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

<table>
<thead>
<tr>
<th>ELAM FOCUS / Project Objectives</th>
<th>Actions / Evaluation / Outcomes</th>
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</thead>
<tbody>
<tr>
<td>INTROSPECTION: Understand personal strengths, growth edges, gaps, and potential</td>
<td>Applied 360° report, team building strategies, and solicited feedback</td>
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<tr>
<td>FINANCIAL: Understand financial structures common to AMC’s and specific Duke Health</td>
<td>Defined program development and anticipated costs/savings of proposal</td>
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<tr>
<td>Coordinate strategy and timeline for IBD focus, D3P</td>
<td>Guidance from leadership interviews</td>
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<tr>
<td>LEADERSHIP: Improve situation by persistent, self- and institution-positive, intentional and successful conversation, feedback, and curiosity</td>
<td>New conversations previously siloed, Driven vision mapping and detailing</td>
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<tr>
<td>NETWORKING: ID barriers to researcher-clinician relationships, URM on trial</td>
<td>Interviewed, common meetings. Engaged Duke E/I resources</td>
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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

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