

Nurse Practitioners in Inflammatory Bowel Disease: The Emerging Role of the IBD Care Manager

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Inflammatory bowel disease (IBD), a chronic inflammatory condition affecting the gastrointestinal tract [1] of young adults, children, and the elderly, determines a progressive-relapsing disease with major social and work impacts [2]. Its diagnostic and therapeutic path is also complex both for patients and for the healthcare facilities that take care of them [3]. The increasing prevalence in the western world over the last twenty years and, due to industrialization, the spread in eastern and emerging countries have pushed health services of all countries to promote new organizational strategies to guarantee therapeutic innovation and, at the same time, to ensure patient quality of life [4-6], as well as to reduce or optimize the costs of patient management. The current population of individuals in the western world with high prevalence of IBD has grown from 0.5% in 2010 to 0.75% in 2020 and is projected to grow to 1% in 2030. Considering natural population growth and assuming a prevalence of 1% in 2030 [7], the number of people living with IBD in the western world in the next decade could exceed ten million [8].

The increased incidence of IBD in elderly and complex patients also provides further challenges for complex comorbidity [8], leading to multidisciplinary teams able to improve the quality of life for

patients while reducing expenses and resources employed [9]. Biological therapies, reduced relapses, and increased duration of the remission phases have oriented and increased the outpatient approach for these patients [10]. With the advent of biological therapy, clinics initially run by gastroenterologists and nurses with little pertinent knowledge became progressively specialized and centered around the patient [11]. Nurses have also evolved over time, developing high levels of knowledge and competence in IBD [12], becoming specialized, and creating professional support for patients and the entire IBD care team. IBD nurses have become well established in outpatient organizations, making them indispensable for patient management during the administration of biologic therapy [13].

Today, innovative figures, such as IBD care managers, are emerging in the IBD units, as an organizational response to more complex clinical-therapeutic pathways. Inserted in the organization and in the paths of IBD patient care, they make the management of these patients no longer vertical, replacing authoritarian and sectoral management with more horizontal and multidisciplinary interaction flows [14].

Major pillars of innovative functions for the IBD care manager in a multidisciplinary team include active roles in health education, prevention, adaptation to chronicity, and the ability to care for and become a facilitator for patients [15].

Inflammatory bowel disease care management is beneficial both for the organization and for the optimization of the clinical path of patients, ensuring improvement in patient health, the quality of care, and the reduction of waiting times for admission. The IBD care manager is a professional able to reduce the time of the diagnostic process, to ensure communication, and to optimize care, while making the patient an active part of the treatment process. An important indicator of effectiveness is certainly the reduction of admittance to emergency facilities, which can indicate the impact of IBD care management on the health structure [16].

Inflammatory bowel disease care managers support IBD patients with a dedicated phone line and an email that also serves to connect to the flow of multidisciplinary management. The IBD care manager facilitates emergency management in hospital access and promotes the psychological support of IBD patients in dedicated pathways in endoscopy, radiology, surgery, proctology, nutritional, surgery, dermatology, and rheumatology. They manage a direct connection with the

hospital, in particular, with the hospital discharge from the medical department and the abdominal surgery and with access to the emergency room and the IBD unit. The IBD care manager also controls access to experimental drug research protocols with research nurses, supporting IBD nurses in the dispensing of biological drugs and collaborating with local pharmaceutical facilities. The manager also facilitates access to enterostomy care with experts and, if necessary, supports patients in parenteral therapy in connection with central venous access. With the support of the obstetrician and the gynecologist, such a manager facilitates the approach to pregnancy in the IBD patient. The IBD manager is also critical in taking care of the pediatric patient during the early stages of the disease and, most crucially, during the transition. Nurses employed in such management are highly responsible professionals [8].

The recent Coronavirus disease 19 (COVID-19) pandemic may have accelerated the improvement of IBD care and professional growth. Telemedicine and remote management have made this change necessary. The presence of a nursing figure specialized in IBD has proven extremely useful, especially during the COVID-19 pandemic. IBD clinics had to reorganize [17] and readjust to a faster and more effective management in the dynamics of outpatient and specialist access [18]. The management of biological therapies, of the reactivation of diseases, and of access in urgency have become fast, organized, and effective, including less waiting time and less time inside the health facilities, with an effective and always present active communication made by nurses. The IBD nurse has evolved naturally into a pathway facilitator, and IBD units are now investing in these highly competent and managerial figures. The IBD nurses guiding patients through the management of intravenous biological therapies and clinical trials not only provide competent, empathic care management, but they have also become critical figures, bringing the hospital much closer to the patient. Beyond individual nursing services, the IBD nurse is able to perform total care of the patient by facilitating access to the team (gastroenterologist, surgeon, radiologist, endoscopist, nutritionist, psychologist, pediatrician, ophthalmologist, rheumatologist, dermatologist, proctologist, enterostomy therapist), by controlling the flow between the various organizations and professionals deployed, by reducing urgency to first aid, and by ensuring a quick take-in of the patient after an operation or hospitalization. Proactive nursing management is undoubtedly the future of IBD centers; the management and access to biological therapies and small molecules, increasingly oriented towards subcutaneous and oral formulations, must be planned and controlled remotely. Therapeutic adherence and trust towards the organization are major elements of balance in the chronicity of IBD patients. Nursing management and nursing competence present a clearly viable solution.

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