Innovations to Improve Access in Gastroenterology: the Gastrointestinal Nurse Navigator for Chronic Dyspepsia and Heartburn

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Key Message

Innovative strategies to manage increasing wait times for common GI-complaints is imperative, while maintaining high quality, patient-centered subspecialty care. This physician-lead, nurse-navigator/manager proposal addresses key areas of need within GI, with the goal being improved resource utilization, reduction of wait times and better access to patient care.

Background

Access to gastroenterology subspecialty care in Calgary is compromised:
- Wait-times for routine clinic visits in August 2011 exceeded 86 weeks or 21.5 months
- Access to consultation and endoscopy for worrisome symptoms required urgent wait
- Amongst all new referrals having an endoscopy completed at the Foothills Medical Center in September 2011, 6.2% revealed malignancy as the underlying diagnosis – a total of 17 cases and these cancer patients waited anywhere between 1 to 3 months for a diagnosis.

This referral burden is not sustainable. Waitlisted patients also visit the emergency department (ED) seeking care. In September alone there were 13 visits by 10 patients for dyspepsia/GERD. These will be sorted according to postal code. All patients will be sent a baseline evaluation of:
- Quality of life measure, using SF-12
- Dyspepsia / GERD severity, using a validated index

Nurse Navigator Pathway

A total of 1000 to 1400 referrals come to central triage in Calgary each month. Roughly 100-200 referrals are for dyspepsia /GERD. These will be sorted according to postal code. All patients will be sent a baseline evaluation of:
- Dyspepsia / GERD severity, using a validated index
- Quality of the measure, using SF-12

If referring physicians practice within the target geographic area, their patients will be directed towards the nurse navigator (NN) stream, while the others will be usual care, enter the queue, and await routine GI consultation plus or minus endoscopy. Referring physicians of patients from the NN pathway will receive the evidence-based clinical pathway to direct care. Referrals will be assessed for quality of investigations and if incomplete, they will be rejected. If complete, they will have a scheduled telephone consult with the NN, possible clinic visit and support by MD through telephone consultation and possible formal evaluation, if indicated.

Evaluation

Only routine referrals for dyspepsia /GERD will be accepted into this pathway. The total number of referrals that meet the CAG guidelines for routine assessment will be accepted. Those referrals with concerning features evident on first assessment of the referral will be excluded. Of those included for potential postal code sorting, there are a number of categories of measures that will be collected:
1. Clinical demographic data
2. Referral measures: development of referral form in conjunction with primary care
   a) Was the referral cancelled? Further investigations requested?
   b) Time stamp initial referral, date to acceptance (time lag measure post cancellation)
   c) Total referrals each month, total redirected to GI consultation/ endoscopy & time stamp in the NN process
3. Baseline, validated measures, then at 6month:
   a) Global Overall Symptom scale (GOS)
   b) Quality of life validated index, SF-12
4. Access: baseline wait time to clinic for routine complaints, routine wait time direct to procedure
   a) Prospective monthly measures of routine wait times, in addition to urgent
   b) Patient satisfaction with process
   c) Referring physician satisfaction – baseline measure and at 6mo
7. Clinical outcomes: endoscopic findings, malignancy rates
8. Endoscopy utilization

Summary

The aim of this innovative project is to improve access to GI care in Calgary through Improved primary care physician support and best-practice guidance of routine complaints. This should lead to a reduction in referrals for these common problems and early identification of worrisome features with expedited consults. The goal is also improve patient satisfaction while they wait. Finally, resource utilization should improve, with better avoidance of unnecessary procedures through better identification of patients who could benefit from endoscopy. The NN is slated to be extended to other routine GI referrals including irritable bowel syndrome, and follow up routine patients post endoscopy.

References