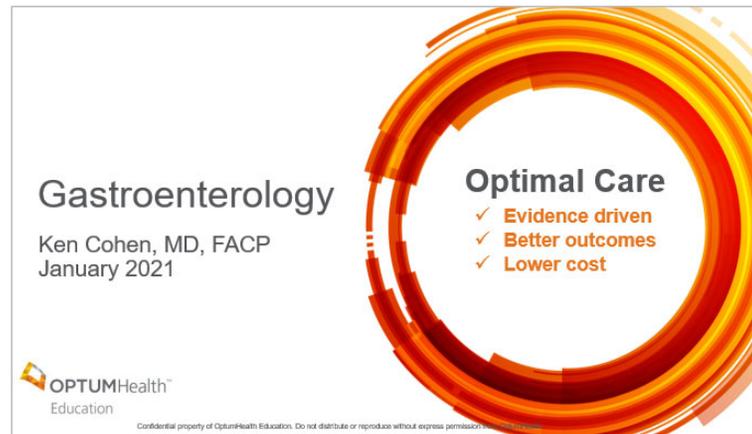


Optimal Care and NAFLD

- Draft **algorithm** will be available on Xyleme once final vetting and governance review is complete.
- Gastroenterology **handout**
- Specialty **modules** (select Gastroenterology)
 - Recognize, evaluate, and when indicated, treat nonalcoholic fatty liver disease



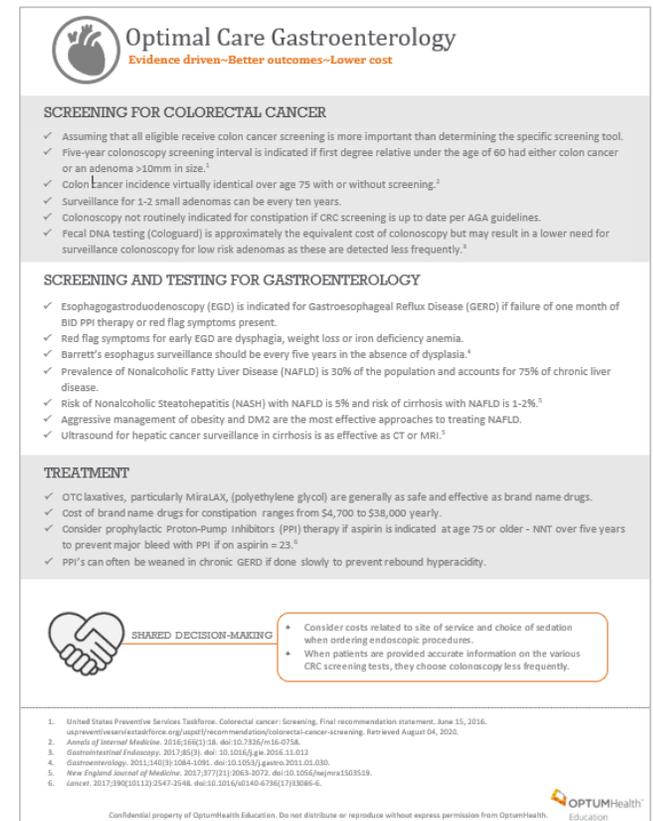
Gastroenterology
Ken Cohen, MD, FACP
January 2021

Optimal Care

- ✓ Evidence driven
- ✓ Better outcomes
- ✓ Lower cost

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Optimal Care Gastroenterology
Evidence driven—Better outcomes—Lower cost

SCREENING FOR COLORECTAL CANCER

- ✓ Assuming that all eligible receive colon cancer screening is more important than determining the specific screening tool.
- ✓ Five-year colonoscopy screening interval is indicated if first degree relative under the age of 60 had either colon cancer or an adenoma >10mm in size.¹
- ✓ Colon cancer incidence virtually identical over age 75 with or without screening.²
- ✓ Surveillance for 1-2 small adenomas can be every ten years.
- ✓ Colonoscopy not routinely indicated for constipation if CRC screening is up to date per AGA guidelines.
- ✓ Fecal DNA testing (Cologuard) is approximately the equivalent cost of colonoscopy but may result in a lower need for surveillance colonoscopy for low risk adenomas as these are detected less frequently.³

SCREENING AND TESTING FOR GASTROENTEROLOGY

- ✓ Esophagoduodenoscopy (EGD) is indicated for Gastroesophageal Reflux Disease (GERD) if failure of one month of BID PPI therapy or red flag symptoms present.
- ✓ Red flag symptoms for early EGD are dysphagia, weight loss or iron deficiency anemia.
- ✓ Barrett's esophagus surveillance should be every five years in the absence of dysplasia.⁴
- ✓ Prevalence of Nonalcoholic Fatty Liver Disease (NAFLD) is 30% of the population and accounts for 75% of chronic liver disease.
- ✓ Risk of Nonalcoholic Steatohepatitis (NASH) with NAFLD is 5% and risk of cirrhosis with NAFLD is 1-2%.⁵
- ✓ Aggressive management of obesity and DM2 are the most effective approaches to treating NAFLD.
- ✓ Ultrasound for hepatic cancer surveillance in cirrhosis is as effective as CT or MRI.⁶

TREATMENT

- ✓ OTC laxatives, particularly MiraLAX, (polyethylene glycol) are generally as safe and effective as brand name drugs.
- ✓ Cost of brand name drugs for constipation ranges from \$4,700 to \$38,000 yearly.
- ✓ Consider prophylactic Proton-Pump Inhibitors (PPI) therapy if aspirin is indicated at age 75 or older - NNT over five years to prevent major bleed with PPI if on aspirin = 23.⁷
- ✓ PPI's can often be weaned in chronic GERD if done slowly to prevent rebound hyperacidity.

SHARED DECISION-MAKING

- Consider costs related to site of service and choice of sedation when ordering endoscopic procedures.
- When patients are provided accurate information on the various CRC screening tests, they choose colonoscopy less frequently.

1. United States Preventive Services Taskforce. Colorectal cancer: Screening. Final recommendation statement. June 15, 2016. <http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>. Retrieved August 04, 2020.
2. *Annals of Internal Medicine*. 2016;166(2):18. doi:10.7326/m16-0758.
3. *Gastrointestinal Endoscopy*. 2017;89(1). doi: 10.1016/j.gie.2016.11.012.
4. *Gastroenterology*. 2011;140(3):1048-1056. doi:10.1053/j.gastro.2011.02.030.
5. *New England Journal of Medicine*. 2017;377(21):2063-2072. doi:10.1056/nejwa1508519.
6. *Lancet*. 2017;390(10112):3547-3548. doi:10.1016/s0140-6736(17)33066-6.

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Forum for Evidence-Based Medicine

July 2021:

Steatosis with and without elevated liver enzymes:
Risk of cirrhosis and hepatocellular carcinoma

March 2021:

DM2 and the high rate of advanced liver fibrosis

Nov/Dec 2018:

Non-Alcoholic Fatty Liver Disease and Non-Alcoholic Steatohepatitis (NAFLD/NASH)


July 2021

Forum for Evidence-Based Medicine

📻 Listen to Dr. Cohen's Forum for Evidence-Based Medicine podcast [here](#).

📄 Earn up to 1.00 CNE/CME credit per issue.

Claiming credit	<p>CNE/CME credit is available. For more information, visit optumhealtheducation.com/ebm-forum</p>	Accreditation statement
Activity description	<p>Practicing evidence-based medicine (EBM) is important in today's health care environment because this model of care offers clinicians a way to enrich quality, provide patient satisfaction, reduce costs and improve outcomes. A common implementation of EBM involves the use of clinical practice algorithms during medical decision-making to encourage optimal care. This widely recognized practice is designed to address the persistent problem of clinical practice variation with the help of actionable information at the point of care. These e-newsletters will enable health care professionals (HCPs) to put new EBM into practice.</p>	 <p>In support of improving patient care, this activity has been planned and implemented by OptumHealth Education. OptumHealth Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC) to provide continuing education for the health care team.</p> <p>Credit designation statements</p> <p>Nurses The participant will be awarded up to 1.00 contact hour(s) of credit for attendance and completion of supplemental material.</p> <p>Nurse practitioners The American Academy of Nurse Practitioners Certification Program (AANPCP) accepts credit from organizations accredited by the ACCME and ANCC.</p> <p>Physicians OptumHealth Education designates the enduring activity for a maximum of 1.00 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.</p> <p>American Board of Internal Medicine Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 1.0 Medical Knowledge MOC points in the American Board of Internal Medicine (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit. <i>Please note: By claiming ABIM points, you authorize OptumHealth Education to share your attendance information with the ABIM.</i></p> <p>Pharmacists The American Academy of Physician Assistants (AAPA) accepts credit from organizations accredited by the ACCME.</p> <p>Attendance A certificate of attendance will be provided to learners upon completion of activity requirements, enabling participants to register with licensing boards or associations that have not been pre-approved for credits. To apply for credit types not listed above, participants should use the procedure established by the specific organization with which they wish to obtain credit.</p> <p>Provided by The activity is provided by OptumHealth Education.</p> <p>Commercial support This activity is supported by Optum Care.</p>
Target audience	<p>This activity is designed to meet the educational needs of physicians, PAs, nurses, nurse practitioners and other HCPs who have an interest in EBM.</p>	
Learning objectives	<p>At the end of this educational activity, participants should be able to:</p> <ul style="list-style-type: none"> • Identify educational content on the management of heart failure with reduced EF and the role of SGLT2 inhibitors. • Review the pharmacological considerations for prescribing SGLT2 inhibitors and GLP1-RA therapy for diabetes to reduce cardiovascular death. • Discuss the harms versus the benefits for asymptomatic carotid screening. • Apply medical management principles grounded in evidence-based medicine regarding weight-loss surgery, knee locking and catching, elevated liver enzymes and osteoporosis screening in older men. 	

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