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### Impact of Specialized Inpatient IBD Care on Outcomes of IBD Hospitalizations

For ReachMD, this is Audio Abstracts. I'm Dr. Manish Singla, gastroenterologist at Walter Reed National Military Medical Center and a member of CCFA's Rising Educators, Academics, and Clinicians Helping IBD group, or REACH-IBD.

The last 20 years have brought about significant changes in the care of the hospitalized IBD patient, to include early use of biologics, combination therapy, and drug level monitoring with dose escalation. These changes have contributed to increased complexity in managing these patients. In a cohort study published in the September 2016 issue of the *Inflammatory Bowel Diseases Journal*, lead author Dr. Cindy Law and colleagues examined the effects of specialized IBD care on inpatient and post-discharge outcomes of IBD patients.

This was a retrospective study of all patients admitted to Massachusetts General Hospital from July 1, 2013 to April 30, 2015. The investigators included adult patients admitted with ICD codes for Crohn's disease and Ulcerative colitis; excluding pediatric patients, those admitted for elective surgeries, and non-IBD related stays. Starting on July 1, 2014, IBD-related hospitalizations were managed by IBD specialists. Patients admitted between July 1, 2013 and July 1, 2014 were used as the reference population, and those admitted after July 1, 2014 were used as the intervention population.

196 patients in the reference period were compared to 212 patients in the study period. No differences were observed in use of biologic therapy or length of admissions, however, IBD specialty care led to a 5.5 times higher likelihood of use of high dose biologic therapy, and 1.6 times higher likelihood of remission at 90 days post-discharge. Early surgery was 2.73 times more common in the study period than the control period.

Although a previous study has shown benefits to IBD patients seeing IBD specialists in an outpatient setting, this is the first study to analyze the effects of IBD subspecialty care on inpatients. These potential impacts on IBD care may be due to optimization of drug dosing, closer follow up with an IBD physician, or higher rates of early surgical intervention. There was no difference in length of stay between the populations. However, patients may benefit from subspecialized IBD physician care, particularly by appropriate timing of surgeries, facilitating subspecialist follow up and drug optimization.

This has been a presentation of AudioAbstracts. For more information, and for reference links to this article in the *Inflammatory Bowel Diseases Journal*, visit ReachMD.com.

If you are interested in this topic or others on Crohn's disease or ulcerative colitis, the *Inflammatory Bowel Diseases Journal* brings the most current information in clinical and basic sciences to physicians caring for patients with IBD, and investigators performing research in IBD and related fields. Each issue contains cutting-edge original basic science and clinical articles on diagnosis, treatment, and management of Crohn's disease and ulcerative colitis from clinicians and researchers around the world. The IBD Journal is the official Journal of the Crohn's & Colitis Foundation of America. For more information on CCFA, please visit [www.ccfa.org](http://www.ccfa.org).