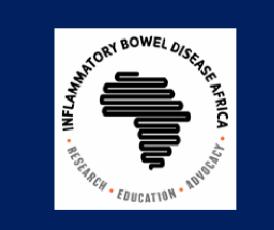
# What Constitutes The Best Good IBD Care Great Great Superb



Sr Karin Davidson



## What does good IBD care mean for you?





VS

### Standards of Care

- UK standards of Care
- Scottish Audit

Improving Standards of Care for all IBD patients



- Patient is what drives care
- In SA no set IBD standards and no national benchmark for care
- ECCO guidelines







### **IBD Standards of Care**

#### **UK IBD STANDARDS OF CARE**

- High quality Clinical Care Responsive
- Local delivery of Care MDT
- Maintaining a patient centred service
- Patient Education and Support
- Data Information, Technology and Audit
- Evidence Based Practice and Research Calprotectin

### South African Context

- High Quality Clinical Care
  - Private and government care fragmentation of services
  - MDT care limited but possible
- Local Delivery of Care
  - Patients travelling to centres of excellence
  - Poor local support
  - Poor access to specialised services

#### Maintaining a patient centred service

 Choice of care strategies limited – funding and local access to specialised medications –

**BUT.....** 

#### Patient education and Support

- SAGES patient meeting
- SA IBD Facebook support group
- IBD Africa website

#### Data information, Technology and Audit

• South African Registry and IBD Africa

#### Evidence-Based Practice and Research

- Treat to Target
- Personalised care plan for each individual
- Care fluid adapting to new research and treatment algorithms

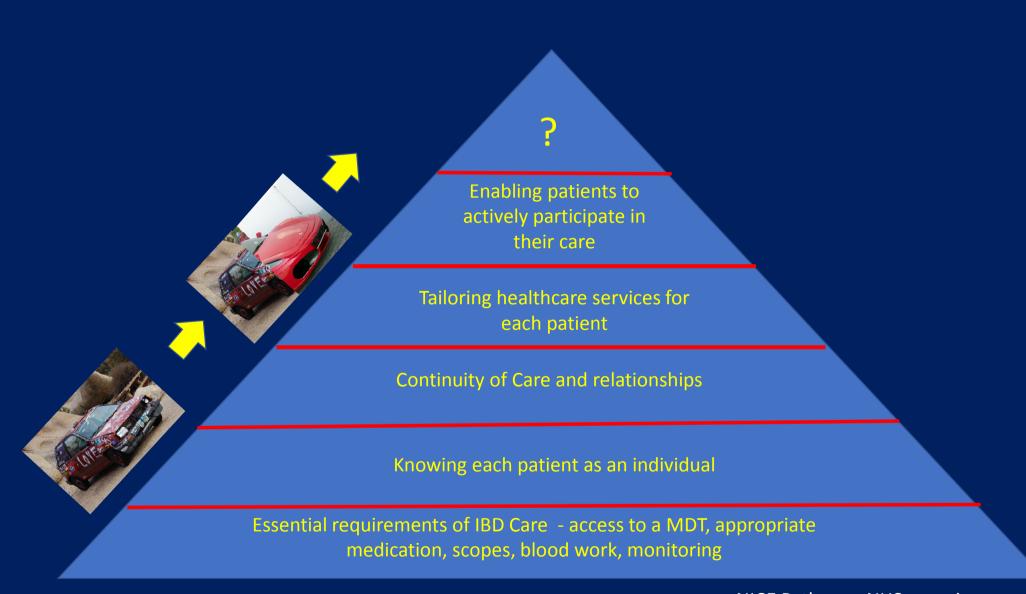


Picture courtesy of CCUK

### Maslow's Hierarchy of Needs



## What would IBD Hierarchy of Needs look like?



## So what should you, as a patient, be demanding?

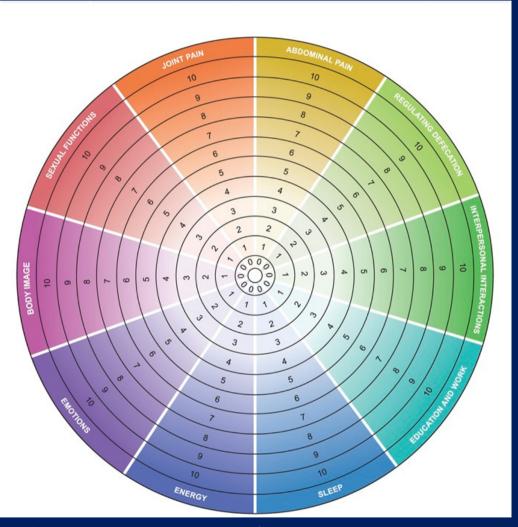
- Access to a multidisciplinary team
- Up to date appropriate monitoring
  - Faecal calprotectin testing
  - Regular Iron, Vit B12 and Vit D monitoring and appropriate supplementation
  - Regular appropriate drug monitoring Trough levels
- Psychological support
  - Support Groups
  - Patient education and access to information
- To be the centre of your care

For each of the ten statements below, score your level of agreement on a scale of 0 to 10.
Circle your scores on the coloured disc.

Absolute disagree		Neither agree or disagree								Absolutely agree
0	1	2	3	4	5	6	7	8	9	10

In the last week, because of my Crohn's disease or ulcerative colitis	In the last week,	because of	my Crohn's	disease or u	Icerative colitis
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Abdominal pain	I have had aches or pains in my stomach or abdomen
Regulating defecation	I have had difficulty coordinating and managing defecation, including choosing and getting to an appropriate place for defecation and cleaning myself afterwards
Interpersonal interactions	I have had difficulty with personal relationships and/or difficulty participating in the community
Education and work	I have had difficulty with school or studying activities, and/or difficulty with work or household activities
Sleep	I have had difficulty sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning
Energy	I have not felt rested and refreshed during the day, and have felt tired and without energy
Emotions	I have felt sad, low or depressed, and/or worried or anxious
Body image	I have not liked the way my body or body parts look
Sexual functions	I have had difficulty with the mental and/or physical aspects of sex
Joint pain	I have had pains in the joints of my body



Ghosh, Louis, Beaugerie et al Inflamm Bowel Dis 2017

#### Patient reported monitoring: The IBD Disc

Ghosh et al

Inflamm Bowel Dis • Volume 23, Number 3, March 2017

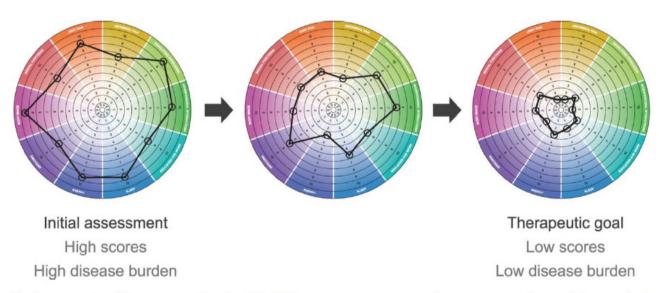


FIGURE 3. Hypothetical example of how a patient's IBD Disk assessment may change over time with good disease management.

### In Reality.....





## IBD Care is not just about the medical management....

It's also about decreasing the true burden of disease



## I am no longer defined by the disease I have, but rather, by who I am

