

CONFERENCE ABSTRACT

Integrated psychological care in Inflammatory Bowel Disease outpatients: Early data from a new initiative.

4th World Congress on Integrated Care, Wellington, NZ, 23-25 Nov 2016

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Introduction: Psychological issues are known to be prevalent in people with Inflammatory Bowel Disease (IBD), and are risk factors for poor outcomes such as hospitalisation, low medication adherence and persistent smoking. Despite this, psychological care is not routinely provided to IBD patients in outpatient settings.

Short description of practice change implemented: At the Royal Adelaide Hospital, psychological screening and intervention have been integrated into the IBD service. Screening measures are administered at scheduled outpatient appointments, and individual psychological intervention is offered to patients where results indicate likely need.

Aim and theory of change: This study aims to explore the possible benefits of incorporating psychological screening and therapy in an already established IBD service. By improving accessibility to psychological care and bypassing potential barriers, the aim is to improve patient outcomes (mental health, medication adherence, quality of life), and possibly healthcare utilisation.

Targeted population and stakeholders: The target population is outpatients of the Inflammatory Bowel Disease Service at the Royal Adelaide Hospital, South Australia (which comprises approximately 1200 patients). Gastroenterologists and IBD nurses in the team are helping the psychologist with the integration of these changes.

Timeline: The initial data collection phase is currently being conducted between September 2015 and September 2016. Twelve-month follow-up data will then be collected, concluding in September 2017.

Highlights: This is a novel initiative in IBD healthcare, with early data uncovering a high need for psychological support. To date, 380 patients in the service have been approached, with 249 (66%) participating. 137 (55%) participants scored within the clinical range on mental health screening questionnaires. Fifty-eight participants (42% of those with clinical results) subsequently accepted psychological support. The screening process has so far been easy to implement, with positive feedback from both patients and staff.

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Comments on sustainability: The current initiative is a pilot study to explore the importance of psychological support in IBD patients and the usefulness of a more holistic approach to IBD healthcare. Study outcomes will inform both funding requirements and health practitioners regarding the need to address psychological factors in chronic disease management.

Comments on transferability: Early data highlights the need to address psychological factors in IBD patients within the hospital setting. Similar services could be implemented in other hospitals in Australia and around the world, subject to funding.

Conclusions: (key findings) Outcomes to date support the need for, and acceptability of, the integration of psychological care in the routine care environment.

Discussions: Results are so far promising and support our hypotheses. Data collection will continue until September 2017 when analysis of longer-term outcomes will be possible.

Lessons learned: While the initiative is still being piloted, initial evidence for the usefulness of integrating psychological support for IBD outpatients is solid.

Keywords: psychological intervention; integrated care; ibd