



# DIGESTIVE HEALTH

## Contact

[Leadership team](#)

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## Key Partners

[Alberta Colorectal Cancer Screening Program](#)

50 Endoscopy teams from across Alberta

Academic Departments of Gastroenterology and Hepatology

AHS Operational Leaders for gastroenterology, hepatology and endoscopy services

Primary care providers and leaders

## Major initiatives and achievements, 2022-2023

### Expanded Primary Care Supports for gastroenterology care

Referral demands for gastroenterology care far exceed service capacity; consequently, wait times are lengthy and beyond the clinically acceptable window. Many patients waiting for specialty care have conditions that can be optimally addressed within their Medical Home, allowing more expeditious access for urgent referrals with established morbidity risks.

To address referral appropriateness and support primary care providers, the Digestive Health SCN (DHSCN) developed, implemented and evaluated the Primary Care Supports project between July 2019 and March 2022. Key outcomes and deliverables included:



- **Nine primary care co-designed pathways** for low-risk, high-demand indications (e.g., IBS, constipation, dyspepsia, non-alcoholic fatty liver disease). These built on existing resources in the Calgary Zone and were adapted or created and made available provincially.



- **Nine companion patient pathways** – Innovative, patient-facing information handouts that describe pathway-based care from a patient perspective.

- **Telephone advice** (Specialist Link) – Same-day telephone consultation now available in four out five Zones.



- **Electronic advice** (Advice Request) – Non-urgent consultation available through Netcare.

### Outcomes and impact

Collectively, these supports have resulted in 6,217 avoided GI referrals over the project term. Patients with non-urgent conditions have received high-quality care in the community, enabling those with more urgent conditions to access specialist care more quickly. Primary care providers have had more resources to support them, and been able to access speciality advice as needed.

Once a referral was closed, or an advice service recommended continuing care in the Medical Home, most patients did not access specialized services for a GI condition within one year of the avoided referral date. Of the 277 subsequent endoscopies, 212 (76.5%) were completely normal and 22 (7.9%) showed clinically significant findings. The remaining 43 (15.5%) revealed clinically benign findings. Overall, the estimated cost avoidance through avoided referrals for specialist gastroenterology and hepatology care was \$2,422,210 over the three-year project duration.

A qualitative evaluation of provider experience revealed primary care providers and specialists were aware of the pathways and used them to improve referrals in Calgary and Edmonton. The SCN is currently working to increase awareness of the pathways among primary care providers in the South and Central zones, and supporting efforts to implement a centralized model for specialist referrals and triage provincially, which is expected to further reduce the number of low-risk referrals and low-yield endoscopies.

### Pandemic recovery: Measuring endoscopy wait times with ACATs-E

Endoscopy services in Alberta were interrupted or delayed during the pandemic. The presumed backlog has meant that many Albertans may be experiencing longer-than-usual wait times for an endoscopic procedure. Post-pandemic, a province-wide list of patients waiting for endoscopic procedures did not exist. Development, measurement, management and reporting of indication-driven endoscopy access targets are key to appropriately prioritizing cases based on urgency, accelerating the pandemic recovery, and establishing a sustainable endoscopy service delivery model for the future.

To this end, the DHSCN and the Provincial Endoscopy Operations Committee (PEOC) secured funding to extend the **Alberta Coding Access Targets for Endoscopy (ACATs-E)** project to March 31, 2024. To expand awareness and build support for ACATs-E wait-list management and reporting strategies, the DHSCN and PEOC led a series of education sessions to support practitioners. These sessions focused on practical tasks such as how to enter required data to capture service wait time, and access information on how long patients have been waiting for an endoscopic procedure after a referral has been accepted. In total, 94 information sessions were held between July and November 2022, reaching over 363 participants. Additional sessions were paired with Connect Care Appointment Conversion learning sessions, reaching an additional 36 participants in 2023. There are now 23 endoscopy sites in Alberta that have the ability to enter ACATs-E codes. This includes 4 sites in the North Zone, 7 in the Edmonton Zone, 5 in the Calgary Zone, and 7 in the Central Zone. Performance data shows that 13 of these sites are consistently entering ACATs-E data, with the remaining sites entering data less consistently or have not yet operationalized ACATs-E data entry.

ACATs-E leads will continue to audit launched sites and reach out to help understand challenges or re-educate sites as needed. An additional 10 sites will be able to enter ACATs-E Codes with Connect Care Launch 6. By the end of Launch 6, Central Zone sites that were on Meditech will be converted to ACATs-E codes in Connect Care.

Our Year 2 focus is to continue information sessions and begin implementing ACATs-E Scheduling Heat Map and Data Compliance dashboards with all sites that have launched with Connect Care.

## Impacts on health and care

The DH SCN has developed strong relationships with clinicians, operational partners and others and is using data to:

- ▶ Improve outcomes and patient experiences for people with digestive health conditions
- ▶ Improve patient safety and reduce unwarranted variation in care
- ▶ Inform and implement practice changes that improve efficiency, clinical utilization and deliver cost savings
- ▶ Monitor pandemic recovery and develop strategies for sustainable endoscopic services



## Remembering Leanne Reeb, 1970-2023

In May 2023, the DH SCN lost a dear friend and colleague, Leanne Reeb. Leanne was Executive Director of the Digestive Health SCN from 2016-2023 and was a highly valued and respected member of the SCN team, having built an impressive network of partners, including clinician and operational leaders, patient advisors, and collaborators across the health system. Her greatest legacy is her leadership of the Primary Care Supports initiative, which included the development of provincial clinical pathways and corresponding patient pathways. This laid the foundation for an entire body of work focused on improving access to digestive health services for Albertans.

Leanne freely shared her learnings to support the scale and spread of Primary Care Supports to other high-demand specialty areas, such as surgery and cancer care. Leanne contributed to our improved understanding of how to implement, develop, and evaluate strategies to improve specialty access and support the care of patients in their Medical Home.

To honor her exceptional contributions and the indelible mark she leaves behind, the Digestive Health SCN has established the **Leanne Reeb Commemorative Award for Excellence in Collaboration**. This award will recognize an individual or team who has shown an outstanding commitment to excellence and collaboration to achieve improved care and outcomes for Albertans.

## DIGESTIVE HEALTH

### Grants and Publications



15

Peer-reviewed Publications

### Engagement



120

Workshops & Presentations

### Outcomes and Impact

400+

clinicians trained in ACATs-E code entry and reporting



\$2.1M

Research Grants



50

Research Members

\$2.42 million

estimated cost avoidance over 3 years through avoided referrals

[www.ahs.ca/dhscn](http://www.ahs.ca/dhscn)