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## BACKGROUND

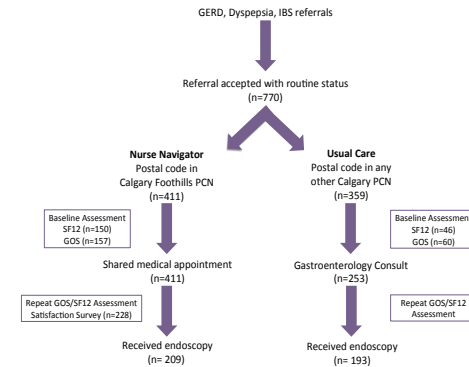
- Wait times for GI care in the CZ are too long, with the need to rethink clinic workflow modeling
- Functional GI conditions like gastroesophageal reflux disease (GERD), dyspepsia & irritable bowel syndrome (IBS) are common with significant demand for specialty care<sup>1,2</sup>
- Endoscopy is often not indicated unless alarm features, rather lifestyle or medical support is important<sup>3,4</sup>
- Shared medical appointments (SMA) are novel for GI: improve workflow, enhance patient solidarity, & help patients self-manage through education for chronic conditions<sup>5</sup>

## AIM

To determine if this novel pathway is safe, accessible, feasible, & acceptable to patients.

## METHODS

- Prospective convenience sample of routine GERD, dyspepsia, IBS referrals between Nov 2011 & Oct 2014 – comparing usual care with SMA
- Outcomes evaluated to Dec 31, 2016
- Sensitivity analysis on Nurse Navigator cohort to compare patient management between primary care physicians & gastroenterologists



## RESULTS



Access to care improved by 124 weeks



High patient satisfaction 99% reported some benefit



ED presentation lower: 6% in SMA Versus 12% in usual care

Outcome

During more than 2 years of follow-up no differences in significant diagnostic outcome

## LESSONS LEARNED

Multidisciplinary SMAs in the medical home are safe & effective for the management of routine GI complaints with high patient satisfaction & reduced wait times

## REFERENCES

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