocks and neurolysis. ERCP is a procedure that uses fluoroscopy to look at the biliary tract in detail and can intervene to remove stones, place stents, or dilate strictures. ERCP is indicated with obstruction, leaks, acute pancreatitis complications and chronic pancreatitis.

Altered surgical anatomy poses additional complexity to these interventions often encountered in tertiary care centers.

For most APPs, a general understanding of this subspecialty and the possible interventions they perform can expedite the care of any of your patients who encounter these conditions. This field is an exciting opportunity for APPs to provide understanding and guidance to our patients during unsettling periods of diagnosis, workup of masses, and severe acute illnesses. It is great to see more APPs working in advanced therapeutics as our profession is well suited to compliment these advanced endoscopists.

National Conference Exhibitor Bingo Winners!

Tracy Hill
Barbara Obolewicz
Claire Hafter
Jamie Mealey
Angel Guan

Scholarship Winner Experiences

Michael Calub

This was my first experience at the 2024 GHAPP conference, and I was very impressed with the overall experience. First, the Gaylord Convention Resort was a beautiful place to spend a few days. It sits near the Potomac River, where you can relax and enjoy the sites, smells, and foods. On the first day, I was greeted by the representatives who helped me find my name badge and provided free swag and itinerary to get started for the next few days. The workshops on the first day were led into small groups of 20 people, where we learned about rising LFT's. It was very informative, and I learned some things I never knew, yet I was familiar with some of the content. Then, we had lunch and dinner that night. The food was fresh and tasty, and the service was excellent. The next few days, we were led into big conference rooms with almost 100 people, where the speakers were skilled in presenting their findings. They also included pharmaceutical promotions and Q&A sessions. I was impressed with the findings, and they gave me a better perspective on how pharmaceuticals can impact some current hepatology diseases. The next day was nice because, after all the conferences, we had a rooftop social hour with music, an open bar, and food. I liked this part because I saw and met many different people. On the final day, we got to experience the last day of the conference. It was the perfect ending to end the trip on a positive note. I'm thankful for the people I met and the contacts I made. They were very friendly and were willing to share their experiences with a new graduate acute nurse practitioner. Thank you to Gayle Cooper for allowing me to attend this conference and be selected as one of the scholarship recipients.

Emily Grenfell

Thank you for the opportunity to attend GHAPP 2024. I enjoyed learning about the new options available for IBD treatment during the conference and found the IBD Boot Camp very helpful. I also really enjoyed the talks regarding IBS and took away some valuable pearls from that in regards to counseling patients on their disease state. It was great to hear APP speakers from a variety of clinical backgrounds. The workshops also provided a great opportunity to gain additional knowledge in specific areas of interest. I also thought the convenience and overall set up at the Gaylord was wonderful.

Janine Mancusi, NP

I think participating in the GHA PP conference was a wonderful experience and a fantastic learning environment. There was such a broad spectrum of topics and a variety of presentation styles. I learned about the newest treatments for EOE, various therapies for functional dyspepsia, non-invasive tests for evaluation of liver disease, medication assisted therapy for treating alcohol use disorder, medications that can be used for patients with cirrhosis during pregnancy and those that should be avoided, recommendations for when patients should be referred for liver transplant, and weight loss management in MAFLD It was also a great opportunity for networking and speaking with the sponsors. I think that everyone can benefit from attending the GHAPP conference regardless of GI subspecialty or years of practice. I hope to see everyone again next year, as well as new conference attendees.

Sandra Lubin Boucicaut

I'm grateful to be a recipient of the GHAPP National Scholarship which has allowed me to attend the conference this year. Between the workshops, bootcamps, abstract posters, general sessions, headshot booth, pharmaceutical stands, and the networking events.The conference was packed of educational and networking opportunities. The highlight for me was the IBD bootcamp . The speakers discussed some important points that are helpful for APPs to be successful in the management of IBD. Thus, my biggest takeaway of the conference was learning how APPs have increasing importance in the GI space. I'll see you in Vegas in 2025!

Kellie Elise Wydrinski

I learned something about nearly every GI diagnosis I see in the hospital. From the workshops to the boot camps to the summits, it was 3 full days of learning. The conference topics appealed to both inpatient and outpatient and were just the right amount of detail. My favorite topics were the inpatient GI summit and inpatient hepatology summit. The location and food were excellent and so was the GHAPP swag. I loved that every topic was presented by APPs. This was my first time at GHAPP and I'm already looking forward to next year!

Jennifer Kershner

Thank you so much for allowing me to be one of the scholarship recipients this year. The conference was amazing! There was so much incredible information delivered and the slide decks are very helpful. I have been spending time going through each one and pulling out important things to remember. As a new nurse practitioner it can be an little overwhelming at times. I am excited to be working in GI. There will always be something new to learn.

Bonnie Mcreynolds

I want to thank you for the opportunity to attend the conference, it was outstanding. I have been in practice 27 years and this is one of best I have attended. The presenters were knowledgeable and articulate and to be taught by your peers, was great. I plan to attend next year as well.

McKenna Beemiller

Thank you so much for this opportunity! I loved my first GHAPP conference experience! I appreciated the different inputs from APPs across the country. I was able to expand my knowledge on nutrition in patients with liver disease, which I will implement in my practice going forward.

Eunice Manzano

I had a phenomenal time at the GHAPP conference. The conference was well executed and I learned a vast amount in IBD-D, IBD-C and the treatments around this. I loved the MASH talks. Attending this conference solidified my knowledge and practice in liver transplant and look forward to future GHAPP conferences. Thank you so much for the opportunity.

Diana Cupit

The conference far exceeded my expectations! I am so thankful for the scholarship and the opportunity to learn and network with peers. I am a new APP and found all content relevant and extremely helpful. If I had to choose a subject, I'd say the IBD presentations were most beneficial. I plan on attending every year. My entire experience from the speakers to the food and Gayle.

Thank you so much for allowing me to be one of the scholarship recipients this year. The conference was amazing! There was so much incredible information delivered and the slide decks are very helpful. I have been spending time going through each one and pulling out important things to remember. As a new nurse practitioner it can be an little overwhelming at times. I am excited to be working in GI . There will always be something new to learn. Jennifer Kershner venue was exceptional. From the bottom of my heart, thank you!

319
Total attendees in

11
cities across the country

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www.ghapp.org/2024-regional-webcast/ hot-topics-in-chronic-liver-disease-and-gi-disorders

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