QUALITY OF CARE IN IBD PATIENTS TRANSFERRING BETWEEN HEALTHCARE PROVIDERS


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Introduction Continuity of care is vital in managing IBD. Many patients with IBD are young and more likely to change location frequently. However little is known about the quality and impact of a transfer of care between gastroenterologists. This study aims to assess the quality of information provided when patients are referred to a new provider and assess the impact on disease.

Methods The GLINT network retrospectively audited outpatient IBD referrals between 1st Jan and 28th Feb 2018. Patients with an existing diagnosis of IBD transferring to a new secondary or tertiary healthcare provider were included. Hospital records were assessed using Cornerstones Health ‘IBD Checklist for Care Continuity’TM. A positive outcome was defined as the absence of a primary care attendance for IBD, clinically-diagnosed disease flare, steroid prescription or hospitalisation in the 6 months post referral. Discrete variables were analysed by Fisher’s exact test and continuous variables by Kruskall-Wallis (corrected for multiple comparisons).

Results 149 cases were identified from 16 hospitals with a median of 11 (IQR 4-15) patients per hospital. Diagnoses were CD in 44% (n=66), UC in 54% (n=81) and IBD unclassified in 1% (n=2). The median age of patients was 31 (IQR 25-45) years.

The sources of the referral letter were primary care (PC) (n=101, 68%), secondary care (SC) (n=36 24%) and private practice (PP) (n=11, 7%). The reason for transfer included re-location (n=75, 50%), tertiary opinion (n=35, 23%), transferring from PP (n=23,15%) and transfer from paediatric care (n=8, 5%).

The referral letters received from SC included a significantly greater median number of data points (4, IQR 3-5, n=36) compared with from PC (2, IQR 2-3, n=101, p<0.0001), but not significantly more than from PP (3, IQR 2-5, n=11, p=0.06). Referrals from SC were more likely to include the most recent endoscopy report compared to those from PC (51% vs 22%, p=0.002) and the latest imaging (44% vs 11%, p<0.0001). Other data points including medication history were equally well provided by either source (86% vs 89%, n.s.).

Positive outcome was associated with the inclusion of more than 3 data points (OR 2.266, 95% CI 1.092-4.569, p=0.03), and specifically the inclusion of the most recent imaging (OR 2.844, 95% CI 1.185-7.19, p=0.04). Referrals from SC were associated with a positive outcome compared to those from PC (OR 2.941, 95% CI 1.264-7.021, p=0.01).

Conclusion This multicentre audit of IBD centres in London demonstrates that referrals pertaining to a transfer of care often lack key pieces of clinical data. Most referrals come from PC, yet tend to include less information, possibly due to a lack of access to investigation results in PC. Hence, the IBD transfer of care checklist and greater involvement of SC in this process may improve the quality of information provided and ultimately positively impact on outcome.
EFFECTS OF VEDOLIZUMAB ON HRQOL AND WORK PRODUCTIVITY IN CROHN’S DISEASE: RESULTS FROM VERSIFY

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Abstract PTH-091 Table 1 Changes in IBDQ from baseline to Week 52

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Baseline (Week 0)</th>
<th>Week 52</th>
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</thead>
<tbody>
<tr>
<td>IBDQ Total, mean (SD) [N]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>127.2 (34.1) [55]</td>
<td>169.2 (35.3) [56]</td>
</tr>
<tr>
<td>Endoscopic remission - Yes</td>
<td>120.1 (35.2) [16]</td>
<td>182.8 (29.1) [16]</td>
</tr>
<tr>
<td>Endoscopic remission - No</td>
<td>130.1 (33.7) [39]</td>
<td>163.7 (36.5) [40]</td>
</tr>
<tr>
<td>Prior anti-TNFα use - Yes</td>
<td>128.9 (35.5) [24]</td>
<td>157.1 (39.1) [24]</td>
</tr>
<tr>
<td>Prior anti-TNFα use - No</td>
<td>125.8 (33.6) [31]</td>
<td>178.3 (29.7) [32]</td>
</tr>
</tbody>
</table>

Introduction The open-label, phase 3b, single-arm VERSIFY trial demonstrated that intravenous (IV) vedolizumab (VDZ) induced endoscopic healing in patients (pts) with moderately to severely active Crohn’s disease (CD). We evaluated the effects of IV VDZ on quality of life (QOL) and work productivity over a 52-week study period.

Methods 56 patients were enrolled into an IV vedolizumab 52-week substudy. QOL was assessed using Inflammatory Bowel Disease Questionnaire (IBDQ) and Euro Quality of Life-5D (EQ-5D) utility index and visual analogue scale (VAS), and work productivity using Work Productivity and Activity Impairment (WPAI-CD). For the 52-week substudy population (n=56), changes over 52 weeks were evaluated. IBDQ remission was considered as a total IBDQ score of ≥170 points, with an improvement of ≥16 points considered clinically meaningful. Outcomes were examined by endoscopic remission status and by prior anti-tumour necrosis factor-alpha (anti-TNFα) use.

Results Mean pt age was 39.6 years, 54% were male, 43% had prior anti-TNFα treatment and 29% achieved endoscopic remission at any ileocolonoscopy visit up to Week 52. Improvements in IBDQ total score were observed as early as Week 14 and were sustained up to Week 52. At week 52 improvements were greater in pts with endoscopic remission (183 vs 164, table 1) and in pts with no prior anti-TNFα use (178 vs 157, table 1). Similar trends of greater improvements in EQ-5D utility index (0.91 vs 0.83) and VAS (79 vs 68) were observed at Week 52 in pts with endoscopic remission. At Week 52, EQ-5D utility scores improved equally regardless of prior anti-TNFα use, whereas EQ-5D VAS scores were slightly higher in pts naïve to anti-TNFα vs those who had previously failed anti-TNFα treatment. Improvements in WPAI-CD subscores were consistently higher in pts with endoscopic remission; overall work impairment and daily activities impairment were substantially improved in pts naïve to anti-TNFα.

Conclusions Overall, IV VDZ treatment was associated with substantial improvements in both QOL instruments and work productivity measures. The improvements in QOL and work productivity were greater among pts who achieved endoscopic remission and pts who had no prior anti-TNFα treatment.

EARLY ‘REAL WORLD’ EXPERIENCE WITH TOFACITINIB FOR MODERATE TO SEVERE ULCERATIVE COLITIS


Introduction Tofacitinib is an oral, small molecule Janus kinase inhibitor, which recently received NICE approval for the treatment of moderate to severe treatment refractory ulcerative colitis. We present early clinical and biochemical outcome data for a small group of new starters in a tertiary IBD referral centre.