BC DIGESTIVE DISEASES WEEKEND

May 12, 2018
Victoria Conference Centre
Victoria, BC

Saturday 09:00-10:00
Why Has my Referral Been Closed? Clinical Pathways in GI Disease
Dr. Kevin Rioux

Summary of key messages

1. **Central access models have several advantages for both referring physicians and GI specialists**
    a. Avoids inefficiencies of multiple referrals
    b. Systematic triage
    c. Data collection to plan resource allocation to meet target wait times

2. **Elements of a good referral**
    a. Provides all information requested on the GI Referral Form
    b. Clinical history is concise and specific
    c. Timeline and evolution of symptoms is described
    d. Demonstrates some attempt at diagnosis and treatment
    e. Provides adequate database of patient's medical history
    f. Relevant laboratory/imaging/consultants reports are included

3. **How referrals to Victoria GI Central Access and Triage (CAT) are handled**
    a. Initial review by GI Triage Clerk, often with same-day acknowledgement of receipt
    b. Review by a Gastroenterologist within goal of 3 days for urgent indications and within 14 days for non-urgent indications
    c. Urgent referrals are immediately sent for booking
    d. Non-urgent referrals are placed on wait-list for later booking
    e. Cancellations with case-specific advice from the triaging GI physician
    f. Cancellation with advice provided through one of six Enhanced Primary Care Pathways for common GI conditions
    g. Later interactions with referring physicians i.e. new information or query status updates

4. **Common clerical reasons referrals are declined**
    a. Not submitted on GI Referral Form
    b. Fields on GI Referral Form are left blank
    c. Illegible

d. Inadequate clinical detail “Abdominal pain, please see…”
e. Wrong specialty – e.g. referral to General Surgery likely more appropriate

5. Common challenges for GI CAT

a. ER referrals to GI that could initially be dealt with by a primary care re: either chronic GI issues or acute likely to be self-limited GI issues (e.g. acute diarrhea likely infectious)
b. Inappropriate use of FIT
c. Screening outside of Colon Screening Program Guidelines
d. Anemia but not iron deficiency
e. “Refractory {*insert GI symptom here*}” without detail about diagnosis and treatments that have been tried in primary care
f. “Patient wants GI consult”

6. Creative solutions

a. GI Rapid Access to Consultative Expertise (RACE)
b. Enhanced Primary Care Pathways (Dyspepsia, GERD, IBS, Constipation, NAFLD, Hpylori)
c. Dine & Learn with Victoria Division of Family Practice
d. Data-driven adaptations to GI CAT – coming soon