

Improving Access to Transplant and Hepatobiliary Care Through Regional Outreach Clinics

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Disclosures:

None



Objectives:

- 1) Review challenges and positive outcomes that have been identified since starting the Transplant and Hepatobiliary Outreach programs.
- 2) Discuss barriers that patients in non-urban communities may face when attempting to access specialty care.
- 3) Identify mutual advantages for patients, their communities, providers and Transplant/Hepatobiliary Surgery programs made possible through outreach clinics



JW

74yo female from Hampton, NE referred for pancreatic mass.

- Seen in Hastings outreach clinic for initial consult.
- Staging imaging done at Mary Lanning
- Biopsy done in Lincoln
- Saw local cardiologist for pre-op cardiac clearance
- Received splenectomy vaccines from community oncologist
- Surgery and post op stay at Nebraska Medicine
- Follow up appointments completed in Hastings and Grand Island

Patient received same care as a patient in Omaha, without having to travel to Omaha multiple times. 45 minute drive vs. 2 hour drive.



Where Do We Go?



Additional Locations

- Des Moines, IA
 - Hepatology
- Sioux Falls, SD
 - Liver Transplant Evaluation Surgeon

Hastings

- Hastings Outreach Clinic started in October of 2017
- See patients in the Central Nebraska General Surgery Clinic at Mary Lanning Hospital
- 2nd and 4th Thursdays of the month
- Dr. Vargas and Dr. Merani alternate days
- Who do we see
 - Pancreatic Cancer
 - Cholangiocarcinoma
 - Metastatic Colorectal Cancer to the liver
 - Liver Cysts and Masses
 - Pancreatic cysts
 - Complex cholecystectomy
 - Hepatocellular Carcinoma
 - Cirrhotic patients
 - Choledochal cysts



Grand Island..

“It's neither grand, nor an island”- Dr. Dan Schafer, MD

- Expanded to Grand Island in 2023
- Opportunity to work side by side with community oncologist
- Go to Hastings in the morning and Grand Island in the afternoon



Rapid City

The Rapid City SD outreach started in July 2019.

Regional Health Hospital (now Monument Health Hospital) approached NE Medicine about developing an outreach relationship to be able to provide this type of care due to an increasing need for Hepatology/Liver Transplant and Hepatobiliary Surgery specialty care in this area.

Hepatologist

- Dr. Tim McCashland
- Dr. Fedja Rochling

Surgeons

- Dr. Luciano Vargas
- Dr. Alan Langnas

1st and 3rd Tuesdays of the month



Who Do We See?

Hepatology Patients:

- Potential liver transplant evaluation patients
- Medical Hepatology Management
 - Cirrhosis,
 - HCV/HBV,
 - Autoimmune Disease,
 - AUD, MASLD, METALD
- Post liver transplant patients

Hepatobiliary Surgery Patients:

- Pancreatic Cancer
- Cholangiocarcinoma
- Metastatic Colorectal Cancer to the liver
- Liver Cysts and Masses
- Pancreatic cysts
- Complex cholecystectomies
- Hepatocellular Carcinoma



Challenges

- Transplant evaluations, invasive testing, surgeries done at Nebraska Medicine
- For some, the logistics of traveling to and staying in Omaha is complicated.
 - Using resources available = SUCCESS
 - Applications can be sent to the Hope Lodge (for any oncology patient), Nebraska House
 - Social work is leaned on for those that don't have the means to travel.
 - Understanding the process with IHS (Indian Health Services),
 - Speaking to referring office: outlining what they are coming to Omaha for, they can help arrange transportation for those who qualify, or advise patients to ask Tribal leaders for financial assistance
- South Dakota Medicaid is covered, if a referral from the referring office is placed. Seeing a NE provider is SD has been somewhat a challenging work through but is SLOWLY getting better.



Positive Outcomes:

Positive relationships within the organization of Monument Health, as well as different providers in the area.

- Allowing for a collaborative approach to care
- Patients can receive certain treatments locally with input from our team
 - Interventional Radiology
 - therapy options for HCC
 - liver biopsy
 - PICC line placements
 - Gastroenterology and the advanced endoscopists
 - EGD
 - EUS
 - ERCP
 - Colonoscopy



Positive Outcomes Cont:

Strong relationship with Monument Health Cancer Care Institute

- Many referrals for HPB surgical oncology needs.
- I exchange emails with the nurses that work with those providers very regularly to help expedite care

Most Radiology testing is done at Monument Health or Dakota Radiology, then images are pushed through McKesson.

For referrals that come from the inpatient setting, they are aware of our outreach clinic, and that they can reach out to us for possible hepatology, transplant evaluation or HPB hospital to hospital transfers or to help troubleshoot other concerns. We also rely on them to help care for issues that may arise after the patient is back in RC

We have worked with their IT Epic team to make it easy to enter an ambulatory referral to Nebraska Hepatobiliary and Transplant to get the referral started

Supporting Local:

We have a regular driver Frank who brings us to and from the airport and clinic. He has been driving us regularly for the last 2-3 years. He is just the best!!



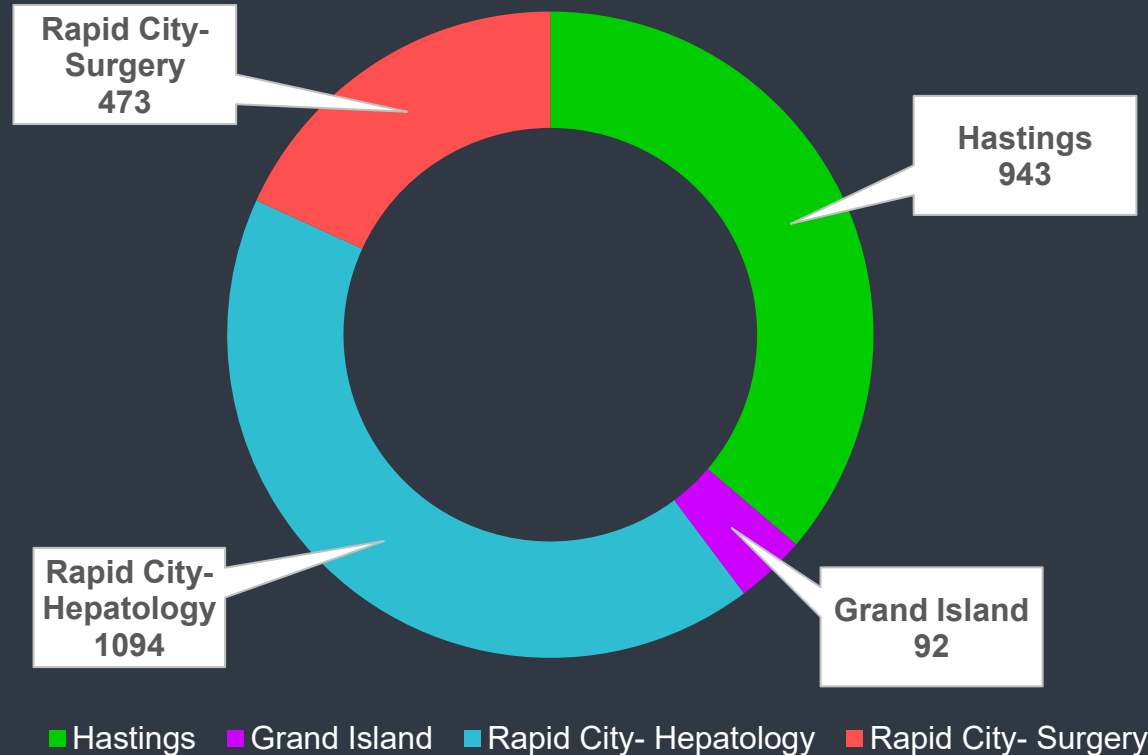
JW Follow up

74yo post distal pancreatectomy patient seen in follow up clinic. Noted to have wound issues requiring debridement. Reviewed with local surgeon in clinic. Agreeable to treat patient. Patient taken to OR next day and wound vac placed and managed locally.

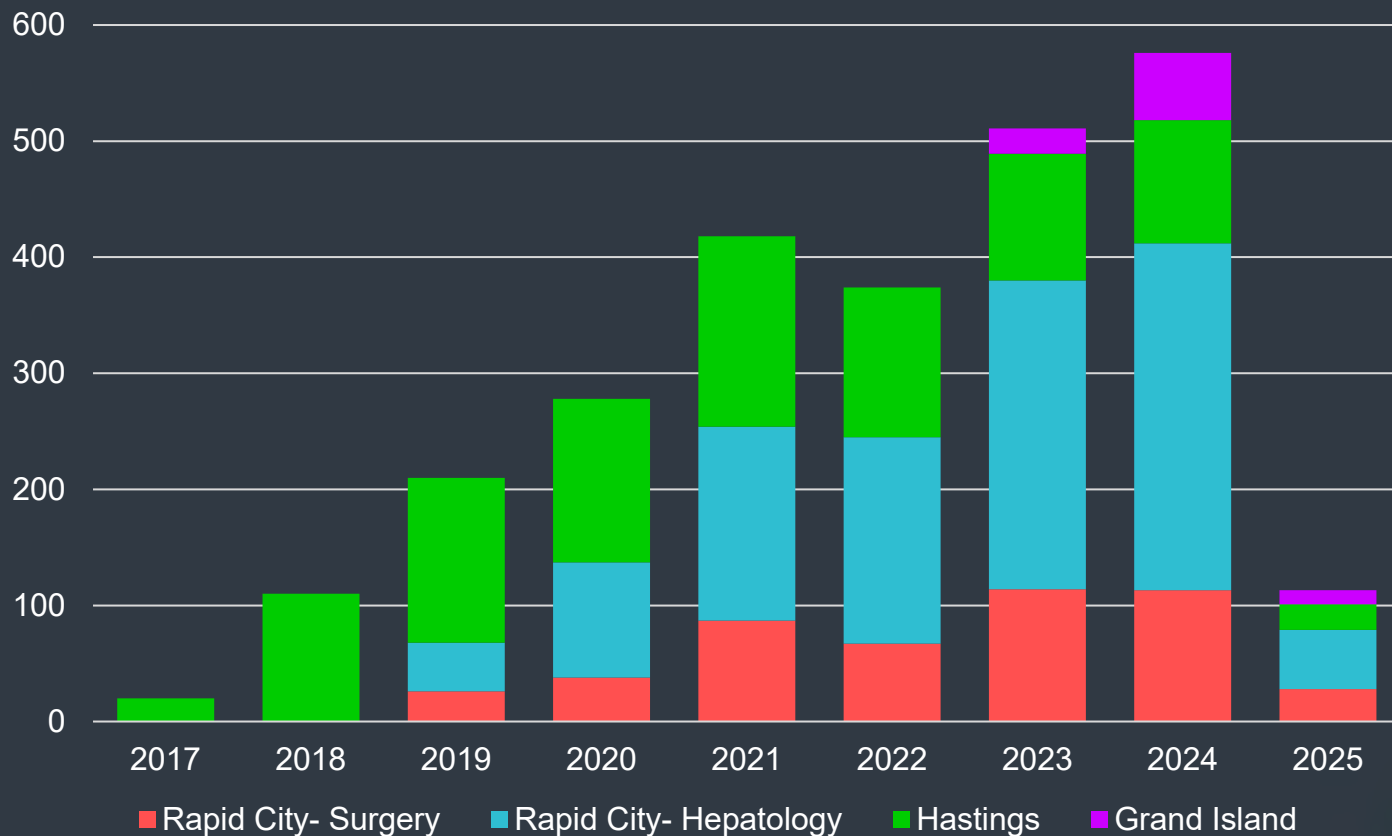
Saved patient and husband trip to Omaha for surgery and repeat visits for wound check



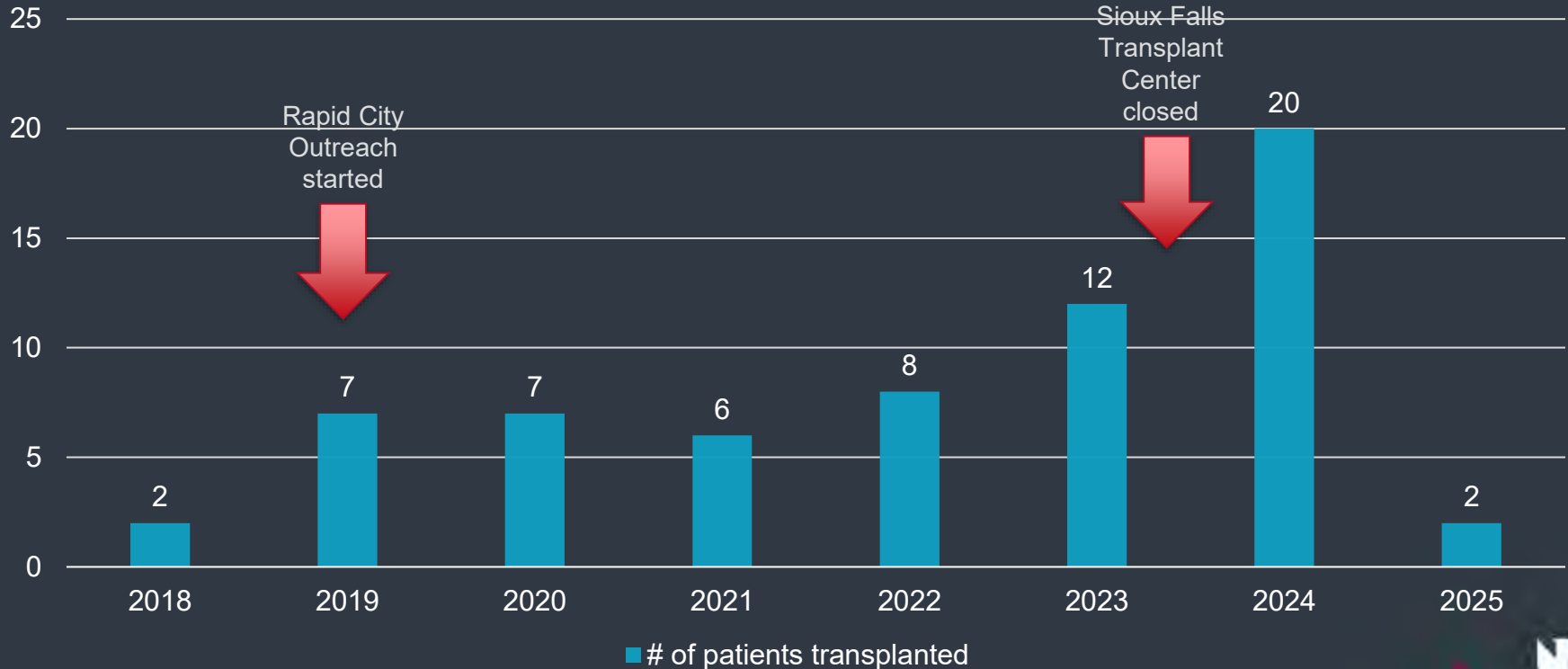
Number of patients seen



Growth = more patients impacted



Number of Patients that have received a liver transplant at Nebraska Medicine with a South Dakota address



Who Benefits?

- Shorter travel for consults and follow up appointments
- Relationships with local providers
- Improved radiology protocols
- Local Hospitals and clinics where testing is done
- Making community providers aware of transplant protocols and processes



JM Case – Transplant Oncology

38yo M referred by local oncologist for metastatic colorectal cancer to liver in March 2024. Seen in surgery consult and deemed not a surgical candidate due to bilobar disease.

- Recommended patient continue chemotherapy with plan to monitor restaging scans.

Our team has remained in close contact with local oncologist.

- Disease burden in liver has improved but still not surgically resectable.

Patient has received 24 cycles of chemotherapy.

What's next for this young patient??

Liver Transplant Evaluation



Acknowledgments

- Our wonderful team
- Local teams that allow us to invade their space(s) and take great care of us!
- The providers that are willing to travel to the outreach clinics!
- Fleet Services
- Frank

