The impacts of an inflammatory bowel disease nurse specialist on quality of care and costs in Finland

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Background: The increasing burden of inflammatory bowel disease (IBD) causes growing need for health care resources. Although specialised IBD nurse is considered a valuable and cost-effective member of a multidisciplinary team, only some clinics responsible for IBD care employ such nurses. We evaluated the impact of an IBD Nurse on the quality of care and cost effects of IBD patients in Finland.

Methods: The impact of an established IBD Nurse to the quality of care and cost effects of IBD patients were assessed in a healthcare professional electronic survey (conducted in 2017) and in an analysis of hospital district administrative data, respectively. Hospital district administrative data were obtained from eight districts covering years from 2008 to 2016, and comprised all hospitalisation and outpatient data for a population of 1.34 million.

Results: Forty-nine physicians (gastroenterologists 47%) and 88 nurses (IBD nurses 26%) responded to the survey. Of the physicians, 92% reported that established IBD nurse had released physician’s resources by consulting patients independently. The most important IBD nurse contributions listed were patient support and follow-up (79–81% of the respondents). The role of specialised IBD nurse role were established in four out of eight healthcare districts. IBD clinics with an established IBD nurse produced more patient contacts, but a larger proportion of the contacts was managed by IBD nurse and a smaller share was escalated to physicians appointments. Also, larger proportion of patient were contacted remotely. Clinics with an established IBD nurse had reported less patient hospitalisation (4–9% vs. 11–19%). Estimated annual cost savings in IBD care ranged between 43 300 and 453 600€ in clinics with an established IBD nurse.

Conclusions: The introduction of an established IBD nurse led to better quality of care and potentially significant cost savings by improving patients’ access to care, reducing hospitalisation and real-locating physician’s time resources.

Nursing intervention improves medication adherence to thiopurines in IBD outpatients: A single-centre prospective study

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Background: Thiopurines are widely used immunomodulators for maintaining remission of patients with inflammatory bowel disease (IBD). However, there are few reports showing the real-world data of medication adherence to thiopurines for adult IBD patients, and the efficacy of patient education for medication adherence has not been clarified. We then conducted a single center prospective study to investigate whether nursing intervention can improve adherence to thiopurines in IBD patients.

Methods: IBD patients receiving constant doses of thiopurines for more than one year were enrolled from May 2016 to May 2017. After obtaining baseline questionnaire including 8-item Morisky Medication Adherence Scales (MMAS-8), a nurse provided each patient with the guidance about the importance of medication adherence by using the defined leaflet. The same questionnaires as baseline were obtained after 2 and 6 months. Primary endpoint was set at the alteration of MMAS-8 scores between the baseline and 6 months after the guidance.

Results: Among a total of 110 patients enrolled, 74 patients were analysed after excluding patients who discontinued thiopurines during the study period or answered the questionnaires incompletely. Anti-TNF agents were concomitantly used in 50 patients (67.6%), and 59 patients (79.7%) were in remission (CDAI of 150 or less for CD or pMayo of 2 or less for UC). Mean baseline MMAS-8 score was 6.54 out of 8, and the scores were significantly lower in female patients less than 40 years old, patients who feel poor disease condition, or those who fail to realise disease improvement. After 6 months of nursing intervention, mean MMAS-8 score was increased to 6.75, but not significant. However, in 22 patients with low baseline MMAS-8 scores of less than 6, MMAS-8 scores were significantly improved from 4.19 to 5.20 (p = 0.0005). Interestingly, the significant increase in mean corpuscular volume (MCV), a marker for the efficacy of thiopurines, was observed in both baseline MMAS-8 low and high (6–8) patients. Clinical activity indices were comparable after 6 months, possibly because a majority of outpatients in remission were included.

Conclusions: Nursing intervention is effective for improving adherence to thiopurines especially for patients whose baseline adherence are low. Also, MCV is increased even in patients whose baseline adherence are high, suggesting that all IBD patients receiving thiopurines can receive a significant benefit from nursing intervention.

Nurse-led video conference (VC) clinic follow-up of IBD patients in the remote and rural setting of the Scottish Highlands

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Background: The Highland region of Scotland has the highest prevalence of inflammatory bowel disease in the UK. NHS Highland covers an area of 25 656 km² geographically the largest health board in the UK. This provides logistic challenges to the provision of healthcare with more remote patients needing to travel for many hours by road, ferry and aircraft to reach specialist care. Our patient population is around 300 000 with in excess of 1200 IBD patients. Our challenge is therefore to provide equity of care to all our patients, irrespective of geography. Our aim was to re-design our service to provide high quality, patient focused care in keeping with the UK National IBD standards. Whilst improving timely rapid access to specialist advice and assessment. Pressure on delivering healthcare continues to increase with a rising prevalence of IBD, greater patient expectations and development...