

Patient-Centered Care in Celiac Disease: A Collaborative Approach to Understanding Preferences for Timing, Type, and Providers of Care

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BACKGROUND

- Celiac disease (CD) is a **common** & serious autoimmune disorder¹.
 - Over 200 symptoms**, such as poor growth, GI distress, brain fog, anxiety¹.
 - Only treatment:** a strict gluten-free diet (GFD).
- Estimated that **40% of pediatric patients are non-adherent** to the GFD^{2,3}.
 - Follow-up care is essential⁴⁻⁶.
- Leading celiac center in the US has a 91% follow-up rate⁷.
 - Colorado Center for Celiac Disease (CCCD)'s follow-up rate is 43%.
- Hypothesis:** stakeholder-informed interventions will improve patient access to care, and ultimately a patient's adherence to a GFD and health outcomes.

METHODS

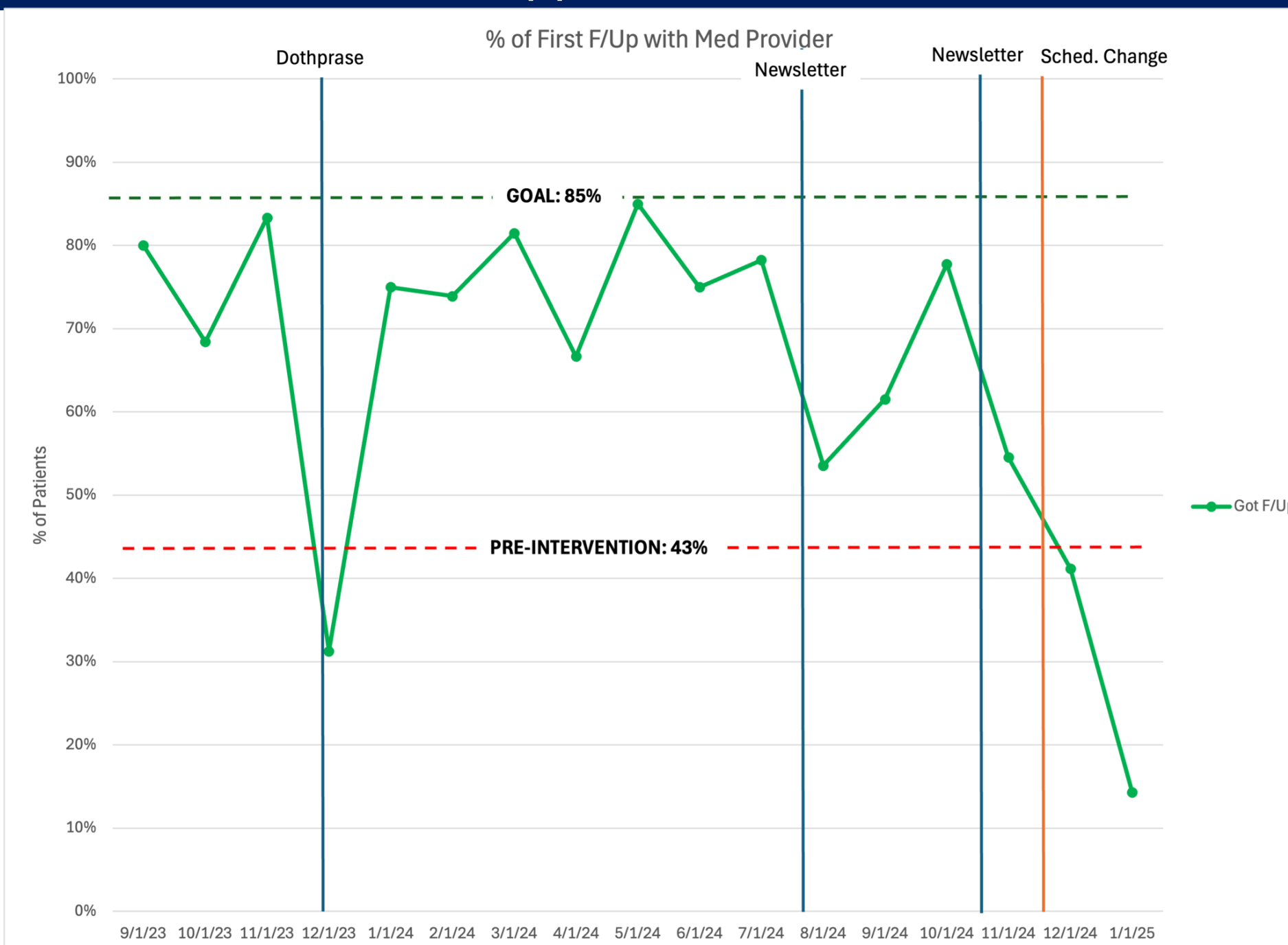
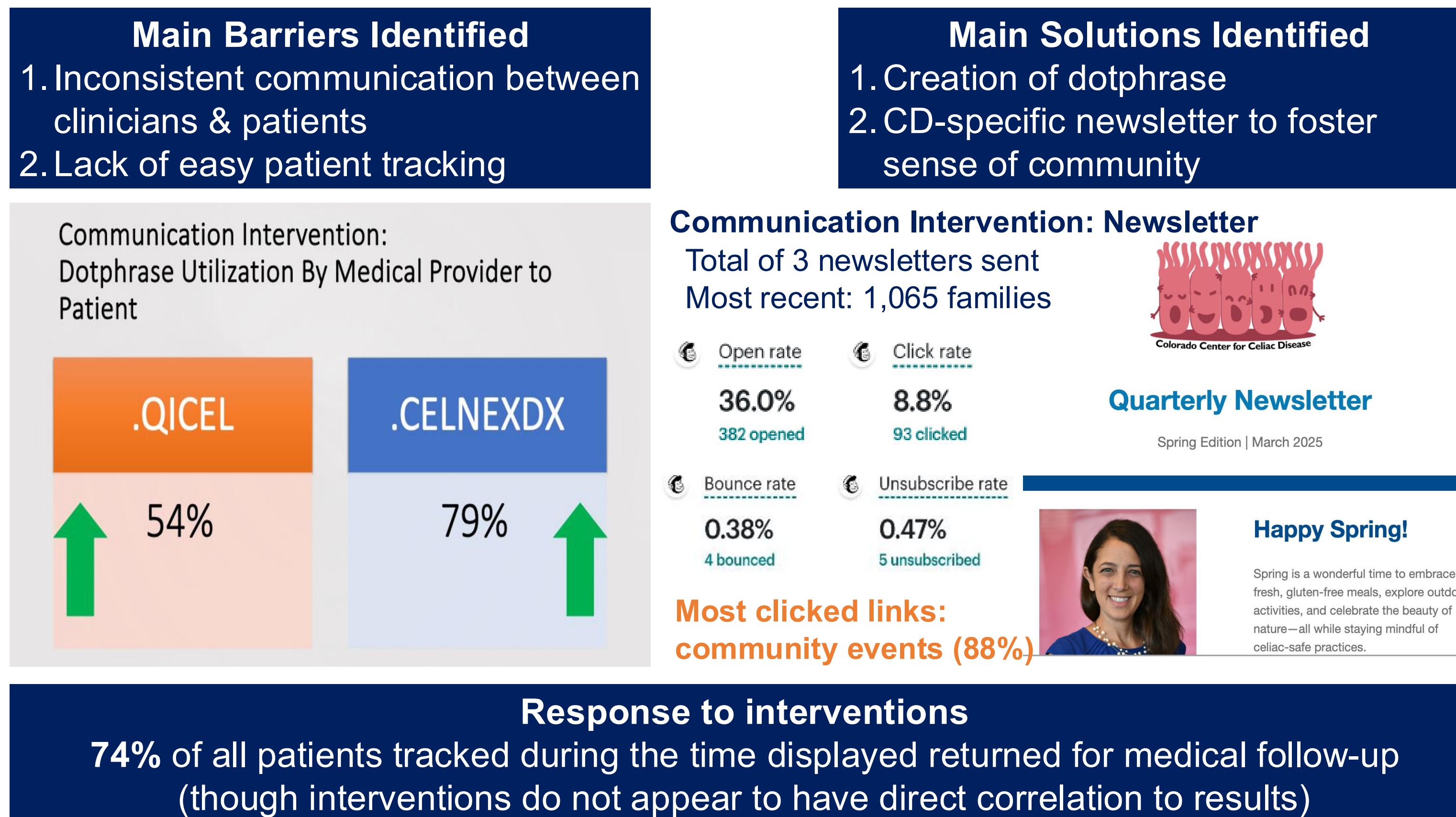
Phase one: define problem, investigate solutions

- Enrollment in QI "Improvement Academy"
- Using QI principles (DMAIC), identify barriers to follow-up & identify possible interventions.

Phase two: implementation of interventions

- Universal EMR dotphrase
- Patient newsletter

RESULTS



CONCLUSIONS

- Barriers to Accessing Care:**
 - Communication & scheduling
- Patients Requested:**
 - Newsletter to maintain engagement.
 - This has not impacted service utilization.
- Prospective Data is needed:**
 - Patients are integral to identifying service utilization barriers & supports.
- Limitation:** interventions are limited to this clinic & are unable to be generalized.

FUTURE DIRECTIONS

- Phase three:**
 - Patient feedback surveys at multidisciplinary touchpoints in care.
 - Modify interventions based on feedback surveys.
 - Scheduling reminders to be sent to patients.

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