



***Delfini Group***™, LLC

*Evidence-based Clinical Consults,  
Medical Education Seminars, Training & Tools*

## **Irritable Bowel Syndrome (IBS) Guideline Implementation & Communication Tool**

This document is designed to be used as a checklist to assist with communicating the IBS guideline content to target groups and to plan local implementation and measurement. The guideline includes evidence-based content formatted for health care professionals and patients. You may wish to reformat some of the content for various target groups and various implementation “vehicles.” There is good evidence that using a combination of implementation strategies is more effective than using single strategies.

For education and detailing you will want to use the all the *Delfini* IBS Guideline Resource Kit contents along with the implementation strategies described below, including “IBS Case for Change and Need for Patient Choice Talking Points” in this document.



## Preparing For Implementation Meeting-In-A-Box

1. Familiarize yourself with the IBS guideline and tools.
  - a. Be sure to use the **““IBS Case for Change and Need for Patient Choice” – Talking Points”** below because it describes the gaps between current practice and improved care for patients with IBS.
  - b. Be sure to use the impact assessment information which you should complete to reflect your local conditions (e.g., size of population with IBS, estimates of current testing and referrals of patients with IBS from primary care to GI).
2. Select the strategies you plan to use from the list of implementation strategies below.
3. Prepare an information briefing for your decision leaders and health care professionals involved in QI work and in caring for IBS patients. Include the evidence, benefits, harms, risks and projections of costs and savings).
4. Prepare a measurement plan using your own gap analysis and impact assessment to project potential practice change.
5. Be prepared to do an “elevator talk” or “academic detailing” by knowing the key points of the guideline.
6. Schedule educational sessions utilizing existing and special forums you create for educating various target groups about IBS.
  - a. Present to each group the gaps, the guideline key points, the information and decision-aids.
  - b. Consider using case studies, e.g.:
    - i. A 42 year-old with new diagnosis of IBS—1<sup>st</sup> visit
    - ii. A 43 year-old woman—self-care has not controlled symptoms
7. Create appropriate information and decision aids and disseminate through various strategies.

**IBS Implementation Strategy Suggestions**

<p>1.</p>	<p><b>Decision Support Materials for:</b></p> <ul style="list-style-type: none"> <li>▪ Leaders</li> <li>▪ Clinicians</li> <li>▪ Other health care professionals</li> </ul>	<ol style="list-style-type: none"> <li>1. Leaders need to know about the “gaps” between current and optimal care of IBS. Succinct text summaries and tables are useful information/decision-aids. The gaps are in the following areas:             <ul style="list-style-type: none"> <li>▪ Understanding the condition, quality-of-life issues and diagnostic testing</li> <li>▪ The importance of the physician-patient relationship in IBS</li> <li>▪ Relevant, valid information about self-care and physician-directed care</li> <li>▪ Costs associated with inappropriate diagnostic and management interventions</li> </ul> </li> <li>2. For clinicians, consider:             <ul style="list-style-type: none"> <li>▪ Text summaries including key guideline points and specific prescribing information</li> <li>▪ “1 or 2 pagers” – algorithm and algorithm key points</li> </ul> </li> </ol>
<p>2.</p>	<p><b>Leadership Buy-in &amp; Support</b></p>	<ol style="list-style-type: none"> <li>1. Pay attention to both structural leaders and opinion leaders. Personal sources (e.g., colleagues) are often preferred over impersonal (e.g., print) sources especially when there is medical uncertainty. However, obtaining buy-in is much easier to achieve when decision-support materials are used along with personal contact.</li> <li>2. Multiple studies have reported success by using leaders to implement change: leaders can be used to teach, encourage, demonstrate, persuade and establish norms.</li> <li>3. Take the guideline to leadership meetings, QI councils, etc. to have it “blessed” by leadership and oversight committees.</li> </ol>
<p>3.</p>	<p><b>Information Dissemination &amp; Training</b></p> <ul style="list-style-type: none"> <li>▪ CME and Other Events</li> <li>▪ Academic Detailing</li> </ul>	<ol style="list-style-type: none"> <li>1. Educational activities which benefit clinicians &amp; patients             <ul style="list-style-type: none"> <li>▪ Use information and decision aids to make presentations at CME events, lunch meetings, staff meetings, clinic meetings and other “standing” meetings.</li> <li>▪ Create special events, grand rounds programs, etc.</li> <li>▪ Target primary care providers and gastroenterologists</li> <li>▪ Present information at nursing in-services and standing meetings</li> <li>▪ Present information at pharmacist’s meeting</li> <li>▪ Present to P &amp; T committee</li> </ul> </li> <li>2. Use the principles of Academic Detailing: Short, 1-on-1 “conversations” with educational &amp; behavioral objectives –             <ul style="list-style-type: none"> <li>▪ Mutual participation (address driving/restraining forces)</li> <li>▪ Limited number of essential messages</li> <li>▪ Reinforcement &amp; repetition</li> <li>▪ Can be used by pharmacists, leaders, interested “champions” of the IBS guideline</li> </ul> </li> </ol>

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4.	Systems and Administrative Changes	<p>Improvement through changes in –</p> <ul style="list-style-type: none"> <li>▪ Facilities, systems, roles (including staffing), methods (including procedures), equipment, supplies, other resources</li> <li>▪ Examples: <ul style="list-style-type: none"> <li>○ Decision rules, decision-aids embedded into the electronic medical record</li> <li>○ Periodic reminders</li> <li>○ CME credit for self-study</li> <li>○ Messages in newsletters</li> <li>○ Registries</li> <li>○ Nursing roles (phone and in-person management)</li> </ul> </li> </ul>
5.	Patient-centered Strategies	<p>Approaches or tools designed to influence patients' decision-making</p> <ul style="list-style-type: none"> <li>▪ Examples of including information/decision-aids in various vehicles: <ul style="list-style-type: none"> <li>○ Patient ed materials</li> <li>○ Pharmacy hand-outs</li> <li>○ Newsletters</li> </ul> </li> </ul>
6.	Measurement & Feedback	<p>Information from measurement of clinical practice is systematically recycled to practitioners</p> <ul style="list-style-type: none"> <li>▪ Examples <ul style="list-style-type: none"> <li>○ Performance reports: referral rates with targets and peer comparison</li> </ul> </li> </ul>

## “IBS Case for Change and Need for Patient Choice” – Talking Points

### IBS Summary of Gaps

In Irritable Bowel Syndrome, currently in our health care systems, there are gaps in –

1. Understanding the **condition** and **diagnosis**
2. The importance of good **rapport** physician-patient **communications**
3. Understanding of **self-care** and **physician-directed treatment** options
4. **Quality of life** for patients with IBS
5. **Costs of diagnostic testing** and **referral**

## Gap 1. Understanding the condition and diagnosis

### About Irritable Bowel Syndrome –

- ◆ IBS is a **chronic medical condition** characterized by episodic **abdominal discomfort** associated with **altered bowel habits**
  - Episodes of **diarrhea** or **constipation** or **both**
  - **Fecal Urgency**
- ◆ **Prevalence** is 10-15%
- ◆ Cause is unknown but there is **no evidence that IBS increases risk for other diseases** (colitis, cancer, other)
- ◆ There is **insufficient evidence** to conclude that, beyond history and PE, **any diagnostic testing improves health outcomes**
  - **Benefits:** perceived patient satisfaction, perceived risk management
  - **Harms:** Risk (e.g., bowel perforation), discomfort/pain, fear, cost, inconvenience, false +’s, time (e.g., missed work), potential increased risk of lawsuit since evidence does not support
- ◆ These facts along with management information can be easily made available to patients who may choose self-care and/or physician-directed care

## Gap 2. The importance of good rapport physician-patient communications

A good physician-patient relationship is important in caring for patients seeking treatment for IBS:

- ◆ A **good physician-patient relationship** is based on –
  - **Good information**
  - **Engagement** between physician & patient
- ◆ These are **learnable skills** consisting of the medical interview, showing support and empathy, positive talk, information-giving, avoiding negative talk
- ◆ The strongest association for **improved patient outcomes** with physician behavior is for **providing information** to patients. Numerous studies have showed a **statistically significant** association between **providing information** and **satisfaction, symptom improvement, trust, comprehension and adherence**.
  - Beck RS et al. JABFP 2002. 15:25-38
  - Hall JA et al. Medical Care 1988.26:657-675
  - Stewart MA. CMAJ 1995. 152:1423-1433

What patients want is *information & engagement* from their health care providers:

- ◆ Accomplish this through a **patient-centered care experience** which supports the **needs, values** and **preferences** of **individual patients**
- ◆ Do this by applying the best available **evidence**
- ◆ Use that information to assist patients in making **choices** about the care they receive
- ◆ Patients need help to –
  - **Understand** the issues they face
  - Gain enough **information** and **support** to help them make a **decision**
  - **Obtain care**

Gap 3. Understanding of self-care and physician-directed treatment options

Options for treating IBS patients include –

◆ **Self-Care**

- **Understanding** of the condition
- **Dietary Changes**
- OTC preparations (e.g., psyllium, loperamide, simethicone)

◆ **Physician-directed Care**

- Usually includes discussion of and frequently prescription of **medications for discomfort**, constipation, diarrhea

## Gap 4. Quality of life for patients with IBS

### Patient quotes about how IBS affects their quality of life:

- ◆ “What it's like to have IBS is **excruciating pain, bloating and severe constipation**. It leaves you feeling very **uncomfortable** with **no energy**, having not much of a **social life** and **not being able to do much**. You're very **debilitated** in your means of life.” JC
- ◆ “IBS has had a **profound affect** on my life. It's **affected everything**....IBS has affected **my work performance**....I was staying home probably two or three days probably every 3 weeks because I had gotten so impacted that I had to take very drastic measures to relieve myself....That was also very draining so even when I went back to work I was very dragged out...which **affects your thinking**....You can't react quickly. You don't get as much done in a day. Your **productivity is lower**.” LB
- ◆ “...I always had to worry about the **discomfort of sitting on a plane** for a long period of time or the changes in food....I ended up **turning down a lot of dates** because **I didn't feel well or I was in pain**. I was **irritable**...during the end of the week when I'm at four/five days without a bowel movement or I didn't want to go out and do things with [my daughter] that involved **physical activity**....IBS is very real...the pain and the discomfort...**cause a lot of things** – it causes **lower back pain** and it's very real and **the pain is very real**.” GS

### Quality of life for patients with IBS can be improved:

- ◆ Can be improved through **better clinician and patient understanding** of the condition and management options
  - Understanding **what IBS is** (and isn't)
  - Attention to a **positive working relationship** between physician and patient
  - Understanding the issues around **testing**: blood tests, stool tests, radiological and endoscopic diagnostic interventions
  - **Knowing** (includes quantitative information where available) about **ALL** reasonable self-care and physician-directed **management options**

Gap 5. Costs of diagnostic testing and referral

Organizations can clarify current and projected health care and economic outcomes as well as improve care with an IBS clinical guideline and associated tools for clinicians and patients:

- Improve **quality of life** for patients with IBS
- Increase **patient options** where few alternatives provide benefit
- Improve **patient satisfaction**
- Improve **provider satisfaction**
- Potential **cost savings**

## Measurement Ideas

Options for measuring guideline implementation include –

- Patient visits for IBS (including provider specialty)
- Referrals to GI
- Endoscopy procedure rates
- Lab test rates
- Prescribing rates for IBS
- Patient satisfaction with management of IBS