

PROGRAM SUMMARY

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INTRODUCTION

This activity was developed for gastroenterologists, primary care physicians, and family practice physicians.

Inflammatory bowel disease (IBD), which includes Crohn's disease (CD) and ulcerative colitis (UC), is one of the most prevalent gastrointestinal disorders in the United States, affecting as many as 1.4 million persons. IBD accounts for over 700,000 physician visits and 100,000 hospitalizations annually. Further, three-quarters of patients with CD and one-quarter of patients with UC require surgery over the long term. Most importantly, IBD significantly affects patients' quality of life, requiring intensive management.

These disorders may be increasingly cared for in the primary care setting. A study conducted between 1998 and 2005 of almost 3000 CD and UC patients at 16 Californian medical centers found a shift in gastroenterology-related visits from the gastroenterology division to primary care. The shift of care from specialists to primary care providers can present significant problems for both providers and patients. IBD diagnosis and treatment may be difficult for primary care physicians, as the field has had significant advances over the last decade.

Aaron M. is a 32-year-old man with a long history of intermittent gastrointestinal symptoms. He presents with 6 weeks of bloody diarrhea and abdominal cramps that started when vacationing in Mexico and persists despite trials of ciprofloxacin and then metronidazole.

Kate D. is a 28-year-old female with 5-6 semi-formed to watery, non-bloody bowel movements daily, intermittent colicky abdominal pain and abdominal bloating. She required an emergency room visit one week ago.

LEARNING OBJECTIVES

Upon completion of this activity, participants should be able to:

- Differentiate and diagnose ulcerative colitis and Crohn's disease using the most current methods
- Identify and evaluate treatment options for patients with IBD
- Effectively communicate treatment options with IBD patients for improved shared decision making

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EXECUTIVE SUMMARY**BACKGROUND**

This report summarizes decisions made by clinicians within the simulated patient cases. Diagnostic and therapeutic choices are not constrained—that is, clinicians can choose from the universe of possible diagnoses and available drug therapies. As a result, this data can provide insight into the clinical decisions being made in actual practice. The analysis for each patient case simulation focuses on those participants that meet the following criteria:

- Completed the case (those participants that made it to the Results tab of the simulation)
- Exhibited engagement with the case by ordering at least one therapy.

"Specialists" are comprised of physicians in gastroenterology. In both cases, specialists accounted for over half of all participants.

MAIN FINDINGS

Treatment selection was markedly different for gastroenterologists and their nonspecialist peers.

- In Case 01, 91% of gastroenterologist-initiated treatments for ulcerative colitis appropriately included a 5-ASA agent, in contrast with 79% of UC orders from their nonspecialist peers.
 - In that same case, the majority of participants who placed such an order selected mesalamine as their 5-ASA, although gastroenterologists did so much more prevalently (84% of orders) than their nonspecialist peers (52%).
- In Case 02, the distribution of Crohn's disease treatment selection among participants was quite different between gastroenterologists and nonspecialists.
 - 46% of gastroenterologists and 32% of nonspecialists ordered a combination of anti-TNF and immunomodulator, preferred by the case authors.
 - Of greater contrast, nearly twice as many non-specialists than gastroenterologists (35% vs 17%) ordered treatment that included neither an anti-TNF agent nor an immunomodulator.

RECOMMENDATIONS FOR FURTHER EDUCATION

Based on these observed behavioral outcomes, future education efforts can further emphasize the specialized nature of the treatment of these diseases, with a focus on either the need for referral to treatment by specialists or an increase in the understanding of the treatment by generalists.