



Increasing Utilization of the FIB-4 Score to Improve Appropriate NAFLD Consultation to the Orlando VA GI/ Hepatology Service

Drs. Omar Masarweh, Teayoung Kim, Mohammed Rahhal, Fanny Stampfli, Stephanie Lopez Orizondo, Feras Al-Moussally

Group Mentors: Dr. De Melo, Dr. Oharriz, Dr. Mandalia, NP: Shelly Scott

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Problem Statement

- Currently at the Orlando VAHCS, there is an abundance of GI consults being placed for further evaluation of underlying liver disease from suspected NAFLD.
- There is underutilization of non-invasive screening tools such as the FIB-4 score to properly risk stratify patients to determine their need to establish with Hepatology.
- This leads to increase in cost and ultimately resulting in delays in care for patients who need referral.



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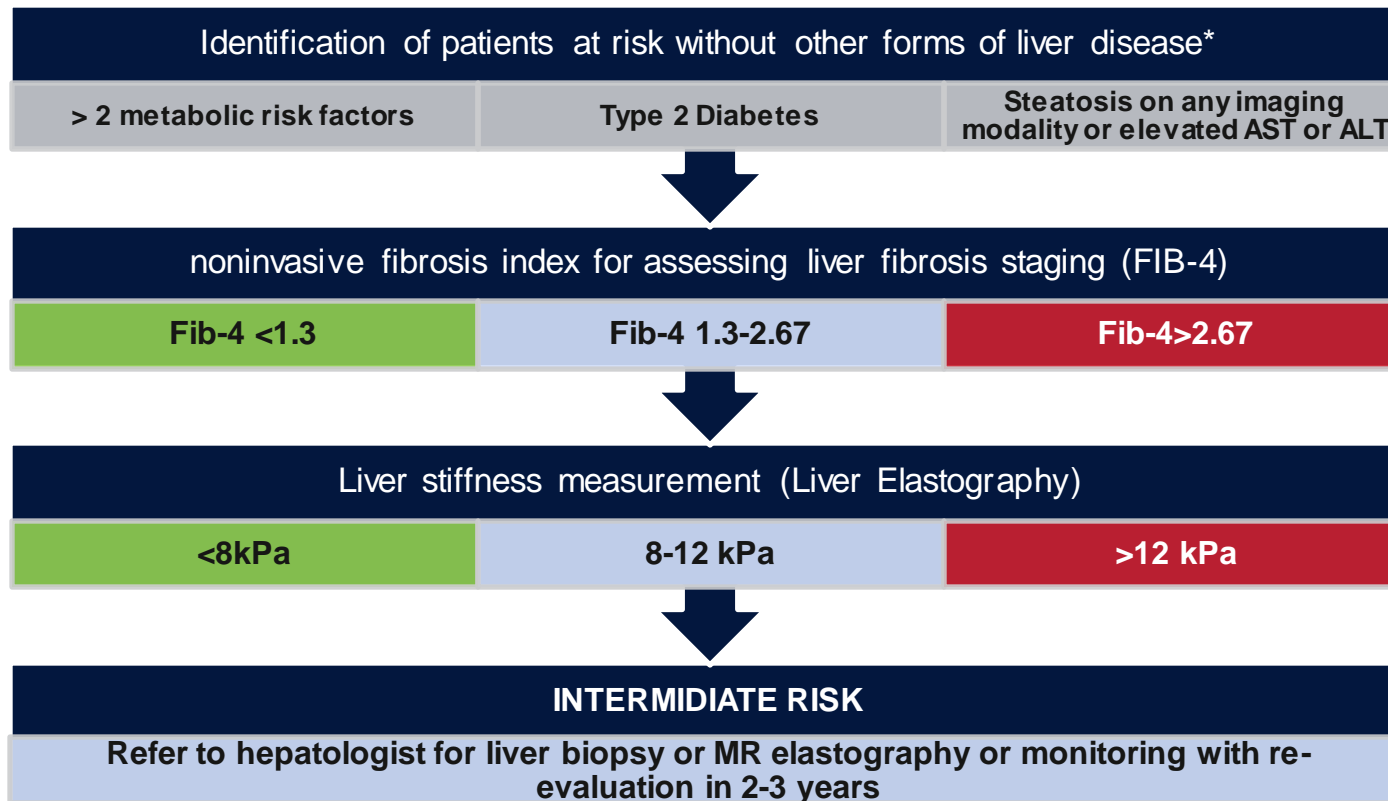


Utilization of Fib-4 Score for risk stratification

***Exclude other forms of**

liver disease

- Alcoholic hepatitis
- Liver cirrhosis
- Viral hepatitis
- Autoimmune hepatitis
- Hemochromatosis
- HIV infection



LOW RISK
Repeat Fib-4 calculation in 2-3 years if there is no clinical change

HIGH RISK
Consult to GI for Hepatologist workup

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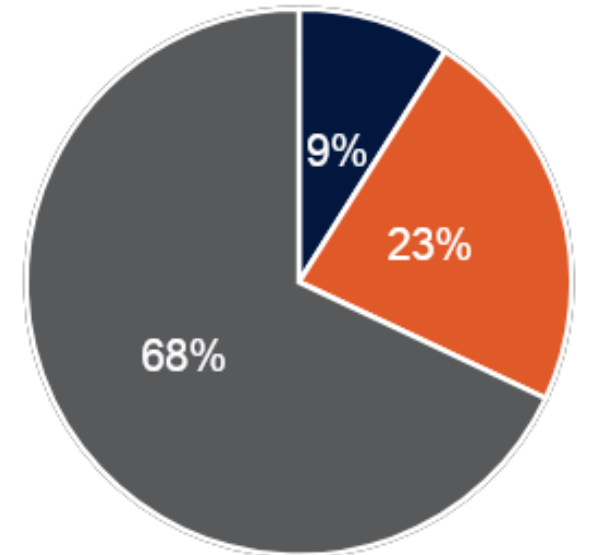




Survey of Residents

- 48 medical residents
- Knowledge to utilize FIB-4 Score to determine next step for a suspected NAFLD Patient: 0% correct

Are you aware of the Fib-4 Score and its utility?



■ Yes, I use it ■ Yes, I never used it ■ No, what's that?

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Current Condition

- Retrospective chart review: 1644 GI consult reviewed for 1/1/21-1/16/21
- 12% consults were placed for suspected NAFLD (204/1644)
- 98% of the consults were placed by primary care (201/204)
- None calculated FIB-4 score before placing a consult (0/204)
- None had a liver elastography prior to consultation (0/204)
- 37% of consults were considered appropriate* (76/204)

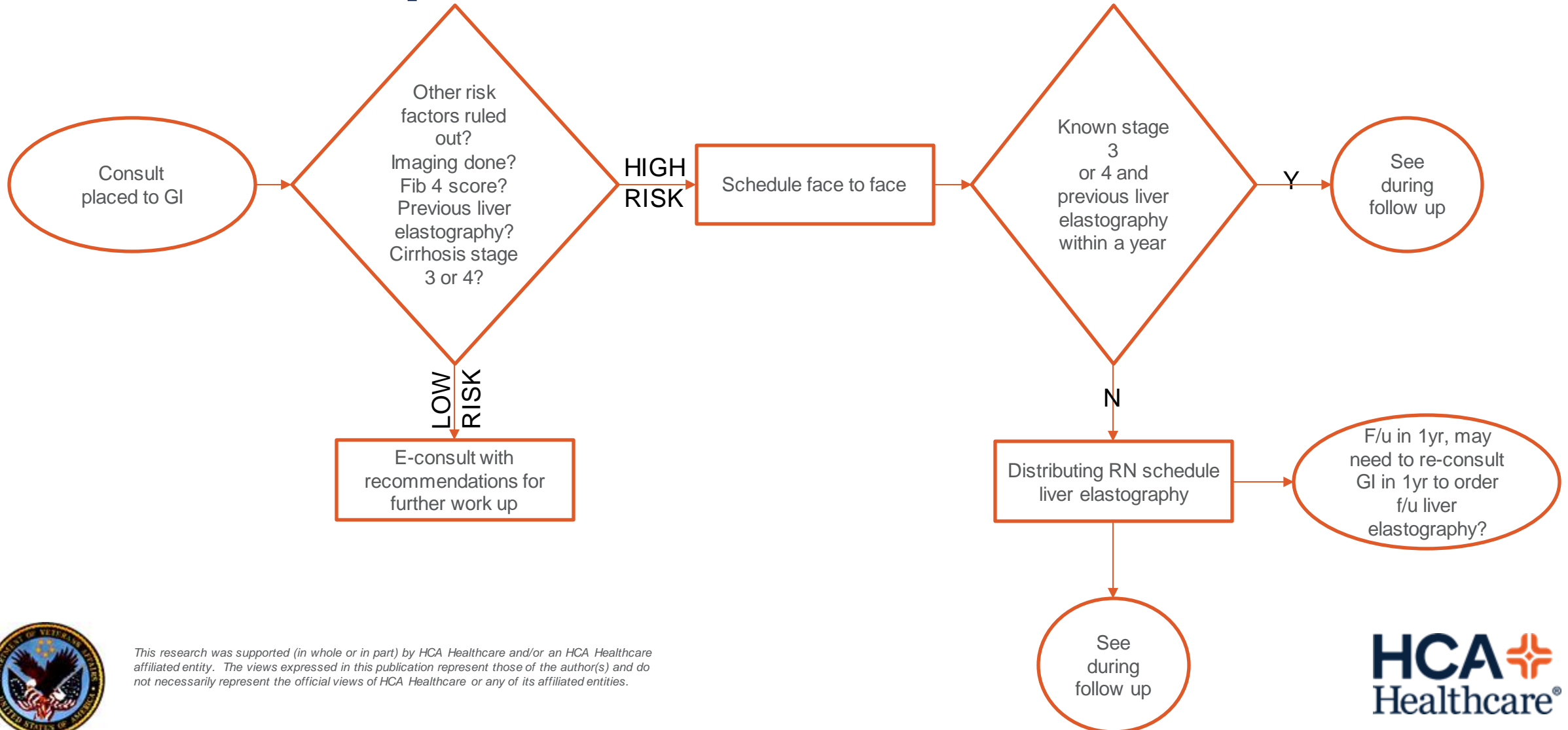
* Age 36-64, Fib4 >1.3 and age more than 65, >2.0



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Process Map



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Metrics

- Semiannual retrospective study of GI consults:
- **Process:** Use of FIB-4 score before further testing liver elastography or consulting GI, number of liver elastography prior to GI Consultation
- **Balancing:** Provider satisfaction and time, liver elastography availability
- **Outcome:** Consults with FIB-4 calculated and % of appropriate GI consult per algorithm
- Intervention: Adding NAFLD and FIB-4 score in GI consult order menu, modify liver elastography ordering process by giving primary care accessibility

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Target Condition/AIM Statement

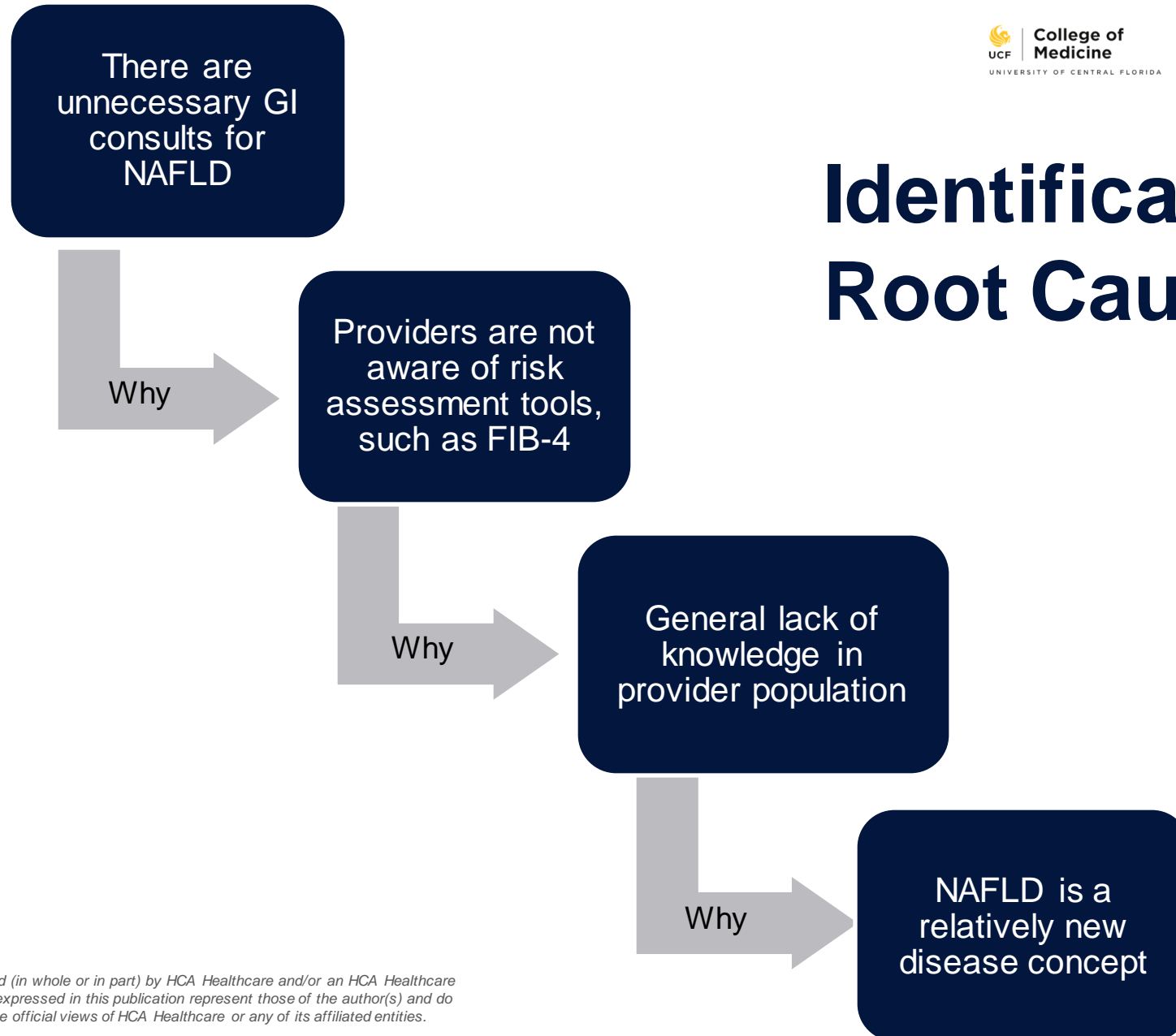
- Increase utilization of FIB-4 score for NAFLD consult to 30% by 1/2/23.
- Increase appropriate* consults for NAFLD to ORL Hepatology/GI services to 60% by 1/2/23.



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Identification of the Root Cause



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Next steps/ Interventions

- Search for effective methods to engage PCPs for increasing the use of FIB-4 score (for example, grand rounds and weekly resident didactics)
- Changing the ordering menu for GI/Hepatology consults to include the clinical care pathway. Flyers with QR codes to FIB-4 calculation
- Provide guidelines on defining the appropriate consult from the perspective of GI (Hepatology) service

References:

Kanwal, F., Shubrook, J. H., Adams, L. A., et al. (2021). Clinical care pathway for the risk stratification and management of patients with nonalcoholic fatty liver disease. *Gastroenterology*, 161(5), 1657–1669. <https://doi.org/10.1053/j.gastro.2021.07.049>

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