



2022 LEAD Capstone Poster Session

Establishing a Multidisciplinary Inflammatory Bowel Disease Center

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Abstract

- A multidisciplinary model of care for inflammatory bowel disease (IBD) is rapidly becoming the gold standard because it has been shown to improve outcomes and satisfaction
- Despite the growing prevalence of IBD and the complexity of its care, there is no comprehensive center for IBD care in Texas or neighboring states



Objectives

- Create a multidisciplinary IBD team that operates in a shared space
- Deliver multidisciplinary care in a streamlined, patient-centered fashion, and one that allows for the care of a higher volume of patients



Background Information

- IBD has 1% disease prevalence, and this is increasing
- With growing treatment armamentarium, care is becoming more complex
- IBD care is life-long and resource-intensive, requiring input from multiple areas of expertise



Project Plan

- Multidisciplinary services in shared space:
 - IBD-focused gastroenterologists and colorectal surgeons
 - Nurse coordinator
 - Dietitian
 - Social Work
 - Mental Health
 - Pharmacist
 - Scheduler
 - Advanced therapy coordinator
- Additional stages:
 - Recruitment of additional faculty, attracted by the multidisciplinary care model
 - Addition of IBD fellowship
 - Expansion of IBD research program, supported by increased patient volume
 - Potential for novel payer contracting



Application of What You Learned at LEAD

- **Communication skills**
 - Modifying approach based on DISC profiles
 - Engaging stakeholders
 - Negotiation
 - Informal coaching
- **Collaboration and networking**
 - Learning from experiences outside my field
- **Leadership skills**



Proposed Budget

- Incremental salary/fringe: 1M in Y1, 2.5M in Y5
- +2M incremental margin by Y5, though negative initially (conservative growth model, 2020 UTSW modeling)
- Shared cost model to ensure long-term program sustainability



Innovation and Significance

- Multidisciplinary IBD care now considered “gold standard” for IBD care delivery but available in only a few centers, and none in this or surrounding states
- Great unmet need for expert IBD care in catchment area: demand exceeds supply
- Allow for delivery of highest quality care to more patients while creating additional revenues
- Provide additional support to educational and research missions



References

- Fudman DI, et al. Interventions to Decrease Unplanned Healthcare Utilization and Improve Quality of Care in Adults With Inflammatory Bowel Disease: A Systematic Review. Clin Gastroenterol Hepatol. 2022 Sep;20(9):1947-1970
- Regueiro M, et al. Reduced Unplanned Care and Disease Activity and Increased Quality of Life After Patient Enrollment in an Inflammatory Bowel Disease Medical Home. Clin Gastroenterol Hepatol. 2018 Nov;16(11):1777-1785