



2021 LEAD Capstone Poster Session

OUTPATIENT ENDOSCOPY CENTER

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Abstract

- Approximately, 149500 new cases of colorectal cancer (CRC) are diagnosed every year.
- 52980 patients die of CRC every year.
- African American have the highest CRC rates of all ethnic groups.
- Mortality rates are 20% higher in AA compared to Caucasians.
- UT currently has hospital-based endoscopy units with limited space.
- Cost is higher for hospital-based endoscopy with limited numbers of procedures can be performed.



Objectives

- Optimize availability and minimize wait time for screening, surveillance and diagnostic endoscopy at UT.
- Provide cost effective procedures, easy access for the patients and utilization of technology to complete online steps for peri-procedural process.
- Multidisciplinary team can work together for complex cases within the same unit.
- Outreach to the community to increase awareness for colon cancer screening and genetic cancer syndromes.
- Provide live stream of interesting and complex cases for conferences. This would serve medical students, residents, fellows, and other graduate students. In addition, it could serve local, regional, and national conferences.



Background Information

- Colon cancer incidence and mortality started to decline with widespread of screening & surveillance procedures in US compared to other western countries.
- However, patients who lack access, education and/or awareness to CRC screening colonoscopy still suffer from colon cancer
- Many Insurance companies approve screening & surveillance without prior authorization.



Specific Aims

- This would provide a much-needed space to perform variety of endoscopic procedures through a multidisciplinary team of experts.
- It would improve patients' access, registration, financial dues expectation, and overall satisfaction.
- It would increase volume of procedures we can perform. This would provide an excellent revenue to the institution.
- Ultimately, the goal is to increase awareness of Gastrointestinal cancers screening, surveillance and diagnostic procedures among all populations and more importantly among Minority groups.



Project Plan

- Feasibility discussion with leadership in Digestive Diseases and Internal Medicine followed with discussion with health system leaders.
- Formulating a team of Service line leader, health system representative, budget & finance member, Facilities management member, department of internal medicine member and marketing member.
- From my experience, as I was part of a similar project in my previous institution, it takes 6-9 months to complete the planning phase.



Application of What You Learned at LEAD

- Institutional and organization understanding
- Team development
- Negotiation skills with the leadership
- Proposal development and navigation of health system



Proposed Budget

- If physical space is present, budget may range from 250K-500K based on readiness of physical space
- If an endoscopy center needs to be built, it may cost between 2-3 Millions
- However, the revenue is guaranteed as insurance companies cover such procedures. Performing procedures in outpatient endoscopy center is a preferred option for insurance
- This also provide revenue to anesthesia and pathology departments in the system



Innovation and Significance

- UTSW has only Hospital-based endoscopy units and at this point a limited space for endoscopy that doesn't match growth in our faculty.
- CRC screening & surveillance procedures access is limited, more importantly in Minority groups
- CRC could be prevented through screening procedures
- Access, Education, Awareness, Affordable procedures can make a difference in the community