The Biliary Board: Mitigating Care Fragmentation for Patients with Complex Benign Biliary Disease

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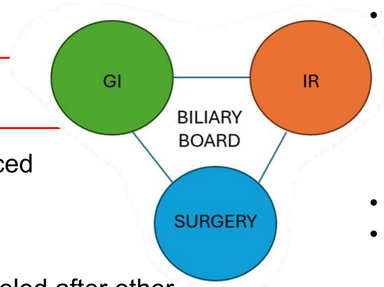
Background:

- Complex benign biliary disease often requires multidisciplinary care
- Without dedicated forums for specialty groups to collaborate, interdisciplinary communication and patient care is at risk for fragmentation and delay
- **Objectives:** we created a multidisciplinary Biliary Board (BB) comprising key stakeholders to promote interdisciplinary collaboration, reduce care fragmentation, minimize loss to follow-up, and shorten hospital length of stay for patients with complex benign biliary conditions

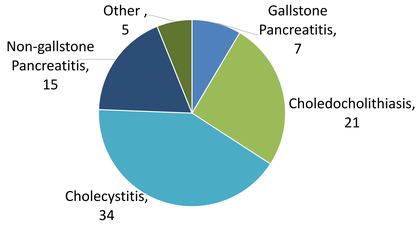
Methods:



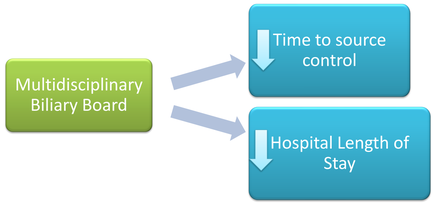
- **Stakeholders:** physician and advanced practice practitioner in surgery, interventional radiology (IR) and gastroenterology (GI)
- **Forum:** weekly virtual meetings modeled after other interdisciplinary Tumor Boards, in addition to quarterly in-person meetings and email listserv
- **Care discussion:**
  - Patients presented at BB included those in both ambulatory and inpatient settings
  - Patient-care discussions centered on multidisciplinary management and disposition planning
- **Education:** monthly slots dedicated to didactics and team-building activities to enhance collaboration

Results:

- **Results:** A total of 64 patients were discussed at the Biliary Board.
- **Admission diagnoses:** gallstone pancreatitis (6 patients), acute cholecystitis (32), choledocholithiasis (22), non-gallstone pancreatitis (13), and other related biliary conditions (5).



- **Patient Characteristics:** Patients had an average of 3.5 comorbidities, including altered foregut anatomy (5%) cirrhosis (18%), active cancer (28%), immunosuppression (22%), cardiac disease (75%), pulmonary disease (23%), renal disease (20%), anticoagulation or antiplatelet therapy (45%), history of tobacco use (51%) or Alcohol use (23%).
- The average hospital stay was 18 days
- Following discussion, 9 patients underwent surgery, 30 had IR procedures, and 24 had GI involvement.



- The coordinated approach reduced time to source control by one day and hospital length of stay in the surgical population by three days.

Results (cont'd):

Results (con't):

- **Percutaneous cholecystostomy liberalization:** At six months, loss to follow up and continuity of care improved for percutaneous cholecystotomy patients after Biliary Board discussion
  - Of 22 patients with percutaneous cholecystostomy tubes who survived their index hospitalization, 14 underwent or will undergo cholecystectomy and 8 were exchanged
- **Collaboration:** Beyond these measurable outcomes, Biliary Board members shared that patient workup and treatment became more streamlined and interdisciplinary, facilitated by a standardized workflow and stronger interdepartmental familiarity
- Teams also described an improved appreciation of each specialty's capabilities and limitations

Conclusion

Conclusion:

- Creation and implementation of a Biliary Board has the potential to improve patient outcomes by reducing hospital length of stay and time to source control, in addition to limiting care fragmentation and improve interdisciplinary communication
- Future studies will focus on quantifying the improvement in outcomes that result from the Biliary Board, which will support the implementation of similar models at hospitals nationwide