

Collaborative Care for Inclusive Research, Best Outcomes, and Education



Duke Digestive Disease Program, IBD Focus

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Background

- IBD-chronic w/acute episodes
- Complex access, decision-making
- Need for aligned program
- Lack of participant and provider diversity in research

Objectives

Develop patient-focus GI program

- Improve access
- Coordinate intake and clinic
- Create research collaboration

Methods





Leverage benefits of coordinated care

- Secure stakeholders
- Identify common value propositions
- Engender relationships previously siloed stakeholders

Imagine expansion

- First focus IBD
- Apply model for growth

Interim Outcomes and Evaluation

| ELAM FOCUS / Project Objectives | Actions / Evaluation / Outcomes |
|--|--|
| <p>INTROSPECTION: Understand personal strengths, growth edges, gaps, and potential</p>  | <p>Applied 360° report, team building strategies, and solicited feedback</p> <p>OUTCOME: Sustained team, participants doubled. Year long journal and feedback</p> |
| <p>FINANCIAL: Understand financial structures common to AMC's and specific Duke Health</p> <p>Create financial strategy and timeline for IBD focus, D3P</p>  | <p>Defined program development and anticipated costs/savings of proposal</p> <p>Guidance from leadership interviews</p> <p>OUTCOME: Created approved business plan: coordinator, admin support, clinic space, revised triage, and registry creation. Hired 1FTE</p> |
| <p>LEADERSHIP: Improve situation by persistent, self- and institution-positive, intentional and successful conversation, feedback, and curiosity</p>  | <p>New conversations previously siloed, Driven vision mapping and detailing</p> <p>OUTCOME: Referenced work b/t departments. Recognized w/joint appointment in Dept of Medicine</p> |
| <p>NETWORKING: ID barriers to researcher-clinician relationships, URM on trial</p>  | <p>Interviews, common meetings. Engaged Duke E/I resources</p> <p>OUTCOME: Two active, funded protocols, E/I direction and evaluation</p> |

Discussion

- **Vision** institution-specific
- **Execution** requires institutional and personal insight
- **Persistence** may work; planning better
- **Success** can be planned, can be measured, and will require detours

Next Steps

- Create D/E/I outreach strategy
- Create evaluation strategy for FY22
- Revise business plan, support needs
- Communicate value across system
- Plan FY23 expansion-esophageal dysmotility

Key Collaborators

- A Kirk, MD, PhD, Vice Dean Sect Surg Disciplines
- K Cooney, MD, Chair, Dept Medicine
- A Muir, MD, Division Chief, Gastroenterology
- J Onken, MD, GI Director D3P
- C O'Neill, MBA, D3P administrator
- E Myers, MD, OB/Gyn