We conducted root-cause analysis to determine areas to intervene (Figure 2).

We screened all hepatology consults placed between 1/1/2021 -1/16/2022 and from 8/1/2022 – 3/6/2023 for:

- Retrospective chart review.
- FIB-4 score calculated by the consulting provider at time of consultation

At the Orlando VA Healthcare System, it was found that a large number of Hepatology consults for NAFLD are placed without appropriate workup based on the AGA’s recommendations.

- Both the initial and follow-up surveys (12/2021, 8/2022 respectively) of residents demonstrated a general lack of knowledge of the AGA recommendation for the management of NAFLD, despite multiple interventions including lectures and flyers.
- Successfully reducing the number of inappropriate consults may not have met the prespecified end point, however a decrease in an estimated 131 consults may reflect a large decrease in healthcare cost if sustained on a routine basis.
- Limitations include a retrospective design, short time for interventions, low impact interventions and limitations with changes in the EMR, and limited data from the post intervention period.

This project did not meet the targeted objective of increasing appropriate NAFLD consults up to 60% from 37%. However, an increase in appropriate NAFLD consults was observed in the post-intervention period (from 37% to 44%, a relative change of 18.9%). FIB-4 utilization increased dramatically from 0% to 25%.

- The successful implementation of this project can serve as a model for other VA facilities.
- Our results indicate that these methods can be sustained based on PCP satisfaction with the new consult pathway embedded into the system. We believe such results will contribute to decreasing costs and avoiding delays in treatment.
- The successful implementation of this project can serve as a model for other VA facilities.

References


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DISCLAMER - The contents of this publication do not necessarily reflect the views of the Department of Veterans Affairs or the United States Government.